Health and Social Care Committee

Meeting Venue:
Committee Room 3 - Senedd

Meeting date:
Wednesday, 1 July 2015

Meeting time:
09.30

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

For further information please contact:
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Agenda

1 Introductions, apologies and substitutions (09.30)

2 Public Health (Wales) Bill: evidence session 1 (09.30 - 11.00) (Pages 1 - 19)

Mark Drakeford AM, Minister for Health and Social Services, Member in charge

Dr Ruth Hussey, Chief Medical Officer
Chris Tudor-Smith, Senior Responsible Officer
Sue Bowker, Head of Tobacco Policy Branch
Dewi Jones, Legal Services Department

Public Health (Wales) Bill (PDF, 316KB)

Explanatory Memorandum (PDF, 3MB)

3 Papers to note (11.00 - 11.05)

Minutes of the meeting on 11 June 2015 (Pages 20 - 23)

Public Health (Wales) Bill: correspondence from the Presiding Officer (Pages 24 - 27)

Safe Nurse Staffing Levels (Wales) Bill: correspondence in relation to Stage 2 proceedings (Pages 28 - 45)
Correspondence from the Minister for Health and Social Services
Correspondence from Kirsty Williams AM, the Member in charge

Care and Support (Eligibility) (Wales) Regulations 2015: additional information (Pages 46 - 52)
Additional information from RNIB Cymru
Additional information from Association of Directors for Social Services Cymru
Additional information from National Autistic Society Cymru

P-04-603 Helping Babies Born at 22 Weeks to Survive: correspondence from the Chief Medical Officer (Pages 53 - 54)

4 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of this meeting and item 1 of the meeting on 9 July 2015 (11.05)

5 Public Health (Wales) Bill: consideration of evidence (11.05 - 11.15)

6 Care and Support (Eligibility) (Wales) Regulations 2015: consideration of draft letter (11.15 - 11.35) (Pages 55 - 63)

Agenda Item 2

Document is Restricted

Agenda Item 3.1

Health and Social Care Committee

Meeting Venue:	**Committee Room 4 – Tŷ Hywel**
Meeting date:	**Thursday, 11 June 2015**
Meeting time:	**11.03 – 15.05**

This meeting can be viewed on Senedd TV at:
http://senedd.tv/en/3022

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Concise Minutes:

Assembly Members:	**David Rees AM (Chair)** **Alun Davies AM** **John Griffiths AM** **Altaf Hussain AM** **Elin Jones AM** **Gwyn R Price AM** **Jenny Rathbone AM** **Lindsay Whittle AM** **Kirsty Williams AM**
Witnesses:	**Vaughan Gething AM, The Deputy Minister for Health** **Tracey Breheny, Welsh Government** **Dr Sarah Watkins, Welsh Government** **Simon Burch, Association of Directors of Social Services** **Parry Davies, Association of Directors of Social Services** **Emma Sands, Age Alliance Wales** **Meleri Thomas, Social Care and Wellbeing Alliance Wales** **Keith Bowen, Wales Carers Alliance** **Rick Wilson, Wales Alliance for Citizen Directed Support** **Jim Crowe, Disability Reference Group** **Samantha Clutton, Barnardo's Cymru**

Committee Staff:	Christopher Warner (Clerk) Catherine Hunt (Second Clerk) Sian Giddins (Deputy Clerk) Rhys Morgan (Deputy Clerk) Joanest Varney-Jackson (Legal Adviser) Amy Clifton (Researcher) Elfyn Henderson (Researcher)

Transcript
View the meeting transcript.

1 Inquiry into alcohol and substance misuse: informal meeting with reference groups

2 Introductions, apologies and substitutions

2.1 Apologies were received from Darren Millar, Lynne Neagle and Kirsty Williams. Jenny Rathbone substituted for Lynne Neagle during items 2, 3, 4 and 5.
2.2 The Committee expressed its condolences to Lynne Neagle following a family bereavement.

3 Inquiry into alcohol and substance misuse: evidence session 10

3.1 The Deputy Minister responded to questions from Members.
3.2 The Deputy Minister agreed to provide the Committee with:

- a note detailing the specific targets and measures that will be used by the Welsh Government to measure the effectiveness (particularly in relation to service delivery, and changing people's behaviour) of the £50 million funding announced to tackle alcohol and substance misuse over the next year; and
- a copy of the research undertaken by the University of Sheffield into the impact of minimum unit pricing in Wales.

4 Motion under Standing Order 17.42(vi) to resolve to exclude the public from items 5 and 10 of this meeting and items 1 and 2 of the meeting on 17 June 2015

4.1 The motion was agreed.

5 Inquiry into alcohol and substance misuse: consideration of evidence

5.1 The Committee considered the evidence received.

5.2 The Committee agreed to write to the Deputy Minister seeking additional information on a number of points not covered during the meeting.

6 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 1

6.1 The witnesses responded to questions from Members.

6.2 The witnesses agreed to provide the Committee with additional information on the assessment they have conducted of the impact upon information and advice services if the first point of contact will need to be highly skilled to carry out assessments.

7 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 2

7.1 The witnesses responded to questions from Members.

7.2 The Chair asked the witnesses to share any comments they may have on the correspondence received from the Minister for Health and Social Services which will be circulated as a paper to note for the meeting of 17 June 2015.

8 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 3

8.1 The witnesses responded to questions from Members.

9 Papers to note

9.1 Inquiry into the performance of Ambulance Services in Wales: additional information

9.1a The Committee noted the additional information received.

9.2 Inquiry into alcohol and substance misuse: additional information

9.2a The Committee noted the additional information received.

9.3 Care and Support (Eligibility) (Wales) Regulations 2015: correspondence from the Minister for Health and Social Services

9.3a The Committee noted the correspondence.

10 Care and Support (Eligibility) (Wales) Regulations 2015: consideration of evidence

10.1 The Committee noted the consultation responses, and considered the evidence received.

10.2 The Committee agreed to write to the Minister for Health and Social Services to highlight its concerns regarding the Code of Practice on the exercise of social services functions in relation to part 4 (Meeting needs).

Y Fonesig Rosemary Butler AC
Dame Rosemary Butler AM

Llywydd
Presiding Officer

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

23 June 2015

Dear David

Public Health (Wales) Bill – legislative competence

Further to my statement on the legislative competence in respect of the Public Health (Wales) Bill, published on 8 June, I am writing to draw your attention to the Secretary of State consent and human rights issues I took into account in reaching my view. The issues in relation to human rights are not straightforward and they will require careful consideration during Stage 1. Furthermore, as I explain below, careful consideration by the Assembly, and its Committees, is in itself an important factor in reassuring the courts that human rights have been fully respected, and, therefore, that the Bill is within competence.

Provisions requiring Secretary of State consent

In my view, although the Bill is mostly within the legislative competence of the Assembly, sections 4(7), 5(6), and 11(7) and paragraphs 6 and 9 of Schedule 1 would not be within competence. This is because these provisions require the consent of the Secretary of State, pursuant to Part 2 of Schedule 7 of the Government of Wales Act 2006 (GoWA), to bring them within the Assembly's competence and this necessary consent has not be obtained at this time.

This is consistent with the way I have previously interpreted section 110(3) of GoWA, as requiring me to reflect whether the Bill would be within competence if it were passed as drafted when introduced. You will be aware that GoWA does not debar a Bill from being introduced even if my view is that it would not be within competence.

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The Member in charge of a Bill also has to form a view as to whether the Bill is within competence. In contrast to the position regarding my own view, section 110(2) of GoWA does debar introduction where that Member does not positively state that the Bill would be within competence.

As I understand it, the Minister for Health and Social Services, as the Member in charge of the Bill, has relied on a different interpretation of the GoWA, which has enabled him to state that, in his view, all of the Bill's provisions "would be" within competence, in the sense that they would be if the necessary consents were received by the time the Bill was passed.

Human rights

Background

Under Section 108(6)(c) of GoWA, a provision of a Bill is outside the Assembly's competence if it is incompatible with the European Convention on Human Rights.

Part 2, Chapter 1 of the Bill contains provisions that make enclosed and substantially enclosed public premises and shared workplaces smoke-free. These are referred to as 'smoke-free premises'. In this context, 'smoke-free' means that smoking and the use of nicotine inhaling devices (commonly known as 'electronic cigarettes') is banned, unless the premises are exempted by regulations made under section 10 of the Bill.

In terms of workplaces, section 6 of the Bill provides as follows.

Workplaces have to be smoke-free. For these purposes, "workplace" means a place:

- where more than one person works (whether at the same time or not); or
- where only one person works but is somewhere that the public may have access to.

Where only part of the premises is a workplace, only that part has to be smoke-free. And if part of the workplace is not enclosed or substantially enclosed, that part does not have to be smoke-free either.

But all workplaces have to be smoke-free all of the time – i.e. even outside working hours – except for workplaces that are also dwellings (homes) or within dwellings (section 6(5) of the Bill). In that situation, the workplace does not have to be smoke-free when it is not being used as a place of work.

Section 6(5) raises competing human rights between:

(a) smokers whose homes are also workplaces; and

(b) workers who are employed at such workplaces and who wish to have their health protected from smoke ("workers").

To be within competence, the Bill has to strike the balance between these rights in a way that is "proportionate" to the legitimate aim of protecting public health, in the context of a person's private home Both these rights are protected by Article 8 of the European Convention on Human Rights and thus by the Human Rights Act 1998.

We sought a specialist opinion from a leading human rights barrister on whether the Bill does strike this balance appropriately. She advised that the Assembly would have a wide discretion when balancing the Article 8 rights of these different groups of individuals. (This discretion is often called the "margin of appreciation"). However, she stressed that the courts will be much more likely to respect that discretion if the Assembly has carefully considered where to strike the balance, on the basis of relevant evidence. This is consistent with what the majority of the Supreme Court said in the recent judgment in the *Recovery of Medical Costs of Asbestos Diseases (Wales) Bill* case.

Given:

(a) that the impact on workers is likely to fall within the margin of appreciation of the Assembly (subject to medical evidence); and
(b) the way the Bill balances the rights of smokers;

I concluded that section 6(5) of the Bill would be within competence.

<u>(a) Workers' rights</u>

A highly relevant matter for the Assembly to consider, when balancing the rights of smokers and non-smokers in the context of employment in the smoker's home, is the effects of third-hand smoke and residual vapours from NIDs, respectively. I believe it would be helpful for your Committee to take medical evidence, during Stage 1, on these matters.

The fact that a worker has a degree of choice as to where to work can be taken into account by the Assembly in its considerations as to the balance of rights.

(b) Rights of smokers who, in their own home, employ others

Limiting what people can do in their home is a significant infringement of their enjoyment of that space, especially when it can result in a criminal penalty. The Bill extends the right of to smoke in a home that is also used as a workplace, by allowing the resident to smoke even in the parts that are used as a workplace, provided that this is outside working hours.

However, if you take account of the present position under secondary legislation, the Bill balances out this move in favour of smokers by further restricting the right to smoke in other parts of the home.

This is a very short summary of the issues. If you would like further information and advice on these, or any of the other competence tests I applied to the Bill, the officials supporting your inquiry will be pleased to assist.

I am writing in similar terms to the Chair of Constitutional and Legislative Affairs Committee and I am copying this letter to the First Minister and to the Member in charge of the Bill.

Dame Rosemary Butler AM,
Presiding Officer

Agenda Item 3.3

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: LF/MD/0601/15

David Rees AM
Chair
Health and Social Care Committee
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25 June 2015

Dear David,

I write in relation to the Safe Nurse Staffing Levels (Wales) Bill.

You will recall that I said in the Stage 1 debate in plenary on 3 June that I agreed with the Committee's recommendation that the Member in Charge should undertake further analysis of the potential increases in expenditure that will arise as a result of the Bill, and that I had already offered to assist her with that task. Without that analysis, I did not believe that the time was right to move a Financial Resolution Motion.

I have not yet seen any revised costings from the Member in Charge and will not therefore proceed to move a Financial Resolution Motion on 7 July as had been my original intention. It is important that any such resolution is informed by clear understanding of all the Bill's financial implications.

I will, however, be tabling the Welsh Government's amendments before recess, as an indication of my commitment to supporting the Bill's aims. I will also ask my officials to continue to examine the financial ramifications of the Bill as introduced over the summer.

I hope that I will be able to move a Financial Resolution Motion early in the autumn term. I am writing to you now because I know this will have an impact on the Committee's timetable for the Stage 2 consideration, but hope you will agree that such consideration needs to be properly informed by a Financial Resolution which commands general confidence.

Best wishes.

Mark.

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Kirsty Williams AM

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26 June 2015

Dear Chair,

Safe Nurse Staffing Levels (Wales) Bill

Thank you again for your Committee's robust and insightful May 2015 report on the Safe Nurse Staffing Levels (Wales) Bill.

In your report, you recommended that I undertake further analysis of the potential costs increases in expenditure on agency/bank nursing staff that could occur in the short term, as a consequence of the Bill's implementation. This is attached as an annexe to this correspondence.

Following your recommendation, I wrote to the Minister on 22 May 2015, requesting a copy of the most up to date versions of submitted three-year-plans for Local Health Boards, from 2015-16 to 2017-18. I anticipated that these would include the financial requirements of the Local Health Boards' plans over three years, including estimates of bank and agency nursing costs. I anticipated that this would then enable me to determine whether these plans- if implemented- would meet the requirements of the Bill, or whether additional expenditure would be required.

On 1 June, the Minister advised that the three year-plans for local health boards, from 2015/16-2017/18 would not be available for this purpose. The Minister did indicate that his officials would be able to provide "indicative

data which would be of assistance… in calculating an estimate of the relevant costs."

While awaiting this indicative information, I wrote to the Minister on 9 June to clarify whether officials would be able to indicate, as part of this indicative data, whether any of the three year plans did not include meeting the existing CNO guidelines on staffing levels and any references to or estimates of the use of bank and agency staff going forward. I noted that an early draft three year plan for Cardiff University Health Board made specific reference to reviewing "the Nursing establishments to ensure adherence to Chief Nursing Officer staff staffing principles."[1]

On 20 June, the Minister provided in correspondence some indicative information, and links to a limited number of draft Integrated Medium Term Plans which had already been in the public domain. However, this information unfortunately did not include the requested clarification on projected bank and agency staffing costs.

In his 20 June correspondence, the Minister cautioned me that while "one or two of the individual plans make reference to the Chief Nursing Officer's Principles, this is not a requirement of the plan." However, in the same document he also stated that "going forward it is expected that LHBs will use the triangulated approach to set nurse staffing levels."[2]

The officials who supported me in originally developing the Safe Nurse Staffing Levels (Wales) Bill team have produced the following analysis using the information provided by the Minister, information already in the public domain, and information gathered from meetings with:

- Dr Aled Jones, Cardiff University (one of the authors of the recent report 'Research into nurse staffing levels in Wales)
- Charlette Middlemiss, NHS Wales Shared Services Partnership - Shared Services.

It has taken some time to compile this analysis, and I apologise for any impact that this may have had on the Committee's timetable. I understand that you will be requesting an extension from the Business Committee for conducting Stage 2 proceedings on the Bill, and am grateful for you doing such. Should it be appropriate by the end of Stage 2 proceedings, my

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[1] Cardiff and Vale University Health Board, Draft Integrated Medium Term Plan 2015/16- 2017/18, page 32, considered at Vale of Glamorgan Council, Voluntary Sector Joint Liaison Committee, 23 March 2015, accessible at:
http://www.valeofglamorgan.gov.uk/Documents/_Committee%20Reports/Voluntary%20Sector%20Joint%20Liaison/2015/15-03-23/15-03-23---Integrated-Medium-Term-Plan.pdf

[2] Minister for Health and Social Services, 20 June 2015.

intention would be to use this analysis to produce an updated Explanatory Memorandum.

I have sent a copy of this correspondence to the Minister for his awareness.

Yours sincerely,

Kirsty Williams
Assembly Member for Brecon and Radnorshire

An analysis of the short term impact of the Safe Nurse Staffing Levels (Wales) Bill on temporary staffing costs, specifically Agency and Bank nursing.

Introduction

1. It is widely accepted that to ensure the optimum balance between nursing productivity and flexibility, there is a need to invest in nursing bank resource whilst minimising the use of agency staff, especially from high cost nursing agencies. However, there is very limited information in the public domain in terms of current and future bank and agency costs in Wales.

2. As previously stated in the Explanatory Memorandum accompanying the Safe Staffing Levels (Wales) Bill, all Health Boards are planning to use a triangulated approach to safe nurse staffing levels in adult acute hospital settings: the Chief Nursing Officers principles; the acuity tool; and professional judgement. There is continuing evidence that whilst progress is being made, further investment is needed to ensure that these standards are met. Further research also confirms that some Health Boards are experiencing increases in temporary staffing costs, and are implementing plans to reverse these increases and in particular focussing on reducing usage of high cost agencies.

3. The original Explanatory Memorandum reported Royal College of Nursing (RCN) research showing that the overall cost of agency, bank and overtime staff for the three years 2010-11 to 2012-13, had been £132.5 million, or in the region of £44 million a year (this goes beyond the use of such staff in adult acute hospital wards, which is the focus of the Bill.

4. Since the Explanatory Memorandum was produced the following information has been produced:

- The Welsh Government commissioned Cardiff University to undertake a study *Research into nurse staffing levels in Wales*, which was published in May 2015. This study does provide an estimate of 2013-14 temporary staffing costs on surgical and medical wards, but does not look at historic trends or make future projections.
- All Health Boards have provided draft three year plans to the Welsh Government, setting out financial plans over the three year period from 2015-16 to 2017-18, although not all of these plans have been officially approved.

- We understand that, as part of the Integrated Medium Term Planning process, Local Health Boards will have provided the Welsh Government with financial proformas showing staffing plans, including the use of temporary staff and locums going forward over the 3 year planning period.
- We understand that, the Chief Nursing Officer is leading nursing workforce projections for the Welsh Government.

Research into nurse staffing levels in Wales report

5. The brief of the *Research into nurse staffing levels in Wales* project included the analysis of findings related to developing a better understanding of the availability and accessibility of nurse staffing data in medical and surgical hospital wards in Wales.

6. The report did find that:

> "there is a worrying variety in terms of attempts at comparability and consistency of systems, processes and software packages used to capture and hold staffing information at the organizational level. The only way to access nurse staffing data at ward level is via ad-hoc requests made directly to individual Health Boards."[1]

7. The study, which started in October 2014 and was published at the end of May 2015, included data from 181 medical and surgical ward areas from six Health Boards. This was time consuming for the project team and:

> "no staffing data appear to be triangulated with patient safety outcomes or other related quality outcome metrics such as patient length of stay."[2]

8. The report highlights that the data request template used combined agency and bank staffing, so it was not possible to represent the differences between the two types of staff. The report also found there to be a:

[1] Welsh Government, Research into nurse staffing levels in Wales, 2015, page 5
[2] *ibid*, page 6.

> "marked variation in temporary staffing usage on wards that are similarly staffed and face similar demands such as unfilled vacancies, patient acuity and turnover."[3]

9. The report recommends that further studies should be initiated to better understand this.

10. Based on returns from around 90% of wards in Wales, the study estimated that **annual temporary nurse staffing costs totalled £13.5 million for bank and £5.5 million for agency staff in 2013-14.**

[3] *Ibid*, page 9.

Costs going forward

11. There is clearly evidence that temporary staffing costs have been increasing in recent years. There is no simple explanation for these increases which are due to a complex interaction of factors. Whilst historic efforts towards safe staffing levels have undoubtedly led to an increasing demand for nurses, the supply of nurses has also been impacted upon by flow of staff both into and out of the NHS.

Health Board Plans 2015-16 to 2017-18

12. The updated three year financial plans that have been submitted to the Welsh Government this year are likely to provide the best idea in terms of a forward look. These plans should include commentary on how Health Boards are planning to address pressures and growing costs in these areas. We understand that local health boards were also required to provide financial proformas which should show projected temporary staffing costs for each financial year 2015-16 to 2017-18.

13. On 22 May 2015 Kirsty Williams asked the Minister for Health and Social Services in written correspondence whether it would be possible for her officials to have sight of the relevant parts of these three year financial plans. Unfortunately, on 1 June, the Minister advised that the plans "would not be available in time for your purpose." However, in further correspondence, dated 20 June, the Minister noted that a limited number of plans (Cardiff and Vale UHB, Cwm Taf UHB and Powys) had been publically considered in draft, and as such these draft versions of plans were publicly accessible. However, the detailed financial proformas that should accompany the plans for the relevant health boards do not appear to be in the public domain. Even where plans have not been approved as yet, these proformas would constitute the best estimates of LHB temporary staffing intentions going forward. With access to a summary of this information it would be possible to undertake more robust modelling of plans for future temporary staffing costs. Unfortunately, as yet, the Minister's office has not been able to provide the information requested.

14. Cardiff and Vale UHB's last two financial plans have set out temporary staffing costs. The overall variable pay bill includes: agency, nursing bank, nursing overtime, non-nursing overtime, locum medical and dental, waiting time initiative – medical and on-call. The total variable pay bill was almost £27 million or 5.46% of fixed pay bill

in 2012-13, this fell to £23 million in 2013-14, or 4.68% of the total bill, in the first 6 months the proportion of total fixed pay bill was back up to 6.2%.

15. Of these costs, it is possible to show agency and nursing bank costs separately and compare how these have changed. We have combined information from the last year's plan, a draft for this year from Cardiff and the Vale UHB and made a simplistic calculation of annual temporary staffing costs based on the first 6 months of 2014-15 (this takes no account of how demand may fluctuate over a typical year).

Table 1: Temporary agency and bank staffing costs – Cardiff and Vale UHB

		Full Year	6 month period	*6 month figures doubled*		
	2012-13	2013-14	Apr - Sep 2014	*2014-15*	*increase on 2013-14*	*increase on 2012-13*
Pay Bill – Agency	£5,655,170	£3,660,691	£1,792,982	*£3,585,964*	*-2.0%*	*-36.6%*
Pay Bill – Nursing Bank	£8,381,253	£8,226,028	£5,250,382	*£10,500,764*	*27.7%*	*25.3%*
Combined	**£14,036,423**	**£11,886,719**	**£7,043,364**	***£14,086,728***	***18.5%***	***0.4%***

Source: Cardiff and Vale UHB plans and National Assembly for Wales Research Service calculations

16. Cwm Taf UHB estimate that their usage of temporary staff is higher, accounting for around 8% of the pay bill. As with the Cardiff and Vale UHB, the proportion is highest in the medical workforce compared to nursing and midwifery. Cwm Taf did not provide a breakdown of agency costs for 2013-14 and 2014-15.

17. Officials supporting Kirsty Williams AM in originally developing the Safe Nurse Staffing Levels (Wales) Bill have not been able to access plans of the other Health Boards with large numbers of acute beds, Betsi Cadwaladr, Abertawe Bro Morgannwg and Aneurin Bevan. Nor has any of the information included in financial proformas relating to temporary staffing projections for health boards, with significant acute services, been provided at an individual or overall level for Wales.

How Health Boards are looking to reduce temporary staffing costs

18. Cardiff and Vale UHB along with other Health Boards are implementing strategies to reduce the cost of temporary staffing and in particular agency staffing costs. It can be seen that there has been

some success in reducing agency costs, but nursing bank has risen considerably over the first 6 months of 2014-15.

19. Of the draft Health Board plans officials have been able to locate for 2015-16, a key policy in terms of reducing the use of agency staff has been the investment in internal staff. For example, Cardiff and Vale UHB are undertaking:

> "A high level assessment and consideration is also being given to over-recruiting Band 5 nurses so that the UHB is ahead of any natural turnover occurring, any future need for extra capacity and almost eliminate the use of bank and agency."[4]

20. Cwm Taf UHB are:

> "continuing to realign the nursing workforce to meet the agreed establishments to meet the safer nursing recommendations. This involves the rebalancing of the nursing workforce across our wards and hospitals and an associated reduction in bank and agency usage."[5]

21. The Cwm Taf UHB plan also states that:

> "… In order to improve the consistency of patient care in the acute hospital wards a different, more innovative workforce strategy is being employed. Rather than relying totally on bank and /or agency staff to cover gaps in the rotas, a decision has been taken to appoint externally to a pool of 8 WTE qualified nurses that could be deployed to different wards on a longer term basis than the usual bank cover in order to cover more long term absences, e.g. long term sickness and maternity leave."[6]

22. The original Explanatory Memorandum stressed the importance and value of the planned implementation of e-rostering systems to improve the efficiency of workforce management. The Cardiff University study also noted that e-rostering and sickness management was an important development.

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[4] Cardiff and Vale University Health Board, Progressing our Future, page 80, 2015.
[5] Cwm Taf University Health Board, Three Year Integrated Plan, 2015, page 255.
[6] *Ibid,* page 271.

23. This is reflected in the Health Board plans that we have been able to view, Cwm Taf UHB has developed a workforce tracker which will be implemented as part of the policy to improve workforce management and reduce the need for temporary staff.

> "This tracker enables the Health Board to rebalance the ward back to the establishment by turnover, retirements and also monitor the impact this should have on nurse bank spend. The Health Board can then make an informed decision regarding moving qualified staff if the workforce plan doesn't show the movement needed. The tracker and that for Facilities are used to inform decisions by the Vacancy Control Panel."[7]

24. Coupled with review to rebalance nursing and health care support staff where there was previously either over or under staffing:

> "It is expected there will be a reduction in bank/agency usage and this will be monitored through the workforce tracker and finance."[8]

25. Cwm Taf's second phase of e-rostering was to be implemented in June 2015, meaning that adult acute hospital wards will be online by then. Cardiff and Vale's implementation of e-rostering is well underway.

26. The 2014 report by London School of Economics, *NHS Safe Staffing: Not just a number* highlighted the considerable benefits that e-rostering aligned with workforce management can have on temporary staff costs.

27. Following the implementation of an e-Rostering system, Basildon and Thurrock University Hospitals NHS Foundation Trust:

> "is benefitting from recurrent annual savings of £100,000 through reduced input time, errors and corrections. The more efficient use of permanent staff, has brought about a reduction in the use of temporary staff that was saving £670,000 per month, which included a 37% (£5.8 million) reduction in total temporary nursing spend… On the basis of the savings claimed at Basildon and Thurrock, this would suggest that across

[7] Cwm Taf University Health Board, Three Year Integrated Plan, 2015, page 272.
[8] *Ibid,* page 271.

> England the potential gains to the NHS in a transition from basic e-rostering to a fully electronic rostering and timekeeping system could be up to £41 million annually. The robust data provided by such a system would also allow the use of resources to be carefully managed within a proactive system of activity analysis and workforce planning, rather than with a reactive system for managing shortages."[9]

28. Though they have few acute beds, Powys UHB state in their three year plan that:

> "It is anticipated that there will be an increase in staff in post during the first two quarters of the year as vacancies are filled when compared with the 31st January 2015. As a result, there may be a reduced requirement for the use of temporary staffing, although for the purposes of this plan, we are assuming that current usage will continue. The budgeted projection of 1333.88 FTE projected for the duration of this plan will never be fully realised through staff in post as this includes headroom for the use of temporary staff. The effective use of temporary staffing will be continued and currently represents 7% of the total workforce."[10]

29. Powys UHB also include multi-professional education commissioning numbers as an annex to their plan. This shows, for example, the academic intake of nurses and other staff and when they will complete training. This links into the recommendations in the Cardiff University *Research into nurse staffing levels in Wales report.*

Vacancies, turnover and recruitment

30. In correspondence, the Minister provided a snapshot of the number of nursing vacancies handled by the NHS Wales Shared Services Partnership. This showed that, overall, there were 2,610 nursing vacancies and 744 healthcare support worker vacancies in Wales in January 2015. Average staff turnover nationally was 8.3% amongst nurses and 8.6% amongst healthcare support workers. A rough estimate therefore could be that there would be around 1,000 nursing vacancies in acute, elderly and general wards and in the region of 400-500 healthcare support worker vacancies.

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[9] Hockley, T. and Boyle, S. (2014) NHS Safe Staffing: Not Just a Number, page 15.
[10] Powys University Health Board,

31. The average time from advertising a post to filling a post was 69 working days in February 2015. It takes 37 days to advertise and interview for the post and 32 days from accepting the post to starting, including various security and qualification checks.

32. With all Health Boards there is a need to ensure that there is a supply of qualified nurses to meet the need.

There are factors that are needed to ensure that this happens. While information on average time to fill nursing posts indicates that nursing posts are being filled relatively quickly, there is anecdotal evidence provided in three year plans that some Health Boards are finding it more difficult to fill all their nursing vacancies than had been the case in the past. Although this is not within the remit of the Bill, there are a number of actions that are underway and need to be implemented to ensure that there is a sufficient supply of nurses to meet the demand in the future. Some of these are set out below:

- The Welsh Government is investing in extra training and education places for health professionals, including nurses. The number of training places for nurses in 2015-16 will increase by more than a fifth (22%).
- The Welsh Government is also providing further investment for professional development for existing staff. There is potential to enhance the career prospects of experienced health support workers wishing to progress to being qualified nurses(wording and link to funding / report).
- By raising standards within adult acute and medical wards the Safe Nursing Staffing Levels (Wales) Bill will reduce the disincentive to leave the NHS in Wales and will increase the incentive for nurses who have left the NHS in Wales to return. This will also make Wales a more attractive destination for nurses from outside the NHS.
- The investment and career progression opportunities mentioned above will also further enhance the incentive for current staff to remain in the Welsh NHS.
- The Cardiff University study highlighted a need for more understanding of why staff leave the NHS to join agencies. By offering flexibility along with the certainty of employment,

training and other benefits of NHS employment, Health Boards can reduce the incentives for such staff to leave the Welsh NHS.

- The Cardiff University study also highlighted how better workforce planning could make better use of existing staff. The use of e-rostering can lead to far more efficient deployment of existing nursing staff and could improve down sickness rates. Also, it was felt that there was both overstaffing and understaffing on wards which was not explained by the data collected. More efficient workforce planning could inform and utilise staff more effectively.
- Better workforce planning: the Cardiff University study also highlighted a lack of data and planning within Health Boards considering the age of staff, leaving intentions or tracking of future graduates coming through the system.

How do bank and agency costs vary?

33. Three year plans available in the public domain highlight the importance of getting the best value from their use of temporary staff. In general, this will involve using bank staff where possible and avoiding using the highest cost agencies.

34. Bank staff, as a rule, are generally paid their usual salary if they also have a substantive post. If they work for the bank only, they are paid from various points in the NHS pay scales.

35. Hourly rates for agency nurses for 19 companies who are part of the All-Wales 2015-16 contract were provided by the Welsh Government. The most expensive company charges almost 50% (48.4%) more for nurses in the same band as the cheapest company would, for working on the same shift. This variance holds for all midweek or unsocial hours shifts.

36. On occasion, Health Boards may need to use employment agencies which are not part of the all-Wales contract. The Welsh Government provided evidence that the range of costs will be even wider for these non-contract agency staff.

37. There are therefore savings to be made not only in terms of reducing the use of agencies, but also making sure that when agency staff are utilised, Health Boards use companies offering the best value for money for the given circumstances.

Conclusions

38. Although the Minister did not provide Kirsty Williams' Bill team with access to the latest Health Board plans, the Minister did state that:

> "it is expected that HBs will use the triangulated approach to set staffing levels in these areas and therefore a narrative about the three elements of the methodology will be required to confirm compliance."

39. The Safe Nurse Staffing Levels (Wales) Bill (as introduced) likewise requires that Health Boards take all reasonable steps to deliver a safe level of nurse staffing, determined through a triangulated approach. As such, the initial costs associated with setting safe staffing levels in Wales, as required by the Safe Nurse Staffing Levels (Wales) Bill should be equivalent to those in Health Boards' forward looking three year plans.

40. Health Boards are all implementing plans to reduce the use of temporary staffing, especially agency costs, and the Welsh Government is providing additional investment in nurse training and professional development. As such, even a cautious estimate of costs can assume that while the rate of increase shown in bank nursing costs in the first half of 2014-15 may continue into 2015-16, it will plateau in 2016-17 and start to decrease in 2017-18.

41. This fits in with the statements of direction in both the Cardiff and Vale and Cwm Taf UHB plans. It should be acknowledged that it is difficult to draw assumptions from a limited set of figures, as the Cardiff University report highlighted that there is considerable variation between wards and Health Boards. However, these are the only figures which are already in the public domain. We have assumed that the move away from high cost agency staffing will continue to see modest 5% reductions each year, to reflect the strong focus on reducing these costs in Health Board plans and build on the reductions shown in the Cardiff and Vale UHB's performance in 2013-14 and 2014-15. We have assumed that bank staffing costs continues to rise from 2013-14 through to 2016 and start falling towards the end of the 2016-17 financial year, as ongoing investment to increase the supply of nurses will take time.

42. The Safe Nursing Staffing (Wales) Bill would reinforce the triangulated approach using the Chief Nursing Officers Guidelines, incorporating the acuity tool and professional judgement. Implementation is assumed to take place from 2016-17, with guidance being agreed to potentially be implemented for the financial year 2017-18.

43. This would mean that if implemented for the start of the 2016-17 financial year- until further headline data from local health board financial proformas is made available by the Welsh Government- the best rough estimate is that **the £19 million bank and agency costs in 2013-14 would have risen to almost £25 million in 2016-17 and around £65 million for the three years post implementation.**

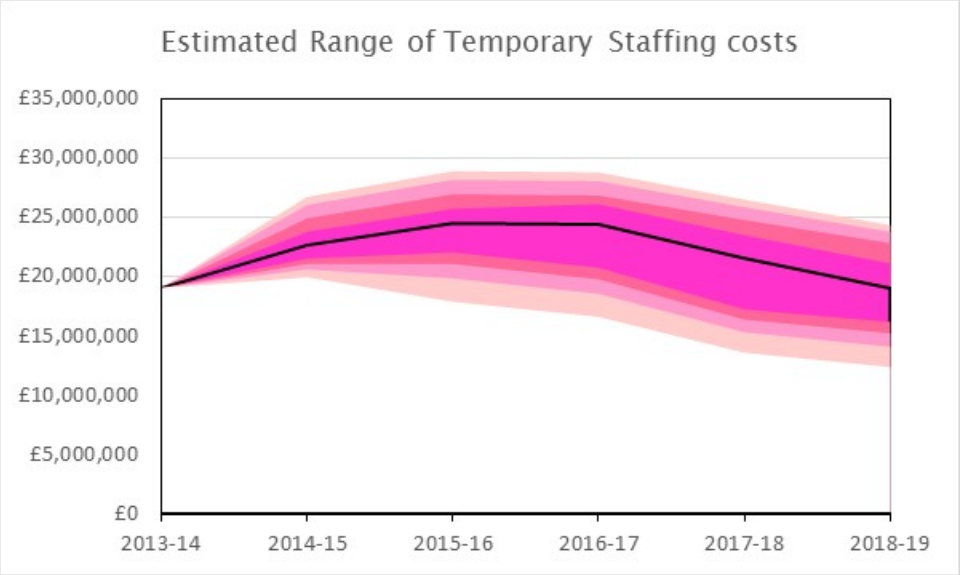
44. Given the limited information available, we have deliberately erred towards overestimating the potential increases in bank nursing costs. The Health Board plans we had access to notably have policies in place to work towards eliminating agency costs by 2017-18.

Table 2 Extrapolation of adult acute agency costs in 2013-14 (using limited data from three year financial plans)

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Wales - adult acute						
Pay Bill – Agency	£5,500,000	£5,390,000	£4,850,000	£4,360,000	£3,930,000	£3,530,000
Pay Bill – Nursing Bank	£13,500,000	£17,230,000	£19,620,000	£20,010,000	£17,590,000	£15,460,000
Combined	**£19,000,000**	**£22,620,000**	**£24,460,000**	**£24,370,000**	**£21,510,000**	**£18,990,000**

Source: Cardiff University report, publicly available Health Board plans and Research Service calculations

Note: Figures are rounded to the nearest £10,000 so may not add to totals



45. These estimates are set in a scenario based on current Welsh Government funding intentions for the NHS. This assumes that Health Board plans are implemented and the Welsh Government continues to provide at least as much funding as already agreed for these three year plans. These costs form part of the estimated costs of nurse staffing highlighted in the original Explanatory Memorandum that accompanied the Safe Nurse Staffing Levels (Wales) Bill.

Yn cefnogi pobl
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The Care and Support (Eligibility) (Wales) Regulations 2015 / Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015
Evidence from RNIB Cymru – CSR AI 01 / Tystiolaeth gan RNIB Cymru – CSR AI 01

Health and Social Care Committee
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16 June 2015 (sent by email)

Dear Chair,

Re. Access to preventative services

At the evidence session on the eligibility regulations held by the Committee on June 11, you asked what evidence there was that preventative services available in the community are not able to meet current demand. We wanted to highlight the evidence that RNIB Cymru has gathered about the availability of specialist rehabilitation services for people with sight loss, which provide one example of a service that fits the definition of a preventative service, yet appears to be struggling to meet demand.

In October 2013, RNIB Cymru sent a survey to the Heads of Adult Services in each local authority in Wales to assess the current provision of social services for blind and partially sighted people. This information was collated and analysed to write RNIB Cymru's A postcode lottery? report, published in 2014.

In particular, the survey asked of those adults newly registered as blind or partially sighted with each local authority, how long they waited between referral to and beginning a rehabilitation programme. The survey found that in at least five local authority areas, people were waiting over 24 weeks. This is consistent with the experiences that RNIB Cymru hear from our members, and is of serious concern: rehabilitation support is vital for people with sight loss, in order to maximise their independence and quality of life after their sight has deteriorated. Not having access to such support can leave people at risk of isolation and falls, and lead to their needs escalating.

RNIB Cymru are seriously concerned that despite investment in rehabilitation services over the past decade, these long waits indicate that services in Wales are struggling to meet demand, and are not capable of providing adequate support to the blind and partially sighted people who need them today, let alone the much greater numbers expected to need them in the future.

Successful implementation of the Social Services and Wellbeing Act relies on the availability of such services – yet we remain unconvinced that this is achievable without a change of culture and shift in investment into preventative services.

Yours sincerely,

Emma Sands
Public Affairs Manager
T. [redacted]
E. [redacted]

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

The Care and Support (Eligibility) (Wales) Regulations 2015 / Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015
Evidence from Association of Directors for Social Services Cymru – CSR AI 02 / Tystiolaeth gan Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru – CSR AI 02

Additional Evidence to Health Committee - Care and Support (Eligibility) (Wales) Regulations 2015

1. Introduction

At the meeting of the committee on 12th June 2015, members asked for additional evidence about the impact on Information, Advice and Assistance (IAA) services, if it is the case that the first point of contact requires highly skilled people to carry out assessments.

We will set out some work that took place during 2013/14 by Social Services Improvement Agency (SSIA) on understanding the position in each local authority, of the current and developing state of IAA services. This will include the challenges set out by SSIA, with which we concur, and we will offer some views about the specific issue of the skills required at the first point of contact.

2. Background

SSIA carried out this work to develop an understanding of the 'state of play' for IAA services, in view of their critical role in meeting the ambitions of the Social Services and Well-Being (Wales) Act 2014. In particular the Act has an ambition for people to increasingly take responsibility for understanding and responding to their need for support, whilst having identified the outcomes that they want to achieve, i.e. how do they want their lives to be different and better. Having access to high quality information and advice, and some assistance to know how to act on what they read, hear or are told, becomes critical if people are going to make wise and well-informed decisions about their future.

SSIA found that the development of single points of access was a common feature of current provision or a critical part of planning future provision in almost every local authority area. This is normally being developed as a whole-authority approach for all of the council's services, rather than specifically for social services. This has the advantage of bringing in other services that have the potential to make a huge contribution to promoting people's well-being, e.g. leisure and culture, education and 'street scene' services, but has the disadvantage of bringing services together that may have no history of collaboration and hence, for that collaboration to work in the best interests of the public, it requires more time and effort for mutual understanding between services to be a common feature in all councils. The challenge is greater, and further referred to below, when bringing in the services of other agencies, outside of the council, into the provision of a single point of access.

In addition SSIA highlighted the importance of services developed through specific grants, e.g Communities First, Supporting People and Flying Start, and the role that they play in widening access and engaging with people who are often excluded from mainstream services, often described as 'hard-to-reach' communities and people, but more often, they are people who have been too easily marginalised by mainstream services. These services will be an essential part of the range of community and neighbourhood facilities that contribute to increasing the social capital of a community.

3. The characteristics of IAA services 2013/14 (SSIA)

a) Information and advice is generally available in both Welsh and English, with Language Line often commissioned to enable access for people with other first languages and interpreter services usually available via an appointment.

b) Eligibility criteria are normally not applied at the first point of contact, thereby encouraging a conversation that is determined by the enquirer. This is in line with the expectations of the Act for IAA.

c) In most councils, initial contacts, whether through an established generic single point of access, or a service-specific point of contact, distinguish between a request of information and a referral for a service.

d) The sign-posting of people to other services/agencies is rarely recorded.

e) There is a developing, increasingly common principle towards more targeted earlier intervention to shift away from thinking of people's long-term engagement with public sector agencies as a default position.

f) There is an increasing recognition that staff involved in the first point of contact need a strong 'customer focus' underpinning their whole approach, whatever their professional background, with access to specific professional expertise beyond that point.

4. **Challenges identified by SSIA**

a) The shift to a single point of access is, or has been, a significant change for all councils, with a phased approach in moving towards a single point for all services. In social services in particular, there has often been the initial development of arrangements for adult services, followed by children's services and subsequently followed by bringing in health services. This challenge is about recognising the significance of the change in approach and hence allowing time for it to become embedded.

b) Ensuring the right skill-mix is available amongst the staff operating at the first point of contact remains critical.

c) Engagement between local government and NHS requires a mutual understanding of the benefits of an integrated approach at this early stage of contact with the public and a willingness to 'let go' of practices that have emphasised their separateness.

d) ICT systems still do not easily enable the integration and sharing of information. This could change with the development of a single social care and health system, recently commissioned, and being overseen by NWIS, but this is a similarly significant change that will take time to embed both technologically and culturally.

e) The need to ensure that on-line information is easy to find, to use and to keep up-to-date. Work that SSIA have led on developing a national portal for good local, regional and national information will be a helpful contribution to dealing with this challenge.

f) The variability of broadband coverage, particularly in rural areas, will continue to contribute to the above challenge.

g) There is at present no consistency in the quality assurance of IAA services and this will be essential if consistency in the services offered is to be guaranteed.

h) The final challenge, but certainly not the least important, is the need for up-to-date knowledge to be available and to be developed about local community- and neighbourhood-based support, with its active maintenance.

5. The impact on IAA services of the right skill-mix being available at first point of contact

The specific question raised by the committee highlights a number of issues, some of which are referred to above, see 3 c), e) and f) and 4 b) and c).

The most important factor in developing high quality IAA services is for the services and staff to be customer-focused. The work that is about to take place through Care Council for Wales, on helping staff to recognise the need for different conversations to take place with people, does not necessarily require only professionally qualified staff to be carrying out that first point of contact. What is essential is for specific professional expertise to be easily accessible beyond that first point, including social workers, nurses, occupational therapists, housing officers, as well as psychiatrists and physicians for older people where necessary and appropriate.

This does require what is referred to in 4 c) above as 'mutual understanding of the benefits of an integrated approach', but also a mutual understanding of each other's business and beyond social care and health, to include housing and education in the public sector, along with third and private sector agencies.

It is probably less important that the person at the first point of contact can undertake a complex assessment, than that the person is able to provide the enquirer with an opportunity to express what outcome they are hoping for, as a result of making contact. However it is nevertheless essential that the 'first point of contact' person has the confidence and competence to be able to identify when to ask for professional expertise associated with carrying out an assessment.

Some of the work that has taken place in 2014/15 through the Intermediate Care Fund has developed the use of 'community coordinators', helping to identify and develop a range of community/neighbourhood facilities. These are contributing to people being able to access relatively low-level, but nonetheless critical support to feel part of and supported by their communities. Having knowledge about these kinds of facilities will be essential for all IAA services, creating opportunities for people to be 'introduced' to facilities rather than 'referred' to services. It has been interesting and significant that community coordinators are often people recruited with direct experience of being a recipient of services, a carer and/or living in less advantaged neighbourhoods.

Using facilities 'close to home' will be an important element in people retaining control over their lives, which is another crucial ambition of the Act, and these facilities will have to be continually developed, as we learn more about what makes a positive difference to people's lives.

6. Conclusion

The original response to this consultation by ADSS Cymru and WLGA emphasised the extent of the cultural change necessary for the successful implementation of the Act. The changes required around a new approach to eligibility are a fundamental part of that cultural change and success will be experienced by the public at the first point of contact as they are treated respectfully and courteously, by members of staff with the confidence to bring in other professional disciplines to contribute to an holistic assessment of what can make a positive difference to a person's life.

We again emphasise the need to focus on 'doing the right thing' rather than 'doing things right'. This will endorse the ambitions of the Act to avoid an overly bureaucratic response to people,

where process is given priority, to move to a position whereby people have the chance to fully explain their hopes and aspirations for leading a fulfilling life.

The development of IAA services will need continual evaluation in order that we can identify what works well, so that it more frequently represents people's common experience and in particular it should be success that tells us what is the right skill-mix for the 'first point of contact'. SSIA's work was undertaken in 2013/14 and published in April 2014 and whilst it suggests that some of the foundations are in place, the challenges are considerable with no room for complacency.

STEWART GREENWELL
ADSS CYMRU BUSINESS UNIT

18.6.15

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

The Care and Support (Eligibility) (Wales) Regulations 2015 / Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015

Evidence from National Autistic Society Cymru – CSR AI 03 / Tystiolaeth gan Cymdeithas Genedlaethol Awtistiaeth Cymru – CSR AI 03

David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff CF99 1NA

19 June 2015

Dear David Rees

Response to correspondence provided by the Minister for Health and Social Care from the Social Care and Wellbeing Alliance Wales; Wales Carers Alliance; and Age Alliance Wales.

At the Health and Social Care Committee evidence session on the Eligibility Regulations [10 June 2015], you mentioned that the Minister for Health had written to the Committee in relation to appealing eligibility decisions. As the Alliances who gave evidence to that session we are grateful for the opportunity to respond to that correspondence.

In his letter, the Minister notes that a person may 'challenge an assessment if the assessment wasn't conducted properly or if there is a change in a person's circumstances.' We believe that this is entirely different to challenging a decision about whether a need that was present at an assessment and addressed at assessment was determined as eligible or not.

It is more than likely that the local authority will be responsible for both carrying out the initial assessment and undertaking any review. As a result they could be less likely to come to a different conclusion than an independent reviewer.

We also believe that this process is contrary to the spirit of the act of giving people 'voice and control.' If the assessment report requires that the assessor notes every presenting need, and how to meet these needs, but the person with care and support needs does not agree how this need is met, they should have the right to challenge the decision. Otherwise, the assessment is something that is entirely 'done to' the person.

While we recognise that each local authority has a complaints procedure, this is not the same as appealing a decision. We would also like to draw the Committee's attention to the Care Act which contains powers to establish a specific appeals system in England to challenge decisions made by local authorities.

Yours sincerely

Meleri Thomas, Social Care and Wellbeing Alliance Wales
Keith Bowen, Wales Carers Alliance
Emma Sands, Age Alliance Wales

Dr Ruth Hussey OBE
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Llywodraeth Cymru
Welsh Government

David Rees AM
Chair, Health and Social Care Committee

18th June 2015

Dear David,

Thank you for your letter of the 27 May, regarding Petition P-04-603 Helping babies born at 22 weeks to survive.

I am writing to inform you of activity already underway, which will hopefully address the two issues raised in your letter.

Ms Emma Jones, the petitioner, took up the offer of a meeting with Heather Payne, senior medical officer for maternal and child health, and Edward Rees, head of obesity prevention and children's health, on the 18 February. The meeting was very positive and officials have already taken forward Ms Jones' helpful suggestions about what parents want from clinicians when they experience such a sad situation.

Following the discussion with Ms Jones, it was agreed that the Welsh Government should raise the issue of clinical management of very premature infants with Maternity and Paediatric colleagues to ensure a consistent Wales wide approach and appropriate management. In response to this, the All Wales Neonatal Network Management Group and the All Wales Maternity Network have agreed to work together to explore existing clinical guidelines and ensure a consistent All Wales approach. This piece of work is currently being conducted and they will report back in July with a Clinical Consensus Document for use across NHS Wales.

For information, the clinical guidance on resuscitation and ongoing life support for very premature babies is not Welsh Government guidance but comes from the professional organisation (British Association of Perinatal Medicine, BAPM), which has the most experience in caring for sick and premature babies. Their guidance is based on sound research evidence of outcomes of intervention in the very tiniest and sickest of babies who sadly, so often cannot be helped even by the most advanced medical care.

In addition to consideration of the clinical management and guidance, officials meeting with Ms Jones highlighted the need for parents in this situation to be well informed and be active participants and decision makers in the care given to them and their child. Therefore, as part of their work, the Maternity Group and Neonatal Network have been asked to describe the care pathway for mothers and babies in such a situation, which would include provision of palliative and bereavement care.

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To ensure that parents' views are considered, and that the communication of the care pathway is appropriate for them, Ms Jones has kindly agreed to share her views with the Group producing the Clinical Consensus Document and care pathway.

In response to your questions, I would expect all hospitals in Wales to offer care in line with the Clinical Consensus Document, once issued, with appropriate communication with parents being a core part of the care pathway. Such a document could be subjected to clinical audit at appropriate intervals.

Best wishes

Ruth Hussey

DR RUTH HUSSEY OBE
CHIEF MEDICAL OFFICER / MEDICAL DIRECTOR NHS WALES

Agenda Item 6

Document is Restricted