Agenda – Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 5, Tŷ Hywel a fideogynadledda drwy Zoom
Dyddiad: 19 Hydref 2023
Amser: 09.30

I gael rhagor o wybodaeth cysylltwch a:
Sarah Beasley
Clerc y Pwyllgor
0300 200 6565
SeneddIechyd@senedd.cymru

Rhag-gyfarfod preifat (9.00-9.30)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.30)

2 Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu – sesiwn dystiolaeth gyda Choleg Nyrsio Brenhinol Cymru

(09.30-10.20) (Tudalennau 1 – 52)

Helen Whyley, Cyfarwyddwr – Coleg Nyrsio Brenhinol Cymru
Lisa Turnbull, Rheolwr Polisi, Materion Seneddol a Chysylltiadau Cyhoeddus Coleg Nyrsio Brenhinol Cymru
Jackie Davies, Cadeirydd, Bwrdd Coleg Brenhinol Nyrsio Cymru

Briff Ymchwil
Papur 1 – Coleg Nyrsio Brenhinol Cymru

Egwyl (10.20-10.30)

3 Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu: sesiwn dystiolaeth gyda chyfarwyddwyr nyrsio

(10.30-11.30) (Tudalennau 53 – 58)

Jennifer Winslade, Cyfarwyddwr Gweithredol Nyrsio, Bwrdd Iechyd Prifysgol Aneurin Bevan
Gareth Howells, Cyfarwyddwr Gweithredol Nyrsio a Phrofiad y Claf – Bwrdd Iechyd Prifysgol Bae Abertawe

Nicola Williams, Cyfarwyddwr Gweithredol Nyrsio, Gweithwyr Proffesiynol Perthynol i Iechyd a Gwyddor Iechyd - Ymddiriedolaeth GIG Prifysgol Felindre

Papur 2 - Bwrdd Iechyd Prifysgol Aneurin Bevan
Papur 3 - Bwrdd Iechyd Prifysgol Bae Abertawe
Papur 4 - Ymddiriedolaeth GIG Prifysgol Felindre

Egwyl (11.30-11.40)

4 Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu: sesiwn dystiolaeth gyda Rhaglen Staff Nyrsio Cymru Gyfan

(11.40-12.30)

Lisa Llewelyn, Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol, Addysg a Gwella Iechyd Cymru
Ruth Walker, Cyfarwyddwr Cyswllt (Arweinyddiaeth Nyrsio) - Addysg a Gwella Iechyd Cymru
Joanna Doyle, Cyfarwyddwr Cyswllt / Pennaeth Rhaglen Staff Nyrsio Cymru Gyfan

5 Cynnig o dan Reol Sefydlog 17.42 (ix) i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitem 6 ac eitem 8 o'r cyfarfod heddiw

(12.30)

6 Canserau gynaecolegol: adroddiad drafft

(12.30-13.15) (Tudalennau 59 - 151)

Papur 5 - adroddiad drafft

Cinio (13.15-14.00)

7 Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu: sesiwn dystiolaeth gydag Addysg a Gwella Iechyd Cymru

(14.00-14.45) (Tudalennau 152 - 155)

Julie Rogers, Dirprwy Brif Weithredwr a Chyfarwyddwr y Gweithlu a Datblygu Sefydliadol, Addysg a Gwella Iechyd Cymru

Lisa Llewelyn, Cyfarwyddwr Addysg Nyrsio a Gweithwyr Iechyd Proffesiynol, Addysg a Gwella Iechyd Cymru

8 Papurau i'w nodi

(14.45)

8.1 Llythyr gan Gadeirydd y Pwyllgor Cyllid at y Gweinidog Cyllid a Llywodraeth Leol ynghylch papurau tystiolaeth sy'n cefnogi Cyllideb ddrafft 2024-25

(Tudalennau 156 - 157)

8.2 Llythyr gan Gadeirydd y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad at y Cadeirydd ynghylch Confensiwn y DU-Norwy-Liechtenstein-Gwlad yr Iâ ar Gydgysylltu Nawdd Cymdeithasol

(Tudalennau 158 - 159)

8.3 Llythyr gan Gadeirydd y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad at Mark Drakeford AS, y Prif Weinidog ynghylch Confensiwn y DU-Norwy-Liechtenstein-Gwlad yr Iâ ar Gydgysylltu Nawdd Cymdeithasol

(Tudalennau 160 - 161)

8.4 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol at y Cadeirydd gyda chwestiynau dilynol o'r sesiwn dystiolaeth ar 21 Medi 2023

(Tudalennau 162 - 163)

8.5 Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol at Gadeirydd y Pwyllgor Iechyd a Chymdeithasol a Chadeirydd y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol ynghylch aflonyddu rhywiol mewn lleoliadau llawfeddygol

(Tudalennau 164 - 165)

8.6 Llythyr gan y Cadeirydd at yr Athro Arianna Di Florio ynghylch cronfa ddata SAIL

(Tudalen 166)

8.7 Ymateb gan yr Athro Arianna Di Florio at y Cadeirydd ynghylch cronfa ddata SAIL

(Tudalennau 167 - 170)

8.8 **Llythyr gan Gadeirydd y Pwyllgor Plant, Pobl Ifanc ac Iechyd at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, y Dirprwy Weinidog Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Iechyd Meddwl a Llesiant ynghylch gwybodaeth ysgrifenedig i gefnogi'r gwaith craffu ar Gyllideb ddrafft Llywodraeth Cymru ar gyfer 2024-25**

(Tudalennau 171 - 176)

8.9 **Ymateb gan Brif Weithredwr dros dro Bwrdd Iechyd Prifysgol Betsi Cadwaladr at y Cadeirydd ynghylch amseroedd aros y GIG**

(Tudalennau 177 - 185)

9 Deddf Lefelau Staff Nyrsio (Cymru) 2016: Gwaith craffu ar ôl deddfu - trafod y dystiolaeth

(14.45-15.00)

10 Blaenraglen waith: Bwrdd Iechyd Prifysgol Betsi Cadwaladr: camau nesaf

(15.00-15.10) (Tudalen 186)

Papur 7 - Blaenraglen waith: Bwrdd Iechyd Prifysgol Betsi Cadwaladr: camau nesaf

Mae cyfyngiadau ar y ddogfen hon

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

July 2023

Contents

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 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.

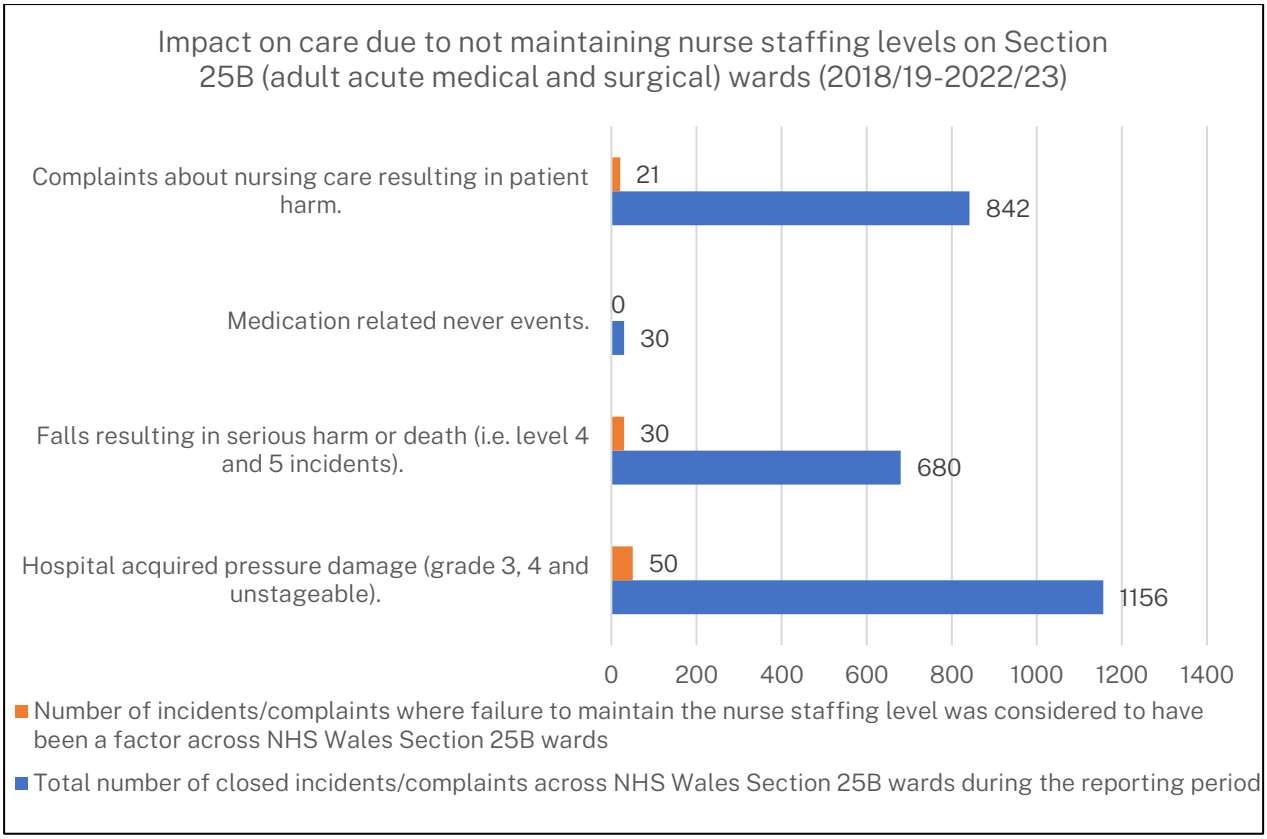
> "The legislation is pioneering and can not only have an impact on the quality and safety of care for our patients but also the morale and health of our staff. Ensuring the accountability and responsibility is fully understood at the frontline and the at Board level is very important. The clarity of 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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[xiii] Welsh Government 2019 *Written Statement: Extending the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards.* Available at: https://gov.wales/written-statement-extending-nurse-staffing-levels-wales-act-2016-paediatric-inpatient-wards, accessed 1 June 2022.
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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.

Mae cyfyngiadau ar y ddogfen hon

Eitem 7

Addysg a Gwella Iechyd Cymru,
Tŷ Dysgu
Cefn Coed,
Nantgarw,
CF15 7QQ.

18 Gorffennaf 2023

Mr. Russell George AS
Cadeirydd, Pwyllgor Iechyd a Gofal Cymdeithasol
Senedd Cymru
Caerdydd
CF99 1SN

(Trwy e-bost yn unig)

Annwyl Mr. George,

Deddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu.

Mae Addysg a Gwella Iechyd Cymru'n croesawu'r cyfle i gyfrannu at yr ymgynghoriad pwysig hwn ar Ddeddf Lefelau Staff Nyrsio (Cymru) 2016. Hoffem hefyd ddiolch i chi am roi estyniad i ni hyd at Orffennaf 20 i ymateb.

Darperir y cyflwyniad hwn i'r Pwyllgor Iechyd a Gofal Cymdeithasol ar ran Addysg a Gwella Iechyd Cymru (AaGIC). Mae'n cwmpasu'r pedwar maes a amodir yng Nghylch Gorchwyl yr ymgynghoriad.

Cyflwyniad

Addysg a Gwella Iechyd Cymru (AaGIC) yw'r corff strategol cenedlaethol ar gyfer y gweithlu ar ran GIG Cymru. Y gweithlu yw'r mater strategol allweddol sydd wrth wraidd y gwasanaeth ac un o'r heriau allweddol o ran ansawdd sy'n effeithio ar iechyd a gofal yng Nghymru. Fel sefydliad, mae gennym gyfraniad unigryw i'w wneud wrth fynd i'r afael â materion strategol ac arbenigol y gweithlu drwy gyfrwng ein swyddogaethau statudol. Rydym yn chwarae rôl arweiniol yn natblygiad cynlluniau gweithlu strategol i hybu datblygiad ffurf presennol y gweithlu ac i'r dyfodol.

Ein hanfod, fel rhan o'r GIG, yw gweithio gyda phartneriaid o fewn y system i gynllunio, datblygu, addysgu, hyfforddi a chynnal gweithlu'r GIG yn awr ac i'r dyfodol. Ein swyddogaethau allweddol yw:

- Addysg a hyfforddiant – cynllunio, comisiynu, traddodi ac arfarnu.
- Datblygu arweinyddiaeth
- Cynllunio'r gweithlu, pennu strategaeth a chasglu gwybodaeth.
- Datblygu a thrawsnewid y gweithlu
- Cymorth proffesiynol er budd datblygu'r gweithlu a gwaith datblygu sefydliadol
- Gwella ansawdd
- Gyrfaoedd ac ehangu mynediad
- Cadw'r gweithlu

1. Gweithrediad ac effeithiolrwydd y Ddeddf hyd yma, gan gynnwys ei heffaith ar ddeilliannau cleifion, yr effaith ar gyfraddau recriwtio a chadw nyrsys a rhwystrau o ran cydymffurfio â'r ddeddfwriaeth.

Fel corff strategol GIG Cymru ar gyfer y gweithlu, barn AaGIC yw bod Deddf Lefelau Staff Nyrsio (Cymru) 2016 wedi codi proffil y proffesiwn nyrsio yng Nghymru ac wedi amlygu'r ffaith bod cynnal lefelau staff nyrsio yn sicrhau darpariaeth gofal diogel i gleifion. Mae'r Canllawiau Statudol (Llywodraeth Cymru 2016) yn darparu'r manylion ar sut i gyfrifo a chynnal y lefelau staff nyrsio a hysbysu cleifion ar wardiau cleifion mewnol oedolion meddygol a llawfeddygol acíwt a wardiau

cleifion mewnol pediatrig. Gwneir hyn yn sgil trefneg driongli sy'n sicrhau dull cyson ledled Cymru wedi'i lywio gan nyrsys.

Mae ymchwil wedi dadlennu y gall lefelau staff nyrsio effeithio ar afiachedd a marwoldeb cleifion (Rafferty et al 2006, Akine et al 2021, Griffiths a Rafferty 2021). Amlygwyd y cysylltiad rhwng lefelau staff nyrsio a deilliannau cleifion 10 mlynedd yn ôl yn Adroddiad Ymddiriedolaeth GIG Ysbyty Canolbarth Swydd Stafford (2013). Mae'r Canllawiau Statudol (Llywodraeth Cymru 2016) yn amlygu'r angen i ystyried ble mae lles cleifion yn arbennig o sensitif i ofal a ddarperir gan nyrsys. Maent hefyd yn nodi y dylid dadansoddi data sy'n ymwneud â chwympiadau cleifion, gwallau meddyginiaethol a briwiau pwyso. Yn GIG Cymru, cesglir y data hwn drwy'r system genedlaethol ar gyfer cofnodi digwyddiadau, ble caiff lefelau staff nyrsio eu hystyried. Ystyrir p'un a oedd y lefel staff nyrsio wedi'i chynnal ar y pryd ynteu a gyfrannwyd at y digwyddiad neu at unrhyw niwed i gleifion yn sgil methiant i gynnal y lefel staff nyrsio. Caiff y data hwn ei gasglu a'i gyflwyno fel adroddiad i Lywodraeth Cymru bob tair blynedd. Mae'r dull cyson hwn o gasglu data a chraffu arno'n dwysáu atebolrwydd byrddau iechyd, gan dynnu sylw at ddeilliannau cleifion a'r gydberthynas â lefelau staffio.

Mae'n anoddach mesur yr effaith ar gyfraddau recriwtio a chadw nyrsys. Baich gwaith cynyddol, gwaith sy'n achosi straen cynyddol a phrinder staff yw'r tri prif reswm (allan o 21) a nodwyd gan unigolion wrth iddynt ymadael â chofrestr y Cyngor Nyrsio a Bydwreigiaeth (NMC 2022). Er bod y Ddeddf efallai'n cyfnerthu cyfraddau recriwtio a chadw nyrsys, mae elfennau cyfnewidiol eraill yn effeithio ar hyn hefyd, gan gynnwys cyflog ac amodau, arweinyddiaeth a diwylliant sefydliadol, iechyd a lles y gweithlu, datblygiad proffesiynol parhaus, gweithio hyblyg ac ati. Mae hyn hefyd wedi'i waethygu gan effeithiau parhaol y pandemig, anghenion iechyd newidiol y boblogaeth a'r cynnydd yn y galw ar y gwasanaeth iechyd.

Mae'r heriau sylweddol presennol o ran recriwtio a chadw'r gweithlu nyrsio, lefelau salwch, absenoldeb a swyddi gwag yn ei gwneud yn anos fyth i fyrddau iechyd weithredu dyletswyddau'r Ddeddf yn llawn. Gall hyn arwain at ddibyniaeth ar y defnydd o staffio atodol. Mae'r Canllawiau Statudol yn datgan y camau rhesymol sy'n ofynnol ar lefelau cenedlaethol, strategol a gweithredol i gynnal lefelau staff nyrsio, i atgyfnerthu atebolrwydd byrddau iechyd am gynllunio'r gweithlu ac i hybu prosesau recriwtio gweithredol a strategaethau cadw a lles lleol. Cydnabyddir bod y defnydd o staffio atodol yn gam gweithredol i gynnal y lefel staffio. Fodd bynnag, mae staffio atodol o bosibl yn effeithio ar ddarpariaeth gofal parhaus i gleifion ac mae'n gostus.

Ar hyn o bryd mae'r Ddeddf yn meithrin trefneg unig-broffesiwn, sydd yn lled gyfyngol. Wrth i wasanaethau iechyd a gofal barhau i ddatblygu ac esblygu mewn ymateb i anghenion iechyd a gofal newidiol poblogaeth Cymru, mae'r gweithlu hefyd yn trawsnewid ac yn cydnabod sgiliau a chyfraniad gwerthfawr eraill o fewn y tîm amlbroffesiwn i ddarparu gofal sy'n canolbwyntio ar y claf.

Mae cydymffurfio â'r Ddeddf yn ddibynnol ar gofnodi, coladu a dehongli data sy'n ymwneud â staffio a'r drefneg driongli. Er mwyn i staff nyrsio allu defnyddio'u sgiliau'n briodol, yn effeithlon ac yn effeithiol, mae'n hanfodol bod yr isadeiledd TG cenedlaethol ac integredig cywir mewn grym, gyda hyfforddiant i staff i ategu hyn.

2. Camau gweithredu pellach sy'n angenrheidiol i sicrhau cyflenwad cynaliadwy o staff nyrsio i ddiwallu anghenion cleifion a gofynion y ddeddfwriaeth wrth symud ymlaen.

Mae angen rhagor o weithredu, buddsoddi a chydweithio ar draws GIG Cymru, Gofal Cymdeithasol, darparwyr addysg a Llywodraeth Cymru i sicrhau cyflenwad cynaliadwy o staff nyrsio i ddiwallu anghenion iechyd y boblogaeth a gofynion y ddeddfwriaeth wrth symud ymlaen.

Bydd hyn yn gofyn am ddull amlochrog—sydd wrth wraidd Cynllun Gweithlu Nyrsio Strategol AaGIC, i'w gwblhau erbyn diwedd 23/24. Mae AaGIC yn canolbwyntio ar ddatblygu a gweithredu cynlluniau cydgysylltiedig er budd atynnu, recriwtio a chadw staff, gwella addysg a hyfforddiant, trawsnewid y gweithlu a sicrhau cyfleoedd a llwybrau datblygiadol a gyrfaol yn ogystal â lles y gweithlu. Disgwylir i Gynllun Cadw'r Gweithlu Nyrsio gael ei lansio ym mis Awst 2023 ac mae'n adlewyrchu safbwyntiau

a thystiolaeth o bob cwr o'r DU. Rydym hefyd yn cydnabod bod angen gweithredu i fynd i'r afael â materion tâl ac amodau gwaith cyfredol, yn enwedig coleddu dulliau hyblyg o weithio, er mwyn sicrhau cyflenwad cynaliadwy o staff nyrsio.

3. **Cynnydd o ran datblygu'r gronfa dystiolaeth i ymestyn y Ddeddf i leoliadau ehangach.**

Mae'r egwyddorion staff nyrsio dros dro wedi'u datblygu ar gyfer ymweliadau iechyd, nyrsio iechyd meddwl a nyrsio ardal er mwyn rhoi arweiniad i Fyrddau / Ymddiriedolaethau Iechyd i'w cynorthwyo gyda chynllunio'r gweithlu. Gall byrddau iechyd fabwysiadu'r egwyddorion a hyrwyddo dull cyson o gynllunio'r gweithlu yn y meysydd hyn.

Mae offer/adnoddau wedi'u datblygu sydd wedi wynebu lefelau amrywiol o waith profi, arfarnu a dadansoddi i fireinio a chyfnerthu'r gronfa dystiolaeth sydd ei hangen yn sail iddynt. Mae angen gwneud rhagor o waith i gryfhau'r gronfa dystiolaeth er mwyn sicrhau ei bod yn cynnwys asesiad gwrthrychol o werth ychwanegol a mesurau effaith.

Cyn cyflwyno unrhyw newid i'r ddeddfwriaeth, mae angen datblygu system TG genedlaethol gyda datrysiadau digidol a chymorth dadansoddol data er mwyn sicrhau bod data yn cael ei goladu a'i ddefnyddio'n effeithiol ac yn effeithlon ar lefel leol a chenedlaethol. Gyda'r isadeiledd TG cywir, gellir cofnodi, coladu a dadansoddi data'n ddidrafferth, gan alluogi datblygiad y gronfa dystiolaeth a fydd yn esgor ar gyfleoedd ar gyfer meincnodi ac yn llywio prosesau llunio penderfyniadau a chynllunio'r gweithlu.

Mae gwaith helaeth wedi'i gynnal gan AaGIC mewn cydweithrediad â rhanddeiliaid i ddatblygu ystod o adnoddau cynllunio'r gweithlu i gynorthwyo Byrddau Iechyd ac Ymddiriedolaethau.

4. I ba raddau y mae'r Ddeddf yn 'ddiogel i'r dyfodol' ac i ba raddau y bydd yn cyfrannu at sicrhau bod gan GIG Cymru y gweithlu sydd ei angen arno i'r dyfodol i ddarparu gofal effeithiol sy'n canolbwyntio ar y claf ac sy'n diwallu anghenion y boblogaeth oll.

Ers llunio a chyflwyno'r Ddeddf, mae datblygiadau a gwelliannau gwasanaeth ar draws y sector iechyd a gofal cymdeithasol wedi adlewyrchu athroniaeth y dull amlbroffesiynol o weithio, er mwyn sicrhau bod gofal yn cael ei ddarparu gan y person cywir â'r sgiliau priodol ar yr adeg iawn. Wrth i'r Ddeddf ddatblygu, mae'n bwysig bod darpariaeth gwasanaeth amlbroffesiynol ac amlddisgyblaethol yn cael ei chydnabod a'i hystyried er budd cynaliadwyedd a fforddiadwyedd y system iechyd a gofal.

Wrth i dechnolegau digidol ddatblygu ac anghenion iechyd y boblogaeth newid, ceir effaith ar fodelau darpariaeth gofal yn ogystal â siâp a chyflenwad y gweithlu. Felly mae angen ystyried y Ddeddf yn nhermau agenda ehangach y gweithlu, gan gynnwys trawsnewid, modelu a dylunio'r gweithlu, yn enwedig yn wyneb yr heriau i'r gweithlu a brofir drwy ystod y maes iechyd a gofal cymdeithasol.

Mae risg, wrth gyfyngu ail ddyletswydd y Ddeddf i wardiau meddygol a llawfeddygol cleifion mewnol oedolion a wardiau cleifion mewnol pediatrig, y gallai adnoddau prin gael eu blaenoriaethu ar gyfer y meysydd hyn yn sgil y ddyletswydd statudol i roi gwybod i Lywodraeth Cymru am lefelau staff nyrsio (ardaloedd 25b). Gallai hyn fod ar draul meysydd eraill o ran darpariaeth gofal briodol gan broffesiynau eraill. Mae hyn hefyd yn cyfyngu ar allu'r Ddeddf i sicrhau bod anghenion y boblogaeth gyfan yn cael eu diwallu.

Fel rhan o GIG Cymru, mae AaGIC yn gyfrifol am gynllunio, datblygu, addysgu a hyfforddi'r gweithlu presennol ac i'r dyfodol, gan ganolbwyntio ar ddysgeidiaeth amlbroffesiynol a gweithio i ddarparu gofal diogel a deheuig i gleifion. Bydd AaGIC yn parhau i weithio gyda GIG Cymru a Llywodraeth Cymru i fuddsoddi yn anghenion y gweithlu, gan gynnwys cydymffurfio â'r Ddeddf.

Sylwadau Ychwanegol

Rydym yn gofyn tybed a oes angen ystyried amseriad a gwerth adolygu'r ddeddfwriaeth yn dilyn y pandemig. Yn ddealladwy, effeithiodd yr aflonyddwch a achoswyd yn sgil y pandemig yn sylweddol ar allu a chapasiti sefydliadau i weithredu'r ddeddfwriaeth.

Rhaid cydnabod; mae cyhoeddiad y Ddeddf Ansawdd bellach yn gosod gwelliant diogelwch cleifion fel elfen ganolog yn y GIG yng Nghymru.

Fel sefydliad, nod ein gwaith o ddatblygu cynlluniau gweithlu strategol yw sicrhau'n bod yn datblygu gweithlu i ddarparu gofal diogel o ansawdd i gleifion. Yn gyffredinol, credwn fod yn rhaid i unrhyw fenter i wella diogelwch cleifion, boed yn ddeddfwriaeth neu fel arall, fod yn seiliedig ar dystiolaeth sy'n tystio i'r canlyniadau gorau i gleifion.

I gloi, rydym yn hyderu y bydd y safbwyntiau a gyflwynir ar y materion hyn o fudd i chi. Yn unol â'n Cynllun Iaith Gymraeg, rydym hefyd yn cyflwyno cyfieithiad Cymraeg o'r ymateb hwn.

Diolch eto am y cyfle i gyfrannu at yr ymgynghoriad pwysig hwn ar Ddeddf Lefelau Staff Nyrsio (Cymru) 2016.

Os oes angen unrhyw beth arall arnoch, mae croeso ichi gysylltu â ni.

Yr eiddoch yn gywir

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
Welsh Parliament
Finance Committee

Rebecca Evans AS,

Y Gweinidog Cyllid a Llywodraeth Leol

22 Medi 2023

Annwyl Rebecca,

Papurau tystiolaeth i gefnogi Cyllideb Ddrafft 2024-25

Diolch yn fawr am eich llythyr ar 8 Medi.

Rwy'n ddiolchgar am y modd adeiladol yr ydych wedi ymgysylltu â'r Pwyllgor Cyllid ynghylch ffyrdd y gellir gwella tystiolaeth ysgrifenedig weinidogol ar gynigion Cyllideb Ddrafft Llywodraeth Cymru, gyda'r nod o fynd i'r afael â'r materion a nodwyd yn fy llythyr ar 23 Mehefin.

Rwy'n croesawu eich bwriad i gadarnhau pryd y bydd Gweinidogion yn darparu eu papurau tystiolaeth i bwyllgorau'r Senedd cyn cylch cyllideb 2024-25. Rwyf hefyd yn ddiolchgar y bydd Pwyllgorau'r Senedd yn cael cynnig briff technegol ar y Gyllideb Ddrafft.

O ran eich cais am arwydd clir gan y Pwyllgor Cyllid ynghylch yr hyn fyddai'n cael ei ystyried yn hanfodol i'w gynnwys mewn papurau tystiolaeth weinidogol, ni fyddai'n briodol i mi ddarparu un rhestr o gynigion heb ymgynghori â Chadeiryddion y Pwyllgorau yn gyntaf.

Er fy mod yn gweld manteision o ran datblygu templed lefel uchel ar gyfer papurau tystiolaeth, ac er fy mod yn cefnogi cydweithredu rhwng pwyllgorau i osgoi dyblygu a gorgyffwrdd mewn meysydd ffocws yn ystod craffu ar y gyllideb,

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddCyllid@senedd.cymru
0300 200 6565

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddFinance@senedd.wales
0300 200 6565

gall fod yn anodd cyflawni dull cyson yn ymarferol, o gofio ei bod yn naturiol y bydd gan bwyllgorau flaenoriaethau a meysydd ffocws gwahanol.

Hoffwn hefyd warchod rhag datblygu templed a allai feithrin dull rhagnodol o ddarparu tystiolaeth ysgrifenedig, a allai wanhau'r wybodaeth sydd ar gael i bwyllgorau unigol yn y pen draw wrth iddynt geisio dwyn penderfyniadau gwariant gweinidogol i gyfrif.

Mae'r anawsterau y mae Gweinidogion yn eu hwynebu wrth ddarparu manylion penodol ar gyfer pwyllgorau sy'n ymwneud â phob MEG yn ystod cyllideb 2024-25 yn enghraifft o hyn. Er fy mod yn cydnabod yr heriau a ddaw yn sgil amserlen cyllideb eleni, ni ddylai hyn rwystro Pwyllgorau rhag gofyn am wybodaeth fanwl yn ymwneud â phortffolios unigol gan fod hyn yn hanfodol i lywio sesiynau tystiolaeth cyhoeddus gyda Gweinidogion, yn enwedig pan fo'r amser i ymgynghori â rhanddeiliaid wedi'i gyfyngu.

Felly, rwy'n barod i archwilio ffyrdd y gellid datblygu templed, er fy mod hefyd yn cydnabod y gallai gymryd amser i sicrhau consensws ar y mater hwn a'i bod yn annhebygol y cytunir ar unrhyw newidiadau ar gyfer cylch y gyllideb sydd i ddod.

Rwy'n anfon copi o'r ymateb hwn i holl bwyllgorau'r Senedd sydd â diddordeb mewn craffu ar y gyllideb er mwyn hwyluso trafodaethau pellach, a byddaf yn codi'r mater hwn yng nghyfarfod nesaf Fforwm y Cadeiryddion ar 23 Hydref.

Yn gywir

Peredur Owen Griffiths AS
Cadeirydd y Pwyllgor Cyllid

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

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddDCC@senedd.cymru
senedd.cymru/SeneddDCC
0300 200 6565
—
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddLJC@senedd.wales
senedd.wales/SeneddLJC
0300 200 6565

Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol

29 Medi 2023

Annwyl Russell,

Byddwch yn gwybod mai'r Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad sy'n gyfrifol am fonitro'r broses o weithredu cytundebau rhyngwladol nad ydynt yn ymwneud â masnach yn y Chweched Senedd.

Yn ystod ein cyfarfod ar 11 Medi 2023, buom yn ystyried Confensiwn y DU-Norwy-Liechtenstein-Gwlad yr Iâ ar Gydgysylltu Nawdd Cymdeithasol. Mae'r cytundeb hwn yn darparu ar gyfer cydgysylltu nawdd cymdeithasol yn barhaus rhwng y DU (ac eithrio Gibraltar a Dibynwledydd y Goron) a Gwlad yr Iâ, Liechtenstein a/neu Norwy ar ôl Brexit.

Er bod y cytundeb hwn yn ymwneud â chysylltiadau rhyngwladol, sy'n fater a gedwir yn ôl, mae o fewn cymhwysedd deddfwriaethol y Senedd i weithredu rhai agweddau ar y cytundeb hwn sy'n ymwneud ag iechyd. Fel y cyfryw, yn ystod ein trafodaeth ar y cytundeb, cytunwyd i dynnu sylw eich Pwyllgor ato, er gwybodaeth.

Rydym hefyd yn ysgrifennu at Lywodraeth Cymru i ofyn am wybodaeth am ei hymgysylltiad â Llywodraeth y DU mewn perthynas â'r cytundeb hwn, yn ogystal â'r camau y bydd yn eu cymryd i sicrhau bod y cytundeb yn cael ei weithredu o fewn cymhwysedd datganoledig.

Mae ein hadroddiad diweddaraf ar gael yma.

Yn gywir

Huw Irranca-Davies

Cadeirydd

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad
—
Legislation, Justice and Constitution Committee

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddDCC@senedd.cymru
senedd.cymru/SeneddDCC
0300 200 6565
—
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddLJC@senedd.wales
senedd.wales/SeneddLJC
0300 200 6565

Y Gwir Anrhydeddus Mark Drakeford AS
Prif Weinidog Cymru

29 Medi 2023

Annwyl Mark,

Fel y byddwch yn gwybod, mae'r Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad yn gyfrifol am fonitro'r broses o weithredu cytundebau rhyngwladol nad ydynt yn ymwneud â masnach yn y Chweched Senedd.

Yn ystod ein cyfarfod ar 11 Medi 2023, buom yn ystyried Confensiwn y DU-Norwy-Liechtenstein-Gwlad yr Iâ ar Gydgysylltu Nawdd Cymdeithasol. Mae'r cytundeb hwn yn darparu ar gyfer cydgysylltu nawdd cymdeithasol yn barhaus rhwng y DU (ac eithrio Gibraltar a Dibynwledydd y Goron) a Gwlad yr Iâ, Liechtenstein a/neu Norwy ar ôl Brexit.

Er bod negodi cytundebau gofal iechyd cilyddol yn fater a gedwir yn ôl, mae o fewn cymhwysedd deddfwriaethol y Senedd i weithredu rhai agweddau ar y cytundeb hwn, gan gynnwys adennill costau ymwelwyr tramor. Ar y sail honno, deallwn fod Llywodraeth y DU wedi ymgysylltu ac ymgynghori â swyddogion iechyd o'r llywodraethau datganoledig, wedi rhannu testun cyfreithiol drafft, ac wedi cysylltu mewn perthynas â goblygiadau iechyd.

Byddem hefyd yn ddiolchgar pe gallech darparu rhagor o wybodaeth ynghylch eich ymgysylltiad â Llywodraeth y DU mewn perthynas â'r cytundeb hwn, yn ogystal â'r camau y bydd Llywodraeth Cymru yn eu cymryd i sicrhau bod y cytundeb yn cael ei weithredu mewn meysydd o fewn cymhwysedd datganoledig.

Byddwn yn ddiolchgar o gael ymateb erbyn 19 Hydref 2023.

Anfonaf gopi o'r llythyr hwn at Gadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol.

Yn gywir

Huw Irranca-Davies
Cadeirydd

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

Llywodraeth Cymru
Welsh Government

Russell George AS
Cadeirydd,
Y Pwyllgor Iechyd a Gofal Cymdeithasol

SeneddIechyd@senedd.cymru

2 Hydref 2023

Annwyl Russell

Diolch i'r Pwyllgor am y cwestiynau adeiladol a ofynnwyd ganddo pan ymddangosais gerbron Ymchwiliad y Pwyllgor i Ganser Gynaecolegol. Cytunais i ysgrifennu at y Pwyllgor wedyn i drafod nifer o'r materion a godwyd.

Gofynnodd Sarah Murphy AS beth yw'r targed yng Nghymru sy'n cyfateb i'r targed yn Lloegr ar gyfer gwneud diagnosis cynnar o ganser (Lloegr: 75% o achosion yn cael diagnosis ar gam 1 neu 2 erbyn 2028). Mae Iechyd Cyhoeddus Cymru yn cyhoeddi ffigurau digwyddedd canser yn ôl y cam pan wneir y diagnosis, ond nid oes targed yng Nghymru ar gyfer cyfran y canserau sy'n cael diagnosis ar gam 1 neu 2. Mae'r Datganiad Ansawdd ar gyfer Canser yn nodi pa mor bwysig yw gwneud diagnosis o ganser ar gamau cynharach, am mai dyna fydd yn gwneud y gwahaniaeth mwyaf i gyfraddau goroesi canser. Mae'n cynnwys, fel rhan o'r broses comisiynu, ddisgwyl i fyrddau iechyd gynllunio a darparu gwasanaethau a fydd yn canfod mwy o achosion o ganser ar gamau cynharach. Rydym yn disgwyl y bydd y datblygiadau parhaus mewn gwasanaethau diagnostig, arferion atgyfeirio a gwelliannau yn y ddarpariaeth sgrinio yn helpu i ganfod canser ar gamau cynharach. Nid wyf o'r farn bod angen gosod targed er mwyn ysgogi'r gwaith hwn, am mai dyma'r maes ffocws pwysicaf ar lefel genedlaethol o ran gwasanaethau canser. Mae hefyd yn anodd iawn cynnig barn ar y newid hirdymor am fod cyfran y canserau na roddir cam iddynt wedi lleihau'n sylweddol dros amser, sy'n effeithio ar y cyfrannau a gofnodir ar unrhyw gam penodol.

Gofynnodd Sarah Murphy AS hefyd am wybodaeth ynghylch pa mor amserol yw'r ystadegau canser swyddogol a gynhyrchir gan Uned Gwybodaeth ac Arolygaeth Canser Cymru. Bwriedir cyhoeddi'r ffigurau goroesi canser diweddaraf, i gynnwys ffigurau 2020, ym mis Hydref 2023. Bwriedir cyhoeddi'r ffigurau marwolaethau canser diweddaraf, i gynnwys ffigurau 2022, ym mis Rhagfyr 2023. Cyhoeddwyd y ffigurau digwyddedd canser diweddaraf, gan gynnwys ffigurau 2020, ym mis Awst 2023. Yn y DU, mae'n arferol i'r ystadegau hyn gael eu cyhoeddi ar ôl oedi 2-3 blynedd. Y rheswm am hyn yw ei bod yn cymryd amser i ddata gronni mewn systemau clinigol, i gael eu dilysu i sicrhau eu bod yn gywir, i gael eu trosglwyddo a'u prosesu gan Iechyd Cyhoeddus Cymru, ac yna i gael eu cyhoeddi.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

O ran data goroesi yn benodol, rhaid bod o leiaf blwyddyn wedi mynd heibio er mwyn cyfrifo'r gyfradd goroesi canser un flwyddyn, ac mae angen data ar gyfer sawl blwyddyn i fodelu'r gyfradd goroesi canser pum mlynedd. Cafodd y ffigurau hyn eu cyhoeddi yn fwy prydlon yn y cyfnod cyn y pandemig mewn gwirionedd, drwy fabwysiadu technegau modelu ar gyfer adrodd am oroesi pum mlynedd. Fodd bynnag, mae'n wir bod blynyddoedd cynnar y pandemig wedi cael effaith dros dro ar gapasiti'r Uned, wrth i staff gael eu hailgyfeirio i helpu'r ymateb brys. Byddai hyn wedi ychwanegu rhywfaint o oedi ychwanegol at gyhoeddi'r ystadegau. Fodd bynnag, erbyn diwedd y flwyddyn hon bydd y ffigurau diweddaraf ar gyfer digwyddedd (2020), goroesi (2020) a marwolaethau (2022) ar gael inni.

Mae Iechyd Cyhoeddus Cymru wedi ymrwymo i sicrhau bod data'r gofrestrfa ganser yn cael eu cyhoeddi'n fwy prydlon ac am y tro cyntaf mae wedi cyhoeddi ystadegau arbrofol ar ddigwyddedd canser gan ddefnyddio data system patholeg. Nid yw'r data hyn yn rhoi darlun cyflawn o bob math o ganser, ond maent ar gael hyd at fis Mai 2023 er mwyn helpu i roi gwybodaeth fwy cyfredol am ddigwyddedd canser i randdeiliaid.

Er bod data'r gofrestrfa ganser swyddogol yn bwysig ar gyfer deall digwyddedd a chanlyniadau canser, mae'r ffigurau hyn fel arfer yn weddol gyson ar lefel y boblogaeth, ac eithrio ar gyfer blwyddyn bandemig. Nid ydym yn dibynnu ar ddata'r gofrestrfa yn unig i ddarparu nac i oruchwylio gwasanaethau canser. Mae gan y GIG gasgliad helaeth o ddata rheoli mewnol a ddefnyddir o ddydd i ddydd i arwain y gwaith o gynllunio a darparu gwasanaethau.

Yn ystod y sesiwn dystiolaeth, cyfeiriodd Dirprwy Brif Weithredwr GIG Cymru at sut rydym yn helpu byrddau iechyd i ddatblygu adnoddau gwybodaeth busnes er mwyn gallu defnyddio'r data rheoli hyn yn well. Mae'r gwaith hwn yn cynnwys datblygu setiau data ar lefel yr is-fath o ganser (e.e. canser ceg y groth, canser yr ofari, canser y groth). Mae'r gwaith hwn eisoes ar y gweill ar gyfer llwybrau 'caeedig' – sef llwybrau lle mae'r driniaeth wedi dechrau. Fodd bynnag, efallai na fydd yn bosibl gwahaniaethu ymhlith atgyfeiriadau ar gyfer canser gynaecolegol am na fydd canser gynaecolegol ar tua 1 ym mhob 20 o'r bobl sy'n cael eu hatgyfeirio, a hefyd am fod yr atgyfeiriad yn cael ei wneud ar sail y math o symptomau neu'r math o glinig cleifion allanol yn hytrach na'r is-fath o ganser.

Rydym yn parhau i ystyried yr hyn sy'n bosibl o ran datblygu data gwell ar gyfer achosion sy'n cael eu hatgyfeirio. Ond mae'n debygol y bydd y pwyslais ar sicrhau data mwy manwl ar y cam gwneud diagnosis yn y llwybrau a elwir yn llwybrau 'agored' – lle nad yw'r driniaeth wedi dechrau eto, neu nad yw'n sicr nad oes canser ar yr unigolyn.

Gobeithio y bydd yr wybodaeth ychwanegol hon yn ddefnyddiol i'r Ymchwiliad.

Yn gywir

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

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

Llywodraeth Cymru
Welsh Government

Russell George MS
Cadeirydd
Pwyllgor Iechyd a Gofal Cymdeithasol
SeneddIechyd@senedd.cymru

Jenny Rathbone MS
Cadeirydd
Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol
SeneddCydraddoldeb@senedd.cymru

4 Hydref 2023

Annwyl Russell & Jenny

Rydych ddiau yn ymwybodol o'r adroddiadau diweddar yn y wasg am lawfeddygon benywaidd yn cael eu haflonyddu yn rhywiol yn y gweithle, ac wedi'ch dychryn gan y fath ymddygiad gymaint â minnau. Gofynnais i'm swyddogion geisio sicrhad oddi wrth bob cyfarwyddwr meddygol yng Nghymru o ran y trefniadau sydd ganddynt i atal achosion o ymddygiadau gwahaniaethol agored, casineb at ferched a/neu dorri diogelwch rhywiol.

Mae pob cyfarwyddwr meddygol wedi rhannu eu polisïau diogelu sy'n unol â'n gofynion cenedlaethol. Nid oes gan bob corff bolisïau diogelwch rhywiol penodol ac mae'r rhai sydd heb wedi cydnabod y byddent yn atgyfnerthu eu trefniadau drwy ddarparu staff â chanllawiau am iechyd a llesiant rhywiol ac amlinellu'r broses y maent yn gallu adrodd digwyddiadau rhywiol drwyddi. Mae pob un wedi mynegi dymuniad i hyrwyddo ymrwymiad clir i atal niwed rhywioledig.

Cyn i'r adroddiadau ymddangos yn y wasg, roedd Gweithrediaeth GIG Cymru wedi dechrau sefydlu Grŵp Cydgysylltu Cenedlaethol ar gyfer Diogelwch Rhywiol yn GIG Cymru yn barod. Mae'r Grŵp yn defnyddio dull gorchwyl a gorffen i gwblhau ymarfer sicrhau byr, yn bennaf mewn ymateb i'r adroddiad gan y Rhwydwaith Hawliau Menywod, *When We Are At Our Most Vulnerable,* sy'n cynnwys nifer bryderus o uchel o adroddiadau o drais rhywiol mewn ysbytai.

Mae'r Grŵp wedi canolbwyntio ar weithredu i gwblhau'r swyddogaethau sicrhau buan gofynnol gan gynnwys:

- ymarfer casglu data ar draws cyrff GIG Cymru a Chanolfannau Atgyfeirio Ymosodiadau Rhywiol
- sicrhau bod cyrff yn cwblhau hunan-asesiad ar sut y maent yn atal niwed rhywiol i gleifion a staff a sut y maent yn ymateb pan fo niwed rhywiol, gan gynnwys troseddoldeb, yn cael eu datgelu neu eu gweld.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn ehangu'r ddadl hon ac rydym yn glir am ein disgwyliadau ar draws y GIG ehangach, sy'n cynnwys y Cylchlythyr Iechyd Cymru a gyhoeddwyd yn ddiweddar, *Fframwaith GIG Cymru codi llais heb ofn*. Mae'r Fframwaith yn cynnwys pecynnau cymorth ymarferol, a ddatblygwyd ar y cyd gyda'n cydweithwyr yn y cyflogwyr ac undebau llafur, ac, yn y man, cyhoeddir adnoddau ar blatfform Gwella Addysg a Gwella Iechyd Cymru. Rhannwn hefyd y gwaith diogelwch rhywiol y mae Ymddiriedolaeth Gwasanaethau Ambiwlans Cymru wedi'i datblygu i fynd i'r afael â'r defnydd o bŵer a dylanwad.

Yn gywir

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

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddIechyd@senedd.cymru
senedd.cymru/SeneddIechyd
0300 200 6565
–
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddHealth@senedd.wales
senedd.wales/SeneddHealth
0300 200 6565

Pwyllgor Iechyd a Gofal Cymdeithasol
–
Health and Social Care Committee

Yr Athro Arianna Di Florio
Yr Is-adran Meddygaeth Seicolegol a Niwrowyddorau Clinigol
Yr Ysgol Feddygaeth
Prifysgol Caerdydd

25 Gorffennaf 2023

Annwyl yr Athro Di Florio

Mae'r Pwyllgor Iechyd a Gofal Cymdeithasol wedi nodi iechyd menywod fel un o'i flaenoriaethau strategol ar gyfer y Chweched Senedd. Fel rhan o'n diddordeb parhaus yn y mater hwn, mae Sarah Murphy AS, sy'n aelod o'r Pwyllgor, wedi codi pryderon am y ffordd y mae data'n cael eu cofnodi ym manc data SAIL, gan sôn yn benodol am broblemau yr ydych wedi bod yn eu cael wrth ei ddefnyddio i ymchwilio i'r menopos.

Byddwn yn cynnal sesiwn graffu gyffredinol gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn nhymor yr hydref, a allai fod yn gyfle i drafod y mater hwn â hi. Byddai'n ddefnyddiol pe gallech roi manylion inni am y problemau yr ydych wedi'u cael erbyn 15 Medi 2023, er mwyn helpu i lywio'r sesiwn honno.

Yn gywir

Russell George AS
Cadeirydd y Pwyllgor Iechyd a Gofal Cymdeithasol

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

Division of Psychological Medicine and Clinical Neurosciences
Yr Isadran Meddygaeth Seciolegol a Niwrowyddorau Clinigol

Cardiff University
Hadyn Ellis Building
Maindy Road
Cardiff CF24 4HQ
Email:
psychmedadminsupport@cf.ac.uk
www.cardiff.ac.uk

Prifysgol Caerdydd
Adeilad Hadyn Ellis
Heol Maindy
Caerdydd CF24 4HQ
E-bost:
psychmedadminsupport@cf.ac.uk
www.caerdydd.ac.uk

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.

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.

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.

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

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

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddPlant@senedd.cymru
senedd.cymru/SeneddPlant
0300 200 6565
—
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddChildren@senedd.wales
senedd.wales/SeneddChildren
0300 200 6565

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Eluned Morgan AS

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Julie Morgan AS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Lynne Neagle AS

9 Hydref 2023

Cyllideb Ddrafft Llywodraeth Cymru 2024-25

Annwyl Eluned, Julie a Lynne,

Fel y llynedd, hoffem gael gwybodaeth ysgrifenedig i gefnogi ein gwaith craffu ar Gyllideb Ddrafft Llywodraeth Cymru 2024-25. Mae'r atodiad i'r llythyr hwn yn nodi'n fanwl y wybodaeth yr hoffem ei chael.

Byddwn yn ddiolchgar o gael y wybodaeth ysgrifenedig erbyn 19 Rhagfyr 2023 fan bellaf. Nodaf fod Llywodraeth Cymru yn bwriadu cyhoeddi'r Gyllideb Ddrafft ar 19 Rhagfyr 2023. Er ein bod fel arfer yn gofyn am y wybodaeth ysgrifenedig ychydig ddyddiau ar ôl cyhoeddi'r gyllideb ddrafft, oherwydd dyddiad cyhoeddi arfaethedig y gyllideb ddrafft, rydym yn gofyn am y wybodaeth hon ar yr un diwrnod. Er mwyn helpu i liniaru rhai o'r problemau wrth baratoi'r dystiolaeth ysgrifenedig a rhoi po fwyaf o amser â phosibl i chi baratoi'r cyflwyniad, rydym yn anfon ein cais yn gynharach yn nhymor yr hydref. Cysylltwch â'm clercod os ydych yn pryderu na fyddwch yn gallu anfon y wybodaeth erbyn y dyddiad cau arfaethedig o ystyried amserlen y gyllideb.

O ystyried y bydd gan bwyllgorau mewn rhai o'r meysydd a restrir yn yr atodiad i'r llythyr hwn ddiddordeb hefyd, rydw i wedi anfon copi at gadeiryddion y Pwyllgor Iechyd a Gofal Cymdeithasol a'r Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol.

Yn gywir

Jayne Bryant AS

Cadeirydd

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Atodiad A: Cais i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol ynghylch craffu ar Gyllideb Ddrafft 2024-25 y Pwyllgor Plant, Pobl Ifanc ac Addysg

1. Dyraniadau ar gyfer plant a phobl ifanc

Dyraniadau ym Mhrif Grŵp Gwariant Iechyd drwy Weithredu, a Llinell Wariant yn y Gyllideb (fel sy'n uniongyrchol berthnasol i blant a phobl ifanc):

- Cyllideb Ddrafft 2024-25
- Dyraniadau y Gyllideb Derfynol 2023-24
- Cyllideb Atodol Gyntaf 2023-24
- Alldro rhagolygon 2023-24
- Cyllideb ddangosol 2025-26 (os y pennwyd)

Disgrifiad o unrhyw newidiadau i linellau sylfaen a ddefnyddiwyd yng Nghyllideb Ddrafft 2024-25 o Gyllideb Atodol Gyntaf Mehefin 2023.

2. Asesiadau o effaith

- Asesiad o'r Effaith ar Hawliau Plant Cyfunol ar draws pob portffolio: Cynhaliwyd Asesiad o'r Effaith ar Hawliau Plant (CRIA) i lywio'r dyraniadau yn y Gyllideb drafft 2024-25.
- Asesiad o'r Effaith ar Hawliau Plant ar gyfer Prif Grŵp Gwariant Iechyd a Gwasanaethau Cymdeithasol Asesiad o'r Effaith ar Hawliau Plant ar gyfer Prif Grŵp Gwariant Iechyd a Gwasanaethau Cymdeithasol ar gyfer 2024-25.
- Effeithiau eraill: Manylion a/neu enghreifftiau o unrhyw newidiadau a wnaed i ddyraniadau o fewn y Prif Grŵp Gwariant Iechyd a Gwasanaethau Cymdeithasol yn dilyn ystyriaethau o gydraddoldeb, cynaliadwyedd, y Gymraeg a Llesiant Cenedlaethau'r Dyfodol.

3. Y Rhaglen Lywodraethu

Dyraniadau yng Nghyllideb Ddrafft 2024-25 a'r sefyllfa ddiweddaraf o ran cyllid ar gyfer:

Ymrwymiad y Rhaglen Lywodraethu	Dyraniadau y gofynnwyd amdanynt a manylion naratif

Gwasanaethau eirioli i rieni y mae eu plant mewn perygl o ddod yn rhan o'r system ofal.	Dyraniadau ar gyfer cyflwyno cymorth i rieni y mae eu plant ar gyrion y system gofal, sydd i'w ddarparu yn unol â fframwaith cenedlaethol.
Ariannu gwasanaethau preswyl rhanbarthol i blant ag anghenion cymhleth.	Dyraniadau ar gyfer 2024-25 ar gyfer y Byrddau Partneriaeth Rhanbarthol ar gyfer yr 8 prosiect sydd bellach yn weithredol (a faint o leoliadau ychwanegol y mae hyn yn eu hariannu). Dyraniadau ar gyfer cyflawni unrhyw brosiectau newydd (a faint o leoliadau newydd ychwanegol y mae hyn yn eu hariannu).
Dileu elw preifat o ofal plant sy'n derbyn gofal.	Dadansoddiad blynyddol o sut mae'r ymrwymiad i wario £68m yn cael ei rannu yn ôl cyfanswm dros y tair blynedd 2022-23, 2023-24, 2024-25. Alldro terfynol ar gyfer 2022-23 / dadansoddiad o i bwy y cafodd ei ddyrannu ac i ba ddiben (yn ôl awdurdod lleol a thrydydd sector) Alldro rhagolwg ar gyfer 2023-24 / dadansoddiad o i bwy y cafodd ei ddyrannu ac i ba ddiben (yn ôl awdurdod lleol a thrydydd sector) Dyraniadau manwl wedi'u cynllunio ar gyfer 2024-25 (neu'r broses a ddefnyddir i benderfynu ar hynny)
Cymorth arbenigol i blant ag anghenion cymhleth a allai fod ar gyrion y system ofal.	Mae manylion y 32 o brosiectau a nodwyd hyd yn hyn gan Fyrddau Partneriaeth Rhanbarthol yn cwmpasu Cymru gyfan a sut y caiff y rhain eu hariannu gan y Gronfa Integreiddio Ranbarthol Iechyd a Gofal Cymdeithasol fel y manylir yn Adroddiad Blynyddol diweddaraf y Rhaglen Lywodraethu.
Ariannu gofal plant i fwy o deuluoedd lle mae rhieni mewn addysg a hyfforddiant neu ar gyrion byd gwaith.	Dyraniadau cyffredinol ar gyfer y Cynnig Gofal Plant yn 2024-25. Y gost yn 2023-24 ar gyfer yr 438 o deuluoedd ychwanegol a chyfanswm y costau a ddyrannwyd yn 2024-25 ar gyfer yr amcangyfrif o 3,000 yn fwy o deuluoedd cymwys fel y cyfeiriwyd atynt yn Adroddiad Blynyddol diweddaraf y Rhaglen Lywodraethu.
Ehangu darpariaeth y blynyddoedd cynnar yn raddol i gynnwys pob plentyn 2 oed, gyda phwyslais arbennig ar gryfhau darpariaeth cyfrwng Cymraeg.	Dyraniadau a'r hyn y bwriedir iddynt ei gyflawni yn 2024-25 Gwybodaeth ynghylch a fydd yn gynnig 30 awr llawn i bob plentyn dwy oed, ac erbyn pryd y caiff hyn ei gyflwyno

Dechrau'n Deg.	Refeniw a chyfalaf

4. Cynllun Grant Gwasanaethau Cymdeithasol Cynaliadwy

Cyfanswm y Cynllun a dadansoddiad o'r holl grantiau sy'n berthnasol i blant a phobl ifanc.

5. Cronfa Newid Plant sydd â Phrofiad o fod mewn Gofal

Cyfanswm y Gronfa a dadansoddiad o'r holl ddyraniadau.

6. Gweithlu gofal cymdeithasol plant

Unrhyw ddyraniadau sy'n gysylltiedig â chynorthwyo awdurdodau lleol i fynd i'r afael ag ansefydlogrwydd y gweithlu ym maes gofal cymdeithasol plant, megis cyfraddau swyddi gwag a'r defnydd o staff asiantaeth, a nodir yn ein Hadroddiad ar Ddiwygio radical ar gyfer gwasanaethau i blant sydd â phrofiad o fod mewn gofal ac adolygiad cyflym diweddar Arolygiaeth Gofal Cymru o drefniadau amddiffyn plant Medi 2023.

7. Iechyd Plant

- Dyraniadau yng Nghyllideb Ddrafft 2024-25 a'r sefyllfa ddiweddaraf o ran cyllid ar gyfer:
  - Iechyd y cyhoedd fel y mae'n berthnasol i blant a phobl ifanc, gan gynnwys brechu
  - Strategaeth gordewdra
  - Gwasanaethau iechyd meddwl, gan gynnwys gwasanaethau iechyd meddwl plant a'r glasoed, a gwasanaethau i gefnogi iechyd meddwl amenedigol a pherthnasoedd rhwng rhieni a babanod
  - Gwasanaethau anhwylderau bwyta
  - Atal hunanladdiad fel y mae'n berthnasol i blant a phobl ifanc
  - Camddefnyddio sylweddau, gan gynnwys fêpio ymhlith plant a phobl ifanc
  - Gwasanaethau niwroddatblygiadol

8. Costau byw

- Byrddau Iechyd: Darpariaeth gwasanaethau i blant a phobl ifanc gan y Byrddau Iechyd yng Nghymru ac effaith costau cynyddol ynni ar y ddarpariaeth hon.

- Gwasanaethau cymdeithasol: Polisi a goruchwylio'r ddarpariaeth o holl weithgareddau gwasanaethau cymdeithasol Awdurdodau Lleol yng Nghymru ac unrhyw drafodaethau cysylltiedig â'r Gweinidog Cyllid a Llywodraeth Leol.

- Tlodi plant: Manylion am ba drafodaethau sydd wedi'u cynnal gyda Gweinidogion perthnasol eraill mewn perthynas â dyraniadau sy'n cael effaith sylweddol ar iechyd a gofal cymdeithasol plant, er enghraifft gyda'r Gweinidog Cyfiawnder Cymdeithasol o ran cyllideb Comisiynydd Plant Cymru a materion polisi ehangach fel tlodi plant.

9. Costau deddfwriaeth

- Goblygiadau ariannol neu a ragwelir yn 2022-23 a 2023-34 o unrhyw is-ddeddfwriaeth sy'n berthnasol i blant a phobl ifanc o fewn portffolio'r Gweinidog.
- Gwybodaeth am effaith ariannol unrhyw ddeddfwriaeth berthnasol a wneir yn Senedd y DU.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Bloc 5, Llys Carlton, Parc Busines Llanelwy, Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Russell George, MS
Chair, Health & Social Care Committee,
Welsh Parliament,
Cardiff Bay,
Cardiff,
CF99 1SN

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

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

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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Betsi Cadwaladr
University Health Board

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

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.

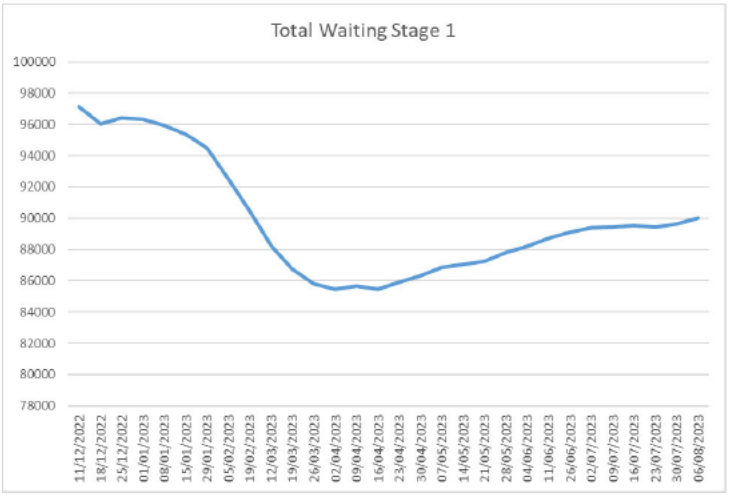
The health board has been recognised for its work with Engage to Change over the last few years through the Project SEARCH programmes, supported internships and adult volunteer placements through the Step into Work scheme. The Robins Volunteering scheme also provides opportunities for local people to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

The impact of industrial action is set out below:

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

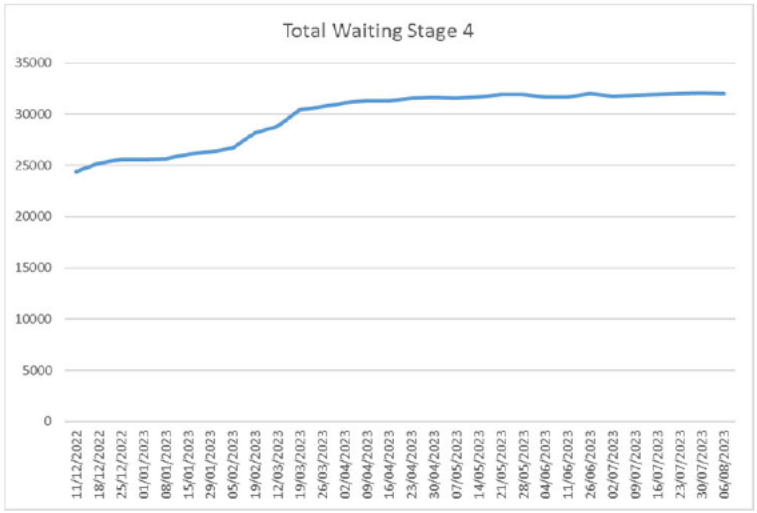
Count of first outpatient appointment cancellations and trend impact on waiting list

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**



Innovation and good practice

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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Betsi Cadwaladr
University Health Board

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

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,

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Carol Shillabeer
Interim Chief Executive

Mae cyfyngiadau ar y ddogfen hon