[Jonathan]
Good morning. Isn't it nice to be here in person? And I hope to meet everybody that I've neither not met in person or not met at all during the day. Thank you for the introduction, and as has been said, my name's Jonathan Webb and I'm delighted to head up the Welsh Risk pool.

We've been asked to be clear on our conflicts of interest and mine is that I also work as a partner for the Health and Care professions council within my registration as a paramedic. So what I'm going to talk to you first of all is a little bit about the NHS in Wales and there's some of my distinguished colleagues in the room from NHS health bodies in Wales.

So the NHS in Wales is quite a big outfit. There's actually seven health boards and they operate with a commissioning and a provider function. There are three national trusts, one dealing with Public Health Wales. There's a national health service and there's a cancer services specialist trust. And more recently, there's been the introduction of two special health authorities, one focusing on our digital work, which I'll touch on when we talk a little bit about what we're doing in that space. And then health education and improvement Wales, really trying to drive that education amongst our clinicians and support staff.

Very recently, we've introduced an oversight body called the NHS Wales executive and we have Welsh government setting policy and agenda for us. We're very pleased to work within this sector and it's worth remembering we have a population of 3.2 million, the geography varies from incredibly rural to capital city urbanised. So our clinicians are exposed to the full range of tertiary level services, down to primary care.

So as has been said, the Welsh Risk Pool is the indemnifier for all health bodies and very much like all modern healthcare, there's a challenge in claims profile. In fact, over the last five years, we've seen an upward trending case numbers, something we hadn't seen since before the pandemic. So claims numbers are increasing around about five to seven percent a year, but values costs are increasing exponentially greater than that, about fifteen to twenty percent.

The budget for this year alone to settle claims in Wales is 140 million pounds. The deputy chief medical officer for Wales told me the other day that when he started in that role, the reserves we have in the Welsh Risk Pool could run a district general hospital for a year. At 1.649 billion this year, the reserves would run our biggest health board for a whole year. So the costs are phenomenal. But it's not really about the costs, It's about avoidable harm to patients from not having that informed consent.

So what the Welsh Risk Pool finds is that of the letters of claim we receive, around twenty percent of them have some form of allegation or critique of the consent process. So unsurprisingly, it's an area of priority for the Welsh Risk Pool. Ben's going to talk to you a little bit about what we're doing in the space of peer reviewing, clinicians working together to peer review the interactions with patients into trying and drive improvement, which has been incredibly well received.

But what we've done is we've introduced a number of prevention and learning programs, all aimed at, you might recognise James Ranson Swiss cheese there, all our prevention and learning programs are trying to

block up the holes in that Swiss cheese, or indeed create more slices of cheese.

The consent and decision-making program is really driving that agenda and I think, I can't stand up here and talk on behalf of NHS Wales without recognising the amazing collaboration. I used to say that I could pick the telephone up and get people in a room within two weeks. I can send a team's invite, and get people to collaborate next day, and people want to come and they do come with the aim of collaborating across that whole spectre of the sector that I've described in Wales. So the collaboration is amazing and I think some of our successes are due to the success of the collaboration.

We've got an All Wales model consent policy, regularly updated, emerging case law, always included, and the guidance that goes with it means that we're consistent across the whole nation in terms of consent. We've got All Wales consent forms. In fact, I'll be zipping off for 20 minutes or so this morning. We've got a meeting to ratify some changes related to mental capacity in our consent form four. So these forms are live documents and regularly updated across the nation.

We're working hard in the digital space. But actually, what we found at the moment is that when we try and get our colleagues to use the digital technology that they all want to do, within the consent arena, we're finding it actually lengthens the workflow. And so we've got to work hard with our digital partners to make it accessible for their busy clinician, who's already busy and hectic enough. So adding more steps to their process is a challenge But they all want to harness the power of the digital technology.

The Welsh Risk Pool has introduced a number of standards for Consent to Examination or Treatment, and we provide assurance reports to each of those organisations I've described, that help them drive improvement plans within this sector.

Again, very popular with the strategic leadership to really drive the areas of focus. And one of the areas that is really netted in very recently, is this work on peer review that Ben's going to talk to you about. Very proud in the Welsh Risk pool to have supported, as a whole nation, the EIDO consent information leaflets now for 15 years, and they are seen as the gold standard information sharing for procedures and we've got a whole suite. What's quite interesting is that they're all available in the Welsh language and our research and our contact with patients show that people actually want to be consented in their language of choice. Not just Welsh and English, but of course, the multitude of amazing languages that we have across the UK and wider.

So our EIDO platform gives us that ability. What we're also working to, and I'm so excited for 2025, is locally produced leaflets. Where an EIDO leaflet doesn't exist, can be uploaded into the system, so our clinicians have got a single resource to go to for information on consent. So I'm really excited, the groundwork's been done, that will launch in 2025.

Ben's going to talk to you about the peer review framework and that's getting our clinicians to review each other's interactions with patients to try and gain improvement in all that interaction. And what the Welsh Risk Pool learning panel has highlighted is there's three things we want our clinicians to do better: Communication, documentation and escalation.

Which is pretty much what you've just presented to us with the GMC guidance. Communicating with patients, escalating where necessary to senior input and documenting good quality record keeping.

We're very proud of a package that we produce specifically for Wales and well over 10,000 of our staff have accessed this E-learning package. Most people, if you're like me, you go on your annual fire safety, E-learning package, you click-click-click-click-click, get to the end, do the exam, then move on to something you really wanted to do. Clinicians are telling us that this package, for Wales by Wales, with speakers, some eminent speakers on it. It's a video-based package and it's designed for that what we call the 'jobbing clinician'. So it's not all about the high level of law. It's about the application of it.

So I'm going to finish with the intro to that video very briefly, and then Ben's going to tell you about the peer review framework and the success we've been having with that.

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