

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-P/VG/0486/19
Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

22 February 2019

Dear Dai,

Thank you for your letter of 25 January regarding the implementation of the Nurse Staffing Levels (Wales) Act 2016. As you have highlighted, the health boards are not required to report on the implementation of the Act until April 2021. However, through review and monitoring of the regular papers submitted to the health boards and through close working with the All Wales Nurse Staffing Group, my officials are kept broadly informed of the Act's implementation thus far and issues as they arise.

Implementation of the Act

Wales is the first country in Europe to have passed legislation of this kind, meaning there is no established roadmap to implementation. We are therefore working through each challenge as it arises, learning as we go, and using a collaborative approach between Welsh Government and the health boards. Clearly the duties of the Act are placed on individual health boards/trusts and it is for them to deliver on the legislative requirements. As distinct organisations it would be unsurprising to find some minor local variation in how the legislation has been implemented. However, through the statutory guidance, operational guidance and the national engagement through the All Wales Nurse Staffing Group, a once-for-Wales approach has been adopted and applied wherever possible. This is fundamental in the essential areas where the Act leaves no room for interpretation, for example: the specific method of calculation; the need to inform patients; and the roles and responsibilities of health board staff within the process.

All health boards have completed the necessary triangulated calculations and recalculations for their wards that come under the duty of sections 25B and C, and all but one can demonstrate that they are taking all reasonable steps to maintain those calculations.

Part of the rationale behind the Act is to ensure the NHS more widely recognises the professional judgement of nurses in identifying the holistic needs of their patients and to enable nurses from ward to board level to have the necessary and sometimes difficult conversations about the resource requirements to meet those identified needs. We already hear anecdotally through the various supporting group meetings that this is happening right

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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.

up to executive level, and I would anticipate that to be reflected more formally in the three year report.

Compliance in Cwm Taf

As I set out in my written statement of 9 January on Cwm Taf University Health Board's raised escalation status, they have been the sole outlier in terms of non-compliance with the Act thus far. It might be helpful if I provide more detail of the nature of the issue, which only came fully to light upon the publishing of the health board's meeting papers at the end of November last year. The Act states that there is a duty on health boards to calculate nurse staffing levels for their acute adult medical and surgical wards using the triangulated methodology prescribed in the statutory guidance and to take *all reasonable steps* to ensure those calculated staffing levels are maintained. In Cwm Taf's case, although the executive nurse director and nursing hierarchy had undertaken the triangulated calculations, the necessary additional funding for staff was not supported by the board. This was a clear failure in their duty to take all reasonable steps to maintain the nurse staffing level. Upon identifying the issue, my officials immediately escalated the concern, helped to inform the decision to raise Cwm Taf's status to enhanced monitoring.

The Chief Nursing Officer wrote to the health board's Chief Executive on 20 December, once the situation had been clarified, outlining the immediate steps necessary to rectify the lack of compliance with the Act. I'm pleased to be able to inform you that the nurse staffing level calculations were presented to the board again at the January board meeting and the £4.5m additional funding originally identified as being needed to support compliance has now been allocated. This is a big step toward compliance. We will continue to monitor the health board's progress over the coming months as they ensure all reasonable steps are taken to maintain those calculations.

Sustainable supply of nurses

The Welsh Government is committed to actively supporting health boards and trusts to meet the needs of the Act and understand what sufficient staffing looks like. We will continue to work with health boards & trusts across Wales on approving IMTPs, recognising that our workforce underpins services.

However, it is a reality that there is a shortage of registered nurses not only here in Wales and the UK, but internationally a majority of countries report shortages in registered nursing staff. The Assembly was aware of this when it unanimously passed the legislation with cross party support. We therefore have a responsibility to ensure that we are strategically coordinated at a national level in producing a sustainable supply of nursing staff for the future, attracting nurses to work in Wales and seeking ways to retain the nursing staff we have in the health and social care systems.

We are in a better position than ever to achieve this having established Health Education and Improvement Wales (HEIW) in October 2018. By amalgamating the Wales Deanery, NHS Wales's Workforce Education and Development Services (WEDS), and the Wales Centre for Pharmacy Professional Education (WCPPE), HEIW ensures that the people and healthcare professionals of Wales benefit from a cohesive, consistent approach to education and training, and to workforce modernisation and planning. A key objective of HEIW is to take a more strategic approach to future planning of the workforce and the alignment of the components needed to deliver it (education, training, role development, career pathways, continuous professional development etc). We will work in close partnership with HEIW in delivering this objective. The organisation has already been

engaged by the All Wales Nurse Staffing Programme to ensure that the implications of the Act are built in to their planning.

On top of this, we continue to increase the level of investment in the future workforce of NHS Wales. On 29 November 2018 I announced that £114m will be invested in 2019/20, an increase of £7m available in 2018/19 to support a range of education and training programmes for healthcare professionals in Wales. Our record of support for education and training, especially in terms of investment made in nurse education illustrates the importance we place on nursing staff. Since 2014, nurse training places have risen by 68% across all four fields of nursing. Looking specifically at areas where extension of the Act is being explored, health visitor training places have increased by 88% and district nurse training places by 233%.

We have also maintained the full bursary package for students starting their studies in September 2019 and we have consulted on options for longer term arrangements to support students. I will be announcing future healthcare student support arrangements in the near future. The full bursary package is currently available for those who commit in advance to work in Wales for up to two years post qualification. We provide support for staff to return to practice with funding up to £1,500 and we have retire-and-return schemes which enable us to retain the experience these staff members have.

Building on the marketing activity of the Train Work Live campaign, NHS Wales nurse and workforce leads, working alongside Welsh Government, are developing a once for Wales approach to international recruitment for registered nurses. Later this year Train Work Live for nurses will enter into its third year, with further marketing activity to support local recruitment, including a collective NHS Wales presence at major nursing conferences, eg RCN Congress in Liverpool in May.

Agency nurse spend

With regard to agency costs, it would be safe to assume that a piece of legislation which will potentially require more nurses in a time of global shortage will have a direct impact on agency spend. However, having the appropriate number of registered nurses based on patient need is proven to reduce morbidity and improve patient outcomes and at times, the only way to achieve that in a certain circumstance is to employ agency staff. The Welsh Government is committed to working in partnership with NHS Wales to find practical and safe solutions to ensure we achieve a sustainable employed workforce supported by temporary workers.

Recruiting agency staff is explicitly listed in the Act as a temporary, reasonable step to ensuring patients receive the care they need. Over time we expect to reduce the need for agency staff through training and retaining more nurses.

The NHS Wales Shared Services Partnership hosts the All Wales Nursing Workforce Supply Group which provides a national, strategic lead on bank and agency nurse spend. Their key objectives include reducing agency expenditure and ensuring the further development of nurse bank capacity to meet the needs of NHS Wales. This group has been successful in introducing single All Wales capped rates for agencies and we now have around 98% of agency nurses supplied by approved contract agencies. They are currently looking at an All Wales approach to overseas recruitment but are also looking at internal recruitment and retention and gathering data on vacancies and the impact this has on bank & agency usage. In addition, the group is overseeing the implementation of an All Wales Bank. We have also introduced a new control framework for medical agency expenditure and as a result the agency expenditure on nurse and medical staff has reduced by some

£30 million in 12 months. Our ultimate aim would be to establish a single national framework for all temporary staffing in NHS Wales, and I am eager to see further progress towards that in this government term.

Extension into additional settings

The wording of the Act and statutory guidance is quite clear about what is required to enable the extension of section 25B into other healthcare settings. As set out in the Act, an evidence-based workforce planning tool must be used in conjunction with professional judgement and quality indicators which are particularly sensitive to care provided by a nurse as part of a triangulated method of calculating nurse staffing levels. The evidence-based tool comprises both the acuity tool element (the Welsh Levels of Care in adult acute medical and surgical settings) and the platform and associated ICT infrastructure necessary to enable nurses to use that acuity tool.

The All Wales Nurse Staffing Group hosts five individual work-streams exploring the extension or implementation of the Act into different nurse settings, each being led by an executive nurse director as a sponsor, and a senior nurse of the respective setting as a chair. The work streams were established at different points in time over the last six years and are at varying stages of progress.

Paediatrics

The paediatrics work-stream is objectively the most advanced in terms of developing the various components of an evidence based workforce planning tool. Given the similarities of the inpatient ward environment of paediatrics and adult medical and surgical wards, the work-stream was able to build upon the existing adult work and develop a Welsh Levels of Care (WLoC) acuity standard relatively quickly. There is also an established platform for data capture on paediatric inpatient wards meaning there is less work to be done than in other settings in terms of developing ICT infrastructure. I agreed funding in 2017 for a specialist project lead for the work-stream to accelerate the testing of the tool. That lead has been in post since January 2018, driving the iterative development of the WLoC and engaging with every paediatric ward in Wales in preparation for extension of the Act. It is currently expected that the development of that workforce planning tool will be completed within this government term.

District Nursing

Significant progress has been made within the district nursing work stream in the last year. The interim CNO staffing principles for district nursing were published in September 2017 and health boards will be undertaking their third returns against compliance with those principles in March. This data has given us an invaluable view of the landscape of the workforce in this setting which will be vital in eventually calculating the impact the Act might have when extended to district nursing.

A draft WLoC for district nursing has been developed to the point where it now requires the same iterative testing in the field as was undertaken in adult acute medical and surgical wards and is ongoing in paediatrics. To ensure a consistent approach to the work, I have agreed to fund a project lead for district nursing following the model established in the paediatrics work stream. An open recruitment process was undertaken by the All Wales Nurse Staffing Programme - hosted within Public Health Wales – and an appointment has been made. It is anticipated that the successful candidate will begin in post in early April.

Unlike in the ward settings of adult acute medical and surgical and paediatric inpatients, there is not currently an established platform or standardised mobilisation in our community settings. This means that the district nursing project lead will also have to coordinate and drive the development of the suitable ICT infrastructure in parallel to developing the WLoC. I am unable to provide an exact timescale for that work, and any estimate at this stage would be arbitrary. Naturally, as the work progresses and the complexities are better understood, a reliable timescale can be formed.

Health Visiting

A national health visitor work-stream staffing event was held on 14 January to commence discussions around exploring how the existing *universal/enhanced/intensive* scoring system could be adapted to inform a WLoC for health visiting. Unsurprisingly, with health visiting also being set in the community, this work-stream will face the same ICT infrastructure issues as district nursing. However, under the coordination of the All Wales Programme, I would expect any solution developed for the district nursing setting to also be applicable or adaptable for health visiting.

As Early Years was one of the key themes identified within our Prosperity For All strategy, Welsh Government has been working across education, health and social care to ensure we are taking a coordinated approach to families and children. As part of this cross-governmental work, health visiting was identified as a core component and a bespoke project has been undertaken to set out the model for future health visiting services. This work will play a critical role in informing future workforce requirements and the development of the WLoC tool in this setting. A set of draft interim staffing principles are in development that will reflect the future health visiting model.

Mental Health In-patient areas

The mental health work-stream faces unique complexities in devising an evidence-based workforce planning tool as it must take into account not only the existing mental health levels of engagement and observation but also the acuity levels of physical care, which can vary greatly between different types of in-patient areas. Work is underway in understanding how those two elements will intersect and translate into WLoC for mental health and how this information will relate to nurse staffing levels. A national mental health work-stream event is planned for March to progress that work further, and draft interim staffing principles are in development.

Care Homes

Section 25A of the Act came into force in April of 2017 and places a duty on all health boards and trusts to have regard to providing sufficient nurses to care for patients sensitively in any area where nursing services are contracted or commissioned. The care homes work-stream is focusing on consolidating a standardised methodology to support health boards in their care home commissioning responsibilities under the Act. The National Collaborative Commissioning Unit is supporting the progression of this work.

Again, to give estimated detailed timescales for developing these strands of work at this point would be unwise and potentially highly inaccurate. The Welsh Government is monitoring the progress of these different work-streams through my officials' involvement with the All Wales Nurse Staffing group. Preliminary discussions on where else the Act should be applied have begun to help shape the future national work programme. I will periodically inform the Committee and my Assembly colleagues of notable developments and detailed timescales as they emerge.

I hope you find my response helpful.

Yours sincerely,

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

Vaughan Gething AC/AM

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