

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 4 – Tŷ Hywel

Meeting date: 7 November 2019

Meeting time: 09.15

For further information contact:

Sarah Beasley

Committee Clerk

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Informal pre-meeting (09:15–09:30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 General scrutiny: Evidence session with Health Education and Improvement Wales, and Social Care Wales

(09.30–10.30)

(Pages 1 – 12)

Alex Howells, Chief Executive, Health Education and Improvement Wales

Julie Rogers, Deputy Chief Executive/ Director of Workforce and OD, Health Education and Improvement Wales

Sue Evans, Social Care Wales

Sarah McCarty, Social Care Wales

Research Brief

Paper 1 – Health Education and Improvement Wales and Social Care Wales

3 Paper(s) to note

(10.30)

3.1 Letter from the Medical Protection Society regarding the National Health Service (Indemnities) (Wales) Bill

(10.30)

(Pages 13 – 15)



- 3.2 Letter from Health Education and Improvement Wales regarding the National Health Service (Indemnities) (Wales) Bill**
(10.30) (Page 16)
- 3.3 Letter from the Minister for Health and Social Services regarding Endoscopy Services in Wales**
(10.30) (Page 17)
- 4 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**
(10.30)
- 5 General scrutiny of Health Education and Improvement Wales and Social Care Wales: Consideration of evidence**
(10.30–10.45)
- 6 Health and Social Care (Quality and Engagement) (Wales) Bill: Consideration of draft report**
(10.45–11.15)
- 7 National Health Services (Indemnities) (Wales) Bill: Consideration of draft report**
(11.15–11.45) (Pages 18 – 40)

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JOINT BRIEFING PAPER: HEALTH, SOCIAL CARE AND SPORT COMMITTEE

23rd October 2019

PROGRESS ON DEVELOPING A WORKFORCE STRATEGY

1. BACKGROUND

Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) welcome the opportunity to update the committee on progress with the development of '*A Healthier Wales - a Workforce Strategy for Health and Social Care*'.

2. INTRODUCTION

The workforce strategy will be a key enabler, in delivering the ambition of '*A Healthier Wales*,' (AHW) for a seamless social care and health system, delivered through an engaged and motivated workforce that is competent, valued, flexible, digitally literate and able to respond with agility to future challenge and opportunities.

Significant activity has taken place since representatives of both organisations provided evidence to the Committee on 23rd January 2019. Further details follow.

3. THE AMBITION

The overriding aim of the strategy will be to ensure that by 2030:

- We will have the right workforce to be able to deliver flexible and agile health and social care that meets the needs of the people of Wales.
- We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity, with the right values, behaviours, skill and confidence to deliver care and support people's wellbeing as close to home as possible.
- We will have a workforce that feels valued.

4. THE APPROACH

4.1. Steering Group Arrangements

A robust governance process is in place to support effective and positive working relationships between HEIW, SCW and partners. Jointly chaired by the CEOs of each, a steering group with membership across health and social care key stakeholders and Welsh Government officials is overseeing progress. Close working between HEIW and SCW has fostered healthy individual and professional relationships and deeper understanding of both sectors and organisations, as well as individual, and collective agendas.

4.2. Engagement with partners, stakeholders and the public

Our strong commitment to working in social partnership is evidenced by our inclusive engagement process to inform strategy development. Partners have been encouraged to contribute through diverse mechanisms including 1-2-1 interviews, stakeholder events, peer group meetings, webinars and on-line. The formal engagement events actively involved over 1000 people across all stakeholder groups.

The Institute of Public Care (Oxford Brooks University) was awarded the tender to support delivery of this programme. We have applied a 7-step approach to the development of the strategy:

1. Preliminary analysis of the workforce and its key challenges;
2. Horizon scanning of current and future policy and legislative intent for health and social care;
3. Engagement with a wide range of agencies and representative bodies;
4. The development of key priorities and actions that would inform the strategy;
5. Formal consultation with a broad range of stakeholders;
6. The development of technical documents to support the final strategy; and
7. Publication of a final strategy.



A key challenge in developing this strategy is the anticipated pace and extent of change over the next 10 years. For example, the increasing role of digital and other technologies, the impact of Brexit, the changing needs of the population and the changing expectations of our current and future staff.

The [consultation document](#) and supporting materials were developed using the feedback received through the diagnostic and engagement phases. This included:

- 14 workshops across Wales which attracted 401 people
- 2 webinars attracting 20 people
- An online survey that received 512 responses
- Further 33 interviews held involving 38 people
- 38 peer group and professional meetings attended involving over 350 people

There was substantial support for our proposal that the workforce strategy encompass employed and third sector workforce, volunteers and carers who provide health services, care and support to our population. It was clear from the early engagement and feedback that enhancing the wellbeing of our workforce should be the underpinning commitment throughout the whole of the strategy. As well as this, we identified seven recurrent themes:

Valuing and retaining our workforce: *Creating a stable workforce that feels valued, reflected by reward and recognition including opportunities for development.*

Seamless working: *Multi-professional and multi-agency working, to deliver excellent services to support new person centred models.*

Digital: *Developing the digital capability of the workforce to optimise the way we work, and the way we learn.*

Attraction and recruitment: *Establishing health and social care as a reputable brand and the sector of choice for our future workforce.*

Education and learning: *Ensuring a competent, capable and confident workforce who are supported to meet current and future service needs, and advance their careers.*

Leadership: *Developing compassionate leadership with a focus on quality improvement*

Workforce shape: *Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs.*

During the initial phase we received significant input to this project, lots of comments and feedback, as well as identification of challenges. The number of firm proposals for actions that would achieve the ambition were however limited and so we took the decision to prepare a consultation document, to test support for the seven themes. We also developed with partners some proposed priorities and actions, with timeframes linked to the themes and included these in the consultation document.

4.3. The Consultation

The consultation opened on 23rd July 2019 and closed on 18th September 2019. Further engagement continued during this period, through workshops, webinars and attendances at key meetings involving a further 350 people. Formal responses to the consultation were submitted on-line, with arrangements in place to accept responses through the HEIW communications team, for people who may have had difficulty accessing the on-line version. Both organisations participated in a wide range of national and local events and meetings. These included the Wales NHS Partnership Forum, Welsh Government Health and Social Care Executive Team, the Health and Social Care Leadership Group, National Social Care Conference and the Welsh Student Forum. In addition, meetings were arranged with organisations such as Cymdiethas Yr Iaith and the Welsh Language Commissioner in which we were able to offer assurances on our commitment to ensuring that the Welsh language and workforce inclusion is integral to strategy.

The [consultation document](#) with accompanying questions, outlined the case for change, and our commitment to focus on the wellbeing of our workforce which reflects the quadruple aim of 'A Healthier Wales' and the findings of the Parliamentary Review of Health & Social Care. This also emphasised that we remained in listening mode with significant opportunity to influence the final content of the strategy.

At the time of writing, 138 on-line responses were received, and with additional submissions, the total is expected to be around 170. These are currently being analysed and will be used to inform the draft strategy.

4.4. Priorities for the draft strategy following the formal consultation

As noted above we received a substantial number of responses and these are being considered at the time of writing this report. We would be happy to share our analysis with the Committee when we meet. However early observations are that:

The seven themes that emerged from the initial engagement phase, highlighted the need for early priorities to be set out clearly in the strategy, some of which were discussed when we met with the Committee in January 2019. The themes have received broad support from respondents, as has the approach.

Throughout the engagement period we heard the importance of valuing and supporting the well-being of our workforce. This has been reinforced through the recent consultation and is well supported by respondents. This will therefore underpin every element of the strategy and its subsequent implementation plans.

We heard overwhelmingly that parity of esteem was of vital importance. We recognise that while this involves the differences in pay between independent social care contractors, local authority social care arrangements and the subsequent differences with the NHS, the strategy and/or subsequent implementation plan will need to encompass total reward, including career development, employment practices etc.

The recognition that our workforce data is in some areas very detailed and robust, particularly from the NHS's electronic staff record (ESR), but in other areas such as primary care, there is significant work to do. Workforce data is essential to improving workforce planning.

Improving our workforce intelligence will enable more robust decision making on the shape of the workforce, and diagnose the underlying issues more effectively, for example in relation to the workforce model, shortage of people or skills gaps. It also enhances opportunities to focus on competence-based roles, supported by access to flexible education provision, and underpinned with a need to ensure that our careers offer and supporting information, meets the needs of all ages and all stages of life.

5. NEXT STEPS

Drafting will commence shortly will draw heavily on the consultation feedback. The draft strategy will be approved by the steering group, before formal sign-off by the HEIW and SCW Boards and submission to Welsh Government. Subject to discussion with Welsh Government, the strategy will be soft launched into the public domain, in advance of a formal launch later in the New Year. Delivery of the workforce strategy will need to align with other Welsh Government programmes, including the '*A Healthier Wales*' Transformation Programme and the National Clinical Plan.

As set out in the consultation document, the strategy is intended to set the direction for the next ten years, with some clear high-level actions and will be supported by a series of implementation plans. Discussions are ongoing with Welsh Government as to where responsibility will lie for the leadership of the implementation phase.

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24 October 2019

Dear Dr Lloyd,

National Health Service (Indemnities) (Wales) Bill

I write further to the Health, Social Care and Sport Committee's scrutiny of National Health Service (Indemnities) (Wales) Bill, on 23 October 2019.

May I begin by once again reiterating my apologies – as already discussed with your Clerk – for the fact I was unable to accept Assembly Members' invitation to attend the session in person, and give evidence on behalf of the Medical Protection Society (MPS). Unfortunately, there were existing diary commitments that I was unable to alter at short notice. Nevertheless, I trust that our written submission to your committee was of assistance to your consideration and scrutiny of the Bill.

Following the Committee's session on 23 October – and in addition to the written evidence of MPS - I am writing to you to place four further points on the record.

Meeting the expected future cost of claims

I note that there was discussion during the evidence session about how medical defence organisations set member subscriptions and I thought it would be helpful to summarise the approach taken by MPS.

As a responsible, not-for-profit organisation, we have an obligation to ensure that we collect sufficient subscription income to meet the expected future costs of claims and cases against members, so we can be in a position to defend their interests, should they require it. As a mutual we take decisions on membership subscriptions that are in the long-term interests of our membership.

The written evidence from the MDU states that they rely on members' continuing subscriptions to help to meet their needs for historic claims.

We do not take this approach. MPS prudently seeks to hold a long-term surplus which is available to support requests for assistance which are likely to arise in the future from both current and past members. The principle reason that this surplus is held is to meet the cost of potential claims on members for incidents that have already occurred, but which have not yet been notified to MPS. This surplus is transparent in the published annual accounts.

Negotiations with the Welsh Government and UK Government

I also wanted to place on record how much my colleagues and I have valued the constructive and collaborative way in which the Welsh Government have conducted negotiations over the Existing Liability Scheme (ELS) with us. We have been able to have open and direct discussions with officials and believe we have reached commercial agreement, and we hope to finalise plans for the transfer of assets to a Welsh Government ELS in the near future.

Our dealings with the Welsh Government have been largely comparable to those with the UK Government – with whom we were the first MDO to reach agreement over their ELS scheme. We secured a good outcome for MPS GP members in England; helping to deliver a state-backed scheme offering members consistent and comprehensive support for clinical negligence claims long into the future. As we stated in our written evidence to your committee, on 18 October 2019, we are eager for GP members in Wales to have parity with their English colleagues, and for this to be achieved as soon as possible.

Discretionary indemnity

I would like to emphasise that membership of MPS allows members to seek assistance for matters arising from their clinical practice, and this membership is recognised as providing adequate and appropriate indemnity arrangements by the GMC. It is not a contract of insurance and I was concerned that the term “insurance” was repeatedly used in the committee meeting without this point being clarified.

Tort reform

Finally, I wanted to raise the subject of tort reform. While the National Health Service (Indemnities) (Wales) Bill serves a very specific and important purpose, it would be remiss of me not to highlight that MPS – like the MDU and MDDUS – have also called for significant legal reforms to address the rising cost of clinical negligence.

The rising cost of clinical negligence means money is being diverted away from front line care at a time when the NHS is facing increasing financial pressures. That is why MPS launched the '*Striking a Balance*' campaign in 2017, calling for a package of legal reforms to address this growing concern. MPS has been at the forefront of this debate for many years and remains eager to work with governments across the UK, to see that costs are brought under control.

I have taken the liberty of enclosing a copy of our *Rising cost of clinical negligence: Who pays the price?* report, which I hope will be of interest and use to the Committee.

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I remain at the Committee's disposal, if MPS can assist any further on its scrutiny of the Bill, or indeed any other matter. Please do not hesitate to contact me if I can be of any assistance.

Yours sincerely,



Howard Kew
Executive Director

Agenda Item 3.2



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Our Ref: DB/24/10/2019

Date: 24 October 2019

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Dear Sirs,

Re: Response of HEIW to the consultation in respect of the National Health Service (Indemnities) (Wales) Bill ("Indemnities Bill")

Our letter of 22 October 2019 regarding the 'Indemnities Bill' refers.

Further discussions between HEIW and the Welsh Government have identified that the issue flagged in our response is a policy matter and not something which would require an amendment to the scope of the Bill. In view of this, we would respectfully ask the Committee to disregard our earlier letter. We apologise for any confusion caused by our initial response.

Yours faithfully,

Dafydd Bebb
Board Secretary
HEIW

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 3.3



Llywodraeth Cymru
Welsh Government

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff
CF99 1NA

31 October 2019

Dear Dai,

Once again, I would like to thank the Committee for undertaking its inquiry into endoscopy services and delivering its report in April 2019.

I accepted the Committee's recommendation to publish an action plan that would set out how the National Endoscopy Programme will address the challenges identified in your report. I am pleased to confirm that this action plan has been finalised and published at: <https://gov.wales/national-endoscopy-programme-action-plan-2019-2023>

As the plan sets out there are a small number of areas specific to optimisation of the bowel cancer screening programme that are being managed by Public Health Wales but there will be close working between the two programmes.

I hope that this will demonstrate the commitment on the part of the Welsh Government to improving endoscopy services and I look forward to providing my update to the Committee in twelve months' time.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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