

Health and Social Services Committee HSS-08-01(min)

MINUTES

Date: Wednesday, 16 May 2001

Time: 2.00 to 5.25pm

Venue: Committee Room 3, National Assembly for Wales

Attendance: **Members of Health & Social Services Committee**

Kirsty Williams (Chair) Brecon & Radnorshire

Geraint Davies Rhondda

Brian Gibbons Aberavon

Brian Hancock Islwyn

Jane Hutt (Minister) Vale of Glamorgan

Ann Jones Vale of Clwyd

Dai Lloyd South Wales West

David Melding South Wales Central

Lynne Neagle Torfaen

Rod Richards North Wales

Other Member (constituency interest)

Helen Mary Jones Llanelli (**Item 2 only**)

In Attendance

Wendy Evans Chair, Joint Staff Consultative Committee,

Carmarthenshire NHS Trust

Elizabeth Fradd Commission for Health Improvement

Stuart Gray Chief Executive, Dyfed Powys Health Authority

Mike Jones Chief Executive, Carmarthenshire NHS Trust

Martin Morris Chief Officer, Llanelli Community Health Council

Tom Norreys Chair, Carmarthenshire NHS Trust

Margret Price Chair, Dyfed Powys Health Authority

Peter Thomas Medical Director, Carmarthenshire NHS Trust

Margaret Tozer Commission for Health Improvement

Officials

Chris Burdett Children & Families Division

Sioned Evans Private Finance Unit

Dr Bernadette Fuge NHS Quality Division

Rosemary Kennedy Chief Nursing Officer

Ann Lloyd Director, NHS in Wales

John Morgan Health Services Division

Mark Partridge Office of the Counsel General

Helen Thomas Social Care Group

Graham Williams
Julia Williams
Secretariat:
Jane Westlake
Claire Morris

Social Services Inspectorate Wales
Children & Families Division

Committee Clerk
Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 There were no apologies or substitutions.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

Geraint Davies, Pharmacist and member of Rhondda Cynon Taff County Borough Council;

Brian Gibbons, General Practitioner and wife works in child care;

Dai Lloyd, General Practitioner and member of the Council of the City and County of Swansea.

Rod Richards, wife works in the health service

Item 2: Children's Commissioner - Proposals for Regulations

Paper: HSS-08-01(p.1)

2.1 In addition to the paper previously circulated, a paper covering the responses from Children in Wales, Save the Children and the NSPCC was tabled as an addendum. Copies of the responses were available in the library.

2.2 The Minister confirmed that the amendment to the Children's Commissioner Bill, which had been passed the previous week, meant that the Commissioner could now make representation to the Assembly on any matter affecting the rights or interests of children in Wales. The Minister also stressed that the regulations could be added to at any time in the future. She said that whilst a significant amount had been achieved, there was still a lot to be learned, particularly in consulting children and young people and enabling them to participate in the legislative processes of the Assembly. A child-friendly guide to the regulations and what they meant would be produced.

2.3 In response to the issues raised during the consultation, Members made the following points:

- Concern was expressed at the suggestion that the retrospective application of the Commissioner's

powers should be restricted to 5 years. It was felt that this would deny the opportunity for an adult to raise any issues of concern from their childhood.

- Reference to the UN Convention on the Rights of the Child should be built into the regulations.
- Disappointment was expressed at the lack of consultation with children and young people on the proposed regulations.
- There was some ambiguity about whether the Commissioner could help children in areas that were not specifically children's services.
- The requirement for an annual report to the Assembly was welcomed. This would need to be comprehensive.
- It was felt that the Commissioner should have to give a reason for not taking up a case.
- Concern was expressed at the recommendation to allow 3 months for the Commissioner to wait for an initial response to recommendations resulting from his reports. His reports might be perceived as having less status than those on complaints against a local authority, for which the deadline was 28 days.

2.4 The Committee generally supported the proposals for regulations, but with some qualification and the Minister agreed to undertake further consideration of:

- the length of retrospective application of the Commissioner's powers, taking into consideration the need to create a balance between focusing on current services but not to the exclusion of allowing young people to revisit an incident.
- incorporating reference to the UN Convention on the Rights of the Child.
- whether the Commissioner should have to give a reason for not taking up a case.

2.5 The Minister would provide regular updates via her monthly report.

Item 3: Carmarthenshire NHS Trust

Paper: HSS-08-01(p.2)

3.1 The Chair welcomed members of Carmarthenshire NHS Trust, Dyfed Powys Health Authority, Llanelli Community Health Council and the Commission for Health Improvement (CHI).

3.2 Mike Jones, Chief Executive, Carmarthenshire NHS Trust, outlined the progress that had been made in meeting the targets set out in the action plan drawn up to address the areas of concern highlighted in the CHI report. In some areas the targets had been exceeded but it was acknowledged that there was still much work to be done. The Trust was totally committed to continuous improvement. Staff morale was improving and it was believed that public confidence in the Trust had been restored.

3.3 Stuart Gray, Chief Executive, Dyfed Powys Health Authority, said that the Authority worked closely with all trusts on two fronts, the modernisation agenda and how new money was invested. They had

worked particularly closely with the Carmarthenshire NHS Trust to ensure that any investment supported the changes recommended in the CHI report. All new investment was supported by a performance framework to ensure it was used effectively.

3.4 Martin Morris, Chief Officer, Llanelli Community Health Council (CHC), said that the CHI recommendations had helped the trust move forward and much of the progress had been discussed in public at trust board meetings. Llanelli and Carmarthen CHCs had both worked closely with the trust, particularly in developing a complaint procedure. He believed that after a very difficult period public confidence had improved a great deal.

3.5 Elizabeth Fradd, Director of Nursing, CHI, said that from the information they had received they were pleased with the trust's progress. Many of the issues identified in Carmarthenshire were now emerging from a number of clinical governance reviews throughout England and Wales. CHI was particularly pleased with the progress on nursing issues, where a number of notable changes had occurred. However, the means of monitoring and indicators to measure improvement had yet to be established. It was suggested that the trust consider using external auditors to help verify their progress and highlight areas for further action. A final action plan would be drawn up and published and the trust would be visited again as part of CHI's rolling programme of clinical reviews.

3.6 Wendy Evans, Chair of the Joint Staff Consultative Council, said that staff welcomed the majority of the reports findings. There were areas that had caused concern to staff, the main one being inappropriate admissions through A&E which they had felt had been derogatory to the staff involved. Comments on X-rays and old-fashioned nursing had been taken on board and staff felt that improvements had been made in those areas. There was now only one Director of Human Resources (HR) which had helped ease confusion in this area, and an HR Forum had been set up to look at training throughout the trust.

Staff felt that they had been unfortunate in being the first to come under investigation by CHI and had received a lot of bad publicity. As a consequence the staff resented the constant scrutiny, and felt the time had come to draw a line under past events and move forward.

3.7 The Minister said that clearly progress had been made and much of the action plan was now coming to fruition. The partnership approach had been very important, and the Director of the NHS in Wales chaired a multi-disciplinary team, for which the Assembly had monitoring responsibility. She also paid tribute to the staff of the Trust for all their hard work.

3.8 Ann Lloyd, Director of the NHS, said that the considerable amount of work achieved was a great credit to the staff. However, there was no room for complacency as there was still a lot of consolidation to be done and more work needed to ensure communication arrangements were effective. Discussions continued with the trust and health authority to determine how the Assembly could help them continuously improve the quality of service to patients.

3.9 In response to questions from Members, the following points were made:

Representatives of Carmarthenshire NHS Trust

- The trust had been involved in extensive discussions with the Assembly and had produced evidence that they believed demonstrated they had completed the action plan targets within the required timescale.
- The trust was subject to audit of its financial performance and accounts, as well as value for money studies, by the District Auditor. They had instigated an audit of organisational arrangements by an external body and were arranging further work in areas such as human resources. There would also be an external audit of the Accident and Emergency department at Llanelli.
- There were currently three consultants on suspension. Two were involved in a police investigation, which was holding up the Trust's disciplinary procedure, whilst the third was on sick leave. The trust was following national procedures, which could be lengthy, but hoped to reach a conclusion in the next two to three months.
- The merger of the former Carmarthen and Llanelli Dinefwr Trusts was now beginning to take effect in a meaningful way, with services being provided on a cross trust basis.
- An extensive capital programme had been achieved, with increased capacity in theatres, orthopaedics and paediatrics. Business cases had been prepared for investment in A&E and further upgrading of theatres.
- Clinical networks had been developed, which linked doctors in the same specialty with doctors in other geographical areas.
- The trust was keen to work with the new Clinical School in Swansea on appointments.
- A steering group had been set up to look at public participation. They were considering how to involve the public, patients and carers in the planning and management process.
- Three pilot studies were being set up to look at patient councils, creation of a diabetic group and the preparation of patient literature.
- A lot of work had been undertaken in clinical risk management, including:
 - identifying areas of potential high risk and ensuring that each individual involved followed the correct procedures;
 - setting up a new equipment and procedure committee to assess the risks associated with any new piece of equipment;
 - employing two full time medical equipment training officers to ensure staff are educated in the use of new equipment;
 - ensuring new doctors were linked to a named clinical pharmacist they could contact if they had any prescribing problems.
- Wendy Evans said that she was not aware of any perception amongst staff that senior staff were treated any differently to junior staff in disciplinary matters.

- **The Director of the NHS in Wales** confirmed that the Trust had submitted further documentary evidence of its interim progress. This would now be reviewed

- **Martin Morris** said that the CHCs undertook a random audit of complaints and how they had

been dealt with.

- **Stuart Gray** confirmed that Prince Philip Hospital was extremely important to the future of health services in Dyfed Powys and there were no plans to close it.
- Significant improvements had been made to the trust's complaint procedure and a cross-trust directorate complaints manager had been appointed.
- It was very difficult to measure public confidence but there was increasing community support for Prince Philip Hospital, particularly in terms of fund raising.

3.10 The Committee noted the progress that was reported and the comments made but did not feel able to endorse the report given the lack of factual evidence available. In particular there needed to be measurable targets and the means of monitoring their achievement. It was agreed that the Committee needed to give further consideration to how it could be involved effectively in the scrutiny of NHS Trusts and the follow-up to CHI reports as well as in further monitoring of Carmarthenshire's progress. It was agreed that the Chair would write to Members seeking their views.

Action

- Chair to write to members.

Item 4: Public Private Partnerships and the Private Finance Initiative (PPP/PFI) **Paper: HSS-08-01(p.3)**

4.1 Dai Lloyd said that the Local Government & Housing Committee, which had met that morning, had received presentations from the Welsh Local Government Association and the Wales TUC. Both organisations had expressed their disappointment that they had been excluded from the Health & Social Services Committee.

4.2 The Chair said that no request had been received from either organisation to address the Committee. A request had been received from UNISON but because the Committee was only have an initial discussion to decide the way forward, it had not been considered appropriate to receive external presentations at that stage.

4.3 Plaid Cymru had some fundamental reservations about the principles behind PFI, particularly the impact on team ethos, inflexibility of long term contracts and PFI hospitals generally having fewer beds.

4.4 Other members supported the principle, although concerns were raised about the piecemeal nature of PFI and the lack of experience and expertise. It was felt that more formal arrangements were needed to build up a bank of expertise. Consideration of the implications the European procurement regulations would have on PFI was also needed. The view that a PFI contract should only cover buildings and not

staff was commonly held. Concern was also expressed at the use of the term "soft facilities" when referring to staff within the NHS and it was recommended that such terminology should not be used in Assembly documents.

4.5 Sioned Evans, Private Finance Unit, said that trusts were closely consulted on any PFI project in which they were involved and the size of the hospital was for the trust to determine. Because the PFI programme in Wales was less consistent than England, there was limited sharing of experience. The Private Finance Unit was considering ways of working with the Health Division to provide a central unit to assist trusts with any concerns in developing PFI projects.

4.6 Following the meeting of the Local Government and Housing Committee, the Minister for Finance and Communities would be writing to the WLGA and TUC to clarify some issues on staff transfer, she would then make a further statement to the Assembly in the autumn.

4.7 It was agreed that the Committee would schedule time into the autumn programme for further debate, when they would like to receive representations from the NHS Confederation, trade unions and possibly the private sector.

Action

- The consultation responses would be made available in the Members' Library.
- A paper setting out some of the financial issues, including the costings associated with traditional building schemes as opposed to PFI schemes would be provided.
- Consideration would be given to which private sector organisations might be invited to the Committee.

Item 5: Minister's Monthly Report

Paper: HSS-07-01(p.1)

5.1 The Minister gave the following responses to questions she had received at the previous meeting:

- The decision to proceed to single use instruments for tonsillectomy because of the risk assessment associated with person to person transmission had had a significant impact. £1m had been set aside for procurement of single use instruments and this would be released as a matter of urgency. The Minister would keep the Committee informed via her monthly report.
- As Sure Start was part of a special grant regime, local authorities were audited on how the money was spent and District Audit had to certify that spending accorded with the specified purpose. If any Member had any evidence of this not being the case they were asked to write to the Minister with details.
- The Minister had provided a written response to Brian Hancock's questions about the expansion

of medical education, health impact assessments, the Food Standards Agency and social care. A copy of her response would be appended to the minutes of the meeting on 2 May.

- The Minister had provided a written response to David Melding's concern about waiting list figures. A copy of her response would be appended to the minutes of the meeting on 2 May.
- The report of the Practice Premises Working Group had now been issued.

5.2 The Minister would provide a written response to Geraint Davies on the cardiac waiting list at the Royal Glamorgan Hospital and the refusal of a private donation to build a pathology lab. She would also write to Rod Richards, copied to all members, about the provision of 36 additional doctors.

Action

- The Minister to write as in para 5.2

Item 6: Minutes of Meeting 2 May 2001

Paper: HSS-07-01(min)

6.1 The minutes of the meeting were agreed, subject to the amendment of paragraph 2.4 to read, "The Chief Medical Officer confirmed that the Environment Agency had undertaken risk assessments of sites proposed for burial or burning of carcasses. Measures to protect public health, including water supplies, were in place."

Item 7: Papers to Note

Proposals for Health Professions Council and Nursing and Midwifery Council

7.1 Geraint Davies had received representation from the Society of Chiropractors and Podiatrists that they were not properly represented on the Health Professions Council.

7.2 The Minister would provide a written response. She confirmed that Professions Allied to Medicine (PAMs) were included in the Health Professions Council.

Action

- The Minister to write as in para 7.2

Item 8: Any Other Business

9.1 The Chair reminded Members of the visit of Flemish Parliament delegates on 17 May.

9.2 The Chair also reminded Members of the presentation by the Chartered Institute of Housing on 24 May and asked them to advise the Clerk whether they would be attending as soon as possible.