Agenda - Health, Social Care and Sport Committee

Meeting Venue:
Video Conference via Zoom
Meeting date: 14 May 2020
Meeting time: 09.00

For further information contact:
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In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv.

Informal pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 COVID-19: Evidence session with the Royal College of Nursing Wales and the Royal College of General Practitioners

(09.30-10.30) (Pages 1 - 55)

Helen Whyley, Director - Royal College of Nursing Wales
Dr Peter Saul, Joint-Chair - Royal College of General Practitioners Wales
Dr Rob Morgan, Vice Chair Policy - Royal College of General Practitioners Wales

Research Brief
Paper 1 - Royal College of Nursing Wales
Paper 2 - Royal College of General Practitioners

3 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from item 4 of today's meeting

(10.30)

Break (10.30-10.40)

4 COVID-19: Consideration of evidence

(10.40-11.00)

5 COVID-19: Evidence session with Community Pharmacy Wales and the Royal Pharmaceutical Society

(11.00-12.00)

Judy Thomas, Director of Contractor Services - Community Pharmacy Wales

Mark Griffiths, Chair - Community Pharmacy Wales

Elen Jones, RPS Director for Wales

Suzanne Scott-Thomas, Chair - RPS Welsh Pharmacy Board

6 Paper(s) to note

(12.00)

6.1 Letter from Public Health Wales with additional information regarding COVID-19 following their evidence session on 7 May 2020

(Pages 56 - 57)

7 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(12.00)

8 COVID-19: Consideration of evidence

(12.00-12.10)

9 Inquiry into the Covid-19 outbreak on health and social care in Wales: public engagement

(12.10-12.30) (Pages 58 - 60)

Agenda Item 2

Document is Restricted

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales

The Royal College of Nursing Wales response to the Health, Social Care and Sports Select Committee inquiry into the COVID-19 outbreak

Nurses and nursing staff in care homes, hospices, the community and hospitals are working long hours under great stress and risking their own health to protect others.

Nursing as a profession has responded to the Covid-19 outbreak with radical changes. Nurses have returned to the profession in unprecedented numbers and nursing students have paused their studies to work on the frontline.

In these difficult times it is important that the nursing community feels supported by the Welsh Government and Welsh Parliament. It is even more important that the public can be reassured that patient safety is still the first priority of NHS Wales, health and social care services and the Welsh Government.

In our evidence for the Committee the Royal College of Nursing addresses the following concerns:

1. **Personal and Protective Equipment (PPE)**
2. **Testing for health and social care workers**
3. **Arrangements for nursing students**
4. **Risk assessment and guidance on staff deployment (including BAME staff)**
5. **Safe and Effective Patient Care**
6. **Communication and partnership working with the Welsh Government**

RCN Wales has also provided several related documents which we hope will prove useful to the Committee

Annex A – PPE Briefing to Members of the Senedd (MS), April 2020

Annex 124 – Copy of letter to Minister raising PPE Concerns, 23 March 2020

Annex B – Testing Briefing to Members of the Senedd (MS), May 2020

Annex 46 – Copy of letter to Andrew Goodall and Jean White raising student concerns, *5 May 2020*

Annex C – Copy of letter raising safe and effective care concerns to Minister for Health and Social Service, 6 May 2020

Annex D – Copy of letter to Chief Executive, Care Inspectorate Wales, 16 April 2020

Section 1 - Personal and Protective Equipment (PPE)

Recommended Actions

- The Welsh Government should in the seek to secure supply and stockpile PPE sufficiently for a future outbreak. UK procurement arrangements need to be fit for purpose with improved transparency and active participation from the Welsh Government.
- The Welsh Government should review, post-COVID-19, the distribution arrangements for PPE in health and social care and ensure lessons are learned and future arrangements are more robust. Future arrangements should include the ability to undertake rapid audits to ensure arrangements are working in practice.
- The care home sector needs access to the advice and support of specialist infection prevention nurses and guidance.
- The Welsh Government should commit to working in partnership with professional bodies, seeking their advice and expertise on PPE supply and engaging them to help communicate key messages. to their memberships.

Our members have been grievously distressed by serious problems with distribution, guidance and shortage of supply. The anxiety and additional risk created for our members during an already difficult time is a very serious issue.

The Welsh Government took action to distribute PPE to GPs and community pharmacies the week of the 9th March, to social care settings on the 21st March and from central stocks to Health Boards on the 25th March[1].

The RCN received a high volume of calls from members across Wales in March 2020 distressed at their lack of access to PPE, notably from community nursing teams. The RCN made daily attempts in this month to alert the Welsh Government to this problem and request information through various channels including the Chief Nursing Officer, the Chief Medical Officer, the NHS Wales Chief Executive and Partnership Forum arrangements. RCN Wales letter to the First Minister on the 23 March raising these issues is attached at Annex 124. No reply was received.

As far as the RCN is aware no written guidance was issued to Health Boards advising on the distribution, storage or access arrangements to PPE nor was any information provided to the RCN. While there was no formal written response to the RCN raising these issues the response from several officials during meetings was that distribution of PPE was a matter for the Health Boards and not the Welsh Government.

On the 24th March the First Minister announced that the army was be asked to assist with planning and distribution of PPE. The RCN has received reports from our members that the involvement of the military in distribution has helped greatly.

The Royal College of Nursing carried out an online survey of all its all members to explore respondent's experiences of Personal and Protective Equipment (PPE) across all setting in

[1] https://gov.wales/coronavirus

health and social care. The online survey was distributed by the RCN to its members between 10th and 13th April. There were 875 completed responses from Wales. The survey is provided in full at Annex A and show the following points of note for Wales:

- During this pandemic, 74% of nursing staff raised concerns about PPE.
- Over half (53.8%) of nursing staff have felt pressured to care for a patient without adequate protection as outlined in the current PPE guidance
- Over half (59%) of all nursing staff report not having access to facilities for changing clothes when they wear a uniform and around two thirds (67%) do not have access to washing facilities
- 40.8% of nursing staff have been asked to re-use single use standard PPE, and almost half of respondents (49.4%) had been asked to re-use single use high risk PPE during the Covid-19 pandemic.

This survey will be carried out again in early May and MSs will receive an updated briefing on the results.

The Royal College of Nursing wrote to the Chief Executive, Dr Andrew Goodall on 14 April 2020 to ask what guidance has been issued to the Health Boards on providing changing facilities or whether arrangements had been made to provide temporary changing facilities. A response was received on the 16 April 2020 which stated that changing facilities were the responsibility of Health Boards.

Examples of calls receiving from RCN members working in care homes regarding PPE[2]

We have no FFP3 masks or face shields available but currently we have 6 COVID-19 patients who are positive.

PPE is available, but my manager doesn't feel that it's the right time to use, even though there are confirmed COVID-19 cases in the home.

We have 2 patients with confirmed COVID-19 but staff are only permitted to wear gloves and an apron, is this correct?

My manager doesn't believe that staff need to wear face masks, several residents have died but no one has been tested to see if they have COVID-19.

[2] Please note these examples are drawn from across the UK

Section 2 - Testing of Health and Social Care Workers

Recommended Actions:

- The Welsh Government should increase the numbers of health and social staff who are offered a test
- The Welsh Government and Public Health Wales should ensure regional disparities in service are addressed in a timely manner.
- The Welsh Government should work in partnership with trade unions and professional bodies to help communicate key messages on testing guidance and provisions at a local level.

The testing process is extremely important to our members. It allows the nursing workforce to continue caring in a precautionary and safe manner with more confidence in minimising known risks.

On the 13th March the Chief Medical Officer (CMO) for Wales issued an alert "Coronavirus (COVID-19) – Key changes to COVID-19 Phased Response and Testing for COVID-19". In this alert healthcare workers were asked to self-isolate from 7 days if they showed symptoms of Covid-19 but also stated that *"healthcare workers do not need to be tested for COVID-19, prior to returning to work".*

However, on the 18th March another CMO alert "Coronavirus (COVID-19) – Key changes to testing criteria" was issued. This contained "*Interim criteria for testing key frontline Healthcare Workers (HCWs)"* and stated that "*based on careful risk assessment, HCWs involved in frontline patient facing clinical care working in the following areas will be considered for testing: a. Acute Medical Assessment Units b. Emergency Departments c. Critical Care Units/Intensive Care Units d. Primary Care e. EMS frontline NHS Ambulance staff"".*

For the next fortnight the Royal College of Nursing made repeated attempts request information on testing from the Welsh Government through various channels including the Chief Nursing Officer, the Chief Medical Officer, the NHS Wales Chief Executive and Partnership Forum arrangements.

The RCN was requesting two critical pieces of information:

a) How should a frontline nurse or healthcare support worker request a test?

b) How many tests had been carried out on health and social care workers?

On the 7th April the Minister for Health and Social Services issued a "Written Statement: Coronavirus (COVID-19) – Testing Update".[3] This published for the first time a national testing "plan" or "approach" (both phrases are used) which according to the statement *"has been in*

[3] https://gov.wales/welsh-national-covid-19-test-approach-april-2020

place since 28 March". The statement also announced: *"we have been testing frontline NHS staff for COVID-19 since 7 March".*

The plan/approach simply list nurse and care workers as "key (critical) workers" who can be tested[4].

The RCN letter of the 9th April to the First Minister asking for more information. No response was ever received to this letter.

The Royal College of Nursing was receiving a high volume of calls form members at this time who were very distressed. An anonymised example of these enquires is below:

> *I began displaying symptoms towards the end of my shift on Monday and was referred for testing first thing Tuesday morning but have had no response from the screening team at all. I was told 'there's a back log', then yesterday 'the coordinator is on a day off'. Still now I have heard nothing.*
>
> *I am unwell, frustrated, frightened and just want to know one way or the other whether I am Covid positive. Mainly so I can protect those around me and stop being petrified of going into work in this area for fear of catching it.*
>
> *Several of my colleagues are in the same situation. Surely frontline nurses with active symptoms should have some sort of priority for testing?*

In a briefing meeting on the 21st April the CMO advised the RCN that the testing of healthcare workers employed by Health Boards was a matter for each Medical Director in each Health Board to arrange and that care homes employees should speak to the local authority. No clarity was provided on how this information had been circulated to local authorities or care home managers. The RCN wrote to the CMO following this meeting but no response was received.

The Royal College of Nursing carried out an online survey of all its all members to explore respondent's experiences of COVID-19 testing. The online survey was distributed by the RCN to its members between 24 April and the 28 April 2020. There were 1,215 completed responses from Wales. 138 respondents were employed in a care home. The full briefing on this survey is provided at Annex B.

This survey found that only 50% of respondents knew how to access/apply for testing in their place of work.

This finding is frustrating as it could easily be improved by the Welsh Government communicating effectively with professional bodies.

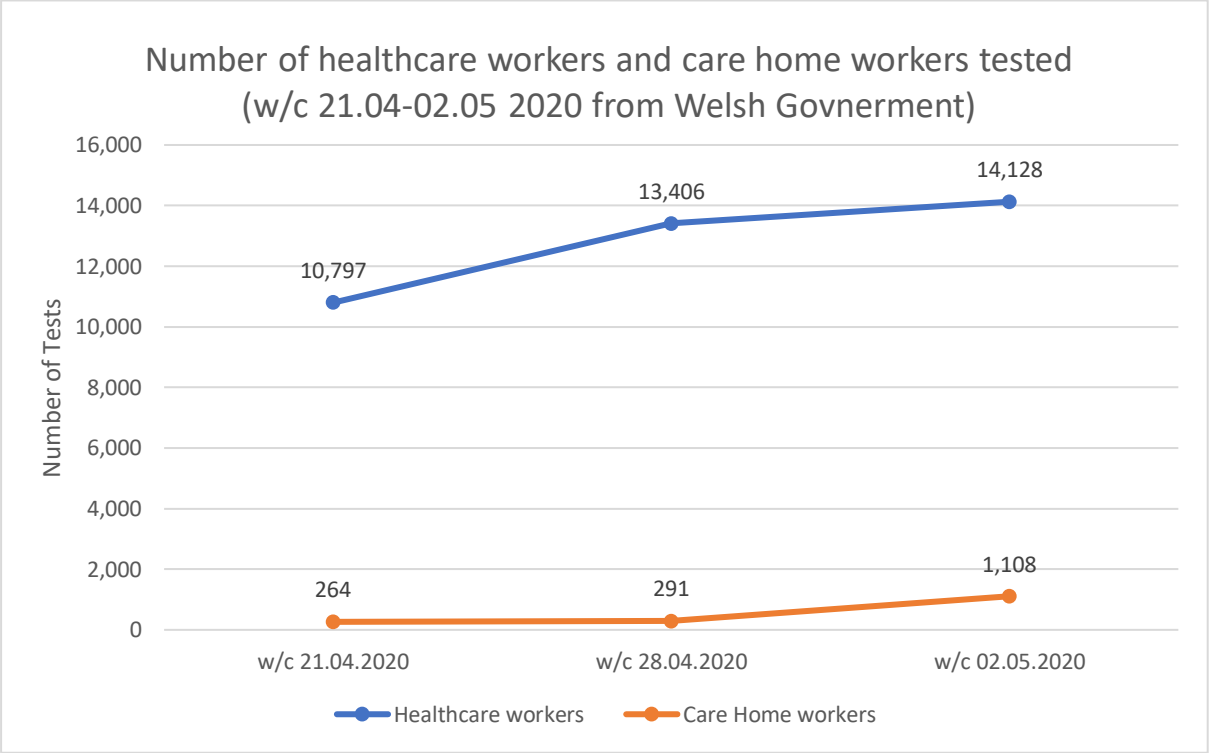
[4] https://gov.wales/coronavirus-key-critical-workers

The significant issue is of course how many tests have been undertaken on health and social workers. Nearly half of all 1,215 respondents to our survey (45.8%) currently require, or have previously required, testing for COVID-19.

Of the 556 respondents who said they needed a test 255 were offered it or 45.9%

Of the 138 respondents from care homes 79 said they currently or previously required testing (57.2%) and 23 had been offered a test. This is 29% of those that felt they needed it.

The Welsh Government finally began publishing information on how many tests have been undertaken for health and social care workers on 22nd April[5]. This does give an early but hopeful indication that numbers of tests undertaken are rising particularly in care home.



There are regional differences in the time it takes to return a test result; only 36% of respondents in North Wales received their tests in 2 days, compared to 59% in South Wales Central.

[5] https://gov.wales/testing-coronavirus-weekly-updates

Section 3 - Arrangements for Nursing Students

Recommended Actions:

- The Welsh Government and Health Education Improvement Wales should work in partnership with trade unions and professional bodies to help communicate key messages to nursing students.
- Health Education Improvement Wales should take a more robust lead in ensuring consistent All Wales guidance and practice to improve the nursing student experience.
- The Welsh Government should ensure that no student has suffered educational or financial detriment as a result of their assistance in response to COVID 19 and ensure any maintenance loan debt is waived.
- The Welsh Government and Health Education Improvement Wales should develop a plan for ensuring students complete their programmes as planned.

To obtain a nursing degree it takes three years as a full-time nursing student or up to five year as a part-time student. Nursing students study and work across a full calendar year rather than the traditional academic year. They also complete 50% of the programme on clinical placements learning practical clinical skills. Throughout the programme the student is supernumerary – that is the student is learning practical skills and should be supervised, with clinical competencies signed off as they progress. The student is not paid and not expected to practice autonomously.

For the duration of the Covid-19 crisis 2nd and 3rd year nursing students in Wales can *opt* to extend their clinical placement for example to a maximum of 80% (retaining 20% for academic time) by providing frontline care. If they do so they will be paid at a Band 3 or 4 level depending on their completed time on their degree program.

During this period their degree is not suspended – instead the university, NHS Wales (and the Nursing and Midwifery Council as the professional regulator) are recognising the time spent working clinically *as counting towards the required clinical placements hours for the degree.*

In addition, students with 6 months or less to qualification were offered the option of spending the last part of their programme in placement i.e. 100% and to join a temporary section of the Nursing and Midwifery Council emergency register and working in a Band 4/5 role.

This policy has been designed, led and nationally implemented by NHS Wales Shared Services which is part of Health Education Improvement Wales (HEIW). Shared Services are coordinating the contracts across Wales. Job Descriptions for these roles have been agreed (but not published) and HEIW will hold the central funding for the posts for Health Boards to draw down.

The beneficial intention of this policy is clear, it is an attempt to ensure that nursing students won't need or work more to "catch up" to their degree and Wales will not suffer from a cohort of "missing nurses" once Covid-19 subsides.

However, in practice this policy has been implemented poorly, creating more confusion, anxiety and distress than necessary. RCN Wales continues to receive a high volume of calls from anxious and worried students. RCN Wales is also receiving direct feedback from our nursing lecturer members who have also found the implementation process flawed and confusing.

> "*I'm extremely disappointed by the lack of communication and support during this time. It has made myself and many other students feel unvalued and unsupported. I'm very confused as to how and why we had to opt in or out with knowing any terms and conditions of the agreement, no contract, no information on our new role or payment. All we know is we will be expected to work full time as band 4 which I'm more than happy about but we also have to complete all our academic work of 3 essays, third year competencies, management competencies and our portfolios. It appears no consideration has been made to how people will achieve this with no access to library or other places to do academic work and research. When not in work those of us with children are home schooling our children. I was the first to volunteer to be on the frontline and help where I can which I have been but it seems only the students are being flexible? I'm going on the frontline to help where I can yet it seems the work load being placed on us by the university is unrealistic in these circumstances and I worry for how this will be achieved."* E-mail from RCN Wales student member

In summary the implementation issues over the last two months have been:

I. It is still not clear what happened to nursing students who choose not to opt into the scheme – since normal clinical placements are suspended, what are they expected to do? Only small numbers of students have opted out.
II. Academic expectation on student working full-time in the NHS are unrealistic
III. Contracts have been issued to some students and not to others
IV. Each university is interpreting the guidance differently
V. Some nursing students who have 'opted in' have still not received notice of their placement
VI. It is not clear if all Health Boards still require additional capacity of nursing students
VII. The position of death in service benefits for students is still unclear.
VIII. All universities have set up student helplines however as there is so little clarity around the contracts and processes that this is causing more confusion. RCN Wales recommends there should be should there be one central point for student queries.
IX. There is much confusion around the NHS induction programme for students opting in. The original understanding was that there would be an All Wales programme that would come from shared services/HEIW however this has not happened. Some Health Boards have develop their own induction programmes and some have expected student to start without one.
X. Arrangements for students from England studying in Wales and arrangements for student from Wales studying in England are unclear.

XI. Cardiff University are still considering the option of standing the degree course duration for nursing students. This would mean a delay in students graduating and joining the workforce as registrants.

Many of these issues result from the failure of HEIW to consulted or engaged with the Royal College of Nursing. RCN Wales has written to the Chief Executive of NHS Wales regarding this lack of communication and this letter is attached as an annex 46.

The Committee may also wish to be aware that recruitment to nursing degree courses in Wales continues however there are be implications regarding A level students and Access students who will now have predicted grades which may have an impact on offers made or some reaching the entry criteria.

The March/April 2020 cohort of nursing students in Wales are having inductions virtually and will have their courses adjusted accordingly. The same is planned for the September 2020 cohort. Swansea University stated at this time they are not planning on reopening their campus until Nov 2020 and this may even be January 2021.

The NMC has announced the timeline for implementation of the new standards has been delayed until September 2021, however Wales higher education institutions are in a position to proceed for September 2020 if required.

Section 4 - Safe and Effective Patient Care during Covid-19

The Welsh Government and NHS Wales have needed to take unprecedented measures to ensure there is capacity to treat COVID-19 patients. Nursing as a profession has responded with radical changes with nurses returning to the profession in unheard of numbers and nursing students working fulltime in the NHS. Despite this we both know that nursing staff in our hospital, community and care homes are under pressure now as they have never been.

In these unprecedented and difficult times, it is important that the nursing community feels supported by the Welsh Government and that the public can be reassured that patient safety is still the first priority of NHS Wales and the Welsh Government.

Efforts to provide safe and effective care are required now more than ever. International research clearly demonstrates that that the number of registered nurses and nursing staff on a ward makes a significant difference to successful patient outcomes including morbidity and mortality. Evidence has shown the decrease of nursing staff can increase mortality by 26%.[6] In addition, infection rates, medication errors, falls, pressure ulcers, poor hydration and poor nutrition are also associated with poor staffing levels.

The Nurse Staffing Levels (Wales) Act 2016, the first of its kind in Europe, was introduced to empower nurses, protect patients and ensure there is a safe level of nursing staff to care for patients.

Compliance with Section 25A of the Nurse Staffing Levels (Wales) Act 2016

Section 25A of the Act states that each Local Health Board must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively wherever nursing care is provided or commissioned. Whether Executive Nurse Director or Staff Nurse each registered nurse is also bound by the Nursing and Midwifery Code of Conduct.

The Royal College of Nursing would expect health boards to be taking every step possible to ensure that it complies with this section and reporting on this at each Board meeting.

RCN members in Wakes report that in some Health Boards Nurse Directors have planned for registered nurses to work in a ratio of 1 nurse to 12 or even 14 patients. Poor nurse staffing levels result in patient harm and death. Each health board must be extremely clear that all actions have been exhausted and that no other choice is available before this situation is allowed to continue. This would include appropriate redeployment from other clinical areas, closing wards where possible, and in the last possible scenario, transferring patients to other available healthcare facilities. These decisions should be made using the principles of the role

[6] Rafferty et al. 2007. 'Outcomes of variation in hospital nurse staffing in England hospitals: Cross-sectional analysis of survey data and discharge records', *International Journal of Nursing studies*, 44(2), pp.175-182.

of the designated person as set out in the statutory guidance of the Nurse Staffing Levels (Wales) Act 2016. Nurses should not be pressured into working in a scenario which is not compatible with their professional code.

Extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016

The RCN understanding is that the Welsh Government's intention, is to continue with the legislative timetable to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 with a view to altering (postponing) the planned commencement date.

Compliance with Section 25C –Calculation

The wording of the statutory guidance is that Health Boards *should* undertake a recalculation of the staffing level every six months rather than *must* and the Chief Nursing Officer (CNO) has advised Nurse Directors to consider whether the resource that goes into those calculations is better used elsewhere. The view of the Royal College of Nursing is that this interpretation is reasonable, particularly since the majority, if not all, of the adult medical and surgical wards falling in the remit of Section 25B will be repurposed as 'Covid wards'.

However, if these "Covid wards" also meet the criteria of an adult medical in-patient ward then Health Boards need to be aware of this.

Indeed it is the view of the Royal College of Nursing that it should be a requirement that health boards and the Chief Nursing Officer receive formal notification setting out which wards have closed/changed and all changes to calculation activity due to Covid 19, along with a plan for returning to calculation based statutory nurse staffing levels as business as normal is resumed and wards are repurposed back to medical and surgical wards.

Compliance with Section 25E - Reporting

The reports produced by Nurse Directors since 2018 to their health boards on compliance with the Act are not a statutory requirement. However the three-year report due in May 2021 is a statutory requirement.

Health Boards will need to be very clear in recording the actions they are currently taking around safe nurse staffing levels in order to be able to comply with this requirement.

Given the already high mortality rates our patients are facing, the very least we can do is to continue to document the enormous effort health boards and nursing staff are making to secure patient safety and to account for situations when standards fell short of what was expected.

RCN Wales has written to the Minister for Health and Social Services on this topic and a copy of that letter is provided at Annex C.

In addition, RCN Wales has written to Care Inspectorate Wales to raise similar questions about quality assurance of patient safety in care homes and this letter is provide at Annex D.

Section 5 - Black, Asian, minority or ethnic (BAME) health and social care workers

There is growing evidence COVID-19 is having a disproportionately impact impact on the BAME community. The majority of the health or social care workers in the UK who have sadly died from COVID-19 were from BAME backgrounds.

On the 21st April a written statement from the Minister for Health and Social Services stated; "*The UK Department for Health and Social Care (DHSC) has commissioned a formal review by Public Health England and NHS England into the apparently higher level of COVID-19 mortality among people from BAME backgrounds. Wales will contribute to this work as our data alone may not contain sufficient numbers to provide a sufficiently robust analysis."*[7]

On Wednesday 29th April the NHS England Chief Executive and NHS England Chief Operating Officer wrote to NHS Trusts in England advising them that since evidence clearly shows that people from BAME backgrounds are being disproportionately affected by Covid19, employers should (in advance of the report commissioned from Pubic Health England) risk-assess BAME staff who were at potentially greater risk and make appropriate deployment arrangements accordingly[8].

The Royal College of Nursing Wales raised this matter with the Welsh Government through Partnership Forum arrangements and on the 2nd May the Welsh Government issued a joint statement with NHS Employers, the Association of Directors of Social Services, Trade Unions and Government[9]. This statement refers to the need for individuals to have robust risk assessments with appropriate measures to safeguard them put in to place including redeployment.

The Welsh Government joint statement announced: "*at the request of the First Minister, the BAME COVID-19 Advisory Group has been convened and will be chaired by Judge Ray Singh, to advise the Chief Medical Officer, Welsh Government officials and researchers on this matter. This Group met for the first time on Wednesday 29 April and a Subgroup chaired by Professor Keshav Singhal will meet to accelerate focus on the work to consider the wider issues of risk assessment."*

RCN Wales has been invited to contribute to this group.

Many factors may be creating this disproportionate impact on BAME staff and research is ongoing. Clinical factors may include a genetic component, sex, age, obesity or the presence of comorbidities such as diabetes, diabetes, cardiovascular disease, sickle cell. The use of a risk assessment tool can account for the presence of these factors if known.

[7] https://gov.wales/written-statement-covid-19-and-bame-communities
[8] https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf
[9] https://gov.wales/written-statement-covid-and-bame-measures-protect-health-and-social-care-workforce

However, the Royal College of Nursing is also concerned about structural discrimination and institutional bias creating workplace conditions that also increase risk for this group.

The RCN undertakes a survey of its 450, 000 strong UK membership's views and experience of employment every two years and has done so for the last two decades. This statistical record is a rich source of labour market information.

The 2017 RCN Employment Survey

- A higher proportion of BAME nursing staff than white nursing staff work full-time (79 per cent compared with 69%) – a finding that has changed little in the past 10 years.
- Black African/Caribbean nursing staff were much more likely to have gone to work when feeling unwell more than five times (36%), compared with white nursing staff (12%), mixed or other ethnicity (20%), or Asian respondents (24%).

The 2019 RCN Employment Survey

- BAME nursing staff are more likely to work additional hours and far less likely to be employed in higher pay grades.
- 65% of black respondents and 61% of Asian respondents are the main or primary breadwinner in their household in contrast to 55% of white respondents.
- 48% of Asian respondents and 47% of black respondents had experienced bullying from colleagues, compared to 38% of white respondents

RCN April 2020 PPE Survey

- 47% of respondents with BAME background needed to use single use PPE more than once, compared to 35% white background
- 77% respondents from BAME background cared for patients without adequate protection compared to 44% of white background.

This contextual information regarding BAME staff is pertinent to the Covid-19 situation because it indicates multiple pressures, which may result in greater exposure of BAME staff to risk and/or exposure to higher risk. In addition, it highlights why staff from this group may be reluctant to ask for a risk assessment or redeployment feeling they are viewed negatively by management or colleagues as asking for 'special treatment'.

These factors are created by a mixture of overt and unconscious racism, structural discrimination and institutional bias.

This would need to be addressed in clear guidance to NHS Wales and employers **in addition** to risk assessment tools that might address an individual's clinical co-morbidities. An structured online video/presentation/discussion approach might also facilitate management reflection with a positive and constructive result.

Finally, NHW Wales needs to be sure that any measure's introduced to protect VBAME staff are equally applicable to agency working. This may require a very different practical approach as the very nature of agency work means that ward mangers at the local level will not know which nurse or HCSW will be assigned to them. The Royal College of Nursing calls for the Welsh Government to ensure that the main nursing agencies are involved with, and signed up to, any developed protocol on risk management. Additionally, our expectation is that the development of risk protocols enables sufficient time for meaningful engagement for co-production amongst our stakeholders including our members.

Section 6 - Welsh Government communication with professional bodies

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 25,000 members in Wales. Our members practice in a variety of locations including care homes, in the community, in prisons and in hospitals. The Royal College of Nursing has the ability to quickly and effectively assist the Welsh Government to communicate with the nursing workforce or with specific segments of it (e.g. BAME staff, practice nurses, nursing students). This would ease tensions in the workforce and reduce anxieties.

The Royal College of Nursing has a great deal of policy expertise it can offer the Welsh Government to assist in the development of the most effective guidance. Our members are leaders and researchers in professional nursing fields as diverse as critical care, public health and infection control and prevention To communicate with the Royal College of Nursing would be to tap into the expertise and extensive knowledge base our members who hold a wide variety of positions and are on the frontline of the COVID-19 pandemic.

Since the 27 March the Minister for Health and Social Services has attended a weekly half-hour meeting with the NHS Partnership Forum at which the RCN is a trade union member. There is a limited opportunity to raise issues at this meeting and the RCN has been able to do in the case of PPE and access to testing.

It is also notable that there have been several unfortunate incidents of the Welsh Government breaching the normal partnership working arrangements with trade unions during this period e.g. attempting to launch a new Band 2 "generic worker" role in the NHS.

However, it is important to understand that the Partnership Forum is in essence a vehicle to facilitate trade union and employer negotiations on workforce matters, pay and conditions. The people who can attend are nominated by the membership organisation under strict criteria and the agenda is also a matter for collective negotiation.

Whilst a Partnership Forum briefing session can allow for a workforce related issue to be brought to the attention of the Minister it is not an effective substitute for involving the professional organisation is in the development of professional policy e.g. as with the policy of bringing nursing students into the NHS.

On the 9th April the First Minister, in response to a question from Adam Price AM Leader of Plaid Cymru regarding how the Welsh Government engaged with professional bodies, said in plenary: *"the chief medical officer has a weekly meeting with the Academy of Medical Royal Colleges; the Royal College of Nursing is, I'm sure, represented there"*[10]

The Royal College of Nursing was invited to this meeting for the first time on the morning of the 9 April and subsequently attended two more meetings on the 21 and 28 April. However, on the 5 May the Royal College of Nursing was informed by the Office of the Chief Medical

[10] https://record.assembly.wales/Plenary/6288#A57474

Officer that it would no longer be invited to participate in these meetings as “they were for medical colleges”.

It is quite reasonable and normal practice for medics to want to hold meetings with their medical colleagues.

The question here is whether this weekly meeting with the CMO is the mechanism by which the Welsh Government communicates with professional bodies about its management of the Covid-19 pandemic. If it is, the Royal College of Nursing should be included. If is not, then the Welsh Government should invite the Royal College of Nursing and other professional bodies to participate in a different meeting.

The Royal College of Nursing is assuming, for the moment, the Welsh Government did not intend to convey the view that the nursing profession has no relevant professional expertise to contribute to the management of the pandemic. It is our hope that this offensive proposition has been (mis)communicated erroneously.

The Royal College of Nursing raised the lack of professional engagement in a letter to the First Minister on the 9th April. No response has been received to this letter to date but the RCN looks forward to receiving a reply.

The Royal College of Nursing Wales has provided several related documents which we hope will prove useful to the Committee

Annex A – PPE Briefing to Members of the Senedd, April 2020

Annex 124 – Copy of letter to Minister raising PPE Concerns, 23 March 2020

Annex B – Testing Briefing to Members of the Senedd, May 2020

Annex 46 – Copy of letter to Andrew Goodall and Jean White raising student concerns, *5 May 2020*

Annex C – Copy of letter raising safe and effective care concerns to Minister for Health and Social Service, 6 May 2020

Annex D – Copy of letter to Chief Executive, Care Inspectorate Wales, 16 April 2020

Royal College of Nursing Wales

Briefing on Personal and Protective Equipment (PPE)

Our members are anxious and distressed. Personal Protective Equipment protects patient and staff. The Welsh Government must do everything in its power to make sure our nursing staff have the PPE they need to provide care in every setting.

Any attempt to weaken the guidance on PPE without a sound scientific basis for doing so or professional consensus is unacceptable.

The Royal College of Nursing Wales is calling on the Welsh Government to ensure:

- To commit to continuing to making every effort to safeguard supplies of PPE and to make no attempt to weaken the guidance to disguise shortages.
- A rapid audit across Health Boards (including care homes) to ensure the PPE is being distributed effectively to all care settings. This audit should be shared with professional bodies.
- To commit to working in partnership with professional bodies, seeking their advice and expertise on PPE supply and engaging them to help communicate key messages. to their memberships.

The Royal College of Nursing carried out an online survey of all its all members to explore respondent's experiences of Personal and Protective Equipment (PPE) across all setting in health and social care. The online survey was distributed by the RCN to its members over the Easter Bank Holiday weekend. There were 875 completed responses.

The Royal College of Nursing Wales found:

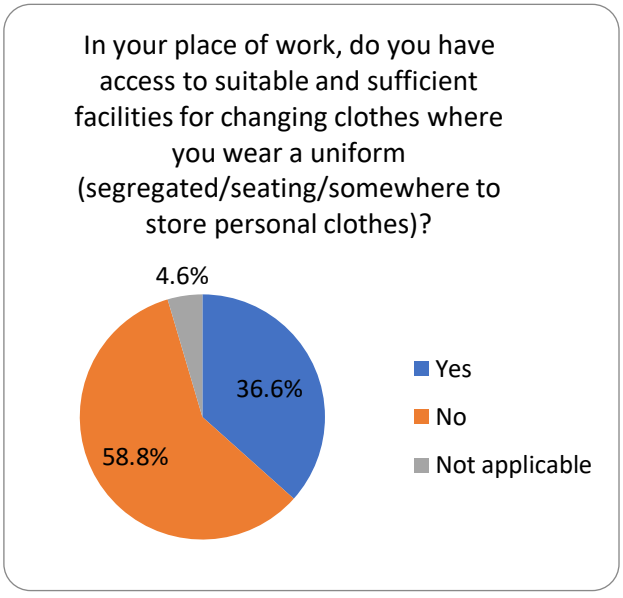
- During this pandemic, **74%** of nursing staff raised concerns about PPE.
- Over half **(53.8%)** of nursing staff have felt pressured to care for a patient without adequate protection as outlined in the current PPE guidance
- Over half **(59%)** of all nursing staff report not having access to facilities for changing clothes when they wear a uniform and around two thirds **(67%)** do not have access to washing facilities
- **40.8%** of nursing staff have been asked to re-use single use standard PPE, and almost half of respondents (**49.4%)** had been asked to re-use single use high risk PPE during the Covid-19 pandemic.

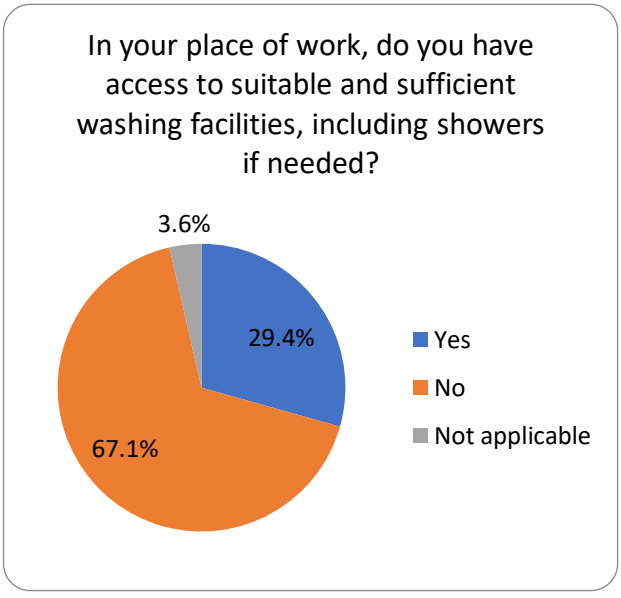
Helen Whyley, Director Royal College of Nursing Wales, said "the lack of PPE in healthcare settings is undoubtedly having an impact on the spread and transmission of Corvid-19. The Welsh Government needs to not only distribute PPE to Health Boards but audit how this equipment is being distributed to the frontlines"

"Nurses and health care support workers in care homes, the community and in hospitals are working long hours under great stress and risking their own health to protect others. The lack of PPE is creating a burden of immense distress and heightened anxiety for our nursing staff members and the patients they care for"

74.1% of respondents have raised concerns about PPE. Only **18.4%** noted their concerns had been fully addressed, **55.4%** had been partially addressed but **26.2%** expressed their concerns had not been addressed.

The two pie charts below highlight the lack of changing and washing facilities with **58.8%** of respondents do not have access to suitable changing facilities and **67.1%** of respondents do not have access to washing facilities.





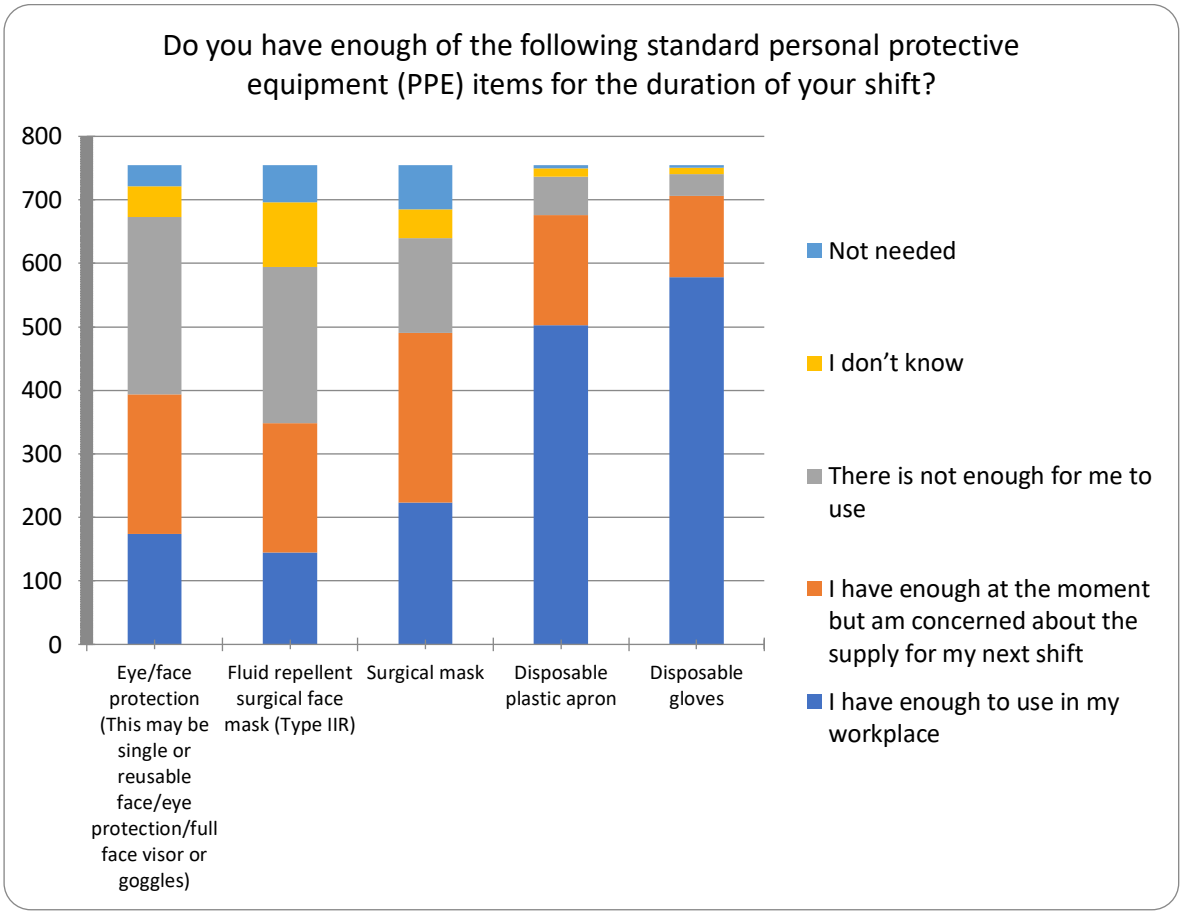
Standard Personal Protective Equipment

50.8% had received training on what standard PPE should be worn. Of which, **80.4%** of nursing staff had received training in the last month.

There are concerns with training on donning, doffing and disposing of standard PPE as only **43.3%** of nursing staff had received training, **78.8%** of those had received training in the last month.

The analysis of PPE by items highlights there are concerns and anxieties related to specific items. **33%** of nursing staff concerned that there is not enough eye/face protection and a further **29%** are concerned that there will not be enough PPE for their next shift.

This concern is echoed with fluid relent mask and surgical masks.

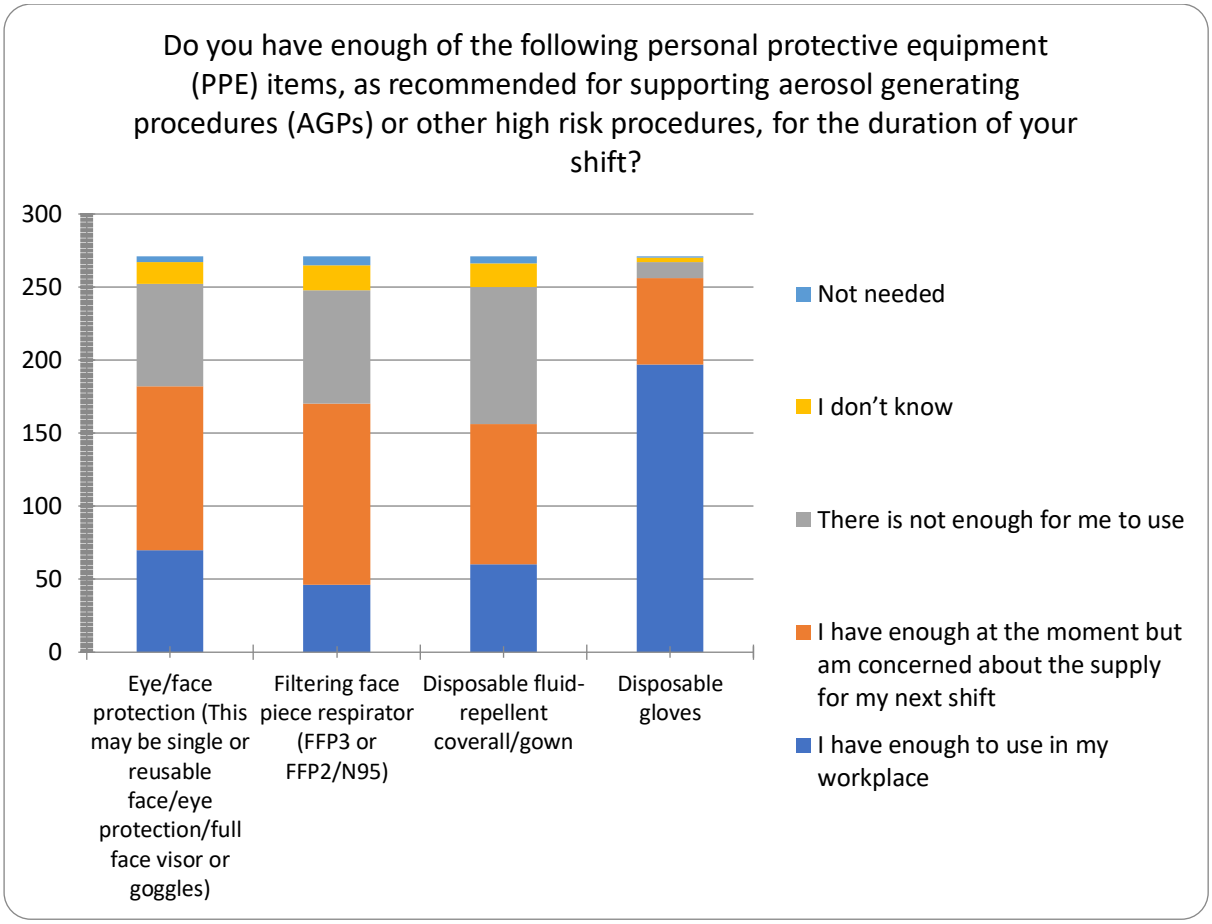


<u>High Risk Personal Protective Equipment</u>

63.8% of nursing staff respondents had received training on what PPE to wear as recommended for supporting aerosol generating procedures (AGPs), or other high risks procedures. Of which, **78%** received training in the last month.

In particular, there are concerns with the availability of filtering face piece respirators with **29%** of respondents voicing that they do not have enough to use, and **46%** concerned that they will not have enough for their next shift.

This concern is echoed with eye/face protection and disposable fluid repellent coverall/gowns. This trend is less present with disposable gloves. However, there remains a concern about the supply.



About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 25,000 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 its own National Boards for Wales, Scotland and Northern Ireland.

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

Annex 124- Copy of letter to Minister raising PPE concerns, 23 March 2020

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales
2020 Blwyddyn Rhyngwladol y Nyrs a'r Fydwraig
International Year of the Nurse and Midwife

23 March 2020

Dear First Minister,

I am writing to you as the Director RCN Wales to express the serious concerns of our members – and the wider health and care workforce – regarding the lack of personal protective equipment (PPE) and Covid-19 testing for staff.

Our members have been unstinting in their dedication and professionalism to protecting the health and wellbeing of the population of Wales. We know the Welsh Government wants to support them and we will continue to work with you to ensure this.

Over the weekend, there was increasing reports of a lack of PPE available to frontline staff – not just in hospitals, but in care homes and for community nursing staff visiting people in their homes. Our members tell us that they simply cannot obtain enough equipment, in particular face masks that offer a higher level of respiratory protection (FFP3 masks).

While we welcome the UK government's announcement of further stocks being distributed to health and care settings, we will be closely monitoring the situation to make sure these stocks are reaching the right places in Wales.

We are also receiving reports from members regarding the confusion over the guidance on what PPE to use and in what circumstances. We are aware that the UK NHS Pandemic Infection Prevention and Control (IPC) Guidance does not completely align with that of the World Health Organisation (WHO), specifically guidance on the use of eye protection and gowns. Nursing staff across the country are working around the clock to deal with this crisis and deserve absolute clarity on how the Welsh Government and their workplace are protecting them from the virus given discrepancies between the UK and WHO infection prevention guidance.

Finally, priority Covid-19 testing for health and social care workers is an absolute must. Our members need this in order to do their job while keeping themselves, and their patients, safe. RCN Wales welcomed the announcement to roll out testing to front line staff made by the Minister for Health and Social Services, however, our members are telling us that this roll out is too slow. We urge you to increase the testing capacity as a matter of priority.

Nursing staff across the country are rising to the challenge of managing this unprecedented situation. Our members are coming out of retirement, students interrupting their studies, and nursing staff are deploying from non-clinical settings, all to support the front-line in the battle against Covid-19.

We ask you to personally intervene and act to ensure enough supply of PPE and testing for Covid-19 is available for all nursing staff and our colleagues across the health and care system.

Yours sincerely

Helen Whyley, RN, MA
Director, RCN Wales

cc Vaughan Gething AM, Minister for Health and Social Services

Royal College of Nursing Wales COVID -19 Briefing Testing on Health and Social Care Staff

The Royal College of Nursing represents over 25,000 registered nurses, nursing students and healthcare support workers in Wales. The Royal College of Nursing carried out an online survey of all its all members to explore respondent's experiences of COVID-19 testing. The online survey was distributed by the RCN to its members between 24 April and the 28 April 2020. There were 1,215 completed responses from Wales. 138 respondents were employed in a care home.

The testing process is extremely important to our members. It allows the nursing workforce to continue caring in a precautionary and safe manner with more confidence in minimising known risks.

The Welsh Government has published clear testing guidance and policy. However, it is important this guidance is understood and accessible to frontline workers and management across Wales. The capacity for testing has been increased but the number of tests undertaken also needs to rise particularly for care home workers. The survey data below also shows regional variation in knowledge of testing procedures and delays in receiving results. The Welsh Government needs to be assured that all Health Boards and local authorities are receiving equity of access and effective communication.

The Royal College of Nursing Wales found:

- **Only 50% of respondents knew how to access/apply for testing in their place of work**
- **45.8% of respondents currently require, or have previously required, testing for COVID-19.**
- **For those that required testing for COVID-19 only 45.9% were offered a test.**
- **Of those offered a test 92.5% were able to access testing.**
- **There are regional differences in the time it takes to return a test result; only 36% of respondents in North Wales received their tests in 2 days, compared to 59% in South Wales Central.**

The Royal College of Nursing Wales is calling on the Welsh Government to:

- **Increase the numbers of health and social are staff who are offered a test**
- **Commit to working in partnership with trade unions and professional bodies to help communicate key messages on testing guidance and provisions at a local level.**
- **Commit to ensuring regional disparities in service are addressed in a timely manner.**

Knowing how to access/apply for a test

Half of all respondents **(50%)** do not know how to access or apply for testing and there are regional differences.

Table 1 shows the majority of respondents in North Wales **(59%)** do not know how to access testing. In comparison, in South Wales East **42%** of respondents do not know how to access testing. There is a regional difference of **17%.**

Table 1 Do you know how to access testing?

	Yes	No
Mid and West Wales	57%	43%
North Wales	41%	59%
South Wales Central	48%	52%
South Wales East	58%	42%
South Wales West	49%	51%

Requiring a test

Nearly half of all respondents **(45.8%)** currently require, or have previously required, testing for COVID-19.

Of the 138 respondents from care homes 79 said they currently or previously required testing or **57.2%**

Table 2 Respondents requiring a test by region

	Number requiring a test from total respondents	As percentage figure
Mid and West Wales	40 of 116	34.5%
North Wales	117 of 274	42.7%
South Wales Central	114 of 215	53%
South Wales East	149 of 342	43.6%
South Wales West	122 of 245	49.8%

Who has been offered a test?

Of the 556 respondents who said they needed a test 255 were offered it or 45.9%

However, some respondents were offered a test despite not identifying themselves as needing it. Overall, the total number of tests offered to our respondents was 303 or 24.9% of the total respondent group.

From care home group of respondents (138 in total) 79 respondents felt they needed a test and 23 had been offered a test. This is 29% of those that felt they needed it or 16.7% of total respondents from care homes.

Table 3 303 offered tests shown by region	
Mid and West Wales	21
North Wales	51
South Wales Central	69
South Wales East	95
South Wales West	61
Unknown region	6

Are the tests accessible?

92.5% of respondents that required testing and were offered testing (255 in total) could access the test easily. Of care home group, the 23 who required and were offered a test 4 said they didn't need it any more. Of the 19 left 18 of them were able to access and take the test.

How long does it take to get the results?

The Chart below illustrates the time it took for the test results to be received.

Figure Four. How long did it take to receive your results?

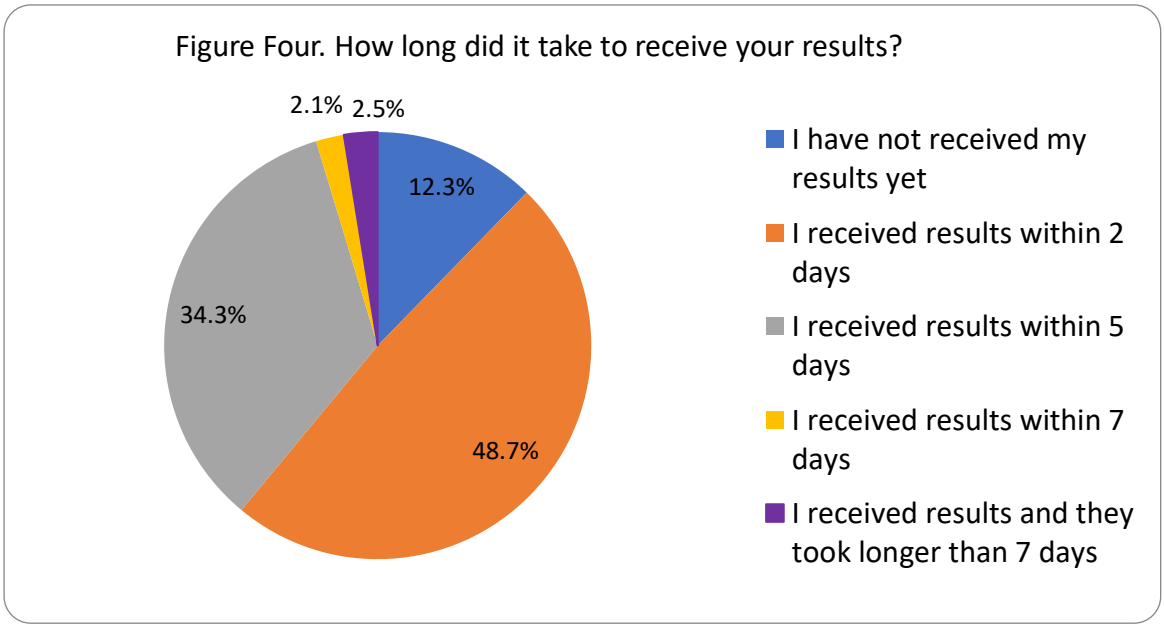


Table 5 highlights regional differences in the testing experience.

The majority of respondents in South Wales Central **(59%)** received their results within 2 days. The majority of respondents in North Wales **(52%)** received their results within 5 days.

Table 5 How long did it take to receive your results?					
	I have not received my results yet	I received results within 2 days	I received results within 5 days	I received results within 7 days	I received results and they took longer than 7 days
Mid and West Wales	13%	38%	44%	0%	6%
North Wales	12%	36%	52%	0%	0%
South Wales Central	10%	59%	22%	5%	3%
South Wales East	9%	49%	36%	3%	3%
South Wales West	19%	48%	31%	0%	2%

About the Royal College of Nursing (RCN)

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The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes

Annex 46 – Copy of letter to Andrew Goodall raising student concerns, 5 May 2020

05 May 2020

Dear Andrew and Jean ,

Yesterday I had sight of a letter dated 4th May 2020 to the Chief Executives (CEO's) of Health Boards and Trusts, providing clarity on the overarching commitments that have been made to students in Wales.

I was disappointed to be given a copy for information and not to have been engaged in the issues the letter sets out. I have raised with colleagues in Welsh Government at several points my disappointment of the lack partnership working on the details of the deployment of our students, appreciating the need to move at pace but asserting my responsibility to represent RCN members interests. You will recall that the NMC joint statement released on the 19th March 2020 clearly stated:

Royal Colleges and Trade Unions representing nurses and students agrees to:

- Provide expertise with and on behalf of their memberships to inform the development and implementation of guidance, ensuring individual choice is paramount within the context of emergency measures.
- Negotiate employment terms and conditions within emergency measures.

https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-thenursing-workforce/

We agreed that CNO's Nursing Officers would work with Diane Powles, RCN Wales Education Professional Advisor and that the Welsh Partnership Forum Business Committee inclusion would be how to take this work forward in partnership.

I have also raised concerns about the lack of partnership working in the development of the student guidance with both Health Education & Improvement Wales (HEIW) and with colleagues in the Welsh Government Workforce in Health and Social Services team. Again, agreement was sort that we would improve partnership working going forward. https://heiw.nhs.wales/files/covid-19-nursing-and-midwiferysupport-guidance/

There has been considerable confusion and anxiety surrounding the deployment of student nurses during these emergency measures. This has been reflected in our student members' and key stakeholders' feedback and I sense is also the rationale for your letter out to CEO's. The feedback to the RCN is telling us that there is lack of parity around training and support, there are differences in approaches across organisations, and frustrations at timelines being postponed. In addition, there is confusion as to whether and how students could be placed in other parts of the UK outside of Wales.

I recognise that HEIW has published student and employer/HEI guidance, however, there appears to be a lack of coordination regarding the process of implementing it across Wales.

Whilst the RCN in Wales was asked to comment on the emergency Job Descriptions for students opting into these deployed placements, we have not had any further involvement in the process. It is essential that communication is provided for the students to update them on the current situation and set out the expectations placed on both them and the employer. I believe that had we had better partnership working with you on this, we could have assisted you in ensuring that that had occurred.

I am also greatly concerned that students' expectations were raised in relation to them joining the emergency section of the NMC register, which has not happened to date and is not included in your list of 'overarching commitments'. I am led to believe from correspondence from HEIW to my team that this is not going to be an option for students. Jean, you and I have discussed this issue, but it has not been raised via our normal partnership working mechanisms, and thus the RCN has not had any opportunity to discuss this potential the change to the joint statement in detail.

I welcome all opportunities to work in partnership going forward, on the implementation of these joint statements, and I would expect RCN Wales to be consulted on and, where appropriate, negotiated with.

Yours sincerely

Helen Whyley, RN, MA
Director, RCN Wales

Annex C – Copy of letter raising safe and effective car concerns to Minister for Health and Social Services, 6 May 2020.

Coleg Nyrsio Brenhinol Cymru
Royal College of Nursing Wales
2020 | Blwyddyn Rhyngwladol y Nyrs a'r Fydwraig
International Year of the Nurse and Midwife

06 May 2020

Dear Minister

The Royal College of Nursing Wales is very proud of the fact that the first safe nurse staffing legislation in Europe, which protects the quality of care and patient lives, was passed here in Wales with the support of the Welsh Government.

I write, therefore, to raise with you our concerns over the potential impact of the COVID-19 effect on the Nurse Staffing Levels (Wales) Act 2016 with you. This follows my correspondence with the Chief Nursing Officer on this topic.

Compliance with Section 25A of the Act

Section 25A of the Act states that each Local Health Board must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively wherever nursing care is provided or commissioned. Whether Executive Nurse Director or Staff Nurse each registered nurse is also bound by the Nursing and Midwifery Code of Conduct.

The Royal College of Nursing expects health boards to be taking every reasonable step possible to ensure that it complies with this section and that it reports on this compliance at each Board meeting.

Our members report that in some health boards, Nurse Directors have planned for registered nurses to work in a ratio of 1 nurse to 12 or even 14 patients. I have also received information that suggests some field hospitals are preparing to work on a ratio of 1 registered nurse to 50 patients. I acknowledge that the worst case scenario projections outline a significant depletion of available staff coupled with an unprecedented rise in intensive care demands and that health boards are required to prepare for every scenario. However, it is because of these projections that efforts to provide safe and effective care are required now more than ever. Poor nurse staffing levels result in patient harm and death. Each health board must be extremely clear that all actions have been exhausted and that no other choice is available before this situation is allowed to continue.

This would include appropriate redeployment from other clinical areas, closing wards where possible, and in the last possible scenario, transferring patients to other available healthcare facilities. These decisions should be made using the principles of the role of the designated person as set out in the statutory guidance of the Nurse Staffing Levels (Wales) Act 2016.

I would welcome a communication from yourself restating the importance of these principles, the role of the designated person during this pandemic, and guidance to health boards on the limits of acceptable practice. I am concerned that nurses should not be pressured into working in a scenario which is not compatible with their professional code.

Work to extend Section 25B

The CNO has informed me that the Welsh Government's intention is to continue with the legislative timetable to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016, with a view to altering (postponing) the planned commencement date. This seems a very reasonable approach in the current situation, but it would be helpful to understand in broad terms how long the expected delay of the coming into force date will be.

It is the Royal College of Nursing's understanding that all the work streams under the All Wales Nurse Staffing Programme have been affected. Understandably, senior nurse recourses have been needed elsewhere, and the regular meetings and activities have been temporarily paused. The pause of the work streams should be monitored and the All Wales Nurse Staffing Programme should resume, when appropriate.

I would appreciate a full update on how the timetable of all of the extension workstreams has been affected by COVID-19.

Compliance with Section 25C – Calculation

The view of the Royal College of Nursing is that the majority, if not all, of the adult medical and surgical wards falling in the remit of Section 25B will be repurposed as 'COVID-19 wards'. If these COVID wards do meet the criteria of an adult medical in patient ward then I would expect health boards to have this identified to them. Indeed, it should be a requirement that health boards and yourself receive formal notification setting out which wards have closed/changed and all changes to calculation activity due to COVID-19, along with a plan for returning to calculation based statutory nurse staffing levels, as we resume business as normal again and wards are repurposed back to medical and surgical wards. This information is vital to the resuming services. Compliance with Section 25E – Reporting

Nurse Directors are tasked with producing an annual report for their health boards on compliance with the Act. This is not a statutory requirement and during these extraordinary circumstances, the Chief Nursing Officer has asked Nurse Directors to consider if the resources necessary to producing the report would not be more valued redirected elsewhere. I concur with the Chief Nursing Officer.

Given the already high mortality rates our patients are facing, the very least we can do is to continue to document the enormous effort health boards and nursing staff are making to secure patient safety and to account for situations when standards fell short of what was expected.

The Chief Nursing Officer has informed Nurse Directors that the three year report (due in May 2021) is a statutory requirement and I welcome this. The statutory report should not be delayed and Health Boards should ensure they take every step necessary to record their actions taken over the coming months to adequately articulate the first three year report.

The Nurse Staffing Levels (Wales) Act 2016, the first of its kind in Europe, was introduced to empower nurses, protect patients and ensure there is a safe level of nursing staff to care for patients. In these difficult times, it is important that the nursing community feels supported by the Welsh Government and that the public can be reassured that patient safety is still the first priority of NHS Wales and the Welsh Government.

I look forward to your response to this letter.

Yours sincerely

Helen Whyley, RN, MA
Director, RCN Wales

Annex D – Copy of letter to Chief Executive, Care Inspectorate Wales, 16 April 2020

16 April 2020

Dear Gillian,

Re: Protecting Care Home Residents

I am writing to you as the Director of the Royal College of Nursing in Wales regarding your function to provide assurance on the quality and safety of care homes for older people in Wales during the outbreak of COVID-19 virus.

Our members providing nursing service in care homes in Wales are deeply concerned and alarmed by the impact of the COVID-19 virus on the quality, safety and provision of care. Many care home residents are over the age of 75 and have chronic and complex needs, these individuals are vulnerable and require shielding through additional measures.

In order to protect residents, and nursing staff in care homes, there should be access to and the use of correct Personal Protective Equipment (PPE).

Care home staff should also be able to promptly access testing facilities. This will allow for the timely identification of potential cases and reduce the negative impact of staff absences on the care provided. I can see from your website that you require all confirmed and suspected cases of both staff and residents to be notified to you. I am therefore inquiring as to whether testing of COVID-19 infection has begun on care home residents?

Care home residents should be tested in their home, to identify potential cases and limit the spread. It would not be appropriate to move vulnerable patients often with a chronic condition and suspected COVID-19 symptoms into a hospital setting for testing. Regulation 38 of the Care Homes (Wales) Regulations 2002 places a duty on registered persons to notify Care and Social Services Inspectorate Wales without delay if there is an occurrence of the following; 'a death of any service user and the circumstance of their death and any outbreak in a care home of any infectious diseases'. I would be grateful if you could share this information with the Royal College of Nursing.

Your website states that you are not undertaking routine inspections at the moment. While this is an understandable and sensible decision in the circumstances of the social isolation guidance, I am concerned by the statement "when the pandemic is over and we resume inspections, we will not be considering retrospectively actions taken in the best interests of people who use services. We would only take action where we identify wilful neglect or deliberate harm." I would welcome clarification of the thinking behind this statement and how it will be applied in practice.

There are actions from Welsh Government, local authorities, health boards, care home owners and care home staff that are being taken and will be taken to mitigate the negative impact of COVID-19. There will also be actions that are sadly not being taken which could potentially constitute 'wilful neglect and deliberate harm". How is this being identified in the absence of inspections and residents protected?

Most importantly, I ask that the Care Inspectorate Wales launches a review into the actions taken and not taken. A retrospective account will undoubtedly identify significant lessons for us all about best practice, best policy and avoidable harm. This seems to be a very appropriate exercise to be undertaken considering the remit of your organisation and your strategic ambition to be an "expert voice to influence and drive improvement".

The safety of our members in the community is very important, and it is vital that our nursing staff feel safe to care for residents in a hygienic environment, having followed the appropriate guidance. This is also true for care home residents. Residents should feel safe and protected and comfortable in their home environment.

I would be grateful for a reply to this letter.

Yours sincerely,

Helen Whyley, RN, MA
Director, RCN Wales

cc: Vaughan Gething AM, Minister for Health and Social Services
Heléna Herklots CBE, Older People's Commissioner for Wales
Angela Burns AM
Rhun ap Iorweth AM

Evidence submitted by the Royal College of General Practitioners Wales to the Welsh Parliament Health, Social Care and Sport Committee inquiry into the Covid-19 outbreak on health and social care in Wales

Thank you for the opportunity to contribute to the inquiry into the Covid-19 outbreak on health and social care in Wales.

We would first and foremost like to recognise the tremendous dedication and work of all health and social care professionals along with other key workers during this most challenging of times.

Before addressing individual issues, the College would also like to put on record its appreciation for the way in which NHS Wales and Welsh Government have engaged with us, listened to our concerns, responded swiftly and considered our ideas. It is hoped that when we reach the 'new normal' post-Covid-19 that these constructive relationships will be maintained.

Our further comments are noted below by subject:

Technology

- The rapid roll-out of remote consulting software and accompanying engagement from NWIS is to be applauded.
- The functionality of the Attend Anywhere software is limited in comparison to Accrux, with the latter tending to be the preferred choice of GPs. It is appreciated that in other areas of the health service Attend Anywhere may be preferable.
- An alternative to the charge of £85 for a remote working code-generator was appreciated, although it would have been helpful if this option had been introduced and publicised at the point when home working was required.
- The need for GPs to be able to utilise the latest technology for the benefit of their patients has been further highlighted by the pandemic. Urgent investment is required in general practice technology to bring it up to the highest possible standard and ensure the infrastructure is in place to make the most of new technology. Currently, ultrafast broadband coverage across Wales is the lowest of all the other nations in the UK – with only a third of the country being provided with 300MBs broadband.
- The College has previously called for the swift roll out of electronic prescribing software. Had this been enacted it would have been very beneficial during the pandemic. We would reiterate this urgent request and suggest that such a move would be very much in keeping with the new ways of working.
- Consideration must be given to how marginalised patients and those from economically disadvantaged areas can engage with technological advancements in primary care.
- The rapid roll out of the 111 telephone service across Wales was very welcome.

Consultations

- For many consultations video and telephone have proved sufficient in replacing face to face. However, this is not universally the case either in terms of the ailment or of being the most appropriate for the individual patient. While there will be no turning back from the welcome technological advances we must not lose sight of the continued importance of the face to face consultation and the balance between them.

- We need to remain mindful that these technologies do not work for all patients and should emphasise the potential health inequalities impact of the GP model moving too far in this direction long term.
- The additional flexibility of remote consultation might appeal to GPs who are interested in taking on extra shifts but require a flexible work / life balance.
- It is also possible that this new flexibility of consultation format could facilitate access during extended hours. If this were to be the case it is important that the future workforce has sufficient capacity.

Personal protective equipment (PPE)

- It was apparent that there was insufficient resilience in the supply of usable PPE. At our first request to Welsh Government regarding provision of PPE we were informed that no provision was planned for GPs at that stage. This position rapidly evolved though the initial supply of PPE was patchy, poorly communicated and lacked clarity over the proper use of equipment. A further supply of stock was a marked improvement, although it took another upgrade until GPs had usable eye protection. By this time many GPs had purchased their own makeshift protective wear from online hardware retailers. It is entirely accepted that this is an extreme situation and that there is global demand on the supply chains. However, one of the lessons which should be learned from this pandemic is a need to shift focus proportionately towards resilience of supply and away from 'just in time' delivery which while sufficient in normal times was found wanting in a crisis.
- It is our view that primary care must be an integral consideration in future planning for PPE provision and resilience strategy.

Shielding

- Delays in shielding letters led to confusion for patients and GPs with information appearing in the media and on official websites before the letters were received.
- The decision to link shielding directly to provision of services such as prescription collection and supermarket deliveries created an unintended consequence that led to inclusion on the shielding list being desirable which in turn increased workload and put pressure on GPs to provide letters.
- There was miscommunication regarding Advance Care Planning (ACP) which led to some distress. When one controversy received news coverage it became even harder for GPs to have these vital conversations with patients. ACP is good medical practice and it should be part of routine primary care for health professionals and patients. In retrospect a better approach would have been for a clear message from Welsh Government that there was a need for ACP conversations and that these would be about best understanding the most comfortable environment for a patient while ensuring they were receiving all appropriate care. That would have then framed the conversation allowing GPs to have productive conversations with patients. As it was, GPs were having to broach the subject and then with undue haste, go into the more sensitive aspects of ACP.
- There was a need for earlier and clearer dialogue on messaging in consultation with front line clinicians.
- It is unclear to the College as to the extent of conversations between Welsh Government and organisations representing older people and extremely vulnerable patients. However, such discussions taking place prior to the issuing of shielding letters could have established greater

understanding of ACP. Working collaboratively with the relevant stakeholders involved, it should have been possible to ensure a consistently compassionate tone for such sensitive discussions

- A related matter was the conflation of ACP with the Do Not Resuscitate (DNR) instruction. ACP is good medical practice when carried out sensitively. ACP covers a far wider remit and should have been the focus with issues of DNR left primarily to the patient to raise unless specific circumstances made it relevant for the GP to do so. This conflation was not the responsibility of Welsh Government or the NHS, but rather a consequence of the overall short-comings regarding the communications around this most sensitive of topics.

Care Homes

- GPs have continued to be available for care home work, but there have been instances in which lines of communication have not been what they should have and an improved procedure for care homes to notify GPs when residents are unwell would be beneficial.
- We have concerns about the limited supply of PPE for use by care home professionals and the level of guidance provided with regard to the correct use of PPE.
- Care Homes are particularly susceptible to virus outbreaks including more common diseases such as norovirus or flu. Greater training for care home staff in communicable diseases and appropriate procedures in the case of an outbreak would help with future incidents. This training opportunity would also seem to fit with the Welsh Government's aim of advancing social care work to a parity with that of health care. GPs regularly meet care home staff and are impressed by the skills they possess. Further formal training could bring with it accreditation.
- There is a need for greater consideration when discharging patients from hospital back into care homes. Regrettably, there were instances of infection spreading in a care home following a hospital discharge.

Multi-disciplinary team

- It came to our attention that Health Visitors were re-deployed leading to some areas having a delay in referrals. This is unacceptable at a time when vulnerable children were being isolated at home and when there was a documented increase in domestic violence.
- District nursing teams have reported a lack of PPE which is essential if they are to appropriately provide palliative and other care in the community.

Communications

- It is appreciated that the challenge of communicating different approaches taken by the Welsh Government to that of the UK has been a twenty-year issue. However, the topic is specifically relevant at a time of emergency in which the public are concerned. We feel that there has been a failure in the way announcements have been communicated to the public during this period. One example was the announcement to test all over 65s and care home residents in England but not in Wales, though Wales later adopted the policy in regard to care home residents. Under the devolution settlement, it is right and proper that both nations should make their own decision on policy based upon the scientific evidence. Furthermore, it is accepted that this will, on occasion, lead to divergence in approach. However, the communication of such divergence must be clear to patients. A further example of public

confusion related to the launch of the NHS Volunteer scheme which received great publicity from UK Government, but the Welsh equivalent lacked such profile of promotion when launched. We think it is essential that announcements made by UK Government are clear with regard to which nations they relate and where the media conflates England and the UK it is appropriately challenged. In normal times confusion over what is devolved can be an inconvenience, in times of a crisis it can cause unnecessary worry to an already concerned population.

- Related to the previous point, the College believes it is essential that Welsh Government and NHS Wales officials are fully informed of UK Government decision making prior to public statements and vice versa.
- It was noted at the time when those with symptoms were encouraged to make use of online services before contacting 111 by phone, that the NHS England 111.nhs.uk website simply rejected postcodes from Wales with no advice. A separate Welsh symptom checker existed, but with no link to it many patients will simply have concluded they had to phone 111 adding to already congested phone lines. The College raised this matter at both a UK and Welsh level. The response from Welsh Government indicated that there was awareness of the issue and a request for a link to be added had been submitted. It nonetheless took a few days for something as simple as adding a link to a website, typically a five-minute task at longest for most website editors.
- Where Welsh Government consciously chose to diverge from what was being announced at a UK level we think it important that this is clearly communicated with an explanation as to why it is the case. This should be tailored to inform the public.

<u>Non-Covid work</u>

- Initially, routine GP appointments were down compared to usual numbers. This is concerning as it suggests much routine care was not being accessed. This rebounded considerably following publicity from Government, NHS and the College to encourage those who needed an appointment to seek one. However, we do feel that this message must be sustained for the duration of the time while restrictions on public movement remain in place.
- There will be an additional wave of work as routine appointments pick up after some were paused to increase capacity to manage Covid-19 resources. We know from previous epidemics and pandemics that a divergence of resource can have a significant wider impact on health and wellbeing. For example, during the 2014 Ebola crisis, as many people died of untreated malaria, HIV and TB as died of Ebola. In 2009 during the flu epidemic in the UK there was a significant increase in deaths from strokes. There is a risk that the obvious emphasis on Covid patients will result in treatment for other health conditions being delayed if patients do not present in primary care.
- We should plan on the basis that there may be increased work from Covid survivors such as ongoing respiratory and renal impairment which will impinge on primary care workload.
- A particular concern relates to mental health support. The prevalence of Covid-19 and associated lockdown is likely to have led to some cases becoming more acute and the lack of normal routine a challenge for the wellbeing of many. After lockdown we are expecting a surge in those with negative mental health symptoms among patients with anxiety, agoraphobia, OCD, depression etc. This could include unique Covid based problems and severe grief reactions as a result of distancing and in terminal phases of life and restricted funerals. A further consideration would be mental health issues such as post-traumatic stress

following admission to intensive care units. Capacity in primary care for talking therapies must be available to cope with this increased demand.

Wellbeing of GPs and their colleagues

- There need to be concerted resources made available for health professionals' mental health and supporting them, including coping with stress. Burnout will be a huge risk after this crisis, with workload in general practice increasing and we need to be sure that there is support for professionals across the NHS where needed.

In conclusion

General practice has proved to be highly innovative and adaptable, moving the majority of work to remote consultations, making use of technology and rapidly embedding that technology to deliver care in a way that is safe for patients and doctors at this time. Our members have continued to provide continuity of care for those people who had Covid-19 and were referred back to the GP surgery, or who chose not to go to hospital, having follow up conversations with clinicians who know them.

RCGP Wales has worked constructively with NHS Wales, Welsh Government and health sector organisations including the BMA/GPC and Academy of Medical Royal Colleges, Wales. We will continue to do so as Wales seeks to minimise the impact of Covid-19.

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Our Ref: TC.CS.120520.DL

12 May 2020

Dr Dai Lloyd, MS
Chair of the Health, Social Care and Sport Committee
Senedd Cymru

Dear Dai,

Health, Social Care and Sport Committee
Public Health Wales Evidence on the Coronavirus Pandemic

Thank you for your and the Committee's time during the Public Health Wales evidence session to discuss the response to the Coronavirus Pandemic.

During the session, there were questions relating to a 9,000 testing capacity target by the end of April 2020. I replied that I was not familiar with that target and trajectory. I would like to apologise sincerely to the Committee members for the confusion my response generated. This was not my intention and I hope you will agree that I have always been open in any engagement I have had with Senedd Committees.

From the start of the pandemic, we have worked tirelessly both to increase our domestic testing capacity within Wales and also to access wider United Kingdom (UK) Government-led testing capacity. Our primary focus for the end of April was achieving a domestic capacity of 5,000 antigen tests per day.

The 9,000 relates to the 5,000 domestic testing capacity that was our primary focus for the end of April and the additional 4,000 was a figure based on assumptions at the UK level and was not associated with our 5,000 capacity planned for the end of April.

The Welsh Government has indicated that the additional 4,000 tests (on top of the 5,000 tests in Wales) was not a target for testing in Wales, but reflected the UK level assumptions at the time.

I now realise that this differentiation was at the core of the confusion my answer caused and I apologise again to the Committee.

The Committee will appreciate that within the context of a global public health emergency every country worldwide is competing for testing capacity. Both Public Health Wales and colleagues in the Welsh Government have been working within a rapidly changing environment, at times within hours and days, where assumptions that had been based on a global and UK supply chain for equipment and chemical reagents at any given time, often turned into delays or indeed fell away.

However, I am pleased to let the Committee know that our testing capacity in Wales reached 5,330 tests per day on the 9 May 2020 and we will continue to increase our testing capacity over the coming weeks.

Public Health Wales has played an important part in the COVID-19 response to date, and we look forward to continuing to do so as one of the key partners delivering the forthcoming Welsh Government plan and we look forward to engaging with the Committee as we move towards and into the recovery phase of the pandemic.

I hope that this letter clarifies the position.

Yours sincerely,

Dr Tracey Cooper
Chief Executive, Public Health Wales

Copy: Jan Williams, Chairperson, Public Health Wales

Rydym yn croesawu gohebiaeth yn Gymraeg
We welcome correspondence in Welsh

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