



Coleg Nyrso Brenhinol  
Cymru  
Royal College of Nursing  
Wales

# AN ACT OF Compassion

THE STORY OF THE  
RCN WALES CAMPAIGN  
FOR THE FIRST SAFE  
NURSE STAFFING LAW  
IN EUROPE





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# FOREWORD

## BY GAYNOR JONES MBE, CHAIR OF THE WELSH BOARD

The Nurse Staffing Levels (Wales) Act 2016 is a vital piece of legislation that protects patient safety and as Board Chair I am so very proud that the Royal College of Nursing Wales has been instrumental in leading the way in safe care.

It took the RCN in Wales more than a decade to see the proposed Bill become law. It was our hard-working members who continually flagged up the issue of inadequate registered-nurse-to-patient ratio levels on their wards and they kept telling us about its impact on their ability to provide the excellent care of which they were capable.

There were no fewer than four resolutions carried at RCN Congress demanding that our Council lobbied the Governments of all four countries in the UK for legally enforceable staffing levels to safeguard standards in the current economic climate.

It was a message that we simply couldn't ignore – patient safety was being compromised by poor staffing levels, and so the Board of the Royal College of Nursing in Wales took up the challenge of its members and agreed to carry forward the plan to demand the Welsh Government instigated a legally enforceable framework that guaranteed appropriate levels of staff were employed on the wards in Wales.

Members then worked closely with the staff at RCN in Wales, Board members past and present and Kirsty Williams AM, who sponsored the Bill.

It was a long and arduous task – there were many who thought we would fail, so I cannot tell you how delighted I was when Royal Assent was granted to the Nurse Staffing Levels (Wales) Act in 2016 – and now we are seeing it in action., and I offer my sincere thanks to everyone who worked so hard to see that day dawn – particularly our members, staff and the members of the Board including the Board Chairs of the day.

I know anyone who, like me, works on a ward – or who has a loved one in hospital - will be able to see the very tangible benefits of this new law – and how wonderful it is that Wales is the first country in Europe to adopt it.

And we're not going to stop there. We're already inspiring the other countries in the UK and others worldwide to consider bringing in similar legislation; we are working with the Welsh Government to extend the current law's remit to cover more areas of nursing care – and now BMA Cymru wants to follow suit and campaign for similar legislation to cover doctors.

The people of Wales should be proud of the Royal College of Nursing Wales and the marvellous work it has done in campaigning for this law to be passed. They will be the ones who see the benefits.

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CHAPTER ONE  
**IN THE  
BEGINNING**



*It's important for nurses to have a voice!*

One afternoon in 2006 Tina Donnelly, Director of the Royal College of Nursing in Wales, and Lisa Turnbull, the organisation's Policy and Public Affairs Advisor, were sitting around a table in Tina's office in RCN Wales headquarters in Ty Maeth, in the grounds of the University Hospital of Wales reading reports from anxious nurses across Wales.

The RCN Welsh Board had been receiving an increasing number of concerns from Welsh nurses who were worried about poor staffing on their wards and its impact on patient care.

Tina and Lisa had come together to work out what the organisation could do to make trusts and health boards in Wales ensure that the correct ratios of registered nurses and healthcare support workers were on duty at all times.

Worried about poor standards of patient care and the effect of short-staffing on nurses' morale and well-being, the RCN knew it had to come up with something.

Health boards would often make savings by reducing the number of staff they employed. The Welsh Government also needed to save money and reduced student nursing commissions, hence bringing down the number of registered nurses and midwives. This not only created nursing shortages for the future, it also ended up costing the NHS more.

But while the RCN – as the voice of nurses in Wales – could lobby and cajole, appeal to politicians, and highlight the concerns of nurses through the media, it had no jurisdiction to make the hospitals conform to guidelines.

"It would be easier if it was in legislation," Lisa said, as the pair sifted through the paperwork.

"If what was in legislation?" Tina responded.

"Well, this," Lisa replied. "The RCN could campaign for legislation for safe staffing."

Lisa Turnbull's suggestion made Tina pause. Could the RCN in Wales really campaign for a new law to protect patient care from inadequate staffing?

Over the coming years, Welsh nurses, the public, the RCN, a campaigning AM, and the National Assembly for Wales would come together to create something new for Wales, and revolutionary for Europe.

This is the story of how it happened.



The Royal College of Nursing was founded in 1916. In 1962 Welsh nurses raised their own money to fund an elected Welsh board in Cardiff and the post of Wales Director. Since 1965 it has been based in Ty Maeth. The college has always been run by nurses and for nurses, so the issues that concern nursing staff are at the heart of its agenda.

Responsibility for health in Wales has been devolved to the Welsh Government since 1999. Politicians at the National Assembly for Wales in Cardiff Bay are ultimately responsible for the delivery of healthcare by the Welsh NHS.

Following a growing number of disquieting reports about staffing levels, RCN Wales commissioned a survey in 2006. It found that 95 per cent of members wanted more nurses trained and employed. The RCN had previously produced several guidance documents setting out the relationship between safe staffing levels (number and skill-mix) that promoted safe and effective patient care.

In 2007 an RCN Congress Resolution was passed demanding legislation to ensure appropriate staffing levels. In that year, RCN Wales launched its *Get It Right* campaign and, for the first time, called for statutory responsibility for appropriate staffing numbers. That November the issue was mentioned in RCN evidence to the Health and Social Care Committee of the National Assembly for Wales.

RCN Wales members were seeing the effects of inadequate staffing on a regular basis.

Neil Evans, a Staff Nurse with 16 years' experience in an emergency department, says: "Inadequate staff levels in A&E mean more pressures on the staff that are there. It means less time with your patients; more pressure on the nurses. You cannot give the patients the amount of time you would like to spare with them. You go in, do your treatment, and you are away. You can't spend those extra couple of minutes - maybe preventing a deterioration further down the line."



Jane Carroll, who is now a Senior Officer at RCN Wales, remembers the effect of inadequate staffing on the district nurse team she used to lead in Newport, south Wales. Patients would be discharged from hospital too soon, increasing the workload on district nurses and often ending in the patient returning to hospital. “There is nothing more demoralising than getting a patient back home in the community, into their own home and building up that working relationship - that kind of therapeutic trusting relationship - for it not to work out, for it to fail because they were too unwell for you to keep them home. [Patients] lost faith sometimes and trust in us... and sometimes that would lead to them going into residential placement because they thought they couldn't cope anymore.”

Christine Edwards Jones manages an elderly frail ward. She says: “In reality, inadequate staffing levels means that patients can't get what they need at the right time and when they actually need it. Okay, that sounds a glib phrase that people say, but it means that people can't get to the toilet on time because there is not a nurse there; people can't get painkillers on time because it might take two qualified nurses to check a controlled

drug; people can't get to a glass of water or get a jug refilled. You know, it sounds simple things but they are the essential core of what a patient needs and if you haven't got enough nurses to do the essential care that's where things start falling down.

“When you are nursing day-to-day, you are always running to try and catch up, or working through your breaks, or working after your actual shift as well. You are compensating for the lack of staff and before long that can become sort of a normal kind of arrangement. And when you actually sort of sit up and think, hang on, this isn't right! That's when you can do something about it.”

For Neil Evans the pressures were immense. “On a number of occasions, I have thought, is this worth it? What am I going to do? For what we get paid and the responsibility we have, you think is it worth it? But then when a patient turns around and says, ‘Thank you for what you have done for me’, that is a reward you can't buy. You know, that's: Yeah, I've done my job today, I have succeeded, I have done my job, I have done it well. So that makes the job worthwhile then.”

Sandra Robinson-Clark is a matron on an acute ward in a district general hospital and a member of the RCN Welsh board. She says: "When a ward is short-staffed the consequences are that there are poor outcomes for patients in that the nurses are literally not able to carry out all the tasks that they need to do and that's through no fault of their own, it's just because they are short-staffed, the acuity and the patients being very unwell. Therefore, the potential risks to patients are that you might have patient falls, medication errors, and maybe, because patients aren't turned often enough, those that require more care may develop pressure sores. And potentially as well, cross-infection because again standards aren't adhered to because staff are rushing around.

"There is an impact on staff as well: staff working longer hours and stress because they are not able to do the job that they have come into nursing to do. You know, staff do get worried and upset when they have not been able to carry out all the tasks and the care that is needed. And then when there are vacancies in addition to shortages and maybe staff sickness and maternity leave on top of those vacancies, it just creates a lot of stress and poor morale for the workforce in general.

"It is so important to have the right staff in the right place at the right time to deliver safe patient care."

One Friday afternoon in 2009, Tina Donnelly took a call from a group of nurses who were desperate for help. "They were at the end of their tether and they couldn't stand it any longer and nobody was listening to them," she recalls. "I went to see them and I was expecting to see four or five nurses: 36 nurses came to see me. And they were telling me just how bad it was: they weren't getting drinks, they weren't getting time off to go for a break, they weren't even getting time to go to the loo so they were stopping themselves drinking because they couldn't leave the patients to go off the ward, and those nurses who were smokers hadn't had a cigarette. You know, all of those kinds of things which are the human factors of nursing. So I remember saying to the nurses in this room: 'Okay, so if I was coming up to do a shift

which is the worst ward? Where do I need to go to?' And they named quite a few, so it was difficult to say to the director of nursing or chief executive that I want to come and do a shift. But that's exactly what I did.

"And as I am listening to the hand-over in the first ward I worked, I was hearing the nurses' tutting and saying, 'We haven't had a chance to do this, we haven't had a chance to do that, or we couldn't do this or we couldn't do that' - and I was thinking, this is handover! You don't hand over so many things that haven't been done at the end of a 12-hour night shift. What is going on here?"

Tina Donnelly asked each nurse to speak to her in private and found that one of the additional strains that they were under was a form which the nurses had to keep updated for clerical staff the next day.

"And this was qualified nursing staff being asked to do admin duties on a night shift when they didn't have enough nurses to do the nursing care," she says. "And it had been laminated so that it could be done every night. And they were really embarrassed that they hadn't done anything on it. I just looked at it and I thought, these are non-nursing tasks. Nurses should not be doing this. I thought, I am going to have to phone the director of nursing and say this has got to stop. You can't have nurses coming in and doing this, it is admin not nursing.

"Then I went to help a healthcare support worker blanket bath a patient. And there weren't enough staff on the ward - you know, registered nurses. The ratios were all wrong. I thought, this is an elderly care ward, where we have published as a Royal College a standard for a 65:35 ratio [and] we had two registered nurses and four healthcare support workers on for a ward of 36 patients. That was just inadequate.

"And then I got the ward rotas out for the last six months and the staffing levels were atrocious. They were not safe. So I'm afraid we had quite a lot of engagement with the chief executive. And that was when I decided we're going forward with the legislation.

"That's when I decided in my heart we have to do something as a college." \_

Lisa Turnbull, who had first identified safe staffing as a key issue on which the RCN could campaign, now began to explore the reasons for staff shortages.

“We found out the way the system worked in Wales was that the NHS Health Boards looked at how many nurses they could afford and they told the Welsh Government that,” she says. “Then the Welsh Government essentially commissioned that number of student nurses. So the number was based entirely on what they could afford.

“And we argued that there needed to be better workplace planning. They should look at what they needed to deliver safe care, what they could afford, and [then] try to make those meet in the middle.

“I think it is fair to say that the period we are talking about – the last 10 years – is a period that the Welsh Government, the National Assembly, began gaining more legislative powers; it began flexing its strength in terms of developing more innovative policies for Wales.

“But there was a real struggle, I believe, between the Welsh Government’s desire to introduce new policies – or to introduce new standards into the NHS – and the NHS in Wales not really understanding that they were now under the democratic control of the Welsh Government and the National Assembly.

“Devolution is still relatively recent in Wales and the NHS system is far older, and I think there was a bit of a lag between the NHS understanding that they had to respond to the Government’s standards and performance control.

“The RCN decided that the only way to ensure safe staffing for patient care was to call for a new law and that’s what we did. We decided to set out to persuade all the political parties and the Government that this approach could really guarantee safer care for patients in our hospitals.”

Gaynor Jones, a registered nurse and Chair of the RCN Welsh Board, believes that when the idea of a campaign for a law to guarantee safer care for patients in our hospitals came to the board, the Board was unanimously in favour. “We wanted to involve as many members as we could.”

In 2009 two RCN Congress Resolutions called for Government action to match skill-mix and retention of staff to patient safety, quality of care and service need. In this year in a special report, *Emergency Care: A call for action*, which RCN Wales presented to the Welsh Government, it urged local health boards to monitor nurse staffing levels and the skill-mix in emergency care departments. It was also in 2009 that Professor Anne Marie Rafferty delivered the Winifred Raphael Memorial Lecture, held at the University of South Wales on the theme of “Nursing, workforce and health outcomes: historical reflections and research”. Over the next few years Professor Rafferty would play an increasingly important part in the campaign for safe staffing.

In 2010 RCN Congress called on Westminster and devolved governments to guarantee safe staffing. A summer survey of members in Wales showed overwhelming support for “maintaining safe and appropriate nurse staffing levels should be the first priority for Government”.

Tina Donnelly remembers: “It had been debated on several occasions in Congress as to whether we should campaign for safe staffing, and there was always this debate about, what is ‘safe’? And I reverted back to my own time as a ward sister and still doing clinical practice and I’d say, ‘Well, you know, I might think that allocation of staff today is safe, depending on my dependency, my clients or patients, but then I could get a really seriously-ill patient in and I wouldn’t have the staffing level, so what is safe?’ So it can fluctuate and change.

“So that was when we started looking at it in greater detail, as to what ‘safe’ actually meant and the definitions of safe in use were varied. And professional judgement came into it and then you would have nurse directors saying, ‘Well, it could change hour-by-hour, minute by minute’.”

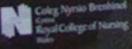
Ruth Marks, the Older People Commissioner for Wales, carried out a review on dignity and respect in hospitals, and asked the RCN to give evidence. It stated that maintaining safe staffing levels was crucial to patient dignity, with Tina Donnelly telling the review that, “Many patients’ perceptions of compassion, kindness and dignity is related to healthcare workers having enough time to communicate with them.”



  
Time to *Care*  
Amser i *Ofalu*

it's time to  
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mae hi'n amser i  
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Jan Richards  
RCN Wales



Elections for the National Assembly for Wales were due to take place in May 2011.

Political campaigning for the poll took place against a backdrop of tight budget constraints for the health service. The 33,000 strong nursing workforce employed by the NHS in Wales was enduring – like their colleagues across the UK – a public sector pay freeze being enforced by the Westminster Government. And there were reports from across the country that nursing vacancies at all levels were not being filled.

Tina Donnelly told *Nursing Standard* (February 2011): “Some organisations have seen staff ratios plummet to 50:50 for nurses to unregistered staff, compared with the generally accepted standard of 60:40”.

For RCN Wales, the months of political campaigning which were to precede the election were an opportunity to tell politicians and the public about safe staffing. A survey of members in Wales showed overwhelming support for the proposal *‘Maintaining safe and appropriate nurse staffing levels should be the first priority for Government’*. The Welsh Board endorsed placing this at the heart of the campaign.

On September 21, 2010, RCN Wales launched its own manifesto and campaign called *Nursing Matters*.

The manifesto argued that health boards should have a statutory duty to show that they employ sufficient registered nurses and that the number of whole-time equivalent registered nursing posts must be maintained to protect the quality of patient care. The manifesto also called for improved data collection on the number and grades of general practice nurses and more primary care nurses.

RCN Wales stressed to politicians that safe staffing legislation was possible as well as crucial. Tina Donnelly stated: “We have worked hard with our members to identify and develop policy areas that not only need addressing but can be addressed.”

A meeting of the National Assembly’s Cross Party Group on Nursing and Midwifery took place in October 2010. This meeting, chaired by Val Lloyd AM, discussed workforce planning in Wales, the potential for safe staffing legislation to protect patient care, and the recommendations of the Francis report into poor care and high mortality rates at Mid Staffordshire NHS Foundation in England. Robert Francis QC had found that one of the principal causes of the scandal was low staff-to-patient ratios.

Nursing matters  
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RCN Wales provided the secretariat to the National Assembly Cross Party Group on Nursing and Midwifery and Tina Donnelly RCN Wales Director, was the elected Secretary. The Group provided an effective forum to discuss matters of nursing policy with a cross section of AMs, invited nursing experts, Welsh Board members and other RCN members.

This particular meeting was very significant. The tragic events investigated in the Francis Report were of great concern to Assembly Members. Their central questions were: Could such a terrible sequence of events happen in Wales and how could AMs seek to prevent it?

By providing a forum in which to discuss the Francis Report and also providing a clear series of policy ideas – legislation to ensure safe staffing, to make safe staffing a corporate responsibility with shared accountability for this, to provide a statutory mechanism for AM scrutiny. – RCN Wales established its credibility and integrity. Autumn 2010 was the key time for AMs to think about their legislative agenda for the next Assembly term and these ideas were well received.

Safe staffing was now an issue which RCN Wales was continually lobbying Assembly Members about.

Lisa Turnbull says: “The first thing we needed to do was really explain the link between the number of nurses, the skills and qualifications those nurses had, and good outcomes for patients.



“We needed to demonstrate that link with hard scientific evidence. And we also needed to demonstrate that link in terms of hard frontline experience.

“Everybody understands the job they do; not many people understand the job that other people do. What do nurses do and why does it take so long? Why can't medication be delivered every four hours? You have to take people through that. How long do you think it would take to give somebody some tablets? Five minutes. Okay. How many people do you think are on the ward? 26? Okay, that's 26 times five. So how often are you doing that? You have to take people through that [process]. If you are actually supposed to have eight nursing staff and four healthcare support workers and [in reality] you have got two healthcare support workers and six nursing staff, you aren't going to be able to go around and deliver that pain medication. You are not going to be able to talk to people. You are not going to be able to make sure they are eating and drinking. You are not going to be able to take care of people in terms of going to the toilet. You are not going to be able to take care of people in terms of watching to see if they could they fall out of bed. So there are lots of issues which suddenly creep in.

“We needed to have lots of educational events at the Senedd with our members, bring our members down, get them talking to the AMs and really engaging them about what life was like on the frontline, what the pressure was like.

“And we also needed to look at the weight of the scientific evidence and that was where we were very fortunate. We had some very good academics – Professor Anne Marie Rafferty, Professor Linda Aikin –



who were able to share their research in educational seminars with AMs and really demonstrate that the weight of scientific evidence was there. If poor nurse staffing means that your mortality rate rises by up to 26 per cent that's shocking. The precautionary principle is there: if you know there is a threat to public safety you have to take action and that was the case we were building."

RCN Wales found that *Nursing Matters* and, in particular, its emphasis on safe staffing, influenced party manifestos and gained cross-party support.

During the 2011 election campaign 40 of the 60 Assembly candidates signed the *Nursing Matters'* pledge to campaign for a change in the law to require healthcare organisations to demonstrate that they have the right number of healthcare support workers and registered nurses to provide safe patient care.

RCN Wales gave evidence on workforce planning to the Assembly's Health Committee. In May 2011 an RCN Congress Resolution called for a campaign for enforceable staffing levels and so in September 2011, RCN Wales launched another campaign, *Time to Care*, which included a demand for a statutory duty for safe care.

At the launch in the National Assembly building Tina Donnelly said: "Having the time to care means that alongside the right environment there needs to be the right numbers and skill-mix of nursing staff available in order to provide this care.

"Nurses owe it to their patients to highlight the time to care issue. Nurses and healthcare support workers literally race through their shifts trying to complete seemingly endless tasks but have less and less time to actually spend with their patients. Nurses want to be able to listen, assess, educate, and truly care for their patients – the reason the majority of nurses entered the profession. The inability to provide this care contributes to nursing shortages by driving nurses away from the bedside."

She added: "Nurses cannot deliver the best care if there are insufficient numbers of them on wards and in the community."

In an article for *Nursing Management* in November 2011, Tina Donnelly stated that healthcare organisations were "seeking to save money by not providing sickness or maternity cover, by preventing continuous professional development and downgrading specialist nursing posts", but that all the while bed occupancy rates were rising.





Ms Donnelly said *Time to Care* highlighted the need for nurses to be given “essential time to care for patients in a professional and dignified way”.

“The evidence is clear,” she wrote. “There is no substitute for the care of a registered nurse or a sufficiently qualified healthcare support worker. Investing in the best care produces the best outcome and experience for the patient and is the most cost-effective use of public money. Undignified or unsafe care is unacceptable to our members and the public.”

She added: “Our members have told us on many occasions that they need more time, time to provide dignified care... The challenge now is for the Welsh Assembly Government to ensure that nurses and nursing are given the respect, resources and time they deserve to improve care for everyone in Wales by ensuring that the workforce planning process reflects the demands of the services in meeting its own healthcare strategy.”

Tina Donnelly said she was prepared to work shifts to check staffing levels and to investigate reports from members that financial pressures were impacting on

their work. She told *Nursing Standard*: “I have been contacted directly about how pressures in their organisations are affecting patients.”

The *Time to Care* campaign also featured a suggestion to AMs of all political parties that they submit a safe staffing proposal into the members’ ballot for private member’s bill. Such a bill had a chance to be considered during the period of the next Assembly, which was due to sit until 2016.

RCN Wales had brought in two political consultants – former Plaid Cymru AM Helen Mary Jones and former Conservative AM Jonathan Morgan – who lobbied their former colleagues. “We went to several AMs across different parties and said, ‘Look, will you just put this in as a possibility? You may not even decide to run with it, if you come out of the ballot,’” said Ms Jones.

The campaign now had AMs thinking of safe staffing as a potential bill. The request that politicians include it in the ballot would prove especially significant.

In the new Assembly after the elections, *Time to Care* became a full push for safe staffing legislation.

In 2012 RCN Wales renewed its efforts to persuade the Welsh Government and NHS managers of the need for a new law. “Most nurses say that staffing is their biggest concern,” Tina Donnelly told *Nursing Times*. “Insufficient nurse staffing is linked with poorer patient outcomes; lengthened hospital stays and increased chance of patient mortality.”

But the organisation always took care to frame its campaign within the framework of the realistic financial pressures being felt by the NHS. In Aneurin Bevan Local Health Board Nurse Director Denise Llewellyn oversaw an experiment in which a ward was run at perfect nurse staffing levels to view the outcomes on staff morale, expenditure and patient outcomes. The results of this project were later critical in the evidence base for the legislation and financial resolution.

Political consultant Helen Mary Jones remembers, “We were coming forward to suggest this bill just at the time when budgets were beginning to become really, really tight [and] the first question from any responsible Assembly Member, and particularly from the ministers,

was going to be: ‘Is this going to cost us more money and do we know it really works?’”

In spring 2013 RCN Wales stepped up the offensive, with a stark warning that undignified care due to inadequate staffing levels would continue unless nurse-to-patient ratios were mandated.

Wrexham AM Lesley Griffiths was Health Minister between May 2011 and March 2013 and, towards the end of her tenure, announced the introduction of the Safer Nursing Care Tool, which would allow sisters and charge nurses to determine safe staffing levels on wards. The tool was planned to come into use during the following year (2014) and at its launch, Ms Griffiths stated: “Having the right number of staff with the right skill-set is recognised to be a key factor in providing safe, high-quality care.”

The issue of safe staffing was now firmly in the spotlight in Wales and across the United Kingdom.

As the fall-out from the Francis report continued, there had been fresh focus on failings in the Welsh NHS. Between 2011 and 2013 the Health Inspectorate Wales highlighted seven out of 12 hospitals in Wales where a shortage of staff was affecting their ability to provide dignified care. On the back of the Inspectorate’s reports the Welsh Government contacted many health boards – who were under tremendous financial pressure – to instruct them to review staffing levels “to ensure that patient care is not compromised due to short staffing”.

Shadow Health Minister and Plaid Cymru AM Elin Jones said the inspections revealed that, in most instances, “Staffing numbers in Wales are simply inadequate.

“It is particularly worrying that local health boards have been asked to continue cutting staff numbers until they meet budget constraints, so it is likely they will fall even further,” she stated.

Tina Donnelly told *Nursing Standard* that staffing levels went hand-in-hand with the degree of compassionate care given by nurses. “The RCN launched its *Time to Care* campaign two years ago because we believe understaffing means many nurses do not have the time to give patients appropriate care or demonstrate compassion.

“If you need to administer medication to 32 patients, you are going to be rushed. You will not have time to have a meaningful dialogue with each patient. How can you demonstrate you are being compassionate?”

“You need time to engage with each patient and enable them to feel that you understand their needs. But these days, if nurses spend the time they need to with patients, they will be criticised for not giving other patients their medication on time.”

Ms Donnelly reported on the evidence she had collected by working shifts at hospitals.

“I can see nurses are very busy and are dealing with patients who have increasingly complex needs. I have spoken to well-qualified nurses who are leaving the profession because they cannot give the level of care they want to.”

Further integration of health and social care in Wales was resulting in more care being shifted into the community and district nurses having to care for a growing number of patients who have increasingly complex needs. RCN Wales became concerned that there had not been a corresponding increase in the number of community nurses.

“If you discharge patients from the acute sector into the community, you obviously need to have the nurses there to care for them,” Ms Donnelly added. “I am disappointed that the figures for district nurses have not gone up.”

The Chief Nursing Officer (CNO) for Wales, Jean White, had issued guidance stating that the number of patients being cared for by a registered nurse should not exceed seven during the day and 11 at night.

But inquiries by RCN Wales revealed that there were hospitals which were not meeting those ratios. “We have knowledge of poor staffing levels that we have discussed with the health boards, Government officials and health regulators. Many wards in Wales are often running at 95-100 per cent bed occupancy when staffing levels are set for 80-85 per cent occupancy,” stated Ms Donnelly.

RCN Wales believed that there had now become an urgent need for mandated safe staffing levels that set out the number of patients each registered nurse should care for. It demanded a guaranteed ratio of 65 registered nurses to 35 healthcare support workers.

RCN Wales’ campaign had by now put safe-staffing high up the political agenda in Wales. The National Assembly’s Public Accounts Committee called on the Welsh Government to rule clearly on what constitutes minimum staffing requirements for safe and sustainable midwifery services, after it uncovered staff shortages at maternity units.

Tina Donnelly stated in April 2013, just as Mark Drakeford was taking office as Wales’ new Health Minister: “Our emergency units are working at full capacity and there is not a single health board that is meeting its targets for seeing patients on time. The system is under immense pressure, with low staffing levels a daily occurrence. This, in turn, puts pressure on the nursing staff who are trying to give the best care to their patients.

“There is an unprecedented demand for health care in Wales and something has got to give.”

An RCN UK wide survey found that more than half of Welsh nurses worked extra hours every week, and 56 per cent said they felt unable to provide the level of care they would like. RCN research showed that in Scotland and England there were generally eight patients per nurse, and in Northern Ireland seven, but in Wales it was ten.

With a higher patient-to-nurse ratio and a lower proportion of registered nurses as a percentage of total staff than the other nations of the UK, Wales was lagging behind its neighbours.

It was time for  
real change.



## CHAPTER TWO THE LUCK OF THE BALLOT

Kirsty Williams is an Assembly Member for Brecon and Radnorshire, a large rural constituency covering the majority of eastern mid-Wales.

Since 2016, although a Liberal Democrat, she has worked as Cabinet Secretary for Education in Wales' Labour-led Government. But previously she was a backbench AM with an interest in many issues, not least the health service in Wales.

"I was aware of minimum staffing legislation in other parts of the world and had a keen interest in the ability of nurses to make a positive impact for patients and be part of some of the solutions of providing a better more sustainable NHS service," she says.

"And then, one evening I had to take my mother-in-law to hospital, to an emergency assessment unit, and I watched that evening how more and more patients kept coming through the door, and watched the staff struggle to cope with that scenario. Luckily my mother-in-law was fine and at about half-past one in the morning we were escorted off the premises by a nurse, because all the doors had been locked by that stage and we couldn't get out on our own. And I asked the nurse what time she was going to finish her shift, and she smiled and she said that her shift had finished hours before. And I asked her, 'Why are you here?' And she said, 'Well, you've seen what it's like tonight, how could I possibly leave the patients and leave my colleagues to deal with that?'

"And I just thought we need to do something about that. We need to ensure that our nurses are working in conditions that allows them to do the job that they were trained for and to allow the patients to have the benefit of those nurses being able to do the job they were trained for. And if we were asking them to look after too many patients then that was bad news for patients and bad news for the nurses, and I wanted to do something positive to try and address that situation."

Kirsty Williams had been intrigued when, in 2011, RCN Wales had included in its *Time to Care* campaign a suggestion to all AMs that they submit a safe staffing proposal into the members' ballot for private member's

bill. She met with RCN Wales and talked at length about safe staffing, and had agreed that, should her name come up, she would take it on.

In December 2013, a stroke of luck saw the campaign take a huge leap forward: Kirsty Williams' name was chosen in the ballot.

"I was as surprised as anybody that my name was drawn out of the hat," she says. "It's kind of like politics' version of winning the lottery. So I had the chance therefore to bring forward my idea to the floor of the chamber of the National Assembly for Wales and ask fellow Assembly Members to support that piece of legislation."

There was no other such law in the United Kingdom, or indeed, Europe. The good fortune of having Ms Williams drawn in the ballot marked the first political step of the bill becoming law – but it still had a long way to go and still had only a small chance of success.

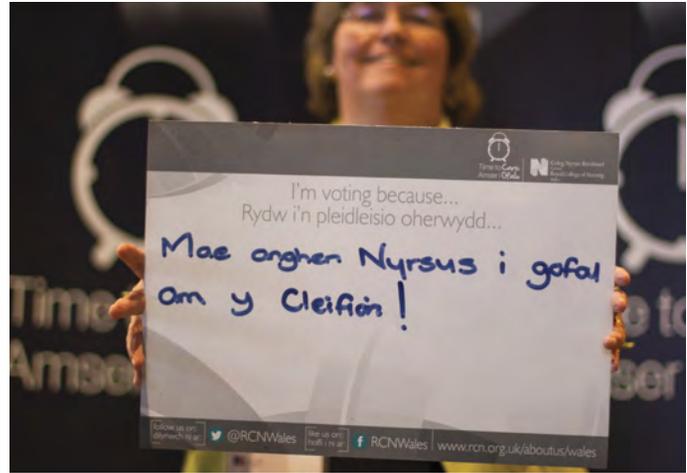
"If you look at the history of the National Assembly for Wales," says Ms Williams. "Since we've had the powers really to do primary legislation there isn't a particularly good track record of backbench legislation making it onto the statute books so it was a long shot, but it was something that I thought we had to try."

"And it was clear to me that if we were going to make it successful we would have to win the case on the merits of the argument. I was a member of the smallest political party, I didn't have swathes of colleagues that were going to be able to push this through, we were going to do it on the basis of cross-party working, reaching out to members across the Assembly and presenting them with what we thought was the strong and compelling evidence about why this was the right thing to do."

Although a private member's bill stood little chance of success, the ballot result still caused some consternation.

In the Welsh Government, Health Minister Mark Drakeford was already facing a busy legislative period. He knew what bill Kirsty Williams proposed to introduce and knew the workload of his department was about to become a whole lot heavier.





"If I was being completely frank about it," he says, "the first time I heard that Kirsty Williams had won the ballot my heart sank – and that's really just because if you are the Health Minister in the Welsh Government you are very busy indeed. We already had a significant legislative programme that I had to take through on the health side and here was going to be another major legislative issue. So in that initial moment I suppose my first reaction was, 'Oh, no, here is another hot potato! Here is another big piece of work coming my way!'."

"But once you get drawn into the subject matter itself, then of course, your interest gets drawn in and you begin to think much more about what are the policy objectives here and to what extent is the Government able to support them?"

Early in 2014 Ms Williams drew up draft legislation known as The Safe Nurse Staffing Levels (Wales) Bill.

"I want Wales to lead the way in being the first country in the UK to establish a legal duty for safe nurse staffing levels," Ms Williams stated. "This significant change has the potential to transform the quality of care provided in the Welsh NHS."

She told *Nursing Standard*: “There is evidence from the United States and Australia that demonstrates minimum nurse numbers bring improvements in mortality data and better patient outcomes. It would be good news for nurses because they would be able to provide better care.”

Ms Williams reflected RCN Wales’ belief that it was not just patient-to-nurse ratios which were important, but also the skill-mix and the staff’s levels of experience.

The draft Safe Nursing Staff Levels (Wales) Bill stated leadership roles, such as ward managers and senior midwives, should be supernumerary and staffing plans must factor in time for induction, professional development, mentoring and supervision, and also planned and unplanned leave. If it became law it would also require hospitals to stick to minimum skill-mix ratios for nurses and healthcare assistants.

However, it did not specify recommended minimum nurse-to-patient ratios: it was planned that these would be set out later in Government guidance.

The bill stated that every NHS body in Wales would have to publish an annual compliance report, including the number of times the safe staffing duty had been breached and action taken to prevent it happening again.

It was planned for the proposed legislation to be introduced to the National Assembly by the end of the year. It would only apply to acute hospitals at first, but ministers would have the power to extend it to other healthcare settings in the future.

Kirsty Williams argued that safe staffing would help patients spend less time in hospital and would therefore reduce agency costs.

Because of the RCN’s work before the 2011 Assembly elections – and its raising of the safe staffing issue in *Time to Care* – many AMs were already familiar with parts of what Ms Williams’ bill contained. “Crucially,” remembers Helen Mary Jones, “many of those key conversations had already been had. We had started the discussion.”

Ms Williams says: “There is a series of stages and hoops that you have to jump through but I thought, the longer we could keep the legislation alive, the harder it would be for the Government and the minister to be able to knock it back at a later stage.

“So for me it was all about keeping the process going. We have to give it as much oxygen as possible, because I absolutely believed that the longer we could keep it alive the harder it would be for the Government to turn around in the end and say, ‘Well, actually, after all this, we’re not going to support it’. And Government support was going to be absolutely crucial – without that we wouldn’t have got it through.

“So an important part of that process, of course, was working with the Cabinet Secretary for Health – or the Minister for Health as he was then – and being able to work with him to address concerns that he had, or perhaps his officials had, about the legislation, and securing that support.

“I just knew that the more momentum we could get behind it – the more people knew about it, the more nurses were talking about it, the more nurses that were contacting our Assembly Members asking them to support it – that that would give us the best chance.

“So what was absolutely crucial was that we had the first vote that accepted the principle and allowed us to move that process forward.”

That first vote was due to take place with all members of the National Assembly for Wales on March 5, 2014.

The vote would decide whether the bill could be introduced into the legislative process. If AMs voted no, the bill would go no further.

## It was a key moment.

The day before the vote was due to be held the RCN took an opportunity to have nurses’ voices heard when Kelly Downes and Neil Evans spoke to the Cross-Party Group on Nursing which was discussing workforce planning and life on the frontline.

Neil Evans remembers: “It was a chance to put what we, as nurses, feel we need to give the patients: the whole care that we think they deserve, not what other people may think.

“I mean I just spoke as I always do: as a nurse from the heart. I chose this career for a reason because I want to give something back. I have seen members of my family receive care from the NHS, at times I have received it from the NHS, and you just want to give back to the NHS. You want to give something back to society. It is a professional, dedicated role that we do and we just want to be able to do that efficiently and effectively.

“[Giving evidence] meant a lot because I could take the views of my colleagues – other nurses who are dedicated and care on a daily basis – directly to people who influence policy in Wales and tell them exactly what it is like. Not what they *think* it is like, but what it is *actually* like from someone who is at the coalface day-in day-out doing the job.”

From the beginning the RCN Wales campaign involved the whole organisation in campaigning; media, social media, stakeholder engagement, political influencing and activist mobilisation. The RCN Welsh Board had met on January 16, 2014 to review the situation and approve campaigning activity. Following this meeting the Welsh Board Chair sent the first letter to all AMs asking for support for the Bill.

The political make-up of the National Assembly was a big cause for concern for RCN Wales.

Ms Williams needed a majority of the 60 AMs to back her bill. The Assembly chamber comprised 30 Labour MPs, whose voting intentions were unclear; and 30 AMs from other parties: the Conservatives (14 members); Plaid Cymru (11 members); and the Liberal Democrats (five). Presiding officer Dame Rosemary Butler (Labour) said she would vote with Ms Williams and her Liberal Democrats if the vote was a tie.

Lisa Turnbull remembers: “You can see from the arithmetic that we had a difficult situation. We needed to persuade the largest party, the Labour Party, to support the bill. And we also really needed the support of Plaid Cymru and the Conservatives. Of course, we wanted

*everybody’s* support because we genuinely thought this was a really good idea. So we had to work quite hard to try and persuade all of the political parties to support this bill.”

In the debate before the vote, Ms Williams told the Senedd – the National Assembly chamber – that as other UK nations had shied away from legislating on safe staffing this was Wales’ chance to “lead the rest”.

She cited the examples of two areas of the world where safe staffing levels had been introduced. In California, there had been a significant reduction in mortality rates following the introduction of a mandatory ratio of one nurse to five patients in acute settings. The state of Victoria in Australia had introduced a minimum staffing law in 2012 and had found it had led to better recruitment and retention of nurses and a reduced reliance on agency staff.

Ms Williams said that workforce planning and non-compulsory guidelines on safe staffing were not working. “The fact is that we already have guidance on staffing levels from the Chief Nursing Officer and those levels are not being met consistently across Welsh health boards,” she stated. “We need legislation to provide the strong backing that managers need to ensure that the workforce in our NHS cannot become an easy target when it comes to balancing the books.”

In the end, Dame Butler’s casting vote was not needed. Ms Williams won a clear majority to press ahead. There were 39 votes in support of the bill, 12 abstentions, and no opposition. The Liberal Democrats, Plaid Cymru and the Conservatives all voted in favor. The Labour members split with 12 abstaining.

After the vote Ms Williams stated that if the bill became law it would “ensure safe and compassionate care by having the right numbers of nurses on our wards”.

She referenced RCN Wales’ research on patient-to-nurse ratios and the concerns raised in the Francis report into the failings at Mid Staffordshire NHS Foundation Trust. “[Francis] cited low staffing levels as one factor that contributed to poor treatment. There is a clear link between staffing levels and the safety and quality of care on hospital wards.”



It would be for the profession to decide what the nurse-patient ratios should be, she stated.

The Welsh Board and Tina Donnelly were emboldened by the vote. “We are pleased that our Assembly Members have been listening to nurses and patients about the importance of nurses having time to care and the need for adequate staffing levels,” she said. “There can be no compromise on the need for mandated, minimum registered nurse staffing levels.”

Lisa Turnbull says: “With AMs, one of the things that is most important to them is how credible your case and your argument is. Can you show this will make a difference? Can you demonstrate it? We looked at where some of the countries where similar legislation or statutory arrangements had been put in place and really examined what had happened there, in order to show it was something that could be done and would have a significant impact on patient outcomes.”

Being able to provide credible evidence was a strong point for the RCN. As a UK organisation they had professional advisers, expert members, nursing networks and a wealth of published guidance to draw on. They also had an extensive nursing and health library, and drawing on the expertise of the specialist librarians gave a strong foundation to the RCN’s arguments.

Angela Perrett, Library and Information Services Manager, Royal College of Nursing Wales, remembers the sheer scale of the task:

“The work involved in supporting the bid for the legislation was phenomenal. There were two of us particularly involved – myself and Sally Brockway – and we calculated it worked out at four days a week for four months at the peak of the campaign in 2014 with more done outside of that time.

“It wasn’t just a case of finding articles and other material to support the campaign, we also had to do a lot of analysis too – researching reports and writing summaries – so that the material could be used as part of the evidence presented to the Assembly to support the campaign.

“For example, I had to work on summarising and analysing the Francis Report into the issues in Mid Staffs as much of that was used to highlight the importance of ensuring staffing levels were appropriate to the number of patients being cared for.

“Sally worked on key reports including those from Parliamentary and Health Service Ombudsman and the National Midwifery Council. We became quite obsessed as momentum grew and collated as much supporting information as possible from as many sources as we could.

“There was an overwhelming amount of information to be considered and either utilised or rejected; there were already many RCN policy documents and reports and we also canvassed library users’ opinions on the subject by putting surveys on all our public-access computers.

“We also looked at what other countries, which already had legislation, had done and were in contact with library staff in California and in Victoria in Australia, and more recently we’ve been working with our RCN colleagues in Scotland as they prepare to lobby for legislation.

“I worked very closely with members of the Policy and Public Affairs team here, sharing office space with them, which also inspired a passion for the project as I felt I was at the centre of the whole thing.

“There were times when it was difficult. Some opposition came from people whose opinions I respected and one of my close friends and I ended up on opposing sides of the argument – so we simply couldn’t talk about work when we met.

“But I was always really positive about it. It was an important thing to be a part of.”

So, vital to the campaign was RCN Staff and RCN members working together. For Tina Donnelly this was another moment where the power of Welsh nursing staff was revealed. She says: “ I remember Mark Isherwood [North Wales AM] just standing up and reading email after email from his constituents that our members had written to him. We had a conversation [months later] and reminded him of that, and he said ‘I could have gone on and on. I had so many of them’. That shows the powerbase of the nursing staff responding when they know they are up against it without having sufficient staff to look after their patients in a safe way.’

But as far as the campaign was concerned it was the Assembly debate – as much as the vote – which now informed how RCN Wales must proceed.

Wales’ Health Minister Mark Drakeford (Labour) had been one of the abstentions. He said he was concerned about the possible “unintended consequences” of a new law and stated that there was a risk minimum levels would “become the maximum” and community hospitals could be stripped of nurses to fulfil staffing requirements in acute care.

Mr Drakeford said that there remained “high and substantial hurdles” to overcome before any workable legislation could be created, and this had “no doubt contributed to decisions elsewhere in the UK not to proceed in this way”.

Mr Drakeford recalls: “My first worry I think was about the quality of the evidence base. Because the proposition here is that, if you have safe staff levels on a ward, the outcomes for patients are better. I wanted to be sure that the evidence for that was firm and I wanted to be sure that the costs of it all had been properly accounted for. So I had some practical issues. We wanted to test the initial proposition and then we needed to be sure if we were to go down that road, that we could do it in a way that was deliverable: that the practicalities of it could be made to work in Wales.

“[But] I think my approach is always likely to be to want to engage with any idea that comes our way. Of course, before I did the job that I was doing then, I had been a professor in the university. To a certain extent you can’t just park that to one side, you bring that way of doing things into the job. So exploring the evidence would be key for me and, to be honest, I wasn’t completely convinced to begin with. The general proposition that having more nurses always leads to better outcomes, I think still requires a bit of testing but what we were able to do in Wales was to apply that in particular settings. Instead of having it as a global proposition we were able to say, ‘Well how would that work in a mental health ward? How would that work in a children’s ward? How would that work in a ward for adults with dementia?’”



Specialist Health  
Visitors for Complex  
Needs / SNM / VV  
(Special Needs Health  
Visiting Service)

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Health  
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Mr Drakeford's caution – and openness as to why he was cautious – gave the RCN an opportunity to improve their pitch for the law.

Lisa Turnbull recalls, “What Mark said was, ‘I am not convinced but it is interesting. Why don't we hear more of the arguments? Why don't we hear some more of the evidence?’

“I cannot emphasize to you how remarkable it is for a politician, in this day and age, to be quite honest about the fact that, ‘I don't know, let's listen to the evidence, let's consider the evidence, let's weigh it up, maybe it is a good idea’, and not jump to a ‘no’ or a ‘yes’. But actually, really to weigh that up. That is quite remarkable, especially for a Government minister.

“So we were very fortunate that Mark had that attitude. And that was the turning point.”

RCN Wales had brought in a freelance consultant, Phil Hubbard, who like Tina Donnelly, had served time in command of the army hospital at Camp Bastion in Afghanistan. Phil, together with Tina, carried out a seven-question estimate to assess the situation and work out what needed to be done to persuade the Assembly and the Welsh Government to take the bill right through.

“I think from the first time I actually did the estimate and looked at the challenges I always thought it was on,” Mr Hubbard remembers. “Because we had Kirsty here who was passionate about it and lived in a community where [health] was crucial. The staff across the Royal College believed in it, and their members understood it was the right way to go.”

Mr Hubbard had listened to Mark Drakeford's concerns with interest. “[He] gave a series of questions he felt needed answering before his Government was prepared perhaps to support the bill. And, based on those particular questions, we had a look at the environment in which we were going to operate in. So could we answer those questions? Where were the friends? Where were the enemies? And what were our challenges?”

Phil Hubbard and Tina Donnelly worked on a qualitative analysis of what Mark Drakeford said, and also analysed the responses of the other AMs in the debate to assess where they stood on the issue.

Kirsty Williams also found the questions which were raised by Mark Drakeford to be helpful to her own thinking about the nature and wording of the bill she was working to shape.

“What was really important was that we agreed that we would look to see where we could find areas of compromise so that the legislation could go forward,” she says. “Luckily for me, Mark's focus was very much on: What can you do to address my concerns and let's see how far we can get together, rather than starting from a basis of, you know, ‘Forget it, I'm not really interested, I'm going to continue to put hurdles in your way’.

“So it was tough, and his officials had a lot of questions... [but] I’d be the first to admit that some of the things that I’d thought about maybe would have unintended consequences, so it was an opportunity not just to work with the Health Minister and other political parties but it was an opportunity to work with those out in the field to make the legislation as good as it could be.

“You know, I hadn’t given due consideration to the acuity of patients on a ward. I’d be thinking about it in bold numbers. Well, of course, what safe nurse staffing level looks like today might not be safe tomorrow if the acuity of your patients has changed. So the whole process gave us an opportunity – gave me an opportunity as well as other people – to reflect, to make sure that we got the legislation right.”

Tina Donnelly remembers: “I kept hearing [concerns about] ‘unintended consequences’ everywhere I went. People saying: ‘If you introduce that, the unintended consequences would be you wouldn’t have enough physios, or you wouldn’t have enough occupational therapists’, and that is an important point because you are looking at the safety of patients.

“I pointed out, as did a lot of our members, that the point of contact with many of our nurses is 24/7. When a patient comes into an A&E unit it is a nurse that meets them; when a patient is admitted to the ward it is a nurse that meets them; when a patient goes out to community, it is a nurse... If you don’t have that nurse doing that initial clinical assessment you won’t get a referral onto any other healthcare practitioner.

“Realistically, patient safety is about getting the diagnosis right in the initial assessment process.”

The bill now moved into Stage 1 of the National Assembly for Wales legislative process: a detailed consideration by the Health and Social Care Committee. Organisations gave supportive evidence in favour of the bill, including the BMA and the Older People’s Commissioner. Experts such as Professor Dame June Clark, Professor Peter Griffiths and Professor Anne Marie Rafferty were also supportive. Some, such as the Community Health Councils and nurse directors, were

positive but expressed the view that a lot would depend on how the bill was worded and implemented.

Rory Farrelly, former Executive Director of Nursing and the Patient Experience, Abertawe Bro Morgannwg University Health Board, who gave oral evidence at the Health, Social Care and Sport Committee meeting, remembers: “I was keen to give evidence because I wanted to make sure that the implementation of the act wasn’t going to be bureaucratic for the frontline team. One of the messages I got from the nursing teams on the frontline was that whatever was decided on the legislation should not involve lots of red tape.

“It’s absolutely fantastic that the nursing voice was heard *and* listened to. It was done in the context of improving outcomes for patients and their families. One of the main responsibilities of the staff nurse at bedside and my leadership nursing role in the health board was to protect the public and make sure outcomes were positive.

“Nurse Directors were very clear that safe staffing for nursing in secondary care in hospitals was absolutely pivotal. It’s important for those in leadership roles to do the right thing for both staff and for patients.

“There was already a lot of evidence emerging from the late 1990s and early 2000s in relation to the impact of safe staffing within hospital settings from some of the work going on in Australia, New Zealand and America. Linda Aiken had some very compelling evidence that safe staffing in nursing would lead to better outcomes for patients.”

Lisa Turnbull remembers: “There was a lot of evidence from people who thought it was a good idea but were almost too nervous to think that it could possibly happen in Wales. You saw that, I think it is fair to say, from some established NHS organisations. You saw that nervousness from the civil service. You saw some of that apprehension.

“You have to remember that legislation was still relatively new to Wales and many of the issues Wales had considered in legislation, previously in the Assembly, had been more or less statements of principle. This is a



powerful law and a quite unique law because what this law does is place a new duty for the first time on the NHS to provide an appropriate level of nursing care. So it has to be implemented, it has to be enforced, it has to be observed. So it is a law that *does* something. There was a real element of nervousness and apprehension in the way that AMs approached this.

“Many of the conversations I had with AMs revolved around, ‘When is a law appropriate? Should it not be policy? What is the difference between the law and policy?’ Some real constitutional issues that people were turning over in their minds. ‘Is this suitable for legislation?’

“We really had to make those arguments convincingly.”

Committee Chair David Rees remembers that there was some concern about the bill when it first came before members. “There were two points being expressed. One

was the title: because it was initially Safe Nursing Levels. And there was deep concern about the word: what ‘safe’ actually means. The second one was the unintended consequences of passing a bill like this which would require particular levels of nursing on one ward but not require that on other wards. And could the consequences be that in difficult times health boards will transfer staff from a ward which isn’t in that area, which doesn’t have that legal requirement, to a ward which does? Would the patients on other wards suffer as a consequence of people being transferred to meet the legal requirements?’

To get the bill through the Health Committee and an important period of public consultation organised by Kirsty Williams, RCN Wales would need to step up its campaigning with AMs – and bring in the Welsh public as a force demanding change.



## CHAPTER THREE **PROVING THE CASE**



During the summer of 2014 nurses were asked for their views on the bill which would impose a legal duty on NHS organisations to maintain minimum nurse-to-patient ratios on acute wards.

As Kirsty Williams consulted on her safe staffing bill, she visited hospitals around Wales to gauge the views of staff. She stated that she did not want the planned ratios to be too rigid and therefore she hoped to maintain the flexibility to allow nurses to make their own judgement.

“The need to preserve flexibility in order to respond to patient need and local circumstance was a key theme in consultation responses,” she said. “The bill will therefore require ministers to issue guidance to health service bodies with the duties on safe staffing, which recognises the important role of acuity and dependency workforce planning tools, the exercise of professional judgement, and the need for an appropriate skill-mix.”

Dozens of organisations and health professionals responded supportively to Ms Williams’ consultation, including RCN Wales.

The formal consultation period ended on September 12, but there was still a way to maintain public pressure on the politicians to support the bill. The RCN had already turned its attention to bringing the public on board, to have them encourage AMs to bring in the new law.

RCN Wales held a seminar at the Assembly with Professor Linda Aiken to discuss the idea of legislation. The Aiken seminar was another critical milestone on the legislative journey. Assembly Members were impressed with the independent, rigorous and academic evidence that was put before them. The next evening, the 2014 Winifred Raphael lecture was given by Professor Linda Aiken at the University of South Wales on her research showing the significance of safe nursing levels to patient outcomes. The Minister Mark Drakeford attended this lecture as did the Chief Nursing Officer and many senior nursing figures in Wales.

On his second day in the job as Policy and Public Affairs Assistant at RCN Wales, Liam Anstey was asked to work on the campaign. “There were Assembly Members who

thought it was a good idea in principle but [felt] an actual proper act wasn't the right way to go about doing it," he remembers. "They wanted regulations or a softer approach which wouldn't really have worked because there was already guidance there which was being ignored. Legislation was what was needed."

With Liam's guidance, Richard Jones, the former deputy director of RCN Wales, set up an online petition in support of the bill on the National Assembly for Wales website. The petition stated: "The RCN believes that this piece of legislation is necessary to ensure patients in hospitals in Wales receive the nursing care and attention they need and deserve, and allows nurses to be able to deliver care to the standard that they are trained and want to deliver."

Richard Jones, who had more than 40 years' experience working in or with the NHS in Wales, said: "As a former nurse, I am someone who is still actively engaged in the issues facing the nursing community in Wales. This piece of proposed legislation is an opportunity to not only ensure a better future for my past colleagues, but an opportunity to set the tone for the future of the Welsh NHS."

"By investing in our nursing workforce, we are investing in our patients. I'd urge anyone who feels passionately about receiving high standards of health care to sign this e-petition, making it known to Assembly Members that this bill is fully supported by members of the Welsh public."

Tina Donnelly told the media: "It is important that the public engage on a topic as important as this. By the Welsh public recognising the significance of Kirsty's bill, and signing this e-petition, we can hopefully build an even stronger case for its approval when it is put to the Health and Social Care Committee."

By Christmas more than 1,000 people signed Richard Jones' petition.

He remembers: "I think one of the most powerful things is social media and I thought that by being the main petitioner on any petition with the Welsh Assembly was a good active way in which to include the general public. Within the nursing community you build up a very good

network of professional colleagues, both as registered nurses and healthcare support workers, and other health colleagues as well outside of nursing. So, what I did, once we had the petition up and running, was use Facebook. I put this on Facebook to all my friends, encouraging them to put it to all their friends. And I have to say it was very successful."

For Gaynor Jones the popularity of the petition provided not only power to the campaign but also a morale boost for Welsh nurses. "I think when we had the petition and we could see the numbers going up and up it was really great, and we realised how much we had people on side. I think that was fantastic. Because a lot of time nurses feel that people put them down because they are not happy with the service, [and] nurses take it personally. But it is not meant as a personal attack on anybody. So, when they saw then that patients, relatives, everybody was getting involved, signing the petition and sending in the cards, I think they felt quite elated that the public felt they were such an important part of their care. So I think it gave a good boost as well."

RCN Wales now produced leaflets, stickers and balloons to take the campaign to the general public. Activists and members of staff worked hard to distribute these at every opportunity. Adwalkers with 'sandwich boards' took to the streets. RCN Wales also launched a postcard campaign. These postcards were designed for RCN members or the public to easily fill in and post to their AM. By the end of campaign an astonishing 7,000 postcards had been sent to AMs, who were therefore left in no doubt as to the strength of feeling amongst nursing and the public.

Lisa Turnbull says, "We had a lot of our members and members of the public writing in [with] their own experiences on the back of the postcards. It was an individual story and people were writing with powerful anecdotes of care, saying 'I have six people to look after on this ward. Two of them require 24-hour attention. Well, how do you think I am supposed to care for the other four?'

"Some really powerful stories there saying we need to address this issue. So the postcard campaign was critical."

In addition, RCN Wales worked hard to keep the campaign at the forefront of media attention providing news outlets with a constant stream of interviews with frontline nurses and finding myriad opportunities to comment.

Tracy Lenzy, RCN Wales Communications and Media Manager, said: “The media do not make legislative decisions but they do influence them.

“In 2011, a dedicated south Wales staff nurse broke down in tears at a press conference at RCN Congress in Harrogate while discussing understaffing and the pressures on nurses working in a busy A&E unit. Staff were rushed off their feet. He said he wanted time to care for his patients; they deserved to be treated with dignity. This was nothing new to nurses who face these conditions on a daily basis. His story resonated with nurses across Wales and the whole of the UK. And the stories kept coming.

“Nurses came forward to say they were physically and mentally exhausted because there wasn’t enough of them. They often went home after shifts demoralised and worried that their patients had not received the highest standard of care.

“RCN Wales sustained enormous media coverage during its demand for a bill to ensure safe nurse staffing levels in clinical areas. Frontline nurses were used in the media throughout the RCN’s safe staffing campaign to tell a public facing story about the impact of understaffing on patient care.

“The College’s appeal for safe nurse staffing levels dominated mainstream and trade media coverage. The messages made newspaper headlines, column inches in magazines, online, and radio and television broadcasts. Photographs and video footage of nurses, politicians and members of the public were featured on social media - liked and shared and retweeted.

“Our goal was to secure support from everyone in Wales. The media played an important role in the campaign which was well-planned, current and remained genuine and authentic to the nursing culture.”

Tina Donnelly also travelled to meet Assembly Members who appeared to be against the bill. Liam Anstey recalls, “I went for example with Tina to a meeting with a member of the Health Committee at the time who was actively against the bill. So we travelled out to meet him in his constituency and had robust discussions and actually managed to persuade him that the bill was something that we needed. So it was just presenting the evidence.”

The face-to-face meetings were sometimes helped by the fact that AMs had in the back of their minds the knowledge that the 2015 UK-wide Westminster General Election was not far away.

“I remember we mentioned to this particular Assembly Member that people would be shocked, when he’s going out knocking on the doorsteps, to realise that there *isn’t* legislation that says you need to have a certain number of nurses on the ward. And it was like a penny dropped, so he realised then that this is something he maybe should get behind. So Tina then brought it home and brought him on side.”

Tina Donnelly adds: “When you look at it, I guess it is for nursing staff to become political. If you really understand about patients and getting things right, then you have got to be in a position and have the strength of character to challenge perceptions because, if you don’t, then you take on that accountability when things fail.”

Inside the Assembly it was often cost which was concerning politicians and civil servants.

At the end of January 2015, Tina Donnelly gave evidence to the Health and Social Care Committee and told AMs that the soaring spend on agency nurses - up 43 per cent between 2013 and 2014 - could be cut if minimum staffing levels were introduced. “Between £25 million and £30 million has been spent this year on agency nurses,” she said. “If you look at the 12 per cent commission fee on that, that is a heck of a lot of nursing staff.”

Denise Llewellyn MBE FRCN, former Executive Director of Nursing at Aneurin Bevan University Health Board, recalls the vital supporting evidence that her pilot project into the ‘Perfect Ward’ was able to supply.





“I was the nurse executive director responsible for piloting a new initiative: The ‘Perfect Ward,’” she says. “This new concept was aimed at developing wards that were completely fit for purpose from the perspective of staffing levels together with quality of care, patient experience and employee engagement and this was developed to ensure that we had the right nurses in the right place at the right time.

“I had read Professor Anne Marie Rafferty’s work and the Director of the RCN in Wales Tina Donnelly had brought to my attention the UK Royal College of Nursing principles, and these things, together with the work we had done on empowering ward sisters, allowing them the time to manage their wards, made real sense to me.

“I could see that if we had good leadership with enough nursing knowledge and skills the care for patients would be improved. I had vital support from the CEO, the executive team and the nursing and management teams of ABUHB; and so was able to set up a pilot scheme for two wards.

“I wanted the ‘Perfect Ward’ with appropriate staffing levels and nurses empowered with continuing training. We developed metrics to measure success – one financial and one to measure human resources impact and another to look at quality.

“In order to finance the scheme we reduced bank nurse use and converted agency and bank posts into substantive ones.

“We also saw much better absence rates and there were real quality gains with a reduction in pressure sores and better infection control for example.

“We saw the number of personal appraisal and development reviews for staff increase dramatically and the number of complaints reduce.

“We encouraged and supported ward sisters and empowered them to make changes, so the outcome of the pilot was something to be really proud of.

“Professor Rafferty’s work concentrated on the improvement in outcomes for patients when staffing levels were appropriate, but the ‘Perfect Ward’ pilot also showed the impact of getting staffing numbers right for the staff themselves.

“I always believed that professional judgement needed to be applied to ensure that the levels of staff provided the right number of nurses, at the right time, in the right place and with the right skills.

“For me it was simply the right thing to do. And we had to find a way to make it work.

“Nursing is both an art and science. It can’t just be a statistical analysis. It has to be more flexible than that.”

RCN Wales had also worked hard with Kirsty Williams to formulate responses to the questions asked by Health Minister Mark Drakeford when the bill had been introduced to the Assembly. In February, Ms Williams gave evidence to the Health and Social Care Committee, where she took issue with the points made by Mr Drakeford, who had said the Welsh Government already had “powers of direction” to require health boards to use safe staffing tools.

Ms Williams said the powers were too limited and reliant on the decisions of an individual minister – weakness which the proposed law would overcome.

“What is important about this legislation is that it strengthens the arms of frontline staff and members of the public to say I know that there is a law in this land that says this local health board has to provide safe staffing levels,” she said. “This process gives us a permanency, a certainty. It gives power to the legislature and to ordinary members of the public to be able to hold local health boards to account, and it ensures it happens not just now but in perpetuity.”

Reflecting on the legislation today, she adds: “There is no doubt that ensuring that nurses are deployed at a level which allows them to fully do their job makes a difference to patients. We know that those patients improve more quickly. They go home in a better state so we don’t have that revolving door syndrome. And also, we know that it has an impact on recruitment and retention because nurses know that they are going to be working in an environment where they are properly supported. And there’s nothing more stressful in any job – but particularly when you are caring for another human being – if you’ve been trained in a job to do it in a certain way and you’re having to compromise every day because there’s not enough of you to go around.

The impact that has on morale, let alone the impact it has on your patients... it just sucks that enthusiasm and that joy out of you.

"We just knew that there was a strong evidence base for the legislation. It would make a difference. We just needed to give the legislation enough life to be able to present that evidence to people."

Richard Jones gave written evidence to the National Assembly's Petitions Committee in March 2015 and told them people were still pledging their support. "I hope that this petition signed by over 1,500 people will demonstrate to your committee the strength of feeling behind the bill from ordinary members of the public," he wrote. "I have spoken personally to family friends and neighbours in support of this petition and many have been very surprised to find we do not currently have this legislation already within the NHS in Wales.

"I have always believed that the people of Wales all deserve the highest standards of healthcare being delivered by the appropriate numbers of registered nurses and trained healthcare support workers."

He asked: "How many patient lives are currently being put at risk in Welsh hospitals by poor staffing levels?"

The Petitions Committee agreed to formally refer the petition to the Health and Social Care Committee so that it could be included in their consideration of the bill as they worked to compile their recommendations to the full Assembly.

The public were being heard. RCN Wales was also determined that, through its close co-operation with the National Assembly, it could continue to have the voice of nursing heard too.

On March 17, 2015, the Cross Party Group on Nursing and Midwifery met again at the Assembly. The meeting, chaired by Julie Morgan AM, allowed AMs to hear first-person accounts from nurses about the staffing pressures they were facing including from Christine Edwards Jones, a ward sister.

Ms Edwards Jones said: "I am devoted to my job and providing the best possible care to my patients but we can no longer look past the issues that are staring us right in the face.

"My colleagues and I are placed under undue strain in our working roles, due to inadequacies in staffing numbers - nursing posts go unfilled and large sums of money are spent on agency nurses and the cycle of not having enough money to employ more staff carries on. This process of not getting the right numbers of patients per registered nurse is hindering staff and having a knock-on effect on the standards of care that can be provided to patients. Simply put, there aren't enough nurses on wards and there's just not enough time to care."

Looking back, Ms Edwards Jones says: "It was quite by accident that I was actually there. Another RCN member, Jane Carroll, said, 'Oh, Chris, this sounds interesting, this would be right up your street, why don't you go along?' So I did."

Speaking directly to politicians was a new experience for the ward sister.

"So I thought how am I going to engage politicians? Because people know the facts: they all know the research shows that the more qualified nurses you have the reduced mortality, the reduced falls, the increase in satisfaction, the reduced length of stay. They all know that. They have all had the figures.

"It was a case of how could I make this like a light bulb moment for them?"

"So I just took them through part of my shift from when I came on, had a report and what I did with patients. But I also took them through: *the buzzer is going and I can't get to that patient because I am with this patient, but the buzzer is going and this patient needs painkillers but I can't get to them, and I can go to another patient but the buzzer is still going for another patient...* I took them through a brief overview of a tiny, tiny part of my shift and that seemed to give them an insight into the reality of what not having enough staff nurses and nurses on the shop floor means."

Kirsty Williams remembers the event being a crucial one as members from all political parties, including several from the Health Committee, were there to listen to Christine's evidence. "That was a real turning point in the campaign," she says. "When Assembly Members were able to hear directly from nurses in charge of wards in Welsh hospitals that said, 'This will make a difference to my patients and this will make a difference to my colleagues'.

"It's easy to dismiss a fellow politician making this argument but it's much harder to do that when you have somebody who's come to the Assembly after they've just finished their shift in work and have been looking after patients all day."

Some AMs admitted privately afterwards that Ms Edwards Jones' evidence had been enough to convince them, or even change their minds in favour of the bill. Gaynor Jones, Chair of the Welsh Board attended the event and remembers: "When Christine Edwards Jones talked about her day there were AMs there who weren't 100 per cent convinced that [the bill] was good, who soon changed over and supported the bill."

Christine Edwards Jones says: "I have been told that and if that is the case that's amazing. But I was just the person that was there at that time, just saying the reality of all the nurses across Wales. I think a nurse anywhere would have been saying the same thing."

She adds: "I think we made it real to the politicians and I think we actually brought home, not just the facts with the research because sometimes that can be quite dry to people, but I think we brought home the reality of the consequences of not having adequate safe staffing levels: 1) to the patient but 2) also to the current staff. Because staff were leaving in droves and we have got to try and retain our staff as much as we can."

Sandra Robinson-Clark, a matron on an acute ward, gave interviews for the RCN to Welsh language media and also spoke to AMs. Her message, too, was a simple one: "You really can't give the best care and the best standards when staffing levels are inadequate and often when situations like that happen it is actually very risky and almost dangerous for patients. Nurses have a responsibility for the health and wellbeing of patients and nurses take that very seriously."

Mark Drakeford says: "In my experience, in front of a committee – and I chaired the Health Committee [previously] myself – it is always evidence from the people who are doing the job, whatever you are doing, which is the most compelling.

"When we took the organ donation bill through the Assembly in some ways the most compelling evidence was from organ donation nurses, specialist nurses in organ donation, because they tell it to you absolutely from the very front line and they are able to produce a narrative for you which draws you into the world that you are exploring.

"So I am not in the least surprised that committees found voices from the front line the most persuasive. And the RCN, I know, will have made sure that those people were well prepared.

"Because that is another thing: if you are in charge of a committee, you do see some people come through the door [who] are ready to give evidence. They know what they want to say, they have rehearsed their points, they are very credible, convincing witnesses. Not everybody comes through the door like that.

"And the RCN, which has long invested in preparing their members for the interface between the world they work in and the world of politics, would I'm sure have made sure that their witnesses were ready to do the job they wanted them to do."

Gaynor Jones says: "To me, as Chair of the Welsh Board, in a governance role, it is important that we ensure that policies and procedures are adhered to. It is very important that we are inclusive, open, transparent, all those things are very important. The Board oversaw the campaign activity and direction, and made sure it was member-led and that member involvement was supported appropriately by staff."

In May 2015 the Health and Social Care Committee published its Stage 1 committee report. It was positive about the proposed legislation but recommended a number of amendments. In June 2015 the report was presented to the Assembly and all parties voted in favour of the bill proceeding to Stage 2.



Helen Mary Jones, one of the political consultants taken on by the RCN for the campaign, sensed that the bill had developed a certain traction and that there was a willingness within the Assembly to keep support for it going. Everything, she believed, depended on RCN Wales continuing to provide a strong evidence base.

“It is very unusual for ministers here [in Wales] to throw out ideas that come from reputable backbenchers in a way which unfortunately is completely customary at Westminster,” she says. “Particularly, it is very unusual for ministers to disagree with committees if there is strong evidence.

“The other thing, of course, about the Assembly is it is quite small and people know people as individuals. The ideal person to influence a minister and to convince her or him won’t always necessarily be one of their own key backbenchers, it might very well be someone from another party that they have worked closely with in the past on a committee. It might be somebody who has a

strong reputation for being non-partisan across the Assembly, and that was a real help to us. It was a real help to us that Jonathan [Morgan] and I, and indeed colleagues in the RCN, were able to know Assembly Members as individuals and realise what their interests would be, what might tick their boxes about this particular piece of legislation and present it in that way. “Once you got those key voices on board, the question then was getting through the arguments about the money.”

Perhaps the most important reason for gaining the support of the Health Minister lay in the problem of the financial resolution. The bill could not move any further without the resolution being passed.

The dilemma for RCN Wales and Kirsty Williams was that the financial resolution was entirely out of their hands: the resolution can only be laid by the Welsh Government.

Ms Williams explains that the financial resolution can be a stumbling block on which bills can easily fail. “The backstop for any Government is that it’s they – the Government – that has to move a financial resolution – a backbencher can’t do that. So that’s one of the sneaky ways in which a Government can kill off a piece of legislation.”

The financial resolution, which applies where there is a possibility that the law will incur significant expenditure, had to be agreed by the Assembly for legislation to proceed. Mark Drakeford sensed the campaigners’ anxiety but felt he could not lay the resolution as things were.

“I didn’t feel that I was in a position to lay a financial resolution in the normal way because I did not think that the financial implications of the bill were entirely worked out,” he says. “Now there are six months in which that can be done. There were things we needed to ask Kirsty to do more work on. We were able to help with that ourselves as a Government, and she went about it in a very determined way, as you would expect.

“But the clock is always ticking in the back of your mind. In this case I thought it provided a helpful additional discipline to it all. You know, without that extra pressure that the financial resolution brings to get things right, you can have a bit of drift, and you could even have a bit of complacency: ‘Well, it doesn’t matter if the figures are right because the bill is going to go through anyway’.

“Financial resolution quite rightly makes sure that that can’t happen. And I thought it worked very well in this case. Although I could see always, it was a source of anxiety to the people who were invested in the bill because they knew that if the Government did not move it that would have been the end of the bill.”

Mark Drakeford had asked Kirsty Williams to adapt and develop the bill, and to carry out further research. The key arguments revolved around: What evidence existed to prove or disprove potential additional costs? In the absence of evidence what assumptions were reasonable? What was the difference between the current nurse staffing level in Wales and the proposed safe level?

But, as a backbencher, she did not have a department of civil servants to help her carry out the work, and RCN Wales stepped in to help providing as much research and evidence as possible.

At the end of June, Kirsty Williams wrote to the Chair of the Health Committee providing a financial analysis.

“It was about the evidence and this is where the RCN ran this campaign so effectively,” says Helen Mary Jones. “Before they even came to Jon and I for advice they already knew what would work and what the likely costs would be. We did some further work with colleagues within the RCN looking at where the costs might lie, where the savings might lie. And they were able to put together a pretty powerful case.”

In June, the Minister for Health and Social Services wrote to the Chair of the Health Committee to announce he would not currently lay the Finance Resolution. As a result the committee cancelled the previously scheduled July 9, Stage 2 discussion and rescheduled it for the November 5, subject to the Financial Resolution being laid.

The Assembly session was now closing for the Summer 2015 recess. Following this there would only be a short session before the elections in May 2016. Legislative time available in plenary was running out.

The prospect of another election campaign – this time for the National Assembly elections which were due to place in May 2016 – allowed RCN Wales to increase the political pressure.

In September 2015, it re-launched the *Time to Care* campaign which had placed safe staffing at the heart of the Welsh political agenda.

*Time to Care 2016* encouraged politicians to make the bill a focus of the coming election campaign. The RCN’s 2016 manifesto stated: “Poor nurse staffing in hospital wards results in an increase in infection rates, patient falls, poor nourishment and hydration, the incidence of pressure sores, lack of communication and mistakes administering medication.

“The Royal College of Nursing believes that a law is needed to require health boards to publicly demonstrate they are providing safe levels of nursing care on acute medical wards.”

It added: “Nurses know very well the pressure on budgets at this time and fear this pressure will grow stronger. However, there is no substitute for the care of a registered nurse or qualified health care support worker. Providing unsafe care is not acceptable and will not be accepted by our members or the general public.”

The launch event was held at the Senedd and was sponsored by David Rees, Chair of the Health and Social Care Committee. Both Gaynor Jones, RCN Council Member for Wales and Chair of the RCN Welsh Board, and Tina Donnelly spoke at the event, which was attended by more than 100 RCN members and 22 AMs.

Gaynor Jones said: “All frontline nursing staff want time to care for their patients. Nurses are ready to work with local health boards and politicians in Wales to ensure the safety of the patient. Nurses are ready for the challenges that the next few years will bring because they see it as an opportunity for more joint working and innovations in nursing to take shape. As nurses we have to ensure that our voice is strong and that the public is aware that *Time to Care* is essential to providing safe, dignified care.”

Tina Donnelly added: “We are proud to present our manifesto for 2016. We have worked hard with our members to identify and develop policy areas that need addressing. We would urge all politicians in Wales irrespective of their party to read our document and take note of its content. By listening to the ideas of nurses and healthcare support workers we will be able to work together to improve the health of the people of Wales and safeguard healthcare services.”

Some on the Health and Social Care Committee had raised concerns that the draft bill could cause problems by diverting nursing staff from other settings.

RCN Wales’ new campaign included an infographic which showed the results of an RCN Wales survey of 1,186 members from all sectors across Wales. Through the survey the RCN compiled the top three priorities for nursing in Wales: Ensuring safe nurse staffing levels was the number one.

Jane Carroll remembers that it seemed obvious that staffing levels were contributing to high levels of sickness and low morale among nurses. “From that point on, you then move to a position how do you improve things for members? If you improve things for RCN members you will invariably improve things for patients because the two work together very closely. So we knew that we had to start to use a strategy of politically pushing the Government into a position of accepting the pressures that nurses were under at that time and really engaging, I think, with them to get them to realise the way forward was potentially looking at a staffing bill.

“We are fortunate in Wales in that we work quite closely with Welsh Government so we are in a prime position to influence them directly and have those direct conversations and to bring people forward who are experiencing those pressures at that time and get them to talk to them.”

There was intense social media coverage in this period. “Where’s the Bill?” became the RCN’s repeated rallying cry as members were informed of the Government’s delaying tactics. Each wave of social media activity prompted new reassurances from the Government so a clear impact was being seen as a result. RCN UK’s communications team worked to support RCN Wales by broadcasting Twitter messages across the UK and urging UK members to supportive tweets to Welsh AMs. Film clips of supportive AMs Kirsty Williams, Darren Millar and Elin Jones were shared by members on social media.

RCN Wales turned the pressure up further with a poll of the Welsh public. Almost 90 per cent of those questioned said it was “important” that the bill was passed – and almost 60 per cent described the move as “very important”.

When the results of the survey were published, Tina Donnelly told *Nursing Times*: “Nurses support this legislation because it will save lives. This poll shows the public also strongly support the new law. There can be no higher priority for the Welsh Government than protecting the lives and wellbeing of patients by ensuring they receive safe nursing care.”



In November, it was time for the next battle: the financial implications of the bill would be discussed in a plenary meeting of the National Assembly.

In preparation, Kirsty Williams carried out further analysis of the potential cost increases of using agency and bank nurses. She found that, for the coming year, health boards were already planning to use the same approach to safe nurse staffing for adult acute hospital settings as was being proposed in the bill, and that therefore their financial projections should not change if the law was introduced.

Phil Hubbard, the project manager taken on by the RCN to assess the ways to get the bill through, remembers a huge amount of work being carried out by RCN Wales into the costs of agency nurses.

“So using the information of what it would cost to run a ward for a certain period of time, manned at the levels that we felt were the right levels, using a model produced by NICE that actually said per patient per ward of this size/that size, the ratio should be X, Y or Z... Using that equation, we worked out what it would cost us here in Wales, then took away what the agency fees were costing the nation, and said it is cheaper to run at a level of safety with nurses as we suggest, as opposed to using agency nurses and over time it will become economic.”

Tina Donnelly adds: “I was told that 95 per cent of the staffing principles that the CNO had issued in 2012 were being adhered to. So then I looked at the cost of the five per cent that was unmet and then we did a Freedom of Information Act request and we wrote to the health boards asking what their agency expenditure was. Then we did the calculations on the cost of the agency expenditure, based on if you were to recruit the right numbers of staff (and we looked at the evidence base from the Aneurin Bevan and the perfect ward) and we did a cost benefit analysis. And when we were asked where the costs would go we said, ‘We would be quids in!’. Well, we didn’t say it like that but we were saying ‘You would actually be saving money if you got your staffing levels right’.”

But the RCN again used public support to bring pressure to bear. For Lisa Turnbull the time for “dispassionate scientific evidence” had to some extent passed. An election was coming; the bill was reaching a crucial point. “This was now quite hardcore political campaigning,” she says. “This was about our members on the street with sandwich boards, this was about Twitter, this was about turning up in meetings. We really were saying to AMs, ‘Come the election you have quite a thin majority in your area - Do you want to know how many of those are nurses? We will remember you and we will know how you voted. We will tell the public that you let patient care down. We have more than 25,000 members in this country and there is no more important issue for them than safe care for patients and they are watching you’. We were very clear about that.

“There is nothing more serious than the care of people that you love in a hospital environment when they are really vulnerable. And we had to make this case quite forcibly to the Assembly Members .... this was not an appropriate topic for political game playing. This was something that they had to support.”

And support it they did. The financial vote took place on November 3, 2015, and the financial resolution was passed. It took the bill a big step closer to becoming law.

Ms Williams says, “I was very fortunate that there was a spirit of cooperation to make this work. People could have made things more difficult but there was a genuine desire not to use this quite technical part of the process as an opportunity to kill it off. It could have been done but people were in a better place than that, thank goodness.”

Another hurdle had been overcome but major sticking points remained. New questions began to arise and the imminent dissolution of the National Assembly ahead of the coming elections meant that if the bill did not pass the remaining stages now it would be lost forever.



## CHAPTER FOUR FINAL STAGES

On November 25, 2015 the Health and Social Care Committee met to discuss detailed amendments to the bill at Stage 2. The bill now became subject to greater legislative scrutiny over its wording. This would be a fresh, exhaustive process, featuring the tabling and consideration of dozens of amendments laid by the Welsh Government and a number of AMs.

Lisa Turnbull states: “We had reached the point where we could imagine going into Stage 3 but it had already been quite a long journey from December 2013. We had worked extremely hard to get to that point but yet we had an equally long distance ahead of us.

“In terms of where the Government was, at this point, their position officially hadn’t altered at all. By a long stretch of the imagination it wasn’t a done deal. We still had a long way to go.

“Mark, as a minister, clearly still had some reservations about the more technical aspects of how the bill was worded or the practical way in which it would be implemented in the NHS.

“I think it is fair to say that he was beginning to be convinced of the need for the bill and the need for legislation. “So the arguments had moved on to ‘How can we do this?’ not ‘Should we do this?’

It is fair to say there was still a great deal of opposition. We had opposition from the NHS itself. I think there is an in-built cultural resistance to any kind of imposition from above of any kind of a framework. The NHS is an old institution, it has been in Wales a long time, it is older than devolution, and it is used to doing what it wants. The attitude of some was “we don’t want a law telling us what to do” – even though the law was about providing safe patient care. So we had a lot of opposition and also, I think it is fair to say, from within certain aspects of the civil service as well...”

For Lisa Turnbull the detailed scrutiny to come might even be the bill’s most difficult hurdle.

“[It] is a very detailed scrutiny in the committee,” she says. “It is line by line and AMs can put all sorts of amendments in.

“At this point the bill was starting to take shape: there was a general duty on health organisations to provide safe patient care; there was talk of a specific duty in acute medical wards. That would be how would you define safe patient care: a triangulated approach which would be about the judgement of the ward sister or charge nurse, it would be about use of a professional workforce planning tool, and it would be about the CNO’s recommendations.

“We needed some flexibility. Why couldn’t we just say what is safe patient care? ‘It is seven patients to a nurse’. Why couldn’t we say that? Well, because patients’ needs change. They change on an hourly basis. Patients are all individual and different, and also as research develops what we realise as the level of staff care hopefully improves. So we needed some kind of flexibility within the bill [and] that’s where this idea was taking shape of this triangulated method where you defined safe care using these three things, which were evidence-based and which also allowed for some element of flexibility and professional judgement.”

There was also a debate about whether it was right to only include acute medical and surgical wards in Part 2 of the bill.

Lisa Turnbull explains: “All of the evidence that we had, all of the scientific evidence I have talked about before – the research that people like Aikin and Rafferty had done – had taken place within acute medical and surgical hospital wards. So that was where we had the evidence base. So that’s why the majority of the suggestions were about having the law in that area.

“It was a very difficult decision for us, as the RCN, to make because we wanted safe nursing care *everywhere*, wherever nursing care is delivered: in the community, for children, in maternity, you know, everywhere, and that was what our members wanted.

“Some of the AMs wanted to be really ambitious and have the law that talked about safe nursing care everywhere. Obviously, as the RCN, that’s also what we wanted. The Government, though, would not support that because they were very clear that they can only do what the evidence says, [and] the evidence was only in this area [acute medical and surgical wards].



“There were some quite difficult arguments around enforcement: ‘What happens when this doesn’t happen, when this isn’t put into force?’ ‘What happens if the hospital doesn’t do this?’ There were some suggestions that maybe there should be financial penalties against the trust. That was something we were really reluctant to support because that did not seem quite right.

“And there were also some really serious questions about potential unintended consequences and Assembly Members were quite worried – as we are trying to shift care into the community and care for more people at home – that this law would mean nurses had to be brought back into the hospital. We did not think that’s the case actually. We had many of our community nurses here saying, ‘It does not help us if there is poor staffing on the wards - if there is good staffing on the wards, when people come home they are fitter and in a healthier state. It is actually a big help for us to have this law.’

“It was fantastic to see that solidarity amongst the nursing profession. Nurses from all different areas came and supported this and said, ‘You know what, even if acute medical care is the first area, we still want this!’ So that was a tremendous help in terms of making our case and making that argument.

The Welsh Government had published its own substantial amendments to the bill, the most controversial of which was the removal of the term “safe” to be replaced with “appropriate” and “sensitive”. RCN Wales disagreed strongly with the amendment.

Health Committee Chair David Rees says many members continued to have concerns about the use of the word ‘safe’ in the bill. “The question was is the word ‘safe’ the right word in that situation and could it give connotations of, if you haven’t got the nurses on that ward at that particular level for any portion of time people could argue it is ‘unsafe’ and what does that mean?”

“The Government said that they could not support a bill with the word ‘safe’ in it,” says Lisa Turnbull. “They talked about other words ‘appropriate’ ‘sensitive nursing care’ but could not support the use of the word ‘safe’. This was a huge disappointment for us. It was difficult to understand their reasoning to be honest. I have to say, I still struggle to understand their reasoning.

“It was difficult because ‘safe’ to us was a great word because it conveyed what we were trying to do. It meant that the public would really understand what the law was about, so we really wanted it to be a ‘safe nursing



levels' bill. It came to the point though where the Government was really clear: that was a sticking point for them."

The RCN Welsh Board agreed in private discussion that the wording change was disappointing, but it was finally agreed the bill would still achieve the same end and would provide a much-needed starting point that further legislation across the UK could build on.

Kirsty Williams herself had helped the college reach that conclusion.

"What was really important to me was that, what we had created within the body of the legislation, was a really effective way of being able to empower nurses on a ward to make a decision about what 'safe' looked like," she says. "And that for me was the most important factor. We had come up with a way of doing that, that would make a real difference.

"It was sheer luck and chance that my name came out of the ballot and it seemed to me that we had to be smart and not let perfect be the enemy of the good. You know, we could have held out for stuff and argued about the minutiae to get it perfect in a way I perceived it to be perfect, but in the end you have to work together in politics and focus on what you can agree on and try, where you need to, to compromise, because what you will get in the end will have been worthwhile.

"Obviously, if I'd have felt that the legislation in its final form wouldn't have made a difference, then my view would have been different. But I felt that what we had been able to create in the body of the legislation honoured the principles and the spirit of what I had set out to do, and [it was] what those that had supported the campaign needed, also.

"Because I was just lucky enough to have my name on the legislation and to be the Assembly Member that got to take it through, but it was a huge effort on behalf of people outside of the Assembly that helped create the atmosphere that allowed me to do that. So, you know, I was also very conscious that there were a lot of people out there who had put a lot of work in, a lot of effort, and I had to be very mindful of not doing anything that would let them down, as well."

Lisa Turnbull adds: "We had to say are we really going to lose the possibility of improving patient care just over a four-letter word? So the RCN took the decision that we were still going to support the bill even though there was a Government amendment to remove the word 'safe'. It was a difficult decision but I think the right decision because the law was very important in terms of what it was going to do to protect patient care, and we needed to get a law on the books because once that law was on the books, of course, we weren't going to stop there, we are going to campaign for more laws to put safety across the whole area of care. So we needed to win the first step."

With the election looming – and the bill still needing to pass the remaining stages – the RCN began to see disagreements developing among the political parties.

“Everybody agreed that the law needed to continue,” says Lisa Turnbull. “But Plaid Cymru and the Conservative Party were increasingly concerned about the limited scope of the bill. The Conservatives were concerned it should be extended to the independent sector. Plaid Cymru were very concerned about the community. They started to be concerned that the bill wasn’t ambitious enough.”

The coming election only amplified the party differences.

“As political parties enter election mode they have to convince the electorate that they are the best party,” Lisa Turnbull says. “To do that they have to show their differences. They have to say, ‘I am not like that party - I am better - I am different to that party over there.’ So trying to get political parties to agree on something before an election is extremely hard. There is no incentive for them to agree because if they all agree the public can say, ‘You are all the same, why should I vote for you?’ And they become immersed in that campaigning period, things become quite tense, tempers rise, passions flare, and it is quite hard to keep that air of camaraderie and intellectual agreement together.”

However, Health Minister Mark Drakeford was now onside.

“I think the moment that I began to feel that we could find a way through the dilemmas was from some evidence that the Chief Nursing Officer provided to me. Jean [White] came to me and said, ‘Look we are doing some work already in this area in Wales and we have our own evidence which tells us that in some settings having nurse numbers that are right for the patient population on that ward really is the decisive issue’.

“And hearing it from Jean, and knowing that we had our own evidence as well to supplement the evidence that Kirsty and the RCN were bringing, that is the point at which I began to think, I can see a way through here now. If we can get to an agreement where we establish a general proposition but can also agree that we will apply it over time as the evidence emerges in certain situations, that’s both a practical way of delivering this bill but it is also a way of making sure the bill is genuinely grounded in what we know will make the greatest difference.”

Helen Mary Jones says: “The personality of the minister is crucial. And it is worth knowing, as people may not know, that Mark Drakeford is a professor, he is a professor in social policy. He knows what academic evidence is like. He also knows when people are talking a load of old nonsense and trying to present evidence that is not evidence.

“And I think that, again, is what it came down to. The work that Jonathan and I did around the political consulting was really helpful in getting the evidence to the right people. But we could have done all the talking in the world to those key AMs and to the Minister and to his team if we did not have the evidence...

“In the end the evidence from the RCN was compelling. The campaigning, of course, by nurses in their own constituencies, talking to their own AMs and them talking to the Minister, was really important as well. We must not forget that element of grassroots campaigning. And the activity on social media was important.

“But we were fortunate in having a minister who would, if needed to, disagree with his officials because that is always a step you have to get over, who could be convinced by the first-class evidence, but without the first-class evidence there would not have been a case to convince him with.”

Tina Donnelly says RCN Wales was also able to convince those AMs who felt the proposed act was too limited in its scope by persuading them if they tried to include areas where there was not yet the evidence base, then they risked the bill failing. The RCN Welsh Board agreed that they would push for any potential expansion of the act to be included in statutory guidance – legal advice issued to accompany the new act.

But the upcoming election still meant that the legislative process was going down to the wire. The Assembly shuts down before an election and there are only two legislative sessions a week. The RCN had only eight sessions left before the Assembly would rise. If the Assembly rises for an election then any legislation that hasn’t finished the process is simply cancelled.

The RCN would have had to start from the beginning again with a new bill in the new Assembly term, and of course there would be no guarantee that Kirsty Williams or any other friendly AM would once more win the ballot.

Lisa Turnbull says: “The real risk at this point was that the Government wouldn’t schedule the debate. They could have simply not put it on the agenda. We were really concerned about that because that would have enabled the Government to go into the election saying, ‘We did support the bill, so sorry, we just did not have time to discuss it’. We really were quite on tenterhooks at this point saying that this is not an excuse we are going to let you get away with. You *have* to schedule that discussion. That was again something that our members – through social media, the postcards’ campaign – were very good at keeping Assembly Members’ attention on. We had AMs who had nothing to do with the Health Committee saying, ‘I got this bag of postcards arriving, what’s going on? We need to deal with this, the election is coming up!’ And that was great.

“Keeping that pressure on, meant they had to table that discussion. Then we just needed to keep everyone together. And Kirsty was also very good at doing this.

“She is well-known, well-liked by all the political parties, she has an excellent reputation, and when she said, ‘Look, maybe, where we have ended up with all these Government amendments isn’t ideal but... this bill will really achieve something for patient care. Maybe it is not quite what you and Plaid Cymru want, maybe it is not quite what you and the Conservative Party want, but it is a good bill and you should support it’.”

Tina Donnelly said: “It was difficult time, waiting for the result because we knew that nursing staff across the UK were supporting us and it would be a powerful precedent for our colleagues in other countries to use.”

More than 30 amendments were considered during Stage 3 of the bill on February 3, 2016. Each was read and considered, and then the final wording of the bill agreed. The bill now only needed to pass Stage 4.

There is a standing order in the Assembly that about a week must pass between Stage 3 and 4. On the 10<sup>th</sup> February 2016 the Assembly sat for the bill’s fourth stage: agreement on the final wording.

Lisa Turnbull says: “The clock was ticking and the election is getting closer and closer and closer, [but] we got the last debate in on the wire – I think we were on the very last days of discussion here – and by that point everyone was like, ‘Yes, yes, yes, we are happy with this!’ Everyone supported it. I think the final debate took something like 10 minutes. So, 10 years of campaigning and arguing; three concentrated years of very, very, very, hard work and 10 minutes in the last Stage 4 debate and it was passed.”

The bill was passed unanimously on February 10, 2016. Richard Jones, who had organised the online petition, joined Lisa Turnbull to watch the final debate. He remembers it was a very emotional moment to watch all of the AMs, who had debated and argued over the bill, come together and transfer it into Welsh law.

There were three parts to the new act in force: a general duty on health boards and trusts to provide sensitive nursing care; a specific duty in acute medical and surgical wards to calculate an appropriate level; and a provision on the health boards to publish transparently the workforce information about how they have achieved these duties and any breaches.

Reception for the new law in the health press was enthusiastic. Graham Scott, editor of *Nursing Standard*, wrote that it would “save lives” and that the “fantastic” campaign in Wales made some rare good news on the issue of nurse staffing levels.

He congratulated Kirsty Williams for introducing the bill, her fellow AMs for giving it their backing, and Mark Drakeford for “seeing sense” after being initially sceptical.

And he said Tina Donnelly and her team at RCN Wales had “campaigned tirelessly and persistently” over several years.



First and foremost, it was a success for Wales and, as Mr Scott recorded: "It is a great shame that the legislation will apply only in part of the UK, but it is a start, and the change could be replicated elsewhere if it proves to be successful. Let us hope that Government ministers in the other three countries wake up and see the potential benefits of such laws, rather than taking a reductionist view based only on the initial costs involved in employing more, better qualified staff."

*Primary Health Care* said the bill was "an example of how positive change can be achieved by demonstrating the evidence-base and ensuring the voice of nurses is heard".

RCN Chief Executive and General Secretary Janet Davies said: "This is a victory for the entire health service in Wales. It means that the importance of having the right numbers of nursing staff to provide proper care to every patient will be enshrined in law."

“This is the first legislation of its kind in Europe, and an example of what frontline health care staff and politicians can achieve when they work together in the interests of patients.

“The link between safe levels of nurse staffing and the quality of care for patients is indisputable.”

On March 21, 2016, Tina Donnelly was invited to the Welsh Government to witness the signing of the Royal Assent which marked the transference of The Nurse Staffing Levels (Wales) Bill into an Act of law.

After the ceremony, Tina Donnelly said: “I am delighted to have witnessed this very momentous occasion. Wales is leading the way in improving patient care and becoming a world leader in health care. This is a truly historic moment for Wales and the UK but more importantly this is great news for patients and the nurses entrusted with their care as this new law will definitely save lives. Our Government has listened to nurses, health organisations and the general public. RCN members worked hard to provide evidence to Assembly Members on the importance of this bill by writing letters, sending emails, face-to-face meetings and social media.”

Looking back, Kirsty Williams says: “What an amazing day! I had no idea that there was such a thing as a bill ceremony like that. It was all a bit surreal. Yes, to see it actually all laid out properly with the Government seal on it ...

“I’ve been in politics quite a long time and at that stage in my career it was the proudest thing... You know I’ve gone onto a slightly different job now but whatever happens in my political life I will be able to look back and I’ll be able to say that that law made a difference, so it was an amazing feeling to get it done. Amazing.”

It was also a special moment for the RCN members who had supported the campaign and given evidence of their work to the Assembly.

Christine Edwards Jones was thrilled when the act was recognised. “The first in Europe! I think that is amazing for Wales but, more importantly, that is amazing for patients and amazing for patients in the future.”

“I think it’s what democracy is about in a nutshell,” says Jane Carroll. “We’ve achieved something that many other people haven’t because I think we have a Welsh Government that listens, because they are quite close to the public. And I know sometimes the public say, ‘Oh, they never listen to us’. But they did listen to us this time. And there’s been a cost implication to their budgets, by listening to us. But I think what they recognised was the importance of the bill and then the need for actually delivering safe nursing care.”

Mark Drakeford, who since 2016 has been Cabinet Secretary for Finance and Local Government in the Welsh Government, says: “I think the act as it finally emerged was an act that managed to marry together principles and practice, and that’s what I felt we were all trying to do.

“We’d established the basic principle that the RCN and the member in charge wanted to establish, which is the importance of having the right number of nurses on a ward, but it was mediated through a series of practical lenses. How do you calibrate the numbers you need against the day-in day-out circumstances? And how do we know that where we put our most effort, the most impact will be felt?

“And as a result of the dialogue, as a result of the hard work that was done, I felt that the act that reached the statute book did both of those things. It established the principle but it mediated the principle through that series of practical lenses, which meant that with the limited resources we have – limited number of nurses, limited amount of money – we are able to apply the act to make the difference it can make to the greatest possible extent in those parts of the health service where it will matter the most.”



## CHAPTER FIVE REFLECTING ON THE CAMPAIGN

RCN Wales' successful campaign for a safe staffing law began an idea to improve patient care and ended with a law which was the first of its kind in Europe.

So why was the campaign successful? For those involved it was a marriage of public support, expertise, and political will.

Kirsty Williams says: "I just think it demonstrates the value of having a devolved institution. We're still a new parliament - we're less than 20 years old and our law-making powers are even younger than that - and I think this is a perfect example of how a devolved institution can listen to its citizens and act on their behalf in a Welsh context. And I would like to think that this is a piece of legislation that also demonstrates the value of how you can achieve things when you don't necessarily have to be part of the Government: that you can, even as a backbencher, make a difference. It's a perfect example of why it's so valuable to have a National Assembly for Wales."

For Lisa Turnbull the campaign "showcased the RCN at its best".

"It started from the frontline experience of our members," she says. "We are a huge membership organisation and every time there is a poll, every time there is a survey of our members asking them what the biggest issues are for them - safe staffing, the ability to deliver care, comes out top. It even comes out ahead of pay, which I think really says something about how selfless our members are.

"We then used our professional expertise as a UK-wide professional college to look for the scientific evidence, the intellectual evidence - examples of legislation that had been done in other countries, examples of how it could be done - to show that it was necessary. Utilising the experts, bringing in that evidence was critical, and we can only do that because we are a professional body."

Helen Mary Jones says: "I think The RCN and its members ought to be hugely proud because it comes from them. I think we also need to say a thank you to Kirsty Williams because she would have had many, many

people asking her to take up their cause for the private member's bill and the fact that she chose the RCN one is again testimony to the RCN's strong evidence.

"I think this has been a real achievement for Wales. This shows what Welsh politics can be at its best: evidence-based, sensible, building a consensus, being prepared to ask the difficult questions, and when it comes down to it being prepared to spend the money when it needs to be spent."

RCN Wales Board Chair Gaynor Jones says: "Every opportunity we had we just talked about it. I am in a fortunate position in that, not only as Chair of the Welsh Board but as a practising A&E nurse, that I can talk about the difficulties that staff are having out there and the fact that what they want to do is deliver the best possible care and in a good environment. I am always of the opinion if we have happy staff we have happy patients. For me the most important thing is well-cared for happy patients."

"The Board was very involved. We were all encouraged to go along and listen to debates in the Senedd. And in fact quite a lot of us went on more than one occasion. We were all encouraged to make sure people signed the petition and got postcards in. So people were very involved but *members* were very involved - and for me that was important because they felt they were part of the bill and part of getting it through. It is really good when you can have ownership of something. I also think staff felt ownership of this and I thought that was good."

Tracy Lenzy, RCN Wales Communications and Media Manager, says: "RCN Wales persuaded the Welsh Government to enact legislation on nurse staffing levels through media and digital campaigning, grass-roots lobbying and political and stakeholder involvement. The result was a compilation of outstanding teamwork and member engagement. The Royal Ascent of The Nurse Staffing Levels Act (Wales) 2016 is one of the proudest moments I've experienced working at the Royal College of Nursing."

Mark Drakeford says: “We were very lucky. We were very lucky to be dealing with an AM in Kirsty Williams, and the organisations who were backing her, who were prepared to be in a dialogue, who were prepared to think again about some of the ideas they had started with to make sure that they did go and assemble evidence. And to be prepared, themselves, to adjust the way that they were approaching the bill where they could see that the evidence was stronger in some places than others.

“So my aim always was to do this by dialogue, to see how we could find some common ground between what were not identical positions to begin with and I felt confident that it was worth making that effort because I knew enough about the people who were proposing it that they would want to go about it in that way.”

For Mark Drakeford there was also a sense of a number of factors coming together to help the bill through.

“It was always one of the first promises of devolution, one of the things we said in the very beginning, that if we had our own body here in Wales then the wall between Government and the people who rely on Government would be much more permeable than it had been in the past,” he says. “That people who had important things to say and important ideas which they wanted to contribute, would be able to talk directly and easily to the people who in the end make the decisions. I hope that this bill is a really good solid practical example of that in action.

“It was an idea that wasn’t generated in the Government but once the Government had sight of it and knew we had to deal with it, then we were able to have the close dialogue with those involved that allowed us, not to have a sort of standoff about the bill, but a proper engagement about the bill.

“When we had reached some difficult issues and I would be asking for some compromises to allow it to happen, I used to say to Kirsty, ‘The most important duty of a progressive politician is to make progress. And unless we can find a way through this we are not going to make progress with this bill.’ And I felt she took that really seriously, the RCN took that seriously, and I hope on the

Government side we took it seriously as well. And that is a different way of doing politics. And that is a different way of doing things here in Wales.”

“Sometimes I felt it was like pushing a huge wooden tree trunk, a square tree trunk, up a mountain,” Tina Donnelly says. “You have to have a lot of people behind you. It was a heavy weight but the members delivered!”

Wales’ success has been noted by nursing communities around the world. Scotland has pledged to follow Wales’ lead, with First Minister Nicola Sturgeon telling RCN Congress in Glasgow that she planned to enshrine safe nurse staffing in law. Tina Donnelly told *Nursing Standard* that Ms Sturgeon’s announcement “left the door open” for England and Northern Ireland.

Tina Donnelly says: “We have had interest from Canada, [and] parts of Europe, and I know the Chief Nursing Officer has gone to the International Council of Nurses and has presented the safe staffing legislation and what it means for Wales.

“People are monitoring what we do. That again is the beauty of having your own Government within Wales that can make that difference. All too often politicians are challenged for what they do. And in this instance, I think, where you get an important topic which will impact on the community that is why we have an elected representative, and if they can’t act and listen and benefit the people that they work with then they shouldn’t be in politics. My experience is some of them take huge convincing but once they get there it is worth it.”

Those who led the successful campaign in Wales have advice for colleagues around the world who are hoping to lobby their own governments for safe staffing legislation.

Lisa Turnbull said some of the success was down to the relationship RCN Wales developed with the influencers at the Assembly. “There is something very important about that face-to-face meeting with somebody, where you can have a real conversation and you can listen to what their actual concerns are, and you can try and address them, and put the arguments on the table.



“It was very time consuming but it was very worthwhile. We spoke to the party leaders, we spoke to the backbenchers, we spoke to almost every Assembly Member. When political parties take a big decision - ‘ Shall we support this piece of law or not support this piece of law?’ - there are many factors they have to weigh up. ‘What have we promised in our manifesto? What are our values as a political party? How will this benefit us as a political party?’ So they take those decisions collectively. Whether to support our bill or not was a political decision for these parties, and we had to talk to all of the Assembly Members and indeed we spoke with MPs, MEPs and councillors. We spoke to prominent people in the party in order to make sure when that party came together, there was support within that party. So we went for example to all of the party conferences to talk to them about why this bill would make a difference to patient care.”

Liam Anstey stresses the public involvement. “If it was just the RCN Welsh Board who were going out and saying, ‘Oh, yeah, we need this legislation’, it probably would have fallen on deaf ears. It was the fact that the RCN Welsh Board got the public behind it that made the people’s perception change.

“I used to say - and this is blunt - that without this piece of legislation people will die - and I still think that’s true because the evidence is there. So get the public behind you, build relationships and just get on with it, and do it, really. It’s as simple as that.”

Phil Hubbard agrees that public support is key. “I think the most important thing is to make sure the public are on your side because they are the voters at the end of the day. Once you’ve got the public on your side and get them to constantly drip feed that information to their elected members, that’s the key to success.”

Jane Carroll says a successful campaign must be spearheaded by nurses who speak from experience. “I think we did that. I think we had a core group of nurses who fundamentally felt this was the way forward.”

## Time to Care 2016

With changes to the way Wales is governed all set to happen, the 2016 Election is the most important time to vote and ensure that Nursing issues

Safe Nurse Staffing Levels, Dignity and Quality in Residential Care and Working Nurses are that YOU have selected as being important to you. At present, elected representatives are going to do TOGETHER to make sure a future Government gives Nurses Time to Care.

We will be having our Campaign launch at the National Assembly on 22 September 2016. Assembly Members from all parties will be represented in the Assembly will be attending and you can attend too. Please go to our sign up



## CHAPTER SIX THE FUTURE

In the summer of 2016 Kirsty Williams was awarded the RCN's highest award, an Honorary Fellowship, "in recognition of [her] outstanding contribution" to healthcare.

Having joined the Welsh Government's Labour-led cabinet after the May 2016 election, she said she was determined to see the law "extended to include other settings, such as maternity and mental health wards".

An extension to the act was already the subject of a new RCN campaign. '*Leading Nursing, Shaping Care, We carry the torch*' focused on workforce issues and included the call to widen the scope of the act.

The First Minister of Wales, Carwyn Jones, took up the suggestion when he produced a five-year plan entitled 'Taking Wales Forward 2016-2021'. The Welsh Government's vision included a pledge to extend the Nurse Staffing Levels (Wales) Act 2016 to non-acute settings, which would be overseen by the new Cabinet Secretary for Health, Vaughan Gething, who took up his post in November 2017.

The RCN Wales was delighted. "The most important issue for our members is the need to extend the act to ensure the protection and care of all patients, particularly in the field of mental health and community nursing," the college said in a statement responding to Mr Jones' announcement.

Tina Donnelly told *Nursing Times*: "The right number of nurses with the right skills will reduce mortality rates and keep people healthier. With more people being cared for in the community, it is only right that this important piece of legislation is extended to apply to as many care settings as possible.

"We look forward to working with the Welsh Government during this Assembly term to make sure this becomes a reality, and vulnerable patients across Wales receive the quality of care they deserve."

The Nurse Staffing Levels (Wales) Act came into full force in April 2018.

Its phased introduction, since 2016, had allowed its elements to be aligned with the annual planning cycle in NHS Wales and gave time for the development of guidance on how the act should be applied in practice.

The RCN would play a central role in establishing that guidance.

The general duty on Welsh NHS organisations to consider what nurse staffing levels were needed came into force in April 2017. The specific instructions on determining staffing levels in acute adult inpatient medical and surgical wards came into force in April 2018.

The law did not depend on minimum numbers of staff-to-patient ratios, but put the power in the hands of senior nurses, who could use an approved workplace planning tool and professional judgement, and consider and assess patient outcomes on their ward, in order to establish the correct staffing levels.

Guidance issued on the implementation of the legislation stipulates that there must be sufficient staff to meet the "social, psychological, spiritual and physical requirements" of patients - a holistic approach, which also included consideration of the skills and experience of staff, the number of temporary nurses, the number of single rooms available, and bed occupancy rates.

It was also decided that once the level had been established it must be increased by 26.9 per cent to ensure there are sufficient staff to cover holidays, maternity leave, and sick days. Wards sisters, charge nurses, and students were not to be included on the roster and must be considered supernumerary.

The guidance also states that the safe staffing level must be calculated at least every six months, and that data on each ward must be presented to the relevant trust board at least once a year.

The source of the guidance is the All-Wales Nurse Staffing Programme, which was set up, in preparation for the introduction of the act, to support health boards in preparing for and complying with the requirements of the new legislation. The All-Wales Nurse Staffing Programme Manager is Joanna Doyle.

She explains: "Under the Nurse Staffing Levels Wales Act there was a requirement under section 25d for the Welsh Government to issue statutory guidance to support health boards in Wales in meeting the requirements of the act.

“The Welsh Government put the information together that they wanted to consider taking into account the requirements of the act and that then went out to wider consultation, to the health boards and to stakeholders, and it also went out to public consultation, and the Welsh Government delivered a number of sessions to stakeholder groups to prepare them for the consultation process and to encourage them to engage in the consultation process.

“The feedback was very positive. People were very keen to ensure that they had as much guidance and support as possible. Remember this is ground-breaking work for Wales and we are the first country in Europe to legislate on nurse staffing levels so it is having a lot of interest, not just nationally but internationally. So what we are finding is that health boards are really keen to have as much support and guidance as they can, adopting a once-for-Wales approach so that we are ensuring that all health boards follow the same approach to meeting the requirements of the act.

“The information was then collated and fed back and that’s what helped to inform the statutory guidance.”

The statutory guidance to the act outlines the legal requirements health boards and staff are expected to follow in relation to the duty to calculate and maintain the nurse staffing levels.

The new Cabinet Secretary for Health and Social Care Vaughan Gething AM took up his post in November 2017 and moved swiftly to ensure the implementation of the Act was progressed. He said: “Implementing the Nurse Staffing Levels legislation is a real step forward for Wales, and we have done so because we understand there’s an evidence base that shows high quality nursing care with the right numbers and skill-mix makes a real difference to patient care and patient outcomes.

“We now have a system to empower and support nurses on the front line, and nurse leaders to use their professional judgement to understand and plan for the right levels of care; with the right number of nurses needed to ensure the patient gets the very best deal possible.”

In addition, the Welsh Government issued operational guidance to show how it should work in practice.

Joanna Doyle explains: “Following the release of the statutory guidance by the Welsh Government in November 2017, the Chief Nursing Officer for Wales asked a working group to nationally put together operational guidance, like a user-guide if you like, for operational teams to enable them to understand the requirements of the statutory guidance in relation to the duty to calculate and maintain nurse staffing levels.

“So within Wales we have a working group that has senior representatives and nursing teams from across each of the health boards, also representatives from Welsh Government and from the universities, and with the support of Public Health Wales we have devised this document that was released via Welsh Health Circular, Welsh Government in March 2018. So the operational guidance helps support operational teams in meeting the requirements of the statutory guidance but also provides additional guidance and supportive links to documents that will help them meet the requirements of the act. So we have agreed national templates that are included within the operational guidance to enable operational teams to meet their requirements to calculate, maintain and record the nurse staffing levels.”

She adds: “The operational guidance has been tested with nursing teams and the feedback has been very positive. We are due to review this document in September [2018] based on staff feedback following its launch because what we are keen to ensure is that the document is fit for purpose and can support operational teams in meeting the requirements.

“The guidance talks very specifically about the requirements to calculate nurse staffing levels using the triangulated approach which takes into account quality indicators, professional judgement and acuity data that we collect twice a year through biannual audits. It also gives indications of how we can use that information to inform our workforce plans. It talks about the Welsh Levels of Care which is our acuity tool for Wales, which has been launched alongside the operational guidance in the Welsh Health Circular by Welsh Government in March 2018.

“It includes templates to enable staff to understand how they record the acuity data, the important information that is required as part of the biannual audit to support their twice-yearly calculations of the nurse staffing levels and also to ensure that we are following a once-for-Wales approach so there are appendices in there that enable health boards to have a clear understanding of what they are required to do in order to support the requirements of the act.”

## Throughout, she says, engagement with nurses has been key.

“This work focuses very much on frontline nursing staff because the purpose of the act is to empower frontline nurses to be able to ensure that they have enough nurses on their ward to have enough time to be able to meet the needs of patients sensitively. So that is the requirement of the act. In order to do that we have put nurses right back in the forefront of everything we do. So throughout this whole programme of work we have been engaging frontline nursing teams and senior management teams in the development of the Welsh levels of care, in the creation of the operational guidance, in consultation of the statutory guidance. We deliver regular feedback sessions to staff within the health boards to enable them to understand the value of collecting the acuity data and how this information can help inform those decisions around the nurse staffing levels in acute adult medical and surgical wards.

“We are very proud in Wales that we have such an active nursing workforce who recognise the benefits of the act. The act will not only empower nurses to have the right number and skill-mix of staff to be able to meet the needs of their patients, it will provide them with the opportunity to move forward with leadership to be able to empower their teams and ensure they have the resources and support they need locally and nationally to be able to meet the requirements of the act.

“The nurses recognise that we have a big challenge ahead. We have a national and international shortage of nurses and this poses a challenge to each and every health board in Wales. This act will enable us to identify where those challenges lie and put in place active plans to be able to address those issues on a multi-faceted approach.

“The responsibility for meeting the requirements of the act spans from the ward to the board, and there is an emphasis on the value that nursing needs to play in that calculation process. But we need to ensure that our staff are supported throughout this process, because we need to ensure that we have the right number and skill-mix on our wards, and to do that we need to look at a multi-faceted approach to address some of the concerns we have across Wales in how we are going to bridge the gap to ensure we have enough nurses to meet the needs of our patients.”

Tina Donnelly says: “We knew the statutory guidance would ensure, and this was a key factor for us, that the change in behaviour had to be at board level, not just at nurse director level. Because when things go wrong it is often the two registrants of the board, like the medical director and the nurse director, that takes the punitive consequences in terms of potential loss of their professional regulation. Therefore from our perspective it was again vitally important that the whole accountability for the implementation of the act lay with the board.”

In March 2018 *Nursing Standard* reported that thanks to the new data and staff audits now being carried out by health boards some had already identified that they were struggling to meet the staffing requirement at weekends, and that the number of student commissions were rising.

“In the main, staffing levels have increased in terms of both registered nurses and healthcare support workers,” Tina Donnelly stated. “The whole reason we campaigned was to change behaviour, and we have seen a change for the better in increasing commissions, recruitment, looking at workload, sustainability and commitment to staffing levels.”

However, there was concern that as the law applied only to acute medical and surgical wards there was a danger that other wards and services might be drained of staff.

RCN Wales continued to compile evidence to seek to ensure the law would be expanded to include inpatient mental health, health visiting, district nursing, paediatrics, and care homes.

The issue is already under consideration by a national group which was set up with senior representatives from each of the health boards and other key stakeholders. It contains six workstreams - mental health, paediatrics, health-visiting, district nursing, care home and adult medical and surgical inpatient areas - and each is progressing at different stages towards developing an evidence-based workforce planning tool for their area of speciality.

“So each of these workstreams has a responsibility to develop and test an evidence-based workforce planning tool,” explains Joanna Doyle. “Once they have been able to demonstrate and provide assurance that they have that robust evidence-based workforce planning tool then Welsh Government may well consider expanding the act to one of those areas.

“We are moving forward at a terrific pace, showing very good progress in developing those evidence-based workforce planning tools - not just within adult acute, medical and surgical areas but also within the other areas, in the programme which will enable the extension of the act to another area in the near future.

“We are very keen to share the work that has been undertaken in Wales. We are very proud of the contribution that nurses have made to the development of the statutory guidance and the implementation of the act, and ensuring that health boards are able to meet their requirements in accordance with the Nurse Staffing Levels Act.”

Lisa Turnbull says: “At the moment we have three parts of the new Act in force: the general duty to provide sufficient nurses to allow the nurses time to care for patients sensitively; a specific duty in acute medical and surgical wards around what that looks like; and we also have a provision on the health boards to publish transparently the workforce information about how they have achieved that - and when they have failed to, we

can scrutinise them and hold them to account.

“And that is the work that we are undergoing now as a Royal College: to say, ‘Well, now we have the law, we are going to hold you to account, and we are going to make sure that you are obeying the law as you should’.

“The work does not stop here, it continues, and what we have to do now is make sure the act is enforced and expanded. We have to look at all those areas we discussed and talked about at the committee process.

“We can see it can be done, so we insist it must be done in every area because patients deserve the best care and safest care in every area that they are looked after so that is where the campaign is going now.”

Christine Edwards Jones, one of the nurses who gave evidence to the Assembly on the bill, adds: “Currently the ward I am working on does not come under the act, as it is classed as sub-acute, but the hope and the plan is that all patients everywhere will come under the safe staffing act in Wales and hopefully the UK as well. We can’t go back, we have got to go forward.”

## Nurses say the Act is already making a difference.

Matron Sandra Robinson-Clark says: “The legislation is a very powerful tool because legislation has more impact than having guidance. So that means the health boards can be held to account by the Welsh Government for not providing adequate levels of nursing care. Therefore it is empowering for the nursing workforce to have that legislation and then the health boards will be required to report annually on their staffing levels for every ward for each and every hospital in Wales.

“So for example, in my role as matron I have responsibility for staffing levels in the clinical areas but of course the legislation looks at specifically acute, surgical, medical wards. So we have a delegated line of responsibility from the director of nursing down the management line right to the nurse in charge on the ward.

“Through the legislation there is a triangulated approach in how we manage this. So it is very important that we can take that approach with a risk assessment to say, ‘Right, what are three factors in that triangulated approach, staffing, patients’ acuity, using professional judgement on how we can provide staff care’ so if the staffing levels are inadequate then we have to mitigate the risk by whatever means.

“On a shift by shift basis we look at those issues on each ward and for example if one ward has more staff on a particular shift than another ward, then as matrons we have the ability to redeploy surplus staff to a ward that needs more help.

“Importantly as part of that professional judgement, the nurses, the sisters and the matrons can assess the harm that potentially is made to patients if staffing levels are inadequate and quality indicators as they are labelled are not being met. So for example if the ward is short-staffed because we don’t have enough trained qualified nurses [and] if the duty of care has not been delivered as to the standards we require, for example if medications haven’t been given to the patients or the patient has not had what we called intentional rounding and they have not had help to be turned and they have acquired pressure ulcers or if the patient has had a fall and had an injury, those examples need to be recorded on a shift by shift basis.

“In addition, another powerful aspect would be to record whether there have been any other adverse events to patients because we have had inadequate staffing. Also have we had patient feedback or have we had concerns raised by either a patient or their relative? These are all important quality indicators in addition to the acuity and provisional nurse staffing levels.”

Communication between patients and staff is key to a successful NHS and one of the positive aspects of the act for Welsh-speakers, like Sandra Robinson-Clark, is the provision of a Welsh language service to those patients in need.

She adds: “As a Welsh speaker myself that is very important. If a patient requires or wants to speak to a nurse in Welsh and that makes that communication and

the rapport with the patient so much more enhanced.”

Staff Nurse Neil Evans says because of the act, “Managers are more aware of getting numbers on the floor. They are running sessions to raise awareness. There are policies coming out in place to ensure who has the responsibilities for the numbers. There is a lot of work that the trusts have to take on board. Ultimately the director of nursing has a legal duty, in statute, to say I have to have X amount of nurses on duty and not just the numbers – the physical bodies – but the appropriate skills to deal with those patients.

“And this supports us in A&E by getting my colleagues on the wards the numbers they need so they can support these patients, so they are effectively discharged, so they don’t come back into A&E and put additional pressure on services.”

Asked how he thinks his colleagues feel across the Welsh NHS, he adds: “I think the Nurse Staffing Levels Act gives hope to nurses in Wales. It is going to help with recruitment in the profession. It is going to help with the retention of experienced nurses which is then going to deliver the exemplary care we know these patients want, that we want to give, not just the basic care as it were, the minimum amount that we can do, we can go that extra mile, what we want to do.”

Jane Carroll, former district nurse and now Senior Officer at RCN Wales, says: “I was at a meeting the other week about Aneurin Bevan and the celebrations for 70 years of the NHS, and I sat there and I wondered, will we be doing this in 70 years’ time? You know celebrating this act, when we have safe levels of nursing everywhere and patients are really getting the care that they deserve but also more importantly that nurses feel happy coming into work again, that they don’t feel the pressures and the strains that they feel at the moment.

“When you train to be a nurse you are trained to deliver really good care and sometimes, because you don’t have enough staff on, you can’t do that, so you go home and you don’t feel so good. I would like to think at the end of all this nurses go home, [feeling] supported and they feel they have done a good job that day.”

Rory Farrelly, former Director of Nursing and the Patient

Experience, Abertawe Bro Morgannwg University Health Board, says: “The Nurse Staffing Levels (Wales) Act has had a major impact for nursing at all levels in the Welsh context. Wales led the way for all of the four UK countries ensuring there was a bill put in place. Internationally, there’s a lot of people looking at the work that’s come out of Wales.

“I’d like to see the act extended over all clinical areas and I believe that will evolve over the different parliaments. We must continue to gather the evidence that supports the act being extended and demonstrate the effectiveness of safe staffing for all clinical areas not just initially medical and surgical wards.

“The RCN is UK-wide and it’s really important the rest of the countries in the UK take the lessons learned from Wales through the act to implement safe staffing legislation in each country.

“The Nursing Staffing Levels (Wales) Act has a positive effect all around. Nursing staff and patients are having positive experiences and that’s essential when you are providing and receiving health care. I have been proud to be a part of this process as a nurse and influencer of change.”

Mark Drakeford is hopeful the act will bring real improvements. “I certainly hope it will have a positive impact on nurses in terms of morale and standing and recognition and all those sorts of things. We know the modern health service is a hugely pressurised place, the demands are enormous, the skill levels that we require of the people who work in the health service are of a different order than we have ever seen in the past. And the job of being a nurse is a really important and very often pressurised one. We are not always able to reward people with the money that we would like to in the age of austerity; we certainly need to get the message to them about how much they are valued and how much the work they do is understood and appreciated. And I hope the bill sends those messages out to the profession.

“[And] Other than nurses themselves, the second most powerful advocacy group for this bill were patients. The letters I would get from patients telling me how fantastic



nurses had been during their stay in hospital but how stretched they were, and how much those patients felt that those nurses needed to be helped by having the right number of hands on deck available to them. Patients were powerful advocates for this bill as well, and I hope that seeing it as it went through the process and ending up on the statute book, it will have given some confidence to them as well that those points are well understood and, within the real limitations that we face, recognised in the best way we can.”

The former Health Committee Chair David Rees sounds a minor note of caution: “What we need now is to monitor what has happened, to make sure those unintended consequences haven’t occurred, [and] to see how effective it is. But we also have another question, and that is a very serious question, and that is do we have the number of nurses to be able to ensure we can comply? We don’t want to put a health board in a position where it is not going to meet the legal requirements because we haven’t got the resources. There is also the question of can we train and support enough nurses to deliver the legal requirements that this expansion will take?”

Kirsty Williams says: “I think it’s going to make a difference. I think it strengthens the voice of nursing at every single level of an organisation. Whether you’re the director of nursing sitting at the board level or actually

whether you're a member of staff working on an acute ward, you know that there is a process by which the local health board is going to be held accountable for the number of nurses on that ward. I think it will empower patients, so patients will be able to scrutinize the performance of their local health board. And I really do think that it will make a difference to patient care and I really do also hope that it will make a difference to the retention and recruitment of nurses in our system, by allowing them, by empowering them and letting them know that they will be working in circumstances where they will be supported by the right number of colleagues.

"Is it going to solve all our problems? You know, no one piece of legislation is going to do that. But this is a statement of our intent as a nation of how nurses should be deployed in certain settings. Of course, the legislation has been framed in such a way that it can be expanded so that more nurses doing different types of work can be included, as the evidence base grows so that we can use that evidence then to inform our staffing levels in different settings. So actually this is just the beginning."

## RCN Wales sees the act as a beginning too.

Lisa Turnbull says: "The NHS is 70, what an amazing institution, an amazing creation. But it needs to change, it needs to evolve.

"When you talk to people in the street and you talk to them about this law, they are a little bit astonished because they think, the NHS should have been providing what the evidence shows as safe care all along. So with hindsight, maybe it should not have been as difficult as it was to introduce the idea of this law!

"We were always very clear of our vision. It should have been self-evident: the NHS should provide safe care so we need to set the legal framework up for what that looks like (what the research and scientific evidence tells us is safe care), and let's make sure the patients going into hospital get that safe care. And to be a part of that and to see that happen [was] absolutely fantastic. It is something which will stay with me for the rest of my life."

RCN Wales Director Tina Donnelly says: "It only came into being in April this year, but what we have seen in the run-up is nearly a 65 per cent increase in nursing commissions.

"And the evidence base is that it will reduce mortality rates by nearly 26 per cent, because where you fail to have the right numbers of nurses it was shown in the evidence base that up to 26 per cent of patients die prematurely - that is huge."

RCN Wales Board Chair Gaynor Jones says: "One of the big things first of all is that they are going to make ward managers one hundred percent supernumerary. So that is going to give them time to do all of the things that they need to do. I think that is a good thing.

"The only thing that I am getting from members, the only negative is, people want it everywhere. They want to know when we can roll it out into all areas: community hospitals, A&E, mental health, community nursing, everybody wants it. And of course we want to see this law across the UK.

"But it is like everything: you have to crawl, you have to walk, before you can run. So we are a bit of a way off from getting it rolled out everywhere else. But we will get there! Sometime we will get there."

Tina Donnelly - who is retiring from RCN Wales in September 2018 - adds: "This is a campaign that has demonstrated that when you get members, professionals and the public working together anything is possible. You know that big tree trunk I was talking about, I guess we got to the top of the mountain and can look over and say 'The job is not finished yet.' We have got it in medical and surgical, paediatrics will be the next one. There is evidence being collated for mental health and communities the next one.

"If I was staying in the RCN and not retiring from here, I would be saying let's move into care homes next. But you have got to start somewhere. So the membership knows what they have achieved, we know as a group what we have achieved. And I guess the big success is that everybody thinks it is their act and that is the beauty of it. It doesn't belong to anybody: it belongs to the patients, the public, and Wales and we should be proud of it."



**A SUCCESS  
STORY** FOR  
WALES

**Mark Drakeford, Wales Health Minister 2013-2016**

“I’ve known the RCN for a very long time, I know a great number of the people who are the key actors in the organisation. I have always thought highly of it. It is a proper campaigning organisation. It does not pull its punches where there are things it believes need to be said. But in my experience it always comes to these issues from a standpoint of wanting to find a solution to them. It is not a grandstanding organisation in that sense, it does not go out to gain headlines for the sake of headlines. It goes out to campaign for something because it believes that this is something that really would make a difference. Because of that I always felt that, in taking the bill through the Assembly, that you know, we would not always agree and there would be the odd difficult meeting about it, but that you were always dealing with an organisation whose starting point was one that you understood, recognised, and were happy to work with.

“Tina [Donnelly] has always been a formidable figure in the Welsh NHS. Sometimes maybe in all of this people don’t always give enough weight, I think, to the fact that Tina had worked in the Welsh Government. She had been on the other side of this fence. She understood how Government worked. She brought all of that to the lobbying role that the RCN was playing in this case. In that sense she had a pragmatic approach to it all as well as being fiercely attached to the principle that the RCN was trying to promote here. The fact that she had that insight into how people on the other side of the table would have to be thinking about this, the things that

would matter to them, the sort of points they would need to be satisfied about, I thought that added a very significant strength to what the RCN was able to bring to the table.

“Of course Tina was the public face of the RCN in the bill, and very important in that way, but she had with her a whole team of other people who were working on the detail of it all and they were very important too. I think that without Lisa for example, Lisa Turnbull, the bill wouldn’t be the bill that it was. Because while Tina was doing the front of stage stuff, Lisa was absolutely immersed in the detail of it all. If you needed a view on whether a particular clause would work, how it would interact with another part of the bill, there, you had somebody who had a formidable knowledge, both of the policy but also of the technicalities of it all, and we were very lucky indeed - both with Tina but also with Lisa and the team of people the RCN were able to mobilise.”

**Kirsty Williams, Assembly Member**

“I would pay tribute to Tina Donnelly and all the members of the RCN that were so well organised and skilful in how they mobilized their members and people who support the aims and objectives of the RCN, to run such an effective campaign, making sure that their local members contacted their Assembly Members to push them to support the legislation. And it’s a tribute to them because, without that support, without that groundswell and the campaign as a whole, then I don’t think that we would have been successful on the floor of the chamber.”

**Gaynor Jones, Chair of the RCN Welsh Board**

“Kirsty was an excellent advocate and an excellent support. Because of her involvement she had an honorary fellowship of the RCN which is a very high accolade to have. She is the first AM, MP, politician, to ever receive an accolade like that. It is fantastic. Wales first again! You know we have done something that nobody else has done. For me that was wonderful.

“We have to say a big thank you to our AMs who supported it, [and to] Tina Donnelly and Lisa Turnbull as well because Lisa is the political expert so she had a lot of input into it. I am just very proud to be part of the team in RCN Wales.

“We all know how much Tina is for nurses and nursing and patients in Wales. She is going to be a real, real loss and I am just devastated that she is going and she knows that.”

**Richard Jones, who organised the petition**

“I think Tina’s role has been pivotal because the Assembly obviously wanted factual information. They wanted the evidence to support why we wanted this. And all along Tina has produced evidence that was required by the Assembly to support our assumption about safe staffing levels. Tina has done that through research, has done that through patients’ stories, through nurses’ stories, through people working in the communities. So therefore she has provided the evidence. Once any challenges are put up she produces the evidence to support our case. You know at the end of the day it was actually passed unanimously by all AMs and I am very proud of that.”

**Neil Evans, Staff Nurse**

“This shows that [the RCN is] the voice of nursing in Wales. It shows that they will stand up for patients and nurses in Wales. We are not just about nurses, we are about the patients as well. The nurses are the voice of the patients and if we haven’t got a strong voice at the top then patients haven’t got a voice.

“Tina has fought and fought to get this message to the AMs and the people who make the decisions. Without her voice leading us so clearly I think we would have struggled to get where we are.”

**Jane Carroll, Senior Officer at RCN Wales**

“I think there are several people that we need to thank. The major person is Tina Donnelly. Tina has driven this all the way through to its finish. I think we also need to thank the activists, the Welsh Board for persevering and really taking this campaign forward. We also need to thank the nurses that have supported us, that have gone out there and had those discussions with Welsh Government. It is scary to talk to a politician and particularly a room full of politicians, but nurses have done that and they have told their story as it is. I think we also need to thank the public. They have signed our petition, so many of them both online and a paper petition. They did really well.”

**Christine Edwards Jones, Ward Manager**

“Without Tina as our leader giving clear direction I don’t think this would have actually got as far as it did. I think all the groundwork that her and the team did was amazing.”

**Sandra Robinson-Clark, Matron**

“I am immensely proud of the achievements of the RCN in this campaign and thank you of course to Kirsty Williams. But the RCN has been, I believe, very influential and the power of influencing when it comes to policy, politics and healthcare is remarkable.

“As a nursing workforce we are all very grateful to the RCN for those efforts and in particular as well to our Director, Tina Donnelly, who has been passionate and dedicated and so motivated to promote this for the benefits of our patients. We want the best care for our patients in Wales - that’s what they deserve. And our staff need to be looked after.”

**Helen Mary Jones, freelance political consultant to the campaign**

“I think in my time as a member of the National Assembly and subsequently working with the RCN as one of my clients, they have been an incredibly smart outfit. Tina Donnelly has been key as an individual. She knows how to build alliances. She knows the importance of evidence. She doesn’t just stand there and say, ‘Listen to me I am a nurse!’

“When I was an AM if she was coming to you she would have a proper case. When we were working with her around the bill she was always making sure there was proper evidence there. But there is also something about a big personality, about somebody who develops those long-term relationships, about somebody who is so clearly putting the patients first.

“And when you have somebody like that making the case it makes it very,

very difficult for ministers not to listen.

“The other thing that Tina has done effectively with the RCN is encourage members to become active locally. It is not in the nature of most nurses to want to be standing on a picket line and shouting but they will sit now and talk sensibly, quietly, to their local AM with the evidence that the RCN centrally in Wales has provided. That level of local activism I think was really important in the passing of the bill as well.”

**David Rees, Chair of the Health and Social Care Committee, 2013-2016**

“The RCN took an issue which they were passionate about and drove that issue, and that was supported clearly by the fact that Kirsty Williams as a member took that private bill through. Without organisations like the RCN private bills sometimes are difficult because you need that backing to drive that agenda. The RCN were able to produce the evidence, to come forward with information for the committee.”

**Phil Hubbard, freelance project manager employed by RCN Wales**

“[The act is] a legacy, I think, for anyone that worked on that piece of work because it’s not every day that you can actually bring around or influence the introduction of legislation that’s actually about keeping people safe. [Tina] is inspirational in her passion about caring for people and there’s no doubt about that, and she was inspirational here.”

**Liam Anstey, Policy and Public Affairs Assistant, RCN Wales, 2014-2015**

"I think anybody who knows [Tina] can see the passion that she has for nursing and the profession. She does have this amazing ability to get the detail and the big picture all in one. And that was how she worked. So I or Lisa Turnbull would prepare a briefing for her on the Assembly Members and then you would go to the meeting and she would know everything and she would have done her research on the particular bits that were of interest to that member which helped get the bill through."

**Lisa Turnbull, Policy and Public affairs advisor for RCN Wales**

"The strong oversight of the Welsh Board and Tina's personal leadership was critical to the success of this campaign. Tina inspired staff, she mobilised resources from across the organisation to support the work and she was tireless in giving media interviews and speaking out at every opportunity. Combining this with Kirsty's patience in building cross party alliances was so powerful.

"I have to pay tribute to Mark Drakeford as the Government Minister because this wasn't his bill so it would have been very easy for him to say, 'It's not my idea, it's not a Government idea, go away!' He didn't, he said, 'I can work with this, I will work with you, I will make this happen because it is a good idea and it is the right thing to do'.

"And I have to pay tribute to the opposition parties as well, Plaid Cymru

and the Conservatives. They could have taken quite a party-political approach. They could have said, 'We are going into an election now, we will let this fail and when we are in power we will do something better'. Instead they said, 'This is the right thing to do for the country; even though maybe it's not quite what we would have wanted, it is still a good bill', and they voted for it.

"I think this shows why so many people in Wales and so many of our members support devolution and why they wanted the Assembly in the first place. Because this is an example of a piece of legislation where the idea came from outside the political world. It came in, the members campaigned, the members took the argument in, and the politicians listened, and it happened. And we created a law which was the first of its kind in the UK to safeguard patient care in Wales and we did that because this place [the Assembly] exists and that is a real tribute to this place and everyone in it."

**Tina Donnelly, RCN Wales Director, 2004-2018**

"It's the whole profession that has actually been involved in this. Sometimes when you have naysayers or people who are so antagonistic to legislation, the biggest compliment they can say to you now is that it was their idea, and you say, 'Take it on board', 'Celebrate it'. I don't care whose idea it was, I don't care who actually instigated it. But what we do want on record is the role of the RCN members and the passion and personal time they put into to achieving it.

"The best Health Minister from my perspective was Mark Drakeford in terms of telling us what he needed to do in his response to Kirsty Williams, you know, because I did the qualitative analysis on his response to her and got the key themes of what he needed to make it happen.

"And no single person can say they have achieved this. It is the whole of the profession in Wales, right from the CNO to the healthcare support worker working on the front line. Every single part of our profession in Wales has actually had a part to play - whether they have been 'We don't need legislation', or 'Yes, we do need legislation', or whether they have actually got their mothers and daughters or sons or cousins to write on the petition. This act is everybody's business.

"But key is my huge, sincere thanks to each and every one of our staff here in the RCN in Wales; our colleagues in the RCN UK; for the vital work of our Board Chair, Gaynor Jones and Board members, especially Richard Jones; a huge thanks particularly to Kirsty Williams FRCN; to Mark Drakeford and his thirst for evidence and his listening ear; to David Rees, Helen Mary Jones, Jonathan Morgan, all members of the Health Committee; our committed members; and a huge thank you personally - our staff here in Wales are simply the best!"



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### **Interviews**

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Neil Evans, University of South Wales, July 10, 2018

Phil Hubbard OBE, National Assembly for Wales, July 10, 2018

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Helen Mary Jones, Cardiff Bay, July 16, 2018

Richard Jones MBE, Ty Maeth, July 16, 2018

David Rees AM, Aberafon, July 20, 2018

Sandra Robinson-Clark, Ty Maeth, July 16, 2018

Lisa Turnbull, National Assembly for Wales, July 10, 2018

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Denise Llewellyn MBE FRCN, RCN Wales HQ, 7 August 2018

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## APPENDIX

## Appendix - Safe Staffing Campaign Timeline 2006-2016

Date	Activity
	<b>Commentary:</b> <i>The RCN had produced several guidance documents setting out the relationship between safe staffing levels (number and skill-mix) that promoted safe and effective patient care. Internally there were also a number of discussions in this period around the potential for legislation.</i>
March 2006	<b>RCN Wales publishes a Policy Paper</b> aimed at decision-makers and the political parties ahead of 2007 Assembly Election. This paper highlights the workforce planning difficulties for nursing in the NHS and asks for reform. RCN Wales writes to all candidates regarding nurse staffing.
May 2006	<b>Congress discusses delivering care in the community and the need for national workforce planning.</b>
July 2006	<b>RCN Wales launches a survey of members' priorities</b> ahead of the 2007 Assembly Election. The results show members believe training and employing more nurses should be the top priority for the incoming Government. (95% strongly agreed.)
September 2006	<b>RCN Wales launches "A Manifesto for Nursing and Health" as part of its 2007 Assembly Election campaign.</b> The manifesto, designed and signed off by the Welsh Board, emphasises the need for more nurses and workforce planning. It is accompanied by a campaign that includes hustings events with candidates and letters to candidates from RCN members. The launch event at the Senedd is attended by over 100 RCN members from across Wales.
February 2007	<b>Rafferty et al (2007) Outcome of Variation in Hospital Nurse Staffing in English Hospitals:</b> Cross-sectional analysis of survey data and discharge records <i>International Journal of Nursing Studies, 44 (2) February.</i>
May 2007	<b>Congress Resolution:</b> In 2007 an RCN Congress resolution was passed demanding UK-wide legislation to ensure appropriate staffing levels.
May 2007	<b>Assembly Elections – Third Assembly begins.</b>
September 2007	<b>RCN Wales launches <i>Get it Right: Right Numbers; Right Skills; Right Care.</i></b> This three-year campaign, designed and signed off by the Welsh Board, is planned over the Assembly cycle and aims to consolidate effective workforce planning (numbers, skill, care framework) in the minds of Assembly Members as the central issue in delivering quality care. The key policy briefing states: "RCN believes that there should be a statutory responsibility laid on the NHS for ensuring appropriate staffing numbers". This is the first explicit reference to statutory responsibility. The launch event at the Senedd is attended by over 100 RCN member from across Wales.
November 2007	<b>The National Assembly Committee for Health and Social Care holds an Inquiry into Workforce Planning in the NHS</b> as a direct result of lobbying by RCN Wales. RCN Wales gives written and oral evidence (Tina Donnelly, Lisa Turnbull) to the inquiry.
	<b>Commentary:</b> <i>This inquiry is significant as, after taking evidence from numerous stakeholders including the Government and the NHS, many AMs across all parties concluded that the current NHS workforce planning process was inadequate and that radical structural reform with a statutory basis would be required. This consensus of understanding was key to later developments.</i>
November 2007	Wales Online media coverage: <i>Experts Warn over Nursing Skills danger</i> quoting Tina Donnelly and referring to Professor Rafferty report.
September 2008	<b>RCN Wales launches <i>Get it Right 2008 Campaign.</i></b> In the second year of this campaign, designed and signed off by the Welsh Board, RCN Wales steps up the call for a statutory responsibility for appropriate staffing. This is backed up by the example of Scotland. The Scottish Government, after an RCN Scotland campaign, had in 2004 placed a duty on NHS bodies for workforce planning. The launch event at the Senedd is attended by over 100 RCN member from across Wales.

Date	Activity
May 2009	<b>Congress Resolution:</b> Two Congress resolutions call for Government action to match skill-mix and retention of staff to patient safety, quality of care and service need.
September 2009	<b>RCN Wales launches <i>Get it Right 2009 Campaign</i>.</b> In the second year of this campaign, designed and signed off by the Welsh Board, influencing on legislation to ensure safe staffing is the key call. The launch event at the Senedd is attended by over 100 RCN member from across Wales.
October 2009	<b>Winifred Raphael Memorial Lecture:</b> Professor Anne Marie Rafferty delivers the 2009 lecture: Nursing, workforce and health outcomes: historical reflections and research
May 2010	<b>Congress Resolution:</b> A Congress resolution calls on Governments to ensure health care organisations guarantee safe staffing levels and nursing expertise.
July 2010	<b>RCN Wales launches a survey of members ahead of the 2011 Assembly Elections.</b> This survey of members showed overwhelming support for the proposal 'Maintaining safe and appropriate nurse staffing levels should be the first priority for Government'. The Welsh Board endorses placing this at the heart of the campaign.
August 2010	<b>RCN Wales responds to the Older People's Commissioner Inquiry into Dignity</b> with written and oral evidence showing the link between appropriate numbers and skill-mix of nursing staff and optimal patient care and explaining the need for safe staffing legislation.
September 2010	<b>RCN Wales launches "Nursing Matters" Manifesto and Campaign for Assembly 2011 Election.</b> The manifesto, designed and signed off by the Welsh Board, has as its central call that 'Maintaining safe and appropriate nurse staffing levels should be the first priority for Government'. It is accompanied by a campaign that includes hustings events with candidates and letters to candidates from RCN Members. The launch event at the Senedd is attended by over 100 RCN members from across Wales. The Nursing Matters campaign with its emphasis on safe staffing secures a high level of influence on party manifestos and cross party political support.
October 2010	<b>National Assembly Cross-Party Group on Nursing and Midwifery:</b> This meeting, chaired by Val Lloyd AM, discusses the recommendations of the Francis report, workforce planning in Wales and the potential for safe staffing legislation to protect patient care.
	<b>Commentary:</b> <i>RCN Wales provides the secretariat to the National Assembly Cross Party Group on Nursing and Midwifery and Tina Donnelly RCN Wales Director is the elected Secretary. The Group provides an effective forum to discuss matters of nursing policy with a cross-section of AMs, invited nursing experts, Welsh Board members and other RCN members. This particular meeting was very significant. The tragic events investigated in the Francis Report were of great concern to Assembly Members. Their central questions were: Could such a terrible sequence of events happen in Wales and how could AMs seek to prevent it? By providing a forum in which to discuss the Francis Report and also providing a clear series of policy ideas - legislation to ensure safe staffing, to make safe staffing a corporate responsibility with shared accountability for this, to provide a statutory mechanism for AM scrutiny - RCN Wales establishes its credibility and integrity. Autumn 2010 was the key time for AMs to think about their legislative agenda for the next Assembly term and these ideas are well received.</i>
Jan 2011	<b>Tina Donnelly, Lisa Turnbull meet with Nick Ramsey AM, Welsh Conservative Spokesperson on Health and Social Care</b> to discuss the call for legislation.
March 2011	<b>RCN gives evidence to NAW Health and Social Care Committee Review of workforce planning.</b>

Date	Activity
May 2011	<b>Congress Resolution urges Council to campaign for enforceable staffing levels.</b>
May 2011	<b>Assembly Elections – Fourth Assembly begins.</b>
June 2011	<b>Tina Donnelly, Lisa Turnbull meet with Elin Jones AM, Plaid Cymru Health and Social Care Spokesperson,</b> to discuss safe staffing legislation. <b>Tina Donnelly, Lisa Turnbull meet with Darren Millar AM, Conservative Health and Social Care Spokesperson,</b> to discuss safe staffing legislation.
July 2011	<b>Perfect Ward Experiment:</b> In ABMU Nurse Director Denise Llewellyn oversees an experiment in which a ward is run at perfect nurse staffing levels to view the outcomes on staff morale, expenditure and patient outcomes. The results of this project are later critical in the evidence base for the legislation and financial resolution.
September 2011	<b>RCN Wales launch “Time to Care” campaign at the Senedd.</b> Over 100 RCN members from across the country attend. The campaign includes a clear demand for statutory duty for safe care.
	<b>Commentary:</b> <i>There are two changes to RCN Wales’ political influencing strategy at this point. The first is that RCN Wales begins suggesting to AMs of all political parties as part of this campaign that they submit a safe staffing proposal into the member’s ballot for private member’s bill. This ballot is held “from time to time” during the Assembly session (2011 – 2016) at the Presiding Officer’s discretion. The second change is to widen the political influencing from the health spokespeople to party leaders and influential AMs.</i>
November 2011	<b>Tina Donnelly, Lisa Turnbull meet with Elin Jones AM, Plaid Cymru Health and Social Care Spokesperson,</b> to discuss safe staffing legislation.
November 2011	<b>Tina Donnelly, Lisa Turnbull meet with Edwina Hart AM, Minister for Health and Social Security,</b> to discuss safe staffing legislation.
January 2012	<b>Tina Donnelly, Lisa Turnbull, Nicola Davies-Job meet with Nick Ramsey AM,</b> (Conservative) to discuss safe staffing legislation.
February 2012	<b>Tina Donnelly, Lisa Turnbull meet with Andrew RT Davies AM, Leader of the Welsh Conservatives,</b> to discuss safe staffing legislation.
March 2012	<b>Tina Donnelly, Lisa Turnbull meet with Darren Millar AM, Conservative Health and Social Care Spokesperson,</b> to discuss safe staffing legislation. <b>Tina Donnelly, Director meets with Lynne Neagle AM</b> (Labour) to discuss safe staffing legislation.
May 2012	<b>Congress resolution</b> urges Council to monitor impact of cuts on patient care.
May 2012	<b>Tina Donnelly, Lisa Turnbull meet with Elin Jones AM, Plaid Cymru Health and Social Care Spokesperson,</b> to discuss safe staffing legislation. <b>Tina Donnelly, Lisa Turnbull meet with Lesley Griffiths AM, Welsh Government Minister for Health and Social Services,</b> to discuss safe staffing legislation. This was the first discussion of safe staffing legislation at ministerial level.
September 2012	<b>Tina Donnelly, Lisa Turnbull meet with Leanne Wood AM, Leader of Plaid Cymru,</b> to discuss safe staffing legislation.
September 2012	<b>RCN Wales launches Time to Care (2012) campaign at the Senedd.</b> Over 100 RCN members from across Wales attend. The campaign includes increased demands for legislation.
October 2012	<b>Tina Donnelly, Lisa Turnbull meet with Andrew RT Davies AM, Leader of the Welsh Conservatives,</b> to discuss safe staffing legislation. <b>Tina Donnelly, Lisa Turnbull meet with Darren Millar AM, Conservative Health and Social Care Spokesperson,</b> to discuss safe staffing legislation.

Date	Activity
January 2013	<b>Tina Donnelly, Lisa Turnbull meet with Baroness Jenny Randerson, Parliamentary Under-Secretary of State for Wales</b> , to discuss safe staffing legislation.
February 2013	<b>Staffing Note:</b> <i>Lisa Turnbull begins a four-day-a-week secondment to WHISC on February 1, 2013. She continues to work as the RCN Wales Policy Adviser for 1 day a week focusing on safe staffing. Lynne Hughes backfills this post for four days a week.</i>
March 2013	<b>A Western Mail/Wales Online Column from RCN Wales</b> focuses on safe staffing.
April 2013	<b>Kirsty Williams AM (Leader of the Liberal Democrats in the Assembly and Health Party Spokesperson) submits a safe staffing proposal for a private member's bill to the ballot but is unsuccessful.</b>
April 2013	<b>Tina Donnelly writes to AMs regarding Safe Staffing and Francis Debate.</b>
May 2013	<b>Congress discussion on the implications of the Francis Report.</b>
July 2013	<b>Kirsty Williams AM submits a safe staffing proposal for a private member's bill to the ballot but is unsuccessful.</b>
July 29, 2013	<b>Nursing Times story references findings of Safe Staffing Alliance.</b>
August 2013	<b>Tina Donnelly, Lynne Hughes meet with Mark Drakeford AM, Welsh Government Minister for Health and Social Services</b> , to discuss safe staffing legislation.
October 2013	<b>Staffing Note:</b> <i>Tina Donnelly, RCN Wales Director, is deployed to Afghanistan on military operations between October 1, 2013 and February 1, 2014. Peter Meredith -Smith is Acting Director during this period.</i>
November 2013	<b>Peter Meredith Smith and Lynne Hughes meet with Darren Miller AM, Conservative Spokesman</b> , to discuss safe staffing legislation. <b>Peter Meredith Smith and Lynne Hughes meet with Kirsty Williams AM</b> to discuss safe staffing legislation.
December 2013	<b>Kirsty Williams AM, Leader of the Welsh Liberal Democrats, wins ballot to introduce a private member's bill on December 11, 2013.</b>
January 2014	<b>Commentary:</b> <i>With Kirsty Williams' successful ballot Welsh Board ensures RCN Wales begins full-scale influencing and communications work to secure the successful passage of the bill. From the beginning the intention is to secure cross-party backing. This is both pragmatic (cross-party support would be required for success) and appropriate for a non-partisan organisation. Welsh Board sees this as an ideal opportunity to push forward the Congress mandate as a showcase for the UK. The RCN Wales campaign involves the whole directorate in campaigning; media, social media, stakeholder engagement, political influencing and activist mobilisation. 2014 Assembly Political Party Seats: Labour - 30 Conservative - 14 Plaid Cymru - 11 Liberal Democrat - 5</i>
January 2014	<b>RCN Wales Campaign Activity.</b> The RCN Welsh Board meets on January 16 to review the situation and approve campaigning activity. Following this meeting the Welsh Board Chair sends a letter to all AMs asking for support for the bill. Policy briefings based on TTC and Employment Survey are published linking this evidence to the need for the bill. The postcard campaign begins. <i>These postcards are designed for RCN members or the public to easily fill in and post to their AM. The message on the back says "I support the Bill because.....".</i> They are thus more personal than other corporate campaigns. The first wave of postcards are simply produced in-house in white with black text. Activists are asked to "Email Your AM" and the campaign is encouraged as a topic for branch meetings. Peter Meredith Smith and Lynne Neagle meet with Kirsty Williams AM to discuss the campaign and what support the RCN can provide.

Date	Activity
February 1, 2014	<b>Staffing Note:</b> <i>On this date Tina Donnelly, Director RCN Wales, returns from operations and resumes her full-time post.</i>
February 6, 2014	<b>Royal College of Physicians publishes a letter to Welsh Government supporting the bill.</b>
February 10, 2014	<b>Tina Donnelly, Peter Meredith Smith and Lynne Hughes meet with Minister for Health and Social Services Mark Drakeford AM to discuss the bill.</b>
February 11, 2014	<b>“The RCN demands safe staffing levels for patient safety” – RCN Wales press release</b>
February 18, 2014	<b>18th February “Q&amp;A Drop-in” Session with Kirsty Williams AM on the bill is held at Assembly.</b> To accompany this event RCN Wales publishes an updated <i>Time To Care</i> briefing with more evidence around safe staffing legislation included. RCN Wales and Kirsty Williams AM also issue a joint press release calling for safe nurse staffing levels in Wales.
February 20, 2014	<b>Tina Donnelly and Lynne Hughes meet with Elin Jones AM, Plaid Cymru Health Spokesperson,</b> to discuss the bill. <b>Tina Donnelly and Lynne Hughes meet with Darren Millar AM, Conservative health Spokesperson,</b> to discuss the bill.
February 2014	<b>RCN Wales Campaigning Activity:</b> RCN Branches are encouraged to write to their AM with template letter asking them to support the bill. Bulk e-mail to members encouraging them to e-mail their AM asking them to support the bill. Director writes to Nurse Directors asking for support for the bill. Director writes to health organisations asking for support for the bill. Updated Media Plan. _
March 1, 2014	<b>Staffing Note:</b> <i>Phil Hubbard is employed from March 2014 to December 2015 as Project Manager on the campaign for safe staffing.</i>
March 4, 2014	<b>NAW Cross-Party Group on Nursing and Midwifery.</b> This meeting of the Group, chaired by Rebecca Evans AM, is themed on “Workforce Planning/Life on Frontline”. Peter Meredith Smith, Associate Director Employment Relations, speaks on “Workforce planning”. Neil Evans RCN, member and Emergency Department Staff Nurse, discusses the pressures that nurses face on the frontline. Vignettes from the RCN UK Frontline First campaign (anecdotes from frontline nurses) are used alongside the key arguments for the bill and for effective workforce planning. RCN Wales issues a press release to accompany this event.
March 4, 2014	<b>Royal College of General Practitioners writes to RCN in support of bill.</b>
March 4, 2014	<b>Tina Donnelly, Lynne Hughes met with meets with Lynne Neagle AM (Labour) to discuss the bill.</b> <i>As an influential backbencher, this is helpful in gauging the mood of the governing party ahead of the March 5 vote. Moreover, Lynne is personally very supportive of the bill.</i>
March 5, 2014	<b>National Assembly Plenary debate on whether to allow introduction of bill.</b> 39 members votes in favour; 12 abstain (Welsh Government); no-one votes against. Assembly agrees to introduce the bill.  <b>Commentary:</b> <i>The decision by the Minister Mark Drakeford to recommend that the bill be allowed to move forward for consideration was of course critical. It was mathematically possible that with the support of all the opposition the bill could have moved forward in any case but realistically, government support was needed. However, Mark Drakeford was very clear that he was by no means supportive at this stage. Instead he genuinely wished to examine the evidence and consider the possibilities. Mark Drakeford identified several “tests” in his speech which the RCN used to directly compile evidence against. A project plan is drawn up to respond to these. The RCN Wales Library begins gathering research evidence at this stage.</i>
March 13, 2014	<b>The CNO asks the Welsh Nursing and Midwifery Committee for advice on the proposed legislation</b>

Date	Activity
March 14, 2014	<b>The CNO writes to RCN Wales setting out her view (at that time) that the ongoing programme of safe staffing work (acuity tools etc) is sufficient without legislation.</b>
March 18, 2014	<b>Tina Donnelly and Lynne Hughes meet with Keith Davies AM</b> (Labour) to discuss the bill.
March 22, 2014	<b>RCN Wales Media Interview:</b> ‘Salami-slicing’ of Welsh NHS services must stop - Wales Online March 22; Peter Meredith-Smith is interviewed.
March 25, 2014	<b>Drafting Instructions:</b> RCN Wales provides comments to Kirsty Williams’ office on the ‘drafting instructions’. <i>Drafting instructions have to be issued by the member to the legal team to draw up the bill for consultation.</i>
March 27, 2014	<b>RCN Welsh Board:</b> The RCN Welsh Board meets to review the situation and approve campaign activity.
April 2014	<b>RCN Wales Campaigning Activity.</b> Phil Hubbard meets with Kirsty Williams’ team to discuss support for the bill.
May 2014	<b>RCN Wales Campaigning Activity.</b> RCN Wales Library conducts WNMC minute search, scoping search, Welsh Government publication search and Ombudsman report search. In addition, several literature searches. Phil Hubbard holds meetings with Nursing Directors – Sarah Jones (ABMUHB); Denise Llewellyn (ABUHB) and Jane Elias (Velindre) – to discuss support for the bill.
May 15, 2015	<b>“RCN responds to vote on minimum staffing levels” – RCN Wales press release.</b>
June 2014	<b>Pre-legislative public consultation by Kirsty Williams AM.</b> RCN responds to consultation setting out all arguments and evidence collected in support of bill.
June 2014	<b>RCN Wales Campaigning Activity.</b> RCN Executive Team discuss the bill and discussion concludes with the need to rename the bill from “minimum” to “safe”. RCN Wales uses Seven Question Estimate process to provide qualitative analysis of the situation and response needed. Phil Hubbard meets with Sian Donne (from Kirsty William’s office) to discuss the bill. Phil Hubbard meets with Stephen Griffiths from WEDS (NHS workforce planning) to discuss the bill.
July 1, 2014	<b>Staffing Note:</b> <i>Peter Meredith Smith, Associate Director Employment Relations, is seconded as Director of the Board of Community Health Councils from July 1, 2014 to July 1, 2015. During this period David Wallace, is Acting Associate Director, Employment Relations. Jonathan Morgan and Helen Mary Jones are employed as consultants to provide analysis and advice with influencing work from July 1, 2014 to September 1, 2015.</i>
July 3, 2014	<b>RCN Welsh Board:</b> The RCN Welsh Board meets to review the situation and approve campaigning activity.
July 17, 2014	<b>Tina Donnelly, Phil Hubbard and Lynne Hughes meet with Bethan Jenkins AM (Plaid Cymru) to discuss bill.</b>
July 18, 2014	<b>Tina Donnelly and Phil Hubbard meet with Kirsty Williams AM to discuss bill.</b>
July 2014	<b>RCN Wales Campaigning Activity.</b> RCN Wales Library conducts new wave of evidence search including to all nursing policy paper from Welsh Government.RCN Wales holds focus groups with members to determine their priorities for the bill.
August 28, 2014	<b>Tina Donnelly meet with Mark Drakeford AM, Minister for Health and Social Services, to discuss bill.</b>
September 1, 2014	<b>Staffing Note:</b> <i>Lisa Turnbull returns from secondment to full-time post of Policy and Public Affairs Adviser on 1st September 2014. Lynne Hughes leaves RCN Wales.</i>
September 9, 2014	<b>Second public pre-legislative consultation by Kirsty Williams.</b> RCN Wales responds to the second consultation with in-depth arguments and evidence. Bill title changed from “Minimum” to “Safe” as requested by RCN. _

Date	Activity
September 16, 2014	<b>Lisa Turnbull meets with James Radcliffe (Plaid Cymru Health Policy Officer) to discuss the bill.</b>
September 30, 2014	<b>RCN Wales holds Professor Linda Aiken seminar at Assembly to discuss her research on the impact of nurse staffing levels on patient outcomes.</b> “The Royal College of Nursing in Wales holds Safe Nurse Staffing Seminar.” RCN Wales press release
September 2014	<b>Commentary:</b> <i>The Aiken seminar was a critical milestone on the legislative journey. Assembly Members were impressed with the independent, rigorous and academic evidence that was put before them.</i>
September 2014	<b>RCN Campaigning Activity.</b> During this month the first set of A5 Safe Staffing leaflets are ordered. <i>These were aimed at raising awareness with RCN members and the general public and were distributed by staff in in great numbers and with great effect.</i>
October 1, 2014	<b>Tina Donnelly and Lisa Turnbull meet with Darren Millar AM (Conservative) to discuss the bill.</b>
October 1, 2014	<b>The Winifred Raphael Memorial Lecture.</b> This lecture was held at University of South Wales, Pontypridd on “Quality Nursing Care – What Makes a Difference” and was given by Professor Linda Aiken on her research showing the significance of safe nursing levels to patient outcomes. The Minister Mark Drakeford attended as did the CNO and many senior nursing figures.
October 1, 2014	<b>Staffing Note:</b> <i>Liam Anstey takes up post as Policy and Public Affairs Assistant in October 2014.</i>
October 8, 2014	<b>Nursing Standard publishes an article on Kirsty Williams’ proposed law and the RCN Aiken seminar.</b>
October 13, 2014	<b>Lisa Turnbull meets with Philippa Ford, Policy Officer of Chartered Society of Physiotherapists.</b> <i>The CSP had made their opposition to the bill clear in their response to Kirsty’s consultation. This meeting explored if they would change or soften their position and the rationale for opposition. The CSP were opposed because the bill did not mention physiotherapists – a position the CSP maintained throughout that did not however gain support.</i>
October 14, 2014	<b>Lisa Turnbull, Liam Anstey meets with Aneka Hughes, Conservative Policy officer to discuss the bill.</b>
October 16, 2014	<b>Lisa Turnbull and Liam Anstey meets with Jenny Rathbone AM (Labour) to discuss the bill.</b>
October 17, 2014	<b>Lisa Turnbull meets with Madeline Brindley (Welsh Government Special Adviser) to discuss the bill.</b>
October 20, 2014	<b>RCN Wales publishes Western Mail column supporting the bill.</b>
October 21, 2014	<b>Letter to all AMs sent from RCN Board Chair Gaynor Jones asking for support for bill.</b> The letter summarises the arguments and also attached is a “Factsheet on Nursing Numbers” produced by RCN Wales based on an FOI request to Health Boards. <i>This shows that nursing numbers are falling below the CNO recommended levels. This rebuts the argument that legislation is not needed because recommended levels have been met.</i>
October 21, 2014	<b>RCN Wales petition for safe staffing legislation goes live on the Assembly website.</b> Richard Jones, RCN member, is the petitioner. RCN Wales promotes this on social media to public and send bulk e-mail to all members. RCN Staff and Activists work hard to promote this with families and friends.
October 23, 2014	<b>Tina Donnelly, Lisa Turnbull meet with Mark Drakeford AM, Minister for Health and Social Services, to discuss the bill.</b>
October 24, 2014	<b>Tina Donnelly meets All Wales Nurse Directors Business Group to discuss Safe Staffing Bill.</b>
October 27, 2014	<b>Cardiff University is awarded a grant by the Welsh Government to undertake research into nurse staffing levels and consider legislation as a mechanism for achieving this.</b>

Date	Activity
October 29, 2015	<b>RCN Wales press release: Royal College of Nursing in Wales asks public to sign e-petition supporting Safe Nurse Staffing Levels (Wales) Bill.</b>
October 2014	<b>RCN Wales Campaigning Activity.</b> Phil Hubbard corresponds with Australian Nursing Union on their campaign. Media Work ongoing. Board members write letters to local regional papers about the bill. South Wales Argus – Jane Carroll. Merthyr paper – Gaynor Jones. Daily Post – Billy Nichols. South Wales Evening Post – Jackie Davies. On Twitter posts begin following the format below targeting Committee AMs: <i>**Nurses in Aberavon** Please contact @DavidReesAM, Chair of @seneddhealth, asking for his support of the Safe Nurse Staffing Levels Bill.</i> Alun Davies AM responds to his message by offering a meeting. Library compiles a list of similar international legislation. Safe staffing leaflets for public/members re-ordered.
November 4, 2014	<b>Lisa Turnbull, Liam Anstey meet with Janet Finch Saunders AM (Conservative) to discuss the bill. Lisa Turnbull, Liam Anstey meet with Alun Davies AM (Labour) to discuss the bill.</b>
November 6, 2014	<b>Tina Donnelly, Lisa Turnbull meet with Andrew RT Davies, Leader of the Welsh Conservatives, to discuss the bill. Lisa Turnbull meets with Julie Morgan AM (Labour) to discuss the bill.</b>
November 6, 2014	<b>RCN Welsh Board.</b> The RCN Welsh Board meets to review the situation and approve campaigning activity.
November 10, 2014	<b>Dinner at National Assembly with Professor Anne Marie Rafferty.</b> The RCN held a dinner with Kirsty Williams AM and key journalists to discuss her research into nursing numbers and patient outcomes.
November 11, 2014	<b>Breakfast briefing at National Assembly with Professor Anne Marie Rafferty.</b> The RCN holds an educational seminar at the Assembly with Professor Anne Marie Rafferty to discuss her research into nursing numbers and patient outcomes. The event is originally due to be chaired by John Griffiths AM but due to unforeseen circumstances he cannot attend and David Rees AM agrees to chair. As with the Linda Aiken seminar held earlier in the year this event is a critical milestone in converting the Assembly Members to support the bill. AMs feel confident in the independent robustness of the evidence presented.
November 26, 2014	<b>Lisa Turnbull meets with Llyr Huws Griffiths AM (Plaid Cymru) to discuss the bill.</b>
November 28, 2014	<b>Tina Donnelly, Lisa Turnbull meets with Jill Evans MEP (Plaid Cymru) to discuss the bill.</b>
November 2014	<b>RCN Wales Campaigning Activity.</b> In order to promote awareness and build support amongst the general public and RCN members a range of promotional campaign materials are produced. Alongside the already existing A5 leaflet there are now stickers, posters and balloons. These are used and distributed by Employment Officers and activists. In addition, a professionally produced red/blue postcard is now used to continue the postcard campaign. The Welsh Board Chair writes to all voluntary organisations asking for support.
December 1, 2014	<b>Presiding Officer's statement giving leave to introduce the bill.</b> Following the two consultations and the initial March Assembly vote the Presiding Officer now gives formal leave to introduce the bill. Therefore, on the December 1 the NAW Business Committee makes a statement on timetable of the bill's formal introduction. The NAW Petitions Committee also agrees on this date to extend the opening time of the safe staffing petition to March 2015.
December 2, 2014	<b>Older People's Commissioner sends letter of support for the bill to the RCN.</b> This is also published on her website.
December 3, 2014	<b>Kirsty Williams formally introduces the bill into the Assembly.</b> Several AMs pay tribute to RCN Wales. Bill enters Stage 1: Committee considerations of general principles.
December 3, 2015	<b>Pro-active PR: Kirsty Williams AM introduces Safe Nurse Staffing Levels (Wales) Bill to Assembly Members.</b>

Date	Activity
December 10, 2014	<b>Public Consultation of Committee opens.</b>
December 19, 2014	<b>RCN Wales Welcomes Assembly Member's Call for Minimum Nurse Staffing Levels.</b>
December 22, 2014	<b>Safe Staffing Bill Assembly petition passes 1000 signatures.</b>
December 2014	<p><b>RCN Wales Campaigning Activity.</b> 1000 new postcards are ordered and a new push begins to continue encouraging members to send AMs postcards. Stickers, leaflets and posters are re-ordered as they have proved so popular with activists.</p>
	<p><b>Commentary</b> <i>With the formal introduction of the bill into the Assembly a new phase of the campaign began. Rather than focusing on the high level principle, detailed evidence was needed on the practicalities of implementation, enforcement and unintended consequences. Stage 1 scrutiny would be undertaken in detail by the NAW Health and Social Care Committee. This cross-party committee, chaired by David Rees AM, would make recommendations to the whole Assembly on whether the bill should proceed. If the Committee chose to object, the bill would fall. During this period key arguments included the difference between policy and legislation and the scope of the bill itself.</i></p>
January 8, 2015	<b>RCN Wales submits written evidence to the Stage 1 Committee Inquiry.</b>
January 12, 2015	<b>Conservative Assembly Group hosts health policy discussion.</b> This discussion is attended by Tina Donnelly and Lisa Turnbull and the support for the bill is raised.
January 15, 2015	<b>Staffing Note.</b> <i>Valerie Livingston (NewsDirect Wales) is engaged to provide additional committee analysis and advice from January 2015 to March 2015.</i>
January 15, 2015	<b>Kirsty Williams AM gives oral evidence to Stage 1 Committee Inquiry.</b> Oral evidence sessions provide an opportunity for witnesses to make their case for or against legislation. AMs then have the opportunity for questions and cross examination.
January 15, 2015	<b>Bulk e-mail to all RCN Wales members asking them to contact their AM requesting support for the bill.</b>
January 16, 2015	<b>Lisa Turnbull meets with Lucy Merredy (Head of Policy for BMA Wales) to discuss support for the bill.</b>
January 21, 2015	<b>NAW Finance Committee consider bill.</b>
January 27, 2015	<b>Nursing Times: Staffing and workload of most concern to Welsh Nurses.</b> This article quoted the RCN in support of the bill.
January 29, 2015	<b>RCN Wales gives Oral Evidence Session at Committee Stage 1 Inquiry.</b> Tina Donnelly and Lisa Turnbull give evidence strongly supportive of the bill on behalf of RCN Wales. Representing NHS Wales Health Boards and Trust Nurse Directors Rory Farrelly and Ruth Walker give evidence on the bill which is cautiously positive. The British Medical Association and Royal College of Physicians also give evidence and are extremely supportive. The Chartered Society of Physiotherapists give evidence against the bill.
January 29, 2015	<b>Wales Online: Nurses struggling under heavy workloads and decreasing staff numbers.</b> The Royal College of Nursing is quoted in this article in support of the bill.
January 2015	<b>RCN Wales Campaign Activity.</b> Safe Staffing Adwalkers are commissioned to raise public awareness in Cardiff and photographs used on social media. RCN Wales Library compares safe staffing guidance across the four countries of the UK and update literature search. Activists are sent letters along with postcards, leaflets, balloons and stickers and asked to promote. The Older People's Commissioner writes to the Public Accounts Committee, stating her support of the Safe Nurse Staffing Levels (Wales) Bill.
February 2, 2015	<b>NAW Constitutional and Legal Affairs Committee consider the bill.</b>

Date	Activity
February 5, 2015	<b>Roger Williams MP (Liberal Democrat) tables an Early Day Motion supporting Kirsty's Williams bill in the House of Commons.</b>
February 5, 2015	<b>Tina Donnelly and Lisa Turnbull meet with Minister for Health and Social Services Mark Drakeford AM to discuss the bill.</b>
February 5, 2015	<b>RCN Welsh Board:</b> RCN Welsh Board meets to discuss the campaign and approve the way forward.
February 11, 2015	<b>Joint press release issued by Liberal Democrats and RCN Wales:</b> The Royal College of Nursing Demands Safe Staffing Levels for Patients.
February 12, 2015	<b>Oral Evidence Session of Committee Stage 1 Inquiry.</b> Professor Dame June Clark, Professor Peter Griffiths and Professor Anne Marie Rafferty (as independent academics) all give evidence strongly supportive of the bill. Peter Meredith Smith from the Board of Community Health Councils gives evidence neutral to supportive. Health Inspectorate Wales provides neutral evidence. Unison (despite a strongly supportive stance from their UK organisation) provides neutral to unsupportive evidence. Health Board Executives provide negative evidence (preferring workforce "flexibility").
February 25, 2015	<b>Oral Evidence Session of Committee Stage 1 Inquiry:</b> NICE provide neutral to supportive evidence.
February 2015	<b>RCN Wales Campaigning Activity:</b> RCN Wales issues Frontline First briefing outlining staffing pressures. A large board in RCN Wales reception now displays the number of signatures for the public petition and is updated daily. Staff and activists work hard to boost signatories.
March 5, 2015	<b>Minister gives Oral Evidence at Committee Stage 1 inquiry:</b> Minister for Health and Social Services Mark Drakeford AM and Chief Nursing Officer give evidence. CNO is neutral on the bill. Mark Drakeford provides generally neutral evidence but surprises the audience by finishing with an offer of Welsh Government support for the Bill if the word "safe" is removed from the Bill completely. He also offers to issue statutory guidance on safe staffing if the Committee were to reject the Bill. The Business Committee report formally extends the deadline for the Health Committee to finish its deliberations from the April 10 to the May 8 (at request from Health Committee). The Stage 2 deadline is extended from June 5 to July 17.
	<b>Commentary:</b> <i>The Minister's evidence presented a turning point in the passage of the bill. The RCN now faced three separate potential difficulties in the passage of the bill. The first was whether the RCN could support a bill that removed the word 'safe'. Could another word (e.g. 'sensitive', 'appropriate') be substituted with the same effect? Would this change the impact or meaning of the bill itself? The Liberal Democrats, Plaid Cymru and the Conservative Party were equally concerned by the Welsh Government's sudden offer of support in exchange for the removal of the word 'safe'. Since the Government could potentially force this amendment through each party now needed to consider whether it would then reject the amended bill. The second dilemma was that many Labour AMs felt that the Government offer to issue statutory guidance was sufficient and that legislation was no longer required. The RCN needed to convince these AMs that a permanent legislative framework was necessary. The third dilemma was the slipping timescale. The Assembly Elections were in May 2016. This created a tight legislative timetable before the March 2016 end of Assembly session. As the election approached there was less incentive for political parties to agree and more incentive for them to demonstrate their differences. Furthermore, if the bill failed because of "lack of time" the Government could attempt to take credit for being supportive in theory.</i>
March 10, 2015	<b>Lisa Turnbull and Liam Anstey meet John Williams (from Kirsty Williams' office) to discuss the bill's progress and possible amendments.</b>

Date	Activity
March 17 2015	<b>NAW Cross Party Group on Nursing and Midwifery:</b> This meeting directly discusses the bill. The Group was chaired by Julie Morgan AM (Labour). Speakers were: Tina Donnelly, Christine Edwards Jones (RCN member), Fran Harries (RCN member) and Lisa Turnbull. AMs attending were: Kirsty Williams AM, Darren Millar AM, Elin Jones AM, David Rees AM and Andrew R T Davies AM. Elin Jones AM (Plaid Cymru) later credited Christine Edwards Jones as firmly convincing her to continue supporting the amended bill. Christine had focused in her presentation on her frontline role as a ward sister struggling to protect staffing levels and her need for greater leverage and control.
March 17 2015	<b>Public petition:</b> Richard Jones (RCN member and Petitioner) writes a letter to the Petitions Committee outlining the importance of the public support for the bill. Signatures have now passed 1500 in number. The petition is referred to the Health Committee for consideration as part of their Inquiry.
March 17, 2015	<b>Tina Donnelly, Lisa Turnbull meet with John Griffiths AM (Labour) to discuss the bill.</b>
March 18, 2015	<b>Gaynor Jones, Chair of the Welsh Board, writes to all AMs asking them to support the bill.</b>
March 19, 2015	<b>Final Oral Evidence Session at Committee Stage 1 Inquiry:</b> Kirsty Williams AM gives evidence in the final session on the proposed bill strongly urging the committee's support. The Welsh Government has briefed Labour AMs the night before that since Welsh Government is prepared to issue statutory guidance on safe staffing there is no longer any need for the bill.
March 25, 2015	<b>Health and Social Care Committee meets to consider the bill in private.</b>
March 26, 2015	<b>RCN activists engage in Freedom of Information Act inquiries on staffing levels:</b> RCN Activists are sent a template FOI request for their Health Boards on staffing levels and urged to submit it.
March 27 2015	<b>Tina Donnelly, Lisa Turnbull meet with Jill Evans MEP (Plaid Cymru) to discuss the bill.</b>
March 2015	<b>RCN Wales Campaigning Activity:</b> Bulk e-mail to members calling for them to e-mail their AM asking for support for the bill Western Mail column strongly supporting the bill is published by the Director.
April 8, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Andrew RT Davies AM (Leader of the Welsh Conservatives) to discuss the bill.</b>
April 15, 2015	<b>Tina Donnelly, Liam Anstey meet with Alun Davies AM (Labour) to discuss the bill.</b>
April 20, 2015	<b>Lisa Turnbull meets with Ruth Crowder (Policy Officer of College of Occupational Therapists) to discuss support for the bill.</b>
April 21, 2015	<b>Lisa Turnbull meets with Janet Finch Saunders AM (Conservative) to discuss the bill.</b>
April 23, 2015	<b>NAW Health and Social Care Committee meet to consider the bill in private session.</b>
April 2015	<b>RCN Wales Campaigning Activity:</b> Internal RCN Paper to Executive Team advising on progress of the bill.Nursing Times publishes a story about poor staffing in England which RCN Wales uses in its campaign.
May 5, 2015	<b>Business Statement schedules Stage 1 Plenary debate:</b> The Business Statement is published which schedules the Stage 1 Plenary debate on the general principles of the bill for Wednesday, June 3, 2015.
May 8, 2015	<b>NAW Health and Social Care Committee Publishes Report:</b> The Health and Social Care Committee publishes its Stage 1 Committee report. It is cautiously positive about the proposed legislation but not committed. It asks for a number of amendments. The committee also consider all the postcards, e-mails and letters received from the RCN campaign – a total of 315 individual supportive letters. (These were letters addressed to the Committee Inquiry so this does not include the postcards sent to individual AMs). The Chair also writes to Richard Jones noting that the support shown by the public petition had also been considered. The Constitutional Affairs Committee also reports asking for a number of amendments.

Date	Activity
	<p><b>Commentary:</b><i>The positive committee report was a significant victory in the campaign for safe staffing legislation and hailed as such by the RCN. The highly credible evidence of the RCN and independent experts was critical in the early stages, but there is no doubt, that in the latter stages of the discussion, the weight of public and RCN member support shown by the petition and individual letters had made a significant difference. This volume of public interest in legislation was without precedence. There was now a serious chance of the bill progressing to law. The RCN was now focused on the content and detail of the proposed amendments. Private negotiation now began between Mark Drakeford AM and Kirsty Williams AM on a version of the bill the Government could support and the Financial Resolution. A Financial Resolution must be agreed by the National Assembly for legislation to proceed past Stage 1. It applies where there is a possibility that the law will incur significant expenditure. Crucially it can only be laid by the Government. Mark Drakeford requested more analysis of the potential financial impact. Kirsty Williams requested from the Welsh Government information on NHS finance (e.g. agency/back costs) in order to achieve this. Delays in releasing this information created frustration for Kirsty Williams' team.</i></p>
May 11, 2015	<p><b>NAW Health and Social Care Committee press releases on Stage 1 report.</b></p>
May 13, 2015	<p><b>RCN Wales:</b> RCN Wales issue a press release welcoming the committee report. A bulk e-mail is sent to members updating them on progress and urging them to contact their AM to request support for the bill. An article is published in the RCN bulletin. Branches are urged to write letters to their local papers in support. A video vignette of Christine Edwards Jones (RCN member) explaining why she supports the bill is added to website/social media.</p>
May 14, 2015	<p><b>Lisa Turnbull, Liam Anstey meets with Manel Tippet (Policy Officer of the Royal College of Psychiatrists in Wales) to discuss support for the bill.</b></p>
May 14, 2015	<p><b>RCN Welsh Board:</b>RCN Welsh Board meets to discuss the campaign and agree the way forward.</p>
May 19, 2015	<p><b>Lisa Turnbull meets with Lindsey Whittle AM (Plaid Cymru) to discuss support for the bill.</b></p>
May 20, 2015	<p><b>Tina Donnelly, Lisa Turnbull meets with Elin Jones AM (Plaid Cymru) to discuss support for the bill.</b></p>
May 21, 2015	<p><b>Lisa Turnbull meets with Roseanne Palmer (Policy Officer, Age Cymru) to discuss support for the bill.</b></p>
May 22, 2015	<p><b>Lisa Turnbull meets with John Williams (from Kirsty Williams' office) to discuss potential amendments to the bill.</b></p>
May 22, 2015	<p><b>Kirsty Williams AM in correspondence with the Minister:</b> Kirsty Williams AM writes formally to the Health Minister requesting again the finance information she needs to complete the analysis he has asked for. Kirsty Williams also writes separately on the use of the word "safe" requesting the Minister reconsider his position.</p>
May 23, 2015	<p><b>The Chartered Society of Physiotherapists issues a briefing to all AMs against the Safe Staffing Bill.</b> Dame June Clark provides a detailed rebuttal briefing for RCN and Kirsty Williams' internal use.</p>
May 27, 2015	<p><b>Welsh Government Research Unit publishes its report:</b>On May 27, the Welsh Government Research Unit publishes "RESEARCH INTO NURSE STAFFING LEVELS IN WALES" by Dr Aled Jones, Dr Tom Powell, Dr Sofia Vougioukalou, Dr Mary Lynch and Professor Daniel Kelly. <i>The report is critical of the failure to embed patient care and safety into workforce planning. It criticises the poor level of national data on the nursing workforce and the lack of a strategic link between NHS "performance" and patient safety in the Welsh NHS. Yet despite these criticisms it reassuringly concludes that "mandated ratios" will cause controversy and are unnecessary. The Welsh Government and Chief Nursing Officer brief AMs with this document advising that legislation is unnecessary.</i>Comments are received for internal use from Dame June Clark and Professor Rafferty. Kirsty Williams AM is provided with a copy of Dame June Clark's review for her speech in the Assembly.</p>

Date	Activity
May 28, 2015	<b>Public Letter from Gaynor Jones, Chair of the Welsh Board, to all AMs:</b> A public letter from Gaynor Jones, Chair of the Welsh Board, is sent to all AMs and distributed on social media. The letter restates the RCN arguments in favour of the bill and rebuts arguments deployed from the CSP and the Welsh Government. A FAQ briefing is produced to accompany it.
May 2015	<b>Congress resolutions:</b> A Congress resolution calls for improved national workforce planning and a second resolution deplores the decision to halt the current work by NICE on safe staffing and calls for the RCN Council to lobby for the reversal of this decision that puts patients at risk.
June 1, 2015	<b>Ministerial Correspondence with Kirsty Williams AM:</b> The Minister writes to Kirsty Williams indicating agreement on most issues but not “safe”.The Minister also writes separately rejecting disclosure of some financial information. This letter also suggests that Kirsty Williams meet with authors of the Welsh Government research report as their policy ideas may be an alternative to legislation.
June 2, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Leanne Wood AM (leader of Plaid Cymru) to discuss support for the bill</b>
June 2, 2015	<b>Press releases ahead of Assembly Debate:</b> The Liberal Democrats issue a press release ahead of June 3 debate calling for unity on the vote.RCN Wales also issues a press release calling for AMs to support the bill.
June 2, 2015	<b>Assembly Business Committee:</b> At 2.30pm a motion to hold a debate on the Tawel Fan report on June 3 is approved by the Assembly Business Committee. <i>This important debate on poor care in the NHS and how to prevent this could provide a positive or negative context to the bill discussion. On a practical level it also pushes back the scheduled bill debate by an hour. If the bill discussion is not held on June 3 due to an overrunning timetable, this will create a real difficulty with the legislative schedule.</i>
June 2, 2015	<b>Christine Chapman AM:</b> At 4pm Christine Chapman AM (Labour) responded to an e-mail request from Richard Jones (RCN member) stating she will support the bill. <i>This potentially indicated Labour Group/Welsh Government support for the bill.</i>
June 3, 2015	<b>Stage 1 Assembly Plenary debate on the general principles of the bill:</b> At 13.30pm the Stage 1 debate was pushed back another 30 minutes by the Presiding Officer to extend the debate on Tawel Fan. However this debate did not overrun further and therefore the Stage 1 debate was held. All parties voted in favour of Stage 1. RCN issues a celebratory press release. The Welsh Liberal Democrats also issue a celebratory press release.
	<b>Commentary:</b> <i>In the Assembly debate the Minister did not commit to supporting the bill in the final stages (and of course the votes of the Labour party required for the bill to pass would follow his decision). The Minister spoke of three issues he would need Kirsty to agree to amend: the need to remove specific and explicit numbers to the accompanying guidance, the need to design a reporting mechanism and the need for more evidence to support the Financial Resolution. A Financial Resolution must be agreed by the Assembly for legislation to proceed past Stage 1. It applies where there is a possibility that the law will incur significant expenditure. Crucially it can only be laid by the Government.Elin Jones’ speech referenced the arguments discussed with Christine at the March cross-party meeting.In the period following this debate the delay (and potential refusal which would have ended the bill) of the Welsh Government to issue the Financial Resolution became the key issue. The key arguments revolved around: What evidence existed to prove or disprove potential additional costs? In the absence of evidence what assumptions were reasonable? What was the difference between the current nurse staffing level in Wales and the proposed safe level? Since only additional nursing costs needed to be calculated did this entail an admission by the Government that the NHS was currently planning on the basis of unsafe levels of nursing care?</i>

Date	Activity
June 4, 2015	<b>Tina Donnelly, Lisa Turnbull meet with David Rees AM, Chair of NAW Health and Social Care Committee (Labour), to discuss support for the bill.</b>
June 4, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Mark Drakeford AM, Minister for Health and Social Services, to discuss support for the bill.</b>
June 17, 2015	<b>Lisa Turnbull meets with Simon Thomas AM (Plaid Cymru) to discuss support for the bill.</b>
June 20, 2015	<b>The Minister for Health and Social Services supplies Kirsty Williams AM with some financial information.</b>
June 24, 2015	<b>Conservative Amendments Tabled:</b> Darren Millar AM (Conservative) tables amendments to the bill including financial penalties for failing Health Boards, extension to care homes and whistleblowing duties on employees.
June 25, 2015	<b>Minister announces he will not currently lay Financial Resolution.</b> The Minister for Health and Social Services writes to the Chair of the Health Committee to announce he will not currently lay the Financial Resolution. He criticises Kirsty Williams AM for not supplying sufficient additional analysis to allow him to do so. However, he commits to publishing the Government amendments as a sign he is not opposed to the bill proceeding. <b>Commentary:</b> <i>It is important to understand that the Assembly session was fast drawing to a close for the Summer recess. Following this there would only be a short session before the elections in May 2016. Legislative time available in plenary was running out. Allowing the bill to drop after publicly expressing support would have allowed the Labour Party to enter the election whilst avoiding criticism from the RCN.</i>
June 25, 2015	<b>Lisa Turnbull meets with John Williams from Kirsty Williams' office to plan a response.</b>
June 26, 2015	<b>Kirsty Williams AM responds to the Minister regarding the Financial Resolution:</b> Kirsty Williams writes to the Chair of the Health and Social Care Committee providing the additional financial analysis requested. In addition, she provides copies of correspondence with the Minister demonstrating Welsh Government delay in responding to further requests for information.
June 26, 2015	<b>Stage 2 Committee discussion delayed.</b> The NAW Health and Social Care Committee publishes a revised notice of business cancelling the previously scheduled July 9, Stage 2 discussion as a result of the Ministerial letter.
June 26, 2015	<b>Lisa Turnbull meets with Madeline Brindley, Welsh Government Special Adviser, asking for clarity on the Government's position.</b>
June 2015	<b>RCN Wales Campaigning Activity:</b> RCN Wales Library compiles a report on the state of nurse staffing in Wales from board minutes of Health Board meetings.
July 1, 2015	<b>Staffing Note:</b> <i>Peter Meredith Smith returns from secondment to his position as Associate Director, Employment Relations on July 1, 2015.</i>
July 1, 2015	<b>Plaid Cymru amendments tabled.</b> Elin Jones AM (Plaid Cymru) tables amendments to the bill which would extend the bill to community nursing, inpatient mental health and acute children's wards.
July 1, 2015	<b>Tina Donnelly, Fiona Johnson (RCN Director of Communications), Lisa Turnbull meet with Kirsty Williams AM to discuss bill.</b>
July 2, 2015	<b>Clerk of the Petitions Committee writes to Richard Jones advising him the committee will now consider closing his petition and asking for his views.</b>
July 7, 2015	<b>Richard Jones (member) writes to the Petitions Committee Chair urging them to keep the petition open and expressing his dismay at the delay to Stage 2.</b>

Date	Activity
July 7, 2015	<b>Lisa Turnbull, Liam Anstey meet with Suzy Davies AM (Conservative) to discuss support for the bill.</b>
July 7, 2015	<b>Lisa Turnbull, Liam Anstey meet with Altaf Hussain AM (Conservative) to discuss support for the bill.</b>
July 13, 2015	<b>Stage 2 discussion scheduled:</b> NAW Health and Social Services Committee provisionally schedules the Stage 2 discussion for November 5, subject to the Financial Resolution being laid.
July 14, 2015	<b>Ministerial correspondence with Kirsty Williams AM:</b> The Minister writes to Kirsty Williams stating his final intention to remove “safe” from the bill and further suggests amendments.
July 16, 2015	<b>Delay in Stage 2 discussion:</b> The Assembly Business Committee extends the deadline for the completion of Stage 2 from July 17, 2015 to December 11, 2015 as a result of the delayed Financial Resolution.
July 17, 2015	<b>Ministerial correspondence with Health and Social Care Committee Chair:</b> The Minister writes to the Chair of the Health and Social Care Committee reassuring him that he still plans to lay amendments and therefore the possibility of a Financial Resolution is still open.
July 23, 2015	<b>Lisa Turnbull, Liam Anstey meet with Morgan Griffith-David and John Williams (Liberal Democrat Policy Officers) to discuss the Liberal Democrat Manifesto for the 2016 elections and the bill.</b>
July 24, 2015	<b>Ministerial Correspondence with Kirsty Williams AM:</b> Kirsty Williams AM writes to the Minister with one last attempt to keep the word “safe”.
July 28, 2015	<b>Lisa Turnbull, Liam Anstey meet with Martin Eaglestone (Labour Policy Officer) to discuss the Labour Manifesto for the 2016 elections and the bill.</b>
July 29, 2015	<b>Minister shares proposed amendments with Kirsty Williams AM:</b> The Minister shares proposed government amendments with Kirsty Williams AM
July 2015	<b>Commentary:</b> <i>Two of the three issues laid out on June 3 still remain at this stage. Do the proposed amendments from the Government still leave sufficient improvement to warrant RCN support for the bill? Secondly, will the Government actually allow the bill to proceed? The Minister was privately reassuring to both the RCN and Kirsty Williams AM that he fully intended to lay the Financial Resolution. However, the civil service was insisting on waiting for the analysis of the June audit of the Chief Nursing officer’s acuity tool. The legislative timetable is now very tight indeed and it was unclear whether the bill would have time to proceed.</i>
July 2015	<b>RCN Wales Campaigning Activity:</b> There is intense social media coverage in this period: “Where’s the Bill?” becomes the RCN’s repeated rallying cry as members are informed of the Government’s delaying tactics. <i>Each wave of social media activity prompted new reassurances from the Government so a clear impact was being seen as a result.</i> 500 new postcards are ordered as members and activists step up their efforts to target AMs.
August 1, 2015	<b>Staffing Note:</b> <i>Liam Anstey, Policy and Public Affairs Assistant leaves the RCN to take up a new position in August 2015.</i>
August 3, 2015	<b>Lisa Turnbull meets with Nesta Lloyd-Jones (Policy Office of NHS Confederation Wales) to discuss support for the bill.</b>
August 4, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Minister for Health and Social Services Mark Drakeford AM to discuss the bill.</b>
August 6, 2015	<b>Chair of Petitions Committee writes to Richard Jones (RCN member) advising him the public petition is now closed.</b>
August 6, 2015	<b>RCN Welsh Board:</b> The RCN Welsh Board meets to discuss the campaign and agree the way forward.

Date	Activity
August 21, 2015	<b>Lisa Turnbull meets with James Radcliffe (Policy Officer, Plaid Cymru) to discuss support for the bill.</b>
August 2015	<b>RCN Wales Campaign Activity:</b> A further 500 postcards are ordered as members and activists continue to target AMs.
September 10, 2015	<b>Ministerial Correspondence with Kirsty Williams AM:</b> The Minister for Health and Social Care writes to Kirsty Williams AM outlining his rationale for amendments.
September 11, 2015	<b>Welsh Government table amendments to the bill:</b> The Welsh Government publishes amendments to the bill. The most controversial amendment is the removal of the term “safe” to be replaced with “appropriate” and “sensitive”.
September 14, 2015	<b>RCN UK Twitter Week:</b> RCN UK communications team works to support RCN Wales by broadcasting Twitter messages across the UK and urging UK members to supportive tweets to Welsh AMs. Twitter visual images are also developed to support the campaign.
September 16, 2015	<b>Letter from Kirsty Williams AM:</b> Kirsty Williams AM writes to RCN Wales seeking meeting to discuss her position on Welsh Government amendments.
September 22, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Darren Millar AM (Conservative) to discuss support for the bill and Conservative amendments.</b>
September 22, 2015	<b>Time To Care 2016 Campaign Launch:</b> RCN Wales launches its campaign for the 2016 Assembly elections “Time To Care 2016” at the Assembly. David Rees AM (Chair of the Health Committee) sponsors the event and speaks, as does Gaynor Jones, Chair of the Welsh Board, and Tina Donnelly. Over 100 RCN members attend from across Wales, 22 AMs attend including three Cabinet Members. Supporting the Bill is the key theme of the event.
September 25, 2015	<b>RCN discussion with Kirsty Williams AM:</b> Kirsty Williams AM and Tina Donnelly hold a teleconference to discuss the amendment to remove the word “safe”. The RCN Welsh Board view on the amendment is that it is very disappointing, particularly for public clarity, but the content of the bill is still effective in protecting patient care. RCN Wales therefore continues to urge all party support for the bill. Kirsty Williams decides she will abstain on this issue thus signalling her disappointment but allowing the bill to proceed.  <b>Commentary:</b> With Kirsty Williams (in fact all five of the Liberal Democrat Group) abstaining it is now critical that both Plaid Cymru or the Conservatives support the amendments or at the very least also abstain. There is also the possibility that the Government would demand Kirsty’s full support for their amendments in return for their support for the bill. Labour 30 seats Conservative 14 Plaid Cymru 11 Liberal Democrat 5
September 2015	<b>RCN Wales Campaigning Activity:</b> RCN Wales plans for public polling to showcase public support. Kirsty Williams AM is interviewed and filmed for later release. An extra 2,500 postcards are ordered along with new A3 posters to support activists and ER Officers who continue to promote the campaign vigorously.
October 1, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Mark Drakeford AM, Minister for Health and Social Services, to discuss support for the bill.</b>
October 5, 2015	<b>Kirsty Williams AM video clip:</b> Kirsty Williams AM’s film clip is used on Facebook and social media to raise awareness and encourage members to campaign.
October 13, 2015	<b>Minister meets with Kirsty Williams AM:</b> The Minister meets with Kirsty Williams AM and agrees mutual positions. The Minister confirms he will now lay the Financial Resolution by October 20. Kirsty’s office shares confidentially with the RCN.
October 16, 2015	<b>Financial Resolution is laid:</b> The Minister lays the Financial Resolution for agreement in plenary debate on November 3.

Date	Activity
October 16, 2015	<b>Peter Meredith Smith, Lisa Turnbull meet with Derek Vaughan MEP (Labour) to discuss support for the bill.</b>
October 20, 2015	<b>Mori polling of public:</b> Polling data shows 87% of the Welsh public feel it is important that the bill is passed by the Welsh Government.
October 21, 2015	<b>Delay in Stage 2 discussion:</b> The NAW Health and Social Care Committee delays the scheduled Stage 2 discussion from November 5 to November 25. This is apparently to accommodate a ministerial diary clash but again adds huge pressure to the legislative timetable.
October 31, 2015	<b>Bulk E-mail to RCN Members:</b> Bulk e-mail to RCN members from Gaynor Jones, Chair of the Welsh Board, urging them to e-mail their AMs.
November 2, 2015	<b>RCN Publish Polling Support for Bill:</b> An RCN Wales press release is issued showing public support found in polling for the bill.
November 3, 2015	<b>Financial Resolution agreed in plenary.</b>
November 4, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Elin Jones AM (Plaid Cymru) to discuss support for the bill.</b>
November 12, 2015	<b>RCN Welsh Board:</b> The RCN Welsh Board meets to discuss the campaign and agree the way forward.
November 18, 2015	<b>Proposed Stage 2 delay:</b> At 5pm Kirsty Williams' office shares a proposal from the Health and Social Care Committee Chair to delay the Stage 2 discussion from November 25 to December 9 "to allow more discussion on the Public Health Bill". Kirsty Williams strongly opposes. Lisa Turnbull lobbies Assembly Members on the Committee to prevent.
November 19, 2015	<b>NAW Health and Social Care Committee considers timetable:</b> The Health and Social Care Committee meets in private session to consider the proposed timetable of the bill. The committee agrees to keep the November 25, Stage 2 date. New amendments are tabled from opposition parties to put the word 'safe' back in.
November 24, 2015	<b>Tina Donnelly, Lisa Turnbull meet with David Rees AM, Chair of the Health and Social Care Committee, to discuss the bill's timetable</b>
November 25, 2015	<b>Stage 2 Discussion in Committee:</b> The Health and Social Care Committee meets for the Stage 2 discussion and to consider the detailed amendments. The bill passes Stage 2.
November 2015	<b>RCN Wales Campaign Activity:</b> Social media activity and the postcard campaign are ongoing.
December 2, 2015	<b>Alison Davies (Associate Director, Professional Practice), Lisa Turnbull meet with Darren Millar AM (Conservative) to discuss support for the bill.</b>
December 8, 2015	<b>Kirsty Williams AM Amendment:</b> Kirsty Williams AM submits a Stage 3 amendment increasing scrutiny of Health Boards.
December 10, 2015	<b>Tina Donnelly, Lisa Turnbull meet with Minister for Health and Social Care Mark Drakeford AM to discuss support for the bill.</b>
December 15, 2015	<b>Lisa Turnbull meet with Lucy Merridy (Head of Policy, BMA Wales) to discuss support for the bill.</b>
December 2015	<b>RCN Wales Campaign Activity:</b> Media and social media activity continues as does the postcard campaign. Another 1000 postcards are ordered as members continue to deluge AMs with messages of support for the bill.
January 12, 2016	<b>Business Committee Delays Stage 3 Debate on the bill.</b> The NAW Business Committee postpones the Stage 3 plenary debate from January 27, 2016 to February 3 2016.

Date	Activity
	<p><b>Commentary:</b> <i>This start to 2016 was not fortuitous. A Stage 3 debate on February 3 would leave only eight plenary days to the end of term for Stage 4. Technically there was the option of petitioning the Presiding Officer for an exemption to have Stage 4 take place on the same day as Stage 3 but this option was generally disliked by AMs as leaving too little time for scrutiny.</i></p>
January 12, 2016	<p><b>Plaid Cymru Stage 3 Amendments:</b> Elin Jones AM (Plaid Cymru) submits amendments to extend the act to community hospitals, community nursing, maternity wards, children's acute wards and inpatient mental health care.</p>
January 13, 2016	<p><b>Tina Donnelly, Lisa Turnbull meet with Elin Jones AM (Plaid Cymru) to discuss amendments to the bill.</b></p>
January 14, 2016	<p><b>Tina Donnelly, Lisa Turnbull meet with Mark Drakeford AM, Minister for Health and Social Care, to discuss support for the bill.</b></p>
January 2016	<p><b>RCN Wales Campaign Activity:</b> Media and social media activity continues including a daily Twitter countdown to Stage 3 vote in plenary. A bulk e-mail is sent to members urging them to contact their AMs to request support for the bill. The postcard campaign continues.</p>
February 2, 2016	<p><b>RCN Wales issues a press release ahead of the debate.</b></p>
February 3, 2016	<p><b>Stage 3 debate in Assembly:</b> At the Stage 3 discussion in Assembly the bill passes unanimously. Although amendments to extend the scope of Part 2 of the bill are defeated the Minister Mark Drakeford stated: "I do intend to use the potential to extend the scope of the bill under the regulation powers that it provides, but that this will have to be done at the point where there is clear evidence and a professional consensus that the triangulated approach will work successfully in additional settings."</p>
February 10, 2016	<p><b>Stage 4 in Assembly</b> At the Stage 4 discussion in Assembly the bill passes unanimously, with no objections from AMs. Gaynor Jones, Chair of the Welsh Board, Richard Jones (RCN member) and Lisa Turnbull are in the public gallery.</p>
February 15, 2016	<p><b>Letters of Congratulation:</b> Tina Donnelly writes a letter of thanks and congratulations to Kirsty Williams AM and the Minister.</p>
March 18, 2016	<p><b>Tina Donnelly delivers a speech to Nurse Directors outlining the significance of the legislation.</b></p>
March 21, 2016	<p><b>Royal Assent to Act:</b> Tina Donnelly, Director RCN Wales is invited to the Welsh Government, along with Kirsty Williams AM, to witness the legal signing of the act which is known as Royal Assent. This is the first time external guests are invited and it is in recognition by the Minister of the RCN's significant campaigning role.</p>

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