National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Safe Nurse Staffing Levels (Wales) Bill / Bil Lefelau Diogel Staff Nyrsio (Cymru)
Evidence from Welsh Intensive Care Society - SNSL(Org) 12 / Tystiolaeth gan Cymdeithas Gofal Dwys Cymru - SNSL(Org) 12

Committee Clerk,
Health and Social Care Committee,
National Assembly for Wales,
Cardiff Bay, CF99 1NA.

20th January, 2015.

Dear sir,

Re: Consultation on the Safe Nurse Staffing Levels (Wales) Bill

I am writing to you in my role as Chair of the Welsh Intensive Care Society (WICS).

We note the aims of the Bill and support the principles laid out. WICS is fully in agreement that nurse staffing levels should not be permitted to drop below the accepted minimal levels that are agreed with professional bodies. Within the speciality of Intensive Care Medicine, there are well-established minimum nurse staffing levels that have been set out in published guidance on standards from the (UK) Intensive Care Society (ICS) and more recently in joint standards publications from the ICS and the Faculty of Intensive Care Medicine (FICM). The Core Standards for Intensive Care Units (2013) document has been widely endorsed by many different professional bodies, including the Royal College of Nursing (RCN) and the British Association of Critical Care Nurses (BACCN). Further guidance of nurse staffing for critical care units is provided in Chapter 2, Section 2.3 of the Guidelines for the Provisions of Intensive Care Services (GPICS), jointly published in draft form recently by the ICS and FICM.

The safe and effective provision of critical care depends upon the presence of a highly skilled nursing work force of sufficient numbers to at least meet the standards set out in GPICS. These standards should be regarded as a minimum. When critical care units are short of nursing staff, the care of the very sickest patients in the hospitals is compromised. This should be regarded as unacceptable.

The National Institute for Health and Care Excellence (NICE) published guidance on safe staffing for acute inpatient settings in July 2014, but did not specifically mention the staffing levels for

critical care services. WICS wishes to raise the issues of the impact of understaffed wards on critical care services. Patients who do not receive appropriate and timely care because of wards being understaffed may deteriorate to a point where critical care becomes necessary, this representing a poor use of such a costly service when safe staffing may have obviated such a risk. Understaffed wards often find it difficult to accept patients being discharged from a critical care unit, resulting in delayed transfer of care (DTOC) which is, again, a poor use of a costly service and which has adverse consequences for patients in terms of rehabilitation and hospital discharge.

NHS Wales currently exists in a state of financial challenge. However, as has been seen in Welsh critical care units in recent times, a failure to recruit new staff and retain those highly skilled staff members already in post puts those units under enormous strain, with delays in admitting critically ill patients, inability to admit critically ill patients and cancellations of surgery where post-operative critical care is warranted to achieve best possible outcomes. These issues lead to adverse outcomes of all magnitudes of severity. Failure to recruit and retain may seem financially advantageous in the short term, but such short-term thinking only results in greater difficulties later on as increasing demands are placed on all hospital services, including critical care services.

WICS therefore wishes to see that wards are adequately staffed to improve both the patient experience and the patient outcomes, helping to both reduce the need for critical care admission and reduce the problem of delayed transfers of care. If this Bill is to include recommendations for critical care services, those recommendations must at least match those set out in GPICS.

Yours faithfully,

Dr. Paul Morgan
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Critical Care Directorate,
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