

## **INTERVIEW BRIEFING**

### **Health Minister interviews industrial action by junior doctors**

<b>Date and time</b>	Wednesday 21 January 2024 08.00 – 08.40 and 10.00
<b>Location</b>	BBC Wales Cardiff Central Studios and remote for Global
<b>Interviewer and format</b>	<p><b>Radio Wales</b></p> <p>08.05 live with presenters Redacted – Section 40 and Redacted – Section 40 likely to ask the questions.</p> <p><b>Radio Wales</b></p> <p>08.20 live with Redacted – Section 40</p> <p>Both the Radio Wales and Radio Cymru interviews will be recorded in video also and could be used on television bulletins later.</p> <p><b>Global Radio</b></p> <p>10.00 pre-record via Zoom with Redacted – Section 40. English and Welsh.</p>
<b>Lead press officers</b>	Redacted – Section 40
<b>Background</b>	The Second junior doctors strike over pay starts at 07.00 on Wednesday 21 January.
<b>Top Messages to get out</b>	<ul style="list-style-type: none"><li>• Although we would like to offer more, we are at the limit of what we can offer junior doctors as a pay rise and the offer is in line with what other NHS workers have received.</li><li>• The door is always open for more talks but unless we get more funding from the UK Government we cannot improve the pay offer.</li><li>• Emergency services will continue but I would urge everyone to think carefully about where they can go for help. Unless it is urgent or life-threatening, think about using 111 or a pharmacy rather than go to a hospital.</li></ul>

### **Effect on services**

- We have again worked closely with the British Medical Association and NHS to ensure patient safety is protected during the industrial action.
- We expected significant disruption to NHS services, with most non-emergency and elective activities to be stood down during this period, and for services to resemble those generally provided on a Bank Holiday.
- We expect the levels of disruption to be similar to the first strikes in which 41% of outpatient appointments were postponed and 61% of operations.
- Emergency and life-saving care continued and those with a critical need to attend an emergency department could still do so.
- We will be in a position to confirmed figures on how many operations were cancelled shortly after the action ends.

### **Impact of the first industrial action by junior doctors**

- During the three days of the first junior doctors strike in January 22,258 (about 41%) outpatient appointments were postponed and 1,467 operations or procedures were also postponed.
- Each health board have different numbers of junior doctors, Cardiff and the Vale, for example, have the highest amount, so more disruption can be expected there.
- Therefore postponements varied quite a lot by health board – from about 65 to 94% of outpatient appointments, and between 38 to 68% of operations.
- Throughout the strike most of the hospital sites were in red level - the highest level of normal activity. But this was during one of the busiest times of the year so was to be expected.
- The turnout for the industrial action was about 76%.
- We had some reports of long ambulance delays but not adverse impact on urgent and emergency care services reported because of the industrial action.

Average daily numbers of appointments and operations / procedures in NHS Wales

In 2023 there were an average of:

- 13,700 outpatient attendances per working day (i.e. excluding weekends and bank holidays)
- 317 outpatient attendances per bank holiday including 25 and 26 Dec, or 377 per bank holiday excluding 25 and 26 Dec

- 1,947 procedures carried out per working day (i.e. excluding weekends and bank holidays)
- 465 procedures carried out per bank holiday including 25 and 26 Dec, or 541 per bank holiday excluding 25 and 26 Dec

**NB** the figures for procedures aren't all operations as they include a category that includes things like x-rays and testing, which account for around 15% of the total.

### **Advice to people with appointments or who need help**

- If your appointment is not going ahead, your health board will contact you to let you know. If you aren't contacted, please attend your appointment as planned.
- You can check your local health board website or social media channels latest information in your area.
- While impact on planned services will be significant, urgent and emergency care will be provided for those in need.
- But I would remind people to think of using alternatives to emergency departments if their need is not critical.
- Those include NHS 111 online or by phone, and pharmacies.
- We have seen an increase in the use of these services this winter so I would like to thank people for using them and reducing pressure on our hospitals and GP surgeries.

### **Pay Deal Negotiations**

- I am disappointed that doctors have decided to take further industrial action, but I understand their strength of feeling about our 5% pay offer.
- We wish to address their pay restoration ambitions, but our offer is at the limits of the finances available to us and reflects the position reached with the other health unions for this year.
- We will continue to press the UK Government to pass on the funding necessary for full and fair pay rises for public sector workers.
- We remain committed to working in social partnership with the British Medical Association and NHS Employers to find a solution and are always ready to talk.

***IS this the worst pay offer in the UK? Junior Doctors now on lower pay in Wales than England.***

- The offer we have made – a 5% increase which has already been paid into junior doctor pay packets is equal to that made and accepted by, other NHS workers this is at the limits of the finances available to us.
- Whilst we have not been able to meet the recommendations of the pay review body this year, during the last financial year we offered a significantly higher sum than was offered in England and higher than that recommended by the pay review body.
- A new Junior Doctors contract was negotiated in social partnership with the BMA and NHS Wales Employers in 2022 with an additional investment of in the region of 3% of the contract costs (up to £8 million), unfortunately junior doctors voted to reject this contract, this has resulted in junior doctors pay in Wales falling behind that in England as any pay awards have been based on the 2002 contract.
- The new contract for junior doctors if accepted would have resulted in slightly higher pay for junior doctors in Wales compared to England and improved terms and conditions.

***Consultants will go to ballot on 4 March on industrial and with now new money on the table, a strike there looks likely, how will the NHS cope with that?***

- I hope a strike by consultants can be avoided and we are always open to more talks to try to find a way forward, but as I've said before there is no new money at the moment.
- A strike by consultants would cause even more disruption than the junior doctors strikes.
- Planned care would be significantly affected and we could expect more postponed operations than we did during the junior doctors strike.
- But we would work with the BMA and NHS Wales to ensure patient safety was protected during any industrial action.

**Second Supplementary Budget**

***But today the Welsh Government announced extra money for the NHS in the second supplementary budget – why can't this be used to increase the pay of junior doctors?***

- This isn't additional funds available to be spent and we can't use these allocations to deliver a pay-rise for doctors.
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- The money announced today is an adjustment of the 2023/24 budget and reflects existing spending plans.. Most of it is for the recovery pay award announced last April; reflects current NHS deficits and , an increase in capital funding.

- The Second Supplementary Budget contains two main sets of changes – those announced by the Finance Minister in October 2023 and some additional allocations and changes made during the 2023-24 financial year.

#### Additional allocations

- An extra **£59m** revenue funding for the Health and Social Services budget to reflect pressures in the health service
- **£95m** to fund the one-off NHS recovery payment for 2022-23, which was paid in 2023-24
- An extra **£10m** capital funding for NHS organisations
- All Ministers have worked to find savings in their portfolios to ensure that by the end of 2023-24, the overall Welsh Government budget is balanced.
- The majority of this funding will be used to support the NHS, which is facing the biggest financial pressures because of costs (inflation, pay), ongoing Covid/pandemic pressures and rising demand in both planned and emergency care.
- Even though the NHS will be receiving an additional injection of funding over and above their allocated budgets, health boards will still face some very difficult decisions this year.

#### **NHS Finances**

- The Welsh NHS is facing considerable funding pressures caused by high inflation, ongoing impact of Covid/pandemic pressures and rising emergency and planned care demand.
- In recognition of these challenges, an additional £425m has been allocated to support the NHS this financial year.
- The additional funding for the NHS in 2024-25 comes on top of the additional £425m which was announced in October for the remainder of this financial year, and which was baselined into the budget for the future. This means that Health will receive more than a 4% increase for 2024-25, compared to less than 1% in England.
- Funding will be provided to organisations in support of the pay award commitments that have been agreed with and committed to our union partners.
- Local Health Boards have also been notified of the additional allocations being made in recognition of the challenges that are being faced, in addition to confirmation that each Local Health Board has been required to reduce planned deficits by 10%.

- Plans submitted by Local Health Boards at the outset of this financial year detailed a combined deficit position of £648m. A 10% reduction to this planned deficit therefore equates to £64.8m.
- In addition to providing funding to support pay awards, additional allocations, which total £460.2m, will be issued to Local Health Boards proportionately according to the established Local Health Board resource allocation formula. £336m of this funding is recurrent in nature and is conditional on each Local Health Board making progress towards the level of deficit which we have set for them to work towards ('target control totals') and which we will fund from the wider Health and Social Services budget. This constitutes £150m of funding to support organisational underlying deficits and the recurrent impact on the cost base as a result of the COVID pandemic, and £186m to support inflationary pressures including in relation to prescribing, medicines, and packages of care.
- In addition, following the review of central budgets, a further £124.2m will be provided to Local Health Boards on a non-recurrent basis. Of this £75m is to further support inflationary pressures, and £49.2m to support the additional costs of energy above historical baseline levels.
- Following these allocations and deficit reduction expectations, revised target control totals have been set for Local Health Boards which across the seven Boards combine to total a deficit of £123m. These are target deficit positions for Local Health Boards to work towards achieving and are offset by funding within central budgets.
- All Strategic Health Authorities & NHS Trusts are forecasting to achieve financial balance and where there are opportunities to deliver financial improvement beyond those positions, I have asked my officials to ensure those opportunities are realised to support the delivery of this overall position.
- I have also asked my officials, with support from the NHS Executive, to monitor progress against the target control totals set out, alongside implementation of actions with each organisation as part of the escalation framework. This includes working with organisations to support the delivery of savings that health boards have identified within plans and implementing processes to strengthen actions on a consistent national basis to support local savings delivery.
- Delivery of the position set out will be challenging, but I expect progress to be made by Local Health Boards in delivering the target control totals set by organisation. We should be clear that these are not cuts to Local Health Board budgets, but Health Boards will need to take actions to reduce expenditure and manage to the target deficits we have set out. This will be an on-going process and my officials will continue to work with all NHS Wales organisations in progressing delivery of the target forecast positions set out for the remainder of this financial year.

## **Betsi Cadwaladr in Special Measures one year on**

### **Stabilising the board**

- There has been a focus on rebuilding and stabilising the Board. The Board now has a permanent chair, chief executive and vice chair.
- The final four Independent Members will be announced in the coming weeks. This will give the organisation the stability and focus it needs to improve.
- Audit Wales published its follow-up report on Board effectiveness last week and recognised a marked improvement in terms of Board stability - and it concluded that the dysfunctionality within the Board described in its previous report is no longer present. That is absolutely crucial – if we are to see the improvement needed.

### **Identifying the issues**

- As part of the special measures intervention, a number of independent reviews were commissioned into problem areas such as governance, quality and safety, vascular services, mental health inpatient safety, procurement and contracting, use of interim staff and executive portfolios - amongst others.
- They were intended to truly understand the root causes of the problems at the health board along with real solutions to resolve them.
- Many of these reports are not easy to read and have exposed some very serious issues that the health board must now address. This again, tells me we really had no choice last year but to take action to escalate the Board to get flush out these underlying issues.
- Taken alongside the many concerns raised by His Majesty's Coroner and the Ombudsman I hope we have now uncovered all the key issues that need to be addressed.
- The health board has established an investigation and learning programme with direct oversight from the chief executive and reporting directly to its Quality, Safety and Experience Committee with a clear escalation process in place - to review, and where required, improve.
- It has been encouraging to hear about the improvements HIW has observed through its more recent inspections.

### **Finance**

- Audit Wales has over the last year reported on poor financial management and accounting practices.
- However, I am assured that considerable progress has been made and the Audit Wales follow up report on Board published last week indicates that the health board is responding to the issues identified in their audits of the 2021-

22 and 2022-23 accounts, as well as those identified in the Ernst and Young review.

- Action has also been taken to stabilise the finance team, with additional resources identified and redirected to support key deliverables, technical accounting, ongoing monitoring and performance reporting.

## **Performance**

- Last February Almost 4,500 people were waiting over 3 years for their treatment to start, and by the end of November this had fallen to just over 1,300 – that's an improvement of over 65%
- People waiting over 52 weeks for their first outpatient appointment has fallen by over 15% in the same period and there has been a 32% reduction in the number of people waiting over 8 weeks for their diagnostic tests.
- Waiting times for orthopaedic pathways have improved, with 1,172 patient pathways waiting over 104 weeks, a 52.5% improvement since February 2023 - the lowest level since April 2021.
- Work has started on the new orthopaedic hub in Llandudno, with a completion date of December 2024.
- The pressures in urgent and emergency care, are very real.
- Last February almost 17,000 people visited the emergency departments in north Wales, last November this had increased to over 19,000.
- The focus on eliminating four-hour handovers, whilst not yet achieved, is resulting in some improvements. There were 786 handover delays in excess of 4 hours in December 2023, this is a 23% reduction compared to December 2022 and considerably better than the 1,042 noted in March 2023.

## **Vascular Services**

- I was pleased to see that in June 2023, Healthcare Inspectorate Wales de-escalated vascular services from a 'service requiring significant improvement'. An independent assessment against the vascular plan has been undertaken by the NHS Executive Vascular Clinical Network.
- The assessment concluded that the 'BCUHB vascular service has improved from the previous reviews and in the opinion of the reviewers now provides a much safer service.
- The final report is expected in March 2024.

## **What next?**



- The health board has only been in special measures for 12 months, and there is still lots to do.
- Last year in the special measures framework I set out a series of conditions which need to be met before de-escalation to level 4 is considered.
- Whilst there have been improvements in corporate governance, these must now be reflected across quality governance and operational delivery. These two areas are the focus for improvements over the next 12 months.
- It is important that we all collectively support the health board to develop and build a sustainable organisation, capable of delivering the NHS services, which people in North Wales deserve and let's not forget that every day thousands of people across north Wales are receiving an excellent service.
- This is undoubtedly an organisation with significant challenges ahead, but the past 12 months has served as a valuable period of discovery.
- Whether we like it or not, we know a lot more now than we did last February, and this is going to provide a much clearer focus for the Board, as they move into the next phase of special measures.

### **Other Health Issues**

#### **Royal College of Paediatrics and Child Health report published on 20 February on long waits faced by children for treatment**

- Long waiting times have fallen every month for 20 months in a row thanks to the hard work of NHS staff across Wales.
- We have made reducing long waits for children a priority and, since April 2022, the number of children waiting more than two years has fallen by 75%.
- In April 2022, for children, there were long waiting times across 25 specialities. By November 2023 this had reduced to 13, with two specialties, ENT and orthodontics, accounting for nearly 60% of the total waits over two years.
- Last year, there were 1.5m referrals (adults and children) for treatment in Wales, up 11% from the previous year.
- We expect to see continued improvement and we will continue to support the NHS to respond to rising demand for NHS care with additional funding and new services."

#### **UK Government to announce implementation of Martha's Law**

The UK Government are expected to announce on Wednesday 21 February £10m for NHS England to roll out Martha's Law. Phase 1 – roll out of Martha's rule across 100 acute and specialist sites initially. Beyond that phase 2 would see the roll out to all other acute and specialist sites but is subject to a funding review and lessons

learned from phase 1.

### **Top Lines**

- We are committed to ensuring the voices of patients and their loved ones are heard.
- We are working with NHS organisations to develop a plan on how we introduce this rule in Wales.

### **What is Martha's rule?**

- The proposed 'Martha's Rule' is named after Martha Mills, a 10-year-old girl who died of sepsis at King's College Hospital in 2018 after her parents' concerns were ignored by medical staff. She was on holiday in Wales and injured her pancreas and was transferred to Kings from Wales.
- Martha's Rule would give patients, families and carers the right to easily request an urgent clinical review from senior clinicians of a higher level of care team in the same hospital, for example the critical care outreach team/ critical care team.
- This would be in the event of serious concerns either by the patient or the family that there is a significant deterioration or concerns around a perceived gap in care and where the patient or families feel their concerns are not being listened to. This is a patient safety initiative centred on strengthening the deteriorating patients' pathway and patient experience in Hospital care.

### **The position in Wales**

- Welsh Government is currently working on scoping the most effective model we are going to use to implement such a rule here and how that would work in detail in each part of Wales.
- The key here is to listen to and include patients and families in the escalation of deteriorating patients to improve the outcomes for these patients.
- A number of Pilot systems have been introduced in North and South Wales and are being considered.
- A Task and Finish group has been set up by HSSG and the NHS Executive to support this work, involving all key clinical stakeholders. A plan is being developed for approval to ensure that this is successfully implemented. As a key patient safety initiative, that we are committed to, we want to make sure that it works across the Welsh NHS effectively for all patient groups.

### **NHS Wales Performance**

*The below is based on the most recent published data from the January 2024 release. New waiting times data are out at 09.30 on Thursday 22 February – but that data can't mention in these interviews.*

## NHS Wales Demand

- Wales has the highest proportion of people aged over 65 in the UK and the NHS is supporting more people with multiple chronic conditions in the community. **21.4% of the population is aged 65 or older. At the UK level, it's 18.7%**
- Every month, NHS Wales has around 2m contacts with the public in a population of 3.1m people – this does not include calls to 111 or contact with mental health and maternity services or diagnostic tests.
- Over the last decade, demand for NHS care – both planned and emergency – has increased markedly.
- Last year, there were 1.5m referrals for treatment in Wales, up 11% from the previous year and 31% more than a decade ago.
- The number of referrals into secondary care has increased by over 10% over the last year. Despite this, the total list size has only increased by 1.4%. In the same period, the total list size in England has increased by 5.9%.
- As a result of actions taken to respond to the pandemic, waiting times for planned treatment have increased, as has the overall waiting list.
- From February 2020 to November 2023, there has been a 64% increase in waiting lists in Wales compared to a 66% increase in England.
- Ambulance - 175 red calls a day in December 2023 – 31<sup>st</sup> month in a row 100+ red calls a day and 2<sup>nd</sup> highest on record.

## Reducing the backlog

- I launched the Planned Care Recovery Plan in April 2022 with a number of targets set to be achieved by the end of the current Senedd term.
- The plan was supported by an extra £170 million annually for the remainder of the Senedd term.
- In Wales unlike in England we include people waiting for diagnostic and therapy treatment which makes up a significant proportion of the numbers.
- In England more people can afford to go private so reducing numbers on the waiting list. In February last year **ONS** estimated that among people currently

on an NHS waiting list, 2% in Wales had paid for a private medical appointment, test or treatment in the past month because they felt the NHS wait was too long, and it was 6% in England.

- We have placed a clear focus on tackling both those patients with an urgent need and those that have waited the longest.
- Thanks to the hard work of our fantastic NHS staff, we are making good progress in reducing long waiting times.
- In 12-months we've almost halved the number of two-year waits and the average wait from time of referral to treatment is now 20 weeks.
- Over the last 12 months the overall waiting list grew by 1.4% in Wales, compared with 5.9% in England; record numbers of people are starting cancer treatment or being given the good news they don't have cancer.
- In the most recent data for Wales the overall number of people on waiting lists has come down.

## **Cancer**

- Cancer performance is not where we, the health boards nor the public want it to be.
- We have seen a record increase in referrals for cancer diagnosis The average number of referrals per month has from around 10,500 in 2020 to 16,00 in 2023 – 53% increase.
- Health boards have also been delivering increased activity, with October 2023 seeing the second highest number of patients starting treatment in a single month, and November 2023 was the fourth highest.
- All health boards have reported that breast, gynaecology, lower/upper GI, and urology services continue to be under significant pressure. Over the last few months there has also been an increase in skin referrals.
- Additional waiting list initiatives, weekend working, moving staff and patients around where necessary to alleviate some of these pressures have been introduced by health boards.
- A detailed and intensive national cancer intervention is in place delivered by with an initial focus on urology, lower gastrointestinal and gynaecological cancers. This is looking at all stages of the pathway including diagnostics, demand and capacity, planning and modelling.
- In December 2023, I approved £2m, for three consecutive years, to recover cancer waiting times for those cancer types with the most challenged cancer performance: lower gastrointestinal, gynaecological, and urological cancers.

## **Emergency Care Performance**

- We have invested in new ways for people to access emergency and urgent care services – so they don't have to go to an emergency department.
- These include 16 new primary care centres, which are treating 12,000 people a month and 23 new same day emergency care services, seeing around 5,000 patients a month.
- Our new national 111 service, which is providing advice to more than 75,000 people each month, including around 525 people who need urgent mental healthcare.
- Performance in Welsh major A&E departments has been better than England in 13 of the last 16 months.
- 4hr performance in December was 3.2 percentage points higher than December 2022.
- There was a 20% fall in the numbers of patients waiting for 12 hours in Emergency Departments compared to the same time the previous year.

### **Ambulances**

- Ambulance - 175 red calls a day in December 2023 – 31<sup>st</sup> month in a row 100+ red calls a day and 2<sup>nd</sup> highest on record.
- When compared to the same time last year we've seen improvements in ambulance response time performance despite the highest demand for red calls on record, in December.
- The median response time for immediately life-threatening 'red' calls was just over 8 minutes, and 80% of red calls received a response within fifteen minutes.
- The Welsh Ambulance Service NHS Trust also responded to the highest number of calls on record within 8 minutes in December.
- Last year we invested £3m in additional ambulance staff, which has enabled an extra 76 whole-time-equivalent staff to be recruited ahead of this winter.

### **Diagnostic Waits – Planned Care Recovery Target for Spring 2024**

#### *Current Position*

- In our Planned Care recovery plan we have said we will increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.

- We have seen a record increase in referrals for cancer diagnosis (up 49% over three years) and this has resulted in some capacity being switched to manage the increase in demand for, these patients are seen ahead of planned non-emergency treatments and as a result less capacity is available for the routine diagnostic demand.
- *The data shows we are not on course to hit this target*
  - Diagnostic waits over 8 weeks have increased 10% in the latest year and 5% since the recovery plan was published in April 2022. There are currently 47,200 diagnostics waiting over 8 weeks.
  - Endoscopy waits over 8 weeks are down 1% in the latest year and down 11% since April 2022. At a health board level, there's quite a range. Since April 2022 there have been reductions in Betsi (-25%), Swansea bay (-22%), CTM (-47%) and AB (-46%), but increases in HD (+16%) and Cardiff (+156%).
  - For therapies over 14 weeks, there's been a 20% increase in the latest year, but they've fallen 12% since April 2022. There are currently 11,500 therapies waiting over 14 weeks.

#### *What we are doing*

- As part of the National Planned Care Transformation and Recovery Plan the NHS in Wales has a clear diagnostic strategy which aims to deliver improvements in waiting times and access to diagnostic tests.
- We are increasing capacity for diagnostic test and have seen some improvements in waiting times.
- We've invested £15m through the National Endoscopy Programme £15m in new facilities and workforce to improve access to endoscopy.
- Four new theatres have been recently opened in Aneurin Bevan Health Board, another 6 are due to open in Cardiff and Vale and there are plans for a Regional Diagnostic Hub in SE Wales to further increase capacity.