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Dear Chair,

Safe Nurse Staffing Levels (Wales) Bill

Thank you again for the opportunity to present evidence to the Committee on 19 March.

Following the Committee's questions about the Chief Nursing Officer's acuity tool, I thought it might be helpful to set out that it is my understanding that the acuity tool will not provide a baseline ratio, as an indicator that staffing is below a safe level, which can be applied across acute adult wards. It is a workforce planning tool, relying on data capture twice a year, to inform the setting of the nursing establishment for a particular ward. As described by the CNO, it cannot be used in isolation but must be used in conjunction with professional judgement and other factors to identify the appropriate number of staff needed.

On the introduction of the acuity tool, the Royal College of Nurses notably stated that:

"The [acuity and dependency] tool has been tested in adult acute medical and surgical and has been shown to be helpful in developing the appropriate staffing establishment, in the medium to long term. The Welsh acuity and dependency tool is helpful; however it is not a panacea for dictating the daily staffing levels of a ward. It is not designed to give immediate staffing levels and it does not override the professional /clinical judgement of the ward manager to appropriately manage the nursing work load in order to provide safe staffing levels."

As I have previously described to the Committee, the Safe Nurse Staffing Levels Bill provides a triangulated approach to ensuring an appropriate, safe level of staffing. This includes evidence-based ratios, use of the acuity tool to support workforce planning, and the exercise of professional judgement. In addition, the overarching and enforceable duty placed on NHS organisations in new section 10A (1) (a) (to be inserted into the National Health Service (Wales) Act 2006 by section 2 (1) of the Bill) will ensure that the need for safe nurse staffing levels is built into policy and service development, including budget-setting.

I have listened to the evidence provided by the independent academic witnesses. Professor Griffiths highlighted that there was no evidence whatsoever to support the use of local workforce planning systems in isolation, without the underpinning of a ratio. Notably, he stated that:

“without a shadow of a doubt, the alternatives that are being proposed have absolutely no evidence and, actually, the one natural experiment that we have suggests that, in California, there was a move, as they went from a mandatory use of local workforce planning systems to a system with a minimum ratio and the mandatory use of such systems - which is, essentially, the legislation that you’re proposing - that we saw improvements in staffing. “

I hope you will find this correspondence helpful, and look forward to reading your Committee’s conclusions on the general principles of the Safe Nurse Staffing Levels (Wales) Bill.

Yours sincerely,

A handwritten signature in black ink that reads "Kirsty Williams". The signature is written in a cursive, flowing style.

Kirsty Williams
Assembly Member for Brecon and Radnorshire