

**Jeremy Miles AS/MS**  
**Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol**  
**Cabinet Secretary for Health and Social Care**



**Llywodraeth Cymru**  
**Welsh Government**

Russell George MS  
Chair  
Health and Social Care Committee

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11 October 2024

Dear Russell,

In June, the then Cabinet Secretary for Health and Social Care wrote to you in response to the Health and Social Care Committee's report - *Nurse Staffing Levels (Wales) Act 2016: Post-legislative scrutiny*, published on 17 April.

In that letter, the Cabinet Secretary agreed to write again six months after the report's publication to update you on five of the recommendations as requested.

Before I provide an update position on each of those recommendations, I would like to include some context around the All-Wales Nurse Staffing Programme (AWNSP) that has impacted how much progress has been made in the months since your report was published.

During that time, the Programme has transferred from its former host organisation in HEIW to the NHS Executive, along with several other national programmes of work. The transfer of the Programme team also presented the opportunity to refresh its programme of work, which is now reflective of the recommendations from your April report. Naturally this has been a disruption to business as usual as the nursing structure in the NHS Exec has established itself over the summer.

Further to that, the longstanding Head of the Programme, Joanna Doyle – who you will recall from your October hearing - left her position in July to take up a senior nursing role in the paediatric service. As with any recruitment at that senior a level, it has taken time to fill the vacancy, meaning the Programme has been without a head for three of the six months since the publication of your report. However, I am happy to share with you that the new Head of Programme – Rhys Roberts – began in post on 30 September. I am confident that under his leadership, the Programme will quickly regather pace. Especially once he is able to recruit to the other vacant posts within the Programme team.

With that in mind, I would propose a further written update to the HSC Committee on these recommendations 8 months from the date of this letter. This would follow the health boards' next annual assurance reports.

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

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

**Recommendation 2.** *The Minister for Health and Social Services should write to us within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies.*

I can confirm that the all-Wales template for the Nurse Staffing Levels (Wales) Act 2016 annual assurance reports was amended earlier this year to include a section focussing specifically on this duty.

In their next annual reports to their respective boards (May 2025), executive directors of nursing will need to “*provide assurance that through a 6 monthly audit, all actions have been taken to inform patients of the Nurse Staffing Levels*”.

During the CNO’s most recent meetings with EDoNs across Wales’ health boards and trusts, each confirmed that audits have been undertaken in their respective wards where section 25B applies. All have reported generally high compliance with displaying nurse staffing levels, but there is now a need to systematise that auditing into a consistent and regular practice to ensure that compliance is maintained. The Reporting subgroup of the AWNSG is tasked with ensuring a once-for-Wales approach is taken to this work.

The Frequently Asked Questions document explaining the duties of the 2016 Act is another crucial component of informing the public on nurse staffing levels. To date, this document has only been available on wards in hard copy, requiring space to display them, and for copies to be replenished when depleted. During the outbreak of the Covid-19 pandemic, heightened infection prevention protocols determined that paper documents and posters were forbidden in ward settings. The Reporting subgroup of the All-Wales Nurse Staffing Group has been exploring a more agile and future-proof solution to distributing this FAQ document whereby the display board containing the nurse staffing levels information template will also feature a large QR code. Patients and ward visitors will be able to scan this code on any smart phone and be directed to the FAQ document online in Welsh, English or easy read version.

On 3 September, the office of the CNO welcomed an NHS secondee undertaking a clinical fellowship programme. The primary focus of her fellowship project will be the development of a ward manager’s toolkit to prepare, develop and support aspiring ward managers and those already working in the role. The aim will be to drive a consistent approach to ward management and underpin key quality indicators and current system needs on standards, reporting processes and systems to enable safe, quality care delivery. Part of this toolkit will include the legislative duties which are relevant to ward managers, including the duty to keep nurse staffing levels information boards up to date and accurate.

**Recommendation 3.** *The Minister for Health and Social Services should bring forward clear operational guidance to support the consistent application of section 25A across health boards in Wales. She should report back to us on progress with developing this within 6 months of publication of this report.*

I can confirm that the production of operational guidance for section 25A of the Act is included as a key action in the refreshed work programme of the AWNSP

There are several steps required before operational guidance is drafted and published, and each is included as a distinct action in the Programme's work plan. These include:

- Establishing a national task and finish group that will oversee the development of the operational guidance;
- Linking with national clinical networks for the various care settings;
- Scoping existing evidence-based tools, standards and guidance for the various care settings that can form part of the triangulated calculation process;
- Scoping work to determine which quality indicator data will be used in each setting;
- Setting the principles for consistent triangulated staffing calculation in 25A areas.

Prior to the departure of the former head of Programme, terms of reference were drafted for the proposed task and finish group and an initial fact-finding exercise was conducted with health boards to gather their views on what they would expect/wish to see included in operational guidance.

This is a recommendation where progress has clearly been hampered by the temporary absence of a head of the AWNSP. However, I am confident that the foundations are in place for the new head of Programme to push forward at pace, and I would expect the next written update to the Committee to reflect this.

***Recommendation 4.*** *The Minister for Health and Social Services should commission a mapping of the digital systems involved in complying with the requirements of the Act to enable an honest appraisal of the work that still needs to be done to improve the efficiency and connectivity of those systems, and the timescales for this. This should include consideration of the role of digital technology in enabling nurses to provide better patient care.*

The Chief Nursing Officer has commissioned this work on my behalf, and it is included as a priority action in the AWNSP's programme plan. Now that the new Head of Programme has started in post, I expect this work to progress at pace.

***Recommendation 7.*** *The Minister for Health and Social Services should provide a written update, within 6 months of publication of this report, on the success of actions to improve nurse recruitment and retention and ensure a sustainable supply of nurses, including reference to international recruitment and the use of agency staff.*

Nursing is the largest workforce in the NHS and plays a pivotal role in delivering quality patient care. Despite the unprecedented pressure on Welsh Government budgets, record numbers of people, including nurses, are employed by NHS Wales organisations.

The **number of registered nurses** working in NHS Wales has increased from 21,367 full time equivalents (FTEs) in 2019 to 24,882 FTEs in 2024 – an increase of 16.4%. The actual staff headcount has increased from 24,637 in 2019 to 28,514 in 2024 – an increase of 15.7%. (source: StatsWales 31 March 2019 and 31 March 2024).

The Welsh Government has also maintained the **education and training budget** at record levels for the academic year 2024-25 - £281m. Pre-registration nurse training places have increased from 1,911 in 2019 to 2,400 in 2024.

**Nursing and midwifery student recruitment** has generally increased following a UK wide fall in 2022-23. The number of students starting nursing programmes overall is increasing,

reflecting successful student recruitment initiatives with increases in rates between commissioned, recruited and student who have started course. HEIW is delivering a programme of work to further increase applications to nursing programmes; additional health care support workers and part times places are being supported, and funding for international places has increased the number of international students being recruited to nursing programmes in Wales. All international students will be supported into posts on graduation as part of the tie in arrangements to stay in Wales for a minimum of two years.

While recruitment to adult and child field places is positive, both mental health and learning disability places remain difficult to fill. HEIW is currently leading on several solutions to ensure that recruitment to these fields of nursing continue to increase.

The **All-Wales International Recruitment Programme** is a national strategic workforce programme supported by Welsh Government and delivered by NHS Wales Shared Services Partnership in partnership with health boards and trusts across Wales. Established during the second half of 2021 in the context of a national shortage in the registered nurse workforce, the programme has recruited over 1,000 internationally educated healthcare professionals into the NHS Wales workforce, the vast majority of which have been internationally educated nurses.

A government-to-government memorandum of understanding agreement established between Welsh Government and the state government of Kerala, India, will support further international recruitment to the NHS Wales workforce on an ethical, not-for-profit basis.

**HEIW's Nurse Retention Plan**, launched in September 2023, is supporting NHS Wales organisation in developing local retention plans for improved staff experience at work, including wellbeing, engagement, flexible working, flexible retirement, continuing professional development and culture. The retention programme is supported by a circa £0.75m investment to support the appointment of retention leads in each health board and trust.

The 12-month turnover rate for nursing and midwifery registered staff to March 2024 was 5.2%, compared with a 12-month rate to 6.5% to March 2023 (source: NHS Wales management date).

The Welsh Government has agreed in social partnership to work collectively with health organisations and trade unions to drive a collective reduction in **agency spend** across Wales and incentivise substantive employment within the NHS in Wales. This includes a revised control framework for expenditure and a number of actions that will be both more cost effective and provide more opportunities for the substantive workforce, including more opportunities for flexible working and advanced rostering to improve workforce planning.

A direct correlation exists between the number of vacant posts within NHS Wales and expenditure on agency staff. By addressing recruitment and retention, NHS Wales aims to reduce the number of vacant posts and, consequently, reduce reliance on agency staff, leading to improved efficiency and financial sustainability.

Nursing and midwifery agency spend for the previous two financial years, and the forecast position for the current financial year, are shown in the following table.

	<b>Nursing and midwifery registered</b>
2022-23	£155.925m
2023-24	£150.712m
2024-25	£82.784m (forecast)

(source: NHS Wales Financial Returns)

In addition to the actions and data presented in this written update, HEIW is developing a **strategic nursing workforce plan** to ensure a sustainable nursing workforce that will continue to deliver quality patient care. The plan will support NHS Wales to recruit into the profession, to train more nurses, to retain more nurses and to transform the way nurses work. The plan is expected to be published by the end of 2024.

**Recommendation 9.** *The Minister for Health and Social Services should report back to this Committee within 9 months of publication of this report on the use of the draft Welsh Levels of Care Tools for mental health and health visiting by health boards, providing an evaluation of how they are contributing to the development of a sustainable workforce and improved patient care in this area.*

The above recommendation set a nine-month deadline for an update on the use of the WLOC tools in mental health and health visiting. However, given the timelines involved in procuring/implementing the necessary digital systems for progressing this work, I can see no reason to wait an additional three months to update the Committee.

The *Welsh Levels of Care* (WLOC) is an acuity tool designed and created specifically in and for Welsh settings. The tool sets out descriptions of patients across five archetypal levels of care, from routine and simple to critical and unpredictable. These descriptions are broken down into typical patient needs, conditions and situations and the corresponding clinical assessments, interventions and tasks undertaken by nurses. The original WLOC tool was developed for adult acute medical and surgical wards where it was refined and tested over two years. A similar process was followed to create the paediatric inpatients WLOC ahead of the extension of section 25B of the 2016 Act to that setting.

The purpose of the WLOC tool is to provide nursing teams with nationally standardised advice, guidance and definitions required to consistently assign individual patients to a level of care. The level of care is the principal data of the national acuity audits that take place every six months. This data is collated and analysed to inform the biannual nurse staffing levels calculations in 25B ward areas.

Draft WLOC tools were developed for Mental Health and Health Visitor settings by the respective project leads within the AWNSP. The tools' descriptors and definitions were signed off by the CNO/Executive Directors of Nursing forum in August 2023. The tools have not been tested in the same way as previous WLOC tools due to the lack of suitable digital platforms in those settings to undertake such work.

Producing the draft tool is a vital first step, but there is a clear need for a digital platform to a) test and evaluate the tool, b) record WLOC data and c) enable the extraction and use of that data in a way that is practically valuable to workforce planning. As has already been

identified as a theme during this Committee session, there are currently significant gaps in digital systems being used in these settings.

Before leaving the role in July, the head of the AWNSP surveyed the health boards on their use of the draft mental health WLOC tool to date.

As with adult medical/surgical wards and paediatric inpatient wards, the Safecare ward management tool would be the digital means for recording WLOC data in mental health inpatient wards. Presently, four of the seven health boards have rolled out Safecare to their mental health admission and assessment wards. The remaining three health boards have mental health wards within their Safecare implementation schedules. Capture of WLOC acuity data is therefore variable across Wales at present.

Further to that, as with adult medical/surgical and paediatric inpatient wards where Safecare is already being used, extracting the WLOC data in a practicable dashboard format has been challenging. Conversations are ongoing between NHS Wales Shared Services Partnership and the AWNSP team with the software provider behind Safecare about modifications to the module that would allow efficient and effective articulation of WLOC data into reports and visual dashboards. Progressing this is a key priority for the new Head of Programme now that he is in post.

In Health Visiting, the ability to *record* WLOC was added into the existing Children and Young Persons Integrated System (CYPrIS). This is a system developed by NHS Wales Informatics Services and introduced in 2018 as an active care record for all children in Wales. CYPrIS is used daily by child health departments when conducting visits for a number of functions including monitoring uptake of immunisation and screening programmes, and supporting the delivery of the Healthy Child Wales Programme (HCWP).

However, it has limitations. The recording of a child's level of care can only be updated during the fixed contacts (minimum of nine through the course of childhood) which health visitors make under the Healthy Child Wales programme. If there is a change in the level of care in between visits, there is no option for a new form to be created for visits outside those which are core to the HCWP.

Another limitation is that health visitors themselves are not inputting data into devices at the visits. CYPrIS entries are still filled in on paper or electronic forms by health visitors and then submitted centrally to be inputted digitally onto the system. Therefore, although the WLOC is recorded, it is not *live* data as would be captured in a ward-based system like Safecare where acuity levels are updated daily.

The functional value of the WLOC data recorded in CYPrIS is further limited by the inability of the app to export it in a useable format. CYPrIS was not developed with live reporting functionality in mind and its digital platform simply lacks the capability to extract data in the way that would be required for it to then be used to inform staffing calculations and workforce planning. For those reasons CYPrIS was only ever seen as a stop gap solution due to being the only common system used by all HV services in Wales.

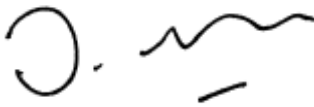
Digital Health Care Wales (DHCW) is developing a specification brief for a new full patient electronic record platform across the whole life course which will include community settings (including health visitors) and mental health wards. As part of that specification, both the recording and reporting/extraction of WLOC data is being considered so that the functionality can be included from its inception as opposed to the retroactive bolt-on

approach that was necessary with both CYPrIS and Safecare. This work is in its early stages, but procurement is due to take place in 2025.

Given that the WLOC tools for health visiting and mental health have already been drafted, they will undoubtedly be used as part of the triangulated calculation method for those settings as part of the work described above against recommendation 3.

Solutions to the current digital barriers are therefore intrinsic to that work and form an explicit action of the AWNSP's programme plan. Executive oversight of this programme is provided by the CNO/Executive Directors of Nursing forum, and I am confident that they will ensure tangible progress is made against this recommendation now that the new Head of Programme is in post.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care