

MINUTES

Date: Wednesday, 5 December 2001

Time: 2.00 to 5.00pm

Venue: Committee Room 3, National Assembly for Wales

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

Ann Jones
(temporary Chair) Vale of Clwyd

Peter Black South Wales West

Brian Gibbons Aberavon

Geraint Davies Rhondda

Brian Hancock Islwyn

Jane Hutt (Minister) Vale of Glamorgan

Huw Lewis Merthyr Tydfil & Rhymney

Dai Lloyd South Wales West

David Melding South Wales Central

Rod Richards North Wales

In Attendance

Don Touhig, MP Parliamentary Under Secretary of State for Wales

Officials

Dr Bernadette Fuge NHS Quality Division

Ann Lloyd Director, NHS in Wales

Joanest Jackson	Office of the Counsel General
Stephen Redmond	NHS Human Resources Division
Sherry Rees	Care Standards Inspectorate for Wales
Helen Thomas	Director, Social Care Group
Ruth Treharne	NHS Bill Team
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 Apologies were received from Lynne Neagle and Kirsty Williams. Huw Lewis substituted for Lynne Neagle and Peter Black for Kirsty Williams.

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:

- Peter Black, member of the Council of the City and County of Swansea;
- Geraint Davies, pharmacist and member of Rhondda Cynon Taff County Borough Council;
- Brian Hancock, occupational health, safety and environment consultant;
- Dai Lloyd, general practitioner and member of the Council of the City and County of Swansea.

Item 2: NHS Reform and Health Care Professions Bill

Paper: HSS-17-01(p.1)

2.1 The Chair welcomed Don Touhig, MP, Parliamentary Under Secretary of State for Wales.

2.2 Don Touhig said that this was the first time a Wales Office Minister had attended an Assembly subject committee and he hoped it would be the first of many visits. He said that the Bill now before Parliament was the result of much discussion and negotiation between the Welsh Assembly Government and the Wales Office. It was now into the second week of Committee Stage in the Commons. Clauses 1-10 and 22 of the Bill had been discussed so far. This included Clause 6, which proposed amendments to the 1977 NHS Act to enable the Assembly to set up Local Health Boards (LHBs) and empower the

Assembly to direct them to carry out tasks and functions on their behalf; Clause 9, which provided for the funding of LHBs; and Clause 22 which placed the duty on the newly formed LHBs to implement health and well-being strategies. Committee stage would be completed by 18 December and Commons Report and Third Reading would take place in the New Year.

2.3 In response to the paper and the Minister's introduction, Members made the following points:

- During the passage through Parliament of the Government of Wales Act an undertaking had been given by Ron Davies, then Secretary of State for Wales, that any primary legislation that affected devolved matters in Wales would be debated by the Assembly before Second Reading in the Commons or Lords. This had not happened with the NHS Reform Bill.
- Concern was expressed about Clause 6 (1), which would insert S.16BB into the 1997 Health Act. S.16BB(5) referred to the use of instruments in writing. Instruments in writing would be issued by the Minister and the Assembly would not be able to debate them. Similar powers were not included in Clause 22.
- Some Members felt that Wales should have its own Commission for Health Improvement (CHI) and Health Professions Council.
- Allowing the Assembly to confer different powers and functions to different LHBs could result in the creation of lead LHBs.
- It was agreed that in the light of its experience of considering this Bill, the Committee would need better to plan and structure consideration of future Bills.

2.4 In response to Members' comments, Don Touhig made the following points:

- It was very difficult to bring together the timetables of Westminster and the Assembly. The Wales clauses in the Bill had been included to enable the restructuring of the NHS in Wales to take place as scheduled. The NHS (Wales) Bill would not be passed soon enough.
- Responsibility for scrutiny of primary legislation rested with Westminster and Welsh MPs had had ample opportunity to scrutinise in the Commons Committee.
- CHI was an arms length body and it was believed that its functions were best carried out on an England and Wales basis, a view which was supported by health professionals. The same applied to the Health Professions Council. This should not mean that account could not be taken of regional variations.
- Clause 6, Section 16BB, subsection 5, gave the powers to make directions to the Assembly not to an individual Minister. It would be for the Assembly to decide what powers should be delegated to Ministers.
- The Assembly was the body responsible for ensuring that health services were delivered in Wales. Westminster provided the legislative framework.
- Assembly Members had the opportunity to scrutinise Statutory Instruments.
- Areas of Wales had differing needs and it was important to be able to tailor provision of health services to those needs.

2.5 Jane Hutt, Minister for Health & Social Services, made the following points:

- It was important that the full range of opportunities were available to the Assembly through the Bill. This included use of Instruments in Writing and the ability to confer different powers on LHBs.
- The Committee would be fully engaged in the consideration of secondary legislation and time would be built into the forward work programme to enable this.
- CHI was primarily about improving standards. Welsh health professionals carried out reviews in England and vice versa and it was important to have that crossover of expertise and experience.
- There would be a Welsh member on the Health Professions Council.
- GP contract negotiations were ongoing. The emerging changes to the contract would ensure a minimum standard and there would be flexibility to take account of Welsh issues.
- Health Solutions Wales would be located at Velindre NHS Trust. It was an arms length body which was directly responsible to the Assembly.
- LHBs would be created by developing existing Local Health Groups. They would not take on their powers until April 2003 so the legislation to effect that change would not be needed until then.

Action

- Time to be built into forward work programme for discussion of secondary legislation.

Item 3: Care Standards Inspectorate for Wales

Paper: HSS-17-01(p.2)

3.1 In response to the paper and the Minister's introduction, Members made the following points:

- Funding in the voluntary sector was limited and higher standards could constrain them further.
- Concern was expressed that meeting the new standards could result in fewer people being treated in drug and alcohol units.
- It was accepted that the regulation process was necessary but it was important that it was not so bureaucratic as to force people out of the care sector.
- The cost implications of meeting the new standards needed to be recognised.

3.2 In response to Members' comments, the Minister made the following points:

- The implementation project was still on course to deliver by 1 April 2002.
- Late responses to consultation had been taken on board.
- The same principles would apply across all care settings in terms of standards and protection.
- The inspection processes were being piloted and lessons would be learned from the pilots to keep bureaucracy to a minimum consistent with good regulation.
- If the consensus from the consultation on domiciliary regulations (which had yet to take place)

was that the important factor was the quality of care individuals received that would be taken into account in drafting the regulations.

- Meetings had been held with drug and alcohol voluntary organisations to discuss how they could meet the standards and to what timescale.
- If people wished to continuing sharing a room or wanted to stay in a room which did not meet the physical standards then they would be able to do so. The standards were about giving people the means to make an informed choice.
- The same principles of independence, dignity, space and quality of environment should apply whatever the setting.
- Work was in hand to track where the worst pressures were and enable the additional £5m to be allocated in a strategic way. Consultation on this had taken place with the service and the results would be announced shortly.

Item 4: Workforce Planning

Paper: HSS-17-01(p.3)

4.1 In response to the paper and the Minister's introduction, Members made the following points:

- Increases in staffing levels were acknowledged.
- Medical education should be accessible to people from all backgrounds.
- Action needed to be taken to ensure that Higher Education Institutions had access policies that offered equality of opportunity.
- Shorter term forecasts to 2005 and data were needed for benchmarking progress.
- It was not clear whether the targets related to current need or were projections that took account of rising standards of treatment and care.
- Workforce plans needed to take account of the numbers of people who leave NHS employment.
- A large number of GPs of Asian origin employed in the Valleys communities were due to retire which would exacerbate shortages of GPs there.
- Consideration should be given to sponsoring medical students, who then returned to the sponsoring organisation for a fixed period of time following qualification.
- Planning in Wales was behind that in England and Scotland, and so Wales could be disadvantaged in recruiting.

4.2 Stephen Redmond confirmed that the figures contained in Annex A were the total number of students who would have completed their training by 2005. All figures related to whole time equivalent (WTE) staff. The figures did not include GPs as more work was needed on primary care.

4.3 In response to Members' comments, the Minister made the following points:

- The paper was a report of work in progress. More work was in hand to validate the information and a further paper would be presented to the Committee in the spring.
- A number of schemes aimed at attracting people into training were in place:

- Bursaries were available in some fields of healthcare training, although not for medical students
- the return to practice scheme provided childcare for people wanting to return to NHS employment; and
- an outline business case had been drawn up for a graduate entry scheme to medical education in Wales.
- Workforce plans needed to address local needs and also the reasons for high turnover of staff.
- Work was in hand, in partnership with Careers Wales, to target young people who may not have considered a career in nursing or medicine because of their social background.
- University of Wales College of Medicine was undertaking work on a recruitment strategy aimed at widening access to medical education.

4.4 It was agreed that the Committee would receive a further paper in the Spring when the plans had been validated. This should be coupled with presentation from the College of Medicine and other training providers on the steps they were taking to widen access to training.

Action

- The Minister to provide a further paper in the spring.

Item 5: Issues Arising from the Kennedy Report

Paper: HSS-17-01(p.4)

5.1 In response to the paper and the Minister's introduction, Members made the following points:

- The recommendations of the Kennedy Report and the Minister's response was welcomed.
- The need for greater openness was highlighted. In the past clinical audit had been carried out internally. Lay people should be involved.
- Consideration should be given to issuing questionnaires to the relatives of patients as they are often more aware of the treatment received. Thought needed to be given to the timing of issuing a questionnaire to patients. It might be more appropriate to wait until they were at home and recovering than issuing it on discharge.
- Services for children needed to be integrated. Surgeons and other clinicians needed special skills to treat children.
- Staff needed to be trained to be more child-centred, not just in medicine and procedure but also in the psychological effects. They also needed the skills to be able to talk to and reassure parents.
- The potential involvement of the Children's Commissioner as a voice for children's health care was noted.
- Lessons learnt from the Bristol experience would be important in developing the Children's Hospital in Wales.
- The current culture of blame and litigation was not conducive to admitting mistakes and learning from them. A change in public perceptions was needed.
- Concern was expressed about surgeons introducing new practices without proper validation.

- A change in the way whistle blowers were regarded was needed.
- Members would welcome a presentation of the results of the study into hospital cultures.

5.2 In response to Members' comments, the Minister made the following points:

- The National Institute for Clinical Excellence (NICE) would be taking over responsibility for Safety and Efficacy Register of New Invasive Procedures.
- There needed to be a balance between risk and blame. The ability to share mistakes and concerns would be an important part of the new culture.
- The protection of vested professional and managerial interests would be challenged. Working against a positive culture shift would not be tolerated.

5.3 It was agreed that the forward work programme would be examined to see if time could be found for a presentation on the study into hospital cultures. The Minister would also keep Members informed via her monthly report.

Action

- Consideration be given to receive a presentation on the study into hospital cultures.
- Updates would be provided via the Minister's monthly report.

Item 5: Minutes

Paper: HSS-16-01(min)

6.1 The minutes of the meeting held on 21 November were agreed, subject to the amendment of paragraph 3.2, second bullet point, to read, "Much good work was being done by Early Years Development and Childcare Partnerships across Wales, although some concern was expressed at the level of child care provision being delivered."

6.2 The Minister would write to Brian Gibbons with details of the number of child care places being provided. A copy would be circulated to Members.

Item 7: Papers to Note

HSS-17-01(p.5) : Fluoridation of Water Supplies in Wales

7.1 The Committee briefly discussed the paper and concluded that it needed an opportunity to discuss the full range of issues.

HSS-17-01(p.6) : Culture Committee's Review of the Welsh Language

7.2 The need for people to be able to describe their symptoms and talk about their concerns in their first language was emphasised.