Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol

The National Assembly for Wales
The Health and Social Services Committee

Dydd Mercher, 28 Mehefin 2006
Wednesday, 28 June 2006

Cynnwys
Contents

Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee. In addition, an English translation of Welsh speeches is included.

Aelodau Cynulliad yn bresennol: Rhodri Glyn Thomas (Cadeirydd), Brian Gibbons (y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol), John Griffiths, Helen Mary Jones, Val Lloyd, Lynne Neagle, Jonathan Morgan, Jenny Randerson, Karen Sinclair, Gwenda Thomas.

Swyddogion yn bresennol: Mike Burns, Tîm Amddiffyn a Lleoli Plant; Dr Tony Jewell, Prif Swyddog Meddygol; Peter Jones, Cynghorydd Cyfreithiol y Pwyllgor; Ann Lloyd, Pennaeth, Adran Iechyd a Gofal Cymdeithasol;

Eraill yn bresennol: Dr Malcolm Adams, Cyfarwyddwr Meddygol, Canolfan Canser Felindre; Kevan Blomeley, Cynrychiolydd Gofalwyr, Hosbis Dewi Sant, Llandudno; Alun Davies, Prif Weithredwr, Hosbis Dewi Sant, Llandudno; Gladys Harrison, Cadeirydd, Hosbis Dewi Sant, Llandudno; Dr Hugh Leask, Cyfarwyddwr Meddygol, Hosbis Dewi Sant, Llandudno.

Gwasanaeth Pwyllgor: Jane Westlake, Clerc; Catherine Lewis, Dirprwy Glerc.

Assembly Members in attendance: Rhodri Glyn Thomas (Chair), Brian Gibbons (the Minister for Health and Social Services), John Griffiths, Helen Mary Jones, Val Lloyd, Lynne Neagle, Jonathan Morgan, Jenny Randerson, Karen Sinclair, Gwenda Thomas.

Officials in attendance: Mike Burns, Child Protection and Placements Team; Dr Tony Jewell, Chief Medical Officer; Peter Jones, Legal Adviser to the Committee; Ann Lloyd, Head, Health and Social Care Department;

Others in attendance: Dr Malcolm Adams, Medical Director, Velindre Cancer Centre; Kevan Blomeley, Carers' Representative, St David's Hospice, Llandudno; Alun Davies, Chief Executive, St David's Hospice, Llandudno; Gladys Harrison, Chair, St David's Hospice, Llandudno; Dr Hugh Leask, Medical Director, St David's Hospice, Llandudno.

Committee Service: Jane Westlake, Clerk; Catherine Lewis, Deputy Clerk.

Dechreuodd y cyfarfod am 9.31 a.m.
The meeting began at 9.31 a.m.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introduction, Apologies, Substitutions and Declarations of Interest

[1] **Rhodri Glyn Thomas:** Croeso cynnes i'r Pwyllgor Iechyd a Gwasanaethau Cymdeithasol. Croeso i'r bobl yn yr oriel. Yn ôl yr arfer, a all pawb sicrhau bod unrhyw offer technegol wedi eu diffodd; nid yw'n ddigonol i'w gosod ar 'ddistaw'—mae angen eu diffodd yn gyfan gwbl neu byddant yn ymyrryd ar y system sain.

Rhodri Glyn Thomas: A warm welcome to the Health and Social Services Committee. Welcome to the people in the gallery. As always, could everyone ensure that any technical equipment is switched off; it is not sufficient to set them on 'silent'—they need to be switched off completely or they will interfere with the sound system.

[2] Mae offer cyfieithu ar gael, ac mae'r offer hefyd yn cynyddu'r sain os ydych yn cael trafferth clywed yr hyn sy'n cael ei ddweud.

Translation equipment is available, which also amplifies the sound if you have a problem hearing what is being said.

[3] Os oes rheswm inni orfod gadael yr ystafell hon ar frys, dilynwch gyfarwyddiadau y tywysyddion os gwelwch yn dda.

If we are required to leave this room in a hurry, please follow the ushers' instructions.

[4] Nid wyf wedi derbyn ymddiheuriadau. Gofynnaf i'r Aelodau ddatgan unrhyw fuddiannau. Gwelaf nad oes buddiannau i'w datgan.

I have not received any apologies. I ask Members to make any declarations of interest. I see that there are none.

9.32 a.m.

'Ein Cadw'n Ddiogel'—Adroddiad yr Adolygiad ar Ddiogelu Plant sy'n Agored i Niwed
'Keeping us Safe'—the Report of the Review on Safeguarding Vulnerable Children

[5] **Rhodri Glyn Thomas:** Yr wyf yn falch o groesawu cadeirydd yr adolygiad, Gwenda Thomas, i'r pwyllgor y bore yma. Fe'i gwahoddaf i wneud unrhyw sylwadau agoriadol sydd ganddi.

Rhodri Glyn Thomas: I am pleased to welcome the chair of the review, Gwenda Thomas, to the committee this morning. I invite her to make any introductory comments that she has.

[6] **Gwenda Thomas:** Diolchaf i'r pwyllgor am roi amser i'r adroddiad hwn, ac am fy ngwahodd i wneud cyflwyniad. Mae'r papur sydd gerbron yn esbonio hanes yr adolygiad, felly siaradaf yn fwy cyffredinol am ychydig funudau, gan roi fy sylwadau personol i.

Gwenda Thomas: I thank the committee for giving time to consider this report, and for inviting me to make a presentation. The paper before you explains the background to the review, so I will talk more generally for a few minutes, and give my personal comments.

[7] Throughout history, measures have been taken to safeguard vulnerable children. In the nineteenth century, particularly, there was an explosion of protective legislation. This ensured that births were registered, children in employment were more protected, education and school meals were introduced, and illegitimate and poor children were better protected. The latter part of that period also saw the development of the probation service, approved schools, reformatories, and the first prevention of cruelty to children Act. At the same time, national children's voluntary organisations, such as Barnardo's, the National Society for the Prevention of Cruelty to Children, and the National Children's Home were developing. Shortly afterwards came the first Children Act, in 1908, and the first adoption Act in 1926.

[8] The second great wave of social legislation after the second world war included the landmark Children Act 1948, which brought together the existing services for vulnerable children under one authority. This authority had new responsibilities and powers. Much has been done since to build on that foundation, and there have been many improvements. In parallel with legal and organisational developments, psychology and psychiatry have developed knowledge and insights that have contributed to good practice in children's services.

[9] At the same time, services for children have experienced turbulence and loss of continuity, as a result of major changes in organisational structures and policy direction over the years. There is a wealth of knowledge about how best to safeguard vulnerable children, but that knowledge needs to be better and more consistently used if Wales is to become the safest possible environment for a healthy and happy childhood. The huge volume of evidence that we received deserves close and detailed consideration and careful reflection. If we are serious about safeguarding vulnerable children, there are no quick fixes. We need a long-term vision and programme that has as much political consensus as possible. This is because the necessary planning and action will stretch beyond the lifetime of any one Government. Above all, vulnerable children need stability and continuity. If we are to learn anything from history, it is that vulnerable children are most at risk at times of organisational and workforce change.

[10] The members of the review team acted in an independent capacity, and in their own right, and brought extensive expertise to the task. I was also assisted by Christine Walby, chair of Children in Wales, who acted as an adviser to the review team. Her help and assistance was invaluable. The review also benefited from having an observer from the office of the children's commissioner. It is important to stress that the review was proactive and not a response to an identified problem or issue. It was a genuine attempt to look at the reality of outcomes for children and young people, as opposed to what government and others think is happening. For this reason, we placed the greatest emphasis in our consideration of evidence on extensive canvassing of the views and experiences of children and young people. We also placed great emphasis on the views of those who work directly with children, and on the reports and views of the various inspectorates. In every possible way, we tried to make the review focus on what is really happening, rather than on what policy and plans say is happening.

[11] Most importantly, we commissioned a project designed to consult with a large number of children and young people. Its report and consultation has been given great prominence in the review, and we took the title of its report, 'Keeping Us Safe/Ein Cadw'n Ddiogel', as the title of our report. What those children and young people said is reported in great detail in the full version of the review report, which I hope you will read, and of which we will have a hard copy very soon. I will chase that up. We also considered the views of children and young people reported by various surveys. It will not surprise you to hear that the review found many positive aspects in relation to safeguarding vulnerable children, not least the huge commitment and expertise of individual social workers, nurses, doctors, teachers and police officers, many of whom are struggling against the odds.

[12] There are also many positives regarding policies and initiatives at national and local levels, and there have been great advances in listening to children. However, there were many problem areas and they were also strong and consistent themes throughout the evidence. I emphasise that many children feel unsafe on the roads going to and from school because of low-level crime and limited access to safe play areas. Many practitioners suffer low morale and high stress. The most vulnerable children get too little, too late. There are too many short-term initiatives and not enough sustained funding, and there is not successful and consistent implementation of what works. There has been and is too much organisational change, there is too much variability in the quality and availability of services and facilities for children, particularly the most vulnerable children.

[13] Therefore, what do we need? Despite considerable efforts, we are still not joined-up and placing the child at the centre. There are conflicting targets and timescales, and insufficient co-ordination of responses to individual children. The funding of children's services is a minefield, and despite considerable work by Assembly officials on behalf of the review, it proved impossible to identify accurately what is being spent from the public purse on children in Wales. There needs to be much more integration at political and officer levels, and rationalisation of initiatives. The basic tenet of the report is that safeguarding is everybody's business. That is why one of the challenges is about the public, including the media. Police policy and priorities are affected by public opinion, which, in turn, is informed—or ill-informed—by media comments. Distorted, conflicting and unhelpful images of children and young people can be promoted by the media. On the other hand, responsible reporting can be helpful.

9.40 a.m.

[14] The approach of the review has been to identify and address the key blockages that impede progress on achieving a more effective approach to safeguarding vulnerable children in Wales. The blockages identified cluster in the area of the seven challenges that were set out, and the review has recommended necessary actions to address these blockages to progress. While the challenges are difficult, they are not insurmountable. However, they require a will that is strong enough to tackle some previously intractable issues. They also need a long-term and phased approach that takes account of priorities and enjoys sufficient political consensus to ensure that the change and improvement programme is sustained. The support and understanding of the public will be an important factor in long-term success.

[15] The review, therefore, is convinced that a re-energised and proactive Government initiative to create a more integrated model of sustainable children's services within a committed culture and framework for safeguarding children throughout Wales is needed. The rewards, measured in positive outcomes for children as a result, would be well worth the effort. The review team's report will be challenging for the Welsh Assembly Government, but I hope that it will also be a source of inspiration, particularly in future policy development.

[16] **Rhodri Glyn Thomas:** Diolch, Gwenda. Mae'n amlwg y bu'r adolygiad yn un cynhwysfawr. Ar ran y pwyllgor, yr wyf yn canmol eich pwyllgor am ei waith manwl ar yr adolygiad hwn. Mae gennym dri chwarter awr yn awr i gael trafodaeth ar yr adroddiad hwn, felly cymerwn bob pwynt yn ei dro.

Rhodri Glyn Thomas: Thank you, Gwenda; it is obvious that the review has been a comprehensive one. On behalf of the committee, I praise your committee for its detailed work on this review. We have three quarters of an hour now for discussion of this report, so, we will take each point in turn.

[17] **Jonathan Morgan:** I thank Gwenda for being with us this morning, and for the work that she and her group have done. It is clearly an extensive piece of work that feeds into a large number of areas, in terms of not just public policy, but the involvement of children and agencies outside of Wales. So, I welcome the report and the recommendations.

[18] Starting with point 1, I refer to a particular issue that you raised—you said that there were no quick fixes, and you were absolutely right on that. How do the recommendations of this report and the consideration that you gave to the problems that exist out there in Wales fit in with the 'Clywch' inquiry? The 'Clywch' inquiry touched on a number of issues that are similar and pertinent to the work that you did, and I was wondering how you saw the progress of the implementation of the 'Clywch' inquiry as being fundamental to achieving some of the recommendations that you have reached.

[19] My second point on challenge 1 relates to the involvement of children and young people's partnerships. We all supported them when they were established, but I was wondering how, in your view, these partnership bodies are working and whether you see them as effective. I know that they have not been up and running for too long, but I was wondering how you saw the development of those young people's partnerships at a local educational authority level feeding into your recommendations.

[20] **Gwenda Thomas:** I see my position this morning as a custodian of this report, its contents and the recommendations. The Welsh Assembly Government will comment on implementation. We are expecting a written statement by 12 July, followed by a more comprehensive response in the autumn, as Jane Hutt has already made clear. However, the issue of quick fixes is absolutely crucial to the way ahead. The 'Clywch' report was very much part of our considerations. The representative of the office of the children's commissioner fed in the 'Clywch' recommendations and other reports that we have had. One of the issues was that tracking the implementation of previous recommendations can be difficult. However, there is one recommendation here that clearly says that one of the 'Clywch' report's recommendations, to do with safeguarding children in schools, should be implemented immediately. There was an overlap with previous reports, such as the Waterhouse, Victoria Climbié, Carlile and 'Clywch' reports, so we decided at the outset to try not to reinvent the wheel and to try not to repeat recommendations that were already there. As I said, we did try to track the implementation of recommendations and that is an issue that I very much hope the response to the 'Keeping Us Safe' report will take account of, and I am sure that it will. Much of the 'Clywch' report, of course, was geared towards the education department. I hope that there will be reference to the 'Clywch' report when we get the Welsh Assembly Government's response to this report.

[21] **Rhodri Glyn Thomas:** Jonathan?

[22] **Jonathan Morgan:** If I could just—

[23] **Gwenda Thomas:** On the partnerships—

[24] **Jonathan Morgan:** I would like it if Gwenda could respond on partnerships, but then I have two follow-up points, if possible.

[25] **Gwenda Thomas:** I believe that there was evidence that excellent work is being done to support the partnerships. What was absolutely clear in the evidence was that a partnership is the way forward—although we hear the word often—and a true and meaningful coming together of various bodies. This has been said so many times in so many reports, that there really has to come a point when all of our energies must go towards implementing true partnership, joint working and the coming together of organisations. I can think of reports as far back as 27 or 30 years ago when we heard about the lack of joint working. There have been improvements—we must not think that there have not been—but it is still not good enough.

[26] **Jonathan Morgan:** I am grateful for that, Gwenda. You said that one of the issues that you dealt with was tracking the implementation of previous recommendations and you referred to the 'Clywch' inquiry. Were any concerns raised during your work about the pace of the implementation of the 'Clywch' recommendations, bearing in mind that the children's commissioner said that, for some of the initial recommendations, he wanted a strict timetable of six months? That was the first follow-up point.

[27] The second follow-up point relates to the work of the children's commissioner. You mentioned at point 1.5 that you would like the Government to consider restoring the former link between the Welsh Assembly Government and the children's commissioner, through the Minister with responsibility for children. I was curious as to what you thought this would achieve and how that relationship would be different to the relationship that the children's commissioner has now with the Assembly Government.

[28] **Gwenda Thomas:** On the tracking of the implementation of recommendations, 'Clywch' did not stand out alone as there were concerns about the implementation of other recommendations: Waterhouse was a big one, with recommendations for local authorities; there were issues about the Carlile report; and there were issues about the 'Clywch' report. What was welcomed about the 'Clywch' report was that there was a timetable for implementation and that, therefore, it should be easier to monitor implementation. We will now have to see how these two reports merge.

[29] What we need to do is put the child at the centre of the policies. It is no good having a report if you do not implement the recommendations that have been accepted by Government, both here and in Westminster. I would say that there was concern about the implementation of previous recommendations. We identified many of them, but I think that we must look forward now. If this report does anything, I hope that it can bring together the recommendations that have been made. We could not go back very far or we would have been there for years and years, but, as far back as we did go, certainly in terms of the Waterhouse, Carlile and Victoria Climbié reports, there were concerns that some of those recommendations have still not been implemented.

9.50 a.m.

[30] It was a view of the group that there should be a link between the children's commissioner and the Minister with responsibility for children. That was the view of the report and it is reflected in the challenges. The thoughts behind that were that the Minister with responsibility for children's role should be strengthened and that that role should be used to co-ordinate the work in other portfolios that is to do with children. It was felt that that would be a way of filtering the issues raised in the report down to all of the portfolios.

[31] **Helen Mary Jones:** I want to follow up on some of those reports. What Gwenda said about needing to look forward is very important, but we also need to learn from them. You talked about the concerns about not implementing some of the recommendations of a previous report and that raised a big concern for me, because we do have political consensus, broadly, on getting those things done and yet they are not done—well, not all of them. I wonder whether you were able to identify what some of the barriers to implementing those recommendations were. In a similar vein is the importance of partnership working. You rightly said that there are reports going back 30-odd years that were telling us that this needed to be done, but it is still very patchy. There are still some very good examples, but there are still some areas where it is not as effective as it should be. I wonder whether you were able to identify what some of those barriers might be.

[32] Just to comment on 1.7, I was very pleased that you emphasised the importance of independent advocacy. That is not something that can be funded by the body that you have to criticise. I would be interested in any comments that you have on what those barriers are, because the more we can understand the barriers, the more we can begin to see what actions need to be put into place to overcome them, given that there is this will, clearly, to overcome them, but that they are not being overcome in all cases.

[33] **Gwenda Thomas:** There is a whole section of the main report that deals with unblocking the blockages, which is how the review looked at it. As far as the implementation of recommendations was concerned, it was very difficult to identify clearly what the barriers were. It seemed that various reports had different status. Some were reports to Westminster—we think about the Waterhouse report. I am giving a personal view here, but I think that, with reports such as Waterhouse and Climbié, what has been missing are identifications of recommendations that have said the same thing consistently. If we looked at those, we would be back to joint working, joint planning, budget sharing and clearly defined responsibilities to take that implementation forward. We can think of ‘Clywch’ recommendations for the press and the media, recommendations for local government, recommendations for the Welsh Assembly Government. In each of those reports, and indeed in this one, there are recommendations aimed at various organisations. So, one of the barriers is that there has not been an overarching responsibility that has been clearly defined to track the implementation and, therefore, some of the recommendations have just been lost.

[34] **Jenny Randerson:** May I apologise—

[35] **Gwenda Thomas:** May I say something on independent advocacy? I am sorry, Jenny, I do not want to miss that out. I can see a note here for Helen Mary. Independent advocacy is crucial and we give quite a clear pointer to the way forward there with regional commissioning and the need to identify and to be able to handle the market. That was quite a big issue. That is why I interrupted Jenny. We need to be able to identify what is good in the market and what is not good and that became quite a big issue. Sorry, Jenny.

[36] **Rhodri Glyn Thomas:** Jenny, would you like to comment now?

[37] **Jenny Randerson:** I was apologising for the fact that I had brought the wrong file and had to go back to collect the right one, so I missed some of what you said. However, I have, of course, read the report. I very much welcome your comments about the need to track recommendations. I wonder whether we need a way of monitoring how and whether recommendations are put in place. It is, after all, two years since the ‘Clywch’ report, and longer than that since the Carlile report. We should be paying more attention to the follow-up, and that is not just a Government responsibility; it applies to us as Assembly Members.

[38] I welcome your remarks about the need for adequate resources for the local safeguarding children boards. I raised that issue in debate yesterday. I also welcome the need to link in to Home Office initiatives on internet safety: that is increasingly important, and we should be highlighting those issues more strongly and maybe even looking at the curriculum to see how we use the mechanisms that exist to ensure that children are fully aware of the dangers of the internet.

[39] Gwenda, why did you not include child and adolescent mental health in your review? It is an area of concern. A very high percentage of looked-after, and the most vulnerable, children in our society have some form of mental illness, and I would have thought that that aspect would be a key issue in terms of safeguarding young children, because it so directly relates to their behaviour patterns and to their general safety through their youth. Why did you not specifically devote a section to that?

[40] **Gwenda Thomas:** To go back to tracking, Jenny, I will not repeat what I have already said in answer to Helen Mary and Jonathan, but to say that I agree with you that we need to monitor the implementation of recommendations. We await the Welsh Assembly Government's response to how it perhaps sees even the review group in future, and to see if the group itself needs to be reconvened to assess progress when we have the final response of the Government. With regard to local safeguarding children boards, we got the legislation yesterday, and it is a good step forward. Your point about the independence of the chair will be important, but I am sure that we will see that, when we know more about the membership.

[41] On IT, I think that there are recommendations here that could and should be implemented quite quickly. There are specific references there to some Home Office initiatives, Department for Education and Skills packs, and involvement with the National Internet Safety Centre. These are things that can be done without major resources, and they could be done quickly. The setting up of an IT issues working group is also exceedingly important.

[42] We saw mental health very much as an issue that filtered into all of our considerations. There is a reference to mental health in the challenges, and if you read the full report, when you get the opportunity to do so, you will see that mental health was an issue during early intervention, during schooling, during first contacts with the health service, and right through teenage years and into adulthood and, particularly, at the point of transition for services between childhood and adulthood. Right through the report, mental health issues were a concern. Perhaps, when we can talk again about the full report and the evidence that we received on mental health issues, you will see that it was a significant issue.

10.00 a.m.

[43] **Rhodri Glyn Thomas:** Credaf fod Aelodau wedi derbyn copi llawn o'r adroddiad. Mae gennyf gopi llawn yma, yn sicr, yn ogystal â'r crynodeb. Felly, mae Aelodau wedi cael cyfle i ddarllen yr adroddiad yn ei lawnder.

Rhodri Glyn Thomas: I believe that Members have received a full copy of the report. I have a full copy here, certainly, as well as the summary. So, Members have had an opportunity to read the report in its entirety.

[44] **Karen Sinclair:** I have a few questions, Gwenda. I wondered whether you had thought of exploring school exclusions in any depth. I am thinking more in terms of temporary rather than permanent exclusions, because, when there are permanent exclusions, provision is usually made for children, but, in terms of temporary exclusions, children seem to disappear into some sort of other land where they are not really the responsibility of anyone other than the school, which, of course, they are not attending. I am also thinking about the implications for vulnerable young people and sometimes quite young adolescents. I am also wondering whether ASBOs are being used appropriately or whether they are actually a line that is being used because of a lack of other sort of agency provision to pick up vulnerable young people.

[45] **Gwenda Thomas:** I will make a point here that some initiatives have commenced during and after the work of the review, and we could not comment on those. We saw one yesterday—you may have seen the Barnardo's initiative on school exclusion and the support for parents of excluded children, particularly in respect of temporary exclusions. The evidence, quite clearly, was that exclusions should be a last resort. Sometimes, perhaps that is not the case. However, the theme right through the evidence can be summed up by the need to recognise that children who are sinned against and children who are sinning are really part of the same continuum, and that we need to be able to address that issue. There is a section on school exclusion, and we are awaiting a response on that as well.

[46] We also considered ASBOs. Here, again, there was a need to put the child at the centre. When we considered this, we had the assistant chief constable of Dyfed-Powys Police, Andy Edwards, on the review. I must say that his contribution on this issue was significant and very helpful indeed. There was an acceptance that there needs to be a way of dealing with children who re-offend persistently, but that ASBOs cannot be just a tool of punishment or something that is handed out and forgotten about, and that there needs to be support during, and especially after, the serving of the ASBO, both for the parents and for the child. Insofar as a child in care is concerned, there were some issues that we considered to be fraught with some worries. In looking at the role of local authorities that are in loco parentis, I think that we also need to develop that role, because where ASBOs are issued against children in care, the role of the local authority as a parent is absolutely crucial, if I can put it that way. Of course, Waterhouse covers that.

[47] **Helen Mary Jones:** Specifically arising from what Karen has asked about ASBOs and their inappropriate use—and I think that we have discussed in several fora the very high percentage of children and young people with learning difficulties and learning disabilities who end up with ASBOs—in 'Challenge 2: The Public—to address the apparently confused and conflicting attitudes to children in our society', in terms of the actual recommendations and the challenges rather than the detail of the report, you talk about the need to change the public discourse about children. However, there is one thing that I do not see here, although I may have missed it. I think that we may have a certain political consensus here in Wales regarding the child as having begun to be sinned against before he or she ends up sinning, very often, but did you look at that, or was it raised with you in evidence that there is a certain discourse coming from central Government that leads to the ASBO culture and the blaming of the child? Did that come up at all? It seems that there are things that certainly can be done. I endorse what you say about the need for the Assembly Government to work with the media and the children's commissioner, but I would submit that it may be more difficult when we have a different set of messages about children coming from central Government. I wonder whether that was a subject of discussion in the review and whether there is something that could be done, maybe for the Welsh consensus of political culture around safeguarding children, to challenge some of the messages that are emerging—and it is not necessarily from one political party—and the discourse in terms of children being dangerous. On the one hand we see them as terribly vulnerable little things to be protected from a predatory world, while, on the other, we see them as a menace. There is no place in that discourse for putting the child at the centre, and looking at the fact that you may have troubling behaviour, but there may be good reasons for that. I wondered whether that had raised its head, in terms of where that public perception of children is either coming to, or being responded to, politically.

[48] **Gwenda Thomas:** The group certainly recognised some issues as being non-devolved issues, which are just as important as some devolved issues. Crime is one issue, and I think that the Bichard review has tried to look internationally, if I can say that, within the United Kingdom at issues that need to be addressed. Whatever the issue, a child who was brought up in Wales could cross the boundaries into England, Scotland, or wherever. An initiative by the Scottish Parliament has been launched this week, and we have also read the statement by Alan Johnson in Westminster about tightening up the protection of schoolchildren in England. Scotland is also going to introduce a law on safeguarding children—I have just read about that this morning. In many ways, perhaps because of the Welsh Assembly's statutory responsibility towards equality of opportunity, and with the commitment of officials, Wales is leading the way on some issues, and it has certainly led the way in regard to the appointment of the children's commissioner.

[49] However, on non-devolved issues, again, tracking the use of available resources is crucial. When you consider the resources made available for non-devolved issues and for devolved issues, it is quite difficult, or even impossible, to track whether we are making best use of those resources. We know that the public is influenced by reporting in newspapers, and that is why I would like to see a positive response from the media. I do not think that the media have responded so far in a way that they could have. I was surprised that, last week, *Dragon's Eye*, for example, talked about the Bichard review, but did not connect it with this report, which has been carried out over two years by the Welsh Assembly in response to the Bichard review. Bichard is mentioned in the terms of reference, and I think that it is surprising, to say the least, that there was no reference by the media to the work of this report. The report is hard hitting and proactive, which makes it unique in its status. In commissioning this work, the First Minister and the Minister for children recognised that the Bichard review was saying some very serious things that needed to be addressed in Wales. There is no report of this nature in Scotland, England or Northern Ireland, in response to the Bichard review. We should share the report, which is being circulated widely and is being requested by local authorities in England and Scotland. However, we have a Minister for children in each of the legislatures in England, Scotland, Wales and Northern Ireland, and would it not be a good thing if there were an initiative to bring everyone together to share the work that is being done by the Assembly? In commissioning this report, we have taken a very bold step, and we await the response of the Welsh Assembly Government with interest.

10.10 a.m.

[50] **Jonathan Morgan:** I have two points to make under points 2.1 and 2.2 on the involvement of the Assembly Government in developing a public information strategy. I was wondering what consideration had been given to the involvement of the voluntary and charitable sectors in doing that. I sometimes think that there is a pitfall in the Government being seen as the main driving force in terms of a public information strategy. What involvement came from other sectors? Secondly, under 2.2, in terms of engaging the media, how challenging do you think this could be, bearing in mind that the Welsh media, be it public affairs programmes, television or newspapers, have a very limited reach in certain parts of Wales. In most of east Wales—and, I would guess, down to Newport and Cardiff—a lot of people take their information either from national television programmes—and by that I mean the UK—or from UK newspapers. Our national newspaper of Wales sells about 40,000 copies a day, and I think that we buy most of them. [*Laughter.*] I think that most people in Wales tend to read a UK newspaper. How does that present a challenge to us in trying to get some of these positive messages across?

[51] **Gwenda Thomas:** The public information strategy, to my mind, must involve the voluntary and independent sectors. Very often—and I mentioned managing the market—there is a market of availability of services and provision out there, and that is a serious issue. I am sure that we will hear a response on that issue of the market. On public information strategies, the Welsh Assembly Government will need to involve business and the private sector. As we have said, the tenet of the report is that safeguarding is everybody's business, and I would like to see a very wide involvement in the consideration of setting up that strategy. Helen Mary or Jenny mentioned the need to reflect some of the findings of this report in the curriculum. The report makes very clear that the curriculum can help to develop emotionally intelligent schools, which is a very serious issue that has been given some time in the report. It also focuses on reaching children through schools councils, and the need for school councils to extend to the communities within which the schools are located. So, there are a lot of good things happening there that can be built upon. I do not think that we need to start from scratch.

[52] Challenging the media is an issue. On the morning the report was published, I was asked to cover it in the Welsh media at 7.45 a.m., only to have a phone call at 7.40 a.m. to say that they had no time to cover the report because there was a big issue around rugby and a big issue on the lifting of the ban on exporting beef. They are both important issues in their own way—I am not saying that they are not—but it says a lot when you have 20 to 30 minutes on both those items and there was not five minutes to cover the report on children. We need to address the issue of how important we consider our children to be and how we deal with them as citizens in their own right.

[53] **Karen Sinclair:** What level of consideration did you give to the role of the children's commissioner, given the length of time that he has been in post and his department has been in existence? Are they putting their energies into what your committee considers to be the right areas? Did you look at that?

[54] **Gwenda Thomas:** Yes. We looked at the role of the children's commissioner, and the evidence from organisations and individuals outside is that setting up the office of the children's commissioner and appointing the children's commissioner was a big step forward. There were points to understand about the children's commissioner dealing with issues and his role in representing the individual. The contribution of Rhian from the office of the children's commissioner to the work of the report was amazing, because there is an evidence base, which has been collected during the time that we have had the children's commissioner's office. We want to see that we make the best use of the office of the children's commissioner and that we learn, because it will have a lot of knowledge to impart. I mentioned that there is a lot of knowledge about how to safeguard children; the question that we need to answer is whether we are using that knowledge to the best effect.

[55] **Jonathan Morgan:** I would like to move on to challenge 3. Under challenge 3.2 in the annex, Gwenda, the report said that you asked the Assembly Government to give urgent consideration to the introduction of legal protection for professional staff, particularly those who give expert opinions and so on. Is that a matter purely for the Assembly Government or is it also for the Home Office? Presumably, an expert opinion could be required with regard to legal proceedings. Is that purely for the Assembly Government or does it have ramifications for the Home Office? What kind of legal advice is sought for that particular recommendation?

[56] Under challenge 3.4, which makes reference again to the children's commissioner, you have said that you want the Government to implement the commissioner's suggestion that guidance should be issued on how allegations of child abuse made against teaching and non-teaching staff should be investigated. Surely, as a result of the 'Clywch' inquiry, that should already have been tidied up? The central allegation of the 'Clywch' inquiry related to incidents of abuse by a member of the teaching staff and how they were handled by various agencies working in the education environment. So, I am somewhat baffled as to why we keep referring to this recommendation when I would have imagined that it would already be implemented.

[57] **Gwenda Thomas:** On challenge 3.2, and the introduction of legal protection, I think that it is for the Welsh Assembly Government to respond to that. However, there was very strong evidence to show that some professions are becoming worried about this lack of legal protection. Are we going to move towards a situation in which people will not want to enter professions such as social work and paediatrics? That would work against the interests of children. So, we must await the response to this very serious issue. There are times when paediatricians, social workers, teachers, and Assembly Members can be wrong in their opinions, but children depend on their services, and so, where someone gives a genuine opinion on the issue of any abuse of a child, the feeling in the evidence given was that there should be adequate protection for that to happen.

[58] On challenge 2.4, we are saying that recommendation 21.7 should be issued, along with guidance. That is quite clear as far as the review group was concerned. It is not for me to anticipate the response, and so we await the response on that issue.

10.20 a.m.

[59] **Helen Mary Jones:** I will move on, and make two points on challenge 4. Could you say a bit more about challenge 4.3, and the issue of inspection? Some nursery schools, for example, are inspected by many different organisations. I have had concerns expressed to me that you can end up being inspected almost into nothingness if you are a small institution. However, the risk then is also that, if you have many inspection systems, problems may fall between the gaps.

[60] You mention in the brief challenge—and I have only the challenges in front of me, not the whole report—that we should,

‘prioritise the development of integrated Inspection protocols’.

‘roi blaenoriaeth i ddatblygu protocolau Arolygu integredig’.

[61] How should that be led? Again, we have a cross; some are devolved, and some are non-devolved matters.

[62] In challenge 4.10, you say, quite rightly, that the NHS in Wales should give more prominence to children in its management targets. Was it your review team’s view that the Assembly Government should take a lead in that? There is always a balance to be struck between giving an organisation so many targets while ensuring that it is still able to have flexibility. However, would you wish to see specific targets around, let us say, child and adolescent mental health services being given to trusts and local health boards?

[63] **Rhodri Glyn Thomas:** Cyn i Gwenda ymateb, a oes unrhyw gwestiynau eraill am sialens 4? Mae sialens 5 i ddod eto, ac mae angen inni ddwyn y drafodaeth hon i’w therfyn. Gwelaf nad oes.

Rhodri Glyn Thomas: Before Gwenda responds, are there any other questions on challenge 4? Challenge 5 is yet to come, and we need to wind this discussion up. I see that there are not.

[64] **Gwenda Thomas:** On 4.3, individual evidence was received from SSIW, Estyn, HIW, HM Inspector of Constabularies, and the police. The issue is clearly stated there—there is collaboration, but it needs to go further. What we would expect in a response is an indication of how that collaboration can be led. We will await that.

[65] On 4.10—the NHS in Wales to give more prominence to children in its management targets—there are a few recommendations targeted towards the NHS. That is not to say that there is not much good work going on, because there is. However, it was felt, particularly on targeting, that there was not enough emphasis on children in that process. I am sure that we will receive a response on that issue, as well as on other issues within the NHS, where the evidence pointed to a need to place the child more at the centre of policy development. That is not exclusively the NHS, but we are in the Health and Social Services Committee this morning, and the weight of evidence suggested that there needed to be more emphasis placed on taking a child-centred approach.

[66] **Jonathan Morgan:** I have a quick question on challenge 5.2. You suggest that the Government should establish a cross-cutting children’s scrutiny committee. I was not sure whether that was meant to be an Assembly committee, or a committee within Government. If it was part of the Assembly, as opposed to being part of the Government, how would that be established, and how would it fit in with the other committees that we have in our system?

[67] **Gwenda Thomas:** We have a Cabinet sub-committee on children, and the minutes produced from that committee are useful. This scrutiny committee should be independent of Government, and should be a means of scrutinising the emphasis placed on children throughout the portfolios. I would have liked to have seen this happen some time ago, right from the conception of the Assembly. However, we are where we are. We are looking towards a new committee structure, and I would like to see a scrutiny committee of children’s issues considered during that process. I know that existing committees have scrutinised Ministers on children’s issues—the Committee on Equality of Opportunity certainly has, as Jenny and Helen will know; we have highlighted issues to do with children and young people—but we need to be able to draw together the responsibilities that lie within the different portfolios, so that we can move towards looking holistically at the needs of a child.

[68] I do not have time to go into them all, but there are issues that need to be adequately scrutinised, such as the joint planning of a care plan, the joint consideration of the continuing care of a child and the coming together of organisations in considering the best way to safeguard children.

[69] **Brian Gibbons:** I will not pre-empt the Government's response in July and September, but it is inevitable in a session like this that the negative aspects tend to be accentuated while the positive achievements tend not to get the same hearing. The report from Gwenda contains a long catalogue of what has been achieved. It is probably worth spending a few minutes on some of the things that have been raised. The Waterhouse report was an important document because it was one of the first documents that the Assembly had to deal with, but it also dealt with the issue of children. Arising from that, we had the Children First programme in the Assembly, which was a substantial response, given the amount of resources given to that and to Cymorth, which followed on from it. It is important to acknowledge that.

[70] Equally, it is difficult for the Assembly Government—and this was touched on in a few comments—to implement everything, because much of the implementation rests with other organisations. They are bodies over which we have no control, such as the police, or control only insofar as we work in partnership with them, such as local authorities, and so forth, which we control from a distance. This addresses one of the fundamental issues of the nature of the government settlement in Wales, in terms of the fact that the Assembly sets the framework and parameters, but 80 per cent of what goes on, with the possible exception of the health service, is in the hands of other organisations. They have their own regulatory and inspectorate process to monitor how they deliver on the frameworks, and one of the big challenges is how far we, as an Assembly Government, become directly involved in what should be the governance and improvement relationships of organisations that are not immediately within our power. In other words, it is not that we should not be setting the standards and setting up the inspectorates and the regulatory procedure, but in terms of the improvement agenda, how far should we be directly involved in the 'micromanagement'—to use that dreadful phrase—of organisations that may not be improving as well as they should be?

[71] From the point of view of health and social services, this will be an issue in terms of the social care directions paper. How well does local accountability balance with our overall remit to set the parameters but not to be involved on a daily basis? This is a big tension, and at our level in this room, we all feel the frustration over the fact that many recommendations are made, such as the Children First recommendations following the report of the Victoria Climbié inquiry, and a large amount of guidance has been issued to the various organisations, but how well have they responded to it? Following on from the Climbié report, an ordered review was undertaken by the social services inspectorate and, if I am not mistaken, one of the triggers that resulted in action being taken vis-à-vis Bridgend was the audit process in that particular instance. A further audit will be undertaken—not necessarily of Bridgend, but of the whole social care system—to see how well it has improved its game.

10.30 a.m.

[72] So, it may be that some of the more intractable issues in terms of why—it is not so much that we do not issue the instructions, or even the recommendations or guidance; it is a case of what happens once it gets out there to the service and whether or not the balance is right in terms of how we drive performance. In the response to the Beecham report, this will be one of the crucial issues that we will have to get to grips with. This will follow on from the new Government of Wales Act after 2007 and, clearly, in terms of the social care directions paper in this particular committee's remit, there are major philosophical and strategic decisions that we must make about where the balance is in terms of accountability for performance and delivery.

[73] I have two other brief points. One is in relation to the inspections process: there is a concordat in place now between all the main inspection bodies. It only went live in April, but we would expect to see some co-ordination and integrated working on the inspection process. I know that that is happening; for example, when SSIW goes to investigate social services in a locality, it also tries to co-ordinate that with an inspection of the local health board. Equally, I know that the SSIW liaises with Estyn, for example, so there is joint working. So, starting from April, some progress has been made. A review has also been undertaken by the Wales Audit Office of child and adolescent mental health services, which is very much along the lines of the review that took place into adult psychiatric services 18 months ago, and which reported last year.

[74] Finally, the question is how we deliver and turn the guidance and the recommendations from the centre into improving outcomes. We can issue guidance and tick all the boxes, but if it does not happen out there, what is the point? That is, possibly, a big issue for all of us, because we cannot run everything in Wales. So, operating in the way in which we do, how can we make things happen?

[75] **Rhodri Glyn Thomas:** Diolch yn fawr, Weinidog, a diolch i Gwenda am ddod y bore yma, cyflwyno'r adroddiad ac ymateb yn gynhwysfawr i'r cwestiynau a sylwadau a gyflwynwyd iddi. Yr ydym yn edrych ymlaen at glywed ymateb y Llywodraeth ar 12 Gorffennaf—dyna a gredaf y dywedasoch—ac yna'r ymateb llawn yn yr hydref.

Rhodri Glyn Thomas: Thank you very much, Minister, and thank you, Gwenda, for coming to this morning's meeting, presenting the report and responding comprehensively to the questions and comments presented to you. We look forward to hearing the Government's response on 12 July—I think that that is what you said—and then the full response in the autumn.

10.22 a.m.

Adolygiad y Pwyllgor o Wasanaethau Canser
Committee Review of Cancer Services

[76] **Rhodri Glyn Thomas:** Estynnaf groeso cynnes i Dr Malcolm Adams.

Rhodri Glyn Thomas: I extend a warm welcome to Dr Malcolm Adams.

[77] Take your seat at the end, where Gwenda was, Malcolm. The translation equipment is in front of you.

[78] Mae Dr Adams yn gyfarwyddwr meddygol canolfan canser Ysbyty Felindre, ac mae yma i gyflwyno adroddiad llafar inni i'n cynorthwyo gyda'r adolygiad o wasanaethau canser yr ydym yn cyflawni. Yr ydym yn ddiolchgar ichi am gytuno i fod ar y grwp arbenigol yr ydym wedi sefydlu i'n cynorthwyo gyda'r adolygiad hwn. Gofynnaf am eich sylwadau, os gwelwch yn dda.

Dr Adams is the medical director at Velindre Hospital's cancer centre, and is here to present an oral report to help us with the review that we are undertaking of cancer services. We are grateful to you for agreeing to be on the expert panel that we have established to help us with this review. I invite your comments, please.

[79] **Dr Adams:** Diolch yn fawr i chi, Mr Thomas.

Dr Adams: Thank you very much, Mr Thomas.

[80] That is the limit of my Welsh, for which I am ashamed and sorry.

[81] **Rhodri Glyn Thomas:** There is no need to be ashamed, and you do not need to apologise either.

[82] **Dr Adams:** Okay. I am thankful for the invitation to be part of this interesting group. We have been provided with a questionnaire regarding the questions that have been looked at. Would you like me to go through each question one by one? I am happy to do that.

[83] First of all, there is a key question: how can information technology be used more effectively to track and facilitate the patient's journey? I think that this is a key question. I believe that the entry of clinical data into a single, fully developed, all-Wales clinical database, such as the Cancer Network Information System Cymru, must be made mandatory to ensure the availability of accurate outcome data, which is what the public, doctors and politicians want, and so that we can monitor standards and waiting times more accurately. The problem with the current databases is that we have to make them mandatory and optimally used.

[84] These databases need to be accessible to all clinicians at all stages of the patient journey. We must avoid the duplication of data entry into other databases because it is unnecessary and duplicates effort. It is important for the databases to be compatible with other relevant managerial data systems and maybe, for this reason, the CaNISC database should ultimately be adopted by 'Informing Healthcare'. What is also important is that we need to facilitate the entry of quality validated data throughout the patient pathway and this can be a funding issue. Those are my key answers to that question.

[85] **Rhodri Glyn Thomas:** Os gwnewch barhau i ddarllen drwy'r cwestiynau, cymerwn y sylwadau a'r cwestiynau ar y diwedd.

Rhodri Glyn Thomas: If you continue to read through the questions, we will take the comments and questions at the end.

[86] **Dr Adams:** Question 2 is on how effectively research and good practice are being integrated with service delivery, and what can be done, and by whom, to improve this.

[87] First, we think that maximising involvement in clinical trials is key to keeping practice up to date, improving care and integrating new treatment developments appropriately into service delivery. In Wales, we have the all-Wales cancer trials network, which is being supported by the Assembly, and we are grateful for that. I believe that it has played a key role in increasing recruitment to clinical trials. This is absolutely vital. I think that clinicians need to be further encouraged to enter patients in clinical trials and one of the things that has crossed my mind is whether this should be an outcome measure in relation to the consultant contract. This is one of the things that we are looking at in our trust at the moment.

[88] The all-Wales tumour groups, which are under the aegis of the cancer services co-ordinating group, are key to defining best practice and standards. I think that they have worked well. However, we need to regularly audit, on an all-Wales basis, whether these standards have been followed and the outcomes—again, this is relevant to question 1—and we need to ensure that there is good compliance with good practice standards. We all believe that clinicians want to do this, but sometimes it is difficult to prove it, speaking as a medical director. Proper audits require that clinical data are readily available and that all relevant clinicians are participating across all aspects, across trusts and cancer networks. I also think that the all-Wales tumour groups could be more proactive in supporting research and defining research priorities. There is one comment that I would make about the Welsh Cancer Intelligence Surveillance Unit. I believe that this organisation could play a critical role in monitoring changing cancer incidence to plan for the future and, ultimately, once we can be sure of the validated data, in measuring outcomes. I think that this is underused at the moment. I think that it is a facility that we can build on.

10.40 a.m.

[89] Moving to question 3, on views on the complexity of commissioning services, it asks whether the process is hampered by the involvement of the local health groups, cancer networks and Health Commission Wales and how it could be simplified. I think that the problem—and I think that most clinicians and non-clinicians involved feel the same—is that the relative roles of those organisations are ill defined and that there is inconsistency in cancer commissioning across Wales. I deal particularly with non-surgical oncology, and what happens in different parts of Wales regarding commissioning is different. I also believe that it is important that commissioners have adequate access to data in order to commission properly. They are right to ask questions. Are we using our facilities adequately? The problem is that if the expertise for cancer is spread throughout the local health boards, it is spread rather thinly. Commissioners will often accept that they lack expertise in a particular area and then, in our view, there is a need, certainly in cancer, for at least regional commissioning and, in some cases, there is a need for things to be considered on an all-Wales basis, such as capital funding for expensive equipment with linear accelerators. I think that this will help to get the best deal from the radiotherapy companies concerned.

[90] I think that the cancer networks are well meaning and if they were to work properly, that would be a good thing, as we would all accept, but the problem is that their role has not been clearly defined and, for example, a key issue is appointing consultants. There is a need for centralisation in areas such as upper gastrointestinal cancer. Therefore, the relevant appointments should not be just in the hands of the trusts but should be considered on a regional and, sometimes, wider basis. That is important and we would very much welcome a more regional approach.

[91] What is the evidence for the value of screening and immunisation? Let us start with cervical cancer. The cervical cancer screening programme has been an enormous success and that is true across the UK. The literature states that the projection now is that cervical screening has reduced a potential epidemic of cervical cancer and may have reduced the mortality by up to 80 per cent, which is amazing. That is what Professor Julian Peto has projected. However, things are changing. Although cervical screening has done a very good job and continues to do so, we now have two highly effective prophylactic cancer vaccines, which will be licensed in the UK within the next six months, and perhaps sooner. Those vaccines will cover 70 to 80 per cent of the viruses associated with cervical cancer. They are preventative vaccines, therefore, they will not work in women who have a persistent infection and they are best administered to, probably, adolescent girls, prior to exposure to the virus.

[92] The age of vaccination is very important because, clearly there are education issues here. There are very delicate issues, because there are sexual messages with the HPV vaccine. It is important, in my view, that there is a public health strategy to take on cervical cancer vaccines. Ideally, this could be done through the school nurse service. School nurses are already going into schools, vaccinating for HPV and vaccinating against diphtheria, and it is likely that these will be the most effective people to implement a vaccination strategy. Unfortunately, there has been some concern as to whether the school nurse service has been adequately developed. The other thing about the school nurse service is that the nurses have a vital role in education. They go into schools, they understand the problems, they are often much better than doctors—I hate to say—and, particularly in relation to the HPV vaccine, this will be a vital role.

[93] Screening for breast cancer has been an enormous success, and we have an all-Wales programme, which has been proven, with review, to have reduced the mortality of breast cancer by about 25 per cent since 1991. That is what the literature tells us, and it is important that this very important programme should continue. Further developments in screening are coming, however; colorectal screening is just around the corner, and the issue with that is which age group is optimum, but it is clear that there may be benefit for the 50 to 74 age group. What is important is that, whatever screening programme is decided upon, it is quality assured and adequately funded to make sure that there is good coverage. That has been one of the major successes with cervical screening in the all-Wales service, and breast cancer screening.

[94] What are the barriers to the NHS in Wales in terms of keeping abreast of modern technologies? Keeping abreast of modern technologies is very difficult, because it is all happening so fast. However, what is clear is that, if we are to implement new technologies into good practice, we need to carefully plan resources. One of the things that we are looking at currently in relation to the CSEG, in my role as chairman of the radiotherapy and chemotherapy advisory group, is projecting what the chemotherapy needs will be for the next 10 years. We have to define what standards we need, where it should be happening, what staff we need—workforce planning—and, also, we have to plug in to the horizon scanning. That is already happening in Scotland, it is starting to happen in England, and it is important that Wales is part of that. I am pleased to say—I hope that am I not going on too long—that I sit on the Department of Health’s national radiotherapy advisory group, which is looking to what developments for radiotherapy are necessary in England. It is important that we are plugged in to the other UK groups.

[95] As new things come in, clearly, that involves the National Institute for Health and Clinical Excellence review process. We certainly want to decide what is appropriate and what is good practice, and this requires expert review, but we want to avoid duplication of that expert review. Therefore, to have a maximum pool of expertise, I think that we need to remain part of the NICE process. It is important that Wales continues to plug into that.

10.50 a.m.

[96] How can the NHS and the voluntary service work together? I think that this is an absolutely vital issue. One of the things that we sometimes forget is that if voluntary organisations and charities were to disappear, the estimate is that we would probably have a deficit of at least £2 million funding for key professional support staff. The voluntary sector, for example—organisations such as Tenovus—provides a vital role in information. Patients with cancer are frightened, and it really is very important that they are able to phone up and talk through their worries with expert specialist nurses who will provide immediate information. I think that that service is absolutely vital; it is provided by charity. I am pleased to say that, in Velindre, we are very proud to have the Tenovus information service within our hospital and we hope that it stays such.

[97] The other thing is that there is a vital role for specialist nurses in cancer management and palliative medicine. These are predominantly funded by charity. We have to thank a number of organisations such as Macmillan Cancer Support, the George Thomas Hospice Care and Tenovus, although that is not a comprehensive list. One important aspect, with the voluntary sector, is that it is plugged in to a strategic framework. What is inappropriate is new posts suddenly appearing from the private sector, which then have to be taken on by the commissioners. I think that we need to get over that.

[98] How can the collection and use of data on where terminally ill patients spend their last few weeks or months be improved? This is so important. It is very difficult for us to put ourselves in that position, but I think that most patients in the last few weeks of life would want to die at home. However, we have to bear in mind that, although research suggests that that is certainly the case, whether a patient dies at home or not can be related to a large number of things such as the severity of the symptoms and family circumstances. It can be very difficult if the patient has no family to provide adequate support at home, although support services have certainly improved. We certainly do need proper information as to what circumstances determine why a patient dies in hospital. For example, sometimes there are clinical crises at home where they cannot cope and, rightly, a patient may be admitted in that situation. We must also bear in mind that, when a patient says that he or she wants to die in hospital, circumstances may change. We really do not have adequate information on this. It is important to identify whether the patient dies, whether the changes are related to an illness progression, and whether the patients and families are happy about where they are cared for. If a patient is admitted to hospital, what prompts that decision? Was the decision to admit taken by a professional or requested by the patient or the family? If it was a family request, why did they need the admission? Was it because they could not cope emotionally? That is understandable under the circumstances—I have seen it in my own family and it is tough. How long has the patient been ill? What level of professional and social support has been required? There is a whole host of information that we need to provide, and which is provided in detail in the response to your questionnaire.

[99] On number eight, there are a number of issues around prescribing and the cost of drugs. What should be done, and by whom, to reduce continued prescribing of inappropriate drugs? We need appropriate audits of drug usage to verify compliance, even though we have NICE guidance on high cost drugs. Audits from across the UK that have shown that the take up is variable. Why is that? I do not know. Is it related to clinicians? This clearly needs to be audited in Wales, and I think that pharmacists are in an ideal position to do this. Pharmacists are underrated as a profession; they have tremendous expertise, they understand the use of drugs, and they are in a key position to monitor exactly what happens. I think that that is certainly true in hospitals.

[100] **Rhodri Glyn Thomas:** Credaf mai'r cwestiwn ar gyffuriau oedd yr olaf yn yr holiadur, os yw fy nghof yn gywir. Yr ydym yn ddiolchgar i chi am fynd drwy'r cwestiynau hynny ac am roi sylwadau diddorol arnynt. Credaf y bydd hyn yn gymorth mawr i ni gyda'r adolygiad o wasanaethau canser. Y mae'n amlwg fod llawer o wasanaethau gwerthfawr ac effeithiol ar gael, ond mae angen i ni sicrhau cydbwysedd gwasanaethau ledled Cymru. Un gwendid ar hyn o bryd yw nad yw'r gwasanaethau hynny ar gael yn rhwydd i bawb.

Rhodri Glyn Thomas: I believe that the question on drugs was the last one in the questionnaire, if my memory serves me correctly. We are grateful to you for going through those questions and for making interesting comments on them. I believe that this will be of great assistance to us with the review of cancer services. It is evident that there are many valuable and effective services available, but we need to ensure an equity of services across Wales. One weakness at present is that those services are not accessible for everyone.

[101] Yr ydym yn ddiolchgar i Dr Malcolm Adams am gytuno i fod ar y grwp arbenigol; byddwn yn gallu parhau â'r ddialog gydag ef. Awgrymaf, gan fod gennym gyswllt fideo wedi'i drefnu ar ôl y toriad, y dylem symud yn gyflym tuag at gylch gorchwyl yr adolygiad, a chytuno ar hwnnw cyn y toriad. Os oes pwyntiau'n codi o gyflwyniad Dr Adams, gallwch eu codi gydag ef dros goffi.

We are grateful to Dr Malcolm Adams for agreeing to be on the specialist group; we will be able to continue this dialogue with him. As we have a video link arranged for after the break, I suggest that we move quickly to the terms of reference for the review, and agree on that before the break. If there are points arising from Dr Adams's presentation, you can discuss them over coffee.

[102] Felly, a ydych yn hapus gyda'r cylch gorchwyl fel y mae wedi ei amlinellu? A oes unrhyw sylwadau? Gwelaf eich bod yn hapus â hynny. Diolch, Dr Adams; gobeithio y gallwch aros am goffi, ac y caiff Aelodau gyfle i drafod ymhellach gyda chi dros y toriad.

Therefore, are you happy with the terms of reference as outlined? Are there any comments? I see that you are happy with that. Thank you, Dr Adams; I hope that you can stay for coffee, and that Members will be able to discuss points further with you during the break.

Gohiriwyd y cyfarfod rhwng 10.58 a.m. a 11.16 a.m.
The meeting adjourned between 10.58 a.m. and 11.16 a.m.

[103] **Rhodri Glyn Thomas:** We are still on item 3, which is the review of cancer services. I apologise to those sitting in the public gallery; I understand that the translation equipment was not working earlier. I am sorry; we have only just received that message, but you only missed what I said, so you have not missed anything of any great importance. For this item, there will be no translation because they do not have the equipment in north Wales. We will try to sort out the problems with the headsets in the meantime.

[104] I welcome colleagues from St David's Hospice in Llandudno, who are with us by video link. We have Gladys Harrison, who is the chair of the hospice; Alun Davies, the chief executive; Dr Hugh Leask, the medical director; and Kevan Blomeley, who is the carers' representative. We are aware, Mr Blomeley, that you have gone through a very difficult time, and we offer you our condolences. Would you like to make a few opening remarks, and we can then open it out to the committee? We also have Dr Malcolm Adams with us, who is a member of our expert reference group.

[105] **Ms Harrison:** Good morning. Thank you for allowing us the opportunity to speak to you today. I am Gladys Harrison, the chair of St David's Hospice. I am not aware of how much you know about our hospice, so I thought that I would briefly give you some information. It was opened, after many years of fundraising, by His Royal Highness The Prince of Wales in 1999. It has 10 in-patient beds and a day facility that provides a service for 10 people, four days a week. One day is set aside for bereavement counselling. It is supported by a wide range of services, such as complementary therapies, and the hospice also has its own chapel.

[106] Our philosophy is to provide a caring safe haven for those in need. We live in a part of Wales that has a high incidence of all cancers. The journey that a patient takes when diagnosed with cancer is one that should not be travelled alone, and it is not, as families traverse this road with the patients. Our hospice staff are magnificent in easing this burden and providing this most important safe haven of respect, privacy, dignity and calm to the whole family unit. Our local community acknowledges this, and shows its support through practical and financial contributions. We have over 250 volunteers, who freely give of their time through the network of shops, fundraising, and direct support in the hospice. We have costed this; at a minimum wage, we would be paying £250,000 a year.

11.20 a.m.

[107] Our lottery has just passed the £2 million mark in terms of transfer of funds to the hospice, since its launch in 1997. We estimate that the income that is generated locally is in the region of £600,000 a year. We have the total support of our community, but we struggle to engage this rapport with the local health boards and the cancer networks. The process is hindered by limitations and budget restraints, and our lack of consultant partnership, which has an impact on our future developments. There are unmet needs out there of non-malignant conditions that require palliative care. Our resources need to be more fully explored by the commissioners.

[108] We have a great strength in being a hospice in providing a unique resource of respite care and symptom control. When life's journey is at an end, we have an environment that encompasses all who grieve. We seek this integration, and we have struggled with it.

[109] I would like to introduce Mr Kevan Blomeley. I am sure that what he has to say about his experience with his family in a hospice will have a significant impact.

[110] **Mr Blomeley:** Good morning. I have had two immediate family members who have had experience of St David's Hospice. My wife was diagnosed with breast cancer in April 2004; unfortunately, she suffered a recurrence in June 2005. Before the second lot of treatment got underway, we received terrible news from another quarter. I received a phone call last July saying that our 22-year-old daughter, who was the president of the students' union at Queen Mary, University of London, had been taken into the accident and emergency department of the Royal London Hospital in Whitechapel. She was known to them because of her committee work there—they knew her well. They carried out a scan, and found that she had a large glioblastoma—a brain tumour—which they did not know at the time; she was bleeding, and we had to go to London directly.

[111] She was operated on the following day—12 July—and it went as badly as it could have gone. The consultant neurosurgeon told us at 6 p.m. that it was the worst glioblastoma that he had seen in 15 years of operating. Therefore, at that point, we knew exactly where we were. We knew that Laura could die within the next few hours or days—certainly within the next few months. She was transferred to Clatterbridge. As I say, the family has great experience of cancer services in the north; Clatterbridge is the tertiary provider for brain tumour care for the north. She was there from 27 July to 15 September, having a range of treatments, when she was discharged back home to us. She was subsequently admitted on three occasions, for about three weeks in all, to Glan Clwyd Hospital.

[112] Laura became a day patient at St David's in the early autumn. Initially, it was reluctant. I could understand it—she was 22 years old, and, because of the young woman she was, she was unwilling to accept, I feel, that she would not recover. She never accepted it, even up to becoming unconscious a few hours before she died.

[113] Laura, and her mother, who has subsequently also become a patient of the hospice, as well as her younger sister and myself, have been treated with great kindness at the hospice, and, eventually, Laura was also drawn in—she never articulated it, but she became drawn in and she knew that she had to familiarise herself with the hospice routine. It was our intention to nurse Laura to the end. We have always been a closely knit family, and, from 11 or 12 July last year, Laura had someone with her every night that she was at the Royal London Hospital, Clatterbridge Hospital and the hospice. The whole family was with her during the day, apart from the time when my younger daughter, who is a University of Birmingham student, had to be at college as part of her second year. Laura was a very special girl to us, but also special to other people. If you think that I am exaggerating, if you type the name 'Laura Blomeley' into the Google search engine, you will see what I mean, and what other people thought of her.

[114] Laura's health deteriorated last Christmas. She had been on a very high dosage of dexamethasone, which had been prescribed by Clatterbridge Hospital. We had not been warned of its unwanted side effects until Dr Leask raised his reservations about it. Laura had been on 16 mg daily for many months, and her condition worsened because she was suffering from chronic steroid-induced osteoporosis, and she was in great pain. A high dosage of MST and Duramorph did not alleviate it. On the afternoon of 3 February, Laura became very unwell and it became increasingly obvious to my wife and I—our other daughter was in Birmingham at that stage—that we did not have the strength, skills or experience to nurse someone in this pain and predicament. We contacted the district nursing services, which advised that Laura needed to be in the hospice. Had there not been a hospice, and had we not already been patients, my wife and I would have had to soldier on—we would not have had any choice. However, because of the chronic symptoms from which Laura was suffering, we were clearly out of our depth. It was beyond our ability and experience to deal with it. Laura was admitted to the hospice on Monday afternoon, 6 February, 2006, and from then on we were able to be with her all hours of the day and night. Either my wife or I stayed with her every night, and we were there during the day and went home just for the late evening, until she died there in the early afternoon of Saturday, 18 February. She was just aged 23. Faye had come home eight or nine days earlier from Birmingham for her reading week, and she was also with us.

[115] I do not know how much experience members of the committee have of having someone close to them die in these circumstances. I had none before this. All previous deaths in my family had been mercifully quick. They were deaths of elderly people in the fullness of time, when they had had their innings. This was very different. Dr Leask had lent me a textbook, and the opening sentence on brain tumours said it all to us. It said that brain tumours are among the most devastating of all malignant diseases, frequently producing profound and progressive disability, leading to death. That just about sums it up. It has been the worst thing that has ever happened to me and my wife, and we know that things will never be the same again.

[116] However, I am here today because we are of the firm opinion that, without St David's Hospice, our experience of Laura dying would have been much worse. Many of the nurses who cared for Laura in the three hospitals and on the many wards on which she was a patient have commented on her courage, her determination, and, above all, her dignity. She never complained about her lot, bless her. We, as a family, miss her, and we always will. Thanks to the expertise and the experience of St David's Hospice staff, Laura Blomeley died a dignified and decent death, for which her parents and her sister are very grateful.

11.30 a.m.

[117] Paragraphs 4.31 and 4.32 on page 19 of this document, 'Designed for North Wales', which was commissioned by the Welsh Assembly Government, as you clearly know, point out that demographic and cultural change will pose considerable problems in a Welsh society with an ageing population and increasing burden of disease.

[118] In conclusion, I feel that I must point out to your committee that almost nothing is mentioned about palliative care or hospice caring in this document, yet it is obvious—to me, at least—that these cultural changes are inescapable. They will inevitably create an increasing need for hospice care in medical, nursing and social service terms. That Laura Blomeley needed to be admitted to St David's Hospice on the evening of Friday, 3 February, was clear to us, her parents, but that was not able to be put into effect until the afternoon of Monday, 6 February. That was no-one's fault—it was certainly not the hospice's fault. The way I see it is that St David's Hospice does not have the funds or the staffing structure to allow admission to its care for patients seven days a week, 365 days a year. It seems clear to my wife and me, therefore, that the case is made by the statistics that the demographic and cultural change taking place in Wales will mean that additional funding needs to be allocated and apportioned, certainly to St David's Hospice—I do not know about other hospices—to enable full-time admission. If anything is unclear, I will willingly clarify what I said.

[119] **Rhodri Glyn Thomas:** Thank you very much, Mr Blomeley. We are grateful that you were able to share your experience with us; we know that it was difficult, but it has helped us a great deal to have an insight into the way in which St David's Hospice has been of service to you and your family. Thank you as well for that last point about the consultative document. It was as a result of some of the work that we did on palliative care and on the role of hospices in Wales that we decided to undertake this review of cancer services in Wales, and we will bear that in mind. Perhaps the best thing to do would be to take any questions or comments that the committee has, and you could share those out between you and decide who will answer which question. We will take the questions and comments first, and then you can deal with them as you choose.

[120] **Helen Mary Jones:** Thank you both for your presentations; I am very grateful to you. I want to ask more about your relationship with the commissioners and the local health board. You explained that it is not the relationship that you would like to have. Could you tell us a bit more about what characterises that relationship now and how you would like to see that relationship change? As we have just heard, when you are supporting someone in that position, they could have ended up being admitted to an acute hospital had they not been admitted to your hospice, so where are you at with your relationship with your local health board, and how would you like that to change?

[121] **Ms Harrison:** We would very much like it to change, but I will ask—

[122] **Rhodri Glyn Thomas:** If you are happy to do so, perhaps we could take a range of questions and comments first, and you could reply to them at the end, rather than taking them one by one. Otherwise, we might run out of time. Is that okay with you? I see that it is.

[123] **Jonathan Morgan:** I also thank you for both presentations this morning. I have two brief questions. The first relates to the level of the funding that you require, particularly the level of core funding. Could you outline what level of core funding you receive and how it compares with that of other hospices elsewhere in the UK? Secondly, we know that the demand for palliative care has been on the increase, but I was wondering about the capacity of St David's Hospice to respond to that increase in demand. If you are not in a position to provide assistance, simply because you are struggling to cope with the numbers of people whom you need to help, where do those people go?

[124] **Jenny Randerson:** Thank you for your presentations. The other side of that question is how do you decide which people to accept, given that the demand must be far higher than the 10 beds for which you have the resources, or the day-time facilities that you have? What criteria do you use? You referred to budget constraints applied by the local health board. Do you get any core funding directly from the local health board? What kind of discussions have you had with it about funding? What criteria has it asked you to follow to get any funding? Have there been criteria that are within your mission, as a hospice?

[125] **Mr Davies:** I will respond to those. I am Alun Davies, the chief executive. I have been at the hospice for some five months, prior to which I had a career in the NHS in Wales. I do not profess to be an expert in cancer or palliative care matters. In terms of dialogue with the LHBs, I would mainly name Conwy Local Health Board, which is the one that we have the most links with, albeit that the hospice provides a service for north-west Wales, which includes Anglesey and Gwynedd as well. While the policy context from your good selves—as identified in the palliative care strategy in February 2003 and 'Making the Connections'—quite clearly gives a direction that LHBs have a responsibility to engage with us to ensure that such services, as provided by not only St David's Hospice but also other hospices, are part of the whole-systems approach to palliative care in north Wales, it is disappointing to report today that our dialogue with Conwy LHB is almost non-existent in the context of regular meetings. I have tried to achieve dialogue, but it has been rather difficult. I have written to the LHB recently, outlining some of the issues that face the hospice and I have been proactive. I do not think that this is all about money; it is also about getting together and looking at how we can work collaboratively on what are generally perceived to be gaps in palliative care services.

[126] While the current level of funding predates Conwy LHB, the former North Wales Health Authority made a grant to the hospice out of its voluntary sector funding of £75,000 way back in 1999. It has been uplifted a little and it currently stands at about £79,000. However, that represents only about 9 per cent of our total clinical care running costs at the hospice, which are in the region of £880,000. For that, we have provided Conwy LHB with admissions of approximately 144 patients from Conwy for in-patient care, and we are supporting a somewhat similar number in day care, resulting in almost 1,300 attendances in 12 months. We have made approaches to Conwy LHB to increase that grant, in comparison with other hospices across Wales, but there is no generally agreed figure for this. However, some work that the Wales Council for Voluntary Action undertook indicates an average of 28 per cent core funding. A report that we recently had from England, 'Help the Hospices', indicates that, on average in England, core funding is in the region of 29 per cent. We know, from an English perspective, that they are moving towards payment by results and so perhaps hospices will be able to charge for total care costs.

11.40 a.m.

[127] From the point of view of St David's Hospice, I do not think that we are asking for 100 per cent funding—far from it—but I think that we wish to move in the direction of travel towards nearer a third of the funding coming from the local health boards in north-west Wales, which would give us some stability in order to plan services for the future.

[128] We certainly have capacity at the hospice and, while our average occupancy of the current 10 beds this past year has been in the region of 70 per cent, I am sure that we could offer services to some other patients. However, there is an issue of choice. It is not generally a factor of consideration by clinical staff in the district general hospitals that St David's Hospice is available free of charge for the community of north-west Wales. We are endeavouring to make contact with the palliative care teams in Ysbyty Gwynedd and Bodelwyddan hospital but we want to have further dialogue.

[129] We have a representation on the cancer network in north Wales, which is fine and I think that things are developing, but it is true to say that the agenda of these meetings is very heavily dominated by issues affecting the district general hospitals.

[130] **Ms Harrison:** Dr Leask, would you like to comment on the admission procedure?

[131] **Dr Leask:** Yes, thank you. Good morning, everyone. We admit patients to St David's Hospice for respite care, symptom control and terminal care. For admission purposes, we require a referral from a healthcare professional, be that the GP, a hospital team, a Macmillan nurse, a consultant or a district nurse, and the parties complete a referral form. Then I, as a member of the staff, and the nursing staff have a discussion and decide who can come in. The problems arise when you have four or five patients requiring admission and we have only one bed. This morning, we have one bed available, and there are five requests. So, I have to look through those requests. Obviously, those who have symptoms—for example, if they are in severe pain, are being sick or are breathless—would be a high priority. With regard to a patient who requires terminal care, for example, perhaps a patient would like to be moved from a busy hospital ward to the hospice, or the family would like the patient to move to the hospice to die, but if they have a bed in hospital, their priority might be lower for us than that of a patient who has reached a terminal stage at home and there are problems at home.

[132] Respite care is to give the family a rest. So, patients are offered perhaps one or two weeks' care. They get looked after very well; it is almost like a hotel in some ways. Obviously, the majority of those patients have symptoms that I can deal with, but it is basically to give their carers a rest. Over the last year, about 20 per cent of our admissions were for respite care, just fewer than 22 per cent were for symptom control, and 54 per cent were for terminal care. It is my feeling that the number of those being admitted for terminal care is increasing year by year. A year, or 14 months ago, we had six beds, we then went up to eight in June last year, and it has now gone up to 10 beds, which is the maximum that we can hold in the building at present. It may be that, with the number of beds that we have now and that greater availability, we can respond to requests by a GP perhaps, a district nurse or a Macmillan nurse to admit patients quickly.

[133] I also work on Saturdays, at the moment—I do a six-day week. From Kevan's notes to you, Laura, whoever needed to come in over the weekend could do so, if it was a Saturday—that would now be possible—but I am not there on a Sunday. We use the GP out-of-hours service to cover Sundays, which is not ideal. However, to have 24-hour, seven-days-a-week medical cover would, unfortunately, be extremely expensive, and the hospice cannot fund that.

[134] **Ms Harrison:** There is a new consultant post in Ysbyty Glan Clwyd, and we have asked Dr Osborne to visit us, and she has come to see us. We believe that her appointment has been made, but she does not have palliative care beds to match that appointment. We think that we have that resource available, and that should be explored by the local health boards. We have the staff, we have the expertise, and we have a purpose-built building. We are there and the community wants us to provide that service, so there should be more integration—it is a two-way process. We are trying to be proactive; we have put forward suggestions to the local cancer network as to how we can integrate more closely with it, even by partially funding a post if needed. However, we need the consultant input; we cannot develop without that, nor can we plan for the future without simple funding. No-one here yet has come knocking on our door, saying, 'You've got 10 beds; you are the experts in this; you are the resource', and yet we are there. We just find it so difficult to open these lines of communication. People are so worried that, if they answer that knock on the door, they will be asked to dip into their budgets.

[135] **Mr Davies:** To add to that, we are very conscious of bed occupancy at both district general hospitals, and I know from former colleagues there that some patients would be appropriately placed in the hospice, but that that sometimes becomes a funding issue under the continuing healthcare funding, with the dialogue with the LHBs. However, we are well-placed to provide a palliative care service that meets the needs of the users, and the families as well, and we can also do it very cost effectively. It is a feature of the hospices, which are very well supported by local communities through fundraising activity, that, for every £1 given to us by the NHS, we will find another £2 to provide that high quality of care. Our task in life is to do that.

[136] **Rhodri Glyn Thomas:** I think that we have a final comment or question from Karen.

[137] **Karen Sinclair:** Good morning. What dialogue do you have with other hospices? You mentioned instances when you perhaps could not admit people because your beds were full. Do you liaise with other hospices to see whether there are opportunities for people to go there?

[138] You have touched on this in some of your replies, but what dialogue do you have with other agencies offering palliative care? What sort of relationship do you have with Glan Clwyd cancer centre?

11.50 a.m.

[139] **Mr Davies:** With regard to links with other hospices, they are certainly improving. From a north Wales point of view, the adult hospices are in regular contact; a north Wales forum has now been established, and we meet regularly. From an all-Wales point of view, there is the all-Wales hospice forum, which is very helpful. We have been able to look at joint things together, from the north Wales perspective, with some Welsh Office funding—what was remaining of the £10 million allocated—we are providing some joint appointments that would help us to look at clinical governance issues, particularly around audit and such like. That is very helpful. So, there is a coming together of the hospices in Wales, particularly in north Wales, which will help and augurs well for providing care across the sector of general hospices in the principality.

[140] With regard to the other matters, perhaps Hugh would like to comment.

[141] **Dr Leask:** With regard to Glan Clwyd hospital, in the year ending on 31 March 2006, about 14 per cent of our admissions—20 patients—came from Glan Clwyd hospital. We are in close contact with the north Wales cancer treatment centre at Enfys ward, so we admit from there. Dr Osborne has recently been appointed at Glan Clwyd hospital. She has a very small team of two hospital-based Macmillan nurses who, prior to her appointment, had run the whole department, and they do a marvellous job. There are also community Macmillan nurses. My feeling is that both the hospital and the community Macmillan services need to be increased. The district nursing service stops at 11 p.m.. Patients cannot be looked after at home who perhaps could be if they had this extra help. The Marie Curie Cancer Care system is excellent but it is dependent on charitable funds; it cannot provide a seven-nights-a-week service. We do not have Hospice at Home in our area, but it is available in Ynys Môn and in the north-west. Unfortunately, it all comes down to money at the end of the day. I will give you a rough calculation, based on a figure by Dr David Gozzard from Glan Clwyd hospital. I asked him what would be the cost of a geriatric admission to Glan Clwyd, and he told me some 18 months ago that it would be between £300 and £400. Our patients spent nearly 2,100 days at the hospice last year as in-patients. At a cost of around £350 per day, that means that we are actually saving the NHS around £700,000 per year, which is a lot of money.

[142] **Rhodri Glyn Thomas:** Thank you very much for that. I think that that is a very important aspect, which we need to look at in the review; that is, the way in which hospices are financed and whether that has an effect on the services that they can offer, and whether there is any way that we can find a more consistent form of funding that very important work. I hope that you will follow the review and if you feel that you can contribute further, we would welcome any submissions that you can make. Thank you very much for joining us this morning.

11.54 a.m.

Ymholiad i Ddarpariaeth Gwasanaethau Ambiwlans yng Nghymru
Inquiry into the Provision of Ambulance Services in Wales

[143] **Rhodri Glyn Thomas:** We will distribute a proposal on the terms of reference that has been submitted by Helen Mary Jones to the committee. You will recall that there was a Plaid Cymru nominated debate in the Assembly and the motion, which was amended, was carried. It seems to me that this committee might have a role in facilitating that that was carried out as soon as possible. There are areas that we could look at in this session. We could look at an individual to carry out the inquiry, the terms of reference—and I will call on Helen Mary to propose that in a moment—and we could also look at the timescale of the inquiry and how it would report back to the Assembly. In order to move things forward, I think that there is a consensus in that everyone feels that we want the inquiry to be comprehensive, but to be carried out as quickly and effectively as possible. The potential timescale that we are looking at is for the inquiry to be carried out over the summer months and to report back to the Assembly in the autumn. That seems to be acceptable to everyone. We have an individual and an office that could carry out this inquiry effectively, and that is the auditor general, Jeremy Colman. Does everyone agree to that? I will hand over, then, to Helen Mary, so that she can propose the terms of reference.

[144] **Helen Mary Jones:** I will just say a bit about what has happened since the vote. We have had discussions with the other opposition parties, with the Minister and his officials, and with the Business Minister, about how we can move this forward as quickly as possible. The proposed terms of reference before you are those proposed in the motion. So, we can assume that they have general support. The advice is that the terms of reference should be as broad as possible.

[145] The auditor general has intimated that, if we were minded to invite him to undertake this inquiry, he could do so within terms of reference that are broader than for the kind of inquiry that he would normally undertake, which is very positive. We may have to look at different mechanisms, because the motion that was carried in the Chamber asked for an inquiry under the new Inquiries Act 2005. If the auditor general undertakes the inquiry, it will not be under that Act, so we would then need to look to the Government to bring forward an appropriate motion to amend what was carried last week.

[146] In terms of the timescale for the inquiry, the auditor general has intimated that he thinks that three months is realistic. However, it would be fair to say that it would not be entirely appropriate for us to be prescriptive about that, because he is not yet in a position to know exactly what he is likely to find. There are major advantages to him doing it. He is acknowledged as an independent person. We have sought advice with regard to other independent people who might be able to chair the inquiry, but finding someone who has both the expertise and the time is an enormous challenge. I think that we would all have faith, across the parties, in the complete independence and professionalism of the auditor general and his team. So, I would advocate that approach. It is a matter of enormous concern to the public, and the sooner we can proceed, the better. The amended motion asked for a small group of us to meet to make a recommendation about the proposed chair; that could be done immediately if this committee is content, and that could then be contained in a motion to Plenary. We all know how we arrived at this particular set of circumstances, but I would like to record my thanks to the Government for the positive way in which it has responded. I think that that will be appreciated. This gives us an opportunity to get all of the information out into the open air and come up with a way forward which, hopefully, we can all support.

[147] **Rhodri Glyn Thomas:** Thank you, Helen. Before I bring in Jonathan and Jenny, I will perhaps clarify the two points that you mentioned. The amendment refers to a panel and, therefore, all that this committee can do is to suggest Jeremy Colman, and perhaps the Minister would convene that panel, as it calls for the panel to include the Minister and representatives of the three opposition parties. Perhaps you can arrange that, but we would suggest Jeremy Colman. On the point that Helen also made on the Inquiries Act 2005, there is a potential conflict of interest because of the auditor general's role. Perhaps Peter could explain that to us and why it would have to be done differently.

12.00 p.m.

[148] **Mr Jones:** The Inquiries Act 2005 specifies a large number of functions, which would be vested in the Assembly, such as the appointment of members of any panel, the awarding of any costs and so on—a whole list of functions. Those functions would have to be exercised by either the Assembly or, probably more appropriately, by the Assembly Government if the functions were delegated to a Minister. Given the expenditure and so on, the question then arises of whether or not there might be a conflict of interest given the role of the auditor general, which is to audit the Assembly's accounts. For instance, the Assembly, or the Minister to whom the function has been delegated, can award expenses and pay the remuneration of the chair. If you had a situation where the auditor general was the chair, and expenses were paid to him, and he then had to audit the Assembly's accounts, there would be a definite conflict.

[149] **Rhodri Glyn Thomas:** Thank you, Peter. I think that the view of the committee is that Jeremy Colman is the ideal person to chair this inquiry and, in that situation, that we can look for it to be held under his office rather than through the Inquiries Act 2005.

[150] **Jonathan Morgan:** I concur with the terms of reference. They provide sufficient scope for the inquiry. I think that they will allow the chair of the inquiry to cover those matters that have been raised and to provide recommendations. I would like a couple of assurances: first, that we agree to a short inquiry and that we hope to see a report by October at the very latest. In responding to the criticism that the Government made about the potential cost and timescale, that is a fair suggestion for us to agree to. I would like an assurance that any procedural work that needs to be undertaken before the end of term and the summer recess is done, so that anything that needs to be voted through in the Chamber is resolved within the next two weeks. We need to be assured that that will happen.

[151] We are content for the auditor general to conduct the inquiry and, bearing in mind that he cannot do that through the Inquiries Act 2005, I would like an assurance that, by undertaking the inquiry, he will be able to harness some of the benefits of the Inquiries Act 2005: that he will be able to conduct any work that he does in public if he feels that that is necessary, in terms of collating the work that is being undertaken by other organisations; that he alone will be able to determine the matters that he feels are most pertinent to the inquiry; and that he will have the ability to call for evidence where he feels that that is necessary. Clearly, the Inquiries Act 2005 provides a huge degree of scope for the chair of an inquiry, and I want the assurance that, while it is not termed under the Inquiries Act 2005, the benefits of that Act will be realised in this inquiry and that he will be able to undertake that without any interference.

[152] **Rhodri Glyn Thomas:** The auditor general has stated that he is prepared to hold public hearings where evidence could be given in public to him. He feels that he has sufficient powers to do all the necessary work and that he can do everything that could be done under the Inquiries Act 2005; he has assured us of that.

[153] **Jenny Randerson:** I agree that appointing the auditor general as chair is a sound suggestion. I will reiterate points made by Jonathan on taking evidence in public; that is important. The auditor general is an expert in auditing, not in ambulance services, so we need to allow scope for him to call on any advice that he feels that he needs to ensure that this is as thorough as possible.

[154] In order to be clear, I propose two small amendments to the terms of reference. The first is a pedantic point—at the end of 'A', it refers to,

'any other related matters considered relevant'.

[155] 'Any other related matters' is all that you need, because, otherwise, it is tautology. We are talking about something that will be scrutinised carefully.

[156] **Rhodri Glyn Thomas:** Is everyone happy with that amendment? I see that you are.

[157] **Jenny Randerson:** Secondly, so that it is absolutely clear, I would like to insert, somewhere between ‘performance standards’ and ‘staffing issues’, the word ‘structure’. There are issues about the structure of the ambulance service, which is worth spelling out. It is the only aspect of concern that I cannot see specifically referred to here. I know that it is an enabling set of terms of reference, but it is worth specifically allowing the auditor general—assuming that that is the choice—to investigate and to consider structure, and the fitness for purpose of that structure.

[158] **Rhodri Glyn Thomas:** Just to be clear about this, Jenny, are you suggesting, ‘performance standards, structure, and staffing issues’?

[159] **Jenny Randerson:** It does not matter where it goes, but ‘structure’ needs to be somewhere in that long list.

[160] **Rhodri Glyn Thomas:** Okay, as long as it is in there.

[161] **Helen Mary Jones:** I am content to accept that, if other Members are content. However, I am anxious that we do not start putting too many things in; if you put too many things in, by implication, you exclude other things. Therefore, with those amendments that Jenny Randerson suggested, I would hope that we would not feel it necessary to add or take away. The advice was that this should be left as broad as possible, so that the auditor general—or whoever chairs the inquiry—can follow the route that the evidence suggests as the inquiry progresses.

[162] **Mr Jones:** We need to be absolutely satisfied with what the powers of the auditor general are here. He has a power to look into, or to make recommendations for, improving economy, efficiency and effectiveness in the discharge of the functions of relevant bodies. We need to be sure that we know what powers he has, and that they tie in exactly with the terms of reference.

[163] **Rhodri Glyn Thomas:** My understanding is that he is happy that he has sufficient powers to look at all areas of the governance and the effectiveness of the ambulance services. Therefore, that should cover it.

[164] **Mr Jones:** Okay, that is for him then.

[165] **Rhodri Glyn Thomas:** As well as the comments that you wish to make, Brian, perhaps you could also deal with what is necessary to do between now and the end of this term, and how the inquiry could report back to the Assembly, bearing in mind that there is a protocol that says that the Audit Committee has the first offer of any report by the auditor general. In this case, perhaps it should come back to this committee first, and then to a full Plenary debate; I feel strongly that there should be a full Plenary debate on it as well.

[166] **Brian Gibbons:** The recommendations that are emerging here are a constructive way forward. There is no doubt that Jeremy Colman, and his office, has the expertise to do this. The advantage of doing it in this way is that, if we had an independent inquiry, we would almost certainly virtually have to reinvent Jeremy Colman’s office to implement these terms of reference. Therefore, this is an efficient way of doing it. As Peter said, if we went down the Inquiries Act 2005 route, there are real risks in terms of time, but also expenses. Peter has graphically illustrated where those risks lie.

12.10 p.m.

[167] The timescale is very important because we knew yesterday that the ambulance service is embarking on an exercise of modernisation. An inquiry that would not report for 12 months would almost certainly be next to useless—it would only be of historic interest. Within the timeframe that we suggest, it should be able to provide positive feedback into the modernisation agenda, and provide reassurance that the modernisation agenda is addressing the crucial issues which Jeremy Colman’s review will deal with. In fairness, he felt that there was a need to do this in any event. So, it is good timing in terms of that particular point of view.

[168] I think that there would be public concern that, if we did end up having to pay a large sum of money under the Inquiries Act 2005 to carry out the investigation, that that money would have to come from somewhere. We are developing a proportionate response to the concern expressed last week. That will satisfy the financial governance issues in terms of any undue expense. There will be no interference—that is not how the auditor general or the Wales Audit Office work. If evidence can be given in public, I cannot see that that can be an issue in principle, but I do not know under which Standing Order he would carry out his duties.

[169] In relation to the auditing, he is an auditor but if we look at reports from the Wales Audit Office and the Audit Commission, virtually all of the recommendations, even if they are not suggested by surgeons in terms of managing waiting times, for example, are generally constructive suggestions. So, I do not think that you have to be a paramedic or an ambulance driver to come up with good recommendations in this regard.

[170] Finally, we will need to get a resolution to Plenary to address this issue, and we will need to have some discussions on the report mechanism. If we could get it back to the Health and Social Services Committee, it would probably be the ideal way of doing that. So, we need a ‘can do’ attitude to see if we can deliver on that.

[171] I am happy enough with the structure; as I said in the Plenary debate on this issue, in delivering emergency care services, we take the view that we have an all-Wales ambulance trust, but that services need to be delivered at another level. Healthcare Inspectorate Wales is undertaking a review of the concern in relation to the 500 excess deaths, and we should receive a report in a month’s time. It is important that we bottom this out, because the figure has taken on a life of its own. There is some concern as to what precisely is behind that, and if we bottom it out it will help to clear it. For the reasons stated by Peter, that would not come within the remit of the Wales Audit Office or Jeremy Colman, because Healthcare Inspectorate Wales is looking at that. Any concerns raised in relation to that last week will be dealt with independently. Again, there is no reason in principle why the committee cannot look at that as part of any report back from Jeremy Colman. Presumably, the two things could be looked at on the same day if push came to shove, and if people wanted to do that.

[172] **Rhodri Glyn Thomas:** That seems to meet with everyone’s approval. I do not particularly want to vote on it, because the role of the committee is only to suggest these things. It is now up to the panel to meet and to decide on a name of a person to undertake the inquiry. Our suggestion is Jeremy Colman. It is then a matter for the Assembly Government to bring the issue to Plenary, and to make the arrangements for the inquiry to report back in the autumn. Unless there are any other comments, and I see that there are none, I will bring that discussion to a close.

12.15 p.m.

Is-ddeddfwriaeth—Cyfarwyddiadau i Ymddiriedolaethau GIG a Bwrdd Iechyd Lleol Powys
Secondary Legislation—Directions to NHS Trusts and Powys Local Health Board

[173] **Rhodri Glyn Thomas:** I welcome Val Lloyd to the committee. We are now looking at the directions to NHS trusts and to Powys Local Health Board. You will be aware of the background to this, namely that Val Lloyd won the subordinate legislation ballot under Standing Order No. 31, which was held on 7 June 2005, and that she subsequently tabled a motion proposing the appointments shown. The motion was discussed and voted on in Plenary on 27 September 2005. Two amendments have been tabled, the first of which was tabled by Helen Mary Jones. She suggests that the words ‘in Welsh and in English’ be inserted in section 2(e) after the word ‘available’. Helen, do you want to comment on that? It seems perfectly clear.

[174] **Helen Mary Jones:** I think that it is self-explanatory, Chair. It is just to be clear that this would be done in accordance with the Assembly’s bilingual policy and with the expectations of the Welsh Language Act 1993 of other public bodies. It is just to make explicit—[*Inaudible.*]

[175] **Val Lloyd:** I assumed that that was taken as read. I do not know whether—

[176] **Rhodri Glyn Thomas:** It is a statutory regulation.

[177] **Val Lloyd:** As part of that, yes.

[178] **Brian Gibbons:** We need to clarify this, because trusts have their own Welsh-language schemes and we have concerns that this would override them. If this were phrased in line with the trusts' Welsh-language schemes, then that would cover it, but this would mean that, in certain parts of Wales, it could require a disproportionate response beyond what the trusts' Welsh-language schemes might require.

[179] **Helen Mary Jones:** That is the intent, because my view is that many of the Welsh-language schemes are inadequate, and that would also now be the view of the Welsh Language Board. There are places where there is a need to begin to move beyond the existing Welsh-language schemes, many of which are quite old. For example, Gwent Healthcare NHS Trust has a long-standing Welsh-language scheme, but it does not reflect the fact that an awful lot of primary school children, in the last five or six years, have gone through Welsh-medium education and might wish to receive services through the medium of Welsh. So, I was aware, in tabling that amendment, that that might be a partial effect.

[180] **Brian Gibbons:** That is our concern, and, clearly, from what Helen Mary said, that is the intent of the amendment. Therefore, we have concerns and will oppose it, if the declared intent is to override the local—

[181] **Helen Mary Jones:** To enhance it.

[182] **Brian Gibbons:** It you wanted to enhance it, the phraseology could have been written so as to make it clear that it was meant to enhance the Welsh-language scheme, but, clearly, from what you have said, anyway, the intention here is to get around the local Welsh-language schemes. We have concerns about that, because it could induce disproportionate requirements on the trusts that would have to implement this, and on Powys Local Health Board.

[183] **Rhodri Glyn Thomas:** There are two opposing views on this, and there is only one way of settling the matter. We will have to put it to a vote—I try to avoid votes, but I cannot on this particular occasion. So, the amendment is as tabled, and I ask Helen Mary to propose it.

[184] **Helen Mary Jones:** I propose amendment 1.

In section 2(e), insert after 'available', 'in Welsh and in English'.

Gwelliant 1: O blaid 2, Ymatal 0, Yn erbyn 5.
Amendment 1: For 2, Abstain 0, Against 5.

Pleidleisiodd yr Aelodau canlynol o blaid: The following Members voted for:	Pleidleisiodd yr Aelodau canlynol yn erbyn: The following Members voted against:
Helen Mary Jones Jenny Randerson	Brian Gibbons John Griffiths Jonathan Morgan Lynne Neagle Karen Sinclair

Gwrthodwyd y gwelliant.
Amendment defeated.

[185] **Rhodri Glyn Thomas:** The second amendment is tabled by Jenny Randerson. It reads:

In paragraph 2 and in paragraph 3, insert in each case a new subparagraph (f) to read:

‘to take steps to promote improvements in cleaning, hygiene and infection management and to increase awareness of the impact of cleaning, hygiene and infection management on infection rates’.

12.20 p.m.

[186] **Jenny Randerson:** I am supportive of this initiative, in general, but I was disappointed, when I read through the legislation, that there was no specific obligation on the non-executive director to encourage awareness of the importance of hygiene or to promote issues such as cleaning regimes in hospitals. I talked to Val about it, and she said that that was part of her intention. I took legal advice on the way in which this amendment is drafted, but I recall that the last time that I proposed an amendment, the Minister appeared, at first sight, to be happy with the spirit of the amendment, but not with the words. So, I hope that the Minister will accept the principle of this amendment. I am aware that this is a non-executive director and I read the notes carefully. I know that it is not for the person concerned to go around telling people where to clean and so on. I am talking about raising the issues and pushing the point at trust meetings and so on. I take this principle because, in Cardiff and Vale NHS Trust, there is an executive director who has strongly impressed on me the importance of raising and promoting the issue at trust level. That is the spirit behind the amendment.

[187] **Val Lloyd:** I appreciate Jenny’s sentiments, and we did have a conversation about this matter on an aeroplane when we were coming back from Edinburgh, when we were there on other committee business. In essence, I gave my verbal support, but I have now had time to look at the directions and I think that there are enough things in them to fully encompass what I meant to achieve in my Standing Order No. 31 motion, for example, to communicate, advise members of the public, and monitor the outcome. We may be in danger of firming it up too much by saying, ‘to take steps to promote improvements’, and moving into the realms of the role of the executive director, which was not my intention. My overall intention was to highlight the importance of hygiene and cleanliness in everyone’s role, and I think that we might have just stepped over that line and gone into the realms of the executive director’s role.

[188] **Brian Gibbons:** I think that the first problem is whether we need the extra words. If we do need them, the problem is to get a form of those words that will deliver what Jenny intends to achieve and what Val intended when this was originally proposed. I tend to agree with Val in the sense that, if you look at the first line, which says ‘this person must publicise’, and 2(a)(i), which includes the words ‘communicate to appropriate Trust personnel relevant matters’, and 2(a)(iii), 2(b), and so on, there is enough in there.

[189] I tend to go along with Val on this, but if Jenny could get a form of words that she feels would strengthen this, that would be fine. However, I do not think that these words are right. That is the problem. We all agree with the sentiment of what you are trying to achieve. This will go to Plenary again anyway, but you could discuss the wording with Val, officials and me. I think that we are all agreed on what we want to achieve, so I do not think that there is an argument in principle. If it was strengthened to make it a little more explicit, that would be fine. I do not think that the words that we have at the moment, as Val said, are quite fit for purpose, and I honestly think that this would create duplication. As I always say, if everyone is responsible, no-one is responsible. We need a clear executive responsibility for this. If Jenny would be willing to withdraw this, if we can agree a form of words to encompass what Jenny is trying to achieve, and what she said now, and if Val and our officials were also happy with that, then we can see whether we can include it.

[190] **Rhodri Glyn Thomas:** Okay; Jenny has indicated that she is happy to withdraw on that basis and to continue the dialogue with you to ensure that the spirit of her amendment is included in the regulation.

[191] There are no points for clarification, so that is the end of that item. It is also the end of this meeting. I remind everyone that we will meet again next week as we have the visit to Caen the following week.

[192] Before we finish, I wish to update you on the expert reference group. We have Dr Malcolm Adams, the medical director of Velindre Cancer Centre, who was with us earlier; we have a nomination from Macmillan Cancer Support, namely Cath Lindley, the general manager in Wales; and we have the nomination from the Royal College of Nursing, namely Anne Mills, who is head of nursing and therapies at Velindre Hospital. We are awaiting the nominations of the Royal College of General Practitioners, Cancer Research UK and the Association of Directors of Social Services. We have Sian Evans from the Royal Pharmaceutical Society, who is the chief pharmacist at Velindre Hospital—I am not sure how Velindre Hospital will cope with all these people on our expert reference group. We are awaiting the nomination from the Society of Radiographers. Please bear those names and expected nominations in mind. We do not want the expert reference group to grow very much from that, but if you feel that someone is missing, please inform us. Diolch yn fawr.

Daeth y cyfarfod i ben am 12.26 p.m.
The meeting ended at 12.26 p.m.