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Agenda - Health and Social Care Committee

Meeting Venue:

Hybrid - Committee room 5 Tŷ Hywel and video conference via Zoom

Meeting date: 19 October 2023

Meeting time: 09.30

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Private pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

2 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: evidence session with the Royal College of Nursing Wales

(09.30-10.20) (Pages 1 - 52)

Helen Whyley, Director - Royal College of Nursing Wales

Lisa Turnbull - Policy, Parliamentary and Public Affairs Manager - Royal College of Nursing Wales

Jackie Davies, Chair - Royal College of Nursing Wales Board

Research brief

Paper 1 - Royal College of Nursing Wales

Break (10.20-10.30)

3 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: evidence session with nursing directors

(10.30-11.30) (Pages 53 - 58)

Jennifer Winslade , Executive Director of Nursing - Aneurin Bevan University Health Board

Senedd Cymru
Welsh Parliament

Gareth Howells, Executive Director of Nursing and Patient Experience – Swansea Bay University Health Board
Nicola Williams, Executive Director of Nursing, Allied Health Professionals and Health Science – Velindre University NHS Trust

Paper 2 – Aneurin Bevan University Health Board
Paper 3 – Swansea Bay University Health Board
Paper 4 – Velindre University Health Board

Break (11.30–11.40)

4 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: evidence session with the All Wales Nurse Staffing Programme

(11.40–12.30)

Lisa Llewelyn, Director of Nurse and Health Professional Education – Health Education Improvement Wales
Ruth Walker, Associate Director (Nurse Leadership) – Health Education and Improvement Wales
Joanna Doyle, Associate Director/ Head of All Wales Nurse Staffing Programme

5 Motion under Standing Order 17.42 (ix) to resolve to exclude the public for items 6, 9 and 10 of today's meeting

(12.30)

6 Gynaecological cancers: draft report

(12.30–13.15) (Pages 59 – 151)

Paper 5 – draft report

Lunch (13.15–14.00)

7 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: evidence session with Health Education and Improvement Wales (HEIW)

(14.00-14.45) (Pages 152 - 155)

Julie Rogers, Deputy Chief Executive and Director of Workforce and OD - Health Education and Improvement Wales

Lisa Llewelyn, Director of Nurse and Health Professional Education - Health Education and Improvement Wales

Paper 6 - Health Education and Improvement Wales

8 Paper(s) to note

(14.45)

8.1 Letter from Chair, Finance Committee to the Minister for Finance and Local Government regarding evidence papers supporting the 2024-25 draft Budget

(Pages 156 - 157)

8.2 Letter from Chair, Legislation, Justice and Constitution Committee to the Chair regarding the UK-Norway-Liechtenstein-Iceland Convention on Social Security Coordination

(Pages 158 - 159)

8.3 Letter from Chair, Legislation, Justice and Constitution Committee to Mark Drakeford MS, First Minister for Wales regarding the UK-Norway-Liechtenstein-Iceland Convention on Social Security Coordination

(Pages 160 - 161)

8.4 Letter from the Minister for Health and Social Services to the Chair with follow up questions from the evidence session of 21 September 2023

(Pages 162 - 163)

8.5 Letter from the Minister for Health and Social Services to the Chairs of the Health and Social Committee and the Equality and Social Justice Committee regarding sexual harassment in surgical settings

(Pages 164 - 165)

8.6 Letter from the Chair to Professor Arianna Di Florio regarding the SAIL databank

(Page 166)

8.7 Letter from the Chair to Professor Arianna Di Florio regarding the SAIL databank

(Pages 167 - 170)

8.8 Letter from Chair, Children, Young People and Education Committee to the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing regarding written information to support the scrutiny of the Welsh Government's draft Budget for 2024-25

(Pages 171 - 176)

8.9 Response from the interim Chief Executive, Betsi Cadwaladr University Health Board to the Chair regarding NHS waiting times

(Pages 177 - 185)

9 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: consideration of evidence

(14.45-15.00)

10 Forward work programme: Betsi Cadwaladr University Health Board: next steps

(15.00-15.10) (Page 186)

Paper 7 - Forward work programme: Betsi Cadwaladr University Health Board: next steps

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 2

Document is Restricted

Royal College of Nursing (RCN) Wales response to post-legislative inquiry into the Nurse Staffing Levels (Wales) Act 2016

July 2023

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Executive Summary

Summarising the impact of the Nurse Staffing Levels (Wales) Act 2016

- **Patients have been protected.** The Welsh Government and NHS bodies have improved patient safety by investing in nurse staffing levels as a direct result of the Nurse Staffing Levels (Wales) Act 2016.

- **More nurses, better care.** There are more registered nurses and healthcare support workers (HCSWs) working on wards covered by Section 25B compared to before it was implemented (2018). In addition the statutory guidance also requires Section 25B wards to account for a 26.9% uplift to cover staff sickness, improving patient safety.

- **Generated a culture shift.** There is now corporate responsibility to allow nurses time to care for patients sensitively. Executive Directors of Nursing report to their Health Boards on nurse staffing levels and can request additional resources, support and staffing to address nursing challenges. The Nurse Staffing Levels (Wales) Act 2016 acts as a lever for change.

- **Provoked discussion on the importance of the registered nurse.** Part of the legislation is considering the professional judgement of nurses when deciding nurse staffing levels. This has raised the profile of the profession and their contribution to patient safety with senior NHS management.

- **Health Boards and Welsh Government are aiming for better patient care.** The Nurse Staffing Levels (Wales) Act 2016 has shone a spotlight on nursing recruitment and retention by the Welsh Government and Health Boards.

- **Safe nurse staffing levels save lives.** The impact of registered nurses on patient safety has been validated by research. There is extensive research to support the connection between nurse staffing levels and patient harm and mortality, as well the cost of missed care.

- **A low number of cases where nurse staffing levels is considered an attributing factor to patient incidents**. Although patient incidents and complaints regarding nursing still occur on Section 25B wards, a failure to maintain nurse staffing levels is rarely considered an attributing factor.

- **Created a spotlight on paediatric care.** Before Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was extended to paediatric wards (October 21), Executive Directors of Nursing sought additional financial and staffing resources from their Boards.

- **Financial cost.** There has been a financial cost to implementing and maintaining nurse staffing levels, but this should not be considered a burden, unique to Section 25B wards or nursing in generally.

Recommendations

To improve patient safety the Health and Social Care Committee should recommend the following:

1. The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.
2. The Welsh Government should develop statutory and operational guidance, for Section 25A of the Nurse Staffing Level (Wales) Act 2016.
3. Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.
4. The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.
5. The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.
6. Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.
7. The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

1. Legislative Context

1.1. The Nurse Staffing Levels (Wales) Act was unanimously passed and supported by all political parties in 2016 to protect patients.

1.2. Research has shown low nurse staffing levels increase patient mortality by up to 26% compared to better staffed wards.[i]

1.3. The Nurse Staffing Levels (Wales) Act 2016 was introduced in the context of the Francis Report (2013), the Keogh review (2013), the Berwick review (2013) and the Andrews Report (2014). All of which reported on patient tragedies as a result of repeated failure of the NHS to sufficiently prioritise patient safety and the quality of care by safeguarding nursing numbers.

1.4. The Francis report (2013) was the fifth official report into the 'Mid Staffs' tragedy, and the failings of the Stafford hospital, a small district general hospital in Staffordshire. It has been suggested that between 400 and 1,200 patients died as a result of poor care between January 2005 and

March 2009.[ii] One of the key findings of this report was that there were 'unacceptable delays in addressing the issue of a shortage of skilled nursing staff'.[iii]

1.5. In Wales the All Wales Nurse Staffing Principles Guidance issued by the Chief Nursing Officer (CNO) for Wales in 2012 failed to make a sufficient impact. This signalled the need for more powerful tools (legislation) to improve nurse staffing levels.

1.6. There have been a number of incidents of patient harm that have resulted in the need for investigation in Wales. The investigations, and subsequent reports, highlighted the importance of nurse staffing levels and skill mix on patient care and the devasting impact of inappropriate skill mix and nurse staffing levels.

Reports detailing poor care in Wales

Dignified Care: Two Years On (2013) There is a clear link between staffing levels and the safety and quality of care on hospital wards.

Trusted To Care (2014) A review of the Princess of Wales Hospital and the Neath Port Talbot Hospital refers to a lack of suitably qualified, educated and motivated staff particularly at night' and that 'the Review Team were also concerned about the way staffing levels in the medical wards were determined as this seemed unconnected to the level of dependency and need on a ward at a specific time

Tawel Fan - Ockenden report (2018) Inadequate levels of capacity and capability in relation to the workforce in...nurse staffing in particular

Cwm Taf Maternity Services (2019) A significant shortage of midwives

1.7. Incidents of poor patient care as a result of inapposite skill mix and insufficient staffing levels contributed to why RCN Wales campaigned for safe staffing legislation.

1.8. RCN Wales strongly believed legislation was the best available option to hold the NHS to account for nurse staffing levels and ensure the NHS prioritises patient safety.

2. Safety critical role

2.1. While legislation to protect patients by mandating the number and skill mix of nurses, a safety critical role, is somewhat novel for the UK healthcare sector, it is not for other sectors.

2.2. Legislation exists for the following industries:

- **Dog Boarding**: Each member of staff should have 25 dogs or less to care for. If there is evidence that the dog's welfare needs are not being met, you should consider the staffing levels against a number of factors, including type of dog, size of premise, qualification of staff, etc.[iv]
- **Childcare and teachers**: One adult for every three children under two years olds; One adult for every four children aged two; One adult for every eight children aged three and over (the ratio is 1:13 if led by a teacher).[v]
- **Flight Crew:** An aircraft of which: (a) has a flight manual must carry a flight crew of at least the number and description specified in that flight manual: (b) which does not currently have a flight manual but has done in the past, must carry a flight crew of at least the number and description specified in the flight manual.[vi] The Federal Aviation Administration (FAA) regulations are as follows:
    - Airplanes with a maximum payload capacity of more than 7,500 pounds, and a seating capacity between nine and 51 passengers, require one flight attendant.
    - Airplanes that have a seating capacity of between 50 and 101 passengers, require two flight attendants.[vii]
- **Railways**: The Railways and Other Guided Transport Systems (Safety) Regulations 2006 (as amended) contain provisions for the management of the competence, fitness and fatigue of safety critical workers.

2.3. The concept of legislation for safety critical roles is normalised within other sector and yet for healthcare it is not. Legislation is a powerful tool that draws attention to safety critical roles and protects the public and professionals alike. This should be the case for healthcare too.

2.4. Nursing is a safety critical role founded on four pillars: clinical practice, education, research, and leadership.

2.5. Nursing is the largest safety critical role in the NHS, representing over 40% of the entire NHS workforce.

2.6. It is essential that the Nurse Staffing Levels (Wales) Act 2016 continues to receive investment and support. This will normalise nursing being a safety critical role and protect patients.

3. Link between nurse staffing levels and patient harm

3.1. There is extensive research to support the impact of nurse staffing levels on patient safety.

3.2. As previously mentioned, research has shown low nurse staffing levels increased patient mortality by up to 26% compared to better staffed wards. Safe and effective nurse staffing levels have also been shown to reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers. Safe and effective nurse staffing levels

mean better hydration and nutrition for patients and better communication with patients.[viii]

3.3. A 2021 study by Akine et al. found in hospitals where nurses had a high patient ratio compared to hospitals where nurses had a lower patient ratio, patients were more likely to experience adverse conditions including a 41% higher chance of mortality, 20% higher chance readmission and 41% chance of staying longer.[ix]

3.4. Most recently an article in the British Medical Journal found 'a statistically significant association between the fill-rate for registered nurses (RNs) and inpatient mortality'. On average, an extra 12-hour shift by a registered nurse was associated with a reduction in the odds of a patient death of 9.6%.[x]

3.5. The impact of registered nurses is supported by evidence and the Nurse Staffing Levels (Wales) Act 2016 recognises this. The statutory guidance sets out that that 'the number of nurses means the number *of registered nurses* (this being those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council register)'. This is essential for delivering high quality care and preventing role substitution for the safety critical role.

3.6. Despite the abundance of high quality, worldwide research into the impact of nurse staffing levels and patient care there has been very little research on the impact of the Nurse Staffing Levels (Wales) Act 2016. This is despite the Act being the first of its kind in Europe.

3.7. The Welsh Government and NHS Wales have yet to commission research to understand the social, economic, or patient safety impact of the Nurse Staffing Levels (Wales) Act 2016 on patient safety. RCN Wales believe this is an important step in understanding the value and impact of the Nurse Staffing Levels (Wales) Act 2016.

Recommendation 1

The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.

4. Corporate responsibility

4.1. Before the introduction of the Nurse Staffing Levels (Wales) Act 2016, there was no statutory requirement for NHS Health Boards or Trusts to consider safe nurse staffing levels. This means there was no collective responsibility for nurse staffing levels within the Health Board at a governance level.

4.2. Therefore the Executive Director of Nursing was often seen as solely responsible for nursing staffing levels. As the Executive Director of Nursing is personally accountable as a registered nurse to the Nursing and Midwifery Council (NMC), this led to a culture of, if a breach of care occurred, the Executive Director of Nursing was held accountable. This is despite the fact the decision that may have led to the breach of care being taken elsewhere, for example the finance department.

4.3. This is demonstrated by the findings of the Francis report (2013) into Mid Staffs that detailed 'the focus on finance led to staffing cuts made without any adequate assessment of the effect on patients. Once it was appreciated that there was a shortage of nursing staff, ineffective and prolonged steps were taken to address it.'[xi]

4.4. In 2019 RCN Wales published, Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016. RCN Wales found that before the introduction of the Act, not a single Health Board routinely discussed nurse staffing levels at a Board level.

4.5. The Nurse Staffing Levels (Wales) Act 2016 has generated a culture shift whereby nurses are represented and listened to at a senior level within their Health Boards and Trusts. This in turn has established corporate responsibility for nurse staffing levels and ultimately the delivery of safe and effective care.

4.6. Executive Directors of Nursing now report to their Health Boards on nurse staffing levels, can request additional resources, and the prioritisation of recruitment and retention has never been higher.

4.7. This has led to greater corporate accountability for nurse staffing levels compared to before the Nurse Staffing Levels (Wales) Act 2016 was introduced.

4.8. A requirement of the Nurse Staffing Levels (Wales) Act 2016 is for Health Board to receive two reports on nurse staffing levels a year. This includes the bi-annual Section 25B audit and an annual audit report. Outside of this, Health Boards often include nurse staffing levels in their Inter-Mediate Term Plans (IMTPs) and nurse staffing levels are discussed widely as since the passing of the Act, nurse staffing levels has been considered a risk and introduced on many Health Board's corporate risk registers. These papers and subsequent discussions are recorded and publicly available.

4.9. Health Boards now have peer groups of ward managers and senior nurses to report on experiences of nursing on their wards. This has led to ward

managers feeling listen to and a cultural shift, whereby ward managers are included even more so in decisions regarding staffing.

4.10. The necessity to report nurse staffing levels at such a senior level has increased corporate responsibility relating to nurse staffing levels and given Executive Directors of Nursing grounds to request additional resources to ensure safe and effective care.

> "It's been very positive in that it allows nursing leaders to have a different type of conversation around the Board table and to look at it from multiple perspectives. For example, in terms of the professional development opportunities it brings to the profession… I've been able to establish locally a training programme, a nurse leadership programme and support the establishment of an apprentice scheme with the Director of Workforce & OD; in relation to the financial opportunities and the real conversations about what its actually going to cost an organisation…it has allowed me to lever some more resource from the Board not just for registered nurses but also for health care support posts and rehab and reablement posts…but also the other perspectives, such as the quality lens of the patient from both patient outcomes and experience; the staff experience in terms of well-being, making sure we have the sufficient resources on the ground to deliver safe and effective patient care. This has been all been really good.
>
> **Mandy Rayani, Executive Director of Nursing**. *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021.*

5. Nurse Staffing Levels (Wales) Act 2016

5.1. The key provisions of the Nurse Staffing Levels (Wales) Act 2016 are detailed below:

Section	Provision
Section 25A	an overarching responsibility placed on health boards and trusts to provide sufficient nurse staffing levels in all settings, 'to allow time to care for patients sensitively.'
Section 25B	requires health boards to calculate and take reasonable steps to maintain the nurse staffing level in all acute adult medical and surgical wards. Health boards are also required to inform patients of the nurse staffing level.
Section 25C	requires health boards to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. From 1 October 2021 this was extended to include children's inpatient wards.
Section 25D	the Welsh Government must issue guidance regarding the duties under Section 25B and 25C, and health boards and trusts must follow this guidance.
Section 25E	requires health boards to report their compliance in maintaining the nurse staffing level for wards covered under Section 25B. At a health board level, the requirements of the Act are reported through a nationally devised template, which allows health boards to critically analyse their activities, progress and challenges. This reporting process is to ensure that health boards are publicly confirming how they comply with the legislation.

5.2. The video below outlines what happens when there are not enough nurses to provide patient care.

6. Section 25A

6.1. Section 25A places an overarching responsibility on Health Boards and Trusts to provide sufficient nurse staffing levels in all settings to allow nurses 'time to care for patient sensitively'. This includes service where nursing is commissioned by the Health Board or Trust. Simply put, there should be safe nurse staffing in all settings.

6.2. The overarching duty has made a positive impact as detailed below.

6.2.1. **Patients have been protected**. The legislation has drawn the attention of senior NHS Wales management, Welsh Government officials and Members of the Senedd to nurse staffing levels and the value of nursing and the need for investment in the profession.

6.2.2. **Nurses are being consulted on patient safety**. There has been an increase in awareness and understanding of the importance of nursing professional judgement. The Nurse Staffing Levels (Wales) Act 2016 has increased awareness amongst senior Health Board members of the role of the ward manager and the value and importance of professional nursing judgement in maintaining nurse staffing levels.

> "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."
>
> **RCN Wales member.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

> "There was an initial fear that the RCN would be very critical of Health Boards and of us, as Nurse Directors, during the early stages of implementation. There was genuine concern that this would put professional pressure on the Nurse Directors as they work with their Board to implement the Act. However, that hasn't been the case. RCN colleagues have been nurturing and encouraging and the tone of leadership has been helpful. They have also encouraged frontline staff to be part of the process, which again has been positive."
>
> **Ruth Walker, former Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

6.3. However, despite the positive impact there remains challenges regarding the nursing workforce, specifically challenges with nurse recruitment and retention. This is reported annually by RCN Wales in Nursing in Numbers, which provides a statistical overview of the workforce in Wales.[xii]

6.4. The key findings from the latest report, September 2022, are as follows:

- There are over 3,000 registered nurse vacancies in the NHS.
- Every week nurses give the NHS an additional 67,780 hours. This is the equivalent of 1,807 full-time nurses.
- In the 10 years between 2012 and 2022 the percentage of nursing staff that feel enthusiastic about their job dropped by 19%, whereas those that feel they are too busy to provide the level of care they would like has increased by 9%.

6.5. Ultimately this is due to the duty of Section 25A not fully being realised.

Noncompliance with Section 25A Example

In 2019 and 2020 Cardiff and the Vale University Health Board reported they were non-compliant with Section 25A of the Nurse Staffing Levels (Wales) Act 2016 regarding mental health inpatient settings. The Executive Director of Nursing for Cardiff and the Vale University Health Board made the Board aware of this, having brought it to their attention repeatedly during this period.

As a result in 2021 the Mental Health Clinical Board management team was asked to address gaps in nurse staffing and financial allocation on mental health inpatient wards within their IMTP for 2021/2022.

By 2022, the Executive Director of Nursing was able to sign off the working nursing establishments required to care for patients sensitively across the Mental Health Clinical Board. However it was noted that further work was needed to align certain clinical areas to the financial envelope.

6.6. As demonstrated by Cardiff and the Vale University Health Board, there were few consequences for the Health Board for its noncompliance. As far as RCN Wales are aware the Welsh Government did not commission Health Inspectorate Wales (HIW) to inspect mental health services to evaluate patient safety and did not provide financial support to the Health Board to aids its compliance.

6.7. That said, the Executive Director of Nursing worked extremely hard to ensure compliance and raised the matter with the Health Board on a number of occasions. Effectively the Nurse Staffing Levels (Wales) Act 2016 acted as a lever to improve patient safety as allowed the Executive Director of Nursing to discuss mental health nursing at a number of Health Board meetings, raising the profile of nursing and patient safety.

6.8. Beyond direct NHS services there is very little information on how Section 25A is applied to services that are commissioned by Health Boards. There is also very little information on how, or if, this is inspected against.

6.9. There should be clear guidance for the delivery of Section 25A. At the time of developing the Nurse Staffing Levels (Wales) Act 2016 RCN Wales recommended statutory guidance for the entire Act, but the Welsh Government suggested guidance was only necessary for Section 25B and 25C. This has led to Section 25A being weakly implemented and without clear guidance on how to ensure compliance. RCN Wales reiterates the call to implement guidance for Section 25A.

Recommendation 2

The Welsh Government should develop statutory and operational guidance for Section 25A of the Nurse Staffing Level (Wales) Act 2016.

Recommendation 3

Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.

7. Section 25B

7.1. Section 25B requires Health Boards and Trusts to calculate, and take all responsible steps, to maintain nurse staffing levels according to a specific methodology. When the Nurse Staffing Levels (Wales) Act 2016 was initially passes Section 25B covered acute medical and surgical wards.

7.2. Section 25B was extended in October 2021 to paediatric wards, due to the previous Health and Social Services Ministers, Vaughan Gething committing to having 'more nurses, in more settings, through an extended nurse staffing levels law.'[xiii]

7.3. There are a number of positives relating to Section 25B including:

7.3.1. **Improved patient safety**. There are more nurses HCSW on Section 25B wards now than before Section 25B was fully implemented. At the end of the first three year reporting period (2021), there were 139.74 additional registered nurses (Full Time Equivalent) and 597 additional FTE HCSWs funded into the adult medical and surgical establishments compared to March 2018 before Section 25B came into force.

7.3.2. **Increased understanding and respect of nursing professional judgement**. The triangulated approach adopted by Section 25B wards to calculate nurse staffing levels, involves considering patient acuity, quality indicators and professional judgement. This has increased the understanding and value of nursing professional judgement as nurses have a crucial role in deciding nurse staffing levels. This not only keeps patients safe but increases the value and respect of the profession.

7.3.3. **Shone a spotlight on child safety**. All Health Boards were prepared for the extension of Section 25B of the Nurse Staffing Levels

(Wales) Act 2016 to paediatric inpatient wards having asked for additional financial and staffing resources from their Health Boards, if needed. Additional resources were approved, and Health Boards actively recruited additional paediatric nurses. This shone a spotlight on paediatric wards and increased nurse staffing levels in line with the requirements.

7.3.4. **Uplift standardised.** In planning for nurse staffing levels some absence such as annual leave, maternity and long term sickness is predictable, and it is good practice to cover these natural absences. This is called an uplift. The innovation was to make the uplift consistent and calculated the same across all Health boards and Trust. The statutory guidance for the Nurse Staffing Levels (Wales) Act 2016 sets out the uplift to nursing numbers to cover staff absence from wards covered by Section 25B. 26.9% was agreed in 2011 as the evidence-based uplift factor to use in Wales by Nurse Directors. Any exceptions to the consistent uplift need to be reported to the CNO for Wales. This has established a real improvement to workforce planning. However, RCN Wales is concerned that the uplift is not being maintained.

7.3.5. **Significant database on patient acuity and nursing requirements**. It is important to demonstrate the direct impact of the presence of nurses on patient care. Increasingly the profession of a registered nurse is under threat as there is a move within the NHS to replace registered nurses with Healthcare Support Workers which would be to the detriment of patient care. The Welsh Levels of Care is a key component to implementing Section 25B of the Nurse Staffing Levels (Wales) Act 2016. The Welsh Levels of Care detail the typical patient needs, conditions and situations and the corresponding clinical assessments, interventions and tasks undertaken by nurses. The Levels have been developed and tested before implementation through widespread engagement and consultation with the nursing workforce. The Welsh Levels of Care is one of the largest databases on patient acuity and nursing requirements in the UK and has only come about due to the Nurse Staffing Levels (Wales) Act 2016.

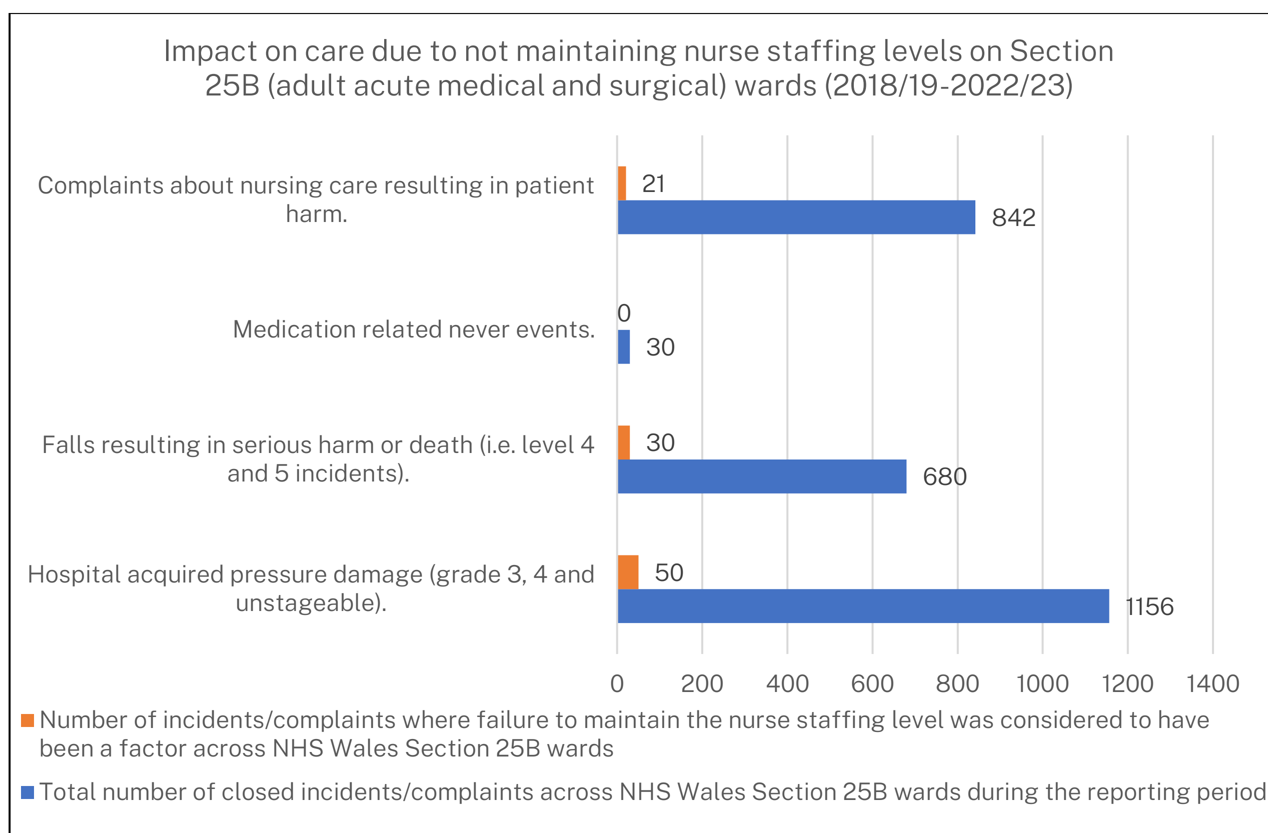
> "The legislation is pioneering and can not only have an impact on the quality and safety of care for our patients but also the morale and health of our staff. Ensuring the accountability and responsibility is fully understood at the frontline and the at Board level is very important. The clarity of the role of the Designated Professional responsible to inform and advise the Board on safe staffing levels across all areas of the UHB [university health board] is empowering and gives a platform to ensure this area of work is addressed as required by the Act, at the Board. As the Designated Professional, I'm being given the opportunity to bring the voice of senior nursing colleagues into the Boardroom to ensure that they have the correct resources to be able to undertake roles effectively. The Act gives a platform for Ward Sisters and Charge Nurses to have the confidence to sign off establishments before I take the calculations to the Board. This approach has also allowed Sisters and Charge Nurses to explore, debate and challenge the establishments as part of the process. There is definite ward to Board ownership."
>
> **Ruth Walker, former Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

7.4. Quality Indicators

7.4.1. As a requirement of the Nurse Staffing Levels (Wales) Act 2016 Health Boards report on quality indicators of care on wards covered by Section 25B. This includes complaints about nursing, medication never events, falls and hospital acquired pressure damage. If an incident is reported the health board must then determine if a failure to maintain nurse staffing levels was an attributing factor to the incident/complaint.

7.4.2. Between 2018-2021 there have been a number of incidents/ complaint that have been reported on Section 25B wards as identified below. However, the number that are attributed to a failure to maintain nurse staffing levels remains extremely low.

7.4.3. Many Health Boards have reduced the number of incidents/complaints attributed to a failure to maintain nurse staffing levels year after year. Betsi Cadwaladr for example, during the first year of reporting 2018-2019 had five pressure damage related incidents where a failure to maintain nurse staffing levels was considered an attributing factor. By 2020-2021 this had fallen to 0.



7.5. Challenges to implementation

7.5.1. Health boards were challenged by the NHS IT infrastructure as it was initially insufficient in recording if nurse staffing levels were maintained on a shift by shift basis. However, significant progress has been made in recent years with an All-Wales approach being adopted in 2023 through SafeCare.

7.5.2. The biggest challenge to Section 25B is the sustainability of the nursing workforce combined with a rise in patient acuity since 2019 meaning Wales needs more registered nurses and HCSW to care for patients.

7.5.3. COVID-19 was a huge challenge for Health Boards. Increased numbers of high dependency patients met a decreased level of nursing (due to sickness). As the numbers of nursing staff available fluctuated, the set of nursing skills, knowledge and experience available for deployment also fluctuated. The experience of COVID-19 has highlighted the critical significance of the professional judgement of the ward manager in minimising the risk to patient safety. Health Boards also took action to maintain nurse staffing levels during the pandemic by establishing groups to monitor staffing levels daily.

> "If we could wind back time, it would have been preferable if a national system to gather and record data would have been available at the beginning of the implementation. A workable solution to this was only introduced in July 2020, after quite a period of development. Before that individual Health Boards had their own different processes in place."
>
> **Previous Chief Nursing Officer.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

> "Ensuring we have the capacity and experience in the workforce is an issue. The Act has helped our thinking about wider workforce planning regarding recruitment and retention and our engagement with HEIW [Health Education and Improvement Wales] to commission placements; the development of an evidence base to inform that has been extremely helpful. Within a local perspective and while much of the focus of the Act was on registered nursing enhancement, what we have found is that there has been a significant uplift in health support worker roles. What the Act has forced us to do is consider carefully what is the complete wrap-around workforce that is required to care for patients – it's about the whole workforce that wraps around to ensure best care outcomes."
>
> **Mandy Rayani, Executive Director of Nursing**. *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

7.6. Monitoring and compliance

7.6.1. Despite the positive impact of Section 25B there remains challenges with the supply and demand of the nursing workforce and therefore challenges regarding compliance.

7.6.2. There are established processes for reporting noncompliance as set out in the statutory guidance.

7.6.3. However, this process is unclear. RCN Wales believes the Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. This should take the shape of explicitly including an inability to comply with Section 25B and 25C in the NHS Wales Escalation and Intervention Arrangements.

7.6.4. Furthermore the role of HIW should also be clarified. HIW 'inspect NHS services and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.'[xiv]

7.6.5. There have been a number of HIW reports that have highlighted the lack of nursing staff in NHS settings but there is little mention of the Nurse Staffing Levels (Wales) Act 2016, despite it placing specific legislative responsibilities on the NHS.

Health Inspectorate Wales Report Examples

Betsi Cadwaladr Vascular Services (2022) Immediate operational pressures due to consultant availability and nurse staffing in vascular services within the Health Board

Delivery of healthcare to Swansea prison (2022) Do not adequately support the delivery of good quality, safe and effective healthcare services to the population of HMP Swansea...more Nurses [are needed] as the ones here are always very busy so this limits the time they can spend with each case

Ysbyty Glan Clwyd's Emergency Department (2022) Not all aspects of care were being delivered in a safe and effective manner. The nursing staff and HCSW are at breaking point, staff morale is at an all-time low. We are being expected to take on additional work which is leaving the staff on the floor at risk of burnout

Ysbyty Glan Clwyd Emergency Department (2023) Nurse staffing remained a significant challenge. There were frequent gaps in rotas from long and short-term absence. This was significantly impacting on staff ability to deliver safe and effective care.

Recommendation 4

The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.

Recommendation 5

The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.

Recommendation 6

Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.

7.7. Ongoing work to extend Section 25B

7.7.1. All Wales Nurse Staffing Programme was strengthen following the passing of the Nurse Staffing Levels (Wales) Act 2016 to develop the evidence base and tools needed to implement and extend Section 25B.

7.7.2. Five workstreams were established; adult acute medical & surgical (inpatient); paediatric (inpatient); district nursing, health visiting and mental health (inpatient).

7.7.3. The All Wales Nurse Staffing Programme primary purpose, as stipulated on HEIW's website, is to develop evidence-based workforce planning tools and 'support Health Boards in preparing for the second duty of the Act [Section 25B].'[xv]

7.7.4. However, RCN Wales is concerned that this work has been paused without an official policy intent statement saying so. If the work is to be paused, it is important that the Welsh Government explain why, and whether the work has been 'temporarily paused' or 'indefinitely paused'.

7.7.5. RCN Wales notes the strength of evidence relating to safe nurse staffing levels, and specifically Section 25B and therefore believes the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 is necessary to protect patients.

Recommendation 7

The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

8. Financial 'implications'

8.1. There has been a financial cost of implementing and maintaining nurse staffing levels due to the need increase nurse staffing levels to protect patients.

8.2. The Nurse Staffing Levels (Wales) Act 2016 triangulated approach calculates the necessary skill mix and number of nurses and healthcare support workers (HCSWs) needed to keep patients safe on wards covered by Section 25B.

8.3. The financial cost is necessary for patient safety.

"In hindsight there probably should have been a little bit more around the financial implications to have aided the understanding about the costs to implement the Act because I don't think that was fully understood or anticipated – not by Nursing Directors who knew this was going to cost money – but in terms of preparing the Boards in terms of the scale of what was coming"

Mandy Rayani, Executive Director of Nursing. *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021.*

8.4. In addition, the increase in spending on the workforce is mirrored across the entire clinical and medical workforce. Health Boards have determined there has been a rise in acuity and demand resulting in the need to increase and expand the workforce. This is reflected across professional groups and throughout NHS Wales.

8.5. The financial investment needed to maintain nurse staffing levels should not be considered a burden, unique to Section 25B wards or nursing in generally. The requirements on the workforce, are ultimately necessary to protect patient safety.

8.6. An inability to financially invest in the nursing workforce could put patients at risk of serious harm. There is extensive research regarding the cost of missed care, albeit not in Wales, as detailed below:

8.6.1. RCN Wales calculated registered nurse vacancies to be 3,000 in 2022. Using calculations from Dall et. al on the economic value of each additional FTE nurse the overall savings to the Welsh economy of filling these vacancies would be nearly £211.5 million.

8.6.2. In 2021, Sugg et al. noted that a number of contributing factors to missed care are likely to include high patient-nurse ratios; a lack of nurse time; the acuity or seriousness of the patient's condition; and the practice environment.[xvi]

8.6.3. In 2008, a US-based study found that the odds of pneumonia occurring in surgical patients decreased with additional registered nurse hours per patient and that each additional case of hospital-acquired infections increased the cost per surgical case by an average of $1,029.[xvii]

8.6.4. A further study showed that a higher number of assigned patients per registered nurse is associated with an increased risk of late-onset ventilated-associated pneumonia.[xviii]

8.6.5. The English NHS noted that the largest area for savings is from focused improvement in areas, adverse drug reactions and neonatal and maternity care – introducing a safety strategy which halved neonatal injuries alone potentially reducing claims by £750 million a year by 2025.[xix]

8.6.6. There is also a wider economic cost due to missed care. The UK Government places a cost on lives lost – during COVID-19, the London School of Economics found that each live was worth nearly £2 million, according to 2018 figures.[xx]

8.6.7. The Health and Safety Executive has also placed a value on lives lost at £1.3 million according to 2020 figures, as well as the value of injuries from minor to severe, so it is possible to outline how much, for example, a seven day absence would cost an employer (not specific to the NHS) – in this case, more than £30,000.[xxi]

9. Fourth Welsh Assembly Health and Social Care Committee

9.1. Following the introduction of the 'Safe Nurse Staffing Levels (Wales) Bill' in 2015, the fourth National Assembly for Wales Health and Social Care Committee completed a pre-legislative inquiry, reporting Stage 1 in May 2015.

9.2. Within the report there were a host of benefits and potential unintended consequences that were predicted. It is important to consider these within the sixth Senedd Health and Social Care Committee post-legislative inquiry into the Nurse Staffing Levels (Wales) Act 2016.

9.3. The Committee did not set out its own list of potential benefits, beyond improved patient safety, but it did draw on potential benefits as named by stakeholders.

9.4. Potential benefits as follows:

Potential benefit	Reality
Providing a legislative footing for safe nurse staffing levels could strengthen nurses' voices when raising concerns about staffing levels.	**Achieved.** This is by far one of the greatest benefits of the Nurse Staffing Levels (Wales) Act 2016. The Nurse Staffing Levels (Wales) Act 2016 has drawn attention of nurse staffing levels to senior NHS Wales management, the Welsh Government and Members of the Senedd to the value of nursing and the need for investment in the profession. Simply put, this inquiry would not be occurring if not for the legislation and the challenges facing nursing potentially would not be discussed in so much detail.
The Bill could lead to a change in behaviour towards improving staffing levels, similar to that created by the law on seatbelts in cars and smoking in enclosed public spaces	**Achieved.** Executive Directors of Nursing now report to Health Boards on nurse staffing levels at least twice a year and nurse staffing levels are often

	included on the corporate risk register as a direct result of the need to comply with the Nurse Staffing Levels (Wales) Act 2016. In addition the Nurse Staffing Levels (Wales) Act 2016 has shone a light on nurse recruitment and retention by Health Boards, Welsh Government and Health Education and Improvement Wales (HEIW). It is noteworthy that nursing has its own workforce retention plan, and wider workforce strategy in development.
There was potential for the Bill to strengthen the scrutiny of staffing levels by: – • Giving Healthcare Inspectorate Wales a statutory basis on which to judge the performance of health boards in relation to staffing; • Encouraging the executive boards of health boards to undertake more comprehensive monitoring of indicators of insufficient staffing, such as high sickness levels or complaints; • Providing Community Health Councils with a clearer framework for better scrutiny of health boards' staffing levels; • Helping providers prepare for inspections by improving their understanding of the standards against which they would be measured.	**Partially achieved.** Executive Directors of Nursing are required, by law, to report to on the compliance of the Health Board to the Nurse Staffing Levels (Wales) Act 2016. The Executive Directors of Nursing further present a bi-annual audit report to the Health Board outlining changes to Section 25B wards. This has increased scrutiny of staffing levels at a senior level as previously there were no legal requirements to report nurse staffing levels. Executive Directors of Nursing can also present additional papers relating to nurse staffing levels, for example investment in paediatric wards and challenges in mental health services, to their Boards, with the leverage of needing to comply to the legislative requirements. The role of HIW has not been made explicit. Although HIW do comment on nurse staffing levels within inspection reports, this is done sporadically and often without reference to the Nurse Staffing Levels (Wales) Act 2016. To fully achieve this potential HIW should inspect against Section 25B and 25C, in settings where it has a statutory responsibility to do so, to ensure compliance and protect patients.
Several witnesses questioned the safety and robustness of workforce planning, and suggested that the Bill could improve it.	**Achieved.**

	Challenge facing the nursing workforce are being prioritised. It is well known recruitment and retention of the nursing workforce has challenged the delivery and compliance of the Nurse Staffing Levels (Wales) Act 2016. These are being addressed and although solution have yet to be implemented Health Boards are focused on addressing these challenges and improving workforce planning. HEIW, the organisation responsible for commissioning nursing education has previously quoted the requirements of the Nurse Staffing Levels (Wales) Act 2016 as a reason for expanding pre-registration nursing education.
A number of costs that could be reduced considerably by having safe nurse staffing levels—such as those incurred as a consequence of treating pressure ulcers, healthcare-acquired infections and falls	**Partially achieved.** Patient incidents and nursing complaints are recorded on Section 25B wards. Although the total number of incidents is significant, the number of those where nurse staffing levels is considered an attributing factor is relatively small. Supportive of this, many Health Boards have reduced the number of incidents/complaints attributed to a failure to maintain nurse staffing levels year after year. Betsi Cadwaladr for example, during the first year of reporting 2018-2019 had five pressure damage related incidents where a failure to maintain nurse staffing levels was considered an attributing factor. By 2020-2021 this had fallen to 0.

9.5. The Health and Social Care Committee report goes on to detailed unintended consequences that could arise from primary legislation on nurse staffing levels. Many of these consequence has not occurred.

9.6. The potential unintended consequence that have not occurred are as follows:

Unintended Consequence	Reality
The detrimental impact the Bill as drafted could unintentionally have, not least in relation to health settings in which staffing ratios would not be implemented at commencement	**Has not occurred.** There is no evidence to suggests there has been a detrimental impact on health setting not covered by Section 25B as a result of Section 25B being implemented on acute medical, surgical or paediatric wards.
The barriers to implementation, including the current shortage of nurses locally and internationally	**Has not occurred.** The Nurse Staffing Levels (Wales) Act 2016 has been fully implemented since 2018, when Section 25B was introduced. As highlighted elsewhere the legislation has created a culture shift and drawn attention to nurse staffing levels, including the barriers by senior NHS management, Welsh Government and relevant health bodies. Challenge facing the nursing workforce are well established and are being prioritised. HEIW are currently developing a nursing workforce strategic plan and a nursing retention plan. The Welsh Government are also taking action to address the barrier to implementation, and in 2022 launched a national overseas recruitment campaign. Health Boards have also conducted individual recruitment campaign, both overseas and at home.

The requirements for monitoring, reporting and providing information on compliance, particularly whether they strike the necessary balance between transparency and being overly time consuming and burdensome for front-line staff	**Has not occurred.** Reporting processes are well established. Health Board receive two reports a year on the Nurse Staffing Levels (Wales) Act 2016, normally May and November of each year. The report include a bi-annual audit of Section 25B wards and an annual compliance report. Reporting has been a challenge due to insufficient IT systems. This has been resolved with the roll out of 'SafeCare' in May 2023.
The financial implications of the Bill, particularly in the current context of significant resource constraints within the NHS in Wales	See section 8 for a detailed explanation.

Conclusion

Summarising the impact of the Nurse Staffing Levels (Wales) Act 2016

- **Patients have been protected.** The Welsh Government and NHS bodies have improved patient safety by investing in nurse staffing levels as a direct result of the Nurse Staffing Levels (Wales) Act 2016.

- **More nurses, better care.** There are more registered nurses and healthcare support workers (HCSWs) working on wards covered by Section 25B compared to before it was implemented (2018). In addition the statutory guidance also requires Section 25B wards to account for a 26.9% uplift to cover staff sickness, improving patient safety.

- **Generated a culture shift.** There is now corporate responsibility to allow nurses time to care for patients sensitively. Executive Directors of Nursing report to their Health Boards on nurse staffing levels and can request additional resources, support and staffing to address nursing challenges. The Nurse Staffing Levels (Wales) Act 2016 acts as a lever for change.

- **Provoked discussion on the importance of the registered nurse.** Part of the legislation is considering the professional judgement of nurses when deciding nurse staffing levels. This has raised the profile of the profession and their contribution to patient safety with senior NHS management.

- **Health Boards and Welsh Government are aiming for better patient care.** The Nurse Staffing Levels (Wales) Act 2016 has shone a spotlight on nursing recruitment and retention by the Welsh Government and Health Boards.

- **Safe nurse staffing levels save lives.** The impact of registered nurses on patient safety has been validated by research. There is extensive research to support the connection between nurse staffing levels and patient harm and mortality, as well the cost of missed care.

- **A low number of cases where nurse staffing levels is considered an attributing factor to patient incidents.** Although patient incidents and complaints regarding nursing still occur on Section 25B wards, a failure to maintain nurse staffing levels is rarely considered an attributing factor.

- **Created a spotlight on paediatric care.** Before Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was extended to paediatric wards (October 21), Executive Directors of Nursing sought additional financial and staffing resources from their Boards.

- **Financial cost.** There has been a financial cost to implementing and maintaining nurse staffing levels, but this should not be considered a burden, unique to Section 25B wards or nursing in generally.

Recommendations

To improve patient safety the Health and Social Care Committee should recommend the following:

8. The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.
9. The Welsh Government should develop statutory and operational guidance, for Section 25A of the Nurse Staffing Level (Wales) Act 2016.
10. Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.
11. The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.
12. The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.
13. Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.
14. The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

Annex

RCN Wales activity
The RCN Wales are committed to continuously reviewing and challenging the implementing and delivering on the Nurse Staffing Levels (Wales) Act 2016. This has been demonstrated by a number of reports including:

RCN Wales, 2020, An Act of Compassion. https://www.rcn.org.uk/Professional-Development/publications/pub-008071

RCN Wales, 2020, An Act of Compassion Video. An Act of Compassion - RCN Wales' campaign for safe staffing - YouTube

RCN Wales, 2021, Implementation of the Nurse Staffing Levels (Wales) Act 2016. https://www.rcn.org.uk/professional-development/publications/implementing-the-nurse-staffing-levels-wales-act-2016-uk-pub-009-981

RCN Wales, 2019 Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016 (English version). https://www.rcn.org.uk/Professional-Development/publications/009-905

RCN Wales, 2022 Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016 (English version). https://www.rcn.org.uk/Professional-Development/publications/progress-and-challenge-in-delivering-safe-and-effective-care-2022-uk-pub-010-279

In June 2021 16 organisations wrote to the First Minister to urge the Government to ensure safe nurse staffing and expand Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community settings. Organisations included:

- Abergavenny Community Trusts
- Age Cymru
- Bladder and Bowel Community
- Bridgend Carers Centre
- British Medical Association Cymru Wales
- Carers Wales
- Children's Commissioner for Wales
- Conwy Connect
- Epilepsy Action
- Learning Disability Wales
- Mencap Cymru
- Mind
- Royal College of Nursing Wales
- Royal College of Physicians Cymru
- Royal College of Psychiatrists Wales

- Ty Hapus

RCN Wales is currently updating Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016. This will provide an updated analysis of the compliance of Health Board in delivering their statutory responsibilities.

RCN Wales campaigned for the extension of Section 25B to paediatric wards, which was achieved and implemented by October 2021.

RCN Wales has also campaigned for a timeline to be outlined by the Welsh Government for the extension of Section 25B to mental health inpatient wards and community settings.

RCN Wales will continue to monitor the Nurse Staffing Levels (Wales) Act 2016, Health Board's compliance and the actions of the Welsh Government that could impact the delivery and prioritisation of nurse staffing levels.

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Bwrdd Iechyd Prifysgol Aneurin Bevan | Aneurin Bevan University Health Board

Nurse Staffing Levels (Wales) Act 2016

Enablers

- Since the passing of the Nurse Staffing Levels (Wales) Act 2016 there has been significant focus and investment placed on implementing and embedding the Act in Aneurin Bevan University Health Board.
- The Act supports a systematic and robust approach to reviewing establishments, with professional oversight being front and central.
- It supports a triangulated approach aligning staffing levels, acuity and quality metrics.
- The process ensures ward to board reporting and oversight.
- The act encourages ownership and overview of ward establishments between nursing, workforce and finance to ensure establishments are aligned correctly to ward budgets.
- An operational framework has been introduced to support the requirements of the Act to ensure appropriate and clear escalation occurs when the planned roster is not met and ensures all reasonable steps are taken to maintain nurse staffing levels.
- Bi-annual reviews, annual presentation of establishments and annual assurance reports ensures Board is fully appraised of compliance with the Act and have due regard to their duty in ensuring sufficient nurses to comply with the Act.
- The Act has driven improvements in nursing workforce establishments not only for 25B wards but it has driven focus and attention on all ward and unit establishments.
- The protected uplift applied to Band 7's supports the concept of 'free to lead free to care'.
- The responsibilities within the Act ensures there is a focus on undertaking timely Root Cause Analysis aligned to quality metrics and lessons learnt are shared.

Considerations

- It has been difficult to demonstrate whether the implementation of the Act has demonstrated an impact on patient outcomes. The bar set in reporting of metrics is of such a high level very few incidents are reported. This will potentially change as a consequence of the Duty of Candour whereby moderate harm will be reported going forward.

- Reportable quality metrics have remained the same since the inception of the Act (other than complaints). It has never been made explicit how and why these quality metrics were decided and agreed, what was the evidence and research which informed this decision.
- There does not appear an appetite to consider whether the original metrics were correct, and if these should remain the same. Different metrics should be considered, research based, which may be more effective in demonstrating the impact on patient outcomes.
- Other than falls the quality metrics can be very subjective in determining whether the inability to maintain staffing levels resulted in patient harm.
- Complaints is a particularly difficult quality metrics to determine whether the inability to maintain nurse staffing levels resulted in patient harm. Complaints are more often than not multifaceted - often spanning several wards, departments and professions. This has been raised several times however it continues to be a metric of choice.
- There is little room for manoeuvre when implementing the Act in regards to alternative roles to support patient care. It is overly focused on Registered Nurses and Health Care Support Workers which in a climate of a significant national shortage of registered nurses is not helpful. As a Health Board we have ensured professional judgement is front and central in all decision in regards ward establishments which at times has meant the introduction of alternate roles, this has not always been received positively.
- The pandemic hit the UK in the early stages of the first reporting period to WG in regards compliance with the Act. The pace by which wards had to be repurposed meant, at times, it was impossible to be fully complaint with the Act. IT systems were not able to adapt quickly enough to ensure compliance.
- Appropriate systems were not introduced prior to the Act being implemented, and still remains an issue. This has meant some of the reporting requirements set out in the Act still cannot be complied with.
- The Act is considered uni-professional with no reference to the MDT. To future proof the Act this needs to form a fundamental principle in its implementation with a greater emphasis on multi-professional working and in particular the 'Team Around the patient'.
- At times there is contention between professions as the Act only applies to Nursing. Also, it is perceived that there is heightened focus of 25B wards due to the reporting requirements at potentially the detriment of others areas.
- A great deal of work has been on-going in Health Visiting, District Nursing and Mental Health, to include significant work aligned to impact assessments. There is uncertainty as to how this work will be progressed going forward and who is leading on it.

Senedd Post Legislation Scrutiny Response on behalf of the Nursing & Midwifery Nurse Staffing Assurance Group (Formerly Nurse Staffing Act (NSA) Steering Group, Swansea Bay University Health Board

The Nurse Staffing Levels (Wales) Act 2016 provides nurses at all levels with a voice, the Health Boards group outlined above is therefore an advocate of the Act.

The Act allows engagement with all Health Board staff across all disciplines to understand and calculate the nursing establishments and rosters. The Health Boards corporate scrutiny involves Directors of Nursing, Finance, Workforce, and Digital Teams. The Act supports the ability to have evidence to articulate the staffing requirements from the triangulated approach.

Bi-annual re-calculations process

The bi-annual re-calculation process is currently carried out following January and June's acuity audits. However, the time required to scrutinise and discuss the templates with Directors of Nursing, Finance and Workforce and to gain agreement from Board often means that the Health Board has not had a chance to test any changes to rosters and establishments before the next round of re-calculations. With this in mind, there could be a consideration to move to an annual re-calculation, which would allow any previous changes to be measured and evaluated before the next cycle. With the provision that any changes to Section 25B wards would require additional re-calculations, outside of this time period, as is currently the case.

Reporting

Both the mandated November Board paper and the 'Once for Wales' agreed May Board paper can be quite repetitive. Both report the ward establishments, with the May Board paper including quality indicators and analysis of incidents. This information could be in cooperated into one annual report, which would include all the information from both November and May's paper and shape the three yearly report to Welsh Government.

Data capture

Implementation of SafeCare has allowed for capture of data, which informs the Nurse Staffing levels, however the required enhancements to the SafeCare system for reporting are expected for testing in Summer 2023. This will allow for clearer reporting, with both Health Board/Trust and an All Wales picture. The inability to capture this data previously has been an issue, with hindsight it would have been prudent to have had these systems embedded into practice prior to 'the Act' coming onto force.

Quality Indicators

Unsure if some of the current Quality Indicators provide robust assurance such as Medication errors. Addition of moderate harm for falls and medication errors will increase the number of incidents recorded within Health Board reports. This has been highlighted at an All Wales level and further work is being taken forward to ensure a consistent approach, in line with 'the Act'.

Resource Requirements

It cannot be underestimated the significant resource that is needed to meet the requirements of 'the Act', both operationally and corporately.

The Act stipulates that all Section 25B wards on costs (to cover sickness, annual leave and study) are currently set at 26.9%, is there the opportunity to review these and ensure parity across all services?

Uni-professional legislation

With the move to consider the 'Team around the Person' this Act is uni-professional and currently would not fully fit with this model of multi-professional models of working. There is All Wales work being undertaken to assess the impact.

Section 25A less guidance

There is less guidance for section 25A areas, this could result in ambiguity and different approaches across Wales.

Finance

'The Act' has supported a clear mechanism to evidence the requirement to enhance establishments and therefore gain support from a financial perspective.

Response – scrutiny panel NSA

Velindre has one ward in the category of 25B. Staff have responded positively to the introduction of the Nurse Staffing Levels (Wales) Act 2016 and see the value of measuring patient acuity and nurse staffing levels. They see the benefits of being able to evidence their workload and negotiate more staffing when patient needs increase.

Recruitment of nursing staff has been more challenging over the last 12 months, there is a national and global shortage of nurses and all health boards and trusts are struggling to recruit from a diminishing supply of nurses. There is a legal obligation for us to calculate and take all reasonable steps to maintain the nurse staffing level but this may become more challenging if the supply of registered nurses is not addressed. In Wales we are looking at a multidisciplinary approach to the team around the patient and legislation may need to alter to reflect the whole team caring for the patient. The assistant practitioner role will also need to be considered as in Velindre we have recruited into this role in the outpatients department with the aim of future rollout to the ward area. Will this role be recorded separately to the band 2 and 3 HCSW? Templates may need to alter as the reportable planned roster could look quite different to the current version.

Although every attempt is made to make sure that each shift is covered with enough nurses to effectively care for patients this can be challenging on occasions due to last minute reported staff sickness, an increase in admissions and fluctuating acuity levels. SafeCare has enabled nurses to raise concerns in relation to patient care. Positively nurses can now raise live red flags if they feel nurse staffing levels are insufficient and that patient care is compromised. The triangulated approach allows the nurse to use professional judgement which also gives a level of autonomy.

A challenging aspect throughout the process has been the digital infrastructure. SafeCare implementation has helped to bring together acuity and nurse staffing levels, however, there are remaining challenges in the extraction of data from the

system. A package of data retrieval is still being negotiated and costed, retrieving the data to create meaningful visual metrics is challenging and labour intensive. It would have been helpful if these issues had been ironed out from the outset as we have a system that currently doesn't offer all functionality to make it fully effective.

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 6

Document is Restricted

Health Education and Improvement Wales,
Ty Dysgu,
Cefn Coed,
Nantgarw,
CF15 7QQ.

18th July 2023

Mr. Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
Cardiff
CF99 1SN

(By email only)

Dear Mr. George,

Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny.

Health Education and Improvement Wales welcomes the opportunity to contribute to this important consultation on the Nurse Staffing Levels (Wales) Act 2016. We would also like to thank you for giving us an extension to July 20th to respond.

This submission is provided to the Health and Social Care Committee on behalf of Health Education and Improvement Wales (HEIW) and covers the four areas provided within the Terms of Reference of the consultation.

Introduction

Health Education and Improvement Wales (HEIW) is the national strategic workforce body for NHS Wales. Workforce is the key strategic issue at the heart of the service and one of the key quality challenges affecting health and care in Wales. As an organisation, we have a unique contribution to make in addressing strategic and specialist workforce issues through our statutory functions and play a lead role in the development of strategic workforce plans supporting the development of the current and future shape of the workforce.

Our purpose is, as part of the NHS, to work with system partners to plan, develop, educate, train, and sustain the current and future NHS workforce. Our key functions are:

- Education and training – planning, commissioning, delivering, and evaluating.
- Leadership development
- Workforce strategy, planning, and intelligence.
- Workforce development and transformation
- Professional support for workforce and organisational development
- Quality improvement
- Careers and widening access
- Workforce retention

1. The operation and effectiveness of the Act to date, including its impact on patient outcomes, impact on nurse recruitment and retention, and barriers to compliance with the legislation.

As the strategic workforce body for NHS Wales, it is HEIW's view that The Nurse Staffing Levels (Wales) Act 2016 has raised the profile of nursing in Wales and highlighted that maintaining nurse staffing levels ensures safe care is provided to patients. The Statutory Guidance (Welsh Government 2016), provides the detail on how to calculate, maintain and inform patients of the

nurse staffing levels on adult acute medical and surgical inpatient and paediatric inpatient wards, using a triangulated methodology ensuring a consistent approach across Wales, that is informed by nurses.

Research has demonstrated that nurse staffing levels can impact on patient morbidity and mortality (Rafferty et al 2006, Akine et al 2021, Griffiths and Rafferty 2021). The link between nurse staffing and patient outcomes was highlighted 10 years ago in the Report of the Mid Staffordshire Hospital NHS Trust (2013). The Statutory Guidance (Welsh Government 2016) highlights the need to consider where patient well-being is particularly sensitive to care provided by a nurse, and specifies that data relating to patient falls, medication errors and pressure ulcers is analysed. In NHS Wales, this data is collected through the national incident reporting system, where nurse staffing levels and is considered in terms of whether the nurse staffing level was maintained at the time, or whether failure to maintain the nurse staffing level contributed to the incident or to any patient harm. This data is captured and reported to Welsh Government on a three yearly basis. This consistent approach to data collection and scrutiny, increases health board accountability, highlighting patient outcomes and the correlation with staffing levels.

The impact on nurse retention and recruitment is harder to gauge. Increased workload, progressively stressful work and staff shortages are the three (out of 21) most selected reasons for individuals leaving the Nursing and Midwifery Council's register (NMC 2022). While the Act may support nurse recruitment and retention, other variables impact on this too, including pay and conditions, organisational leadership and culture, health and wellbeing of the workforce, continual professional development, flexible working etc. This has also been compounded by the lasting effects of the pandemic, the changing health needs of the population and the increase in health service demands.

Current substantive nursing workforce recruitment and retention challenges, levels of sickness, absence and vacancies make it more challenging for health boards to fully implement the duties of the Act, which may result in a reliance on the use of supplementary staffing. The Statutory Guidance articulates the reasonable steps required at national, strategic, and operational levels to maintain the nurse staffing level, strengthening health board accountability for workforce planning, active recruitment and local retention and wellbeing strategies. The use of supplementary staffing is acknowledged as an operational step to maintain the staffing level. However, supplementary staffing potentially impacts on the provision of continuity of care to patients and is expensive.

The Act currently adopts an uni-professional methodology, which is somewhat limiting. As health and care services continue to develop and evolve in response to the changing health and care needs of the Welsh population, the workforce is also transforming and recognising the skills and valuable contribution of others in the multi–professional team to deliver patient centred care.

Compliance with the Act is reliant on the recording, collating and interpretation of data relating to staffing and the triangulated methodology. In order that nursing staff can utilise their skills appropriately, efficiently and effectively, it is essential that the correct national and integrated IT infrastructure, with training for staff, is in place to support this.

2. Further actions needed to ensure a sustainable supply of nursing staff to meet patient needs and the requirements of the legislation going forward.

Further action, investment and collaborative working across NHS Wales, Social Care, education providers and Welsh Government is needed to ensure a sustainable supply of nursing staff to meet population health needs and the requirements of the legislation going forward.

This will require a multi-faceted approach which is at the heart of HEIW's Strategic Nursing Workforce Plan due to completed by the end of 23/24. . HEIW's focus is on the development and implementation of co-ordinated plans for attraction, recruitment, retention, education and training, workforce transformation, developmental and career opportunities and pathways, and the wellbeing of the workforce. The Nursing Workforce Retention Plan is due to be launched in August 2023 and reflects the views and evidence from across the UK. We also recognise that action is needed to

address current pay and working conditions, in particular flexible approaches to working, to ensure a sustainable supply of nursing staff.

3. **Progress in developing the evidence base to extend the Act to further settings.**

The interim nurse staffing principles for health visiting, mental health nursing and district nursing have been developed, to provide Health Boards/Trusts with guidance to assist them with workforce planning. The principles can be adopted by health boards and support a consistent approach to workforce planning in these areas.

Tools have been developed and have undergone various levels of testing, evaluation, and analysis to refine and build the evidence base that is required to underpin them. Further work needs to be undertaken to strengthen the evidence base to ensure that it contains an objective assessment of added value and impact measures.

Prior to any change to the legislation, the development of a national IT system with digital solutions and data analytical support is needed to ensure the effective and efficient collation and utilisation of data at a local and national level. With the correct IT infrastructure, data can be easily recorded, collated, and analysed enabling the evidence base to be developed, providing opportunities for benchmarking and to inform decision making and workforce planning.

Extensive work has been undertaken by HEIW in collaboration with stakeholders to develop a range of workforce planning tools to support Health Boards and Trusts.

4. **The extent to which the Act is 'future-proof' and will contribute to ensuring that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups.**

Since the writing and the introduction of the Act, service developments and improvements across the health and social care sector reflect the philosophy of multi-professional working, to ensure care is delivered by the right person with the right skills at the right time. As the Act matures, it is important for the sustainability and affordability of the health and care system that a multi-professional and multidisciplinary delivery of service provision is recognised and taken into account.

As digital technologies develop and population health needs change, this will impact on the models of care delivery and the shape and supply of the workforce. The Act therefore needs to be considered in terms of the wider workforce agenda, including workforce transformation, models, and design, especially in light of the workforce challenges, experienced by health and social care.

There is a risk that in restricting the second duty of the Act to adult inpatient medical and surgical wards and paediatric inpatient wards, scarce resources might be prioritised for these areas because they have a statutory duty for nurse staffing levels (25b areas) to be reported to Welsh Government. This might be at the expense of other areas where care is appropriately delivered by other professions. This also limits the Act's ability to ensure the needs of the whole population are met.

HEIW as part of NHS Wales is responsible for the planning, development, education, and training of the current and future workforce, with a focus on multi-professional learning and working to deliver safe and skilled care to patients. HEIW will continue to work with NHS Wales and Welsh Government to invest in the needs of the workforce, including compliance with the Act.

Additional Comments

We wonder about the timing and value of reviewing the legislation following the pandemic. The disruption caused during the pandemic understandably impacted significantly on the capacity and ability of organisations to implement the legislation.

It needs to be recognised; the introduction of the Quality Act now places the improvement of patient safety at the heart of the NHS in Wales .

As an organisation, our work on the development of strategic workforce plans is aimed at ensuring we develop a workforce to provide safe and quality care to patients. Overall, we believe that any initiative to improve patient safety, whether legislation or otherwise, must be based on evidence that demonstrates the best results for patients

In conclusion, we trust that the views submitted on these issues will be helpful to you. In line with our Welsh Language Scheme, we will also be submitting a Welsh language translation of this response.

Thank you again for the opportunity to contribute to this important consultation on the Nurse Staffing Levels (Wales) Act 2016.

If there is anything more you need, then please get in touch.

Yours sincerely

Lisa Llewelyn
Cyfarwyddwr Gweithredol Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol
Executive Director of Nurse and Health Professional Education

Addysg a Gwella Iechyd Cymru
Health Education and Improvement Wales

Senedd Cymru
Y Pwyllgor Cyllid
—
Welsh Parliament
Finance Committee

Rebecca Evans MS,

Minister for Finance and Local Government

22 September 2023

Dear Rebecca,

Evidence papers supporting the 2024-25 Draft Budget

Many thanks for your letter of 8 September.

I am grateful for the constructive manner in which you have engaged with the Finance Committee on ways that ministerial written evidence on the Welsh Government's Draft Budget proposals can be improved, with the aim of addressing the issues identified in my letter of 23 June.

I welcome your intention to confirm when Ministers will provide their evidence papers to Senedd Committees ahead of the 2024-25 budget round. I am also grateful that Senedd Committees will be offered a technical briefing on the Draft Budget.

In terms of your request for a clear indication from the Finance Committee on what would be considered essential for inclusion in ministerial evidence papers, it would not be appropriate for me to provide a single list of proposals without consulting Committee Chairs first.

Whilst I see benefits in developing a high level template for evidence papers, and although I am supportive of co-operation between committees to avoid duplication and overlap in its areas of focus during budget scrutiny, a consistent

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approach may be difficult to achieve in practice given that Committees will naturally have different priorities and areas of focus.

I would also want to guard against the development of a template that may foster a prescriptive approach to the provision of written evidence, which may end up diluting the information made available to individual Committees as they seek to hold ministerial spending decisions to account.

The difficulties faced by Ministers in providing specific details for Committees relating to each MEG during the 2024-25 budget is a case in point. Although I recognise the challenges posed by this year's budget timetable, this should not restrict Committees from requesting detailed information relating to individual portfolios as this is crucial to informing public evidence sessions with Ministers, particularly when time to consult with stakeholders is limited.

I am therefore willing to explore ways in which a template could be developed, although I also acknowledge that developing consensus on this issue may take time and that it is unlikely that any changes will be agreed for the forthcoming budget round.

I am copying this response to all Senedd Committees with an interest in budget scrutiny to facilitate further discussions, and will raise this matter at the next meeting of the Chair's Forum on 23 October.

Yours sincerely

Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

—

Legislation, Justice and Constitution Committee

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Russell George MS
Chair, Health and Social Care Committee

29 September 2023

Dear Russell,

You will be aware that the Legislation, Justice and Constitution Committee is responsible for monitoring the implementation of non-trade international agreements in the Sixth Senedd.

During our meeting on 11 September 2023, we considered the UK-Norway-Liechtenstein-Iceland Convention on Social Security Coordination. This agreement provides for continued social security coordination between the UK (excluding Gibraltar and the Crown Dependencies) and Iceland, Liechtenstein and/or Norway post-Brexit.

Although this agreement relates to international relations, which is a reserved matter, it is within the legislative competence of the Senedd to implement certain aspects of this agreement relating to health. As such, during our consideration of the agreement, we agreed to draw it to the attention of your Committee for information.

We are also writing to Welsh Government to request information on its engagement with the UK Government in relation to this agreement, as well as the steps it will take to ensure that the agreement is implemented within devolved competence.

Our latest report is available here.

Yours sincerely,

Huw Irranca-Davies

Chair

Senedd Cymru
Welsh Parliament

Agenda Item 8.3

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

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Legislation, Justice and Constitution Committee

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Rt Hon Mark Drakeford MS
First Minister for Wales

29 September 2023

Dear Mark,

As you are aware, the Legislation, Justice and Constitution Committee is responsible for monitoring the implementation of non-trade international agreements in the Sixth Senedd.

During our meeting on 11 September 2023, we considered the UK-Norway-Liechtenstein-Iceland Convention on Social Security Coordination. This agreement provides for continued social security coordination between the UK (excluding Gibraltar and the Crown Dependencies) and Iceland, Liechtenstein and/or Norway post-Brexit.

Whilst the negotiation of reciprocal healthcare agreements is a reserved matter, it is within the legislative competence of the Senedd to implement certain aspects of this agreement, including the recovery of overseas visitor costs. On that basis, we understand that the UK Government engaged and consulted with health officials from the devolved governments, shared draft legal text and liaised on health implications.

We would be grateful if you could please provide more information on your engagement with the UK Government in relation to this agreement, as well as the steps the Welsh Government will take to ensure that the agreement is implemented in areas within devolved competence.

I would be grateful to receive a response by 19 October 2023.

I am copying this letter to the Chair of the Health and Social Care Committee.

Yours sincerely,

Huw Irranca-Davies

Huw Irranca-Davies
Chair

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair,
Health and Social Care Committee

SeneddHealth@senedd.wales

2 October 2023

Dear Russell

Thank you to the Committee for its constructive questioning during my appearance before the Committee Inquiry into Gynaecological Cancer. There were a number of areas on which I agreed to follow up in writing to the Committee.

Sarah Murphy MS asked what the Wales equivalent of the target in England for early-stage diagnosis of cancer is (England: 75% of cases diagnosed at stage 1 or 2 by 2028). Public Health Wales publishes cancer incidence figures by stage at diagnosis but there is no target in Wales for the proportion of cancers that are diagnosed at stage 1 or 2. The Quality Statement for Cancer recognises the vital importance of diagnosing cancer at earlier stages, as this will make the biggest difference to cancer survival rates. It includes a commissioning expectation for health boards to plan and deliver services that will detect more cases of cancer at earlier stages. We expect that ongoing developments in diagnostic services, referral practice, and improvement in screening provision will support the detection of earlier stage cancer. I do not feel that a target is required to drive this, as it is already the most significant area of national focus with regard to cancer services. It is also very difficult to judge the long-term change because the proportion of non-staged cancers has fallen significantly over time and impacts the proportions recorded as any particular stage.

Sarah Murphy MS also asked for information about the timeliness of official cancer statistics produced by the Wales Cancer Intelligence and Surveillance Unit. Updated cancer survival figures, to include 2020, are due to be published in October 2023. Updated cancer mortality figures, to include 2022, are due to be published in December 2023. Updated cancer incidence figures, including 2020, were published in August 2023. It is normal and routine across the UK for these statistics to be published with 2-3 years of delay. This is because it takes time for data to accrue in clinical systems, to be validated for accuracy, to be transferred and processed by Public Health Wales, and then to be published.

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

With regard to survival data in particular, at least one year must have elapsed to calculate one-year survival, and several years of data is required to model five-year survival. The timeliness of these figures actually improved in the run up to the pandemic, due to the adoption of modelling techniques for reporting five-year survival. However, it is the case that the early years of the pandemic had a temporary impact on the capacity of the Unit, as staff were re-deployed to support the emergency response. This would have added some additional delay to the availability of the statistics. However, by the end of this year we will have available updated incidence (2020), survival (2020) and mortality figures (2022).

Public Health Wales is committed to improving the timeliness of cancer registry data and has for the first time published experimental statistics on cancer incidence using pathology system data. This data does not give a complete picture of all cancers, but it is available up to May 2023 to help give stakeholders more up to date insight into cancer incidence.

Although official cancer registry data is important for understanding cancer incidence and outcomes, at population level these figures are normally quite consistent, outside of a pandemic year. We are not reliant on registry data alone to deliver or oversee cancer service delivery. The NHS has a wealth of internal management data that is used on a day-to-day basis to guide the planning and delivery of services.

During the evidence session, the Deputy Chief Executive of NHS Wales referred to how we are supporting health boards to develop business intelligence tools to make better use of this management data. This work includes the development of data sets at cancer sub-type level (e.g. cervical, ovarian, uterine). This work is already underway for ‘closed’ pathways – pathways where treatment has commenced. However, it may not be possible to differentiate referrals for gynaecological cancer because around 1-in-20 of those affected will not have a gynaecological cancer, and also because the referral is made according to symptom or outpatient clinic type rather than cancer sub-type.

The potential for developing better data on referred cases is still under consideration, but improving the granularity of data on the diagnostic stage of the pathways is likely to be the focus of effort for so called ‘open’ pathways – where treatment has not yet commenced, or cancer has not yet been ruled out.

I hope this additional information is helpful to the Inquiry.

Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
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Russell George MS
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Jenny Rathbone MS
Chair
Equality and Social Justice Committee
SeneddEquality@senedd.wales

4 October 2023

Dear Russell and Jenny

You are doubtless aware of recent press reports about female surgeons being sexually assaulted in the workplace, and are as appalled at such behaviour as I am. I asked my officials to seek assurances from all medical directors in Wales regarding the actions they have in place to prevent incidents of overt discriminatory behaviours; misogyny and/or a breach of sexual safety.

All medical directors have shared their safeguarding policies which are in line with national requirements. Not all organisations have specific sexual safety policies and those without acknowledged that they would reinforce their controls by providing staff with guidance on sexual health and well-being and outlining the process by which they can report sexual incidents. All have expressed a desire to promote a clear commitment to preventing sexualised harm.

Prior to the press reports, the NHS Wales Executive had already started to establish a National Coordinating Group for Sexual Safety in NHS Wales. The Group is utilising a task-and-finish approach to complete a brief assurance exercise, primarily in response to the report by the Women's Rights Network, *When We Are At Our Most Vulnerable,* which included a concerningly high frequency of reports of sexual violence occurring in hospital settings.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Group has focused on actions to complete the required immediate assurance functions including:

- a data collection exercise across NHS Wales organisations and Sexual Assault Referral Centres
- ensuring organisations complete a self-assessment on how they prevent sexual harm to patients and staff and how they respond where sexual harm, including criminality, is disclosed or observed.

We are widening this debate and are clear about our expectations across the wider NHS which includes the recently-published Welsh Health Circular *NHS Wales speaking up safely framework.* The Framework contains practical toolkits, developed in partnership with our employer and trade union colleagues and, in due course, resources will be published on Health Education and Improvement Wales's Gwella platform. We will also share the sexual safety work which the Welsh Ambulance Services Trust has developed to address the use of power and influence.

Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Y Pwyllgor Iechyd a Gofal Cymdeithasol
–
Health and Social Care Committee

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Professor Arianna Di Florio
Division of Psychological Medicine and Clinical Neurosciences
School of Medicine
Cardiff University

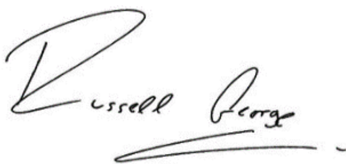
25 July 2023

Dear Professor Di Florio

The Health and Social Care Committee has identified women's health as one of its strategic priorities for the Sixth Senedd. As part of our ongoing interest on this issue, Sarah Murphy MS, who is a member of the Committee, has raised concerns about the way data is recorded in the SAIL databank, and specifically mentioned problems you have been having using it for menopause research.

We will be holding a general scrutiny session with the Minister for Health and Social Services in the autumn term, which could provide an opportunity to explore this issue with her. It would be helpful if you were able to provide us with details of the issues you have experienced by 15 September 2023, to help inform that session.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

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Division of Psychological Medicine
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Russell George MS
Health and Social Care Committee
Welsh Parliament

Cardiff September 11th 2023

Dear Mr George

Thank you for your letter, asking for details on the issues I believe are limiting the use of SAIL in some areas of menopause research.

In summary: the limitations presented by SAIL are those of most databanks based on (electronical) health records. SAIL can still be used to explore some questions around reproductive aging, for example, the effects of HRT on long term outcomes.

Background and research context

I have set up and run the only reproductive mental health clinical and research programme in the UK. The programme includes a UK-wide second opinion clinic (run jointly by Cardiff University and Cardiff and Vale University Health Board) and both basic and clinical research. Research focusses on the effects of sex, gender, and reproductive events on the brain and on severe mental illness. With grants from the European Research Council (grant number 947763) and the Medical Research Council (grant number MR/W004658/1), I am studying with my team the association between reproductive aging (i.e. perimenopause and menopause) and severe mental illness.

Registered Charity, no. 1136855
Elusen Gofrestredig, rhif 1136855

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

We are currently focussing on two research questions (which surprisingly have never been addressed):

1) Is the perimenopause a period of increased risk of mental illness?
2) If so, what does make some people more likely than others to developed mental illness at this time?

Variables considered and availability in SAIL:

- **Timing of the final menstrual period -** Menopause is defined by the point in time 12 months after a woman's last period (ref: https://www.nia.nih.gov/health/what-menopause)[1]. Information on whether a person has experienced their final menstrual period is essential for any menopause-related research aimed to assess the impact of the menopause at a population level. Our research has recently "highlight[ed] the importance of considering the final menstrual period rather than chronological age. [..] Given the 20-year range variation in age at final menstrual period, inferring age at menopause on solely chronological age can lead to errors and, in research, to false negatives".

- **Menopausal and other perimenopausal disorders** - The terminology reflects the corresponding International Classification of Diseases code (N95). SAIL would record the presence of menopausal and other perimenopausal disorders if they emerge and they are reported during a GP appointment. If people, as increasingly often happens, seek private healthcare for menopause related issues, this would not be recorded. Moreover, the N95 code 1) covers only some symptoms, mostly physical, and not psychiatric disorders 2) does not specify the timing in relation to the final menstrual period 3) is recorded only if the clinician associates the issues presented by the patient with their menopause status. For example (based on my clinical practice), a first manic episode requiring hospital admission happening in the perimenopause would not be recorded as associated to the perimenopause. Of note, by definition, it is possible to establish the menopause status only one year after the final menstrual

[1] For an international consensus on assessing reproductive aging in research and clinical contexts, please see: Harlow SD, et al. Executive summary of the Stages of Reproductive Aging Workshop + 10: addressing the unfinished agenda of staging reproductive aging. Menopause. 2012 Apr;19(4):387-95. doi: 10.1097/gme.0b013e31824d8f40. PMID: 22343510; PMCID: PMC3340903.

The Queen's Anniversary Prizes For Higher and Further Education 2015
INVESTORS IN PEOPLE
Athena SWAN Silver Award
QAA Cymru UK Quality Assured Sicrwydd Ansawdd y DU

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period has occurred. In other words: it is not known whether a period is the final menstrual period until 12 months after it has occurred.

Discussion

The limitations presented here are shared by most databanks based on (electronical) health records. When we sought to find the best source of data for our study, we considered accessing national records from countries outside Wales. None of them, however, provided the information on menopause we needed. Large research cohorts with a wealth of menopause related data such as the SWAN cohort in the US (https://www.swanstudy.org) are not large enough to reliably capture severe mental illness. The SWAN study, for example, includes only 3,302 people.

The most useful resource we found to address our research questions was UK Biobank, because it includes a specific variable on age at the final menstrual period. Such variable was collected by asking directly to 177,882 people "How old were you when your periods stopped?" (https://biobank.ndph.ox.ac.uk/showcase/field.cgi?id=3581). Using such resource, we have been able to demonstrate for the first time a specific effect of the perimenopause on the risk of severe mental illness in people without history of mental disorders. According to our research, women from the general population have an over 2-fold (2.3, 95% CI 1·43–3·81) increased risk of developing mania[2] in the four years surrounding the final menstrual period compared to the late reproductive stage.

I have not submitted any data request to SAIL, as it does not include some key variables I need for my research. I therefore don't know how many people included in SAIL have information on N95 disorders or how many have been prescribed hormone replacement therapy (HRT). Such data, which could be requested to SAIL, may provide a more

[2] Mania, as defined by the International Statistical Classification of Diseases and Related Health Problems 10th Revision (https://icd.who.int/browse10/2019/en#/F30-F39), is a disorder characterized by a persistent elevation of mood, out of keeping with the patient's circumstances and may vary from carefree joviality to almost uncontrollable excitement. Elation is accompanied by increased energy, resulting in overactivity, pressure of speech, and a decreased need for sleep. Attention cannot be sustained, and there is often marked distractibility. Self-esteem is often inflated with grandiose ideas and overconfidence. Loss of normal social inhibitions may result in behaviour that is reckless, foolhardy, or inappropriate to the circumstances, and out of character. In some cases, delusions (usually grandiose) or hallucinations (usually of voices speaking directly to the patient) are present, or the excitement, excessive motor activity, and flight of ideas are so extreme that the subject is incomprehensible or inaccessible to ordinary communication.

The Queen's Anniversary Prizes For Higher and Further Education 2015
INVESTORS IN PEOPLE
Athena SWAN Silver Award
QAA Cymru UK Quality Assured Sicrwydd Ansawdd y DU

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comprehensive picture on the use of SAIL in menopause research. Such assessment would need to integrate estimates and information on private prescriptions of HRT and, more broadly, on people who are using private health care instead of the national health system (NHS). For example, there are five private menopause clinics accredited by the British Menopause Society only within Cardiff. Information on private service users is in fact important to establish the burden of the issues and the representativeness of SAIL data on menopause. If the number of people getting private menopause health care is high, the estimates derived from NHS data (a.k.a. SAIL) may be biased.

I hope this information is helpful.

Please don't hesitate to contact me if you have any questions.

Yours sincerely,

Arianna Di Florio, MD, PhD
Professor of Psychiatry, Cardiff University
Honorary Consultant Psychiatry, Cardiff and Vale University Health Board

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Y Pwyllgor Plant, Pobl Ifanc ac Addysg
—
Children, Young People and Education Committee

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Minister for Health and Social Care
Eluned Morgan MS

Deputy Minister for Social Services
Julie Morgan MS

Deputy Minister for Mental Health and Wellbeing
Lynne Neagle MS

9 October 2023

Welsh Government Draft Budget 2024-25

Dear Eluned, Julie and Lynne,
As last year, we would like written information to support our scrutiny of the Welsh Government's Draft Budget 2024-25. The annex to this letter sets out in detail the information that we would like to receive.

I would be grateful to receive the written information no later than 19 December 2023. I note that the Welsh Government intends to publish the Draft Budget on 19 December 2023. While we usually ask for the written information a few days after the publication of the draft budget, due to the planned publication date of the draft budget, we are asking for this information on the same day. To help alleviate some of the issues in preparing the written evidence and provide you with the maximum time possible to prepare the submission we are issuing our request earlier in the autumn term. Please contact my clerks if you are concerned about meeting our proposed deadline in light of the budget timetable.

Given the shared interest across committees in some of the areas listed in the annex to this letter, I have copied in the chairs of the Health and Social Care Committee and the Equality and Social Justice Committee.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Annex A: Request to the Minister for Health and Social Services regarding CYPE Draft Budget scrutiny 2024-25

1. Allocations for children and young people

Allocations in the Health MEG by Action, and Budget Expenditure Line (as directly relevant to children and young people):

- Draft Budget 2024-25
- Final Budget 2023-24 allocations
- 2023-24 First Supplementary Budget
- Forecast 2023-24 out-turns
- 2025-26 indicative budget (if set)

A description of any changes to baselines used in the Draft Budget 2024-25 from the First Supplementary budget June 2023.

2. Impact assessments

- Combined CRIA across all portfolios: The overall Child's Rights Impact Assessment (CRIA) undertaken by to inform allocations in the draft Budget 2024-25.
- CRIA for Health and Social Services MEG: The CRIA for the Health and Social Services MEG for 2024-25.
- Other impacts: Details and/or examples of any changes made to allocations within the Health and Social Services MEG following considerations of equalities, sustainability, the Welsh language, and the Wellbeing of Future Generations.

3. Programme for Government

Allocations in the Draft Budget 2024-25 and the latest position on funding for:

PFG Commitment	Requested allocations and narrative detail
Advocacy services for parents whose children are at risk of coming into care.	Allocations for the roll out of support for parents whose children are on the edge of care, which is to be delivered in accordance with a national framework.

Fund regional residential services for children with complex needs.	Allocations for 2024-25 for the Regional Partnership Boards for the 8 projects which are now operational (and how many additional placements this funds). Allocations for delivery of any new projects (and how many additional new placements this funds).
Eliminating private profit from the care of children looked after.	An annual breakdown of how the commitment to spend £68m is broken down by total over the three years 2022-23, 2023-24, 2024-25. Final outturns for 2022-23 / breakdown of who that was allocated to and for what purpose (by local authority and third sector) Forecast outturns for 2023-24 / breakdown of who that was allocated to and for what purpose (by local authority and third sector) Detailed planned allocations for 2024-25 (or the process by which that will be decided)
Specialist support for children with complex needs who may be on the edge of care.	Details of the 32 projects so far identified by Regional Partnership Boards cover the whole of Wales and how these are funded by the Health and Social Care Regional Integration Fund as detailed in the most recent PfG Annual Report.
Fund childcare for more families where parents are in education and training or on the edge of work.	Overall allocations for the Childcare Offer in 2024-25. The cost in 2023-24 of the additional 438 families and the total costs allocated in 2024-25 for the estimated 3,000 more eligible families as referred to in the most recent PfG Annual Report.
Phased expansion of early years provision to include all 2 year olds, with a particular emphasis on strengthening Welsh medium provision.	Allocations and what they are intended to deliver in 2024-25 Information on whether it will be a full 30 hour offer for all two year olds, and by when this will be delivered
Flying Start.	Revenue and capital

4. Sustainable Social Services Grant Scheme

The total amount for the Scheme and a breakdown of all grants relevant to children and young people.

5. Care Experienced Children Change Fund

The total amount for the Fund and a breakdown of all allocations.

6. Children's Social Care workforce

Any allocations associated with supporting local authorities to address the instability of the workforce in children's social care, such as vacancy rates and the use of agency staff, identified both in our Report on Radical Reform for |care Experienced Children and the recent Care Inspectorate Wales rapid review of child protection arrangements September 2023.

7. Children's Health

- Allocations in the Draft Budget 2024-25 and the latest position on funding for:
  - Public health as it relates to children and young people, including vaccination
  - Obesity strategy
  - Mental health services, including child and adolescent mental health services, and services to support perinatal mental health and parent-infant relationships
  - Eating disorder services
  - Suicide prevention as it relates to children and young people
  - Substance misuse, including vaping among children and young people
  - Neurodevelopmental services

8. Cost of living

- Health Boards: The delivery of services to children and young people by the Health Boards in Wales and the impact of the rising costs of energy on this provision.
- Social Services: Policy and oversight of the provision of all social service activities of Local Authorities in Wales and any associated discussions with the Minister for Finance and Local Government.
- Child poverty: Details of what discussions have taken place with other relevant Ministers in respect of allocations which have a significant impact on children's health and social care, for example the Minister for Social Justice in terms of the budget of the Children's Commissioner for Wales and broader policy issues such as child poverty.

9. Costs of legislation

- Financial implications or anticipated in 2022-23 and 2023-34 of any subordinate legislation relevant to children and young people within the Minister's portfolio.
- Information on the financial impact of any relevant UK Parliament legislation.

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Ein cyf / Our ref: CS/EG/CE23/L1005
Eich cyf / Your ref:
☎:
Gofynnwch am / Ask for: Emma Hughes
E-bost / Email:
Dyddiad / Date: 12th October 2023

Sent by Email – A hard copy will **not** follow

Dear Mr. George,

RE: NHS Waiting Times

With apologies for the delay, here is Betsi Cadwaladr University Health Board's response.

1. Advising MHSS on setting current recovery targets

The current Tier 1 targets within NHS Wales have been in place for quite some time, however since the Covid 19 pandemic, additional measures have been agreed with Welsh Government focusing on continuous improvement and phased reductions in delays in elective care and urgent and emergency. Examples include:

- zero tolerance to over 4 hours ambulance handovers
- No patient waiting over 156 weeks for a first appointment and
- A minimum of 97% of people should be waiting on an open pathway less than 104 weeks.

Two of the recovery targets set by the Welsh Government in its April 2022 plan for transforming and modernising planned care and reducing NHS waiting lists have already been missed, and our projections suggest that at the current level of activity, the revised target dates may also be missed.

2. Length of waits in different specialties and progress made in tackling backlog.

Scrutiny of data by waiting times, volume and pathway shows that General Surgery has the highest Stage 1 (first appointment) and overall longest waits with the highest volume of patients on our waiting lists. Followed by Trauma and Orthopaedics, Ophthalmology with ENT followed by Urology.

As part of our multi-speciality approach, a dashboard has been developed to have greater visibility of individual patient level information. This supports improved data quality as outputs can also be seen from validation exercises, enables the application of 'treat in turn' principles and also provides a forward view on live position, but also the patients that are not booked and will therefore tip into longer waiting list cohorts.

46,000 pathways have been validated as well as holding weekly locally and corporate performance meetings. Our clinics and surgical throughput are constantly reviewed leading to a

focused efficiency deep dive and the instigation of a number of improvement initiatives such as 'perfect month' in Trauma and Orthopaedics.

GiRFT (Getting it Right First Time) reports are actively being taken forward and the health board participates actively in all national programmes of improvement work in partnership with NHS Executive colleagues and the national programmes and networks.

Challenging specialties/areas

- **Outpatients**

An outpatient efficiency drive is in place including validation and adoption and spread of GIRFT and launching the Follow-Up Reduction programme. The health board anticipates significant reduction of follow-up target date breaches from validation, better use of See on Symptoms / Patient Initiated Follow Up pathways, review of DNA not discharged and a review of follow-up need given the time elapsed from the initial target date. The outcomes are clinically led and operationally advised and supported.

- **Services of concern under our special measures framework, including:**

Ophthalmology

Under a focussed improvement programme supported by national programme on GiRFT and the Ophthalmology implementation network, the health board is taking forward initiatives to see 180 (initially) more Glaucoma patients a month in community settings.

Trauma and Orthopaedics

The health board intends to implement extended scope practitioner (ESP) led orthopaedic clinics to maximise clinicians and their teams/wider resources resulting in significant reductions in follow up appointments. When fully implemented circa 2000+ more patients will be seen than a model without ESP. A recent 'a perfect month' was held in Wrexham and the positive results in theatre have begun to be cascaded across the health board, including targeted improvements at Abergele Hospital.

Dermatology

A bid for funding to support the implementation of teledermoscopy has been submitted to WG to enable more patients to be triaged via a community setting. We are also exploring greater use of GPs with a special interest and expanding capacity with community services.

Urology

Straight to test pathways are in place for prostate cancer referrals but vacancies in our consultant workforce remain despite efforts. GiRFT report are being used as a map for improvement and also supporting improved throughput via the national theatre utilisation programme as well as being well supported by colleagues from the national urology implementation network.

Vascular

Vascular services have made significant improvements. The health board has responded positively to improvement tasks and completed implementation of many. An integrated vascular improvement plan is in place and the health board received a positive HIW report in relation to improvements.

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3. The Welsh Government's Planned Care Recovery Plan – achieving the recovery targets

The health board continues to reduce both the numbers of patients on waiting lists and the length of time of that wait, however, it is acknowledged that the speed of these reductions has not been as large or as timely as it had planned to achieve. There is a firm focus on backlog reductions and providing an offer to longest waiting patients. There are no longer patients waiting over 156 weeks for a first appointment (except orthodontics) and progress is being made against the milestone that a minimum of 97% of people should be waiting on an open pathway less than 104 weeks. Further progress on this will be made over the autumn by continuing to drive these initiatives.

4 Specialties or roles with specific workforce challenges including recruitment and/or retention.

The health board faces specific challenges across a number of specialities and roles with Colorectal (Nursing), Orthopaedics (Medical Grades below consultant, Nursing and AHPs), Restorative Oral (Medical) and Theatres (nursing) having high vacancy rates.

Whilst there are specific challenges in most specialties for experienced GMC registered Doctors, there are particular key areas of concern for workforce in Urology, Orthodontics and Vascular in particular.

As part of implementing the new People Services Operating Model, the workforce teams now provide a better, more localised resourcing solution to each of our Integrated Health Community, Mental Health and Womens teams.

As part of this, a new Strategic Recruitment team is in place with a newly appointed experienced Head of Strategic Recruitment, and a revised approach to working with third party agencies to source candidates for substantive vacancies, including overseas recruitment pipelines.

A review of locum rates is underway with an agreement reached shortly with a new locum booking system to improve the experience for our locums and make it easier for them to take up shifts.

There is a steering groups in place for specialities which require an intervention i.e Vascular Services improvement plan monitored by a steering group chaired by our Executive Medical Director.

5 Improving working conditions and wellbeing for healthcare staff.

As part of ongoing work to improve working conditions the health board:

- Is undertaking work around the Fatigue & Facilities charter for doctors and working across areas to support a number of improvements to accommodation for our staff.
- Is raising awareness of our Speak out Safely (SoS) process to support staff wellbeing and in the use of the Work in Confidence platform. Key metrics such as average response times

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and average time to close concerns are monitored. The satisfaction rating by staff at close of conversation over the last 6 months was 4.75 (out of 5)

- Has established an Employee Relations Case Management team to embed Just and Learning Culture principles in our people processes.
- Is holding a Board Workshop in September to take the Board through our Culture Change Plan which is based on the NHSE Culture & Leadership Programme.
- Is developing a Culture Change programme centred on Collective, Compassionate and Inclusive leadership with a Leadership Development Framework to ember the 3 leadership pillars at all levels
- Is developing a Framework for Safe, Reliable & Effective Care developed by the Institute for Healthcare Improvement.

6 Usage and costs of temporary and agency staff

Agency spend and temporary staffing has increased significantly from 2021-22 to 2022-23 and whilst current projections is seeing a reduction, more work is required to reduce the reliance on agency and temporary staff. The major spend areas are across medical & dental and nursing. As well as recruitment and retention work, medical optimisation and nursing optimisation programmes have been established to support reduction by looking at areas such as roster management, temporary staffing authorisation protocols and rates rationalisation.

7 Causal link between staff retention and the availability of training and development opportunities and impact of industrial action

The health board is represented on the North Wales Regional Workforce Board which sets the strategic direction for North Wales in respect to skills and employment. There is a well established relationships with local Higher and Further Education partners, who offers a range of development opportunities to health board staff and deliver training such as Induction and HCA training for the health board's workforce. They also provide a pipeline of skills such as ICT, health and social care, catering etc. with further joint promotional campaigns being developed.

The health board has been recognised for its work with Engage to Change over the last few years through the Project SEARCH programmes, supported internships and adult volunteer placements through the Step into Work scheme. The Robins Volunteering scheme also provides opportunities for local people to access volunteering opportunities, with some progress to paid employment.

The impact of industrial action is set out below:

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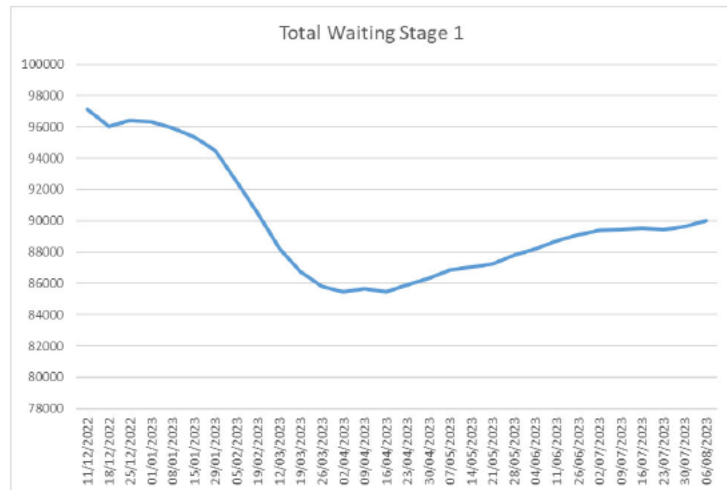
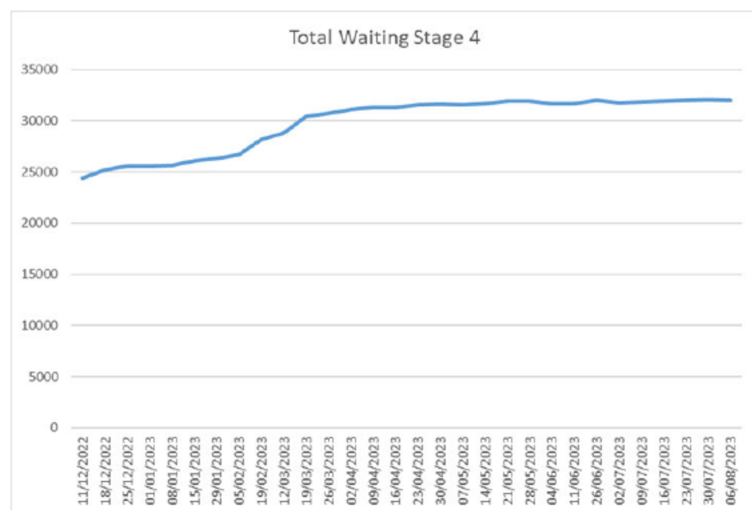
Count of first outpatient appointment cancellations and trend impact on waiting list

Date	Count
15/12/2022	404
20/12/2022	828
21/12/2022	220
11/01/2023	6
19/01/2023	1
06/02/2023	307
07/02/2023	362
22/02/2023	1
06/06/2023	156
07/06/2023	59
Grand Total	**2344**



Count of cancelled treatment procedures and impact on trend waiting list

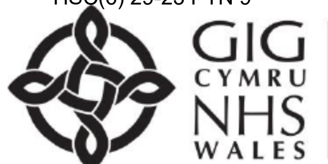
Date	Count
15/12/2022	59
20/12/2022	71
21/12/2022	39
11/01/2023	1
19/01/2023	2
23/01/2023	1
06/02/2023	58
07/02/2023	45
20/02/2023	1
21/02/2023	3
22/02/2023	1
06/06/2023	68
07/06/2023	73
Grand Total	**422**



<u>Innovation and good practice</u>

The health board has undertaken and built the foundation for data quality and validation and a validation dashboard that will form the basis of this function. For many years BCU has relied on external validation support with mixed success, for 2023/24 BCU are building a corporate (pan BCU) validation function.

ChatBot technology has been piloted (the first Health Board in Wales to do so). The outcome of this has led to a phased implementation of this technology, supporting (but not replacing) patient contact, firstly in validation moving into 'patient led booking'.



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9. Supported from the NHS Executive

The health board has received substantial support from NHS Executive colleagues as we have developed plans for improvements across orthopaedic surgery and other services of concern (identified in the special measures framework). The programme to improve orthopaedics and develop longer term sustainable models of service is seen us heavily involving colleagues from the National Orthopaedic Implementation Network and wider planned care team.

The health board works with the NHS Executive and through the national infrastructure of programmes for Planned Care, Unscheduled Care, Mental Health and Primary Care to participate in sharing best practice and learning from other health boards' successes. One example of this is through membership of the National Outpatients Steering Group to share progression with chatbot technology and strengthening 'Foundations for the Future', this with the work on See on Systems (SoS) and Patient Initiated Follow-Up (PIFU) pathways.

By actively participating in Getting It Right First Time (GiRFT) learning can be shared with colleagues in other health boards where they have achieved improvements i.e. introducing teledermoscopy, improving theatre utilisation.

The National Outpatients Steering Group provides a forum for sharing health board approach and learning, where the initiatives requires greater scrutiny, there have been focused meetings i.e ChatBot pilot.

Colleagues from the 6 goals programme continue to work closely with the health board and we have run a number of joint sessions between our service teams and the national 6 goals programme team.

10. Learning from the Covid-19 experience

Learning from the response to Covid-19 has informed the health boards approach to recovering long and extreme waits for treatment, seeking to ensure resources can be deployed where they are most needed as opposed to where they are allocated.

In terms of wider learning:

- Hybrid working has allowed greater flexibility for staff and allowed a change to the recruitment approach for roles where on-site presence isn't always required, in turn reducing pressure on office space. MSTeams has provided the ability to speed up decision making through the ability to quickly convene meetings and reduced footfall on hospital sites, easing the car parking pressures & carbon footprint.
- Taking forward virtual/remote patient consultations offering telephone or video services where triage indicates that a face to face appointment is not required. Use of virtual aspects has increased and we are looking to expand on the virtual patient episodes (clinic/wards etc) and been beneficial to patients who might have difficulty attending the practice, but also helps Health Board practices share resources where required.
- Improved methods to undertake patient risk stratification, to ensure that the most urgent patients have their needs addressed at times of extreme pressure.

- Further push towards elective / emergency segregation of pathways to improve infection prevention & control measures more generally, and improved day case rates and measures to avoid emergency admission (same day emergency care.)
- Focus on emergency surgical pathways to reduce pre-operative length of stay and using girft recommendations to maximise 'one stop shop'
- Training and upskilling of staff has led to some staff pursuing different areas of interest (for example, critical care) and enabled us to take forward the Post Anaesthetic Care Unit to dramatically reduce the cancellation of patients (including cancer pathway patients) due to no ITU / HDU bed.
- Refreshed business continuity plans to deal with IPC issues and staffing shortfalls at ward and department level.

11. Opportunities for regional working including out of boundary relationships

The health board is represented on all regional partnership Boards and groups including the Regional Partnership Board, the Public Service Boards, seeking to ensure that we maximise our collective available resources and capacity to provide improved services, whilst ensuring equitable access for our population.

A number of specialist and tertiary services are (both because of geography and some longstanding arrangements) provided by NHS England, due to border flows or other operational reasons (for example in major Trauma).

Outsourcing activity to support backlog reduction has involved patients travelling to private providers in England has been:

100 per month for Dermatology (up to 1,200 per annum)

900 per annum for Orthopaedics

7,200 per annum for Ophthalmology

In terms of routine provision by English providers –

Our contracting arrangements with cross border providers saw 25,000 treatments/procedures delivered in 2022/23 with 6,000 being undertaken in Quarter 1.

12. Reducing NHS waiting lists moving towards winter

Winter plans are being developed to ensure the protection of planned care capacity –both via ring fencing of elective beds for surgery and increasing use of day surgery to offset as well as maximising the use of community facilities for routine and non-invasive procedures. The health board also works closely with local authority partners, especially Social Care to prepare and maximise resources.

13. Prioritising waiting lists

To provide greater visibility of waiting lists across speciality and regions of the health board a dashboard has been deployed in early August. This enables the operational teams to review

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University Health Board

their demand in terms of being able to prioritise urgent referrals and suspected cancer together with those who have been waiting a long time for treatment.

Weekly service access meetings are held corporately to discuss challenges and develop solutions to ensure that we are balancing all of the various competing demands against our available resources as well as providing a forum to support our operational teams in strengthening the collaborative working between specialties across a large geographical area.

To provide a sustainable solution to the validation function, the health board has implemented a mechanism to report outputs of validation activity and with this progress to an internal centralised approach to the management of waiting lists. Plans are in place to validate 46,000 pathways across all waiting lists over the next 5 months.

May 2023 – a validation exercise of patients who had been waiting > 156 weeks for a first appointment was undertaken. The outputs of this returned a 14% removal rate from patients who had received treatment elsewhere or who wished to be removed from the waiting list.

With the above outputs of a managed and complete validation cycle, the forecast for the next tranche exercise of 46,000 is expected to return an 8% removal rate amounting to a total of 3,705 removals from our waiting lists. This releasing capacity to reduce waiting times for patients who need to be seen sooner.

14. Implementation of a value-based approach to recovery

The funding allocated to the health board for 2023/24 is £3.1m. The VBHC/Pathway team has undertaken end-to-end pathway redesign and has supported a number of projects to improve pathways in Community Therapies, Hip and Knee, Prostate and Colorectal Cancer

The Heart Failure pathway is in the process of being finalised (working closely with the national cardiac network). New pathway improvement initiatives are being scoped in Gynaecology, Breast Cancer and Urology.

The outcomes of this work has been an ongoing reduction in backlog of patients waiting for treatment or a first appointment. The value-based approach is helping to ensure pathways follow evidence based best practice, and maximise the deployment of often scarce expert clinical resources by developing alternative pathways that reduce overall waiting times, or make better use of supporting clinical roles.

15. In-year and projected end of year financial position for 2023-24

The health board has set a financial plan for 2023/24 to deliver a deficit position of £134.1m and is facing a significant challenge in attainment of the plan that left unmitigated will adversely impact on future years. The financial pressures driving the deficit (and current adverse performance) being a consequence of continued high demand for urgent and emergency care post the pandemic, combined with necessary measures for elective recovery now being undertaken to address over 35,000 patients currently waiting over 52 weeks for diagnosis and/or treatment and over 9,000 patients waiting over 8 weeks for specific diagnostic tests.

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The health board is facing increased operational costs through investment continuing post Covid, predominately in relation to Medical and Nursing Staff (with staff shortages leading to increased costs from a reliance placed upon use of temporary workforce) and exceptional inflationary pressures in 2023/24. This deficit position requires the delivery of savings amounting to £25.2m, the year-to-date position as at the end of July a deficit of £59.6m (£14.9m adverse to plan). The Health Board remains committed to taking action to mitigate the risks to delivery of the financial plan, noting this represents a £134.1m deficit and as such (without further resource allocations) the Board will not achieve the three-year statutory financial duty in 2023/24.

The health board has instigated Executive led establishment controls to review recruitment to non-patient facing roles and is undertaking a full review of continued use of interim and agency workforce, with trajectories for Nursing and Medical staff groups being determined by professional leads supported by relevant professionals. In addition, a full review of all investments previously articulated within the 2023/24 financial plans is to be completed by close of September 2023, with a view to ceasing where practical to do so investments that can no longer be supported within resource envelopes, with a full review of balance sheet and reserve holdings to also be completed (with delivery of in year recurrent savings plans a priority for the health board). A forecast is currently being developed to reflect these measures and provide assurance over delivery of the plan at close of the financial year.

The above measures are designed to mitigate the risks to outturn in 2023/24. However, the review of non-patient facing roles, high cost interim appointments, use of temporary workforce and full review of investment decisions taken in 2023/24, combined with recurrent delivery of savings plans will strengthen the closing position and provide assurance over delivery of 2024/25 financial plans. The Health Board is to set the principles for development of future plans in the coming months and commence early engagement in development and ownership by leadership teams of the financial modelling undertaken for the 2024/25 financial year.

Yours sincerely,

Carol Shillabeer

Carol Shillabeer
Interim Chief Executive

Agenda Item 10

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted