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Friday 20 September 2024

Dear Sam,

Thank you for sharing the [Welsh Government's response](#) to the Health and Social Care Committee's final report about its post-legislative scrutiny of the Nurse Staffing Levels (Wales) Act 2016.

I appreciate the opportunity for RCN Wales to comment on the Welsh government's response before the Committee discusses the inquiry's next steps. Please find RCN Wales's comments attached.

The Nurse Staffing Levels (Wales) Act 2016 is about protecting vulnerable patients from avoidable harm. Regrettably, in the UK, we have seen what happens when we fail to do so. The [2013 Francis report](#) on Mid Staffs NHS Trust and, more recently in Wales, the [2018 report of the independent investigation](#) into care at Tawel Fan older people's mental health ward, both confirm what academic research has shown since at least 2007: where registered nurse shortages go, avoidable harm follows.

Indeed, the then Cabinet Secretary for Health and Social Care, Eluned Morgan, herself agreed in her response that one way the 2016 Act protects vulnerable adults is by mitigating

Continued.....

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the risk that registered nursing associates, once introduced in Wales, could be used as substitutes for safety-critical registered nurses.

NHS Wales has already developed the workforce planning tools that can enable the Welsh Government to extend Section 25B and protect nurse staffing levels in mental health wards, district nursing, and health visiting. It should. All patients deserve the high legal standards of protection for their care enjoyed by patients in acute medical, acute surgical, and children's wards.

As the committee's report rightly says, if the Welsh Government's preferred approach is to develop and use future workforce planning tools under Section 25A, "it is incumbent on the Welsh Government to demonstrate that enough is being done without the need for further legislation, and to provide evidence of that. If this non-legislative approach to ensuring appropriate levels of nurse staffing does not produce results, [...] the Welsh Government should look again at extending the Act."

Were it not for the extensive evidence that registered nurses are critical to patient safety, the Nurse Staffing Levels (Wales) Act 2016 would not exist at all. We must never lose sight of that fact.

With a new Cabinet Secretary for Health and Social Care in place since the government issued its response to the inquiry's report, I believe a debate in the Senedd chamber would help to conserve the inquiry's momentum and continuity. It would also provide the Cabinet Secretary with an excellent opportunity to set out his own commitment to patient safety.

I look forward to following the committee's work.

Kind regards,



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Recommendation	Welsh Government response	RCN Wales response
<p><b>Recommendation 1.</b> The Minister for Health and Social Services should clarify the consequences for non-compliance with sections 25B and C of the Act and consider including provision for this in the NHS Wales Escalation and Intervention Arrangements.</p>	<p><b>Accept</b> I am happy to clarify in writing in this response to the committee that which was touched upon in evidence last year.</p> <p>The Nurse Staffing Levels (Wales) Act 2016’s (“the 2016 Act”) operational guidance is clear on this point:</p> <p>“It is the health boards/trusts at an executive level that are accountable for compliance with the Act. Any instances of non-compliance will be considered under the Joint Escalation and Intervention Arrangements that have been in place since 2014. Under these arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board/trust. A wide range of information and intelligence is considered to advise on the escalation status, any issues and ensure they are resolved effectively. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under these arrangements.”</p> <p>During the committee’s hearings none of the witnesses to whom the duties of the 2016 Act apply reported any lack of clarity around the</p>	<p>The <a href="#">refreshed NHS Oversight and Escalation Framework</a> was published in January 2024, after the Health and Social Care Committee had concluded the evidence-gathering stage of this inquiry.</p> <p>In support of its argument that published guidance and frameworks together contain “all the clarity required” for health boards and trusts to understand the consequences of noncompliance with Sections 25B and C, the Welsh Government makes the point that no witnesses “to whom the duties of the 2016 Act apply” reported any lack of clarity around these consequences. This may be true; however, RCN Wales has consistently argued that there <i>is</i> such a lack of clarity.</p> <p>Until the publication in 2024 of the refreshed framework mentioned above, the oversight and escalation arrangements made no mention of the Nurse Staffing Levels (Wales) Act 2016 at all. RCN Wales welcomes that the 2024 framework now lists the Nurse Staffing Levels (Wales) Act 2016 as part of that framework’s legislative context. This is a bare minimum. Ideally, the framework should explicitly reference compliance with Sections 25B and C of the Nurse Staffing Levels (Wales) Act 2016 as factors influencing escalation decisions. It is regrettable that it still does not.</p> <p>Furthermore, RCN Wales remains of the view that the role of Health Inspectorate Wales (HIW) should also be clarified with respect to compliance with Sections 25B and C. HIW “inspects NHS services and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.” While HIW reports have highlighted the</p>

	<p>consequences for non-compliance with the legislation.</p> <p>The Executive Directors of Nursing are very familiar with these escalation processes given their executive responsibilities within their respective organisations. They are also familiar with how these processes would play out in the context of non-compliance with the 2016 Act, because – as I mentioned in my 6 December evidence – they have seen it applied in practice. Lack of compliance with the 2016 Act was cited as one of the reasons Cwm Taf University Health Board was placed into targeted intervention status in 2019.</p> <p>A refreshed NHS Oversight and escalation framework was published in January 2024. It describes the escalation, de-escalation, and intervention process in more detail, building on the learning from our experiences with Cwm Taf Morgannwg and Betsi Cadwaladr university health boards.</p> <p>This document – in combination with the 2016 Act’s operational guidance – contains all the clarity required for health boards/trusts to understand the consequences of noncompliance with the 2016 Act.</p>	<p>lack of nursing staff in NHS settings, they make little mention of the Nurse Staffing Levels (Wales) Act 2016, despite it placing clear statutory responsibilities on the NHS.</p> <p>The Welsh Government should work with HIW to ensure that compliance with Sections 25B and C are inspected against and that the findings of such inspections inform health boards’ escalation status.</p> <p><b>Additional point for the Health and Social Care Committee to consider</b></p> <p>The Welsh Government website should make the relationship between the 2024 framework and the <a href="#">2014 NHS Wales Escalation and Intervention Arrangements</a> clearer. Both currently remain available to download on the Welsh Government’s <a href="#">NHS management webpage</a>, yet the 2024 framework reads as a standalone document and makes no reference to the 2014 document. There is no explanation to help the general public understand how the two relate to each other. The Welsh Government should clarify whether the 2024 framework complements or supersedes the 2014 arrangements.</p>
<p><b>Recommendation 2.</b> The Minister for Health and Social Services should write to us</p>	<p><b>Accept</b> The chief nursing officer (CNO) has raised this issue with the Executive Directors of Nursing. The reporting subgroup of the All-Wales Nurse Staffing</p>	<p>RCN Wales looks forward to the update from the Cabinet Secretary by mid-October 2024 on health boards’ consistency in displaying public information about nurse staffing levels.</p>

<p>within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies.</p>	<p>Group (AWNSG) is already working through the detail of the necessary steps to ensure a return to nurse staffing level information being displayed consistently across Wales.</p> <p>I will include more detail about our progress on this action in my follow-up six-month update.</p>	<p>Given the Welsh Government’s stated intention to standardise triangulated staffing calculations in areas covered by Section 25A of the Nurse Staffing Levels (Wales) Act 2016, RCN Wales hopes that the Cabinet Secretary’s update will include a commitment to consistently displaying staffing information in <i>all</i> areas in which staffing levels are calculated, and not only those covered by Section 25B.</p> <p>The Welsh Government should ensure the consistent display of nurse staffing information on wards is monitored, and findings published in a way that is accessible to the general public. One way to do this would be for the Welsh Government to work with Health Inspectorate Wales to ensure this monitoring forms part of these organisations’ inspections and visits. This would provide important assurance to Welsh Ministers and the general public.</p> <p>Improving public transparency was an important reason why the Nurse Staffing Levels (Wales) Act 2016 was passed. It is important that members of the public can be assured of health boards’ commitment to safe and effective care.</p> <p>In September 2023, RCN Wales members across the country surveyed twenty-nine Section 25B wards, covering four different health boards. Twenty-two of these wards publicly displayed information on staffing levels. Of those twenty-two wards, nine either did not include the date the staffing level had last been agreed by the board, or displayed a date that was over a year old.</p>
<p><b>Recommendation 3.</b> The Minister for Health and Social Services should bring forward clear operational</p>	<p><b>Accept</b> Developing operational guidance setting out consistent use of a triangulated calculation approach in 25A areas is now a central part of the</p>	<p>RCN Wales looks forward to the update from the Cabinet Secretary by mid-October 2024 on operational guidance to support health boards in applying Section 25A.</p>

<p>guidance to support the consistent application of section 25A across health boards in Wales. She should report back to us on progress with developing this within 6 months of publication of this report.</p>	<p>refreshed work programme for the AllWales Nurse Staffing Programme (AWNSP).</p> <p>There is significant work that will need to be completed to underpin this guidance, but it has already commenced, and I will include detail of the programme's progress in my follow-up six-month update.</p>	<p>RCN Wales remains of the view that Section 25A, like Section 25B, would benefit from statutory as well as operational guidance. If the Welsh government's aim is to roll out calculated nurse staffing levels without extending Section 25B, statutory guidance would be an excellent way to support health boards in doing so, and would also help to ensure compliance.</p> <p>However, RCN Wales enthusiastically welcomes the news that developing new operational guidance for Section 25A is a central part of the All Wales Nurse Staffing Programme's work. RCN Wales recognises that this will be a significant undertaking and expects to be involved in the development of this important guidance.</p>
<p><b>Recommendation 4.</b> The Minister for Health and Social Services should commission a mapping of the digital systems involved in complying with the requirements of the Act to enable an honest appraisal of the work that still needs to be done to improve the efficiency and connectivity of those systems, and the timescales for this. This should include</p>	<p><b>Accept</b> As with the above recommendation, this work is already reflected in the AWNSP's refreshed work programme. The programme team has encountered issues recruiting digital expertise in the past, and I am aware that the programme manager is exploring potential solutions for employing short-term support to make rapid progress against the digital elements of the work programme.</p> <p>I will include detail on progress against this recommendation in my six-month update.</p>	<p>It is positive that this work is already reflected in the AWNSP's work programme. From the inception of the Nurse Staffing Levels (Wales) Act 2016, it was recognised by all parties that transparency over compliance with the 2016 Act could only come with investment in digital technology that could provide real-time data on shift allocations and actual staffing levels. RCN Wales looks forward to an update from the Cabinet Secretary on progress in understanding the underlying issues that continue to hinder data extraction and the connectivity of systems.</p>

<p>consideration of the role of digital technology in enabling nurses to provide better patient care.</p>		
<p><b>Recommendation 5.</b> The Minister for Health and Social Services should commit to undertaking a full and academic review of the Act as soon as the data to support this work is available.</p>	<p><b>Accept in principle</b> I support the principle of independent evaluation of legislation passed by the Senedd. However, as the CNO set out to the committee in December, it is hard to make an argument for commissioning such evaluation work at this time given the fractured implementation of the 2016 Act, due in part to the disruption caused by the pandemic, and the digital issues that have hampered data capture to date.</p> <p>Such evaluation is only typically commissioned once – we should therefore do this when we have the robust data required to underpin an academically rigorous evaluation. April 2024 marked the beginning of the third three-year reporting period – the first since the Safecare ward management module has been rolled out to all 25B areas. We expect this to result in the capture and analysis of more robust data. The conclusion of this reporting period would present an opportunity to undertake the independent evaluation of the 2016 Act.</p> <p>I have asked the AWSNP to include an action in its work programme to periodically review the situation and update the CNO.</p>	<p>RCN Wales welcomes the Cabinet Secretary’s support for independent evaluation of legislation passed by the Senedd. It is positive that the AWNSP will periodically review the situation and update the Chief Nursing Officer. Instead of delaying this review until the end of the next reporting period in 2027, it may alternatively be more efficient to incorporate this work into ongoing Welsh Government research.</p>

<p><b>Recommendation 6.</b> The Minister for Health and Social Services should commission a piece of research into the use of the Welsh Levels of Care workforce planning tool to date, including consideration of how Wales compares with the other UK nations in terms of improved nurse staffing levels and patient safety.</p>	<p><b>Accept in principle</b> Research into the implementation of the Welsh Levels of Care tools to date would form a significant component of the legislative evaluation described in recommendation five and would not be commissioned as a separate piece of work. The same barriers described above would also therefore apply to commissioning this type of research at the present time.</p>	<p>RCN Wales strongly supports this recommendation but disagrees with the Welsh Government’s view that it ought to be part of the review described in Recommendation 5.</p> <p>The Welsh Levels of Care, which would not have come to exist without the Nurse Staffing Levels (Wales) Act 2016, is one of the most comprehensive databases of patient need and corresponding nursing interventions that exists in the UK. It was developed and tested extensively in consultation with nursing staff before launch. The Welsh Government should use this exceptional tool to demonstrate the direct impact of the presence of registered nurses on patient care.</p> <p>This will benefit patients and staff in all areas, not just those covered by Section 25B. The Welsh Government makes much of the need for a multidisciplinary approach, for example, in its responses to this inquiry and in its plans to introduce a registered band 4 nursing support role in Wales. The Welsh government should commission research to place its multidisciplinary approach to improving patient safety and outcomes on a firm academic footing.</p> <p>The reason why Section 25B currently applies only on certain types of inpatient ward is because in other areas, there has historically been an <i>absence</i> of evidence of benefits either way. But the possibility of extending Section 25B to new areas as research became available was built into the law when it was passed, and the Welsh Government has already done so once – to paediatric wards.</p> <p>Absence of evidence is <i>not</i> evidence that extending Section 25B to new areas would make no difference. If the Welsh Government wishes to take the view that Section 25B should only be extended where the research justifies doing so, there is a moral imperative on</p>
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		the Welsh Government to <i>carry out</i> that research. It should make this a research priority and ongoing programme of excellence for Health and Care Research Wales.
<p><b>Recommendation 7.</b> The Minister for Health and Social Services should provide a written update, within 6 months of publication of this report, on the success of actions to improve nurse recruitment and retention and ensure a sustainable supply of nurses, including reference to international recruitment and the use of agency staff.</p>	<p><b>Accept</b> I will include details of our progress in these areas in my six-month update.</p>	<p>RCN Wales looks forward to an update from the Cabinet Secretary by mid-October 2024.</p> <p>Actions on domestic recruitment, retention, and international recruitment are three separate things. The Cabinet Secretary's update must be clear on the success of actions in each area.</p> <p>In particular, the Cabinet Secretary must update on success of all actions in the Nurse Retention Plan published by Health Education and Improvement Wales in 2023. RCN Wales was pleased when this plan was published almost a full year ago. The time is right for a review of progress against <b>all</b> the actions it sets out.</p>
<p><b>Recommendation 8.</b> The Minister for Health and Social Services should:</p> <ul style="list-style-type: none"> <li>confirm that the introduction of</li> </ul>	<p><b>Accept</b> If the registered nursing associate (RNA) role is introduced in Wales, it will be the only band 4 role in our nursing workforce following a period of transition. Therefore, the funding currently allocated to the education and training of band 4s</p>	<p>On how the introduction of the Registered Nursing Associate (RNA) role will be funded, RCN Wales has reasonable concerns about how realistic the Welsh Government's intentions are.</p> <p><b>Funding</b></p>

<p>the registered nursing associate role will be fully funded, and set out where that funding will come from;</p> <ul style="list-style-type: none"> <li>provide assurance that the role of registered nursing associate will be an addition to the current workforce and not a substitute for registered nurses; and set out the extent to which the Act mitigates the risk of substitution;</li> <li>set out how the requirements of the Act will apply to the registered nursing</li> </ul>	<p>would be reallocated to the education and training of RNAs.</p> <p>Phase 2 of the band 4 project work is in its early stages, and over the coming months the subgroups of its programme board will lead on identifying the detail and potential timeline of that funding transfer. The four workstreams are: workforce, legislation, parameters of practice and education, and all four will be making financial considerations in respect of those specific areas. I will include details on this work in my six-month update to you.</p> <p>The CNO and I are very clear on the point of substitution. Over time, the registered band 4 role will be replacing the current band 4 healthcare support worker (HCSW) role, not registered nurses. Registered nurses are an irreplaceably important feature of the workforce, and they will be more effectively supported by registered band 4 colleagues with a higher level of education than current band 4 HCSWs. The primary mitigation against registered nurse substitution will be the development of unequivocally clear parameters of practice which distinguish an RNA from a registered nurse. This document will be developed by the parameters of practice subgroup, with a full consultation on the document to follow.</p> <p>There is additional mitigation – the 2016 Act’s statutory guidance states: “The nurse staffing level is the number of nurses appropriate to</p>	<p>It is not credible that the Welsh government can establish the RNA role as the only band 4 nursing role in NHS Wales by simply repurposing the existing funding allocated to educating and training band 4 staff. There are at least three main reasons for this.</p> <p>The first is that Health Education and Improvement Wales has been clear that a new, dedicated funding stream will be necessary.</p> <p>The second is the size of the band 4 nursing workforce. Recent Welsh Government investment has caused the number of band 4 Assistant Practitioners to expand rapidly. If RNAs are now to become the only band 4 nursing role in Wales, during the transition period, the Welsh government will need the <i>entire</i> existing band 4 nursing workforce to do one of two things:</p> <ul style="list-style-type: none"> <li>undertake RNA education and assume a new level of accountability without a change in pay band</li> <li>leave the nursing workforce.</li> </ul> <p>The 747 individuals (664.9 whole time equivalent) currently working for NHS Wales as Assistant Practitioners represent approximately double the number in March 2021. Even if the Welsh Government can maintain that rate, it would still take six to seven years just to requalify the existing band 4 workforce.</p> <p>Thirdly, and which is related, the Welsh Government owes it to the existing band 4 workforce to ensure they have a place in its vision for the future workforce. It must explain how it will support the existing band 4 nursing workforce, especially those who do not wish to become Registered Nursing Associates.</p> <p>It is the Welsh Government’s own intention to repurpose the band 4 education budget that makes this critical. Even if the Welsh government is ultimately successful in transitioning to a position</p>
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<p>associate role; and</p> <ul style="list-style-type: none"> <li>provide details of any assessment of the risk to patient safety that has been or will be done in all areas where registered nursing associates will be employed.</li> </ul>	<p>provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council (NMC) register).”</p> <p>The RNA would not be on those parts of the NMC register so there will be no blurring of boundaries within the context of the 2016 Act.</p> <p>The requirements of the 2016 Act would apply to an RNA in the same way they currently apply to a HCSW. The statutory guidance states: “In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by a registered nurse.”</p> <p>“Another person” includes the current role of a HCSW, and would include an RNA if introduced. The AWNSG will, as a matter of course, review all templates and guidance and make any necessary adjustments to include specific references to the new role.</p> <p>Questions of patient safety in relation to the introduction of an RNA role are counterintuitive. As referenced above, the RNA would be a replacement role for the currently unregulated band 4 HCSW.</p>	<p>where the RNA is the only band 4 nursing role, during any transition period, RNAs <i>will</i> coexist with other band 4 roles. The Welsh government’s response to Recommendation 8 does not address how, or whether, the existing band 4 workforce will be supported during the transition period, or how long it anticipates the transition period will last.</p> <p><b><u>Nursing associates and the risk of nurse substitution</u></b></p> <p>RCN Wales very much welcomes the Welsh Government clarification that, in its view, the requirements of the 2016 Act would apply to an RNA in the same way that they currently apply to an HCSW.</p> <p>However, this answer also reveals an inconsistency in the Welsh Government’s position.</p> <p>The Welsh Government acknowledges the “irreplaceably” important role of registered nurses and cites the Nurse Staffing Levels (Wales) Act 2016 statutory guidance as an important mitigation against the risk of registered nurse substitution.</p> <p><b>But the statutory guidance only concerns Sections 25B and C.</b> Those sections <i>only</i> apply in certain inpatient wards and it has historically been the Welsh Government’s position that more evidence is required to justify extending them to new areas.</p> <p>If the Welsh Government’s view now is that Sections 25B and C, together with their statutory guidance, can effectively protect patients from the risks of low nurse staffing levels, RCN Wales strongly agrees with that assessment and urges the government to prioritise extending it to those areas for which it has already developed workforce planning tools: mental health wards, district</p>
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	<p>As part of the project work that informed my decision to pursue introduction of the RNA in Wales, there was a comprehensive review of literature and clinical, academic professional and trade union opinions. Part of that work was effectively a risk assessment to patient safety of the current model of unregistered, unregulated band 4 HCSWs. The outcome of that investigation was that regulation minimises risks, increases patient safety and enhances public confidence because of the consistent standards of practice and education, as a result of NMC regulation.</p> <p>According to the literature (and reiterated by academics in Wales), the current absence of regulation is what poses a risk to patient safety, not least due to the enhanced scope of practice of band 4s.</p> <p>Platform 5 in the NMC Standards of Proficiency for the RNA includes improving safety and quality of care. These standards do not exist for the current unregulated band 4 role in Wales. The RNA role is also covered by the NMC Code, which includes a requirement to practise effectively and preserve patient safety. As with registered nurses, RNAs are required to revalidate on a cyclical basis, regularly redemonstrating competency</p>	<p>nursing, and health visiting. Furthermore, since the Welsh Government recognises the need to mitigate the risk of role substitution, it follows that Registered Nursing Associates should be rolled out to only those areas in which Sections 25B and C apply. This would be a responsible approach to introducing this new nursing role.</p> <p>RCN Wales welcomes that “unequivocally clear parameters of practice” will be developed distinguishing an RNA from a registered nurse, as mitigation against registered nurse substitution. RCN Wales is part of the group developing these parameters of practice.</p> <p><b><u>Patient safety</u></b></p> <p>RCN Wales disagrees with the Welsh government that “questions of patient safety in relation to the introduction of the RNA role are counterintuitive”. Whether the introduction of the RNA role negatively affects patient safety will be determined in large part by whether <i>in practice</i> the role leads to registered nurse substitution. The Welsh government’s primary mitigation against this is the parameters of practice, and these are still in development. It is not possible to say whether the new arrangements will increase patient safety until the parameters of practice exist.</p> <p>The very fact that the Welsh government recognises the value of parameters of practice as a risk mitigation demonstrates that questions of patient safety in relation to this issue are <i>highly</i> salient. It is not regulation per se of the band 4 role that increases patient safety, but the way in which it is <i>implemented</i> and its <i>effects</i>, intentional or not, on the skill mix and overall skill level of the nursing team. Questions of patient safety are <i>never</i> counterintuitive. It is always responsible to examine this risk.</p>
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<p><b>Recommendation 9.</b> The Minister for Health and Social Services should report back to this Committee within 9 months of publication of this report on the use of the draft Welsh Levels of Care Tools for mental health and health visiting by health boards, providing an evaluation of how they are contributing to the development of a sustainable workforce and improved patient care in this area.</p>	<p><b>Accept</b> As raised during the committee’s evidence gathering, there are some distinct barriers to the standardised use of the mental health and health visiting WLOC tools at present – the lack of digital platforms to enable data collection.</p> <p>As part of the AWNSP’s refreshed programme of work, the programme manager intends to undertake a stock-take audit to gain an understanding of how the draft tools are being used and better understand any barriers. The results will be vital for informing the programme’s broader work around standardising triangulated staffing calculations in 25A areas.</p> <p>I will include details in my follow-up six-month update.</p>	<p>The Welsh government must prioritise the immediate rollout of digital systems that can collect the necessary data and enable the standardised use of the Welsh Levels of Care tools.</p> <p>The people who stand to benefit are those who depend on nursing services to keep them safe, and in the case of health visiting, to give them the best possible chance of a healthy, long life.</p> <p>Delays and barriers to rolling out the Welsh Levels of Care have real-world consequences. Recent reports have shown the tragic consequences for patients when there are shortages of nurses. In 2018, the independent report on Tawel Fan mental health ward linked failings to “inadequate levels of capacity and capability in relation to the workforce in...nurse staffing in particular”.</p> <p>The Welsh Levels of Care tools exist to help prevent such tragedies re-occurring. People who rely on these services deserve support and protection.</p> <p>RCN Wales expects to see progress reported by the Welsh Government and expects that, if an inability to collect basic information is hindering that progress, the Welsh Government will find solutions. Where Section 25B applies, these solutions have already been found. It is not credible that there are insurmountable barriers to understanding how many patients are being cared for, their acuity, how many professionals are caring for them, and at what level.</p> <p>The Welsh Government’s response makes no mention of Digital Health and Care Wales (DHCW), whose missions include providing a “platform for enabling digital transformation” and delivering “high quality digital products and services”. If NHS Wales lacks the digital systems to enable it to put into use tools it has <i>already developed</i></p>
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		to improve patient outcomes, such as the Welsh Levels of Care, developing or procuring those systems should be an urgent priority for DHCW.
<p><b>Recommendation 10.</b> The Minister for Health and Social Services should use the All-Wales Nurse Staffing Programme to commission a mapping of the other workforce planning tools that are available, and to develop the principles and guidance to ensure a consistent approach to their application across Wales.</p>	<p><b>Accept</b> This work is already reflected in the AWNSP's refreshed programme of work. This scoping work will be the first step towards developing operational guidance to ensure a once-for-Wales approach to consistently applying a triangulated calculation approach in all 25A areas, mentioned in recommendation three.</p>	<p>If the lack of digital platforms mentioned by the Welsh government in response to Recommendation 9 is a barrier to using the workforce planning tools already developed <i>for use in NHS Wales</i> in a standardised way even under Section 25A, this will be a barrier to rolling out <i>any</i> workforce planning tool, under either Section 25A or Section 25B.</p> <p>The Welsh government must prioritise developing or procuring the IT solutions needed to overcome these barriers and permit the roll out of operational guidance for section 25A.</p> <p>During the mapping of other workforce planning tools which can be applied under Section 25A, the Welsh Government should at the same time confirm which of these tools are robust enough (or could be developed into tools robust enough) to support extension of Section 25B.</p> <p>The Welsh government should also set out a timeline for rolling out finalised versions of the draft Welsh Levels of Care tools for mental health and health visiting.</p>
<p><b>Recommendation 11.</b> The Minister for Health and Social Services should share with the Committee the findings of the All-Wales Nurse Staffing Group's assessment of</p>	<p><b>Accept</b> When the AWNSG has concluded its work assessing the relationship between the 2016 Act and multi-professional working, I will share its findings/recommendations with the committee.</p>	<p>RCN Wales welcomes the Welsh Government's commitment to sharing the findings of the All-Wales Nurse Staffing Group once its assessment is complete.</p> <p>However, we also urge the Welsh Government to provide more transparency in the meantime. It would be beneficial for both the Health and Social Care Committee and stakeholders to understand the current progress and any preliminary findings from the All-</p>

<p>the impact of the Act on multiprofessional working.</p>		<p>Wales Nurse Staffing Group. Has the assessment started, and what has been learned so far? Making this an ongoing standing item would ensure the Committee and stakeholders can stay updated.</p> <p>In the broader context of patient outcomes, while there is substantial evidence supporting and even quantifying the strong link between registered nurse staffing levels and patient safety, the same cannot yet be said for other professional groups involved in multiprofessional teams, such as occupational therapists, physiotherapists, dieticians, healthcare support workers (HCSWs), nursing associates, and doctors. To ensure the best care and outcomes for patients, the Welsh Government should prioritize gathering research and evidence on how these professions contribute to patient safety and recovery. RCN Wales looks forward to the All Wales Nurse Staffing Group’s findings which will undoubtedly contribute to this evidence base.</p> <p>While we appreciate the commitment to a multidisciplinary approach, the Welsh Government should make this a research priority. Without solid evidence, the full potential of multidisciplinary working remains untapped. Evidence-based practice is key, and if the Welsh Government wishes to champion a truly multidisciplinary approach, it must back this up with robust research.</p>
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