

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Ddeddf Lefelau Staff Nyrsio \(Cymru\) 2016: craffu ar ôl deddfu.](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Nurse Staffing Levels \(Wales\) Act 2016: post-legislative scrutiny.](#)

NS08: Ymateb gan: | Response from:

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff & Vale University Health Board





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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Executive Headquarters / Pencadlys Gweithredol

Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Ty Coedtir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Eich cyf/Your ref: GJ18773
Ein cyf/Our ref: SR-jb
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2183 6010

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Private & Confidential

The Chair
Health and Social Care Committee
Welsh Parliament
CARDIFF
CF99 1SN

Dear Chair

I am writing to share the response from Cardiff and Vale University Health Board in the 'call for evidence' to inform the Health and Social Care Committee in its post-legislative scrutiny on the Nurse Staffing Levels (Wales) Act 2016 (the Act).

The terms of reference from the Committee in which the Health Board is responding:

- 1) The operation and effectiveness of the Act to date, including its impact on patient outcomes, impact on nurse recruitment and retention, and barriers to compliance with the legislation.**

The Nurse Staffing Level (Wales) Act legislates that Health Boards must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively. Whilst the Health Board recognises this duty, our experience in trying to legislate the minimum number of nursing staff, operationally does not fundamentally change the availability of nursing staff or support the improved recruitment of nurses into the profession.

In order to overcome this challenge, the Health Board has taken steps to consider other roles to enhance the nursing workforce. This includes the development of the unregistered workforce with the development of the Assistant Practitioner role. It is important to recognise that patient outcomes are not defined by a single profession and the Nurse Staffing Levels (Wales) Act does not lend itself to consider the broader multi-professional team around the patient. Models that are currently in existence include new roles such as Dietetic Assistants and Rehabilitation Technicians which work alongside nursing roles as well as other highly skilled professionals. The workforce planning template in use currently focuses on uniprofessional legislation and does not fully reflect the multi-professional focus required moving forward.

Workforce planning remains a key priority for the Health Board and the global shortage of nurses is recognised. The recent low fill rates compared to commissioned numbers on nurse degree programmes is extremely concerning both now and in the

future. The Nurse Staffing Levels (Wales) Act has not been seen to have a direct impact on the recruitment and retention of nursing staff across the Health Board. Recruitment and retention strategies are reported to Board as per the annual assurance report.

As a result of the Nurse Staffing Levels (Wales) Act and the need for a Once for Wales approach to reporting, a digital platform, SafeCare has been introduced across Wales. This has been a significant step forward in the ability to report on the requirements of the Act. However, prior to this, we experienced significant challenges in the development of an ICT system to fully support the reporting requirements of the Act. The focus of the introduction of SafeCare was to those areas covered under Section 25B. In Cardiff and Vale UHB, SafeCare has been rolled out to include 25A areas with plans to roll out further as operationally nurse staffing risks are assessed and mitigated across all areas. Furthermore, enough consideration is not given to the reporting capabilities of different Health Boards. This can be seen in the most recent annual assurance reports produced.

2) Further actions needed to ensure a sustainable supply of nursing staff to meet patient needs and the requirements of the legislation going forward.

It is recognised across Cardiff and Vale UHB there has been a 4.6% increase in the population. This places an increasing demand on the health services provided. In order to ensure a sustainable supply of nursing staff it is crucial that nursing is seen as an attractive profession to inspire the next generation. Given the global shortage of nurses and the increasing population, we are very keen in Cardiff and Vale UHB to explore and support any means by which we can improve the sustainable supply of nurses to meet the multi-professional demands of a future workforce.

Supporting the development of the nursing profession and providing nurses the opportunities and flexibility to explore different career paths is key. Cardiff and Vale UHB have recruited over 450 internationally educated nurses. Having bespoke pathways available to progress and develop their careers are essential.

The Assistant Practitioner role is a new role across Cardiff and Vale UHB and this has been developed to provide opportunities to enhance the unregistered workforce who are vital members of the nursing team. A bespoke educational programme has been developed in order to support staff and furthermore early indications suggest many of the Assistant Practitioners will progress to become registered nurses. There needs to be opportunities to enter nursing at different career stages, for example, through the development of the regulated nursing associate role. We understand that the CNO is supporting the review of the Assistant Practitioner role and the Registered Band 4 role, which is something we are wholly supportive of in Cardiff and Vale UHB.

As part of ongoing workforce planning strategies, new roles are being considered and different and innovative models of care are being reviewed. For example, roles that blur traditional professional boundaries are being explored to evaluate if appropriate to the needs of the patients and such roles would be difficult to describe under the current Nurse Staffing Levels (Wales) Act.

3) Progress in developing the evidence base to extend the Act to further settings.

Cardiff and Vale UHB does not necessarily support extending the Nurse Staffing Levels (Wales) Act under the current uniprofessional principles. Our experience to date is that this is not sustainable and therefore we would support changes to legislation which means a greater emphasis and focus on the multi-professional workforce.

Section 25B refers to the Health Board's duty to calculate and take reasonable steps to maintain the nurse staffing levels; this section is applied to adult acute medical and surgical inpatients wards and this has been extended to paediatrics medical and surgical wards. Whilst extending the Act in its current format is recognised as challenging, it is also concerning that areas are excluded under section 25B. Critical Care Units and Emergency Units are excluded under section 25B of the Act; areas that have been under significant pressure as a result of the pandemic and where nationally nurse staffing has been challenging. Furthermore, it is recognised that acuity across areas included under section 25B has increased. It is therefore crucial to monitor acuity in onward services such as rehabilitation units and community settings and, therefore, using the triangulated methodology to calculate nurse staffing levels in these areas is seen as crucial.

Under current reporting metrics, areas outside of section 25B do not report to Board on the quality indicators and percentage of shifts where planned rosters were not met hence providing the Board, Welsh Government and the public with a narrow view. Organisations should have greater ability to report harm that they perceive to be a risk or concern related to staffing levels across all clinical areas. Furthermore, reviewing incidents where nurse staffing levels were low but risk was mitigated and no harm occurred is not reviewed or reported.

One example to consider is the journey of a Major Trauma patient. Cardiff and Vale UHB is a Major Trauma Centre and admits some of the most acutely unwell patients to the Emergency Unit. Following admission in the Emergency Unit, a major trauma patient may require admission to the Critical Care Unit followed by admission to the Polytrauma ward before admission to a specialised rehabilitation ward. During this patient's journey only one area, the 'polytrauma ward', falls under sections 25B. In this one area the Health Board is required to report the quality indicators and nurse staffing levels, yet this is a small part of the patient's journey. Furthermore, accounting for only one professional group in this patient's journey is not appropriate in ensuring best practice and outcomes for the patient.

4) The extent to which the Act is 'future-proof', and will contribute to ensuring that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups.

Changes within population demographics and with increased prevalence of co-morbidities together with public expectation, the NHS workforce has seen sustained pressure. Utilising traditional models of care is no longer appropriate and workforce plans needs to be reflective of the changing patient population. This includes looking at the wide range of healthcare professionals involved in the patient

journey and developing workforce models that are adaptable, agile and flexible to the cohort of patients they are caring for. Cited in A Healthier Wales: Our Workforce Strategy for Health and Social Care “By 2030, multi-professional and multi-agency workforce models will be the norm”.

There would appear to be a lack of high-quality research published into the benefit and impact of the Act since its introduction in 2016. Research regarding whether the principles that inform the Act has been evidenced and materialised would be informative for the future direction of the Act.

I hope the above information is useful; should the Committee have any further queries, please do not hesitate to contact me.

Yours sincerely

Jason Roberts
Executive Nurse Director