Gwelliant 29/Amendment 29

[CYFLWYNWYD GAN MARK DRAKEFORD /TABLED BY MARK DRAKEFORD]

Cafodd y ddogfen hon ei chynhyrchu i gynorthwyo â thrafod y gwelliannau a gyflwynwyd i welliant 29 gan Mark Drakeford i’r Bil Lefelau Diogel Staff Nyrsio (Cymru).

This document has been produced to assist the consideration of amendments tabled to Mark Drakeford’s amendment 29 to the Safe Nurse Staffing Levels (Wales) Bill.

Section 2, page 1, line 15, leave out/Adran 2, tudalen 1, llinell 16, hepgorer—

“Safe nurse staffing levels

10A Duty to maintain safe nurse staffing levels

(1) Each health service body in Wales must in exercising its functions—

(a) have regard to the importance of ensuring that registered nurses are deployed in sufficient numbers to enable the provision of safe nursing care, allowing time to care for patients sensitively, efficiently and effectively; and

(b) take all reasonable steps to maintain minimum registered nurse:patient ratios and minimum registered nurse:healthcare support workers ratios in adult inpatient wards in acute hospitals (in accordance with guidance under this section).

(2) In this section “health service body” means—

(a) the Welsh Ministers;

(b) a Local Health Board;

(c) an NHS Trust established by virtue of section 18.

(3) The Welsh Ministers may by regulations make provision for the duty under subsection (1)(b) to extend to additional settings within the National Health Service in Wales.

(4) The Welsh Ministers must issue guidance to health service bodies in Wales about compliance with the duty under subsection (1)(b); and health service bodies must have regard to the guidance.

(5) The guidance—

(a) must specify methods by which health service bodies may comply with the duty (including methods of the kinds described in subsection (6)), to the extent that the Welsh Ministers consider it practicable;

(b) must specify recommended minimum registered nurse:patient ratios (which individual health service bodies may adjust so as to increase the minimum numbers of nurses for their hospitals);
(c) must specify recommended minimum registered nurse:healthcare support worker ratios (which individual health service bodies may adjust so as to increase the minimum numbers of registered nurses for their hospitals);

(d) must define, or include provision to be used in defining, the terms used in subsection (1)(b);

(e) must include provision for ensuring that the recommended minimum ratios are not applied as an upper limit in practice;

(f) must be designed to ensure that the requirements of the duty are met on a shift-by-shift basis;

(g) must include provision about the publication to patients, to the extent that Welsh Ministers consider it appropriate, of the numbers, roles and responsibilities of nursing staff on duty; and

(h) must include provision which in the opinion of the Welsh Ministers provides the protections mentioned in subsection (7).

(6) The methods mentioned in subsection (5)(a) are methods that in the opinion of the Welsh Ministers—

(a) involve the use of evidence-based and validated workforce planning tools, which are capable of being applied to calculations by reference to individual nursing shifts;

(b) allow for the exercise of professional judgement within the planning process;

(c) make provision for the required nursing skill-mix needed to reflect patient care needs and local circumstances; and

(d) reflect or apply standards, guidelines and national frameworks produced or adopted by professional nursing organisations.

(7) The protections mentioned in subsection (5)(h) are protections for—

(a) the supernumerary status of student staff and persons performing supervisory functions (such as Ward Sister or Charge Nurse);

(b) induction periods for temporary (agency and bank) or newly appointed staff;

(c) time to undertake or participate in continuing professional development, including mandatory training, mentorship and supervision roles; and

(d) planned and unplanned leave.

(8) Before issuing guidance the Welsh Ministers must consult—

(a) such persons as appear to them likely to be affected by the guidance;

(b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance; and
(c) such other persons as they consider appropriate.

(9) The duty under subsection (1), and action to prevent recurrence of any failure to comply with it, must be monitored in accordance with any document issued by Welsh Ministers setting out processes in place to monitor progress (such as the NHS Delivery Framework); but this subsection is without prejudice to the health service bodies’ responsibility for compliance.

(10) Each health service body in Wales must publish an annual report (whether or not as part of a wider report) which—

(a) gives details of the methods by which the health service body has aimed to comply with its duty under subsection (1) in respect of that year;

(b) gives details of the methods by which the health service body aims to comply with its duty under subsection (1) in respect of the following year;

(c) records the number of occasions on which the duty under subsection (1)(b) may have been contravened, and the action taken to prevent recurrence; and

(d) includes a detailed plan to prevent recurrence of any other failure to comply with the duty under subsection (1) or to take account of guidance issued under subsection (5)."

And insert/A mewnosoder—

""Nursing services"

25A Duty to have regard to providing sufficient nurses

(1) Subsection (2) applies where a Local Health Board is considering the extent of provision of nursing services for its area necessary to meet all reasonable requirements.

(2) The Local Health Board must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively.

(3) Where an NHS Trust in Wales provides nursing services it must provide those services to such extent as it considers necessary to meet all reasonable requirements; and subsection (4) applies where an NHS Trust in Wales is considering the extent of the nursing services it provides.

(4) The NHS Trust must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively.

(5) In this section, and in sections 25B to 25E, references to—
(a) a nurse providing care for patients include the provision of care by a person other than a nurse acting under the supervision of, or discharging duties delegated to the person by, a nurse;

(b) a “nurse” mean a registered nurse;

(c) an “NHS Trust in Wales” mean an NHS trust all or most of whose hospitals, establishments and facilities are situated in Wales.

**Nurse staffing levels**

**25B** Duty to calculate and take steps to maintain nurse staffing levels

(1) Where a Local Health Board or NHS Trust in Wales provides nursing services in a situation to which this section applies, it must—

(a) designate a person or a description of person to calculate the number of nurses appropriate to provide care to patients that meets all reasonable requirements in that situation (the “nurse staffing level”),

(b) take all reasonable steps to maintain the nurse staffing level, and

(c) make arrangements for the purpose of informing patients of the nurse staffing level.

(2) A person designated by virtue of subsection (1)(a) (“a designated person”) must calculate the nurse staffing level in accordance with section 25C.

(3) This section applies to the following situations—

(a) adult acute medical inpatient wards,

(b) adult acute surgical inpatient wards, and

(c) such other situations as the Welsh Ministers may by regulations specify.

**25C** Nurse staffing levels: method of calculation

(1) When calculating a nurse staffing level, a designated person must—

(a) exercise professional judgement, and

(b) take into account each of the following—

(i) the average ratio of nurses to patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specified period using evidence-based workforce planning tools;

(ii) the extent to which patients’ well-being is known to be particularly sensitive to the provision of care by a nurse.

(2) A designated person may calculate different nurse staffing levels—
(a) in relation to different periods of time;
(b) depending on the conditions in which care is provided by a nurse.

25D Nurse staffing levels: guidance

(1) The Welsh Ministers must issue guidance about the duties under sections 25B and 25C and Local Health Boards and any NHS Trust to which those sections apply must have regard to the guidance.

(2) The guidance may set out, in particular, that when calculating a nurse staffing level a designated person should exercise professional judgement by taking the following into account—

(a) the qualifications, competencies, skills and experience of the nurses providing care to patients;
(b) the conditions in which care by a nurse is provided;
(c) the potential impact on care by a nurse of—
   (i) the physical condition and layout of the ward or other situation in which the care is provided;
   (ii) the turnover of patients receiving the care;
(d) services or care provided to patients by other health professionals or other staff (for example, healthcare support workers), and their qualifications, competencies, skills and experience;
(e) the extent to which the nurses providing care are required to undertake supervisory or administrative functions.

(3) Before issuing guidance the Welsh Ministers must consult—

(a) Local Health Boards and any NHS Trust that is under a duty to have regard to the guidance,
(b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance, and
(c) such other persons likely to be affected by the guidance as they consider appropriate.

25E Nurse staffing levels: reports

(1) Each Local Health Board and any NHS Trust to which the duty in section 25B applies must submit a report (whether or not as part of a wider report) to the Welsh Ministers which sets out, in respect of the period to which the report relates—

(a) the extent to which nurse staffing levels have been maintained;
(b) the impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, for example by reference to an increase in incidents of harm caused by—
(i) errors in administering medication to patients;
(ii) patients falling;
(iii) patients developing hospital-acquired pressure ulcers;
(c) any actions taken in response to not maintaining nurse staffing levels.

(2) Each report must be submitted to the Welsh Ministers—
(a) within the period of three years beginning with the date on which this section comes into force, and
(b) within each period of three years beginning with the date the previous report was submitted.

(3) The Welsh Ministers must lay each report submitted to them before the National Assembly for Wales.”. 