

Health and Social Care Committee

Meeting Venue:
Committee Room 3 – Senedd

Meeting date:
Thursday, 23 April 2015

Meeting time:
09.00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

At its meeting on 25 March 2015 the Committee resolved under Standing Order 17.42(vi) to exclude the public for item 1 of the meeting on 23 April 2015.

1 Safe Nurse Staffing Levels (Wales) Bill: consideration of draft report (09.00 – 09.45)

2 Introductions, apologies and substitutions (09.45)

3 Regulation and Inspection of Social Care (Wales) Bill: evidence session 2 (09.45 – 10.35) (Pages 1 – 51)

Stewart Blythe, Welsh Local Government Association
Phil Evans, Association of Directors for Social Services Cymru
Sue Evans, Association of Directors for Social Services Cymru

Break (10.35 – 10.40)

4 Regulation and Inspection of Social Care (Wales) Bill: evidence session 3 (10.40 – 11.30) (Pages 52 – 63)

Imelda Richardson, Care and Social Services Inspectorate Wales
David Francis, Care and Social Services Inspectorate Wales

5 Regulation and Inspection of Social Care (Wales) Bill: evidence session 4 (11.30 – 12.00)

Panel of lay inspectors

Break (12.00 – 12.05)

6 Regulation and Inspection of Social Care (Wales) Bill: evidence session 5 (12.05 – 12.55) (Pages 64 – 83)

Gerry Evans, Care Council for Wales
Rhian Huws Williams, Care Council for Wales

7 Papers to note (12.55)

Minutes of the meetings on 19 and 25 March 2015 (Pages 84 – 90)

Inquiry into the performance of Ambulance Services in Wales: additional information from the Welsh Ambulance Service NHS Trust (Pages 91 – 96)

P-04-625 Support for Safe Nursing Staffing Levels (Wales) Bill: correspondence from the Petitions Committee (Pages 97 – 98)

8 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting. (12.55)

9 Regulation and Inspection of Social Care (Wales) Bill: consideration of evidence (12.55 – 13.05)

10 Scrutiny of the Minister for Health and Social Services and the Deputy Minister for Health: preparation for scrutiny session (13.05 – 13.15)
(Pages 99 – 100)

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[Regulation and Inspection of Social Care \(Wales\) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol \(Cymru\)](#)

Evidence from Association of Directors of Social Service and Welsh Local Government Association – RISC 08 / Tystiolaeth gan Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru a Cymdeithas Llywodraeth Leol Cymru – RISC 08

The Regulation and Inspection of Social Care (Wales) Bill

Health and Social Care Committee Stage 1 Written Evidence – Joint response on behalf of the Association of Directors of Social Service (ADSS) Cymru and the Welsh Local Government Association (WLGA)

1. Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?

The Bill is only one part of a number of measures, including the Social Services and Well-Being (Wales) Act and the Well-being of Future Generations (Wales) Bill that have a mutual dependency. These interdependent parts, including regulation and inspection, need to be strongly connected and complementary, so that they produce a whole system, the objective of which focuses on improving the well-being of the whole population, as well as improving the quality of care and support in Wales.

We recognise that social care has changed significantly since the last major regulatory change in Wales with a growth of mixed forms of support. With the implementation of the Social Services and Well-being (Wales) Act which will transform social care in Wales, as well, it would appear to be sensible to bring our regulation and inspection legislation up to date and review and reduce any complexity that exists under previous legislative frameworks.

2. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill adequately take account of them?

As mentioned above the Bill is just one part of a number of measures that seek to secure well-being for citizens and to improve the quality of care and support

in Wales and so the Bill is dependent on the other measures being successfully implemented and ensuring that each support the aims of the others. The Bill does seek to make fundamental changes to the regulation and inspection framework in Wales, such as the re-constitution of the Care Council for Wales, a move towards service based regulation and a greater focus on outcomes. These changes do not come without barriers, such as changes in requirements on providers and what they are reporting and the need for new systems to be able to manage this. The Bill takes account of a number of these barriers, for example the introduction of new offences to support the submission and accuracy of these reports. The biggest barriers will however be around the culture change within organisations needed to implement these new provisions and with the costs that are associated with the changes. The Explanatory Memorandum (EM) concludes that there will be additional costs associated with the Bill, particularly around the move to a service based model of registration and the introduction of a quality judgement framework, however it also recognises that there are some elements where it has not been possible to calculate costs making it difficult to ascertain all of the financial implications of the Bill.

3. Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?

The Bill's emphasis on focusing on the individual with a shift to outcomes-based regulation, as well as providing citizens with more opportunities to access information about services in which to make decisions on, should have a positive benefit for all citizens, including those with protected characteristics. Based on what we have seen we do not believe that there are any issues, though as the provisions are further developed it will be important to assess any potential impact that the changes may have.

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

We have commented on a number of issues throughout this response that suggests that more work is necessary on a number of matters to strengthen the Bill.

5. Do you think that any unintended consequences will arise from the Bill? Provisions in the Bill

There is a considerable number of provisions included in the Bill for subordinate legislation, including regulations, guidance and code of practice making powers for Welsh Ministers. There are also rule, guidance and code of practice making powers for Social Care Wales' – without knowing the detail that will come through as a result of these it is difficult to say what any unintended consequences may be. However, there are some areas of risks, which are covered in more detail later, in response to the questions on the provisions in the Bill. For example, there may be some unintended consequences as a result of the introduction of a Quality Judgement Framework and the introduction of registration fees.

6. What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.

The original white paper on the future of regulation and inspection of care and support in Wales set out the benefits of moving to a service based model of regulation. The joint ADSS and WLGA response to the White paper (which can be found at: <http://www.wlga.gov.uk/download.php?id=5872&l=1>) welcomed this move as there should be a greater likelihood of being able to identify systemic failures on the part of providers and allow the addressing of these issues at an organisational level. It should also provide useful information about the culture and values across settings and it will be important to enable the regulatory body to both drill down into services and at a whole organisation level.

This approach does need to be balanced with not reducing the focus on settings, direct service delivery and the impact on users. It is important to ensure each setting is still inspected appropriately and that there is a level playing field in inspection between smaller and larger organisations. Managers of individual parts of the service must be clear that responsibility rests with them, not with head office. It also needs to be clear that if one part of a service has difficulties there is not an automatic judgement made against the service as a whole.

The Explanatory Memorandum (EM) identifies that the change to a service based model of registration is the preferred option but that this model will involve substantial transitional costs for the service regulator estimated at £1,471,000 for 2016–17. Given the financial challenges facing public services we need to ensure that this shift in approach will bring about value for money and that any added benefit outweighs the costs that are associated, particularly given the fact that EM identifies that 78% of independent service providers have only one setting.

There are some concerns over the proposed Quality Judgement Framework (QJF). In principle a QJF could be a useful tool for the citizen as it should enable them to compare and contrast services more easily. However, there is a big challenge to ensure that the framework is meaningful and effective, helping bring about a real improvement in services. There is a very real risk that the score would be the sole focus and any narrative would be lost. Rather than having a score, or a one word descriptor, we need to be focusing on having something that is succinct and encapsulates the whole performance, allowing citizens to make informed decisions. A poor quality judgement on a service provider which might be the home of choice for current residents will be disturbing and it is essential that such judgements are reliable, consistent and easily understood by the citizen. QJF's can be subjective and as a result do not provide consistent information / messages, unless that subjectivity can be reduced or removed it will always be open to challenge.

Experience has also taught us that the market moves quickly and individual service provider's performance can vary throughout the year. There will be a challenge as to how to keep the QJF up-to-date to inform citizens and ensure that people are making decisions based on accurate and reliable information.

In our joint response to the original White paper we outlined our views on the introduction of registration fees, identifying that as a fee would add to the current burden of tight margins for many providers and that ultimately this cost would be passed along to the citizen through the fee system then the potential benefits are unclear, as such we are not in support of this element of the Bill.

7. What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes

for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.

Establishing an outcomes focused approach is to be welcomed and something that both the WLGA and ADSS Cymru have previously endorsed. In achieving this, there needs to be a greater focus on integrating the inspection process towards the achievement of improved well-being outcomes across the public sector. Work is required to redevelop current systems and approaches to establish workplace cultures that are based on people's needs rather than systems and processes. Strengthening service users' voices, so that their aspirations are reflected in the way in which services are delivered, will drive improving standards and provide the context for this shift in focus. In order to respond effectively and better understand how the working environment will have to change, inspectors and regulators will need to understand the challenges faced by the citizen, the workforce and service providers.

There is a clear link with the current Welsh Government consultation on performance measures under the Social Services and Well-being (Wales) Act which ADSS Cymru and WLGA are also responding to. This sets out how social services performance will be measured to ensure that they are meeting the duties of the Social Services and Well-being (Wales) Act, with a greater focus on measuring well-being and the achievement of outcomes. Our main point in response to the consultation is pertinent here – without a stronger clarity about 'what good looks like' we will all struggle to know how best to gather evidence to convince ourselves and others that the performance is good or excellent, rather than 'good enough'.

The Bill places a responsibility on local authorities to produce both an annual report and a local market stability report. Whilst much of the detail of these are to be prescribed in regulations it is important that neither of these become overly burdensome. Local authorities already produce an Annual Report of the Director of Social Services and so it is hoped that the regulations will build on what is in existence rather than looking to re-create anything.

Under the Social Services and Well-being (Wales) Act local authorities will be required to produce a population assessment, which under the draft code of practice, is to be produced once every local government electoral cycle and based on the LHB footprint. Any expectation on the local market stability

reports needs to link in with these other duties, otherwise we run the risk of duplicating work – The EM references an ‘annual statement of the social care market’ – it would seem unrealistic and unwieldy for local authorities to have to undertake this work on an annual basis whilst the population assessment is undertaken every 4 years. It would make sense to bring the frequency of production of the local market stability reports in line with the population assessment, with a need to review them during their lifetime as appropriate. A better understanding of the market and future trends is a good thing and local authorities have made efforts towards this. A Commissioning Framework was developed in 2010 which provides guidance under Section 7(1) of the *Local Authority Social Services Act 1970* in the form of standards which local authorities are expected to achieve. The Framework’s commissioning standards set the benchmark against which the effectiveness of local authority commissioning will be measured. The standards centre on the development of evidence-based commissioning plans and their delivery through effective procurement. Since then the Social Services Improvement Agency (SSIA) have also developed guidance to support the development of Market Position Statements. We need to be sure that placing a duty on local authorities to undertake an assessment of their sector will add value to the work that is already being done. Whilst the EM identifies the difficulties in attributing a cost to the process it does recognise that ‘undertaking the required analysis of the social care market in Wales will require specialist research skills, particularly skills associated with modelling’. This is equally applicable on a local level and so the production of these reports will require both time, expertise and resources for them to be effective.

The overlap of requirements in the Bill and the Social Services and Well-being (Wales) Act around producing a population assessment, an annual report and a local market stability report highlights the need to ensure that any legislation being passed compliments and links with existing, or planned responsibilities / duties. In addition to the requirements resulting from both the Bill and the Social Services and Well-being (Wales) Act, the Well-being of Future Generations (Wales) Bill puts local well-being plans on a statutory basis and the White paper on reforming local government talks about Council Leaders producing a manifesto and annual statement, with the Chief Executive responsible for producing an Annual Report.

8. What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector?

Anything that reinforces in the public mind, as well as with public sector commissioners, that social care, as well as health care, is a sector where provision derives from public, third and private sector bodies is to be welcomed. In both children's and adult services, providers have been in a position of considerable power in the market place, often because of public sector agencies' inability to think and behave commercially and therefore anticipate how the market will respond to changing economic and political trends.

'Shaping the market' is clearly a role for public sector commissioners and the regulators have a potentially helpful role to play in reinforcing a strengthened role of commissioners, but one that is built on mature and respectful relationships with providers. Legislative change should be a driver in shaping the market and the Social Services and Well-Being (Wales) Act 2014 makes a clear directional change, away from traditional and institutional response to people's needs and towards services and responses that have at their heart, offering improvements in people's lives and giving people more control over their lives and their care and support, where possible offered to people in their own homes and neighbourhoods.

The development of commissioning plans and strategies will be best undertaken between commissioners and providers, since providers will have intelligence about what works well for people and that people appreciate. That should be the basis on which future plans are developed. So whilst providers should not shape the market alone, neither should commissioners operate without the necessary dialogue with providers. Regulators should be free to bring their intelligence to the table, recognising any conflicts of interest, but without their contribution, the picture is incomplete.

We welcome oversight for CSSIW on the financial and corporate governance of the 'larger players' in the market, but it may be necessary for those powers also to be available in relation to smaller providers, particularly in a regional market place that can easily be destabilised, particularly by action against or closure of smaller domiciliary care providers. A review, as set out in Part 1, would place on the provider the requirement for contingency planning, but the experience in

using 'escalating concerns' procedures suggests that contingency planning should be a collective responsibility for all key stakeholders in dealing with a potential business failure and this should be reflected in legislation.

The development of local and regional market position statements is a step that should offer greater intelligence about stability and the scope for development to meet changing needs and demands. The regional footprint is more likely to be the most helpful configuration, since the scale of provision should allow greater flexibility in dealing with market changes, though flexibility will be required as in some circumstances a sub-regional approach may be more beneficial. These position statements should provide the foundations for a 'national market stability report'. The national report has to be continually 'work in progress', in order that commissioners and providers can demonstrate and learn how to show responsiveness to people's changing needs and wishes, as well as to the legislative landscape and what it suggests about commissioning intentions over the next 10/15 years.

9. What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?

It is important that we move from a position where there is insufficient clarity about where the responsibility for improvement sits and equally important that it is recognised that there are potential conflicts of interest between the role of regulator and that of promoting, encouraging and requiring improvement. There will also need to be a mature conversation about the distinction between improvement, that requires current arrangements to deliver better outcomes, and innovation, that requires that new responses are developed to meet changing expectations and demands, as well as new legislative requirements, as set out in Social Services and Well-Being (Wales) Act 2014. These will both need to be addressed through an agency with 'improvement' as one of its key drivers.

The regulatory function of Care Council for Wales has been important in giving the public confidence in the social care workforce and holding the workforce to account. Being able to remove a worker from the register to practice is a critical characteristic. It signals that poor practice is not tolerated, even where there

may be explanations and it has reinforced a sense of personal, professional responsibility amongst the workforce.

The resources available for improvement will be put to better use if they are pooled and driven by a single objective, to ensure that people who receive services experience increasingly better outcomes.

The renaming and reconstituting of Care Council for Wales (CCfW) as **Social Care Wales (SCW)**, with an extended remit, should build on the strengths of CCfW, particularly in giving service-users a voice and a part to play in the education of social workers and other social care workers. It is essential that this aspect of the CCfW's work and history is taken forward by SCW. In addition there should be at least the same level of representation on SCW for service users, as that provided by CCfW. Ensuring Local Government representation will also be important, particularly around the new remit to support improvement.

The extent of third sector and private provision needs to be better recognised through grants and assistance to support improvement available from SCW, as the stability of the market will partly depend on the continual professional development of the workforce and proper career pathways in all sectors of the workforce. It is worth restating that of 1780 regulated social care settings in Wales in 2011/12 only 218 were owned by local authorities and of nearly 12m hours of domiciliary care provided, only 3.6m was provided by local authorities. We believe that the majority of the social care workforce, in third sector and private agencies, has to have increased access to the attention and resources for their continuing professional development.

We welcome the remit for undertaking studies to improve the effectiveness, efficiency and/or economy of care and support, as that will help to demonstrate 'what good looks like', as we have referred above to the significance of being able to understand that. We believe that local authority performance and improvement should remain a sector-led and sector-owned model, with local government being best placed to support local authorities in many of the areas which are critical to local authority performance and improvement. This includes: understanding the local context and priority setting; financial planning and viability; political and managerial leadership; governance and decision-making; and organisational capacity. Local government has a successful track record for supporting service improvement and we would want

to see this role continuing through the use of elements such as peer review / challenge and self-assessment.

10. What are your views on the provisions in parts 4–8 of the Bill for workforce regulation?

The approach proposed in relation to workforce regulation for SCW is generally welcomed, particularly consolidating existing powers to regulate the workforce into a single statutory provision. In addition we welcome the clarity and explicit nature of the procedures for registration and fitness to practice, with greater autonomy to SCW in developing the rules governing the process of regulation.

Whilst the Bill 'recognises the broad nature of the social care workforce', it does not provide sufficient detail to give confidence to workers in third and private sector agencies that their needs are being properly considered or indeed that those workers, who make up the majority of the social care workforce, who are not social workers, are being given appropriate attention and recognition for the part they play in supporting people to lead fulfilling lives.

The work of the Law Commission (2014) should be a useful aid to develop this part of the Bill, with its recommendations, in England, for a single legal framework for all health and social care professionals. At the very least in Wales, this suggests the need for dialogue and much closer collaboration between SCW and bodies such as Health and Care Professions (HCPC) in the future, as we see greater collaboration and integration between local government and NHS in Wales. This is supported in the Social Services and Well-Being (Wales) Act 2014, with its emphasis on promoting the well-being of people to avoid later crises, with a shared responsibility for that purpose between NHS and local government reinforced by the Act.

We would support the proposals in the Bill for the removal of voluntary registration, but believe that there should be early discussions about the significance of leaving domiciliary workers and care home workers unregistered and therefore unregulated. We note the requirement to ensure that all regulated services have a registered manager, but this can only be a first step to offering greater protection within the law for all social care workers. This would be a huge call on resources and it would need to be focused on improving people's

lives and their experiences of services, rather than pursuing the objective of 'widening registration'.

We support the removal of dual registration for managers, placing the responsibility for registration solely with SCW.

On the matter of protection of title, we believe that there was benefit in protecting the title of social worker through the Care Standards Act 2000. The extension of this protection to other social care workers will need a wide debate with all key stakeholders.

We believe that it is wise for SCW to hold a list of people who are barred from practice and welcome an approach that differs from DBS, by referencing standards of conduct to which workers should adhere. However as stated in previous consultation responses we do not believe that the use of prohibition orders will be helpful as this is likely to cause confusion with the DBS processes and could lead to less public protection and assurance.

11. What are your views on the provisions in part 9 of the Bill for cooperation and joint working by regulatory bodies?

The developing trend and future plans suggest that more provision will be jointly provided between agencies and by a multi-professional and multi-disciplinary workforce. To improve the regulatory context for these changes, targeted at improving people's experiences of services and delivering better outcomes, requires that regulators reflect the service landscape and work together, letting go of sectional interests, and focusing on a maxim that suggests, 'doing it better means doing it together'. This complements the move away from assessing whether minimum standards are being met, towards an assessment of the well-being of the people receiving services.

It will be hugely helpful to have the level of cooperation required spelt out in the Bill, specifically identifying powers to cooperate in the exercise of their functions, to carry them out jointly and to be able to delegate functions to each other.

Sharing of information, or the lack of it, has been a real impediment to sharing responsibility and ensuring that the Bill makes it clear that sharing information

is expected to be the default position, rather than the exception, will set a standard for others to follow.

12. In your view does the Bill contain a reasonable balance between what is included in the face of the Bill and what is left to subordinate legislation and guidance?

Our response has raised a number of issues that we believe can be dealt with in subordinate legislation and guidance and our view is that the balance is adequate at present.

13. What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?

As identified earlier there are a considerable number of provisions included in the Bill for subordinate legislation, including regulations, guidance and code of practice and so without knowing some of the detail behind the provisions within the Bill it is difficult to know what many of the financial implications will be. The Bill itself fundamentally changes the regulation and inspection framework in Wales and, as reflected in the EM, there will be transitional costs associated with these changes, most of which fall on the current regulatory bodies. There are also new duties created, for example local authorities, in addition to the production of an annual report, will need to produce a local market stability report which will have a resource impact on local authorities to produce. We also need to be careful that as funding for improvement across the sector is consolidated through a single body in the form of Social Care Wales that local authorities do not lose the ability to focus on improvement or to be able to respond to performance issues that they have previously been able to.

Most frontline services are facing considerable cuts in the current climate, so the impact of costs associated with these changes should not be underestimated and should not risk further destabilising care providers.

14. Are there any other comments you wish to make about specific sections of the Bill?

Not at this stage

Agenda Item 4



National Assembly for Wales /
Cynulliad Cenedlaethol Cymru
[Health and Social Care
Committee / Y Pwyllgor Iechyd a
Gofal Cymdeithasol](#)
[Regulation and Inspection of
Social Care \(Wales\) Bill / Bil
Rheoleiddio ac Arolygu Gofal
Cymdeithasol \(Cymru\)](#)

Evidence from Care and Social
Services Inspectorate Wales -
RISC 05 / Tystiolaeth gan
Arolygiaeth Gofal a
Ein c Gwasanaethau Cymdeithasol
Eich Cymru - RISC 05

Dyddiad / Date: 13 April 2015

Mr David Reese AM
Chair of the Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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Dear Chair

I welcome the opportunity to provide evidence to inform the Health and Social Care Committee's (the Committee) scrutiny of the Regulation and Inspection of Social Care (Wales) Bill.

To help inform the Committee's considerations, our evidence below sets the context in which Care & Social Services Inspectorate Wales (CSSIW) regulates and supports the care system in order that people receive safe, good quality care. I have also made available a number of key documents:

- CSSIW's Annual Report for 2014/15¹
- Independent evaluation of quality judgement pilot in childcare by the Welsh Institute for Health and Social Care University of South Wales²
- CSSIW's guide for non-compliance and enforcement³
- Examples of completed inspection reports. Reports are publicly accessible on CSSIW's website⁴

CSSIW would also like the Committee to note that we have been engaged with the Welsh Government in developing its thinking and shaping of the Bill, the supporting notes and regulatory impact assessments. We welcome these discussions and will continue to work with the Minister for Health and Social Services and his officials to provide professional

¹ <http://cssiw.org.uk/our-reports/annual-reports/2013-2014/?lang=en>

² <http://cssiw.org.uk/about/strategic-plan/changing-the-way-we-inspect/?lang=en>

³ <http://cssiw.org.uk/providingacareservice/how-we-enforce/?lang=en>

⁴ <http://cssiw.org.uk/find-a-care-service/service-directory/?lang=en>

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advice based upon our experience as a regulator to inform the development of future regulations and codes of practice to be made under the Bill.

CSSIW's role

CSSIW is the regulator and inspectorate for care⁵ and childcare⁶ in Wales. We also inspect and monitor local authority social services,⁷ and other services,⁸ and carry out these functions on behalf of Welsh Ministers. Our role is to ensure people can access and receive safe, good quality care which meets their needs and promotes their well-being. Our independence is protected through a Memorandum of Understanding (MOU) between the Chief Inspector and the relevant Welsh Ministers.

CSSIW's response to the Health and Social Care Committee's consultation questions

1. Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?

Promoting well-being for citizens and improving the quality of care and support people receive requires a whole system approach which places people at the centre of services. This includes the way in which services are commissioned and regulated. This Bill, taken together with the Social Services and Well-being (Wales) Act 2014 (the 2014 Act), and supported by the Future Generations Bill, will provide a coherent legal framework in which the central focus is on outcomes for people and securing their well-being.

CSSIW has been creative in its application of the current law by shifting the focus of its regulatory practice from assessing standards to evaluating the outcomes for people using services. Our new methods and approaches to inspection and enforcement, introduced in 2012, have been effective in reducing the numbers of high risk services and in placing a new emphasis on "quality of life" across the sector. While these changes have been positive in improving the quality of care people receive, the current law has limitations which curtail our ability to pursue more effective solutions. In particular, CSSIW's ability to hold the right people to account for poor care and to take timely civil enforcement action.

CSSIW therefore views the provisions in the Bill as necessary and believes that they will provide strengthened powers and the architecture for a modern and flexible legal framework. This will enable both the service and workforce regulators to consolidate their approaches and respond to new models of care and workforce patterns. Together with the new duties on local authority social services departments, the Bill provides opportunities to

⁵ Those services within the scope of the Regulation and Inspection of Social Care (Wales) Bill – eg care homes, children homes and domiciliary care agencies

⁶ Child includes day-care, child-minders play , crèche and are regulated under the Children and Families (Wales) Measure 2011

⁷ This includes local authorities fostering and adoption services and their social world practice duties in respect of access, assessments and care management and review of care to individual's who receive social service support.

⁸ Boarding schools , Further Education colleges, residential special schools and residential family centres

influence the key levers for change across the system. Together, these will directly correlate to meeting the stated objectives of the Explanatory Memorandum.

2. *What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill adequately take account of them?*

CSSIW recognises there are a number of potential barriers and challenges to the effective implementation of the Bill and its policy objectives. We also acknowledge that these can be addressed over time. It is important that there is sufficient flexibility in the system to enable a managed and phased transition to require existing providers to become compliant in line with a service based approach to registration. There are a number of providers who will find it challenging to meet the new registration requirements, in particular to:

- Appoint skilled and competent responsible individuals who will be prepared to take on a clear statutory role with duties and accountabilities defined in law.
- Ensure there is workforce capacity – managers and staff who have the right skills and qualifications to meet regulations and standards set by the workforce regulator to achieve market sustainability.
- Meet any increased expectations. The size and age of care homes has a big impact in the decline in provider profit margins⁹ and the sustainability of care homes. In Wales, small care homes account for 50% of the total placements. Some providers of older non-purpose built care homes currently struggle to meet the current standards and will struggle to remain viable as expectations rise.

We also note that some providers will choose to continue to organise and register their businesses on existing “establishment based” lines. This is because some organisations prefer to structure their business around individual or small clusters of settings and agencies for accounting, liability and taxation purposes. In addition, the reasonable assumptions in the Bill about how care companies are structured are not always matched by the often very complicated arrangements which emerge, even in local companies and partnerships. Operation Jasmine exemplifies this.

3. *Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?*

The Bill may be an opportunity to:

- Cease the use of categories to end the arbitrary movement and restrictions of people with specific conditions, for example dementia.
- Explore with the UK Government reciprocal provisions for Wales and England service regulators (CSSIW and Ofsted) to have powers to make visits to children’s homes

⁹ See Knight Frank Trading Performance of Care – 2014
<http://content.knightfrank.com/research/548/documents/en/2014-2365.pdf>

registered across our borders for spot inspections of care of children placed away from home. These duties will be separate from those of the local authorities in ensuring the safe placement for children in their care.

CSSIW welcomes enhanced duties in the Bill to provide the service regulator with powers to inspect the delivery of care in a person's own home with their consent. This will support CSSIW's future inspection model of domiciliary care and other care services delivered at people's homes. CSSIW also views that similar arrangements should extend to fostering services regulated under the 2014 Act.¹⁰

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

Below we set out key areas for consideration.

The wider system and commissioning

John Kennedy's care home inquiry¹¹ recommends that governments should:

“Regulate the market and take a whole system approach encompassing pay and conditions, staffing levels, commissioning practices and transparent tariffs. These are the factors which directly impact on the quality of care.”

The Bill goes some way towards this and, taken with the 2014 Act, the regulator will have a line of sight and powers of intervention across much of the system. We recognise the importance of the role of commissioners and the responsibilities they have to procure services which are sustainable, meet the needs of people using them and are fair to staff working in them. At present, too much commissioning is short-term and focused on containing immediate budget pressures. Commissioning structures are complex and vary across councils, with overlapping corporate and social services commissioning and procurement departments. CSSIW has limited corporate locus but will have strengthened powers to hold the statutory director for social services to account. However, there are also health commissioners who are very active in procuring services from regulated settings, with different structures in place across health boards. There needs to be a mechanism to include health commissioners within the regulatory system and we are aware that the Minister has announced a Green Paper, due to be published later this year, which will provide an opportunity for this to be considered.

Primacy of well-being

We note from our analysis of Operation Jasmine and other more recent cases, that the law, when formally applied, tends to favour the rights of providers. There is a legal precedent for this which was applied in respect of care homes linked to Operation Jasmine (Joyce –v- NCSC 2003). As the Bill and the regulations are developed, we would welcome

¹⁰ Schedule 5 of the Fostering Services (Wales) Regulations 2003 currently provide that authorities persons of Welsh Government to have access to intervene and visit foster parents at any reasonable time to seek views on how the foster parent is being supported by the agency. This does not provide for entry for the service regulator to inspect the direct provision of care to a child at this foster parents home.

¹¹ <http://www.jrf.org.uk/publications/john-kennedys-care-home-inquiry>

any opportunity to rebalance the application of regulation to give primacy to the “well-being” of people using services. The principle is already established in the 2014 Act (Part 2 refers) which creates an overarching duty to promote the well-being of people in need of care and support.

We also propose active consideration is given to housing support services, as recognised in Scotland. As such, services are currently only registered as domiciliary care agencies and we are not sighted on the range and volume of supported housing settings in Wales. Our local intelligence suggests that there are many settings which are essentially “care homes by another name”, with dedicated teams supporting people with very complex requirements, typically those with learning disabilities or mental health needs. A service based approach to registration would allow for all these settings to be identified, visible and brought into the scope of possible inspection.

We note that some health settings will continue to be regulated under the Care Standards Act and wonder if there is an opportunity for these to be considered at some point. These would fit well within a service based model of registration, for example those learning disability providers who operate a combination of independent hospitals, nursing homes and care homes in Wales as a broad continuum of care.

5. *Do you think that any unintended consequences will arise from the Bill?*

Any transition or change will precipitate a loss to the market in the short-term, particularly in respect of those providers who are coming towards the end of their business life and those operating weaker provision. However, we would expect a more resilient range of provision to develop in the medium term.

In Wales there is an historical legacy where a number of services do not meet the environmental standards that are now common across the rest of the UK.¹² If Wales is keen to drive improvement some of the weaker services may exit the market.

6. *What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.*

Service based model of regulation

CSSIW supports the proposals in the Bill to move to a service based model of regulation, in particular CSSIW welcomes:

- the ability to focus on performance at a provider level, and the power to pursue remedies and enforcement action at a service/provider level when systemic failings emerge, not just at each individual setting level as at present;

¹² Knight Frank Trading Performance of Care – 2014 <http://content.knightfrank.com/research/548/documents/en/2014-2365.pdf>

- the flexibility and proportionality which would be available when registering new services and locations with existing providers;
- the power to register and test the competence of responsible individuals and to hold them to account.

Engaging the public in regulation

CSSIW strongly believes that the rights and expectations of people using services should be at the centre of regulation and inspection practice. CSSIW has given a lot of attention to the engagement of the public in its work, and has considered past schemes in Wales (lay assessors) and across the UK (experts by experience in England (CQC)), and lay assessors in Scotland. We have also piloted the use of independent visitors. In addition, we have established our National Advisory Board (which comprises of over 50% of people who use services or their carers), and will be shortly implementing regional advisory boards to quality assure our work and to go out on local inspections to provide feedback on our practice.

We have concluded that the most effective use of public engagement is holding CSSIW to account, and helping us to shape our priorities and approaches. We do not believe the routine use of citizens in inspections is cost effective (we do not have the resources to do this) and our feedback from previous schemes, and current schemes elsewhere, is that people who become involved in routine inspections do not remain “lay” for very long. Rather than pursue the routine use of lay inspectors, we believe that we need to maximise engagement and feedback from the natural communities around services when undertaking inspections. We need to encourage people to be our “eyes and ears”, and bring concerns to our attention (over 2014/15 we received 2,170 concerns from residents, relatives, staff and professionals) and we are, and have been, developing web based and social media solutions with some success.

We have been using expert lay citizens on a targeted rather than routine basis to bring a citizen’s perspective to our thematic studies, bringing people’s experiences to bear in shaping our approach, gathering evidence, providing feedback and evaluating outcomes. These include Voices from Care and Sense Cymru. Similarly, we will be engaging with All Wales People First and the All Wales Forum of Parents and Carers in our forthcoming thematic inspections of learning disability services in Wales.

Introduction of ratings

CSSIW strongly believes the careful use of ratings will be fundamental to drive future improvement across both regulated services and local authorities social services functions, in particular their role as responsible commissioners to ensure outcome based care. Indeed, in his care home review, John Kennedy recommends that governments “regulate the market to compete on quality” and having a national rating framework is a key mechanism for achieving this. The public want clear information about quality of care offered across different settings/locations,¹³ demonstrated by the increased access of

¹³ The [‘find a care service’ page](#) where people can also search for a service received 31,968 unique page views

CSSIW's directory of services (over 31,968 visits in 2014/15¹⁴). In the absence of ratings, we have streamlined our inspection reports to provide the public with clear information of our judgements about services and include information on areas where the service is failing and is not compliant with the law. CSSIW recognises the benefits and challenges of introducing ratings as highlighted in the evaluation of our early pilots in childcare.

We also recognise the potential to use ratings to identify trends over time, to consider provider performance across a number of settings and the performance of commissioners by collating and comparing ratings on an area basis.

We are currently working with the local authorities and the regulated care sector in the development of a new inspection framework aligned to the well-being outcomes under the 2014 Act. People are positive about this approach and early work on this will include testing the concepts of what a future ratings system could look like.

Strengthened powers of enforcement

CSSIW welcomes the provisions in the Bill. In particular, we believe the ability to issue improvement notices will resolve the current problems faced with undefined and often extended timescales when taking civil enforcement action. Improvement notices offer a targeted and time bound solution, which is focused on securing improvement in the first instance and is therefore less likely to create anxiety for those using or working in services compared with the current arrangement, which commences with a notice of proposal to cancel the registration of the service.

Power to charge fees

We would support retaining regulation making powers in the Bill to introduce fees and support a system of phased introduction of fees so that providers make a contribution to the costs. We acknowledge the financial model will need to be fair and flexible so that fees can reflect the cost of the services and that subsidies are directed to support those who need them. However, we also see in the medium to longer term that fees could be a catalyst to strengthen the responsibilities of both providers and commissioners to facilitate the local market and drive improvements in care. For example, providers who consistently need CSSIW's intervention to require them to make sustained improvements in response to poor inspection or concerns raised by the public to CSSIW's helpline (over 2170 in 2014/15). We believe there are circumstances where proportionate use of fees should be met by the provider, for example to offset the cost to CSSIW in extra site visits linked to our enforcement and re-inspection activity.

CSSIW is firmly of the view that the Welsh Government's current subsidy of the Disclosure and Barring Service (DBS) certificates for the former enhanced criminal record checks required at registration and renewal periods should cease. Registration with the UK Disclosure and Barring Update on-line service should be used as the mechanism to provide proof to the regulator of people's credentials to work with vulnerable people. We

¹⁴ Over 2014/ 2015 the CSSIW website received a total of 672,617 unique page views.*

are already taking action to remove our subsidy in the registration of childcare. The Welsh Government's consultation on extending regulation of childcare signals our intentions on this.

7. What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.

The importance of a whole system approach on outcomes to enable people to achieve well-being across both local authorities' duties for social services and those for service regulation is noted earlier. Successful delivery of good quality care relies on a number of functions which are highly interdependent. Together, the Bill and the 2014 Act will provide cohesion in assessing the performance of local authorities social services functions in the assessment, care planning, commissioning, and then oversight and delivery of regulated care. The increased range of CSSIW's inspections, intervention and review of local authorities social services functions is positive, and will enable CSSIW to focus its work around particular aspects of one or more local authorities functions.

CSSIW believes that local authorities will find it challenging to prepare market stability reports. Our 2014 national review¹⁵ of local authorities commissioning in Wales found that local authorities and health boards need to make major changes to the way they plan and commission services for people with dementia. CSSIW's 2014 Annual Report points to the challenges local authorities face in their commissioning of both children and adult services.

The proposals for the directors' annual reports and CSSIW reports on their reviews of local authorities social services functions should be laid before the National Assembly for Wales is welcomed. This will ensure transparency and scrutiny at local and national level on local authorities' performance. There is an opportunity to link with the proposals in the Welsh Government's White Paper – Power to Local People, which would require the four main Audit, Regulation and Inspection (AIR) bodies in Wales “to produce a joint annual assessment of the state of local government in Wales”¹⁶.

It is important that production of multiple reports and assessments of local authorities' performance required in this Bill, and other statutes, are flexible and proportionate to avoid duplication. It is also important that local authorities can respond to, and report on, local and national determined objectives that do not detract from the main focus of delivering good care and outcomes for people.

8. What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector? For example, assessment of the financial and corporate sustainability of service providers and provision of a national market stability report.

¹⁵ CSSIW National Review of Commissioning - <http://cssiw.org.uk/our-reports/national-thematic-report/2014/review-of-commissioning-for-social-care-13-14/?lang=en>

¹⁶ Page 75, section 8 – Welsh Government White Paper – Power to local people .

We believe there is a lot to be gained in developing a market oversight approach. There is enormous of potential in making better use of the existing intelligence held by the regulator and commissioners and extending the range of information being collected. This would improve market intelligence and strengthen market shaping, as well as help public authorities to assess and anticipate potential risk of service failure. CSSIW's new computer database has the potential to make a significant contribution in this area, especially when service based registration is introduced, and we will be able to collect and analyse basic returns from providers as part of their annual reporting.

We would, however, sound a note of caution. We cannot offer complete assurance or be sighted on the unknown. We are aware from our conversations with CQC of the complexity of setting up these arrangements, the matter of commercial sensitivity and the very significant costs involved in setting up secure systems, and of employing financial experts with forensic accounting and analytical skills. We note that CQC have (from April 2015)¹⁷ established a scheme in line with new legal requirements and the success of this scheme is to be evaluated. However, the scheme is focused only on the few, very large "difficult to replace" providers (eg more than 2000 residents in care homes). The care market in Wales is quite different. Our register indicates 70% of providers currently operate one establishment and only 2%¹⁸ operate 10 or more. In CQC's consultation on the arrangements, providers advised of the burden and difficulties in supplying the financial information required. Local authorities were as concerned with the impact of the failure of smaller local providers in the areas as much as the failure of bigger companies, a position which would be akin to Wales. CQC has put in place a pathway in response to increasing risk which involves local authorities at the end stage. In Wales we have a more responsive approach, normally driven by the "escalating concerns" procedure which is brought into place when services are likely to fail.

In any market oversight scheme there are a number of major technical problems. Financial returns and company records lack currency and can be up to two years out of date. In addition, local current accounting data can be inaccurate, incomplete and hard to access or interpret. We learnt from Southern Cross that whilst individual services appear profitable, the liabilities and risks can be dependent on factors far removed from the operation of social care companies and commonly off shore. The domiciliary care market is currently a case in point where, behind the scenes and with no consequent effect on registration, companies are constantly merging and changing hands, some with complex debt structures. We have been and will continue to work with other pan UK regulators on this, most particularly CQC, to remain sighted on the large pan UK providers.

Within these constraints, and with some increased capacity, CSSIW could deliver simple market profiles of general oversight and trends. We should be able to identify known and quantifiable risks, such as services in administration, or where financial markers are perverse (eg lack of spend on building and repairs) or where concerns have been raised about unpaid bills or reductions in costs, quality of food or staffing levels. We would not, however, be able to collect or analyse more sophisticated financial data and trading indicators as now planned in England.

¹⁷ CWQC Oversight of Social Care Market <http://www.cqc.org.uk/our-new-role-market-oversight-care-homes-and-other-social-care-services>

¹⁸ CSSIW register 2014/15

9. What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?

We have no firm view as to the new name for the Care Council for Wales but the new title does not acknowledge their role to support and build capacity in workforce standards and qualifications for the broader childcare sector in Wales, including what is currently considered as “early years” provision. We understand that this is an area of increasing importance to the Council given the Government’s commitment to a ten year workforce development plan for the sector. CSSIW is therefore pleased to see the wide regulation making powers to extend the categories of persons as a social care worker [Section 78(2) refers] includes child minding and day care services.

In respect of the extended remit of Social Care Wales, we note the improvement function in Section 68 – *the power to provide advice and support (including grants) to any person providing a care and support service*. There will be a need to clarify how this role will be discharged and protocols established to ensure that service regulation, and the improvement functions of Social Care Wales are complementary and do not come into conflict.

10. What are your views on the provisions in Parts 4 - 8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.

We are pleased to see regulation powers will enable the registration of the workforce to be extended. We also support the inclusion of inspectors within the list in Section 78 of the Bill to include the majority of service areas that CSSIW currently inspect. We have been working with the Care Council for Wales in developing a new qualification framework for CSSIW inspectors and believe that over time requiring inspectors to have the new inspection qualification will significantly enhance the role, status and skills of inspectors. It will also provide a professional career pathway to attract high calibre social care, childcare and nursing professionals to become inspectors, and align arrangements with Estyn who operate a register of inspectors for schools.

11. What are your views on the provisions in Part 9 of the Bill for co-operation and joint working by regulatory bodies?

CSSIW currently shares information and works collaboratively with the workforce regulator, the Care Council for Wales, and a number of AIR bodies in Wales and across the UK, as well as local authorities and local health boards, in particular in relation to the protection of people. However, the inclusion of both general and specific duties on the face of the Bill in relation to co-operation between the services, workforce regulator and relevant public bodies is welcomed. It signifies and promotes the importance of reciprocal arrangements between all parties to share intelligence and, where relevant, joint action across the whole system to improve people’s well-being.

Sharing of evidence to meet the Bill objectives will enable both the service and workforce regulator to jointly address and improve poor performance, or failings in management of the responsible individual for a service. The delegation of functions between CSSIW and the workforce regulator could be helpful in some circumstances, but needs to be worked through into practice.

12. In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

Yes, however, we note that there is significantly more prescription on the face of the Bill. This can be positive, but may also lead to potential barriers, intentionally or otherwise, if a similar approach is taken in the development of regulations and codes of practice. From a service regulator's perspective, we believe that the law and systems must be sufficiently flexible to enable us to continually improve on our performance, and the performance of those we inspect, through regular review and adjustment to our inspection methods to meet changing patterns of care and best practice. For example, regulations to be made under Section 35 in respect of the criteria to be applied in CSSIW's ratings of a service. We acknowledge, however, the broad spectrum of powers in the Bill together with those in the 2014 Act will future proof the system through secondary law and support the National Assembly for Wales' scrutiny of key regulations through the affirmative procedure.

13. What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?

CSSIW has provided indicative costs to the Welsh Government to inform the financial implications as set out in the Explanatory Notes and Regulatory Impact Assessment to the Bill. Costs will vary depending on the detailed arrangements of the system to be effected through regulations, codes of practice and CSSIW's own operating policies and guides. We will work closely with the Welsh Government in their development to ensure proportionality and efficiency.

There are significant and inevitable costs related to transition. CSSIW wishes to emphasise to the Committee the importance of having robust transitional arrangements for the re-registration of the current cohort of providers under the new rules to ensure the accuracy and integrity of the service regulator's register of providers, and to ensure the effective administration of the new regulatory and inspection regime. The problems which stemmed from transition in 2002 when the Care Standards Act came in were, in part, reflected in some of the issues which emerged in Operation Jasmine. More recently, we have seen the impact of transition in England when CQC was established and the focus went from maintaining day-to-day inspections to completing the transfer of registration and registering new services.

CSSIW is also the regulator for childcare¹⁹, which is also subject to reform, but will continue to operate a register of establishments. Like many public service and regulatory bodies, CSSIW has made efficiencies (a reduction of £2.1m over three years to an annual operating cost of £14.4m in 2014/15) in its operation of its common registration, inspection

¹⁹4,446 , childcare providers as of March 2014

and enforcement model across both its childcare and other regulated services to be regulated under the Bill. CSSIW's future operation of two different regulatory systems for childcare and care and support, will require CSSIW to change its business and delivery model and will not achieve the critical mass needed to offer the same level of efficiency in CSSIW's financial performance.

14. Are there any other comments you wish to make about specific sections of the Bill?

None at present but CSSIW welcomes the opportunity to discuss our views in more detail in our oral evidence to the Committee later this month.

Yours faithfully

A handwritten signature in blue ink that reads "Richardson". The signature is written in a cursive style.

Imelda Richardson
Chief Inspector
CSSIW – Care & Social Services Inspectorate Wales

Care Council for Wales' Response to the Health and Social Services Committee's call for evidence as part of the consultation on the Regulation and Inspection of Social Care (Wales) Bill

General

1. *Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?*
 - 1.1 The Care Council for Wales (Care Council) welcomes the broad aims of the legislation with its focus on public protection through the provision of high quality regulated services and a system of workforce regulation that supports the workforce to practise effectively and safely. The Care Council has always emphasised the responsibility on both social care providers and the workforce in ensuring high quality services whilst also advocating the principle that regulation has a significant role in promoting and supporting high quality provision, as well as addressing areas of poor practice.
 - 1.2 In relation to workforce regulation and development, we believe that legislation is required to achieve new powers which will support the workforce in the sector and to support the transition of the Care Council into Social Care Wales. Much of the legislation restates processes currently undertaken by the Care Council with regards to regulating the social care workforce. However, the additional legislation will enable Social Care Wales to carry out its new service improvement function, which is welcomed, as it will achieve coherence in driving forward improvement across the sector.
2. *What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill adequately take account of them?*
 - 2.1 The primary barriers to achieving high quality provision are the wider pressures on the sector in terms of increasing volumes and complexity of need at a time of significant resource pressures. These lie outside the scope of regulation. The legislation seeks to address these issues through provision for improved planning and market analysis, a focus on high quality professional practice and enhanced co-ordination of improvement activity to address agreed national priorities. Critical to the success of this legislation will be the formation of clear links with the Social Services and Wellbeing (Wales)

Act 2014, with regulation and service improvement and development being linked rather than separate activities.

3. *Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?*

3.1 The legislation should support equality particularly for those groups that are reliant on services provided by the social care sector. We welcome the explicit reference to the provision of services through the Welsh language and to groups with protected characteristics.

4. *Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?*

4.1 This question will be addressed in our responses below.

5. *Do you think that any unintended consequences will arise from the Bill?*

5.1 In relation to service regulation, we do not foresee any unintended consequences although careful monitoring of the impact of implementing the legislation will be required to ensure that there are no negative consequences for a sector that is somewhat unstable at present.

5.2 For workforce regulation, we feel that the detail on the face of the Bill may restrict the ability in the future to respond to new patterns of service and workforce groups for whom other regulatory approaches may be more appropriate.

Provisions in the Bill

6. *What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.*

6.1 The provisions within the Bill are designed to improve the transparency of regulated provision and improved public understanding of, and involvement in, social care provision. Central to this development will be improved public information on the care sector. We consider the obligation to produce annual reports to be a part of this, and as such we welcome this requirement. Such approaches undertaken in collaboration with the sector should result in increased public protection, public accountability, improved public understanding of the care sector and should help to inform and enable individuals who use services in making decisions about their care. This should result in higher expectations of social care provision through wider ownership of matters of quality and safety of provision.

- 6.2 A suitable fee regime for regulatory activities may be appropriate. However if fee collection results in service costs being increased to recoup the cost of fees or if the cost of fee collection outweighs the income received, the application of fees may need to be reconsidered.
7. *What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.*
- 7.1 The move to a focus on outcomes is to be welcomed, both for individuals using services and the population as a whole. However the difficulty of defining and measuring outcomes that have meaning is notoriously problematic and remains largely untested. The requirement that statutory services have a duty of oversight for the local social care economy is welcomed as a key to supporting high quality service commissioning. Key to this is robust and reliable data. We welcome the role of Social Care Wales in this and the work which is underway to strengthen the data available and plans to have intelligence and evidence which can be used in making decisions about the sector.
- 7.2 Sometimes the language in the Bill can appear traditional in comparison to that of the Social Services and Well-being (Wales) Act. It may therefore be appropriate to amend some elements of it, for example, to reflect the shift from 'services' to 'provision'.
8. *What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector? For example, assessment of the financial and corporate sustainability of service providers and provision of a national market stability report.*
- 8.1 As stated above, market oversight at the national and local level is to be welcomed, as is assessment of the financial stability and sustainability of providers. However achieving such transparency may be difficult due to the complex nature of the sector. Achieving meaningful information at both national and individual provider level will only be attained by close working with providers who recognise that transparency is critical in being a part of the social care sector.
9. *What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?*
- 9.1 The Care Council welcomes the principle of reconstituting the Care Council as Social Care Wales with an extended remit. The Care Council has operated

from the outset on the basis that regulation of the workforce and development of the social care workforce are firmly linked with the one activity supporting the other. The additional elements of service improvement, research and public information will bring further key levers into a cross-sectoral, co-ordinated approach to raising the quality of provision. Much of the detail of the proposal remains to be determined and it will be vital that there is proper alignment of resources to the ambitions.

9.2 The Care Council and many of the stakeholders regret the loss of its branding, which is well known and respected in the sector. However the Care Council looks forward to working with Welsh Government and other key partners in developing the proposals for Social Care Wales through to implementation in 2017 and beyond.

10. *What are your views on the provisions in Parts 4 - 8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.*

10.1 The Care Council is pleased that the Bill provides powers to extend regulation to other groups of social care workers in the future. However, we remain uncertain whether the level of detail on fitness to practise processes on the face of the Bill may restrict the future consideration of alternative approaches to regulating these groups of workers.

10.2 We note that the Regulatory Impact Assessment points to financial costs as the main reason for not extending mandatory registration. Therefore, we are keen to share the work we have done on possible other approaches to regulation of the non-regulated workforce which may provide economic and practical alternative solutions. In our response to the consultation on the *White Paper on The Future of Regulation and Inspection of Care and Support in Wales*¹, we proposed a licencing model of vocational workforce regulation. The system has many benefits and could help realise the ambitions of the Welsh Government in this area.

10.3 The key feature of the model is its focus on supporting care workers to practice safely and effectively through provision of accredited training and guidance, while at the same time addressing areas of poor or dangerous practice by removing those workers from the workforce. Disciplinary action and fitness to practise is first and foremost the responsibility of the employer, who then informs the regulator of the outcome. The regulator can then remove an employee's licence if their practice fails to meet standards. We estimate that the costs of this system for the regulator could be covered by an annual tax-deductible fee of around £25 per person per annum. Further information on the model is at Appendix 1.

¹ Welsh Government, September 2013

- 10.4 We would request that due consideration is given to allowing enough flexibility in relation to the fitness to practise provisions within the Bill to enable the Minister, through Regulations, to extend regulation to other groups of workers through an alternative regulatory model, at a time that may be appropriate.
- 10.5 In its response to the consultation on the Bill the Care Council, in common with the vast majority of other respondents, stated that prohibition orders or negative registers have very little positive benefit, but numerous negative elements. For example, it would introduce significant costs with no income from fees. Furthermore, it would focus on negative practice without benefits such as supporting high quality provision and recognising high quality practitioners. The view of the sector on a negative register is also acknowledged in the Explanatory Memorandum². We do not therefore consider that the option of a negative register would provide Social Care Wales with a viable alternative model to full mandatory registration.
- 10.6 The Care Council agrees that a reliance on voluntary registration is not appropriate, although reports from care workers and employers who have supported their care staff to register indicate that voluntary registration has provided a means of recognising the contribution of the care workforce. As indicated above, we believe that alternative models of licensing regulation are available to replace voluntary approaches.
11. *What are your views on the provisions in Part 9 of the Bill for cooperation and joint working by regulatory bodies?*
- 11.1 We welcome the proposals in the Bill in relation to co-operation and joint working and are of the opinion that they will enhance the current collaborative work being undertaken between the Care Council and CSSIW.

Delegated powers

12. *In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?*
- 12.1 While the majority of the Bill appears to provide an appropriate level of detail for such legislation, we are concerned, as mentioned in our answer to question 10 above, that this balance may not have been achieved in the sections on fitness to practise, and that this may restrict Social Care Wales from being able to further develop this area and explore alternative models of regulation in future.
- 12.2 We are aware that the majority of this detail derives from the draft legislation produced as a result of the outcome of the Law Commission's review on the

² See page 71

regulation of health care and social care professionals in England³, which has yet to be made into law. This may result in Social Care Wales being unable to respond to changes in UK approaches to workforce regulation, particularly in the social care sector, and may therefore inhibit future collaboration between UK bodies.

Financial implications

13. *What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?*
- 13.1 The Care Council would make the following points regarding the costs outlined in the Regulatory Impact Assessment (RIA).
- 13.2 In looking at the costs of workforce regulation models, the RIA only considers the existing mandatory registration model with increased fees. The Care Council submitted costs for the licencing model of vocational workforce regulation, referred to above (10.2) which we consider to be more appropriate for the regulation of the non-regulated social care workforce at a future date. It is noticeable that no RIA has been undertaken on the costs of introducing the prohibition orders provision included in the Bill.
- 13.3 The assessment of the costs of regulating social care worker training is based on an application of the model employed for social worker training. The nature of social care worker training is significantly different, with a current emphasis on work based learning. Also the number of staff is significantly greater and potentially the number of courses requiring approval will be significantly greater. The view of the Care Council is that decisions regarding the model for regulation of social care worker training will need to be made on the basis of the most effective use of regulatory powers within the context of the existing quality assurance structures for care worker training and capable of being implemented with the resources available.
- 13.4 The remit of Social Care Wales is broad, and whilst it provides an opportunity to achieve more cohesion and strategic direction, its success in achieving this will depend upon a planned, comprehensive approach with cross-sectoral support. While the RIA identifies a range of existing funding streams there is limited evidence regarding the infrastructure required to support the breadth of remit proposed, in addition to the transitional costs. The Care Council is of the opinion that very careful planning is urgently required to ensure that priorities are identified at the earliest opportunity to ensure that the most effective programme is available for the sector which is capable of being delivered within the resource envelope identified.

³ Regulation of Health Care Professionals and Regulation of Social Care Professionals in England, Law Commission, April 2014

Other comments

14. *Are there any other comments you wish to make about specific sections of the Bill?*

14.1 The Care Council welcomes the Bill and the important opportunity it brings to support the development of the social care sector and the social care workforce. It offers the possibility for Wales to do something new and different that will raise understanding and awareness of the social care sector. It will ensure Wales is well placed to respond to the significant changes and challenges that the social care sector will face in the forthcoming decade.

How licencing could expand the regulation of the social care workforce in a cost-effective, rigorous and proven manner

Executive Summary

We propose a new model of regulation to support the professionalisation of the social care workforce in Wales in order to raise standards of practice, to support workers to practice safely and to improve the protection of some of the most vulnerable people in our society. We propose a licencing system which has a proven track record with other groups of skilled workers.

Benefits

- Licencing provides workers with:
 - ~ access to accredited training to obtain required qualification;
 - ~ receipt of support, advice and information to maintain quality practice.
- Improved career prospects and image for the workforce.
- Workforce data for employers, Welsh Government and others.
- Increased public assurance and confidence due to stronger safeguards and quality of the workforce
- Cost-effective and proportionate.
- A proven model of regulation, used effectively by Gas Safe and others over many years.

Types of workers which could be licenced

- Adult care home workers.
- Domiciliary care workers.
- Personal assistants.

Key elements of licencing

- Licencing to include:
 - ~ requirement to obtain mandatory qualification – either upon initial application or by three year renewal;
 - ~ agreement to abide by the Code of Practice;
 - ~ three year licencing cycle;
 - ~ evidence of on-going training and learning required upon renewal.
- Disciplinary proceedings to include:
 - ~ employer to investigate alleged breach of the Code and refer workforce regulator of its decision;
 - ~ officer decision to remove or retain individual's licence;
 - ~ internal and external appeals processes.
- Employers' role to include:
 - ~ regular upload of employees' information to the workforce regulator;

- ~ support qualification and on-going learning attainment;
- ~ undertake disciplinary processes and refer employees to the workforce regulator.

Costs

- Estimated annual registration fee of £25-£30 per annum, per registrant (reducing to £20-£24 after tax relief).
- Potential increase in training costs.
- A potential impact on pay levels as a consequence of professionalisation.

How licencing could expand the regulation of the social care workforce in a cost-effective, rigorous and proven manner

1. Introduction: the debate on widening regulation

1.1 The Care Council for Wales (Care Council) has long called for a new way of regulating parts of the care workforce. In its *White Paper on The Future of Regulation and Inspection of Care and Support in Wales*⁴, the Welsh Government stated that it ‘has prioritised the professionalisation of the care and support workforce’. The Care Council considers that part of this professionalisation agenda is the extension of its powers to raise standards of practice to other groups of the social care workforce in Wales. We stated in our response to the consultation on the White Paper:

“The issue therefore is not whether to regulate the wider workforce but rather to be prepared to explore different models of regulation for public assurance which would also support the drive for a sustainable, high-quality, valued workforce”.

1.2 We believe that in order to protect individuals who use services and to raise standards in the workforce, the powers held by the Care Council should be expanded to include those workers for whom registration is currently voluntary (see 2.3). However, it is also accepted that the current regulatory regime, as outlined in 2.4 below, would not be sustainable if it was expanded because of the cost. It is further acknowledged that a different type of workforce improvement model is required for social care workers compared with that for social care managers and social workers, to better reflect the nature and salaries of their roles.

1.3 This report looks at a new licensing model for raising standards; the key drivers for this model; comparative models from other sectors; a proposed new model for the social care workforce; and generic costs of a new model. It states the key outcomes that would be beneficial to a range of stakeholders including the workers themselves, individuals who use services and employers.

2. Current practice

2.1 The Care Council has been the regulator of the social care workforce in Wales since its inception in 2001. Its regulatory powers derive from the Care Standards Act 2000. These have been implemented in practice through Regulations and Rules for registration and disciplinary proceedings. The Council maintains a Register of certain social care workers. It can remove people from the Register through its investigative and hearings processes when the practice of these workers is found to be impaired and that they have failed to uphold the standards in the Code of Practice for Social Care Workers (the Code of Practice). Once removed these people cannot practice as registered social care workers.

2.2 The groups for whom registration is currently compulsory and the dates from when registration became compulsory are:

- Social work students (from 2004);

⁴ Welsh Government, September 2013

- Social workers (from 2005);
- Residential child care managers (from 2007);
- Residential child care workers (from 2008);
- Adult care home managers (from 2011);
- Domiciliary care managers (from 2013).

Together these groups account for 16 per cent of the social care workforce. The remaining 84 per cent of the workforce are unregulated. These include:

- Adult home care workers;
- Domiciliary care workers;
- Personal assistants.

2.3 Since 2005, registration has been voluntary for adult care home workers and domiciliary care workers. However, the Regulation & Inspection of Social Care (Wales) Bill will close the voluntary register.

2.4 The same regulatory process applies to each of the groups on the compulsory register. This involves:

Registration

When applying to register, an applicant must evidence: good character, conduct and fitness to practise; the required qualification (upon application or at renewal); the appropriate fee; and agreement to adhere to the Code of Practice. The application must be endorsed by the employer.

Registration is renewed every three years. A registrant must evidence the same elements as above and demonstrate 90 hours or 15 days of post registration training and learning. Apart from social workers, the renewal must be endorsed by the employer.

If the Care Council is minded not to grant an application or renewal, the case is considered by a Registration Committee.

Investigation and Hearings

When an allegation is received that a registrant has failed to uphold the standards in the Code of Practice, an investigation is undertaken. The Care Council is able to undertake such inquiries as it considers necessary depending upon the circumstances of each case. Following this the case may be closed with no further action, or a registrant may be offered the ability to accept an undertaking (a condition/s upon their registration), or they may be removed from the Register by agreement with officers, or the case may be referred to the hearings process.

The hearings process may involve a registrant appearing before an initial committee, whereby they could be suspended on an interim basis from the Register or receive interim conditions on their registration whilst the investigation is being undertaken. A final hearing committee has the ability to admonish, suspend, place conditions on or remove a registrant from the Register.

3. Key drivers for a new licensing model

- 3.1 One of the key drivers for a new licensing model is to improve protection for some of the most vulnerable people in our society. This need has been clearly exemplified in the media through, for example, the BBC's Panorama programme *Undercover Care: The Abused Exposed* concerning the abuse of elderly residents in care homes in England. Further investigations of abuse in the past include the Police investigation of abuse in adult care homes in Gwent (Operation Jasmine) and the abuse of people with learning disabilities at Winterbourne View Hospital in England.
- 3.2 It is becoming more apparent also that the work now undertaken by adult care home workers and domiciliary care workers is of a much more skilled and specialised nature. It requires specific expertise and qualifications as work is increasingly delegated from other professionals. This was highlighted in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the 'Francis Report'). The report also recommended the registration of health care support workers in England.
- 3.3 The increased drive to move to community provision can be seen in the Social Services and Well-being (Wales) Act 2014. The ability of people to recruit their own personal assistants via the direct payment scheme supports the development of a new model. It will provide assurance that such workers are trained and work to set standards.
- 3.4 Raising standards across the workforce would help to raise the status of the sector. This will help to attract more people to social care which may not currently be seen as an attractive career opportunity. This could help alleviate recruitment and retention difficulties.

4. Potential groups to be included in the new licensing model

- 4.1 It is estimated that there are around 70,000 workers currently employed in the formal social care sector in Wales, of which approximately 11,000 are registered with the Care Council. The domiciliary care workforce and the adult care home workforce comprise a significant part of the remainder. However, this figure does not include personal assistants, self-employed, housing sector workers, or workers who provide care on an informal basis, all of whom could become part of the new licensing scheme.
- 4.2 A range of care is provided in the sector, from informal care at home to intensive formal care and support involving a variety of health and social care professionals. Some groups are already subject to formal regulatory processes and we believe that other groups in the formal care sector could be appropriately addressed by a new model to support high quality practice.
- 4.3 While a new model seeks to raise the standards of practice generally, as it can be seen to be applicable to all care workers, issues of public protection and risk should determine priorities for future development. The Care Council believes that, where the state or its agencies determines who provides care for individuals, there is a duty on the state to ensure that person is trained and is safe to work. Where an individual chooses their own care, they should have access to the highest level of information to support them in making an appropriate choice.

5. The licencing model in other sectors

5.1 Research has been undertaken by the Care Council regarding the licencing model in other sectors. The models looked at were:

- Gas Safe;
- Approved Driving Instructors;
- Approved Competent Persons (building regulations);
- Security Industry Authority.

5.2 The key features of these models are that they include:

- Qualification and character requirements;
- On-going continuing professional development requirements;
- Advice and support is provided for practice;
- Officer removal in fitness to practise cases;
- Appeals mechanisms are compliant with Article 6 of the European Convention on Human Rights (ECHR) which is that 'everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal'.

Importantly, the model does not include an expensive disciplinary process managed by the workforce regulator. Instead, this is the responsibility of the employer, who must then inform the regulator of the outcome.

6. The proposed licencing model for social care

Overview

6.1 Licencing models as described above place significant emphasis on seeking to keep workers on a formal list as opposed to allowing them to operate in a hidden economy. Every effort is made to support workers in practising safely. Guidance and support is provided. Accredited training and access to resources to maintain quality practice to registered individuals is actively encouraged. Removal from the list is seen as a last resort.

We believe that such an approach would serve care workers well. Theirs is a skilled job where the safety of the public is of prime importance. As noted below at 9.1, there are many potential benefits to the workforce of adopting this model, including better training and higher status.

6.2 Therefore, we propose that a licencing model should be introduced for defined groups of care workers in Wales. To become a licenced care worker under such a system, a person would need to be qualified and committed to on-going continued professional development and learning. Where concerns exist about a worker's practice, the primary duty would lie with the employer to investigate such matters, determine an appropriate course of action and, where appropriate, refer individuals to the workforce regulator.

Licensing and fitness to practise processes

6.3 The flowcharts at Annex 2 and 3 outline proposed licencing and fitness to practise processes. The licencing process would involve an option for employers to upload bulk information on their employees to the workforce regulator on a regular basis.

This information would be sent by the workforce regulator to the employees for their agreement and their agreement to abide by the Code of Practice. Workers would be licenced for three years which would require renewal on a three yearly cycle. Renewal would require evidence of training and learning since licencing. Where workers did not hold the required qualification upon initial licencing, they would be licenced on condition that they obtained it by their first renewal. This process would be managed by officers. An appeal processes, ultimately to an independent body, would be available.

- 6.4 Where there has been an alleged breach of the Code of Practice, an employer will be required to investigate and refer the matter to the workforce regulator. The workforce regulator's officers would then make a decision on which sanction to apply. This could include the revocation of the worker's licence to practice. The officer's decision would be based on the information supplied by the employer, and any additional information required. An appeals process, including to an independent body, would be available.
- 6.5 Employers would play a key role in the new model, in relation to the support they provide to their employees and their interaction with the workforce regulator. They will be required to, for example:
- Provide regular (for example, quarterly) information regarding their employees to the workforce regulator;
 - Support qualification and post registration and learning attainment;
 - Undertake disciplinary processes where there has been an alleged breach of the Code of Practice;
 - Refer employees to the workforce regulator;
 - Provide disciplinary information to the workforce regulator and co-operate with their processes.

Legal advice

- 6.6 Legal advice has been obtained by the Care Council on the development of the licencing model. This included advice on whether ability for officers to remove workers' licence complied with Article 6 of the European Court of Human Rights (the right to a fair trial). The advice confirmed this would be possible providing the system included certain provisions, including, primarily, an appeals process⁵.
- 6.7 It is proposed that, if a new model was implemented for certain groups, then the workforce regulator would operate two different systems in parallel. Licencing would be appropriate for skilled workers and mandatory registration for executive and

⁵According to the Care Council's legal advice, in order to comply with the common law requirement for fairness and the potential application of Article 6 in the more serious cases, the system would have to make provision for:

- a. receipt of written submissions from the registrant
- b. guidelines to show how decisions are to be approached
- c. a skilled and experienced staff of arbiters to decide cases at first instance
- d. a process for review
- e. a process for appeal before an adjudicator who is independent from the original decision maker
- f. the potential for an oral hearing either at first instance or on appeal where there are disputed issues of fact which must be resolved by assessment of the credibility of witnesses
- g. sufficiently detailed written decisions at each stage.

'Advice on the Alternative Model Means of Regulation for Some Social Care Workers', Hugh James Solicitors, 30 April 2014

management roles. The Care Council's legal advice has confirmed that this is possible⁶.

UK models compared

- 6.8 With regards to the models in the other countries of the UK, Scotland and Northern Ireland register adult care home and domiciliary care workers, as well as other groups, using the current regulatory model. In England, the Health and Care Professions Council has proposed the implementation of negative registration for social care workers, whilst keeping the current model for social workers. We do not support the proposal in the Regulation & Inspection of Social Care (Wales) Bill that a negative register of social care workers should be introduced. The evidence shows that prohibition orders or negative registers have very little positive benefit, but numerous disadvantages. They have significant costs with no income from fees. The focus on negative practice fails to support high quality provision and recognition of high quality practitioners. This view is shared by many in the care sector, which is acknowledged in the Bill's Explanatory Memorandum⁷.
- 6.9 The proposed model can be seen as a lighter touch approach located between the full health professional regulatory model, on which the Care Council's Register is based, and the proposal for a negative register. It is deemed to be appropriate to skilled workers and is also designed to actively support high quality practice. Licencing would be introduced in phases, which would be carefully monitored throughout its development and implementation.

7. Potential costs of licencing

Overview

- 7.1 The introduction of licencing would potentially have cost implications in three areas:
- i. Training costs for the sector;
 - ii. Salary costs for a licenced workforce;
 - iii. Costs for administering the scheme (registration and fitness to practise).
- 7.2 It is estimated that over 50% of the unregulated workforce already have the required qualifications. Licencing would enable those who weren't qualified to gain the qualification within the first three year licencing cycle. Any potential increase in training costs that employers may face for their unqualified workers could be mitigated by better targeting of training resources at qualifications required for licencing and not therefore, as currently, for a wide range of qualifications.
- 7.3 In order to reflect the more complex and diverse nature of the roles of social care workers, and to have a qualified and effective workforce of the future, it is being increasingly acknowledged that the issue of pay will need to be examined. There is a growing acknowledgement that a living wage for these workers is now required which will be set at a higher level than the basic minimum wage in order to achieve the qualified workforce that will be required for the future.

⁶ According to the Care Council's legal advice, "the creation of a separate form of regulation for second tier workers is not precluded by law"

⁷ P.71, Explanatory Memorandum, Regulation & Inspection of Social Care (Wales) Bill

- 7.4 One of the aims of licencing is that it would be less costly than current registration and disciplinary processes. This would be enabled through, for example, electronic application processes, including uploading of applicants in bulk by employers. A key determinant of the cost of the current model of mandatory registration is the cost of disciplinary processes, including investigations and hearings. Under the licencing model it is the employer who is under the duty to undertake a thorough investigation. The workforce regulator is simply required to decide on the appropriate sanction. This model has been assessed to provide significant financial savings.

Estimated costs for the workforce regulator

- 7.5 Licencing will require additional capacity and close working relationships with employers. Work has begun to cost the model building on the current on-line services to ensure an effective, proportionate and efficient regulatory service. To make the application process as streamlined and as cost-effective as possible, employers would be required to upload workforce information in bulk, to be processed by the workforce regulator's staff. The estimated costs of the application process would be £5-£7 per person.
- 7.6 With regards to disciplinary procedures, employers would be expected to manage the investigation and hearing. The findings would then be forwarded to the workforce regulator for an officer's decision on a sanction.
- 7.7 Given the percentage of cases that currently go through full regulatory procedures and the number of workers, it is estimated that these costs could be recovered through an annual licence fee of £25-£30 per person. However these fees are eligible for tax relief which would reduce the fee to £20-£24.

8. Implications for the informal care sector

- 8.1 In order to maintain public protection and safeguards for individuals who purchase their own care, a high level of information should be made available which would include a list of workers whose licence has been revoked to aid them in making safe recruitment decisions.
- 8.2 High profile information provided through media and service contacts can also provide guidance and advice on safe recruiting processes. In addition, either workers or their employers in the informal care sector could potentially choose to be part of the scheme. This would enable them to access the benefits in relation to training, guidance etc available to those within it.

9. Key outcomes and benefits

- 9.1 It is envisaged that the key outcomes and benefits of licencing would be:

For the workforce

- Trained workforce: all workers would be required to attain a required qualification ensuring that they would be trained to the same standards and have obtained a qualification recognised by the workforce regulator. As obtaining a qualification will be a requirement of being licenced, this will ensure access to accredited training for workers.

- On-going competence: licenced workers will need to keep their training and professional development up-to-date and show evidence of this on renewal. Access to resources to maintain quality practice would be made available.
- On-going support for workers: the 'membership-style' benefits for licenced workers would be: receipt of support, advice and information from the workforce regulator to help them with their practice and conduct, for example practice guidance and additional guidance on specific matters eg maintaining professional boundaries.
- Other care workers, e.g. informal care providers: by either opting to licence themselves or having their employer licence them, it will allow them to have access to training and the other on-going support as outlined above.
- Improved career prospects and image for the workforce: being required to obtain a qualification and being a licenced worker
 - will improve the image of the workforce, and potentially reduce recruitment and retention difficulties over time.
- Improved protection for the workforce: being qualified, working to set standards in the Code, receiving practice guidance on how to undertake their roles, should all help to provide a structure to the workforce on how they are expected to work with the aim of preventing them from putting themselves or others at risk of harm. It also places responsibility on employers to ensure their workforce adhere to this structure, thereby providing additional assurance to workers that they are able to achieve and adhere to it.

For employers

- Data on the workforce: by regulating and recording additional groups of workers, the workforce regulator will be able to provide employers, the Welsh Government and others with a fuller, more informative picture of the social care workforce, which will help with workforce planning and related issues.
- Recruitment: as workers will have to be qualified and have continued their learning and training for licencing purposes, this will provide assurance to employers of the quality of their practice. The benefits associated with licencing should also lead to an improved image of the social care workforce which should in turn attract more people to the sector, thus further improve recruitment.
- Training: the requirement for all workers to be qualified will guarantee employers access to accredited training for their workers.
- A sustainable workforce: employers will gain a workforce which is qualified, whose licencing membership provides them with support to improve their practice, thus reducing retention issues.

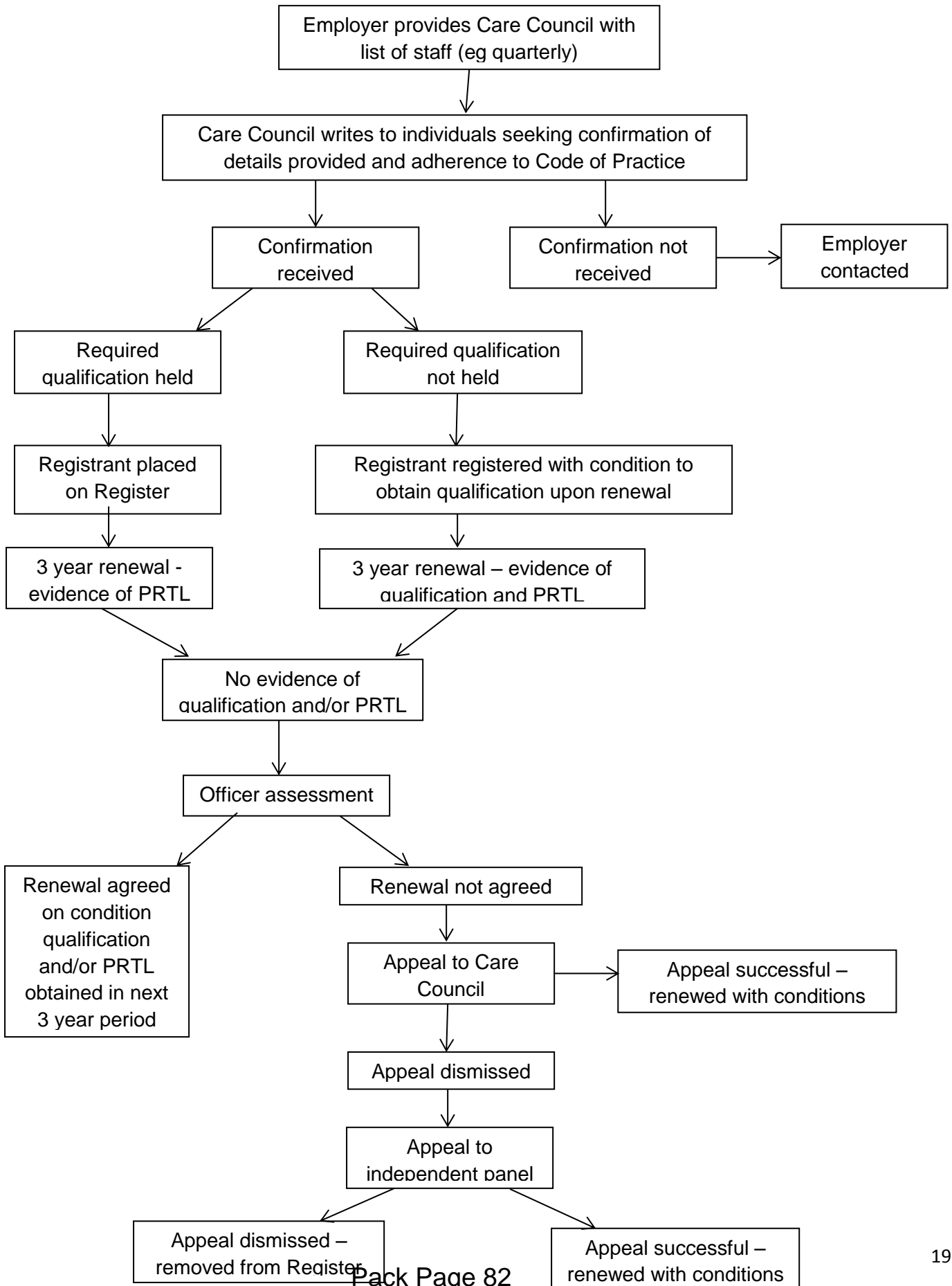
For individuals using services and the public

- Increased public assurance: the licencing of adult care home and domiciliary care workers who work directly with vulnerable people in care homes or in an individual's own home, and who are required to undertake increasingly specialised tasks, would provide assurance that these workers are qualified and

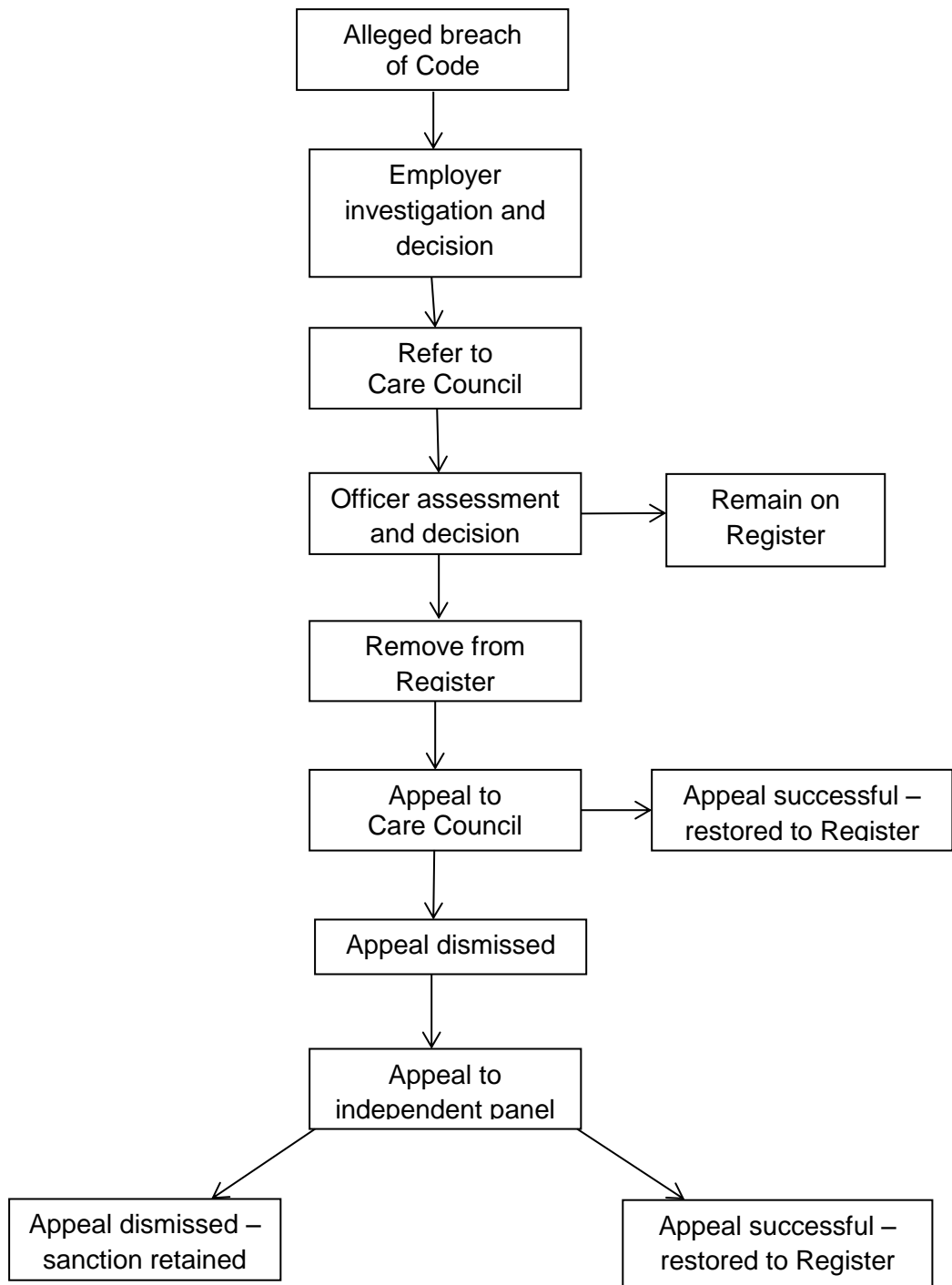
can be held to account if something were to go wrong. The same applies for other types of licenced care workers.

- Increased public confidence: having an accountable workforce would increase public confidence in the process and also in the workforce itself.
- Increased public information: individuals would have access to information regarding workers who had their licence removed so that they can check before recruiting someone on an informal basis.
- Stronger safeguards in place: by regulating more workers, it will be possible to prevent those who are found to have failed to uphold the required standards from working by removing their licence, thus extending the protection that workforce regulation can provide to vulnerable individuals.
- Better care and support: the aim of licencing, and the outcomes set out above, should lead to and ensure the ultimate outcome of improving the quality of the workforce which would lead to improved care and support for individuals who use services.

New licensing process



New fitness to practise process



Agenda Item 7.1

Health and Social Care Committee

Meeting Venue: **Committee Room 3 – Senedd**

Meeting date: **Thursday, 19 March 2015**

Meeting time: **09.01 – 15.35**

Cynulliad
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National
Assembly for
Wales



This meeting can be viewed on [Senedd TV](http://senedd.tv) at:

<http://senedd.tv/en/2673>

Concise Minutes:

Assembly Members:

David Rees AM (Chair)
Alun Davies AM
Janet Finch–Saunders AM
Elin Jones AM
Darren Millar AM
Lynne Neagle AM
Gwyn R Price AM
Jenny Rathbone AM (In place of John Griffiths AM)
Lindsay Whittle AM
Kirsty Williams AM (For items 3 and 7 –12)
Peter Black AM (In place of Kirsty Williams AM for items 1 – 2 and 4 – 6)

Witnesses:

Kirsty Williams AM, Member in charge of the Safe Nurse Staffing Levels (Wales) Bill
Lisa Salkeld, National Assembly for Wales Commission
Philippa Watkins, National Assembly for Wales Commission
Mark Drakeford AM, the Minister for Health and Social Services
Vaughan Gething AM, the Deputy Minister for Health
Dr Andrew Goodall, Welsh Government
Albert Heaney, Welsh Government
Dr Ruth Hussey, Welsh Government
Martin Sollis, Welsh Government

Melanie Minty, Care Forum Wales
Anne Thomas, Linc Cymru and representing Care Forum Wales
Michele Millard, Spire Cardiff Hospital and representing Welsh Independent Healthcare Association
Simon Rogers, Welsh Independent Healthcare Association
Sue Goodman, The Wallich
Antonia Watson, The Wallich
Stephen Coole, NUS Wales
Lucy–Ann Henry, NUS Wales
Nick McLain, Gwent Police
Paul Roberts, Her Majesty’s Inspectorate of Prisons
Jon Stratford, South Wales Police

Committee Staff:

Llinos Madeley (Clerk)
Helen Finlayson (Second Clerk)
Sian Giddins (Deputy Clerk)
Rhys Morgan (Deputy Clerk)
Enrico Carpanini (Legal Adviser)
Gwyn Griffiths (Legal Adviser)
Elfyn Henderson (Researcher)
Martin Jennings (Researcher)
Sian Thomas (Researcher)
Philippa Watkins (Researcher)

Transcript

View the [meeting transcript](#).

1 Introductions, apologies and substitutions

1.1 Apologies were received from John Griffiths. Jenny Rathbone substituted.

1.2 For items relating to the Safe Nurse Staffing Levels (Wales) Bill, Peter Black substituted for Kirsty Williams.

2 Safe Nurse Staffing Levels (Wales) Bill: evidence session 14

2.1 Kirsty Williams, the Member in charge of the Bill, responded to questions from Members.

3 Scrutiny of the Minister for Health and Social Services and the Deputy Minister for Health: general and financial scrutiny

3.1 The Minister and Deputy Minister responded to questions from Members.

3.2 The Minister agreed to:

- provide background statistical information relating to the number of individuals in Wales who have chronic illnesses and the number in receipt of treatments;
- alert the Committee when the national report of the 'Trusted to Care spot checks of older people's mental health wards in Wales is published;
- write to the Committee to provide details of the capital programme allocations in Betsi Cadwaladar University Health Board's draft three-year plan, with specific reference to any plans for the development of Ysbyty Gwynedd's emergency department; and
- review the Welsh Government's guidance in relation to local health board service change to ensure that it provides adequately for engagement with staff who might be affected.

4 Safe Nurse Staffing Levels (Wales) Bill: evidence session 15

4.1 The witnesses responded to questions from Members.

5 Motion under Standing Order 17.42(vi) to resolve to exclude the public from items 6, 7 and 12 of the meeting and for item 1 of the meeting on 25 March 2015

5.1 The motion was agreed.

6 Safe Nurse Staffing Levels (Wales) Bill: consideration of evidence received

6.1 The Committee considered the evidence received.

6.2 The Committee agreed to write to the Minister for Health and Social Services to request clarification about whether the Acuity Tool Governance Framework (when validated) will include fixed staffing ratios that apply to all medical and surgical adult in-patient wards.

7 Scrutiny of the Minister for Health and Social Services and the Deputy Minister for Health: consideration of evidence received

7.1 The Committee considered the evidence received.

7.2 The Committee agreed to write to the Minister for Health and Social Services in relation to guidance on safe levels of locum use.

8 Inquiry into alcohol and substance misuse: evidence session 7

8.1 The witnesses responded to questions from Members.

9 Inquiry into alcohol and substance misuse: evidence session 8

9.2 The witnesses agreed to:

- provide the Committee with a copy of the NUS strategy organised bar crawls; and
- a copy of the NUS interim report findings.

10 Inquiry into alcohol and substance misuse: evidence session 9

10.2 The witnesses agreed to:

- provide the Committee with figures on the number of arrests and/or offences where alcohol was a contributory factor; and
- figures on call demand and incident demand over a given week.

11 Papers to note

11.1 Minutes of the meeting held on 5 March 2015

11.1a The Committee agreed to amend the minute of the meeting on 5 March to include details of the additional information Members agreed to request from local health boards and the Welsh Independent Healthcare Association regarding the Safe Nurse Staffing Levels (Wales) Bill.

11.2 Supplementary Legislative Consent Memorandum – Small Business, Enterprise and Employment Bill: correspondence from the Presiding Officer

11.2a The Committee noted the correspondence and agreed to write to the Presiding Officer to highlight the importance of the Assembly's role in scrutinising LCMs.

11.3 Correspondence from the Petitions Committee: P-04-625 Support for Safe Nursing Staffing Levels

11.3a The Committee noted the correspondence.

12 Inquiry into alcohol and substance misuse: consideration of evidence received

12.1 The Committee considered the evidence received.

Health and Social Care Committee

Meeting Venue: **Committee Room 3 – Senedd**

Meeting date: **Wednesday, 25 March 2015**

Meeting time: **09.15 – 12.23**

This meeting can be viewed on [Senedd TV](http://senedd.tv/en/2648) at:
<http://senedd.tv/en/2648>

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Concise Minutes:

Assembly Members:

David Rees AM (Chair)
Alun Davies AM
Janet Finch–Saunders AM
John Griffiths AM
Elin Jones AM
Darren Millar AM
Lynne Neagle AM
Gwyn R Price AM
Kirsty Williams AM (for items 2 – 7)
Lindsay Whittle AM
Peter Black AM (In place of Kirsty Williams AM for item 1)

Witnesses:

Mark Drakeford AM, the Minister for Health and Social Services
Kate Johnson, Welsh Government
David Pritchard, Welsh Government
Mari Williams, Welsh Government

Committee Staff:

Llinos Madeley (Clerk)
Helen Finlayson (Second Clerk)
Sian Giddins (Deputy Clerk)
Rhys Morgan (Deputy Clerk)

Enrico Carpanini (Legal Adviser)
Gwyn Griffiths (Legal Adviser)
Gareth Howells (Legal Adviser)
Gareth Pembridge (Legal Adviser)
Joanest Varney–Jackson (Legal Adviser)
Stephen Boyce (Researcher)
Amy Clifton (Researcher)
Sian Thomas (Researcher)
Philippa Watkins (Researcher)

Transcript

View the [meeting transcript](#).

1 Safe Nurse Staffing Levels (Wales) Bill: consideration of key issues

1.1 The Committee considered the key issues that have arisen during its consideration of the general principles of the Safe Nurse Staffing Levels (Wales) Bill.

2 Introductions, apologies and substitutions

2.1 No apologies were received.

2.2 For the item relating to the Safe Nurse Staffing Levels (Wales) Bill, Peter Black substituted for Kirsty Williams.

3 Regulation and Inspection of Social Care (Wales) Bill: evidence session 1

3.1 The Minister responded to questions from Members.

3.2 The Minister agreed to provide:

- a note on any financial assessment, beyond that set out in the Explanatory Memorandum, that has been made in relation to whether to require the registration of domiciliary care workers and adult care home workers;
- an outline of the information that is expected to be included in the local market stability reports that local authorities will be required to prepare and publish under section 144B of the Social Services and Well-being (Wales) Act 2014 (to be inserted by section 55 of the Bill);
- an indication of the expected timescales for publication of draft regulations under section 60(6) and (7) relating to Ministers' ability under section 60 to assess the financial sustainability of a service provider.

4 Papers to note

4.1 Minutes of the meeting on 11 March 2015

4.1a The Committee noted the minutes of the meeting held on 11 March.

4.2 Regulation and Inspection of Social Care (Wales) Bill: correspondence from the Minister for Health and Social Services

4.2a The Committee noted the correspondence from the Minister for Health and Social Services.

4.3 Regulation and Inspection of Social Care (Wales) Bill: correspondence from the Children, Young People and Education Committee

4.3a The Committee noted the correspondence from the Children, Young People and Education Committee.

4.4 Inquiry into the GP workforce in Wales: correspondence from the Minister for Health and Social Services

4.4a The Committee noted the correspondence from the Minister for Health and Social Services.

5 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting and for item 1 of the meeting on 23 April 2015

5.1 The motion was agreed.

6 Regulation and Inspection of Social Care (Wales) Bill: consideration of evidence received

6.1 The Committee considered the evidence received.

6.2 The Committee agreed to write to the Minister for Health and Social Services to seek additional information in relation to the Regulation and Inspection of Social Care (Wales) Bill.

7 Inquiry into the performance of Ambulance Services in Wales: consideration of draft letter

7.1 The Committee considered and agreed a draft letter to the Deputy Minister for Health, subject to minor amendments.

Agenda Item 7.2

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Inquiry into the performance of Ambulance Services in Wales / Ymchwiliad i berfformiad Gwasanaethau Ambiwllans Cymru](#)

Additional information from Welsh Ambulance Service NHS Trust – PAS(AI) 10
/ Gwybodaeth ychwanegol gan Ymddiriedolaeth GIG Gwasanaethau
Ambiwllans Cymru – PAS(AI) 10

From: Estelle Hitchon (Welsh Ambulance Service NHS Trust - 020)

Sent: 16 April 2015 13:36

To: Health and Social Care Committee | Y Pwyllgor Iechyd a Gofal Cymdeithasol

Subject: RE: Ymchwiliad i berfformiad Gwasanaethau Ambiwllans Cymru - llythyr i'r Dirprwy Gweinidog | Inquiry into the performance of Ambulance Services in Wales - letter to the Deputy Minister

Dear Colleague

Many thanks for your recent letter requesting additional information following our recent correspondence. I attach an updated spreadsheet which details the number of incidents in each year for which multiple or repeat calls were made.

In addition, Members also indicated that they would welcome more information about the criteria by which the eight-minute target is measured, particularly whether the target is deemed to have been met at the point at which a first responder arrives at the scene, even if that responder is not a paramedic equipped to provide treatment at the scene.

In response, we would say that, in line with all UK Ambulance Services, the Welsh Ambulance Services NHS Trust uses the UK-wide KA34 guidance tool which defines what constitutes an appropriate response in terms of the Category A8-minute standard.

This guidance outlines the following in respect of emergency response:

Paragraph 3.6.1 of KA34 Guidance

For the purposes of the Category A 8-minute standard, an emergency response may only be by:

- An emergency ambulance; or
- A rapid response vehicle equipped with a defibrillator to provide treatment at the scene; or
- An approved first responder equipped with a defibrillator, who is accountable to the ambulance service; or when a healthcare professional is at the location of the incident, equipped with a defibrillator and deemed clinically appropriate to respond by the Trust. A first responder is not a substitute for an ambulance response and an

ambulance response should be dispatched to all calls attended by an approved first responder.

I hope this information is helpful to Members. However, should you require anything further, please do not hesitate to contact me.

Best regards

Estelle Hitchon
Associate Director
Chief Executive's Office
Welsh Ambulance Services NHS Trust



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust

Health Informatics Reference: 8041

Analyst: Richard Thomas

Data Period: 1st January 2012 - 31st December 2014 (Inclusive)

Data Source: Emergency Medical Service Cube

Selection Criteria: Categorisation: Category A Calls
Valid Calls
Verified Incidents
KPI A8 Denominator
KPI A8 Numerator
KPI A8 Percentage
WAST Operation Area (Operational Area)
Incident Location (LHB)
Calendar (All Wales)

Caveat:

The data does not include any 2015 data, this is due to some figures not been officially released in accordance with the UK Statistics Authority Code of Practice.



Verified Incident

A Valid call is all 999 calls answered by Control, excluding calls made in error, test calls, calls to other ambulance control rooms, Information and duplicate calls.



Question

The number of Category A emergency calls made in 2012,2013 and 2014;
The number of incidents to which those calls relate
The number which resulted in an emergency response arriving at the scene and
The number which is resulted in an emergency response arriving at the scene within eight minutes



All Wales

					GIG CYMRU NHS WALES	Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru Welsh Ambulance Services NHS Trust
	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage	# of Duplicate Calls
2012	186,481	166,426	161,199	102,393	63.5%	9,535
2013	201,147	169,903	164,585	99,506	60.5%	10,403
2014	217,326	172,210	166,130	90,102	54.2%	12,643
Grand Total	604,954	508,539	491,914	292,001	59.4%	32,581

LHB

					GIG CYMRU NHS WALES	Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru Welsh Ambulance Services NHS Trust
	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage	# of Duplicate Calls
2012	186,481	166,426	161,199	102,393	63.5%	9,535
Abertawe Bro Morgannwg	33,142	28,186	27,305	17,694	64.8%	2,069
Aneurin Bevan	34,768	31,396	30,686	18,708	61.0%	1,686
Betsi Cadwaladr	40,463	38,337	37,963	24,899	65.6%	1,536
Cardiff and Vale	27,481	24,692	24,028	16,349	68.0%	1,512
Cwm Taf	18,542	16,429	16,006	8,935	55.8%	825
Hywel Dda	21,725	19,431	18,969	12,072	63.6%	1,246
Out of Area	2,923	1,565	0	0	0.0%	220
Powys	7,437	6,390	6,242	3,736	59.9%	441
2013	201,147	169,903	164,585	99,506	60.5%	10,403
Abertawe Bro Morgannwg	35,712	28,263	27,369	17,120	62.6%	2,211
Aneurin Bevan	37,244	32,012	31,321	17,875	57.1%	1,755
Betsi Cadwaladr	42,497	39,043	38,581	24,888	64.5%	1,760
Cardiff and Vale	30,481	25,937	25,160	15,485	61.5%	1,771
Cwm Taf	20,051	16,691	16,291	8,570	52.6%	925
Hywel Dda	24,170	20,113	19,589	11,923	60.9%	1,248
Out of Area	3,044	1,427	0	0	0.0%	249
Powys	7,948	6,417	6,274	3,645	58.1%	484
2014	217,326	172,210	166,130	90,102	54.2%	12,643
Abertawe Bro Morgannwg	37,935	28,136	27,117	16,340	60.3%	2,360
Aneurin Bevan	40,168	32,537	31,552	15,193	48.2%	2,393
Betsi Cadwaladr	47,245	40,518	39,821	23,570	59.2%	2,198
Cardiff and Vale	33,328	26,615	25,614	13,560	52.9%	2,372
Cwm Taf	21,305	16,834	16,379	7,283	44.5%	1,171
Hywel Dda	25,597	19,837	19,273	10,633	55.2%	1,425
Out of Area	3,155	1,214	0	0	0.0%	289
Powys	8,593	6,519	6,374	3,523	55.3%	435
Grand Total	604,954	508,539	491,914	292,001	59.4%	32,581

Operational Area

						Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru Welsh Ambulance Services NHS Trust
	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage	# of Duplicate Calls
2012	186,481	166,426	161,199	102,393	63.5%	9,535
Abertawe Bro Morgannwg	33,142	28,186	27,305	17,694	64.8%	2,069
Bridgend	8,958	6,777	6,566	3,846	58.6%	523
Neath Port Talbot	8,835	7,823	7,616	4,657	61.1%	503
Swansea	15,349	13,586	13,123	9,191	70.0%	1,043
Aneurin Bevan	34,768	31,396	30,686	18,708	61.0%	1,686
Blaenau Gwent	4,777	4,235	4,143	2,443	59.0%	215
Caerphilly	10,730	9,819	9,638	5,731	59.5%	497
Monmouth	4,738	4,064	3,964	2,401	60.6%	268
Newport	9,104	8,318	8,073	5,410	67.0%	479
Torfaen	5,419	4,960	4,868	2,723	55.9%	227
Betsi Cadwaladr	40,463	38,337	37,963	24,899	65.6%	1,536
Conwy & Denbighshire	14,362	13,640	13,528	9,634	71.2%	556
Flintshire & Wrexham	15,033	14,292	14,152	9,197	65.0%	568
Gwynedd & Isle of Anglesey	11,068	10,405	10,283	6,068	59.0%	412
Cardiff And Vale	27,481	24,692	24,028	16,349	68.0%	1,512
Cardiff	20,523	18,551	18,004	12,481	69.3%	1,168
Vale of Glamorgan	6,958	6,141	6,024	3,868	64.2%	344
Cwm Taf	18,542	16,429	16,006	8,935	55.8%	825
Merthyr Tydfil	3,783	3,378	3,266	1,987	60.8%	177
Rhondda Cynon Taff	14,759	13,051	12,740	6,948	54.5%	648
Hywel Dda	21,725	19,431	18,969	12,072	63.6%	1,246
Carmarthen	10,535	9,383	9,121	5,732	62.8%	626
Ceredigion	3,921	3,505	3,426	2,090	61.0%	228
Pembrokeshire	7,269	6,543	6,422	4,250	66.2%	392
Out of Area	2,923	1,565	0	0	0.0%	220
Out of Area	2,923	1,565	0	0	0.0%	220
Powys	7,437	6,390	6,242	3,736	59.9%	441
North Powys	3,512	3,017	2,950	1,769	60.0%	196
South Powys	3,925	3,373	3,292	1,967	59.8%	245
2013	201,147	169,903	164,585	99,506	60.5%	10,403
Abertawe Bro Morgannwg	35,712	28,263	27,369	17,120	62.6%	2,211
Bridgend	9,760	7,001	6,765	4,009	59.3%	541
Neath Port Talbot	9,764	8,006	7,778	4,675	60.1%	563
Swansea	16,188	13,256	12,826	8,436	65.8%	1,107
Aneurin Bevan	37,244	32,012	31,321	17,875	57.1%	1,755
Blaenau Gwent	5,091	4,251	4,159	2,297	55.2%	219
Caerphilly	11,485	10,038	9,862	5,342	54.2%	494
Monmouth	5,420	4,413	4,300	2,388	55.5%	279
Newport	9,427	8,208	7,981	5,217	65.4%	495
Torfaen	5,821	5,102	5,019	2,631	52.4%	268
Betsi Cadwaladr	42,497	39,043	38,581	24,888	64.5%	1,760
Conwy & Denbighshire	15,117	13,921	13,756	9,701	70.5%	619
Flintshire & Wrexham	15,757	14,545	14,383	9,125	63.4%	671
Gwynedd & Isle of Anglesey	11,623	10,577	10,442	6,062	58.1%	470
Cardiff And Vale	30,481	25,937	25,160	15,485	61.5%	1,771
Cardiff	22,412	19,298	18,716	11,742	62.7%	1,322
Vale of Glamorgan	8,069	6,639	6,444	3,743	58.1%	449
Cwm Taf	20,051	16,691	16,291	8,570	52.6%	925
Merthyr Tydfil	4,041	3,389	3,293	1,831	55.6%	202
Rhondda Cynon Taff	16,010	13,302	12,998	6,739	51.8%	723
Hywel Dda	24,170	20,113	19,589	11,923	60.9%	1,248
Carmarthen	11,650	9,682	9,421	5,582	59.3%	614
Ceredigion	4,423	3,681	3,574	2,108	59.0%	232
Pembrokeshire	8,097	6,750	6,594	4,233	64.2%	402
Out of Area	3,044	1,427	0	0	0.0%	249
Out of Area	3,044	1,427	0	0	0.0%	249
Powys	7,948	6,417	6,274	3,645	58.1%	484
North Powys	3,572	2,920	2,853	1,656	58.0%	193
South Powys	4,376	3,497	3,421	1,989	58.1%	291

2014	217,326	172,210	166,130	90,102	54.2%	12,643
Abertawe Bro Morgannwg	37,935	28,136	27,117	16,340	60.3%	2,360
Bridgend	10,518	6,997	6,662	3,918	58.8%	626
Neath Port Talbot	9,995	7,685	7,476	4,405	58.9%	570
Swansea	17,422	13,454	12,979	8,017	61.8%	1,164
Aneurin Bevan	40,168	32,537	31,552	15,193	48.2%	2,393
Blaenau Gwent	5,527	4,287	4,175	1,884	45.1%	295
Caerphilly	11,996	10,026	9,763	4,350	44.6%	624
Monmouth	5,871	4,403	4,274	1,967	46.0%	390
Newport	10,497	8,635	8,293	4,761	57.4%	715
Torfaen	6,277	5,186	5,047	2,231	44.2%	369
Betsi Cadwaladr	47,245	40,518	39,821	23,570	59.2%	2,198
Conwy & Denbighshire	16,695	14,454	14,225	9,162	64.4%	723
Flintshire & Wrexham	17,942	15,402	15,135	8,638	57.1%	846
Gwynedd & Isle of Anglesey	12,608	10,662	10,461	5,770	55.2%	629
Cardiff And Vale	33,328	26,615	25,614	13,560	52.9%	2,372
Cardiff	24,538	19,861	19,049	10,140	53.2%	1,813
Vale of Glamorgan	8,790	6,754	6,565	3,420	52.1%	559
Cwm Taf	21,305	16,834	16,379	7,283	44.5%	1,171
Merthyr Tydfil	4,298	3,401	3,287	1,659	50.5%	251
Rhondda Cynon Taff	17,007	13,433	13,092	5,624	43.0%	920
Hywel Dda	25,597	19,837	19,273	10,633	55.2%	1,425
Carmarthen	12,509	9,666	9,366	5,002	53.4%	691
Ceredigion	4,601	3,562	3,459	1,874	54.2%	256
Pembrokeshire	8,487	6,609	6,448	3,757	58.3%	478
Out of Area	3,155	1,214	0	0	0.0%	289
Out of Area	3,155	1,214	0	0	0.0%	289
Powys	8,593	6,519	6,374	3,523	55.3%	435
North Powys	3,925	2,984	2,918	1,625	55.7%	193
South Powys	4,668	3,535	3,456	1,898	54.9%	242
Grand Total	604,954	508,539	491,914	292,001	59.4%	32,581

Y Pwyllgor Deisebau
Petitions Committee

David Rees AM
Chair of the Health and Social Care
Committee
National Assembly for Wales
Ty Hywel
Cardiff Bay

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Our ref: P-04-625

April 2015

Petition Title – P 04-625 Support for Safe Nursing Staffing levels (Wales) Bill

Dear David

The Petitions Committee has been considering the following petition from Richard Jones MBE, which has collected 1,579 Signatures and which I know your Committee is aware of.

We the undersigned call upon Members of the National Assembly for Wales Health and Social Care Committee to vote in favour of the Safe Nursing Staffing Levels (Wales) Bill once it is introduced into the Assembly.

Additional Information

Kirsty Williams AM is soon going to be introducing the Safe Nurse Staffing Levels (Wales) Bill into the National Assembly for Wales. This bill would enshrine in law Chief Nursing Officer in Wales' core principles regarding staffing levels on all medical and surgical wards. The Royal College of Nursing believes that this piece of legislation is necessary to improve patient safety and will help to restore patients faith in the Welsh NHS as well as ensuring that patients in hospitals in Wales receive the nursing care and attention they need and deserve and allows Nurses to be able to deliver care to the standard that they are trained and want to deliver.

At the Committee's meeting on 24 March Members agreed to formally refer the petition to The Health and Social Care Committee asking for it to be taken into

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Ffôn / Tel: 0300 200 6375

E-bost / Email: SeneddDeisebau@Cynulliad.Cymru / SeneddPetitions@Assembly.Wales

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg/We welcome correspondence in both English and Welsh

account when drawing up your stage 1 report on the Safe Nursing Staff Levels (Wales) Bill.

We also ask that you keep us informed of progress and the point at which you decide to close the petition so that we can keep the petitioner informed.

If you would like any further information on this petition, please contact the Committee Clerking Team at SeneddPetitions@assembly.wales or on (029) 2089 8421. I would be grateful if your response could be sent electronically to the email address above.

Yours sincerely

A handwritten signature in black ink that reads "William Powell". The signature is written in a cursive style with a large initial 'W'.

William Powell AC / AM
Cadeirydd / Chair

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