

## *Safe Nurse Staffing Levels (Wales) Bill*

Y Pwyllgor Iechyd a Gofal Cymdeithasol  
Health and Social Care Committee

### Summary of evidence received from the Royal College of Nursing campaign

#### 1. Background

The Royal College of Nursing has undertaken a [campaign](#) in support of the *Safe Nurse Staffing Levels (Wales) Bill*. As a result, the Committee has received e-mail and postcards from nurses and patients.

A total of 315 responses were submitted to the Committee: 283 hard copy postcards and 32 by e-mail. All those who submitted e-mails identified themselves as being members of the Royal College of Nursing. The following is an approximate breakdown by category of respondent:

- 75 per cent from nurses;
- 10 per cent from patients;
- 8 per cent from other medical staff (healthcare support workers; doctors, pharmacists, and a consultant);
- 3 per cent from other staff (administrative staff; security; domestic staff; maintenance);
- 4 per cent unknown.

A summary of responses is set out in two parts below: a summary of the views of staff and a summary of patients' views.

A further 44 hard copy postcards supporting the Bill were received following the preparation of this note. It was not possible to analyse the comments received, however 37 were from nurses, 7 from patients, and 1 from an allied health professional.

#### 2. Views of staff

The vast majority of responses were from nurses. Several respondents stated that they had worked in the profession for many years within a range of different settings. One respondent was a former nurse executive from a Welsh NHS Trust. Some respondents identified the specific settings in which they had worked and these included: acute wards; community wards; elderly wards; neonatal; nursing home for disabled people; intensive care; and mental

health. Some respondents identified themselves as agency nurses. One agency worker said that she had worked in ten different hospitals within four different Health Board areas and that agency staff were offered more work than they could manage as a result of nurses leaving the profession or being ill due to the pressure of the role.

## 2.1 Key themes

The strong key message from staff who responded is that **there are existing staff shortages and that these are having a significant impact on patient care and safety**. Many respondents also point to nurse staffing levels resulting in **high levels of stress, sickness absence and low morale amongst the nursing workforce**. Further detail is set out below.

## 2.2 Patient care

The predominant theme from the postcards and emails was that **patient safety** is being put at risk as a result of current nurse staffing levels. It was suggested that there is a **shortage of staff** and that this situation is getting worse. Some respondents pointed to more nurse time being needed as a result of an increasing complexity in patients' care needs coupled with an aging population. Many respondents suggested that nurse staffing levels are having a significant impact on the **quality of the care** provided and that nurses do not have adequate time to spend with patients. In turn, it was suggested that this means nurses are **unable to give personalised and dignified care**. Some respondents gave examples of very junior and inexperienced staff being in charge of wards. It was suggested staffing levels resulted in nurses having to **'cut corners'**. Examples were given where there had not been enough time to feed patients properly before their food being taken away and also patients not being washed properly.

Many respondents also suggested that nurse staffing levels mean that **errors are more likely**, putting patients at risk, including the suggestion this could lead to a fatality. A pharmacist pointed to nurse staffing levels leading to an increase in the risk of mistakes being made in the administering medication. One respondent suggested that more nurses would result in a reduced waiting times. A doctor suggested that the throughput of patients into theatre was impacted negatively by a shortage of nurses.

## 2.3 Impact on staff

The main impact of current nurse staffing levels on nurses themselves were highlighted as being a **risk to the safety of nurses; high stress levels; increased sickness absence; and low staff morale**. It was suggested that current staffing levels are increasing the risk of assaults on staff. Respondents suggested that nurses have to work extra shifts to cover their colleagues' sickness absence. It was also suggested that nurses are **'burnt out'** and that they don't have adequate breaks to have food or go to the toilet. High levels of paperwork were also cited as being a problem. One respondent said they had retired early as a result of the pressure and other respondents pointed to colleagues who were considering taking this

course of action. Some respondents pointed to a high turnover of nurses; nurses leaving the profession; and a shortage of nurses being recruited. They said that current staffing levels meant the profession was unattractive and pointed to the use of agency nurses to 'plug the gap'. A small number of respondents expressed concerns that current nurse staffing levels are resulting in nurses being more likely to be referred to the Midwifery and Nursing Council.

#### 2.4 The settings to which the Bill should apply

Several comments were made about the perceived benefits of minimum nurse staffing ratios being applied to settings other than adult in-patient wards in acute hospitals. These included community settings (currently included within the scope of the Bill) and nursing homes and the private sector (not currently included within the scope). It was suggested that the most vulnerable people receive their care in the private care sector.

#### 2.5 Costs

Some respondents suggested that the Bill would lead to a reduction in both the costs associated with litigation and the costs associated with sickness absence. It was also suggested that it would result in a reduction in the use of agency staff. It was suggested that although there might be increased staffing costs when the Bill was introduced, in the longer term, the Bill would be cost effective.

#### 2.6 Management

Some respondents suggested that their managers had not responded positively when concerns about nurse staffing levels were raised with them. One respondent said that they had raised concerns with their management team on numerous occasions and had been told that 'this is the way it is', and suggesting that they were a negative influence on their team. Another respondent suggested that nursing staff 'are controlled by fear and constant threats'. One nurse suggested that management prioritised Accident and Emergency waiting times, suggesting that this was because the data was under more scrutiny.

### 3. Patients' views

Respondents said they supported the Bill because of concerns that a shortage of nurses on wards was having a **negative impact both on patient care and the well-being of nurses**. Comments were made that more nurses would lead to a reduction in the number of accidents occurring and in mortality rates. One respondent suggested that current staffing levels are dangerous. The quality of patient care was mentioned by several respondents and the role of nurses within this was emphasised. Specific issues highlighted in respect of patient care included: the administration of medication; mealtimes; and the assessment of patients' needs. Comments from patients in respect of the impact of staffing levels on nurses included that: their role is very important; their workloads are too high; they don't end their shifts on time; they do a fantastic job over long hours; they are overworked and underpaid; and nurses

were 'running around' without getting a break. Several patients perceived there to be too much paperwork for nurses to complete. One respondent suggested the Bill would lead to fewer referrals to the Midwifery and Nursing Council.