

Nurse Staffing Levels (Wales) Act 2016 Revised Statutory Guidance - Consultation Summary Report - Annex A - full consultation responses

Below are all 15 responses to the consultation on the Nurse Staffing Levels (Wales) Act 2016 Revised Statutory Guidance. They are listed in the order in which they were received. Under GDPR guidance, only the names of organisations have been included and all contact information has been redacted. One respondent requested to remain anonymous.

These responses will only be published in the language in which they were submitted.

**Consultation
Response Form**

Your name: Anonymous

Organisation (if applicable):

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	X
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

X

<p>1) Do you think the definitions of ‘paediatric inpatient wards’, ‘adult acute medical inpatient wards’ and ‘adult acute surgical inpatient wards’, within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?</p> <p>If not, how do you think they could be made clearer?</p>
<p>Easy readable.</p>

<p>2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?</p>
<p>All areas of patient care should be considered for safe staffing bill. Not just the ones listed. A patient is a patient, regardless of their journey through the system.</p>

<p>3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?</p>
<p>No</p>

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

All areas, including staff and patients are treated with the same respect as those listed for the bill.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

I believe this is important, again consider the needs of those who do not speak Welsh and address areas to meet the needs of all individuals.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

As above.

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

I see no reason why the above should have a negative impact in groups of protected characteristics. However, not allowing Mental Health and Learning disability services could clearly have an impact on all groups of society.

Consultation Response Form

Your name:

Organisation (if applicable): All Wales Nurse Staffing Programme (HEIW)

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Children aged 16 & 17 years old often fall into a 'grey' area and often depends upon the admission criteria of the area, so further clarification is required. The definition should be explicit eg: up until the child's 18th birthday.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

The list is appropriate but some areas have a CAU &/or day surgery activity is co-located on the ward and in cases where the area is staffed by a single team as it is not possible to easily segregate these areas.
Need to include specialist services (eg: burns and plastics ward) within list of exclusions.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

As the document has been revised to include paediatrics would it be easier to refer to 'where section 25B pertain' rather than adult medical & surgical areas and Paediatric inpatients – the language used needs to be consistent throughout.

The document references the number of registered nurses and those working under the delegation of a RN, however this is not clear throughout the document as on many occasions reference is only made to the RN.

The requirement to inform patients of the nurse staffing levels should be clearer to show the planned roster and actual roster.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

- HEIW is concerned that given the current challenges to the nurse staff programme the timeframes for extending the second duty of the Act to paediatric inpatients is not realistic and would advise deferring the extension to ensure the current regulations are embedded and deemed fit for purpose before extending the second duty of the Act further.
- Where references are made to the Welsh Levels of Care should the document be made clear eg: Adult or Paediatric Welsh Levels of Care or say the 'Welsh Levels of Care specific for the area of specialty'
- Where there are reference to workforce planning tools – reference to the Welsh Level of Care would provide clarity.
- Para 44- the paediatric quality indicators not are identified
- The Act states "patient well-being is particularly sensitive to care provided by a nurse" instead of "quality indicators" – the use of these different terms needs to be clarified.
- The uplift of 26.9% does not, but should include maternity leave.
- Should the term "supernumerary" or "supervisory" be used.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- opportunities for people to use Welsh; and**
- treating the Welsh language no less favourably than English.**

The document will be available in Welsh and English.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Health Boards /Trusts would endeavour to ensure that they appoint welsh speaking staff however ensuring a welsh speaking member of staff is available on every shift, given the challenges with recruitment and covering shifts, will prove difficult. Could the term 'have regard' to scheduling welsh speaking staff on shifts be included?

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?

ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

Need to ensure nurse staffing levels meets the need of patients with additional needs – learning disability, mental health issues etc

Consultation Response Form

Your name:

Organisation (if applicable): All Wales Paediatric
Workstream

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
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1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Yes, in general the definition is clear and understandable with the exception of the term 0-17 years, it may be more helpful to use the term up to their 18th birthday. It may also be useful to add in 'planned or urgent medical or surgical intervention' Most health boards for some time now have only provided care for patients up to their 16th birthday, (unless they are already being cared for by a paediatrician i.e. in cases where transition to adult services has not yet taken place). Paediatric critical care services will only accept patients up to 16th birthday.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Yes, although challenging to manage in practice as many areas will have CAU and day surgery activity/areas co located on the same ward.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

P4 states- Section 25B introduces a duty LHBs and Trusts in Wales (where applicable) to calculate and take all reasonable steps to maintain nurse staffing levels the number of nurses means the number of registered nurses.....account can also be taken of nursing duties undertaken under the supervision of, or delegated to another person by, a registered nurse, inferring that the nurse staffing level would include both registered nurses and HCSW or nursery nurses in the case of paediatric inpatient wards, however when the reasonable steps to maintain the nurse staffing level P13 states–maintaining means having the number of RNs the required establishment and its planned roster require, this does not take into account those working under the delegation of an RN, this is confusing.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

- P7 says that the designated person as should be a RN – would this be better described as must?
- P9 refers to patient centred suggest the use of the term person centred.
- P9 states that the designated person must calculate the number of nurses for each ward, suggest that this says... be assured that the correct triangulation methodology has been followed.
- P10 requires staff to use the WLoC when assessing patient's needs, suggest that this be amended to say the PWLoC which is a different document, or use the level of care document to which section 25b pertains.
- P12 states there should be a formal presentation of the nurse staffing level of each individual adult medical and surgical ward, suggest that there would need to be reference to paediatric inpatient wards.
- P 13 refers to maintaining nurse staffing levels using permanent staff, suggest the use of the term staff on substantive contracts as often have staff on rotation from other wards/areas.
- P33/42 refers to workforce planning tools, which implies the option to use different workforce planning tools, which is not the recommended tool –suggest that the singular term be used as the workforce planning tool is the triangulated methodology.
- P38, point 3, refers to religious and cultural needs, suggest that this should this include spiritual needs
- P38, point 11 requires health boards to offer a service in Welsh, suggest the term where possible be used as may be challenging in some areas, alternatively consider amending the word service to information.
- P44 identifies the quality indicators currently monitored by the adult inpatient wards, suggest this be amended to include the paediatric quality indicators.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

The document remains neutral as will be publicised and made available in both English and in Welsh

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

The document remains neutral and will comply with Welsh Language Act as it will be publicised and made available in both English and in Welsh.

Consideration of demographics in terms of the areas where the Welsh language is widely used when setting nurse staffing levels, although it is recognised that this could potentially have a negative impact in terms of recruitment.

**7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.
Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.**

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

The document is positive in terms of those groups identified above as groups with protected characteristics.

**Consultation
Response Form**

Your name:

Organisation (if applicable): Hywel Dda UHB

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

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1) Do you think the definitions of ‘paediatric inpatient wards’, ‘adult acute medical inpatient wards’ and ‘adult acute surgical inpatient wards’, within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Paragraph 28 – 30 - Yes the definitions are reasonably clear, however do all HBs in NHS Wales have the same policy for where 16- 17 year olds are nursed? We understand there are differences and therefore just need to be confident that where there are differences that it will not lead to an inconsistent application of the definition. Only issue is whether the ‘age 16-17’ statement needs to make explicit that this is up to 17 years and 264 days old (i.e. up to the 18th birthday) - or is this felt to be implicit within the statement of 16-17 year olds?

How this position interfaces with NHS Wales paediatric critical care services which are explicit about the boundary of providing care only to those young people to their 16th birthday is also an area which might impact on ensuring that all young people aged 16 and 17 receive care provided through a nurse staffing level that is set at the same level irrespective of which ward setting (i.e. paediatric or adult) that it is delivered in

Is there confidence that the definitions contained within the statutory guidance will ensure that young people (16-17 year olds) with cancer living in Wales - who may be cared for in services designed for 16 – 24 year olds - will be able to access equitable

services even though they may be being cared for outside a designated paediatric in-patient ward?

Also, does it need to be made clear, under this definition, that any girls under 18 but needing maternity care will receive their care on an adult maternity units?*

(*NB See response to Q 7 below)

We suggest that the words in lines 3/4 of Para 30'a consultant physician or surgeon'be replaced with 'medical or nurse/AHP consultant' to reflect the very mixed nature of the services provided by paediatric wards / the varied nature of the clinical teams who provide clinical services within the paediatric wards across the NHS in Wales

WE also suggest that Para 30 line 6 should reflect the fact that where the young person is cared for also might be influenced by the child's right to choose where they receive their care, not just the 'professional' judgement (of the professional) which implies that the child/young person might not be an equal and active participant in the decision.

NB Any adjustment made to the wording here also needs to apply to the related sentence in Paras 28 and 29

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Yes the list is appropriate and clear PROVIDING the statement in Para 27 is ALSO paid attention to given the varied nature of the services provided within a single paediatric ward in many Health Boards across NHS Wales: If we accept the definition of a paediatric in-patient ward which is stated in Para 30 AND the statements in Paras 26 and 27, it is likely to mean that the nurse staffing level for a multi-functional paediatric ward i.e. one which, in addition to its in-patient beds, may also provide a paediatric assessment/clinical decision making function, day surgical care and high dependency care for a small number of children, is covered by Section 25B under this extension. It is assumed that it will be for the individual HB's to make the judgement in relation to 'the primary purpose' of such a mixed ward – does this need to be stated explicitly?

Para 27 helpfully emphasises the need to focus on the 'primary purpose' of the ward when applying the definition, recognising that each paediatric ward might provide a multiplicity of functions within a single location, serviced by a single staffing team. Our only comment would be that, as the paragraphs 27 and 30 are separated within the document, is there another way of presenting the principle of 'primary purpose' within the definitions in Para 30 (and indeed within Paras 28 and 29 as well as the statement in Para 27 pertains to each clinical setting being considered?

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

Throughout the document, the term nurse staffing level is referred to as including the number of Registered Nurses and account to be taken of those working under the delegation of a RN. However, in Para 13, there is no reference to maintaining the nurse staffing level meaning to have the number of registered nurses AND those working under the delegation of the registered nurse in order to meet the requirements of the establishment and the planned roster. Should this be amended

for consistency throughout the document – or does Para 13 imply that the duty to maintain only relates to maintaining the registered nurse establishment/planned roster?

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

There is no explicit reference in the statutory guidance to include, when making a professional judgement, reference to nationally recognised, professionally driven, nurse staffing level guidance for paediatric wards e.g. RCN, PIC paediatric or even RCPCH SSPAU nurse staffing standards (or indeed for other specialised adult wards that fall under the adult medical/surgical ward definitions) : Would this be an opportunity to include reference to the importance of taking account of these nationally recognised guidelines as part of professional judgement, at the same time recognising that they DO NOT override the importance of using the evidence based, workforce planning tool developed for use in the NHS Wales setting .

When the document refers to the Welsh Levels of Care tool (e.g. Para 10), does there need to be an explicit reference to the Paediatric Welsh Levels of Care, as this is a different tool?

Para 12 – need to include reference to paediatric in-patient wards as currently refers explicitly only to adult wards

Para 44/45– The quality indicators referenced are adult focussed - should the paediatric specific quality indicators be stated here?

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

The requirement to provide patient information in such a way as to meet the requirements of the Welsh Language Standards is called out already in Para 25 but the guidance doesn't appear to offer any other additional opportunities for people to use Welsh.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Although Paragraph 38 xi) references the need to provide a service in Welsh during the calculation phase of the duties under the NSLWA, there is a lost opportunity to also make explicit reference to how the requirements set out in More than Just Words might be operationalised. To that end, is there an opportunity to provide more explicit guidance on how the offer of a service in Welsh needs to be reflected in the duty to

maintain staffing levels (i.e. within the current section Paras 13-19) as well as referencing it under the duty to calculate the staffing level?

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?

ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

ii) The change in the definition to recognise that 16-17 year olds might receive care on an adult ward suggests that there needs to be a focus on the numbers of these young people that an adult ward when the 'professional judgement' arm of the triangulated methodology is being applied when calculating the nurse staffing level for that adult ward. This is required in order to avoid there potentially being a negative impact / inequity in the staffing levels which such young people cared for on an adult ward might experience as opposed to those they would experience if they had chosen to be cared for in a paediatric ward.

To that end, should the statutory guidance re professional judgement (Para 38 point 1.1.1.) be expanded to state explicitly that nurse staffing levels need to reflect (explicitly) the care needs of all those with protected characteristics? Expanding this sentence would, together with the operational guidance which will be developed to accompany this document, provide some specific guidance on how potential inequities as a result e.g. of patient age, may be avoided?

A similar situation might arise if a young person, receiving pregnancy care in either a female adult ward OR a maternity ward, were to experience an inequity if the staffing levels in either of those wards were not the same as they would experience in a paediatric ward: The statutory guidance needs to guard against the potential of this situation arising which it has the potential to be able to do for care delivered in an adult medical/surgical ward but not directly so for care delivered on a maternity ward.

Consultation Response Form

Your name: Heather Scammell

Organisation (if applicable):

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	X
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

It is not clear whether the regulations apply to the Ambulatory Paediatric units? My initial assumption was that it did not and that this would be used as an excuse to close down the last vestige of paediatric cover in Pembrokeshire, but as I understand it, this unit is (or was pre Covid) "an area where patients receive active treatment for an injury or illness requiring either planned or urgent medical intervention, provided by - or under the supervision of - a consultant physician or surgeon."

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Not sure if Witybush PACU counts as a "Day case units which are separately located" - it has been redefined over the years, but is crucial to the children of Pembrokeshire and really should be reinstated as a 24 hour in-patient paediatric ward. It is an absolute disgrace that it was ever downgraded and even worse that Covid has been used as an excuse to 'temporarily' (at least 12 months!) relocate it to Carmarthen where there has been a much higher rate of C-19.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

I have always worried that a well intentioned Act will be used to accelerate the centralisation of services in favoured hospitals, leaving rural areas with inadequate provision and making it much harder to recruit to the primary care sector. Adequate, accessible hospital back up is an essential part of this and for all Hywel Dda's rhetoric to the contrary and the stifling of all opposing voices, Pembrokeshire is being deprived of the healthcare we need. Families with children with chronic conditions are already being forced to move and Tourism is impacted, which has a knock-on effect on the whole Welsh economy. We now have the highest rate of Child poverty in Wales (which is a disgrace) and NO paediatric facility - unless our PACU is recognised as being an important part of this bill and protected as such, then these amendments will be seen as proof that healthcare has become a political tool being used to bludgeon our county.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

Nobody wants understaffed wards, but neither do we want healthcare that is inaccessible to those who do to live close to urban centres. Either by accident or design, the guidance will enhance this inequality.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

Your answer here

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Your answer here

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics. Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

ii) A Huge negative impact on the whole of Pembrokeshire - all protected characteristics - if it is used to block the return of the ('temporarily' relocated to Carmarthen due to COVID) PACU.



Ymateb i Ymgynghoriad / Consultation Response

Date / Dyddiad: 11th December 2020

Subject / Pwnc: Nurse Staffing Levels (Wales) Act 2016 – Revised Statutory Guidance

Background information about the Children's Commissioner for Wales

The Children's Commissioner for Wales' principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the Senedd that affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. The Welsh Government has adopted the UNCRC as the basis of all policy making for children and young people and the Rights of Children and Young Persons (Wales) Measure 2011 places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

I very much welcome these regulations, extending the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards. Every child has the right, under article 24 of the United Nations Convention on the Rights of the Child (UNCRC), to the enjoyment of the highest attainable standard of health. Extending the duty for Health Boards and Trusts to calculate and maintain nurse staffing levels will provide additional safeguards for the care of children and young people in those settings.

I also very much welcome the engagement that has been undertaken with children and young people, including sessions with Swansea Bay's BAYouth, Cardiff and Vale Health Youth Board, and Public Health Wales' young ambassadors, who worked on a paediatric levels of care interactive poster. I also welcome the work that has been undertaken to gain feedback from children and young people on their experience in paediatric inpatient care in preparation for this revised guidance.

As the RCN have called for, Welsh Government should also consider how other settings could be covered by this legislation. I note that the consultation document outlines the rationale for not previously including alternative settings was that there was not a 'sufficiently developed evidence-base' to create a workforce planning tool, and gives details of the work of the All Wales Nurse Staffing Group to work on similar tools in alternative settings. However, it is not made clear whether the lack of evidence-base is the reason that some of the following settings are listed as exemptions from the definition of paediatric inpatient wards, and it would be helpful to have an explanation of this.

The following care settings are not considered to fall within the definition of "paediatric inpatient wards":

- *Acute admission/assessment units that have short term admissions for assessment purposes that are demonstrably different to paediatric inpatient wards;*
- *Paediatric intensive care units which are separately located;*
- *High dependency units which are separately located;*
- *Day case units which are separately located;*
- *Neonatal units;*
- *Specialised oncology units;*
- *Specialised cardiac wards;*
- *Specialised Renal dialysis units and renal wards;*
- *Mental health units;*
- *Learning disability units;*

- *Paediatric outpatient units;*
- *Paediatric emergency departments.*

I believe it would be helpful for stakeholders to receive an explanation on these exemptions, as well as an update on any work being undertaken by the All Wales Nurse Staffing Group. The above services are all hugely important and would seem to me to benefit from a nurse staffing duty. I am sure there will be practical reasons why they are not included, but I would welcome further information from the Group on whether these settings form part of their work plan for future tool development.

Submitted by:



Professor Sally Holland

Children's Commissioner for Wales

Consultation Response Form

Your name:

Organisation (if applicable): Swansea Bay UHB

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Paragraphs 28, 29 are clear – no changes required

Paragraph 30 - needs to acknowledge local variations in the criteria for admission (despite the legal of age of a child is 18)

In Swansea Bay UHB – 0-16th birthday is the criteria for admission to a paediatric ward if an acute admission.

Over 16 and 17 year olds, up to 18th birthday, if still under care of paediatrician and not transitioned to adult services, will be admitted to paediatric inpatient.

All young people of this age will be risk assessed and admitted to either an adult or paediatric ward depending on the clinical condition.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Suggest addition of specialist burns and plastics ward given the regional provision of services for this group of children in Swansea Bay UHB. Similarly, there will be other regional specialist services provided in other Health Boards in Wales.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

The amendments made to reflect the inclusion of paediatric inpatient wards is fully agreed with. Nothing additional to add

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

Children who are 'high flow' patients (those needing post-operative MRI's, local anaesthetic procedures and infusions will to be cared for on the general paediatric ward and should therefore be included in the guidance (these children will require one to one nursing care for a defined period of time and then likely to be discharged home).

Currently the general ward will have a number of day cases (not PAU admissions) which will need to be considered in light of the guidance as this activity will be excluded in the statutory guidance. This could require identification of a separate day case areas and consideration of how these areas will be staffed.

Paediatrics is dominated by female workforce and maternity leave has an impact on the staffing levels and yet the current the uplift does not include cover for maternity.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

Improved staffing levels could assist in supporting the aim of achieving at least one welsh speaker on each shift across the department (not necessarily on every ward but across the 3 clinical areas.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Improved staffing levels could support the aim of achieving a welsh speaker on each shift across the department and is included in the recruitment process

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

Improved nurse staffing levels should assist in enhancing the support and assist in providing dedicated time to the individual needs of both patients & their families and that of the staff working in the service.

ii) There does not appear to be any negative impacts on groups with protected characteristics as a result of the guidance.

Consultation Response Form

Your name:

Organisation (if applicable): The Royal College of
Paediatrics and Child Health

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	X
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of ‘paediatric inpatient wards’, ‘adult acute medical inpatient wards’ and ‘adult acute surgical inpatient wards’, within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

The definition of a paediatric inpatient ward needs to be updated as the age range of patients cared for in a paediatric inpatient ward is not as definitive as the document suggests. The document states that: “Patients on these wards will be aged 0-17, however 16- and 17-year olds may receive treatment in an adult inpatient ward on occasions where professional judgement deems it to be more clinically appropriate.” However, different hospitals in Wales have different definitions of the age range for paediatric care. For instance, Hywel Dda Health Board does not accept patients aged 16+ in their paediatric inpatient wards and the same applies to Cardiff, Newport, and Morriston Hospital in Swansea. Furthermore, in some cases, patients aged 16-18 are only admitted to paediatric inpatient wards following discussion and approval from the attending paediatric consultant. The document also states that 16- and 17-year olds may receive treatment in an adult inpatient ward on occasions. However, in some hospitals, it is the norm for 16- and 17-year olds to be placed on an adult ward and cared for there on a regular basis. The transition from paediatric inpatient wards to adult care is complex and varies across services; this should be reflected in the document. Therefore, we suggest the definition should be updated to: “Patients on

these wards will usually be younger than 17 years but may be admitted up to 18 years in certain circumstances. The upper age limit of patients admitted to a paediatric inpatient ward varies across services and depends on the type of care needed. Older patients may receive treatment in an adult inpatient ward on occasions where professional judgement deems it to be more clinically appropriate.” Lastly, we would suggest replacing the statement “under the supervision of a consultant physician or surgeon” with consultant paediatrician.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Most of the excluded care settings listed in the document are appropriate. However, exclusions in paediatrics are more complex than stated, as services are organised differently locally. There is no standard model for children and young people’s inpatient wards, therefore imposing exclusions needs to be handled with caution. In smaller hospitals where care may be less separated, this guidance could be challenging to implement. It may therefore be advisable to include some caveats.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

There appears to be a gap between the proposed statutory guidance and what is actually happening in practice. Where a child is treated, particularly for 15-17-year olds, differs across Local Health Boards and Trusts. Therefore, the manner in which the guidance will be applied and implemented in individual hospitals across regions will need to be carefully worked through.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

We would advise that the language used in the guidance document should be flexible to account for the variations that exists between hospitals and regions (e.g. age range for a child, location in which treatment takes place). Training and specialist knowledge are important factors when looking at safe staffing levels. We feel that a segment covering this area should be included in the guidance.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

Your answer here

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**

- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Your answer here

- 7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.
Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.**

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

Your answer here

Consultation Response Form

Your name:

Organisation (if applicable): Cwm Taf Morgannwg UHB

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

These definitions are not clear, Question whether the decision should be down to clinical judgement as some clinicians will make decisions based on the service and not on the individual needs of the young person. The assessment needs to be based on the individual needs of the young person and what the service provision allows.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Yes, this is appropriate

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

We welcome the power for Welsh Ministers, but it seems a shame that it cannot be earlier than October 2021.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

Your answer here

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

These statements are within our current guidance for implementation of the Welsh Language

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

These statements are within our current guidance for implementation of the Welsh Language

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

There is no difference from this Act on how we currently treat our patients groups and their families.

Consultation Response Form

Your name:

Organisation (if applicable): Public Health Wales

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Yes, there is a clear definition provided relating to the specific age groups that can be considered for treatment as in-patients in an adult ward. However, this should be based on a risk assessment and where appropriate for paediatrics, in discussion with a parent/carer

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Yes, we agree that the list provided of excluded care settings is appropriate.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

Nil further to add.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

Nil further to add.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

The inclusion of the reference to the Welsh Language Standards in the 'Informing patients' section is welcomed. This will help to ensure that people have an opportunity to read information provided in Welsh, whether on a notice board or in a leaflet. The inclusion of the reference to More Than Just Words, and the making of an active offer of a service in Welsh without a person having to ask is also welcomed. This will help to ensure that services consider the various opportunities to communicate in Welsh, particularly the opportunity to hear and understand nurses when they speak Welsh to the patient, and for the patient to speak Welsh to the nurse.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

The revision of the guidance presents an opportunity to include further references to the Welsh Language Standards. The 'Informing patients' section relates to providing opportunities for people to read Welsh. Other sections provide opportunities to include references to the importance of speaking Welsh in face-to-face communication between care provider and patient. Standard 110 specifically relates to the provision of clinical consultations being provided in Welsh. It is noted that 'reasonable requirements' means 'taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements' and that 'the ward sister/charge nurse is responsible for ensuring that these needs are assessed and classified using the Welsh Levels of Care descriptors'. The need for a patient to communicate with nurses in Welsh should be considered as a 'reasonable requirement'. This should be considered as one of the criteria when determining appropriate staffing. On a paediatric ward, there may be a young child who has little experience of hearing and speaking English. It would be important for the child's wellbeing that they could communicate with staff in Welsh. On an adult ward, an older person may have lost the ability to speak English as a result of a stroke, or dementia. Professional judgement: Paragraph 38 section (iii) suggests there could be an impact on staffing requirements. Paragraph 38 section (xi) and the active offer of a Welsh-medium service in accordance with "More Than Just Words" is welcome; but could this also impact upon staffing requirements and should this be made explicit in section (xi) as it is in section (iii). Patient well-being can be particularly impacted by an unmet Welsh Language requirement. It is proposed that this is included as an additional indicator?

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?

ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

Overall we feel that this will have a positive impact. However, this will differ between the different under-represented groups as their needs differ significantly. Some groups will need more time/resource, as they may take longer to understand or undertake an activity. This is referenced in the Revised Statutory Guidance at Appendix 2 paragraph 14, however, additional detail is required. Paragraph 24 mentions “an easily accessible format” – it would be helpful if this specifically referenced different formats such as Audio, braille, BSL, Easy Read, Large Print etc. to reflect the different needs of individuals, . Revised Statutory Guidance at Appendix 2 Paragraph 38 references cultural needs – this is very important as different cultures have different practices, attitudes and understandings. They will also have different activities to undertake (praying, ritual washing etc.) which may require assistance. A full Equality Impact Assessment, undertaken in consultation with the different groups will enable a deeper understanding of requirements.

**Consultation
Response Form**

Your name:

Organisation (if applicable): All Wales Nurse Staffing Group

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	X
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of ‘paediatric inpatient wards’, ‘adult acute medical inpatient wards’ and ‘adult acute surgical inpatient wards’, within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

generally the definition is clear and understandable but further clarity is required in relation to children aged 16-18 years, as follows:

- Children aged 16 & 17 years old often fall into a ‘grey’ area as to who is responsible for their care. Need consistency in application of the definition.
- The age range of 0-17 years – should change to say ‘up to their 18th birthday’
- Health boards may find difficulty in providing care to 16-18-year olds as many areas only accept patients up to their 16th birthday, unless they are already being cared for by a paediatrician i.e. in cases where transition to adult services has not yet taken place.
- Paediatric critical care services only accept patients to 16th birthday.
- Clarity on occasions when a child under 18 years would not be cared for on a paediatric area (e.g.: girls under 18 requiring care on an adult maternity ward)
- Child aged between 16 and their 18th birthday will be risk assessed and admitted to either an adult or paediatric ward depending on their identified need and the criteria of the services.

- The decision as to the area best suited to provide care for 16-17 year olds should be down to clinical judgement and an assessment of the individual needs of the young person and what the service provision allows.
- (Reference para 30 line 6) include the child/young person right to choose where they receive care.

(Reference para 30, lines 3&4) replace 'a consultant physician or surgeon' with 'medical or nurse/AHP consultant' to reflect the different service models in operation.

Consider including the term acute and chronic which will cover the many areas that treat and manage chronic life-long conditions within an acute phase.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

The list is appropriate although maybe difficult to apply to areas where a CAU &/or day surgery activity is co-located on the ward and in cases where the area is staffed by a single team as it is not possible to easily segregate these areas.

Include regional specialist services (eg: burns and plastics ward) within list of exclusions

Additional note: Specialist oncology ward is excluded within Paediatrics' but not listed as excluded within 'adult acute medical inpatient wards'

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

As the document has been revised to include paediatrics would it be easier to refer to 'where section 25B pertain' rather than adult medical & surgical areas and Paediatric inpatients – the language used needs to be consistent throughout.

The document references the number of registered nurses and those working under the delegation of a RN, however this is not clear throughout the document as on many occasions reference is only made to the RN.

The requirement to inform patients of the nurse staffing levels should be clearer to show the planned roster and actual roster.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

- Where references are made to the Welsh Levels of Care should the document be made clear eg: Adult or Paediatric Welsh Levels of Care or say the 'Welsh Levels of Care specific for the area of speciality'
- Para 12 – only refers to adult medical and surgical wards and not paediatrics.
- Para 33/42 refers to workforce planning tools - does this need to reference the Welsh Level of Care.
- Para 44- the paediatric quality indicators not are identified
- No reference to national guidance for paediatric wards e.g. RCN, PIC paediatric or RCPCH nurse staffing Standards for Short-Stay Paediatric Assessment Units

- Inclusion of ‘high flow’ patients (those needing post-operative MRI’s, local anaesthetic procedures and infusions) will be cared for on the general paediatric ward and so should be included in the guidance.
- The Act states “patient well-being is particularly sensitive to care provided by a nurse” instead of “quality indicators” – is there a difference as clarity is needed
- The uplift of 26.9% does not include maternity leave
- Should the term “supernumerary” or “supervisory” be used

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

The document will be available in Welsh and English

Health Boards are supportive of these requirements and aim to appoint Welsh speaking staff but challenges with recruitment make this difficult. Training courses to learn Welsh are available.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Consideration of demographics in terms of the areas where the Welsh language is widely used when setting nurse staffing levels in order to support the Bilingual Skills strategy.

Para 38 xi) references the need to provide a service in Welsh during the calculation phase but could there be guidance on how the offer of a service in Welsh needs to be reflected in the duty to maintain staffing levels

Health Boards are supportive of these requirements and aim to appoint Welsh speaking staff but challenges with recruitment make this difficult. Could the term ‘have regard’ to scheduling Welsh speaking staff on shifts

The staffing levels should take into account the language abilities of nurses to speak Welsh and ensure access to Welsh speaking nurses. Need to be able to identify Welsh speaking staff eg: wearing of lanyards or badges

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**

ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

The document remains neutral to those groups identified above as groups with protected characteristics.

It would be expected that Welsh Government would have carried out an Integrated EQIA on the Act already which would cover all the areas raised.

Need to ensure nurse staffing levels meets the need of patients with additional needs - gender balance, so that caring needs meet cultural and religious observations for patients.

Requirement for staff to receive Mental health, Deaf Awareness, LGBT awareness training

The guidance gives a list of exclusions for which there will be patients with protected characteristics, such as maternity, mental health and learning disabilities. However there will be patients with protected characteristics within every ward setting, so safeguards and support needs to be available and accessible.

Need to consider situations where children aged 16-17 year old are required to receive care on an adult ward and this should be included as a key factor under professional judgement, to state explicitly that nurse staffing levels need to reflect the care needs of all those with protected characteristics and avoid these groups being disadvantaged.

Consultation Response Form

Your name:

Organisation (if applicable): Board of Community
Health Councils in Wales

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	X
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

Although we are not clinically trained, we feel that the definitions provided are sufficiently clear for lay people to understand.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

This list appears to be appropriate

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

None.

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

We have no further questions

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

The Guidance does not change the statutory requirement stated in the Welsh Language Standards that any service that is provided must ensure that the Welsh Language must not be treated less favourably than the English language.

Neither does it change any include changes to workforce planning to ensure sufficient Welsh speaking capacity to meet needs and provide an environment that encourages people to use Welsh.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

See above

**7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.
Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.**

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

There are no inclusions in the guidance that change the present specifications with regard to the majority of protected characteristics. It is noted however that 16 and 17 year olds can be treated on adult acute medical and surgical wards on occasions where professional judgement deems it to be more clinically appropriate. We would not comment on this as it would be a clinical judgement

Consultation Response Form

Your name:

Organisation (if applicable): Health Inspectorate Wales

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	X
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

The definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', included in the revised statutory guidance are clear to understand

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

The definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', included in the revised statutory guidance are clear to understand

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

The general amendments are detailed as tracked changes throughout and are clear to understand/logical

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

The general amendments are detailed as tracked changes throughout and are clear to understand/logical

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

I assume the guidance will be available in Welsh so will provide opportunity for people to use Welsh

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

I assume the guidance will be available in Welsh so will provide opportunity for people to use Welsh

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

The guidance refers to age specifically, The guidance sets out criteria to enable clinical judgement to be applied to decision making about the most appropriate care setting for 16 and 17 year olds. This should have a positive impact.

Consultation Response Form

Your name:

Organisation (if applicable): All Wales Children and
Young People Forum

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	X
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

The terms are clear and easy to understand

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

agreed on list of excluded settings

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

The All Wales Senior Nurse Forum are concerned that point 44 should include child protection and safeguarding as additional considerations. Also should include children or young people admitted under CAMHS as this cohort of children / young people take up a considerable number of beds

In paediatric settings the presence of a parent may be a relevant indicator

4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

In the descriptions for adult wards, both medical and surgical suggest that patients on adult wards will be 18yrs and over, however 16 and 17yr olds may received treatment...where professional judgement deems it to be more clinically appropriate. This is not in line with the WG transition and handover guidance (consultation closed July 2020 and not yet released) which indicates that there should be a choice for the young person. The terms should reflect the transition guidance.

5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

Your answer here

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Your answer here

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

- i) Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?**
- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

the guidance may affect young people going through transition from children's to adult services.

Consultation Response Form

Your name:

Organisation (if applicable): Royal College of Nursing

Email / telephone number:

Your address:

I am a/an <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust / affiliated body	
	Organisation with an interest in the health service	X
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
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Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

1) Do you think the definitions of 'paediatric inpatient wards', 'adult acute medical inpatient wards' and 'adult acute surgical inpatient wards', within paragraphs 28 to 30 of the statutory guidance, are suitably clear and easy to understand?

If not, how do you think they could be made clearer?

The Royal College of Nursing (RCN) Wales welcomes the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards having campaigned for the extension for a number of years. The definition of 'paediatric inpatient wards' is welcomed by RCN Wales. Furthermore the revision of the definition for 'adult acute medical inpatient wards and 'adult acute surgical inpatient wards' is welcomed as it reflects the reality of the fluidity of treatment between adult and paediatric patient wards for those aged 16 to 18.

2) Is the list of excluded care settings (settings not considered to fall within the definition of a paediatric inpatient ward) at paragraph 30 of the statutory guidance, appropriate? If not, why not?

Paragraph 30 of the Nurse Staffing Levels (Wales) statutory guidance does not mention the existing duty as set out in Section 25A. Whilst the areas not covered by Section 25B do not need to calculate and maintain nursing levels according to a specified methodology it is important that LHBS and Trust are reminded of their existing responsibility as covered under Section 25A.

Section 25A sets out the responsibility of LHBs and Trusts to have enough nurses to allow the nurses time to care sensitively for patients. RCN Wales acknowledges that LHBs and Trusts are reminded of this duty in paragraph 18 in the section regarding reasonable steps, but it is important that this is reiterated within the 'Section where Section 25B applies'. With the exclusion of care settings from Section 25B, it is important that they recognise Section 25A still applies.

3) Do you have any observations on the general amendments made to the statutory guidance, to reflect the inclusion of paediatric inpatient wards within the duties under sections 25B and 25C?

RCN Wales acknowledges the need for a designated person. Point 8 notes 'the designated person should also be a person of sufficient seniority within the organisation, such as the Executive Director of Nursing for the LHB or Trust'. RCN Wales welcomes the inclusion of the Executive Director of Nursing for the LHB or Trust to undertake the calculation of safe nursing levels on behalf of the Chief Executive Officer of the LHB or Trust. The Executive Director of Nursing will be able to provide a senior insight into nurse staffing levels, communicate this at a senior level and ensure symmetry with the calculations of adult acute medical and surgical wards. RCN Wales further advocates that a senior registered children's nurse must be involved in the decision-making process regarding nurse staffing levels in paediatric inpatient wards in conjunction to the Executive lead. This would provide the seniority needed to ensure implementation and symmetry with other areas covered by Section 25B from the Executive Director of Nursing whilst also ensuring the specific context for paediatric inpatients is heard from a children's nurse. This will give the Executive Director of Nursing the confidence to make informed decisions. On page 4, the revised Nurse Staffing Levels (Wales) Act 2016 guidance it states that 'there should be a formal presentation by the designated person of the nurse staffing level of each individual adult acute medical and surgical ward to the Board of the each LHB (or Trust) annually'. This should be revised to include paediatric inpatient wards and ensure that there is a formal presentation by the designated person for paediatric inpatient wards to reflect the extension of the Nurse Staffing Levels (Wales) Act 2016.

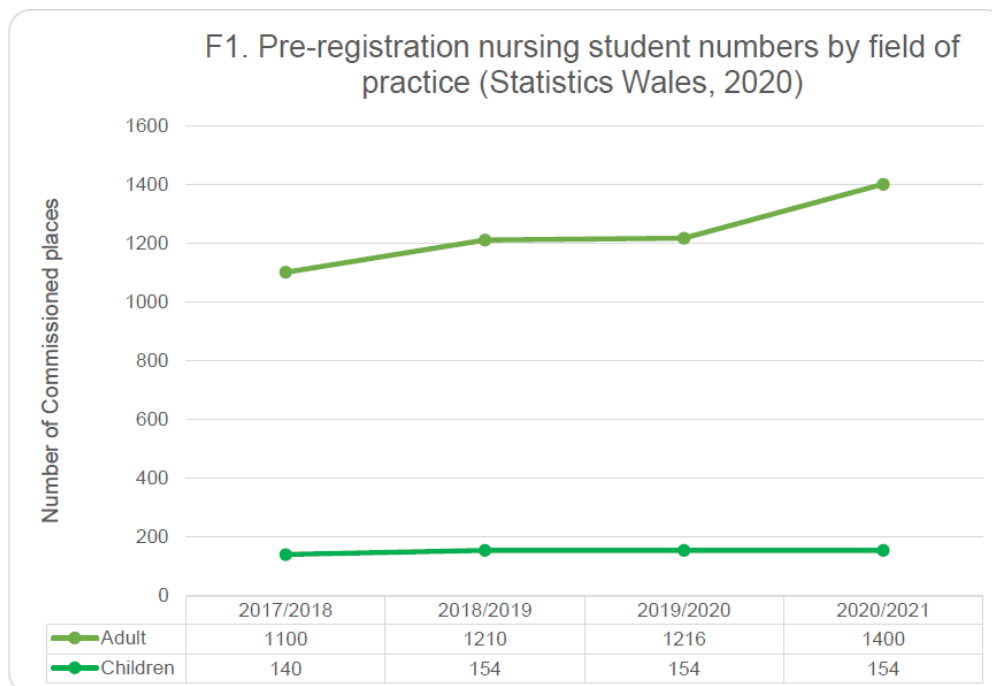
4) We have asked a number of specific questions about the amendments made to the statutory guidance. If there are any related issues that we have not specifically addressed, please raise them here.

Accountability RCN Wales strongly support the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards. It will protect the patient and empower the workforce. The extension should be welcomed and embedded into the safe delivery of care within health boards and trusts in Wales. RCN Wales encourages the Welsh Government to ensure safe staffing levels are being met in all areas covered by Section 25B. This includes ensuring that information is routinely published to uphold accountability. The Welsh Government is accountable for ensuring health boards and trusts in Wales provide safe staffing levels according to a specified methodology in adult acute medical and surgical wards and soon paediatric inpatient wards. RCN Wales recommends that the accountability and implementation of the extension remains a priority for the Welsh Government and the next Welsh Government come May 2021.

COVID-19 effect RCN Wales is aware that the COVID-19 pandemic is having an unprecedented impact on the health and social care sector. The consultation document notes that the consultation period of the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was delayed from March to September 2020 due to the COVID-19 pandemic. The Minister for Health, Social Service and Sports

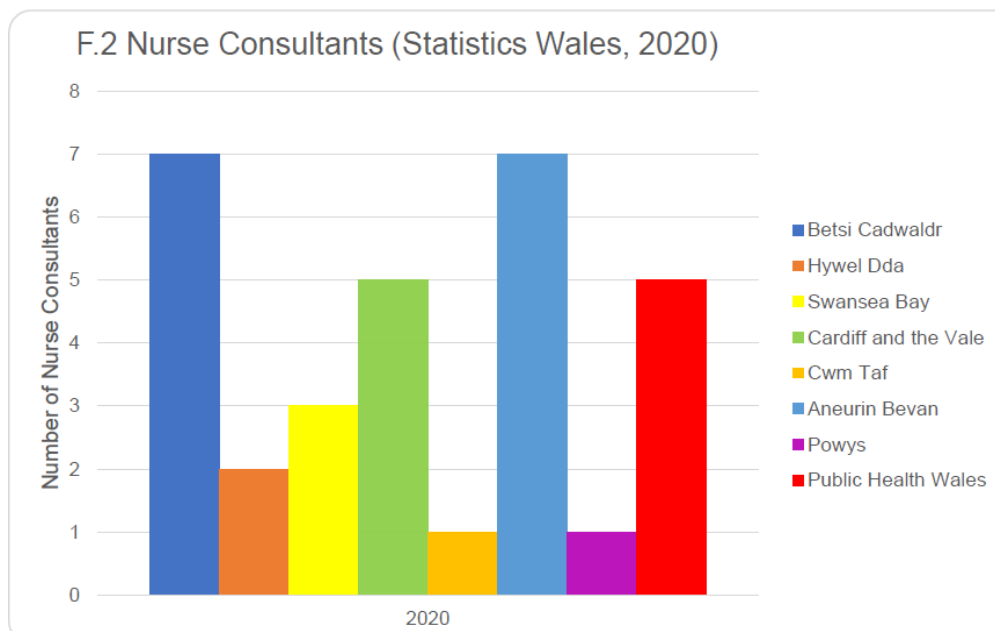
announced that the coming-into-force date has been postponed from April 2021 to October 2021 to allow for services to overcome the unforeseen delay in preparations. As a result, the coming-into-force date extends across a Senedd election (May 2021). RCN Wales strongly believes that the Senedd elections, and the election of a new government should not interfere with the coming-into-force date. Furthermore the consultation document notes that the coming-into-force date 'may be subject to further necessary change'. This should not occur without exceptional circumstances. If the date is moved, it should be accompanied with a detailed explanation of why and when the new date will be introduced. However, RCN Wales strongly recommends that the date is not altered as it already has been changed from April 2021 to October 2021. The extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 is vital for patient safety and should be a priority.

Children nurse commissioning Student nurses spend three years (42 working weeks and not merely the traditional academic calendar) undertaking the nursing degree course (fields of practice are adult, child, learning disability and mental health). During their degree nursing students spend 50% of their time on practical placements in NHS Wales or other settings. Research in 2014, conducted across nine European countries, found that a better educated nursing workforce reduced unnecessary deaths. Every 10% increase in the number of bachelor's degree educated nurses within a hospital is associated with a 7% decline in patient mortality. Student nurse places in children nursing have remained largely static for several years. Despite a sharp demand from neonatal services for children's nurses alongside an urgent need to increase numbers of children's nurses based in community teams. RCN Wales urges the Welsh Government to increase the commissioning numbers for pre-registration children nursing to ensure safe and effective care. To ensure section 25B of the Nurse Staffing Levels (Wales) Act 2016 can be fulfilled and successfully implemented, without a reliance on agency nursing, the Welsh Government must urgently increase children nursing numbers.



Post-registration children nursing Professional development and learning are fundamental career-long requirements for every nurse. It is a requirement for successful revalidation by the Nursing and Midwifery Council and essential for patient safety and clinical effectiveness. Mandatory training includes equipment knowledge,

emergency life support/CPR, and infection control. It is important that children nurses have access and time to complete CPD and have the option to expand their knowledge through post registration specialist courses. To ensure an appropriate skill mix and ensure coherent succession planning within the paediatric field, access to CPD should be considered within the reasonable steps section of the guidance. Furthermore, there is a need for more children nurse consultants within NHS Wales. Nurse consultants are an extremely senior post. Education, research and clinical leadership are part of this role. In 2005 the then existing national body Health Professions Wales assessed the need for nurse consultants in Wales and approved 55 consultant nurse (and 3 therapists) posts. It is extremely disappointing therefore that there are currently only 32 in 2020, 15 years after the demand was made clear. Figure 2 highlights the number of nurse consultants within the seven health boards and Public Health Wales. Note there are no nurse consultants for education, school nursing or neonatal nursing. There is a need for more children nurse consultants. Nurse consultants can provide the necessary seniority within a child inpatient setting and provide education and support for registered nurses. The role is crucial for ensuring an appropriate skill mix.



5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

RCN Wales has 26,000 members. A third of these speak Welsh. The Nurse Staffing Levels (Wales) Act 2016 guidance does not mention the Welsh language or any opportunities to ensure Welsh is treated no less favourably than English. However, RCN Wales is pleased that there is a Welsh version of the Nurse Staffing Levels (Wales) Act 2016 guidance. Providing safe staffing levels should be a priority of the Welsh Government, LHB's and trust in Wales. This means providing a bilingual workforce. It is important that not only are there the correct number of nursing staff and an appropriate skill mix but also that there is a bilingual workforce able to meet the needs of the population. This is especially true with the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards. Children who's first language is Welsh should be able to communicate in Welsh.

6) Please also explain how you believe the guidance could be formulated or changed so as to have:

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

RCN Wales has consistently called upon the Welsh Government to increase the number of Welsh speaking nurses and nursing staff through the expansion of education. Children need to be able to communicate in their first language. Being on a child inpatient hospital ward can be a scary time for a child, and this can be further perpetuated through the inability to communicate in Welsh to nursing staff and the wider workforce. Under the section titled 'reasonable steps', it is important that the linguistic make up of the workforce and needs of the population are accounted for. This includes deploying Welsh speakers, providing education for Welsh speakers to increase their confidence and recruiting Welsh speaking staff. In order to deliver safe and effective care in Welsh and English there is a need for the Welsh Government to introduce a long-term commitment to increase funding and clinical educational opportunities and expand the Welsh speaking workforce. This would ensure nursing staff and all health and social care staff feel confident communicating in Welsh within a clinical setting and can provide care in both Welsh and English. RCN Wales encourages the Welsh Government to ensure the linguistic needs of the population and make-up of the workforce are considered within the guidance. The guidance should set out reasonable steps to ensure a positive effect on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

7) We would like to know your views on the impact that the guidance would have on groups with protected characteristics.

Protected characteristics are: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion & belief, sex, and sexual orientation.

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- ii) Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?**

The revised Nurse Staffing Levels (Wales) Act 2016 guidance would have a direct impact on age. With the extension of Section 25B, this will ensure safe and effective care and allow the nursing workforce time to provide the sensitive care that is required.