Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Iechyd, Lles a Llywodraeth Leol
The Health, Wellbeing and Local Government Committee

Dydd Iau, 17 Mawrth 2011
Thursday, 17 March 2011

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Progress in Implementing Recommendations of the Committee Report on Workforce Planning in the Health Service and in Social Care

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Veronica German	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Irene James	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
David Lloyd	Plaid Cymru The Party of Wales
Val Lloyd	Llafur Labour
Jonathan Morgan	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)
Nick Ramsay	Ceidwadwyr Cymreig Welsh Conservatives

Eraill yn bresennol
Others in attendance

Ruth Crowder	Swyddog Polisi Cymru, Coleg y Therapyddion Galwedigaethol Policy Officer, Wales, College of Occupational Therapists
Liz Davis	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol, Llywodraeth Cymru Director of Workforce and Organisational Development, Welsh Government
Tina Donnelly	Cyfarwyddwr, Coleg Nyrsio Brenhinol Cymru Director, Royal College of Nursing Wales
Peter Finch	Cyfarwyddwr Cynorthwyol Cysylltiadau Cyflogaeth a Gwasanaethau Undebau, Cymdeithas Siartredig Ffisiotherapi Assistant Director of Employment Relations and Union Services, Chartered Society of Physiotherapy
Philippa Ford	Swyddog Polisi yng Nghymru, Cymdeithas Siartredig Ffisiotherapi Policy Officer for Wales, Chartered Society of Physiotherapy
Sara Forster	Aelod o Gyngor y Therapyddion Galwedigaethol Member of the College of Occupational Therapists
Cecile Gwilym	Swyddog Polisi, NSPCC Policy Officer, NSPCC
Edwina Hart	Aelod Cynulliad, Llafur (Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (The Minister for Health and Social Services)
Chris Hurst	Cyfarwyddwr Adnoddau, Llywodraeth Cymru Director of Resources, Welsh Government
Des Mannion	Pennaeth y Gwasanaeth, NSPCC Head of Service, NSPCC
Steve Milsom	Dirprwy Gyfarwyddwr dros Dro, Is-adran Polisi Gwasanaethau Cymdeithasol Oedolion, Llywodraeth Cymru Acting Deputy Director, Adult Social Services Policy Division, Welsh Government

Julie Rogers	Dirprwy Gyfarwyddwr Gwasanaethau Plant, Llywodraeth Cymru Deputy Director, Children's Services, Welsh Government
Gwenda Thomas	Aelod Cynulliad, Llafur (Y Dirprwy Weinidog dros Wasanaethau Cymdeithasol) Assembly Member, Labour (The Deputy Minister for Social Services)
Lisa Turnbull	Cynghorydd Polisi a Materion Cyhoeddus, Coleg Nyrsio Brenhinol Cymru Policy and Public Affairs Adviser, Royal College of Nursing Wales
Paul Williams	Cyfarwyddwr Cyffredinol, Iechyd a Gwasanaethau Cymdeithasol, Llywodraeth Cymru Director General for Health and Social Services, Welsh Government

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Stephen Boyce	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Marc Wyn Jones	Clerc Clerk
Sarita Marshall	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 8.59 a.m.
The meeting began at 8.59 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Jonathan Morgan:** I welcome Members to the final meeting of the Health, Wellbeing and Local Government Committee of the third Assembly. Please ensure that all mobile phones, BlackBerrys and pagers are switched off. We have headphones for simultaneous translation and amplification. In the event of an emergency, please follow the instructions of the ushers.

9.00 a.m.

[2] We have not received any apologies for absence. I hope that all Members will be present this morning. Do Members want to make any declarations of interest under Standing Order No. 31.6? I see that no-one does. Before we move to the first item, as this is the last meeting of the committee, on a personal note I thank all members of the committee who have worked incredibly hard over the past four years. There have been a number of changes to the committee over that time, but it has worked exceptionally effectively in producing high-quality reports based on its scrutiny work. I am grateful to all Members for the considerable efforts that they have put into this work. I am also grateful to our clerking team, in particular Mark and Sarita, and our research and legal teams. They have been incredibly hard working. I am grateful to them for all of their efforts.

9.00 a.m.

Hynt Gweithredu Argymhellion Adroddiad y Pwyllgor ar Gynllunio Gweithlu yn y Gwasanaeth Iechyd ac ym Maes Gofal Cymdeithasol
Progress in Implementing Recommendations of the Committee Report on Workforce Planning in the Health Service and in Social Care

[3] **Jonathan Morgan:** I welcome Philippa Ford and Peter Finch from the Chartered Society of Physiotherapists and Ruth Crowder and Sara Forster from the College of Occupational Therapists. It is my pleasure to welcome you back to the committee this morning. If you are comfortable, we will make a start with the questions.

[4] Since the publication of the committee's report in 2008, there have been a number of changes to workforce planning processes and a major restructuring of the NHS in Wales. In general terms, are there sufficient numbers of occupational therapists and physiotherapists in Wales?

[5] **Ms Crowder:** We have seen quite a significant change in the process, which we can talk about in detail a little later if you would like us to. Over the last two years, we have seen the inclusion of the social care needs for occupational therapists, and that has been a great improvement. All of our graduates have been securing work across the sector, and we are pleased to see that. You know from our conversations with you that we would always love to see more posts. If we are to achieve the direction of the Government's policy and ensure that we start delivering services that enable people to be as independent as possible, then we believe that there will need to be a change in the workforce and a move to a more therapeutic and enabling approach, and we will need to ensure that we have more re-ablement services. So, in an ideal world, it would be nice to have more. However, all of our posts are much better filled, with much lower vacancy rates, and all of our graduates are achieving employment.

[6] **Ms Ford:** Since we last met you, when we had such problems for graduates trying to gain employment, things have greatly improved for physiotherapy. Currently, at least 70 per cent of the people who qualified in the summer have jobs, so by this coming summer they should all have employment. I agree with Ruth that we would like to see more physiotherapists, but we have seen a cut in the number of training places, and that has had an effect. We have seen a cut of 30 per cent in the number of training places across England, and a cut of 32 per cent in Wales. So, that has had an impact as well.

[7] **Jonathan Morgan:** The restructuring of the NHS in Wales was meant to establish professional fora in the seven local health board areas. Are you now more engaged as professions in helping to advise the new health boards as to the direction of travel? That was part of the restructuring process.

[8] **Ms Ford:** So far, we have had little involvement, if any, with the professional fora in the health boards.

[9] **Ms Crowder:** Some of them are only beginning to establish themselves. It is all very new—that would be our main point to you. The changes that have been made since the last review have meant that some of the recommendations have not been implemented because the world has changed. We would really like this to be passed to a future committee for consideration, because it is so new at the moment. So, we are beginning to see processes that look as though they may be effective and give us a lot of routes in, but at the moment they are very new. One of the issues is around how therapists are represented. When you are a small group of professionals, you clearly have to work together in partnership. You cannot be at

every single table and you cannot be at every planning meeting.

[10] **Ms Forster:** I agree with Ruth and Philippa, because I work in one of the new organisations, and we are still trying to settle down and understand where we are going. We know the direction of travel and we know what we want to achieve. As therapists, we know that we can do and deliver far more on the Assembly Government's agenda, but it is about having time to settle. Financially, it is difficult at the moment.

[11] **Veronica German:** This question is for the occupational therapists in particular. In your evidence, you talked about fluctuations in the number of student commissions; is that a workforce planning issue or is it due to a lack of resources? You have already mentioned that more re-ablement work is the direction of travel, yet the numbers of student commissions have been cut. Where does the problem lie?

[12] **Ms Crowder:** We are trying to find that out at the moment, but it has been difficult to see why that has happened. There has been a significant cut of 34 per cent, which is extremely worrying if we are to ensure that people are able to live at home and achieve maximum independence, or if we are going to keep people in work, deliver for the increasing older population and tackle high levels of economic inactivity and people with long-term life-limiting illness. We cannot yet see whether the cut occurred because we have new processes in place, whether it was about how we develop communication so that the right information gets through or whether it is related to the workforce planning tool; however, there is an issue with the budget.

[13] **Ms Forster:** There is an issue with the budget and the tool. At the moment, provision is centred on acute and secondary care and does not enable us to look at community services effectively when we are trying to undertake workforce planning. Some issues with the tool need to be resolved, but there has been an improvement on the past.

[14] **Irene James:** My questions are for Philippa and Peter, so I hope that the others do not feel left out. [*Laughter*.]

[15] **Jonathan Morgan:** We are trying to be fair, as always.

[16] **Irene James:** In your written evidence, you state that the process for commissioning undergraduate training continues to be done in silos and that the Chartered Society of Physiotherapists has not seen a progression to a fully integrated workforce planning system. Does this reflect a weakness in the new structure for workforce planning or a failure in implementation?

[17] **Mr Finch:** I think that it is more of a structural failure. We started talking about the need to redesign the workforce mainly because of the financial situation. Last year, the annual operating framework target focused on a switch in the emphasis from bands 8 to 9 downwards and on a shift to services in the community. We see workforce planning being done for medical and non-medical staff first of all, involving discussions with physiotherapists, occupational therapists, nurses and various other groups. Our view is that, if you are going to look at the future of healthcare services for Wales and the future workforce, you have to look at the whole workforce; you cannot look at individual bits of it and come to a decision on those bits and then look at how the decisions impact on the whole workforce. I appreciate that there are a lot of different professional groups and organisations, including our own, involved in the health service, and that it is a difficult matter to grasp. However, unless the Assembly Government and the NHS in Wales look at whole-workforce planning and at integrating the whole system, we are going to struggle to achieve the workforce that is necessary given the current economic and financial situation.

[18] **Ms Ford:** Anecdotally, there have been some examples where health boards have looked at some workforce planning around service areas like stroke care, for example; however, those are few and far between. There have been examples where managers in the service have had some training from workforce planners, but there has been only a small amount of development in that direction; it does not constitute integrated workforce planning across health and social care, nor does it involve looking at the third, independent and private sectors.

[19] **Nick Ramsay:** I have a question for all of you on the workforce planning cycle. We have heard a lot of evidence about the real difficulties of aligning workforce planning in the NHS with an annual or even a three-yearly financial cycle. How would you respond to those difficulties, and the committee's recommendation to the Assembly Government that it should introduce arrangements to allow training places in higher education to be commissioned over a longer, five-year cycle? Would you agree with the CSP that there has been too little progress on what was accepted in principle by the Assembly Government, rather than accepted fully?

[20] **Ms Crowder:** Yes, absolutely. We welcome the recommendation and do not see any evidence that it is working beyond a single year's commission.

[21] **Mr Finch:** I totally agree, and I think that it goes back to the previous point. Change in the workforce cannot be done on an annual basis; it is a process that might take up to four or five years. I know that it is difficult, but what we must look at is a three, four or five-year cycle for looking at workforce issues.

[22] **Ms Ford:** The danger is the sort of boom and bust approach that we have had and which our colleagues in occupational therapy are now seeing. It is very difficult for higher education institutions to manage if there is a boom and bust approach to workforce planning.

[23] **Ms Crowder:** We want to develop the evidence base so that we have clear evidence for our practice and so that we are able to start to develop a research base. However, the issues that this committee considered as part of the stroke services review would be very difficult to address if staff are constantly focusing on a single year's intake.

[24] **Nick Ramsay:** The boom and bust analogy was interesting, because it suggests something more problematic or more difficult to deal with in terms of resources at one point and then an almost complete turnaround three or four years down the line.

[25] **Ms Ford:** It is problematic, and it is probably the biggest thing that we have all had to work on to try to provide the evidence and the information to demonstrate how you can do it in a smooth way, rather than, at one time, having bigger numbers being commissioned and then the next time having smaller numbers. The effect on the schools could be the loss of educator posts.

[26] **Helen Mary Jones:** You may not be able to answer this question, but do you have a take on why there has been so little progress with this, given that the Government accepted the recommendation in principle? Anyone can see that annually commissioning places for a three-year course is crazy, and that it should be done on a three-year cycle at least. Do you have a take on what the barrier is to that and what the problem is?

[27] **Ms Crowder:** It would be useful to ask that of the workforce development unit, because that is what its staff are trying to do. The unit has introduced two iterations of the workforce planning tool, and although I do not think that its staffing is huge in workforce planning, it has tried to introduce a different process with a vast change in the NHS organisation itself. It has done a really good job of including social care for us, which we are

really pleased about. So, I suppose, to get ahead of yourself in two years, when you are only working on a one-year basis and you are implementing change, is quite difficult. However, it is probably fairer to ask the unit rather than us.

[28] **Ms Ford:** It is also the situation of budgets across the piece. So, the Welsh Assembly Government's budget-setting processes militate against being able to plan the workforce over a four or five-year period. So, it is really bound up in much more than just the problems that higher education institutions have. They do not yet know how much money they have for their budget and yet they have had to offer places to students coming onto the course. So, it is difficult, and the budgetary timetable does not help.

[29] **Helen Mary Jones:** You have already mentioned the workforce planning tool, and in both sets of written evidence you highlight problems with the tool. Can you tell us a bit more about what those problems are and any suggestions that you may have for how that might be resolved?

[30] **Ms Forster:** There are a few simple things. For example, if we want to look at OT and physiotherapy services across the health board, then we can follow all of the cost codes in one scenario. However, if we want to look across a ward, then we will see that we do not have enough staff to have an individual therapist assigned to one ward; you are probably talking about 0.2 or 0.3 of a therapist for one ward. So, it is then difficult to try to plan for the future, to take into account the CIPs that we must achieve and to build things on those numbers. We also have the occupational codes, but there is no standardisation. I think that there are about 23 OT codes, for example, and a similar number for physiotherapy. So, we are not comparing like for like across Wales. We need to get those standardised, not just within the workforce configuration tool, but within the electronic staff record, so that we have far better data to work with.

9.15 a.m.

[31] **Ms Ford:** The tool does not allow you to input vacancies. You can only look at the current people in post, so, if you are currently carrying a few vacancies, those would not be part of the exercise that you would undertake with the tool. You cannot count those. So, there are quite a lot of problems. Allied health professionals have a real problem, compared with other staff groups, with the tool, because it does not go down into enough detail for specialties. You could not look at different specialty areas such as stroke, for example; you can only look at certain gradings. You can go down to bandings, but you cannot go down to specialties.

[32] **Jonathan Morgan:** I find it truly remarkable that a coding system cannot be standardised across Wales to allow people to make comparisons between posts and that the system does not allow you to identify vacancies. That bears out what we heard in evidence last week, when colleagues from the NHS said that there are different ways of counting the same group of people. One of our colleagues said that, while there were 30 people in his field, another way of counting it would lead you to believe that there were 100 people, when there were only 30 individuals. Helen Mary suggested sticking them all in a room, closing the door and doing a straightforward head count. So, I am not entirely sure why we find this so problematic.

[33] **David Lloyd:** Yr ydych wedi ateb y cwestiwn hwn yn rhannol yn barod, ond mae'r pwyllgor wedi clywed tystiolaeth gan Gymdeithas Feddygol Prydain a Chymdeithas Ddeintyddol Prydain bod ansawdd data ynghylch y gweithlu yn dal yn

David Lloyd: You have answered this question in part already, but the committee has heard evidence from the British Medical Association and the British Dental Association that the quality of workforce data is still poor and is hampering attempts to

wael a bod hynny yn atal ymdrechion i wella gwaith cynllunio'r gweithlu. A yw hynny hefyd yn wir am weithwyr proffesiynol perthynol i iechyd?

improve workforce planning. Is this also the case for allied health professionals?

[34] **Mr Finch:** Yes. We come back to some of the points that have just been made about the workforce planning tool. There is the issue of being able to identify the numbers of staff in the various specialisms within physiotherapy or occupational therapy. There are issues around the definition of a vacancy; it is only vacant if someone is actively filling a post. So, for example, in a health board not far from here, 15 posts were lost last week because a number of staff had gone on maternity leave or left and it was decided not to fill those posts. There are issues around how vacancy data are collected; we do not seem to collect on-the-day vacancies, which show much higher levels of vacancy rates than if you do it on a three-month basis, for obvious reasons. So, there are a number of different areas where we do not know, as has been illustrated, the staff numbers. Unless you know that, it is impossible to provide services on an accurate or rational basis. There are many areas where the data have been problematic, and that has been the case for some time.

[35] **Ms Crowder:** I would echo that. We have asked for data and when they have come and we have read them, they have raised more questions than they have answered for us. It has been difficult to get hold of accurate data. We are also not totally clear about what has happened in terms of the minimum data set that was recommended for social care. That would be a useful opportunity, because if it were used, it would enable us to track staff using qualifications. So, it would not matter what the title of the job was, as we would be able to look at the expertise and skills of the workforce.

[36] **Ms Foster:** Another problem tends to be the fact that band 7 therapists are classed as managers; in our case, they are not managers, and I know that it is the same with physiotherapists. Our band 7 staff are highly specialist clinical leads. They have tremendous understanding of complex skills, particularly with strokes and so on. They are not managers, and we need to keep them in post, otherwise we will not be able to deliver effective, efficient services.

[37] **Val Lloyd:** My question is for everyone. You tell us in your written evidence that you have concerns about the representation of therapy professionals, including the Wales therapy advisory group, on workforce planning groups. Can you elaborate on those concerns and how you think that they should be addressed?

[38] **Ms Ford:** It is difficult, because, since your last review, there have been quite a lot of changes. We now have the national workforce programme board, an education co-ordinating group and a range of other groups, which are all looking at different aspects of workforce planning or areas of training, development and so on. So, it is difficult for small organisations to ensure that there is representation. Last time, there was a stakeholder reference group that had Wales therapy advisory committee representation on it; now, the education co-ordinating group of the national programme board has no such representation, although the Wales therapy advisory committee is involved in the consultation process along with trade unions, professions and so on. It seems to be a movable feast; we get different groups developing. At the moment, the main focus is undergraduate commissioning; that is really all that we have been involved in as professions. It is a difficult area. We want to ensure that the professions have a voice, and that there is adequate advice around workforce planning through the trade unions, with professional representation. However, it keeps changing. Would that be fair?

[39] **Ms Crowder:** I would echo that. At the very beginning I was saying that it looked as though the process might be better, and although the Welsh therapy advisory committee has lost its access, obviously we had the new executive directors for health science and therapies,

who have a seat on the boards. We have a therapy advisor coming into post who will hopefully have a seat on the education co-ordinating group. One thing that I have been concerned about is that the education co-ordinating group included lots of people who are chairs of task and finish groups; it is hard to see what the permanent representation will be once those task and finish groups end. It is hard to see what our route would be, other than through the partnership forum and the executive directors.

[40] **Val Lloyd:** I have a quick supplementary question on that. Thank you for those answers—

Nid oes recordiad ar gael rhwng 9.21.38 a.m. a 9.22.39 a.m.
No recording is available between 9.21.38 a.m. a 9.22.39 a.m.

[41] **Mr Finch:** —it is how it is implemented at local level. The key for us is that we want to be involved at the start. Workforce redesign is quite difficult for trade unions; it threatens us, or threatens some of our members, so we get very protective about it. It is crucial that the unions are involved at an early stage in the whole process. There is a recognition that the workforce has to change. It cannot remain as it is—it is unsustainable for lots of reasons—but if you want it to change, you have to involve us at an early stage. We also have to be involved at a local level, not just bureaucrats like me, but local representatives and stewards.

[42] **Lorraine Barrett:** I would like to support what you have just said. The written evidence from the Chartered Society of Physiotherapists says that workforce planning for physiotherapists must encompass health and social care in both the public and independent sectors, and also suggests that little progress has been made with this, but the Royal College of Occupational Therapists' evidence is a bit more positive. To what extent are the new arrangements addressing the issue, and what further work do you think is needed?

[43] **Ms Ford:** From a physiotherapy perspective, the workforce planning process does not take account of the move into the third sector and private sector that physiotherapists will undoubtedly make. They will get training and specialise and become more expert, and then may go to work in other sectors. That does not get taken into account in the development of workforce planning; we are just workforce planning for the NHS, so I think that that needs to be looked at. It is an issue. How do we get that information from the private sector and the third sector? There are ways of doing that, and that needs to be looked at, because otherwise we are underproducing physiotherapists for the service that Wales requires. That is a key issue for us.

[44] **Lorraine Barrett:** What you are saying is that you will get x number of training physiotherapists, but that you would have no idea how many might go into the private sector, or any other sector, and how many the NHS would be left with.

[45] **Ms Ford:** Absolutely. The data come from the NHS—from its workforce planning tool. There is no collection of any other data from any other sources. Although we do not have as many people working in social care, we would hope that there will be more physiotherapists working in the social care sector in the future, and we would want them to report on physiotherapists.

[46] **Ms Crowder:** We know where the graduates are going to work, because universities keep records on that. We know how many are going to work in the third sector and independent sector, but also in the social care sector. We have had some really interesting data from Glyndŵr University: 45 per cent of its graduates last year went to work in the social care sector. That is quite a significant shift. I agree with Philippa that third sector needs and independent sector needs are not included at all; this is totally based on health and social care needs. However, we have been extremely pleased with the way that the committee's

recommendations have been implemented. The Care Council for Wales has been asking local authorities how many occupational therapists are needed in social care. We understand that most local authorities go to their OT leads to ask for that information and therefore receive a front-line piece of information, though some do not; some do this at a higher level and the OTs are not involved. We are also really pleased to see this year's guidance on the social care workforce development partnerships explicitly saying that social care funding can include secondments for occupational therapists and can also include education that is not seconded. We really welcome that; it has been a huge step forward.

[47] **Jonathan Morgan:** Thank you. Do Members have any other supplementary questions? I see that they do not. I thank our colleagues from the College of Occupational Therapists and the Chartered Society of Physiotherapy for being with us this morning. It has been extremely useful.

[48] **Ms Ford:** I would like to add that we would very much like to see the committee recommend, in its legacy report, that the next committee looks at workforce planning again, because we would like to keep this issue at the top of the agenda. There are so many issues to be looked at that it would be fantastic if the committee could do that.

[49] **Jonathan Morgan:** Thank you.

9.27 a.m.

Hynt Gweithredu Argymhellion Adroddiad y Pwyllgor ar CAFCASS
Progress in Implementing Recommendations of the Committee Report on CAFCASS

[50] **Jonathan Morgan:** I am delighted to welcome Des Mannion and Cecile Gwilym from the National Society for the Prevention of Cruelty to Children. If the witnesses are content to do so, we will proceed with questions.

[51] In previous evidence, the committee heard that the Children and Family Court Advisory and Support Service Cymru advisory committee had little influence over policy and practice development and that there was little scope to direct or oversee the work of CAFCASS in Wales. Has the role and function of the advisory committee improved since the publication of the committee report? If so, can you provide any specific examples of where improvements have been made?

[52] **Mr Mannion:** Our understanding is that the CAFCASS Cymru advisory committee provides the function of being a critical friend to the work of CAFCASS. I understand that it is chaired independently by a representative from Children in Wales and that it is made up of a number of bodies that have a role in relation to child protection and the work of CAFCASS in the courts. So, its function is to serve as a critical friend, and I understand that it has performed a role in relation to some aspects of the role of CAFCASS. However, it is not clear to me what the precise relationship is between CAFCASS and the advisory committee, in terms of the governance arrangements. From a charitable perspective, I am used to working with trustees, who would exercise that kind of governance function. Also, in local authorities, there are elected members on scrutiny committees who perform that function. So, from my perspective, it would be important to clarify what the precise governance arrangements are.

[53] **Ms Gwilym:** I would like to come in on that. The NSPCC is not a member of the advisory committee, so it is difficult for us to comment, in that respect, on the part of your question that was to do with improvements. My understanding is that CAFCASS is going through a period of change at the moment, following the appointment of a new chief

executive, and that it is looking at internal governance mechanisms. I expect that it will be looking at the functions of the advisory committee in that context. I also understand that Des will meet shortly with the new chief executive to explore how we, NSPCC Cymru/Wales, work with CAFCASS in the context of its current internal review. So, we might be in a position to comment on that at a later stage; at the moment, as I said, it is just a bit difficult for us to give you any more details on that.

9.30 a.m.

[54] **Mr Mannion:** My understanding is that the advisory committee has been involved in commenting on and receiving the most recent Care and Social Services Inspectorate Wales report on the functioning of CAFCASS—there has been prior comment on that—and it has been involved in discussions around the Legal Services Commission. So, it does perform a role as a critical friend, but it is important to try to precisely delineate what the relationship is between that body and CAFCASS.

[55] **Lorraine Barrett:** You highlight in your paper how important it is for children and young people to have access to independent advocacy so that their wishes and feelings can be heard. Over time, we have considered that area quite a lot and many concerns have been raised—I am looking at Helen Mary Jones in particular who has raised this issue many times. However, you state that you are unclear whether and how information about independent advocacy services is being provided to children involved in court proceedings at present. Can you say a bit more about your concerns about the advocacy service?

[56] **Ms Gwilym:** We know that there is a certain amount of co-operation between CAFCASS and a child's existing advocates. From our point of view, if we are involved with a child or young person, work has been done together with the CAFCASS officer involved in the case. So, in certain instances, it is working well, but we are not quite sure how and whether information about independent advocacy services is provided to children and young people who have no current involvement with services such as ours or independent advocacy services, such as Tros Gynnal, for example. We have not been able to find any information as to whether that information is provided systematically to children and young people, as we believe it should be. To follow on from that, we are not certain at the moment how CAFCASS fits within the model of universal advocacy provision that we know that the Welsh Assembly Government is seeking to develop. What is important for us is to ensure that CAFCASS is very much part of that model and that there is a systematic relationship between CAFCASS officers and any independent advocacy services, because we believe those services should work hand in hand. As you say, it is about hearing the voice of the child as well as having a welfare-based approach, which tends to be the approach that CAFCASS officers adopt.

[57] **Mr Mannion:** Our thoughts are largely drawn from what the social services inspectorate report talked about, which was that, while a strategy was recently developed on this, it was about implementation. It is about the devil always being in the detail; understanding that there is a new chief executive in post—and he has taken this on board, I think—and the evidence of change that is consistent over time. The other point is that advocacy is one strand in the issue of how we ensure that children's voices are heard throughout all processes that relate to them. Advocacy also has a direct correlation with the work that we do in relation to promoting the UNCRC; that is important here.

[58] **Lorraine Barrett:** Have you seen any improvement in the way in which CAFCASS officers work with a child's existing advocate?

[59] **Ms Gwilym:** From what I understand from talking to practitioner colleagues, there seems to be a working relationship between CAFCASS and us as service providers. I could not say whether this has improved because I was not aware of any issues before, but because

we are only commenting from our point of view as an organisation, I do not know whether this is replicated across all sectors; we feel that it should be, but from what I understand, the advocacy providers and the sector have met with CAFCASS and they are very much taking that agenda forward. There is a certain amount of progress afoot, and it will be worth monitoring and seeing how it is implemented in the context of the Welsh Assembly Government strategy.

[60] **Nick Ramsay:** You have expressed concerns about the existing contact arrangements and activities that CAFCASS Cymru has been commissioning. Do you have any evidence to suggest that vulnerable children could potentially be put at risk through contact arrangements? If so, have you raised these issues directly with CAFCASS?

[61] **Ms Gwilym:** That evidence comes from our practitioner colleagues. I have chatted to our social workers, who have said that, in cases of disputed contacts, particularly when domestic abuse is an issue, there have been issues where the impact of domestic abuse on children has been not fully understood. That is a tendency; it is not systematic. As a result, however, there were concerns that, if children were attending contact activities with the parent, they could potentially be put at risk of emotional distress. I have talked to practitioner colleagues who have given me examples of a few cases where that has happened. Again, the issue comes back to the wishes and feelings of the child versus the welfare approach. That is where these two concepts almost come into conflict. From what I understand, CAFCASS tends to view contact with both parents as something that should happen. We are not saying that it should not happen, but in certain circumstances, if a child says that he or she does not wish to see one of the parents, then that is their wish and it should be fully explored and respected. Sometimes, there is a tendency to assume that it is to be viewed in the context of the mothers being reluctant for contact activities to happen because of domestic abuse. It needs to be looked at carefully on a case-by-case basis. I would not say that it is a systematic concern of ours, but we are aware of some cases where children are distressed attending contact. It is also worth bearing in mind that, although children might be seen to cope reasonably well during contact activities, they generally tend to express their feelings afterwards when they are back in the safe environment of the home and where they feel that they can express their feelings. So, it can be difficult to assess during contact just what impact that contact activity is having on the child. It is a complicated issue and I would not say that they are systematically put at risk, but we would like certain cases to be looked at carefully before contact occurs.

[62] **Mr Mannion:** The evidence from the social services inspectorate report shows that there is inconsistent implementation of some of the toolkits that have been developed by CAFCASS Cymru to assess the significance and impact of domestic abuse in relation to all its cases. Therefore, it is an implementation issue. There is a toolkit and I know that there was a considerable investment of time and energy in developing it. It is about the consistent implementation of that toolkit, so that domestic abuse concerns, where they exist, are not downplayed.

[63] **Nick Ramsay:** I think that you are pre-empting Veronica's question.

[64] **Mr Mannion:** Sorry.

[65] **Nick Ramsay:** Not at all. They are all linked together.

[66] In your written evidence, you raised some concerns with regard to CAFCASS Cymru commissioning contact activities for adults and its role as an independent advocate for children and young people within the court system. Can you tell us more about your concerns and how they might be addressed?

[67] **Ms Gwilym:** Again, it comes back to the issue that I touched on before. If CAFCASS Cymru is to be seen as an independent advocate for children who are involved in the court system, there could potentially be a conflict between that role and its role of commissioning contact activities for parents, such as parenting classes, anger management classes and those sorts of support activities for parents who wish to have contact with their children. From a child's point of view, they might not feel that their wishes and feelings are fully represented by an organisation that also provides that sort of activity to parents. That is why I think that there needs to be a close relationship between CAFCASS officers and independent advocates for the child. I think that that is when a child would feel that their wishes and feelings were fully represented, independently of any other activities that CAFCASS is involved in.

[68] **Jonathan Morgan:** Are you saying that someone else ought to commission the contact activities? I am just wondering how we should resolve that conflict.

[69] **Mr Mannion:** I will pick up on the issues around contact and advocacy. It seems to me that, in relation to contact, it is not clear precisely who is responsible for what bits. Contact is a requirement of law on local authorities. They have a legal duty to promote contact between children and their siblings, parents or carers. Often, the bodies that decide on whether contact should take place—the courts—will be looking to officers of CAFCASS to assist them in making decisions around the frequency of contact. So, it seems to me that there are myriad responsibilities: although the local authorities are largely responsible for doing this, CAFCASS has a responsibility and it has taken on a role in promoting some contact activity. However, speaking as someone who has experience of setting up and obtaining funding to run a supervised contact centre, it is almost like a commissioning problem in some ways, because different parts of the child protection sector carry different responsibilities and accountabilities. The nub of that is that it comes down to a question of who holds the funding to commission those activities. I would echo those comments in relation to advocacy.

[70] **Helen Mary Jones:** I want to follow on from the Chair's question. Would one way to resolve this be to make it compulsory for children to be offered an independent advocate and for us to stop pretending that CAFCASS is an independent advocate for children? It is answerable to the court and not the child, is it not? Obviously there are resource implications to this, but would you say that, just as a child who is in care proceedings is automatically offered an independent advocate, that should also be extended to other children in family court proceedings? Perhaps it could begin with those proceedings where there are serious issues, like issues of domestic abuse.

[71] **Ms Gwilym:** Yes. Does the universal advocacy provision model not fit in with what you are saying? It states that all children should be offered advocacy services.

[72] **Helen Mary Jones:** The difference is that, under the universal model, all children should be able to have access to an advocate if they ask for one. In care proceedings, the child must be offered an advocate and must be told that advocacy is available. Do you think that that ought to be extended? Once the universal model is there, all children ought to be able to get it anyway.

[73] **Ms Gwilym:** Yes.

[74] **Mr Mannion:** I come back to the point that there is this myriad distribution of responsibilities and accountabilities. It would be helpful to establish who is responsible for what and where the responsibility sits for funding contact work. It is about more than just bringing people together, which is how it is often understood. Often there are some serious child safety, security and management issues in bringing together parents who are involved in a serious dispute—there may be concerns around violence, mental health and the emotional impact of how you can safely manage a contact session. Often, it can be difficult to do if there

is more than one child involved, for example, if there are siblings and it is necessary to bring a group of children together as well as to ensure contact with those children's parents. You are talking about a considerable investment of time and resource in making that happen and making it happen safely.

[75] **Veronica German:** I want to go back to what you started to touch on earlier about the tools that CAFCASS has been using for the effects of domestic abuse on children. You highlighted that consideration was patchy and inconsistent. Do you have any idea why that is the case? In the previous report from the committee, it was highlighted that there tended to be an implementation gap between the policy development and the delivery. That may be the case here. In some cases it is happening, but in others it is not. Do you have any feeling for why that might be?

9.45 a.m.

[76] **Mr Mannion:** We have no evidence that would guide us in being able to reach a conclusion and say that is why we think it is the case. Patchy implementation in this sphere, as in all spheres, could be down to myriad issues, which could be about inconsistent management approaches and whether there is a performance management approach to ensuring that the domestic abuse toolkit is being used in all cases. I guess—and it is a guess—that the toolkit that exists, which I believe is a robust tool, is being used in domestic abuse cases that are immediately high profile: that is, it is absolutely clear that there is a concern around domestic abuse and therefore staff will tend to use that toolkit straight away. What we know—and we can comment on this, because we are involved in running a number of domestic abuse action research projects in Wales, in Cardiff and Prestatyn especially—is that domestic abuse concerns tend to get downplayed. Domestic abuse tends not to be reported, tends not to be listened to when it is reported, and tends to have to be reported repeatedly before anyone will act. I am not suggesting by any means that CAFCASS officers are ignoring it; I am suggesting that it is more likely that people will apply a toolkit when there is an obvious and pressing need to do so, bearing in mind that we have CAFCASS officers who we know are stretched and pulled in all directions, but, equally, there is a general downplaying of concerns around domestic abuse and it is very hard to get those issues listened to. We know that the National Assembly for Wales has taken on board some of the points that a whole range of agencies, including our own, have made around the significance of domestic abuse in relation to the protection of children. However, we do not have any evidence that we could draw on that would suggest why implementation was patchy.

[77] **Ms Gwilym:** There was an issue raised in the Care and Social Services Inspectorate Wales inspection report in relation to the toolkit. I think, if I remember correctly, that some of the staff interviewed said that the toolkit was cumbersome. I am not sure whether that was the view of individual members of staff only. I have not seen the toolkit myself, so it is difficult for me to comment, but I know that CAFCASS is reviewing the toolkit following the CSSIW review. So, again, there is an element of change happening. It has also started using the child and adolescent welfare assessment checklist, and that assesses the psychological and social risks of individual children who are subject to inter-parental conflict. So, there is a real willingness on the part of CAFCASS to get things moving on this, but, again, as Des said, it is difficult for us to really know the reason why it is implemented inconsistently.

[78] **Irene James:** The CSSIW inspection assessed CAFCASS Cymru as inadequate in terms of complaint handling and you reference this in your written evidence. What improvements would you like to see made to CAFCASS's handling of complaints, particularly those from children and young people?

[79] **Ms Gwilym:** One key finding from the CSSIW report is that children are not given an opportunity to comment on the service that they receive and they are not told about the

complaints procedure, even though I understand that there is one in place. So, I guess, starting from the beginning, we would want to ensure that children are aware of the channels that are available to them and are given an opportunity to comment on the services that they receive. Interestingly, this is an area where we expect huge improvement as a result of the Rights of Children and Young Persons (Wales) Measure 2011 and we would be interested to see the work that CAFCASS will be undertaking to implement the Measure. However, we also understand that it is doing a certain amount of work around participation and that a working group has been convened on user engagement. Therefore, what I would say is that we would wish, systematically, for children and young people to be made aware of the complaints procedure and to be given assistance with it should they require any help in voicing concerns about the services that they have received. A heartening element in the CSSIW inspection report was that there are quotations in it from children, young people and parents that indicate that there is a very good relationship between them and the CAFCASS officers and that they felt that they had been understood and that the issues that they had raised had been listened to. So, there is good practice there; it just needs to be implemented systematically.

[80] **Jonathan Morgan:** In your evidence you say that you are

[81] 'disappointed that very little progress has been made following the Committee's recommendation to draw up a funding strategy for Child Contact Centres in Wales'.

[82] Do you have a view on the position that the Welsh Assembly Government should take in relation to the funding of supported and supervised child contact centres?

[83] **Mr Mannion:** It goes back to the point that I rehearsed earlier, which is that, to my mind, it seems that the arrangements for contact are not consistent and that the funding arrangements in relation to it are not well made. Who is responsible for which part is not well defined. We have raised some concerns in relation to contact being assessed and taking place. We would not want to give the impression that we are opposed to contact being promoted—far from it. We understand that contact is an important part of a child's life, especially in the case of a child who has been separated from his or her family. While there are undoubtedly problems and difficulties in relation to arranging contact, it is vital, for children and their development, that it takes place. I guess that it will also be significant in that, if we want to try to rehabilitate children with their families and parents wherever possible, we need to have a means of assessing and testing out the viability of doing that, and contact is a very good way of doing that. It is more than something that is difficult to organise; it is central to delivering the sort of vision that we want for all children. If we can enable children to be rehabilitated safely with their parents, we are perhaps promoting their best interests, and, hopefully, their wishes and feelings, which could lead to better outcomes for them.

[84] **Helen Mary Jones:** With regard to CAFCASS's involvement with local safeguarding children boards—you are clear in your written evidence in saying that that should happen consistently—as you know, in our previous inquiry the committee heard evidence that the contribution of CAFCASS Cymru staff to the work of local safeguarding children boards varied considerably across Wales. From your experience, are you satisfied that safeguarding measures are fully embedded into CAFCASS Cymru as an organisation, and that it is contributing effectively to joint working involving local authorities and other safeguarding agencies? Do you have any evidence as to whether it is involved, for example, in all the local safeguarding children boards?

[85] **Ms Gwilym:** I believe that it now is. My understanding is that it has representation on all LSCBs, which was not the case, I understand, at the time of the committee's first inquiry. From speaking to colleagues who sit on LSCBs on our behalf in Wales, I know that they have found that CAFCASS's contribution has been positive at a local level, because it allows for positive engagement and for it to become aware of local safeguarding issues. So,

where we have representatives on LSCBs, they have said that CAFCASS's involvement was positive. I believe now that it is represented on each LSCB, so we would say that we are satisfied that progress has been made.

[86] **Mr Mannion:** My experience in some of the local authorities where I worked prior to coming to this post was that CAFCASS was represented on local safeguarding children boards and played an active role in chairing serious case review panels for individual cases. Its contribution and its role have been helpful in ensuring that that process is completed. The other thought that I have is that, while local safeguarding boards cannot be compelled to rationalise and join up, we are seeing moves across some local safeguarding board areas towards merging. So, with regard to how many local safeguarding children boards there will be in a few years' time in Wales, I would imagine that the overall number might drop. So, the burden of the task might reduce a little. That will all be dependent on the resources that CAFCASS itself has, of course.

[87] **David Lloyd:** Ar yr un math o drywydd, yn eich papur mynegwch rai pryderon am faterion sy'n ymwneud ag esgeuluso plant. Yn eich barn chi, felly, pa mor effeithiol y mae CAFCASS yn gweithio gyda'r farnwriaeth mewn achosion o'r fath?

David Lloyd: On the same topic, in your paper you raise some concerns about child neglect issues. In your view, therefore, how effectively does CAFCASS work with the judiciary in such cases?

[88] **Mr Mannion:** Some Assembly Members may know that we have launched an election campaign and one of the issues that we are interested in promoting is a better understanding of neglect across the piece by all organisations. The issue of neglect is not well understood by the public or by all professionals, and so we are carrying out some research into neglect at a UK level, which is not yet completed, which is being led by Ruth Gardner, who is our national UK researcher into neglect. That research suggests that neglect poses significant problems to courts in all jurisdictions, so it is something that is a problem not just in Wales, but across the whole of the UK, Ireland, parts of America and Australia.

[89] The nature of neglect, given that it is not a dramatic single incident and is cumulative by nature, and is often the result of a repetitive, low level parenting activity, makes it difficult to identify a moment when it is appropriate to intervene. That gives all agencies, including the courts, some difficulty in making decisions about neglect. So, it is an important issue, and I welcome your interest in it, because, in all of the discussions around processes and systems, we need to start thinking about the content and the experiences of the children who are the subject of our concerns. We can have fantastic processes and systems around this issue, but we need to consider the fact that a significant proportion of children—at least half of those who are subject to a child protection plan—fall under the category of neglect. That will have some implications for how CAFCASS has to deal with that issue in terms of its significance in its workload.

[90] So, it seems to me and to the organisation that understanding neglect and its significance and understanding what interventions may make a difference will be very significant. We think that the intensive family support teams, which are dealing with high-risk families—I guess that that phrase can be used—will be quite helpful in promoting our learning about neglect in Wales so that we can understand it a bit more. However, the issue of neglect has been around since time immemorial and was probably what NSPCC inspectors in Wales were dealing with 100 plus years ago. We are still dealing with some very similar problems. Neglect is affected by social pressures, change and poverty, but it is distinct from all those things, and we need to understand it much more. We need to have a public debate about it, and it is something that we are campaigning on in the forthcoming election campaign.

[91] **Val Lloyd:** In your written evidence, you highlight that the number of private and public referrals to CAFCASS Cymru are increasing and state that the family justice review will also impact significantly on CAFCASS services. Are there any other issues or developments that you are aware of and have concerns about that you would like to raise with the committee?

10.00 a.m.

[92] **Ms Gwilym:** None, other than the issue that we picked up on in our paper, which is the proposal that we are aware of in England to limit the use of guardians and to introduce a watching brief system. That is a proposal that is being made for England only at the moment, but we are keeping quite a close eye on that, because, as we explained in our written evidence, we would be most concerned at the introduction of such a system, because we feel that the partnership between the guardian and the solicitor is key in ensuring that cases are monitored closely. Other than that point, which we made in written evidence, the outcome of the family justice review will be key, as you said, so we will be keeping a close eye on these proposals.

[93] **Mr Mannion:** The point that I raised about neglect is one that I would like to touch on again. It seems to me that neglect is a significant issue, and will be a significant element of the workload of practitioners in CAFCASS and for social workers. All agencies will be involved in trying to address this, and it is still a problem. We need to think about whether there is anything that we could understand better. We are doing some work around that, and we have taken a lead in Wales in trying to do something innovative and distinctive around family support and the subject of neglect. Researching and understanding that would be really welcome.

[94] **Jonathan Morgan:** There are no further questions from Members. I thank the NSPCC for being with us this morning; it has been very helpful.

10.01 a.m.

Craffu Cyffredinol a Hynt y Llywodraeth o ran Gweithredu Argymhellion Adroddiad y Pwyllgor ar CAFCASS
General Scrutiny and Government Progress in Implementing Recommendations of the Committee Report on CAFCASS

[95] **Jonathan Morgan:** The Deputy Minister for Social Services and her officials are now joining us at the table. Good morning, Deputy Minister. Gwenda Thomas is joined by Steve Milsom, the deputy director of the adult social services policy division of the Welsh Assembly Government, and Julie Rogers, the deputy director of children's services. We are covering all bases this morning. It is good to see you both; thank you for joining the Deputy Minister. We have a couple of questions in relation to CAFCASS, and the follow-up work that we are doing with regard to the committee inquiry report. Then, once we have got through those questions, I am sure that there will be questions from Members on other areas of your responsibility, Deputy Minister, if that is okay with you.

[96] **The Deputy Minister for Social Services (Gwenda Thomas):** Yes, thank you.

[97] **Jonathan Morgan:** The recent Care and Social Services Inspectorate Wales inspection assessed CAFCASS Cymru as satisfactory in relation to overall effectiveness, but there were some important areas where CAFCASS was judged to be inadequate. What is your response to the inspection findings? How confident are you that CAFCASS Cymru can deliver the improvements needed at a time of increased demand for its services, given the

financial climate?

[98] **Gwenda Thomas:** You will know that we now have Gillian Baranski in post, and she gave evidence last week to the committee. I have read that evidence, and I am sure that you will share my confidence in Gillian's ability to lead the operational aspects of CAFCASS. We know that there have been difficulties with regard to caseload lately, because of increased demand, but I have been pleased to note that those numbers have reduced significantly. I was pleased to write to staff to note that, and to thank them for their efforts.

[99] With regard to the future operation of CAFCASS, as we heard at the tail end of the evidence from the NSPCC, the report of the family justice review was going to have a significant impact. We have also had a review of contact centres, so the sensible thing is to await the report of the family justice review, and see how it will impact on how we work. We also have to be mindful that court proceedings are not a devolved area. I was pleased to meet with Mr Norgrove, the chair of the family justice review panel, and very pleased that Keith Towler agreed to be Wales's voice on that panel. I know that Julie has accompanied Keith to the meetings of the panel. I am confident that, in preparing the report, they have listened to what we are saying in Wales—that we have different ways of working. I am sure that the report will allow us to reflect our priorities, but, until we receive it, which will not be long, it is sensible to wait and then to fit the services around the recommendations in the family justice review.

[100] **Lorraine Barrett:** The committee's previous report focused strongly on advocacy provision in its recommendations. The NSPCC has told us that it is

[101] 'unclear whether and how information about independent advocacy services is being provided to children involved in court proceedings at present'.

[102] Can you clarify how CAFCASS Cymru fits into the Welsh Government's universal advocacy framework for children and young people?

[103] **Gwenda Thomas:** I share concern about raising awareness with regard to the availability of the universal advocacy services that have been developed and, particularly, how children get to know about them. The legal fraternity could, perhaps, be more mindful of the availability of advocacy. In several cases, I have recommended that consideration be given to the availability of advocacy. It is crucial that it is available in many cases. In the social services paper, we say clearly that we will look at a business plan to develop advocacy right across the service areas. That is a firm commitment. We know that the Meic service is leading on this, but your question about how that is made available and how awareness of it among children is raised is also an issue of some concern to me. When we look at the recommendations of the family justice review, we must feed that issue into how we deal with those recommendations and ensure that it is mainstreamed into the services available. We also have the role of the independent reviewing officer who supports this. At the tail end of what the NSPCC was saying about guardians, which I just heard, I was not aware of that, but I will also keep an eye on it. The role of the guardian ad litem in proceedings is important, but to get back to the crux of your question about the independent advocacy that a child might need and might benefit significantly from, that is an issue that we need to develop further.

[104] **Helen Mary Jones:** Gan barhau i sôn am eiriolaeth, yng nghyd-destun gwaith CAFCASS, lle mae posibilrwydd y bydd y plentyn yn cael ei gymryd i ofal, cynigir gwasanaeth eiriolaeth yn awtomatig. A ddylem ystyried cynnig yr un math o gefnogaeth eiriolaeth i bob plentyn sydd yn

Helen Mary Jones: To continue to talk about advocacy, in the context of the work of CAFCASS, where there is a possibility that a child will be taken into care, the advocacy service is automatically offered. Should we consider offering the same type of advocacy support to every child who goes before the

mynd o flaen y llysoedd pan fo problem rhwng eu rhieni yn hytrach na rhwng y teulu a'r cyngor lleol? A ddylai hynny fod yn rhan o'r hyn mae CAFCASS yn ei gynnig i blentyn yn awtomatig? Efallai na fydd ei angen, ond byddai'n tynnu sylw'r plentyn at y ffaith bod y gwasanaeth hwnnw ar gael.

courts when there is a problem between the mother and father, rather than the family and the local council? Should that be a part of what CAFCASS automatically offers a child? Perhaps it will not be necessary, but it would draw the child's attention to the availability of that service.

[105] **Gwenda Thomas:** Ni welaf unrhyw ddrwg mewn sicrhau bod plant sy'n ddigon hen i ddeall—mae rhai yn blant bach iawn—yn gwybod bod y gwasanaeth ar gael. Fodd bynnag, credaf y bydd yr adolygiad ar gyfiawnder teuluol yn edrych ar geisio ymyrryd yn gynharach fel bod modd osgoi'r angen i fynd i'r llysoedd i setlo dyfodol y plentyn. Lle mae'n ddiogel gwneud hynny, bydd hynny o fudd i blant, fel nad ydynt yn gorfod mynd drwy'r gwasanaeth llys. Fodd bynnag, y gwaith sy'n dilyn ar ôl yr adolygiad a fydd yn dangos y ffordd ymlaen. Yr ydym eisiau gweithio mewn ffordd arbennig yng Nghymru, a chredaf ei bod yn bwysig iawn ein bod yn rhannu gyda'r pwyllgor beth fydd ein hymateb i'r argymhellion y bydd yr adolygiad yn eu cynnig. Nid wyf yn gweld unrhyw niwed mewn sicrhau bod plentyn sydd o'r oedran i ddeall y sefyllfa yn ymwybodol bod y gwasanaeth ar gael os ydynt ei eisiau.

Gwenda Thomas: I can see no harm in ensuring that children, when they are of an age to understand—some children are very young—know that the service is available. However, I think that the family justice review will look at trying to intervene at an earlier stage so that it is possible to avoid the need to go to the courts to settle a child's future. When it is safe to do so, that would be in the interests of children, so that they do not have to go through the court service. However, it is the follow-up work after the review that will show us the way forward. We want to work in a particular way in Wales, and I believe that it is very important that we share with the committee our response to the recommendations that the review will make. I do not see any harm in ensuring that a child who is of an age where they are able to understand the situation is made aware that the service is available to them if they want it.

[106] **Helen Mary Jones:** Yn y pwyllgor, dywedodd prif weithredwr newydd CAFCASS ei bod yn dal i ystyried gyda Llywodraeth Cymru sut yn union y dylid symud ymlaen â'r gwaith yn ymwneud â'r canolfannau cyswllt. Yn gynharach, mynegodd yr NSPCC bryderon ynghylch sut mae'r canolfannau hynny'n cael eu hariannu a pha mor gyson yw'r gwasanaeth mewn gwahanol rannau o Gymru. A ydych wedi cael cyfle eto i ystyried beth yw safbwynt y Llywodraeth o ran sut dylai'r canolfannau gael eu hariannu?

Helen Mary Jones: In committee, the new chief executive of CAFCASS said that she is still considering with the Welsh Government how to take forward the work in relation to the contact centres. Earlier, the NSPCC expressed concerns about how those centres are funded and how consistent the service is in different parts of Wales. Have you had an opportunity to consider what the Government's view is in terms of how these centres should be funded?

[107] **Gwenda Thomas:** Mae arolwg wedi bod ar effeithiolrwydd y gwasanaeth cyswllt. Eto, yr wyf yn meddwl y bydd canlyniad yr arolwg yn hollbwysig er mwyn i ni ystyried y ffordd orau o ddatblygu'r gwasanaeth. Yr ydym yn parhau i ariannu'r NSPCC a'r sector gwirfoddol er mwyn i ni ddefnyddio'r canolfannau hyn. Fis Mehefin diwethaf, ysgrifennais at bob Aelod o'r Cynulliad i ddweud sut yr oeddwn yn gweld y ffordd

Gwenda Thomas: There has been a review of the effectiveness of the contact service. Again, I think that the results of the review will be of critical importance as we consider how best to develop the service. We have continued to fund the NSPCC and the voluntary sector so that we can use the centres. Last June, I wrote to every Member of the Assembly to say what I perceive to be the way forward. Of course, we have

ymlaen. Wrth gwrs, mae gennym wasanaethau fel Cymorth, Dechrau'n Deg a Teuluoedd yn Gyntaf yn eu lle, ac maent i gyd yn cyfrannu at gyfnerthu teuluoedd i allu goresgyn y pethau sy'n eu hwynebu yn ystod yr amseroedd mwyaf anodd. Os nad yw'r gwasanaethau hynny'n llwyddo a bod rhaid cymryd y plentyn i ofal, mae'n bwysig bod y ddau riant yn gallu siarad gyda'i gilydd ac ystyried yr effaith mae'r sefyllfa'n ei chael ar y plentyn. Lles y plentyn sydd bwysicaf yn y pen draw. Bydd rhaid inni ymateb i'r argymhellion pan fyddwn yn cael canlyniad yr arolwg, ac yr wyf yn meddwl mai dyna fydd yr amser i ystyried yn fanwl ddyfodol y canolfannau cyswllt.

programmes like Cymorth, Flying Start and Families First in place, and they all contribute to strengthening families so that they are able to overcome the challenges that face them during the most difficult of times. If those services do not succeed and the child has to be taken into care, it is important that the two parents are able to speak to each other and consider the effect that the situation is having on the child. Ultimately, the welfare of the child is the most important thing. We will have to respond to the recommendations when we receive the results of the review, and I believe that that will be the time to consider in detail what the future of the contact centres should be.

[108] **Veronica German:** This committee's report contained a couple of recommendations on the role of CAFCASS Cymru's advisory committee, one of which was that the advisory committee should be better empowered to constructively challenge CAFCASS senior managers on their performance. The report also stated that the advisory committee's relationships with Ministers needed to be clarified. Has there been any improvement on those issues? What are the current arrangements?

[109] **Gwenda Thomas:** The chief executive has looked at the role of the advisory board and has revamped it, if I can use that word. We know that there are 20 members on the committee; I am sure that this committee has a list of them—if you do not, I can ensure that you have one. The membership spans all areas of responsibility, covering the judiciary and legal services, social services and organisations like Families Need Fathers and Children in Wales. The board is chaired by the chief executive, Catriona.

10.15 a.m.

[110] We have to defend the element of independence that the committee has to have from the Minister. I meet members if they want to bring their own opinions to me as the Deputy Minister. I have done that, but the independence that the committee needs in order to work with the chief executive, who has the operational responsibility of running CAFCASS, is very important. I know that Gillian Baranski is keen to have early intervention from the committee to make the most of the expertise that the committee brings. I am sure that that is happening, but that is not to say that the Minister does not have the responsibility to set the policy framework and to ensure compliance with that policy framework as far as possible.

[111] **Jonathan Morgan:** Are there any supplementary questions on this point?

[112] **Val Lloyd:** I have a question, but it is on a different point.

[113] **Jonathan Morgan:** Do you wish to stay on the subject of CAFCASS, or would you like to move on to more general areas?

[114] **Val Lloyd:** I would like to move on.

[115] **Jonathan Morgan:** If the Deputy Minister is happy, we will move on to any other questions that Members have about other areas of the Deputy Minister's responsibility. The first question is from Val Lloyd.

[116] **Val Lloyd:** Good morning, Deputy Minister. I would like to discuss your paper, 'Sustainable Social Services for Wales: A Framework for Action'. What are your plans for more regional and national working in social services and do how you see that impacting on accountability and joint working with the NHS? Also, what will be the future functions of directors of social services?

[117] **Gwenda Thomas:** The paper is clear in saying that it is not only an issue of resources that faces social services—although that is significant—and that we have got to work in different ways. We cannot continue to do everything 22 times. There is general consensus about that, both within local authorities and in the voluntary sector. However, we need to be clear as to what is best delivered nationally or regionally, and what has to be delivered locally. I can give you examples of that, but I know that you are pushed for time. The statutory responsibility of local authorities will not change. What we have said is that we want local authorities to bring us a blueprint regarding how to respond to the requirements of the paper. They have until December this year to do that. As you know, we are talking about establishing a national adoption service. We are also talking about delivering re-ablement regionally. We know that good re-ablement can reduce the costs of home care by 60 per cent, which is significant in these times.

[118] We need to emphasise that there is local accountability in statute. The role of the director of social services emphasises that. The paper states that we will keep the statutory role of the director of social services, but it does not have to be for each individual authority. There can be collaboration and joint appointments, but the director of social services will be fully accountable to any local authority in which he or she is a director, whether they are individual local authorities or not. The director of social services is required to report annually on performance and service development. That has got to be done in public and published. The significant responsibility of the director must be retained. I issued the direction in the summer of 2009. We followed that up with meetings and collaboration with chief executives. So, it is embedded in corporate governance that there must be a director of social services. In my view, we need to protect that; it must be the way forward. There has to be an individual with full accountability for how services are delivered and how performance is managed.

[119] **Val Lloyd:** I am pleased to hear that.

[120] **Helen Mary Jones:** I want to move on in a moment to discuss the national adoption service, if I may, but before I do that, I have a question about regional co-operation. Deputy Minister, how will this improve collaboration with the health service, which is a major issue in adult social services? There are also some concerns that, if we move to a regional model of social services, the local democratic accountability could get lost. I am thinking particularly about the role of elected members as corporate parents for looked-after children. My concern is that, if there is one director of social services for a group of authorities, that person still has to be based in someone's offices. Deputy Minister, is there a risk that the profile of social services—and my main concern is children's social services, but it would apply to adult social services as well—might end up being higher in that authority? For example, if a director of social services sits in one authority and the director of education sits in another, is there a risk that, with regard to the attention that is paid by elected members, we will begin to lose the focus? I know that the Deputy Minister has been keen to state that, where local authorities have perhaps not been particularly good with social services, one way of changing that is by getting the political leads to take it seriously. I support the approach towards more regional working and sharing directors of social services where that is practical, but I am a little worried about the potential for that local democratic focus getting lost.

[121] **Gwenda Thomas:** Thank you for that. I apologise to Val for not having picked up the part of her question on the NHS. You have asked about that as well, Helen, so I will cover both your questions on that. This collaboration is crucial. We have already moved

successfully to making it a statutory requirement that the health service and social services work together. We have made it a statutory responsibility in the development of integrated family support teams, and in the development of carers' strategies. I do not see why that cannot be rolled out. It is my view that the clarity that that offered to front-line workers was welcome. So, we have set a precedent of requiring it, and not asking for it, and we can move that forward. We have to defend the preventive role of social services with regard to the aim of social services. We need to support people to live independently for as long as possible, including supporting families, and younger and older adults who have significant disabilities, to live independently. It is a whole-life aim that we must have. So, regional working becomes a necessity.

[122] The social services paper deliberately does not set geographical footprints, and that is a plus for the paper. My view is that, rather than fit services around structures, we need to fit structures around services. That is why we have given local authorities the opportunity to bring forward their blueprint. There is a willingness to do that and there are excellent examples of where it is working. We are not starting out from a base of social services being in a terrible state, because they are not. The commission made it absolutely clear that we are starting from a strong base. I believe that we need to identify clearly what we will deliver regionally, and we need to look at the rights of citizens to have control over their own services, touching on direct payments, for example, and a regional support service for that is desirable. So, there are examples of it.

[123] With regard to the question on the role of elected members, this will change nothing at all. The guidance, 'If this were my child', is crucial to the way in which elected members should be thinking, as it is for us. We all have responsibility for defending and protecting children. There should be direct involvement for local government elected members. You will recall that I reissue the letter from time to time to remind elected members of this responsibility. Political leadership is also crucial, and it is the responsibility of whatever party is in control or is sharing control to give strong political leadership. I am sure that there is a will to do that and that this will be developed. We know that we need to look at local safeguarding children boards; these could probably operate on a regional basis, which would promote the protection agenda and move it forward.

[124] **Veronica German:** Turning to the role of local government elected members and the possibility of having one director of social services over two or more authorities, I wonder how you would see these issues developing in terms of scrutiny and accountability. If you have one director—I am trying to work this out in my head, very slowly—are you saying that there will still be two discrete social services departments or will they be as one? From the local authority's point of view, you can see the problems that might arise when they scrutinise the social services department. People might ask why more resources are going to services in one of the authorities rather than those of another. Does there have to be joint scrutiny? I presume that there would be more than one model that you might suggest when people bring forward blueprints for action, but I am concerned that you are going to lose local scrutiny of services if you operate on a level involving more than one authority.

[125] **Gwenda Thomas:** I have not set my mind on any model, nor have I prescribed any model. There could be different answers in different geographical areas. You cannot have the same policy for an urban area as you would for a rural area; that is why there is an opportunity for local government to come forward with its thoughts, and we will see where that takes us. We are not allowing local government a huge amount of time, as it will be reporting by the end of this year. However, there is already willingness and enthusiasm with regard to bringing forward proposals. The scrutiny process would then have to complement the arrangement that is put in place for a particular area. Meaningful and effective scrutiny is of key importance to the development of good services and to the monitoring and evaluation of services. I am not sure whether that is fully realised, but I do not think that it is acceptable

to set policies or requirements and aims without having meaningful monitoring and evaluation of that development. I would look to the scrutiny process to provide all of that, which would complement whatever plan is adopted for whatever area.

[126] **Nick Ramsay:** My concerns were encapsulated by Veronica in her question. I am trying to square the circle in my mind about how having one director fits in with the local authorities. You have said that local authorities are not being allowed much time because you understandably want to get this agenda moving forward. However, following on from what Veronica German asked, it seems that authorities are not going to be allowed that much local accountability either. You might say that you have a model that you want to be rolled out with regional tweaks, for want of a better word, but in practice, does this not really represent a—
I do not want to use the word 'undermining', as it is too negative—change from what has been done in the past. If you have an area in which social services are currently working well, but they are facing the possibility of losing their director and perhaps not having an input into how the new director works and whether they will work in the same way as they did before, is that not a loss of local accountability? Once that has gone, will we have lost something of importance?

10.30 p.m.

[127] **Gwenda Thomas:** I do not think so, because authorities would need to come together to develop their suggestion in any case, and we would look to see whether that had been done effectively. The director of social services has a statutory obligation to deliver in accordance with that post. The issue of accountability has to lead to consistent services and I have been dealing with that issue for a while. There was inconsistency in charging and there is inconsistency in effectiveness. That is not to say that one area is all good and that another area is all bad, but the collaborative agenda has to support consistency of service delivery and performance. That is one of the main achievements that the paper is looking for. We have seen just one collaborative, successful bid, for example, with regard to the development of integrated family support teams. I would have liked to have seen more. I would like to see that rolled out on a collaborative basis and all aspects of service underpinned by the commitment of each constituent local authority to deliver. It has to be about the delivery of services and the protection of the most vulnerable. I do not think that that is unachievable and I think that we are on the way to achieving it. However, I would look to see it developing from the grass roots up, rather than being imposed from the top down. That principle of working will benefit us when local authorities come forward with their proposals.

[128] **Jonathan Morgan:** Helen Mary Jones raised the issue of the national adoption agency and I also want to move on to the issue of citizen-centred services, because that is a crucial aspect, from what you said earlier.

[129] **Helen Mary Jones:** Deputy Minister, could you outline for us today your thoughts about what the benefits of a national adoption agency might be? I can see some myself. Also, has any consideration been given to fostering? Some of the same challenges exist across local authority boundaries in finding the right adoptive parents for a child and in finding the right foster placement for a child. Would a national fostering service, or more collaboration around fostering, be a direction that the Government would also consider?

[130] **Gwenda Thomas:** With regard to adoption, one of the main issues that persuaded me is that we know that if a child is in care for more than three years, that child drifts in care. We need to use adoption and the specialist services that adoption can provide in a much more meaningful manner and I do not believe that we need to do that 22 times. Moving towards and consulting on a national adoption agency could provide more permanence for a child and the Children and Young People Committee has been very keen on that idea. That permanency would be the main aim of the national adoption agency, as well as the provision of specialist

services where the child needs them. That is a strong argument for considering the provision of adoption services on a national basis.

[131] With regard to fostering, there needs to be a debate on that. We need to recognise that foster carers are providing a service for 78 per cent of the children who are in care. That is not insignificant. Next week, we will bring in national minimum allowances in order to move away from the confusion that allowances and fees can engender. I have issued directions on the introduction of national minimum allowances for foster carers, but on the wider aspect of policy development, I think that we can have this debate. We have moved towards giving foster carers the right to appeal against a decision not to accept them as foster parents. So, the rights of foster carers are being developed, as is the recognition of their professionalism, as well as the provision of a clear pathway for them. 'Fantastic' is a word that is sometimes used loosely, but there are some fantastic people out there who make me feel very humble. We have to recognise them, support them and recognise the role that they play in the lives of children. However, in cases where the child needs residential care and in cases where the child could benefit from adoption, we need to develop the whole service.

[132] **Jonathan Morgan:** Deputy Minister, in your paper, you say that,

[133] 'Social care is ripe for the development of social enterprises.'

[134] I welcome that because I think that it recognises the considerable expertise and capacity that we need to harness in Wales to deliver better services. However, in the context of debating the delivery of services that are centred on the individual, is it possible to separate the issue of the personalisation of care, which, to me, means involving the care user in developing the care package, from the issue of direct payments? In England, as you said in your paper, 'personalisation' has been the buzzword that has almost been used to describe direct payments. However, the two concepts are quite different. Involving someone in the development of a care package and making sure that the package is centred on them is a fundamentally different concept to the issue of whether more people should make use of direct payments. On that issue, is the Assembly Government going to advocate the direct payment route—if not market or push it—for those people who wish to pursue it, by saying that it is suitable for some people, although for many others it is not? Is the Government going to separate the issues in that debate by pushing the personalisation of care, but also talking in very positive terms about what some people can achieve by using the direct payment route?

[135] **Gwenda Thomas:** I am not sure that any of us are clear about what the personalisation agenda means. In England, I understand that people are going to be required to go down that route by 2014, but I would not want that in Wales. Imposing this system on people who would fear it could be a retrograde step. It is possible to understand 'personalisation' as being too close to the market model of care. On the other hand, I believe that we have to move towards citizen-centred services. We now have an opportunity to have a real vision for this in Wales. We can have mixed provision and in the development of that provision, we can give time banking and social impact bonds much more consideration. We need to ensure that we understand what those terms mean and that we are clear about what they can offer. I believe that we have an opportunity to develop our thinking.

[136] The paper has prepared the ground for that debate and the debate around social enterprises. Why not pursue that? I believe that we already have a family of providers. We work well, for example, with Care Forum Wales, the voluntary sector and the independent sector. However, I sometimes think that it lacks coherence and I believe that we can move towards greater coherence. I have signed regulations to extend the availability of direct payments to people who lack capacity, which will come into force on 11 April. It is my hope that this step will increase the number of people who choose direct payments as a means of

care provision. We will require support for all people who choose direct payments. The paper—I must not call it a White Paper—will ensure that we develop regulations that will allow us to monitor that system, and will ensure that we develop a support infrastructure, on a regional basis, perhaps, to support people who want to pursue the direct payment route.

[137] **Helen Mary Jones:** I wish to make two points on the issue of direct payments. The independent commission's report made it clear that the support for people who receive direct payments is patchy across Wales. I want to clarify that it is the Government's intention that we should drive that up to the highest standard, so that people who are worried about this business of being an employer will have support and advice everywhere. There is a little bit of a sense—certainly on the part of some of the voluntary organisations—that some local authorities are being much more proactive than others. Could you confirm that we can expect national standards and that they will be the highest standards?

[138] There is another issue relating to the interface between health and care. I have had constituency cases where someone has been using direct payments to have a fairly comprehensive package of support that suits them, but, as their condition deteriorates and they then become eligible for continuing care health funding, they cannot continue to have that independent, self-designed package of support any more because the health board models seem to be much less flexible. So, instead of having their own carers, carers are sent in. In the not-a-White-Paper process that we are talking about, have you had discussions with the Minister for health about how we can deal with this issue? Particularly when there is pressure in terms of money, there will be a bit of a tendency for social services to want to move people on to healthcare packages, but if they lose their independence, they will resist that.

[139] **Gwenda Thomas:** The issue of direct payments for social care is well established. We know that it has been rolled out in England to other services, including the health service. We are prepared to learn from England and evaluate the effectiveness of that system. We have to be open to what is happening in other countries as well and to develop our thinking along those lines. The important thing here is the care-planning process. With regard to social care, we will move towards national criteria. We are moving towards a national charging policy on 11 April and we want the portable assessments that people are calling out for. Within that, the paper says categorically that we will define national outcomes and national standards. All of this is developed within those national standards and what we hear from local authorities will have to comply with that.

[140] With regard to the interaction between health and social care, we can do a lot more. I explained at the beginning of the meeting that we have legislated for that already, and that that is being rolled out effectively. I do not think that we should stop there; there needs to be a meaningful dialogue between health and social care on how we ensure that there is integration at a community level. That is the only way in which you will provide people with a means of protecting their independence.

[141] **Jonathan Morgan:** Thank you, Deputy Minister. You have been extremely helpful this morning, and I am grateful to you and your officials for being with us. Thank you for your time.

[142] The committee will now take a short break. I would be grateful if we could return just after 10.48 a.m.

Gohiriwyd y cyfarfod rhwng 10.44 a.m. a 10.49 a.m.
The meeting adjourned between 10.44 a.m. and 10.49 a.m.

Cynllunio Gweithlu yn y Gwasanaeth Iechyd ac ym maes Gofal Cymdeithasol a Chraffu Cyffredinol
Workforce Planning in the Health Service and Social Care and General Scrutiny

[143] **Jonathan Morgan:** We will resume the meeting. I welcome Edwina Hart, the Minister for Health and Social Services. She is joined this morning by Paul Williams, Chris Hurst and Liz Davis. Thank you very much for being with us this morning. Minister, I thought that, first, we could touch on a number of questions in relation to the committee's previous inquiry into workforce planning and then perhaps deal with issues that Members wish to raise in relation to your other areas of responsibility.

[144] Recommendations 1 and 2 of the committee report on workforce planning relate to the increase of the capacity of the NHS to undertake effective workforce planning. What steps have you taken to address this issue?

[145] **Edwina Hart:** There was a series of master classes at board level for executives and senior management. Those were conducted in 2008-09 and attracted good multidisciplinary representation. All relevant staff now undertake specific training on workforce planning, and many areas have also developed an e-learning package to support the service. We are trying to develop the skills and knowledge needed for work planning. I think that we all recognise that workforce planning is not necessarily scientific in the way that it runs, but we are doing some good work in that area. I do not know whether my director of human resources wants to comment.

[146] **Jonathan Morgan:** What was the outcome of the masterclasses that were conducted in terms of improvements?

[147] **Edwina Hart:** They reinforced the importance of integrated planning across the service. We need to recognise that, because we have got rid of the divide and have the local health boards, the integration of workforce planning across primary care, community care and district general hospitals is an essential part of that. They had to get out of their habitual mode of thinking, which is, 'I am planning for what is going on in my hospital', and 'I am planning for the vacancies that I have here'; now they have to plan for the total integration of what happens at the primary healthcare level and all the way through. That is one of the principal lessons that was learned in that.

[148] **Nick Ramsay:** Minister, the committee has heard evidence that the data for workforce planning in the NHS remain of poor quality in many instances. Can you tell us what work is being undertaken to address the issue, and when do you expect sufficient improvements to ensure that all stakeholders can have confidence in the effectiveness of workforce planning in Wales?

[149] **Edwina Hart:** We are starting to see improvements in the quality of data coming through within the national health service, which can give us more confidence as we look at our plans. We have to recognise that, in relation to workforce planning, things are on the move all the time. For instance, if you look at the current economic climate, you will see that there is less churn and turnover in jobs within the NHS. That is one factor that is starting to emerge: people are more likely to stay in post. That impacts on your thinking and what you will do. We are content that the data are improving. Do you want to add something on the data issues, Liz?

[150] **Ms Davis:** Yes. The data lie at the heart of the workforce planning process, and I am confident that the data that we have in many professions are of high quality. We would

acknowledge that there are some areas in which we need to do better, and we are focusing our attention on those. I can tell you a little more about that if you would like.

[151] The areas where we need to continue to press hard are those relating to junior doctors, dental care, and the independent contractors who are not within the integrated system at the moment. We need to be able to reach out to community pharmacists and the staff who work inside general practices. That is our focus now: to bring in that next group of staff to ensure that they are fully integrated with our plans.

[152] **Nick Ramsay:** The Minister said that you are starting to see improvements. Is that across all areas, or is it moving ahead in some while there are others where the data are patchy? We had so much evidence last week that data were a problem, and not having the data was making it virtually impossible—or impossible, I think that our witnesses said—to deal with this.

[153] **Ms Davis:** That is not a position that I would recognise. The data are collected in a standardised way, engaging all of the professions. We have two iterations of that data to check that what we have gathered makes sense for the service and for our financial plans. I do not recognise the description of the data as being poor in many places. As I have acknowledged, there are some areas where we need to work harder to ensure that the data are as robust as we would like, but I do not accept that general analysis.

[154] **Lorraine Barrett:** In an earlier session this morning with physiotherapists and occupational therapists the point was raised that it is often difficult, when you have students in universities doing their training, to work out how many will go into private practice or other sectors. So, that sort of planning as to how many of those you have in university will be available to the NHS is difficult, as you will not know where they are going to go.

[155] **Edwina Hart:** That is a matter of personal choice, of course, for students, which we have to understand. They will not all wish to go into the NHS. We have worked hard with physiotherapists over the last few years to ensure that everyone who went through physiotherapy could, in some shape or form, have a placement within the national health service if they so wished. To go back to my earlier comments, this is not scientific and the outcomes will not be guaranteed. We can only do our best in terms of what we see with the numbers, and circumstances can change.

[156] **Lorraine Barrett:** I should perhaps say that, when you look at the record, you will see that they gave us a lot of good news, but they acknowledged that that was an issue. It can be difficult to plan when you are not sure into which area students will go, but they said that things have improved with placements.

[157] **Mr Williams:** To reinforce that point, sometimes, there is an assumption that you have a steady state in the labour market. If you plan to meet the numbers using a steady-state assumption, you can be criticised. However, it may take from three to five years of training before a person is ready to do the job, and if, as in our case, you hit a major economic recession and a downturn in the financial assumptions of all planners, you should not be surprised if there are some difficulties. However, the good news is that our numbers have been holding up remarkably well in terms of recruitment, and there have been some pressures. In the debate, there is talk about sensing the assumptions and we have had to say, ‘We think that you have been overly optimistic in terms of our financial assumptions’. So, it has shown me that there has not been an assumption of a steady state. We have been questioning the data and saying that, based on our best understanding of the position at the moment, we must train fewer people. That is difficult for the training institutions, but that is part of the dynamic. So, we are getting more robust and more scientific, but, as the Minister said, it is not a purely scientific process. There are questions of judgment and unforeseen circumstances.

[158] **Helen Mary Jones:** We have had evidence that, when health institutions are making reports to local health boards about what jobs they need looking forward, they are counting the people that they have in post, but not the vacancies. Is that right? If it is not and should not be happening, what can be done to put a stop to it? It is obviously daft if you have a midwife who is on maternity leave or has just left her job or moved on not to count that as a post that you need to plan ahead for. Sorry, it was not about dealing with it immediately, but in terms of thinking that six midwives are needed to cover a certain unit, if one of them was not in post at the time, counting only five.

[159] **Edwina Hart:** That is not on and should not be happening across the piece. If we could have more detail on what emerged on that, I would be happy for the director of HR to take up this matter.

[160] **Jonathan Morgan:** We could write to you with some of the points that were raised in the previous evidence sessions. Other points were around the quality of data collection and the method of collecting data. One health professional who was with us last week said that 30 people work in his particular specialism in Wales, yet there are three different methods of counting them, and one head count would get you to 100 people. As I mentioned earlier, Helen Mary Jones suggested that we stick them all in a room, close the door, do a simple head count and you should get to 30. There may be some issues around the way in which data are collected, so perhaps we could write to you about that.

[161] **Edwina Hart:** We have a workforce information system programme to improve how we collect data and so on, so it would be interesting to have examples.

[162] **Irene James:** To carry on with that, the committee made a recommendation requiring GP practices to provide data around workforce planning, but it has not been taken up. How do you intend to address this problem?

[163] **Edwina Hart:** GP services in Wales are managed through a contractual arrangement and the general medical services contracts state that practices must provide information that is reasonable to the LHB. We must recognise that independent practices are self-governing organisations, responsible for the delivery of services. We will be publishing annual primary care reports in this area, using a common information dataset, which will help with the issue. From 2010, we have chosen to illustrate how routine data sources can be described to improve general medical practitioners' services, and the primary care development group is looking at wider issues in this area. I do not know whether you have anything that you wish to add, Paul.

11.00 a.m.

[164] **Mr Williams** As the Minister said, we are dealing primarily with independent contractors. One of the benefits of the NHS reforms is that, for the first time, GPs and other independent contractors are managed by integrated health boards, and that promotes integrated workforce planning. On the data side, for the first time, we have produced a primary care report that analyses all the available data. It has shown us where we can improve on our data collection, and we have now required each health board to produce a primary care report for the first time. We have specified what needs to be in that template, including having information about the other types of staff that GP practices employ. It means that we can look at how we can enhance our integrated primary and social care teams at a local level, because that is to where we want to shift the emphasis. It is a rapidly growing area of interest for us, and the publication of the first report in 2010 has demonstrated that this is a very rich area for data, but that more work needs to be done.

[165] **Edwina Hart:** Practice nurses are now integrated into workforce development planning, which is good, but there are still gaps around technicians and others who may be employed within that area that we have to pick up on.

[166] **Lorraine Barrett:** Minister, you mentioned pharmacists earlier. In evidence that we have received, representatives of the allied health professionals and pharmacists expressed some concerns about their representation on workforce planning groups. Can you say something about their involvement as it is, and whether there are any plans to involve them more in the future?

[167] **Edwina Hart:** Pharmacists are involved in workforce planning groups. I am aware that there has been discussion about what type of representation they feel they should have, because it is interesting that none of these issues were raised formally by pharmacists during the consultation period. These issues only seem to be coming out at this juncture, which I find quite interesting. Hospital pharmacists are integral to the way in which hospitals are run. It is very different to the way in which we deal with community pharmacists. We also have professional fora across the piece, which pharmacists are part of. We do not currently have them in the Abertawe Bro Morgannwg University Local Health Board area, which is currently at the last stage of setting up a forum, or in Powys. However, pharmacists are integrated in all other health board areas.

[168] **Lorraine Barrett:** You have answered the supplementary question that I was going to ask about the professional fora within the local health boards. There are currently only two local health boards where they have not been set up, are there?

[169] **Edwina Hart:** Yes.

[170] **Jonathan Morgan:** Have you asked for any feedback from the professions who attend those professional fora? The evidence that we took last week and this week suggested that the picture was not as rosy as we have just heard. I know that two boards have yet to establish them, but the feeling that we got in this morning and last week is that we are nowhere near where we should be. Have you asked for feedback from those professional groups who are expected to be part of these new professional fora?

[171] **Edwina Hart:** The answer is ‘yes’. Sheila? Sorry, Sheila was my previous director. Liz?

[172] **Ms Davis:** We asked a question of health boards about their professional fora, because we had also received feedback indicating that they were not offering the views of all of the professions, so I put in place a piece of work some weeks ago to review the membership and agendas that were being looked at in individual health boards. We need to continue to support health boards to ensure that the right things come to those fora, and that those fora give high-quality feedback to the planning process, in particular, and on other professional issues that may be of concern to individual professions, because it is only when we join up those conversations across the health boards that we might be able to identify recurring themes or issues. We are at the early stage of that work, but we had identified it; I have asked the question, and I am now following that through.

[173] **David Lloyd:** Awgrymodd y pwyllgor hwn yn ei adroddiad y dylid cynnig cymhelliad ariannol i wella recriwtio a chadw meddygon yng Nghymru, a mynegodd y BMA yng Nghymru ei siom yn ddiweddar nad oedd ei argymhellion ar gyfer cynllun bondio meddygon iau wedi ei roi ar waith.

David Lloyd: This committee suggested in its report that financial incentives should be offered to improve the recruitment and retention of doctors in Wales, and BMA Wales recently expressed disappointment that its recommendation for a junior doctor bonding scheme has not been implemented.

Yn dilyn hynny, beth yw safbwynt Llywodraeth Cymru ar gynnig cymhelliad ariannol i feddygon i hyfforddi a gweithio yng Nghymru? A oes unrhyw gymhelliad yn cael ei gynnig ar hyn o bryd, neu a oes bwriad i wneud hynny yn y dyfodol?

Following on from that, what is the Welsh Government's position on offering financial incentives to doctors to train and practice in Wales? Are there any incentives currently offered or planned for the future?

[174] **Edwina Hart:** Thank you for that question. In fact, I had a discussion with the BMA on Monday of this week on the whole issue of a bonding scheme. I think that it felt that we had not been positive enough in the initial discussions, so I have now discussed with it the importance of getting our house in order regarding junior doctor rotas and having consultant-led services, and then, when we find that absolute base, we can see where the shortages are. However, I have offered the BMA the opportunity to come back to us about specialist areas where it feels that there is a problem, so that we could possibly look at some sort of bonding scheme to recruit into localities and specialities in areas of need. It is due to come back to us on that.

[175] With regard to the support for the recruitment and retention of junior medical staff, there are a number of reviews going on between the health boards and the deanery. We are also having discussions with the Mersey Deanery with regard to putting doctors from the north-west of England to train in hospitals in north Wales, which might then encourage doctors to stay within north Wales. We have also offered incentives to middle grade doctors, to ensure that we keep them within the system. In Wales, unlike in England, we still provide free accommodation, which has been important. We have established an accommodation working group to look at the quality of the accommodation, because, to be frank, it is not wonderful. That review is ongoing and the junior doctors who were present at the BMA meeting this week were pleased about that. We are also looking at issues relating to co-ordinating overseas recruitment.

[176] So, what we are doing within this area is correct, and we are trying to do it with the BMA, and not in a different way. However, the whole issue of recruitment is raising concerns, particularly in north-west and south-west Wales, about what more we can do within those areas. So, there are still issues on this in particular, Dr Lloyd.

[177] **Val Lloyd:** I want to ask you about the internship scheme for qualified nurses and allied health professionals. It was a committee recommendation that you consider providing a period of guaranteed employment, rather than lose the expertise gathered in training, and consolidate it. Is there any progress on that initiative?

[178] **Edwina Hart:** We will continue to monitor how we have dealt with the employment situation for new graduates for the past few years. You will remember that a clearing house system was introduced as a pilot scheme in 2009, with physiotherapists and speech and language therapists, which I alluded to in response to an earlier question. There have definitely been improvements in workforce planning, which have allowed us to better manage the issue, and, since 2008, we have had a graduate employment working group to look at some of the issues around this. Do you wish to add anything else, Liz?

[179] **Ms Davis:** No, other than to say that we maintain the principle that we should recruit on merit to appointments following training. As far as I am aware, and we are monitoring it closely, there are no surpluses of staff coming out, so we do not have a raft of people who are emerging from schools, universities and colleges who are not being employed, if that is their choice, in Wales.

[180] **Edwina Hart:** I must be perfectly frank with the committee that the issue of internship is rather on the backburner now, because of the financial issues within the service.

However, I think that the committee would understand that.

[181] **Helen Mary Jones:** We have had very positive evidence from some of the professions that are allied to medicine about the moves to integrate health and social care workforce planning. However, they and others have also highlighted to us that there is a challenge in how you plan for the workforce needs of the private and voluntary sectors. It is obviously more complex to do that, but can you say a bit more about what progress is being made on that? The Minister is quite right when she says that, in the end, the choice of where someone goes to work is down to the individual, but, with regard to integrating health and care needs, given that we have so much provision in the private and voluntary sectors, we should also be considering those.

[182] **Edwina Hart:** All social care workforce development partnerships are now required to publish their business plans and training calendars on their respective websites. So, a good start has been made on that. There is also something in the standards and the commissioning guidance.

[183] **Ms Davis:** We acknowledge that the private and third sectors are important providers, and we need to take their needs into account. There are two ways in which we do that. The first is that we have set up a mechanism to meet the Welsh Independent Healthcare Association as one of the partners in the health workforce planning process, which enables it to articulate what it sees as its likely requirements. In the workforce planning modelling, we also include the demand that is likely to be there from those other sectors. This partly answers the question that we had earlier. So, the model accommodates the fact that there will be people leaving university who will not come to work in the NHS. It is there in the model and we are now actively talking to representatives of the other sectors in terms of trying to understand their demand. So, we understand these issues better than we have done.

[184] **Veronica German:** Carrying on from that, the paper on sustainable social services says that one aspect is to put in place arrangements through the regulatory system for the gathering of mandatory information on the social care workforce. Could you explain more about this and how it might contribute to improved workforce planning?

[185] **Edwina Hart:** This is included in the Deputy Minister's current White Paper; that is not our side of the house in particular. If you want further information on that, I suggest that you ask the Deputy Minister and her officials directly.

[186] **Jonathan Morgan:** That concludes this particular section of the scrutiny session with the Minister. We now move on to general scrutiny, where Members are free to ask the Minister questions about her responsibilities.

[187] **David Lloyd:** On neurosurgery services, I am grateful for the information provided here, but a specific issue raised by constituents in the last few months, since the transfer of acute neurosurgery from Swansea to Cardiff, is that in an on-call emergency situation, GP access to the on-call consultant neurosurgeon has also gone. Previously, a GP would ring on behalf of a patient who had a blocked shunt, for example, and contact the consultant neurosurgeon in Swansea directly to arrange admission. Since the transfer, GPs can no longer ring the on-call consultant neurosurgeon. The patient has to go to the accident and emergency department in Morriston, which then rings up the consultant neurosurgeon in Cardiff to arrange admission. That leads to inevitable delays. Constituents are not happy with that and neither are my GP colleagues, nor, I suspect, the accident and emergency consultants involved. What possible resolution is there? Or are we happy to carry on with that alternative pathway, which we did not realise was going to happen when the acute service moved from Swansea to Cardiff?

[188] **Mr Williams:** I defer to your local knowledge on this matter. We have established a lead neurosurgeon for the west Wales region, who should be the link and provide regular outreach clinics and follow-ups. Also, there is now a signposting arrangement for GP referrals and protocol. If that is not working, I would be happy to take the issue back, because the intention is to provide a seamless and comprehensive service across the whole of south Wales. The information that I have is that the rate of referrals from west Wales has been increasing steadily over the last few months and, as you know, we have also ensured that we have a complementary service so that, as soon as patients move back to west Wales, they pick up the local care pathway. We have two former neurosurgeons working in Swansea who are developing the spinal service, and we have appointed two orthopaedic surgeons to complement them as part of the way that we have been reconfiguring services across the whole of south Wales.

[189] **Edwina Hart:** I have not received any correspondence from the LHB on any of the issues that Dai has raised. I have only anecdotal information from my constituents on this, but I am certainly happy to take the matter up.

11.15 a.m.

[190] **Val Lloyd:** I want to ask about the current position regarding staffing in the neurological services. Again, this is a constituency-based issue. I am getting information that people's treatment is slightly delayed because staffing is not yet in place. This is not for emergency work, but cold work, so to speak, and sometimes for those on waiting lists. This is happening because everything is not quite in place. It would be very helpful to know where we are with that.

[191] **Edwina Hart:** We have seen an increase in referrals to part of the service, which probably accounts for some of these issues in the non-emergency area. However, we are confident about staffing. When we have gone out on staffing recently, people have referred to those who are interested in being appointed as world-class, which I think indicates that we are getting a move on with delivery on the staffing side. Do you have any further comments on the staffing side?

[192] **Mr Williams:** As far as the Cardiff facilities are concerned, the board has reported that everything is now up and running. It has appointed locum staff where necessary. However, more importantly, as the Minister said, the information that I have received recently with regard to recruitment describes the applicants as world-class. So, I think that we have moved forward significantly now and we should be talking only about teething problems. Unfortunately, in most specialties, there is still a slight problem with delays due to the winter period that are now feeding through.

[193] **Edwina Hart:** With the changes to service provision, we now have safe, secure and sustainable services, which is important for everyone in south Wales.

[194] **Helen Mary Jones:** I would like to talk about the eating disorder services, Chair, if that is okay. Could we have an update on the introduction of the new community eating disorder services in the north and the south? With the community services coming into place, there are issues to do with the timescales for the other areas of the framework to be implemented. Going forward, is the Welsh Government confident that this is going to remain a robust service? I am thinking about the financial pressures on services locally. Does the Minister have a view on whether we might need to continue to have some direct funding, to use the term 'ring-fencing'? My colleague Ann Jones is not here so someone has to do it. [*Laughter*.] Might we need to continue, while the service is being redeveloped, to ring-fence some of those resources? I am concerned that we might lose that given the pressures the service is under.

[195] **Edwina Hart:** The remaining areas of the framework will be delivered by the end of the year, which I think is good news.

[196] **Helen Mary Jones:** That is good news.

[197] **Edwina Hart:** We have the two specialist eating disorder teams, in the north and the south, with specific roles in supporting primary and secondary care. Of course, we also have the additional money. I take on board your point about whether there is a need to ring-fence money in these difficult areas. Speaking honestly, when you read the letters from Assembly Members on some of the issues to do with eating disorders, you can understand the difficulties that families face, and the service is not perfect. The steering groups are all in place and the mental health programme board will continue to monitor this. It remains a priority to get the service provision correct. We also looked at nutrition in a wider way, because we now have the Wales nutrition pathway, which is looking at nutritional issues when people are admitted to hospital. We are moving apace with regard to eating disorders from where we were; we need to be mindful of the need for restraint in these financial circumstances, but we have to protect the services for these extremely vulnerable individuals.

[198] **Jonathan Morgan:** Lorraine, I think that you wanted to ask some questions on school nurses.

[199] **Lorraine Barrett:** Yes, I am interested in school nurses, Minister. Can you give us an update on the situation with the local health boards and whether they have filled all of the posts that needed to be filled? I was also interested in something you said about the school nurse role being expanded to deliver a range of Government policies within the primary sector, community groups and youth clubs. That would be really exciting because school may not be a place where a young person wants to be seen going to discuss something with a nurse. I am not sure about that. However, it would be very helpful to be able to reach young people in other settings. I know that you said that it would be up to the local health boards to decide how to deal with some of these issues. So, could you give us an update on where we are with that?

[200] **Edwina Hart:** The first phase of the school nurse programme is to ensure that there is one school nurse per secondary school, and that programme is drawing to a conclusion. By the beginning of this month, five health boards had met the ‘One Wales’ commitment, namely Betsi Cadwaladr University Local Health Board, Cardiff and Vale University Local Health Board, Hywel Dda Local Health Board, Abertawe Bro Morgannwg University Local Health Board and Cwm Taf Local Health Board. Four further new posts have been created and are currently being advertised across the two remaining health boards, which are Powys Teaching Local Health Board and Aneurin Bevan Local Health Board. This work will be completed by the end of this month. The framework outlines the development of a revised school nursing service, which will form the basis of the subsequent phases of implementation that you refer to. The development of the service into something that is integrated and useful for young people will be an ongoing matter for the next Government.

[201] **Lorraine Barrett:** Do you get a feeling that the health boards would be interested in expanding the role of school nurses to take the service into the wider community? Is there a general welcome for that?

[202] **Edwina Hart:** I think that there is, but the most important thing about school nurses is that they are so delighted that there is now a strategy that integrates them into the wider health service. That enthusiasm is due to the fact that they are now not seen as being out of the loop in some school somewhere. There is now integrated provision; they know where they stand and that this full coverage is making a difference to the development of policy. Their

willingness to engage in the wider issues is exceptionally important.

[203] **Jonathan Morgan:** Just for clarity, how many secondary schools have a school nurse and how many do not?

[204] **Edwina Hart:** We would have to check the up-to-date figures, because the recruitment process for the last few nurses is still under way.

[205] **Jonathan Morgan:** The problem with saying that a particular number of health boards have met the 'One Wales' commitment is that it does not tell us how many secondary schools have a school nurse.

[206] **Edwina Hart:** I can get you the detailed information on that.

[207] **Jonathan Morgan:** Thank you. Do Members have any further questions?

[208] **Helen Mary Jones:** I want to ask about an issue that I raised with the Deputy Minister for Social Services, namely that of people who have been receiving packages of support through direct payments via social services. If their condition deteriorates, or for whatever other reason, they may be reallocated as being the responsibility of the health department, to receive continuing healthcare. I do not know whether this is a problem across Wales, but in my constituency, people are reluctant to make that move because the packages of care that are offered through continuing care are, for various reasons, much less flexible in terms of meeting people's needs, particularly those of younger adults. Would the Minister give some consideration to this with the Deputy Minister for Social Services, perhaps looking at it as an issue that the next Government could address? It may become more of a problem now that there is such pressure on funding at both ends of the service.

[209] **Edwina Hart:** If the Chair and the Member have no objection, I will check the Record regarding what was said to the Deputy Minister, have some discussions on the subject and come back to you on that.

[210] **Jonathan Morgan:** That is very kind; thank you, Minister. Are there any further questions? I see that there are not. I thank the Minister and her officials for being with us this morning; it has been an extremely useful session.

[211] **Edwina Hart:** Thank you very much, Chair.

11.24 a.m.

Hynt Gweithredu Argymhellion Adroddiad y Pwyllgor ar Gynllunio Gweithlu yn y Gwasanaeth Iechyd ac ym Maes Gofal Cymdeithasol
Progress in Implementing Recommendations of the Committee Report on Workforce Planning in the Health Service and in Social Care

[212] **Jonathan Morgan:** During this item, we will be taking evidence from Tina Donnelly and Lisa Turnbull of the Royal College of Nursing Wales. It is a great pleasure to welcome you back to the committee. If you are happy to do so, we will proceed to questions.

[213] In your evidence, you state that although the workforce planning process has improved, there is still room for improvement. What further improvements do you think need to be made?

[214] **Ms Donnelly:** It is evident that the way that workforce planning is consulted on and

the way that we have access to the limited data that come forward have definitely improved. If we wish to seek redress, the Minister is always open to seeing the Royal College of Nursing to take on board our recommendations; that in itself is of delight to the college. We know that the NLIAH committee, to which we give evidence, sometimes questions our data, because they do not reflect what the director of human resources recognises as being the real case. That raises questions about the integrity of data and, therefore, we say that we know that there are data missing and we have submitted evidence that the data cannot possibly facilitate a complete enumeration of what the workforce plans need.

[215] **Jonathan Morgan:** The committee recommended extending the commissioning cycle for training places from an annual cycle to a cycle of five years. Is there any evidence that that is happening?

[216] **Ms Donnelly:** That is certainly the case with regard to the commissioning figures, which look at the preregistration programmes that are undertaken. When you are looking at development policies and when the service is trying to improve, you cannot forgo what is happening now, and you must ensure that you have sufficient staff at present. I am used to seeing the information that comes to the Welsh Assembly Government committees to which we give evidence and it invariably looks forward for three years. However, when you are looking five years down the line and at university degrees that work on the basis of a quinquennial review of programmes, it is difficult to say exactly what professional developments will take place within five years. There is always change and so we welcome the opportunity to have an annual update. That really benefits the NHS in Wales and academic institutions. We are content with that process, in the main.

[217] **Lorraine Barrett:** The committee has heard evidence that the quality of data used in the medical workforce planning process remains poor. Is this an issue for the nursing workforce? If so, what improvements are needed?

[218] **Ms Donnelly:** We constantly have discussions about that issue with the national partnership forum because we are seen as having two separate planning processes. The allied health professionals group and all the other professional groups sit around and review the workforce plans that come in from the NHS establishment. We never see the medical and dental workforce plans, so we have no idea what that integration should be like. We know from our own membership that there is a shortage of junior doctors. That has a knock-on effect on the clinical needs of patients. Those clinical needs still have to be met by the workforce that is available to those patients. Specialist nurses—who we do not see on the workforce planning agenda—are often called on to do some of the tasks that junior doctors should undertake, and we have no information about that and that causes us concern.

[219] I heard evidence with regard to the professional fora. We have asked for that to come to the professional fora within local health boards. Within the NHS, there should be a discussion about what that means for the junior doctor workforce and the back-filling of those posts and consultant posts. Nurse consultants who are brought in do not work in isolation: they have a team of people who carry out investigations and treatments—I am talking about physiotherapy, occupational therapy and nursing. That in itself is the team approach. If you have no idea what the workforce plans for medicine and dentistry are, you are looking at your workforce plans that come to the table in isolation. When we are working with our members, that is exactly what they tell us—that they are often called on to do medical tasks because the patients' needs are there. In looking at workforce planning, we would like to see that full integration. We have requested that and the setting up of professional fora to do that. About six weeks ago, we raised this with Paul Williams and the new director of human resources, which has spearheaded some actions regarding what the professional fora are and how effective they are. We are not involved in those as yet and I am keen to see the information that comes out of that because it would be useful when we are asked to comment on the

numbers that are being commissioned.

[220] **Veronica German:** You have expressed concerns about staffing levels, the skill mix and the availability of data. Do you think that the workforce planners and managers have the information to address this or not? Is it the case that they do not have the information about the skill mix? I also know that you are concerned about the fact that they do not publish what is available. What is the biggest problem?

11.30 a.m.

[221] **Ms Donnelly:** Without published data, it is very difficult to identify what the problem is. I agree wholeheartedly that workforce planning is not an exact science. Nevertheless, we have looked at information from America and from the Rafferty study in England, which clearly shows that you are able to denote what a suggested ratio would be if all things are equal. So, we are not looking at the acuity of patients. In the last two years, we have lobbied quite forcefully to say that this is not just about looking at the numbers; you have to look at the acuity of patients. You need to know what the patients' dependencies are. You need to know the exact input that you will have to deliver for those patients in meeting their dependencies. That is not an exact science. It is, nevertheless, down to clinical judgment. In looking at the published information, I have real difficulty in ascertaining what an absolute ratio would be for a medical or surgical ward at a local health board, for example. However, at the college, I know that we would recommend a ratio of 65 per cent qualified, registered nurses to 35 per cent healthcare support workers. We are looking not only at the skill mix in terms of providing for patients, but also at supervision. It is vital that patients are not put at risk by the unregulated workforce.

[222] I was a hospital patient myself last week. Most of my care was undertaken by healthcare support workers, with very limited supervision. From that perspective, I am absolutely capable of articulating my needs, but that is not necessarily the case with some patients who are not as professionally qualified as I am. I still have huge concerns over the acuity of patients and absolute supervision. In the acute care sector or, more importantly, the community care sector, where there is not a plethora of team members able to supervise care, patients are potentially vulnerable. We therefore need to have skills in the community that allow full assessments of patients to be conducted, so that it is possible to identify what the clinical needs are, as well as the appropriate skill mix for that individual. That is not taking place. Regarding missing information, one of the other issues that we are concerned about is that we have no real idea how many healthcare support workers are qualified to a particular standard. That is a huge issue. Health care support workers may be working on a ward, but some of them could be two months or six months in post. That is a completely different situation to having someone who is trained to NVQ level 3 or 4 and who is absolutely able to carry out some of the care duties that nurses are prescribing.

[223] In looking at the skill mix, I would like to see some work done on acuity modelling. On several occasions, we have suggested to the directors of HR that work should be carried out together with the college and other colleges to look at potential modelling options. You asked for our suggestions on what should be taken forward. We have come a long way in getting access to information. I do not want to be negative about that. However, it is time to look now at some of the information. This is not just a numbers game. It is about looking at the skill mix and not—I hasten to add—the grade mix. Those two things are not the same.

[224] **Irene James:** I think that you have largely addressed many of the questions that I was going to ask. You recommend that the Welsh Assembly Government and local health boards publish their workforce plans, and you have already said quite a lot on that. Nevertheless, what do you see as the main benefits of doing that?

[225] **Ms Donnelly:** The main benefit would be the integration of service delivery models. In looking at the information available, we can see, for example, that the independent sector is not being taken on board. I know that people say that it is incorporated into the modelling, but that is not what our evidence shows. Our membership includes about 92 per cent of the nursing workforce. Of that number, about 25 per cent work in the community. I know that those workers are not included in the figures. It is a difficult situation because they are now part of the contracted service. In relation to primary care, we would also like to see a lot more information and integration in respect of practice nursing and in respect of everyone else who is involved. If we know that data are missing about the commissioned number that are being commissioned, that, in itself, does not allow us to have confidence in the figures that are coming out.

[226] I have already commented on healthcare support workers, and we have seen an increase in that regard. About seven years ago, there was recognition that healthcare support worker titles would assume exactly that. However, we still see nursing and healthcare assistants and people who work in laboratories all coming under the one agenda. It is difficult to drill down the number of those who are involved in direct care, which can affect the work of seeking the ratio of the professionally registered to the unregistered workforce. That in itself causes problems with regard to determining how much time, in a 37.5 hour week, is geared towards supervision or training, as well as dealing with all of the orders that nurses now have to deal with. So, the actual clinical contact time in relation to patient care is not really taken on board.

[227] When we looked that international recruitment and migration about four years ago, we understood that approximately 20 per cent of all the nurses who qualified in Wales left Wales. However, we also see approximately 20 per cent of nurses who train in England coming back to Wales. So, we suggest that that might be equal. Nevertheless, a higher number of nurses are now being recruited primarily to Australia and New Zealand. So, it would be interesting to ascertain, for example through post-exit interviews, why people do not take up posts in Wales. It might not be because they cannot get a job here, but because they do not want to work here, or because they have come from a different part of the UK with the intention of going abroad. It is important to have that information in order to commission the workforce in future. We are talking about commissioning figures in any LHB to the level of maybe three or four nurses, so to lose those three or four nurses would be quite significant in each of the health boards, particularly if you were to multiply those figures with the two intakes a year on a year-by-year basis. That is quite a deficit in the number of nurses that you will potentially not have to re-employ.

[228] The age phenomena issue concerns me greatly, because we have asked, not through the Welsh Assembly Government, but through the committees, to have an accurate age profile of the academics in education, given that it can take 10 years to train an academic tutor to be able to train nurses. Yet, we are seeing many nurses retiring and not wanting to go into the academic community, because of job insecurity. So, it is a chicken and egg situation, but we need that accurate information to get real knowledge of what the workforce plans are actually planning for.

[229] Another concern of ours is the utilisation of bank and agency nurses. There are two LHBs in Wales that have identified potential savings by not employing agency staff, and to have salaried nurses on the workforce instead. That has saved significant amounts of money—millions of pounds, not hundreds of thousands of pounds. It is a false economy to think that you can hold open vacancies for three to six months and still expect to do the same amount of work and to bring in agency staff when there are peaks and troughs. If you look at the current bed occupancy rates of the NHS, you will see that they have gone from 88 per cent to 92 per cent to 100 per cent, which means patients constantly in bed and a constant demand

on nursing. However, nurses do not have time to do all of the things that they are supposed to do, because they are understaffed.

[230] So, we need to see the publication of those workforce plans so that we, as a college, can scrutinise the acuity of patients, and be in a better position to say whether we feel that the workforce planning data are accurate, particularly given the huge amount of missing data with regard to the issues that we have mentioned already. I do not think that the independent sector should be disregarded.

[231] **Jonathan Morgan:** You have answered in part the question that I was going to ask about the lack of information on GP practice nurses and healthcare support workers. The committee recommended that the GP contract be amended to ensure that basic information on numbers and types of staff was collected. That recommendation was accepted in principle by the Government, but have you seen any evidence of any positive steps in that direction?

[232] **Ms Donnelly:** The positive steps that we have seen were in response to direct work with the Minister for Health and Social Services when we expressed concern, about a year ago, that we were not able to access that data. Action was taken; the Minister directed the health boards to write to GPs to find out exactly how many nurses were commissioned.

[233] **Jonathan Morgan:** That is not the same as amending the GP contract.

[234] **Ms Donnelly:** No, it is not the same as what we had pre 2004, where we knew exactly how many practice nurses were employed in each practice. So, that in itself poses questions. As we have no data, we cannot determine where the backfill is when those practice nurses go on leave. I know from members that we have in the college that often it falls to the district nurses to come in to do some of that work. Therefore, I would look at whether there is double counting of the work that is being done from a GP practice in order to determine whether the LHB, in supporting the practice nurse and the practice, also has to supply district nurses to backfill. Until we have an accurate figure, what happens when you have to fulfil the five-week or six-week holiday commitment? Who fills that? Having that information would make things more transparent so that we can reflect accurately the annual commissions that are put in place by the practice nurse.

[235] **David Lloyd:** Yr ydych wedi ateb fy nghwestiwn ynglŷn â'r sector annibynnol yn rhannol, ond fe'i gofynnaf beth bynnag. Pa waith pellach y mae angen ei wneud i wella'r wybodaeth am y gweithlu nyrsio yn y sector annibynnol, a pham bod hynny'n bwysig?

David Lloyd: You have answered my question about the independent sector in part, but I will ask it anyway. What further work is needed to improve information on the nursing workforce in the independent sector in Wales, and why is it important?

[236] **Ms Donnelly:** It is vital because of where we are currently in the move from acute care sector provision to community care. If we look at the numbers of nurses who work in the independent sector, we see that a high proportion of those are internationally recruited nurses. There is also concern with regard to how long internationally recruited nurses will stay in Wales, and the continuity of care. So, we need to have that accurate information.

[237] The other issue is that we often find that nurses work in two places, having a dual contract of employment, and often someone who is supposed to work 37.5 hours—or about 44 hours as it now is in the NHS—will seek alternative employment, which is often in the independent sector, in nursing homes. Therefore, there is potential for double counting. I was interested to hear the evidence that was given earlier that suggested that it is included in the modelling, because I would want to see that there is veracity in those numbers, so that we are not double counting the number of hours that nurses work in care homes in the independent sector. More could be done with regard to the registration and inspection of nursing homes to

identify how many of those nurses have a dual contract, one with the NHS in relation to the acute care sector, and another in the independent sector.

[238] I am sorry, I have forgotten the second part of your question.

[239] **David Lloyd:** The question was about why that is important, but I think that you have answered it.

[240] O ran recriwtio a chadw staff nyrsio, argymhellodd y pwyllgor y dylid ystyried darparu cyfnod o gyflogaeth warantedig neu gynllun internïaeth er mwyn sicrhau y gall nyrsys a graddedigion proffesiynau iechyd perthynol gael gwaith. Pa mor barod y mae Llywodraeth Cymru wedi bod i dderbyn cynllun o'r fath?

With regard to the recruitment and retention of nursing staff, the committee recommended that consideration be given to providing a period of guaranteed employment or an internship scheme to ensure that nurses and graduates in allied health professions can secure employment. How receptive has the Welsh Government been to such a scheme?

[241] **Ms Donnelly:** Initially, it was very receptive to trying to put that in motion. In fact, a strategy, the post-education commission career framework, was launched by the CNO a few years ago, which outlined clearly the potential to incorporate that so that nurses in their first year would rotate between medicine and surgery, and so that there would be an element of secured preceptorship. However, sadly, we have not seen that. There are huge financial constraints in the employment of any member of the healthcare workforce, and that has demonstrated that there are parts of Wales where nurses do not get employment—north Wales being one in particular. We know that, about four years ago, because of the workforce plans and the need to increase numbers, and the availability of clinical placements, there was an increase in the number of nurses who were training in north Wales. However, some of those were not able to get employment, and in the past year and a half we have seen that nurses are not getting employment in full-time posts. Some of them are being given scanty contracts through bank nursing. So, we are not seeing that being taken on board, and I feel that a lot of it is down to the financial overspends of many of the LHBs currently.

11.45 a.m.

[242] **Val Lloyd:** I have a very direct question, Tina, regarding the provision of healthcare through the medium of the Welsh language. What further work is needed to ensure that healthcare services through the medium of Welsh are available to all who need them?

[243] **Ms Donnelly:** I will take the first part of that, and then I will ask Lisa, who sits as our representative on some of the boards, to comment. Recently, we requested that a paper go to the national advisory board to look at the potential for running intercalated education provision for medical, nursing and allied health professionals during their preregistration years. It is not rocket science to do it—universities in England do it for international languages, a university in Sussex being one. There is potential to do that. It does not bode well when you hear that when many patients, especially those receiving dementia care, revert to their first language, which is often Welsh, they are left because we do not have sufficient Welsh speakers in the NHS healthcare service. It is part of having dignity to be able to converse in that language, so it does cause us concern. We have recommended some initiatives that could be put forward relatively inexpensively to ensure that there are opportunities for people who want to expand their knowledge of the Welsh language and, importantly, the Welsh language in the clinical setting, which is a different type of learning.

[244] We know that some tremendous work has been done by Bangor University and we would like to see that taken on board. There are some other measures that could be taken, which were identified through the work done on empowering ward sisters. For example,

identification as a Welsh speaker being embroidered into the nurses' uniforms goes a long way to help healthcare professionals identify Welsh speakers in a clinical practice. More importantly, it identifies the Welsh speakers for the patient and their relatives, removing the stress. However, the numbers are insufficient. So, we would like to see, in the commissioning, opportunities to develop intercalated qualifications for the Welsh language. Medical students often take a year out to do biology or research, so it would be useful for them to take time out to learn a language. The same applies to nurses. This would be similar to what happens in a university in Sussex, the University of Brighton, which does Spanish, French and so on. I will hand over to Lisa now.

[245] **Ms Turnbull:** I would suggest two very simple actions. There is now a question on the electronic staff record about people's ability to speak Welsh, but it is not a mandatory question, so it is not being filled in and the data are not being collected. Making that a mandatory question is one action. There have been some positive stories of situations where heads of department have assumed that nothing could be done to provide a service in Welsh but, when they made the effort, they have realised that they did have enough staff and that there was not a problem. So, providing the data is the first point.

[246] The second point is to do with the commissioning of pre-registration and post-registration student places. If language was considered and those places were commissioned in that language, that would be extremely helpful. At the moment, there are certainly student places, particularly in the Bangor area, where teaching is done through Welsh or bilingually, but that is not specified in the commissioning process. That would be a very simple way of ensuring that we have an understanding of the numbers going into the system and, therefore, the numbers in place to deliver a proper Welsh-language healthcare service.

[247] It is important to say that there has been incredibly positive work done on setting up the task group to take forward the development of a plan for the provision of health and social care through the Welsh language. So, there are some very positive moves afoot, but there are some very specific actions that could be taken relatively easily to help this process along.

[248] **Jonathan Morgan:** Do Members have any further supplementary questions? I think that we have covered all of the ground that we needed to cover this morning. My thanks go to the Royal College of Nursing for being with us this morning. It is always a great pleasure to see Tina and Lisa.

[249] The only other item that I wish to address this morning is that we will be producing a legacy report. The intention is that the draft legacy report will be with you on Monday or Tuesday next week. I think that we will probably be able to get something to me as the Chair by the weekend, and I will ensure that it is circulated. We will try to agree that by e-mail to save the committee having to meet, as this is our last meeting. My thanks to all Members for all their efforts. I wish you all the very best for the future. Thank you.

Daeth y cyfarfod i ben am 11.50 a.m.
The meeting ended at 11.50 a.m.