

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

For further information contact:

Video Conference via Zoom

Sarah Beasley

Meeting date: 30 September 2020

Committee Clerk

Meeting time: 09.00

0300 200 6565

SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Informal pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Evidence session with the Minister and Deputy Minister for Health and Social Services and the Director General for Health and Social Services and Chief Executive NHS Wales regarding: (i) proposals for a new Velindre cancer centre; (ii) the LCM for the Medicines and Medical Devices Bill; and (iii) the Committee's inquiry into Covid-19

(09.30–10.50)

(Pages 1 – 59)

Vaughan Gething MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Health and Social Services

Dr Andrew Goodall, Director General of Health and Social Services and Chief Executive NHS Wales – Welsh Government

Dr Frank Atherton, Chief Medical Officer – Welsh Government



Albert Heaney, Deputy Director General, Health and Social Services Group
Welsh Government

Jo-Anne Daniels, Director of Mental Health, Vulnerable Groups and NHS
Governance – Welsh Government

Break (10 mins)

3 Evidence session with the Minister and Deputy Minister for Health and Social Services and the Director General for Health and Social Services and Chief Executive NHS Wales regarding: (i) proposals for a new Velindre cancer centre; (ii) the LCM for the Medicines and Medical Devices Bill; and (iii) the Committee's inquiry into Covid-19 (continued)

(11.00–12.10)

Vaughan Gething MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Health and Social Services

Dr Andrew Goodall, Director General of Health and Social Services and Chief Executive NHS Wales

Dr Frank Atherton, Chief Medical Officer – Welsh Government

Albert Heaney, Deputy Director General, Health and Social Services Group
Welsh Government

Jo-Anne Daniels, Director of Mental Health, Vulnerable Groups and NHS
Governance – Welsh Government

4 Paper(s) to note

(12.10)

4.1 Letter from the Chair to Judith Paget, Chief Executive, Aneurin Bevan UHB regarding rest facilities at the Grange University Hospital

(Page 60)

4.2 Letter from Chair, Petitions Committee regarding the proposed new Velindre Cancer Centre

(Page 61)

5 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(12.10)

6 Consideration of evidence

(12.10–12.30)

Document is Restricted

Final survey report

Impact of the Covid-19 outbreak on health and social care in Wales

September 2020

As part of the Inquiry into the Impact of the Covid-19 outbreak on health and social care in Wales, the Health, Social Care and Sport Committee conducted a survey. The survey aimed to uncover the impact the Covid-19 outbreak is having on frontline staff, patients, carers and those receiving care or treatment in both clinical settings and the community.

Background

The survey opened on 9 June 2020 and closed on 1 September 2020. A total of **97 responses** were submitted.

With the Covid-19 timeline moving at pace, an interim report was submitted to the Committee before Summer recess. The aim was to enable the Committee to have a timely understanding of the key issues and to keep abreast of the impact upon staff, patients and carers. The interim report focused on the 73 survey responses received between 9 June 2020 and 6 July 2020.

This final report brings together all survey responses received.

Details about the respondents, and design, promotion and analysis of the questionnaire, can be found at the end of this report.

Key issues

A number of key issues emerged from the survey. These include personal protective equipment; testing; shielding of vulnerable people and financial implications. These issues are highlighted in the Committee's report: *'Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1'*

Further key issues from the survey include, easing restrictions and an exit strategy; impact of service disruption and redeployment of staff; Impact on community pharmacies; mental health; impact on unpaid carers; keeping people informed; and new working practices. These are areas that the Committee might wish to consider in future work.

Personal Protective Equipment (PPE)

Summary:

- PPE should be of adequate quality and fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers.
- Guidance on PPE should be kept up to date in the light of the most recent scientific advice, and advice communicated clearly to staff.
- Third sector organisations providing vital care services should have reliable access to appropriate PPE.

Working long hours in full PPE is exhausting and sometimes painful. It also affects our communication in more ways than is imaginable. Work is physically and emotionally more difficult and tiring. Then we have constant headaches from dehydration as we limit breaks to save PPE, and can only drink so much in our breaks to prevent impromptu toilet breaks. It has been a constant challenge to procure PPE necessary for our safety, meaning staff have had to be non-clinical when their expertise are desperately needed.

Staff nurse

Working according to government guidelines is impossible - have you tried socially distancing whilst completing home assessments and addressing personal care needs? Have you tried communicating with a deaf person who cannot read your

lips or a confused patient who longs for human touch and cannot comprehend why you are wearing a mask and glove etc and are frightened by you?

Health professional working in a hospital setting

With discrepancies in PPE guidance at the beginning, our staff were put in danger due to misunderstood information been actioned. For example, wearing a surgical mask in an ITU setting with cohorted Covid 19 patients, some which were ventilated. A lot of our staff contacted Covid 19.

Staff Nurse

Impacts every aspect of our work. Face to face contact and treatment if very poorly Covid patients. Dealing with and caring for the distressed families. Attempting resuscitation of Covid cardiac arrest. The stress both emotionally and physically of dealing with these jobs and having to work in complete PPE/respirator hoods in the unusually hot weather has brought myself and colleagues close to collapse on numerous occasions. Trying to clean and protect ourselves and our families. I have been a paramedic for 36 years, and have never experienced anything like this!

Paramedic

Ensure adequate PPE and look at ways to provide more comfortable PPE. Such as breathable gowns, more comfortable disposable masks, hoods that don't break down and tolerate the use they have to endure, also quieter systems that allow communication.

Staff nurse

Improved "amber" PPE, minimum we should have is full gowns, should never have to go into addresses in Aprons!!

Paramedic

As a radiographer we are required to x-ray and scan patients for doctors to be able to diagnose and monitor Coronavirus pneumonia in the patients' lungs. This can mean that we are spending hours of time stuck in PPE which leaves us with sores and rashes on our skin, and dehydrated from the amount of water we have lost

Radiographer

Testing

Summary:

- Concerns about access to testing in care homes, with testing for all care home residents and staff to be made available.
- Patients being discharged from hospital directly into a care home should be tested in accordance with latest best practice to ensure maximum protection for residents and staff.
- GPs and primary care need to be an integral part of testing arrangements.
- Regular and repeated testing of health and social care staff, including asymptomatic staff.

More rigorous testing Results are too slow should have blanket tested all staff even if they didn't have symptoms. We all now need antibody testing as soon as possible

Staff nurse

I unfortunately had the virus and there was no advice from my occupational health department except that I could go back to work on day 8 if better I felt they and managers didn't care if you were still unwell they just wanted you back in work and a lot NHS workers went back before they should have

Staff nurse

Include Social Care staff in testing

Care worker

Shielding of Vulnerable People

Summary:

- Getting help and support from services, such as priority deliveries from supermarkets is difficult for many vulnerable people. Major supermarkets lack sufficient capacity for online food shopping and home delivery to meet demand.
- Consideration of support arrangements for disabled and/or vulnerable families.

Local shopping is difficult as there are often long queues. I have a bladder problem and IBS and by the time I reach the shop I already need to urinate. I worry I will wet myself queuing. My daughter has a kidney problem and needs to be able to urinate as soon as she needs to go. My daughter and I have terrible back pain when we stand still for more than a few minutes. I have four special needs children that I care for and only 10 people are allowed on a bus. I have not got a bus since lockdown as I'm scared I will be turned away as there are too many people then wet myself while waiting for the next bus. Bus station closed and my son won't tolerate rain so if there is no shelter at bus stop in town he has meltdowns and may run into the road. Only one person allowed on each seat on bus and my son needs me next to him. I feel like a prisoner in my own home and often go without food as no online slots available either. I have had to make use of food banks for the first time.

Unpaid carer

I have had to shield due to having asthma, This I have been okay with however due to being a student nurse and working a 0 hours contract within the NHS I have not been entitled to any benefits to support me within the meantime due to being a student and have had to rely on overdrafts, savings, etc and have diminished all of my money since March.

Student nurse

Financial implications

Summary:

- Significant financial pressures on dental practices and other health and social care professionals with calls for urgent support to mitigate the financial impact of Covid-19.

I run a small private dental practice. Our income has dried up to a tiny fraction of what it was. We have furloughed all staff...We have kept going by using my savings and a Bounce Back loan. It is frustrating that we have to pay business rates even though we cannot run as usual. All NHS practices have their rates paid for them. PPE is going to be a headache when we do reopen as FFP3 masks are hard to obtain. The CDO has imposed stricter rules than in England which will disadvantage patients and we may need to send them over the border for care if we can't do it The UK rules in general for dentistry are far more restrictive than other countries e.g. Italy and France regarding PPE requirements and protocols for

cleaning. This means that as soon as we reopen we will start to lose money faster. I am praying that this all comes to an end before I run out of money but we can't stay closed forever. Patients still need care.

Dentist

Realise that dental nurses have worked throughout the coronavirus pandemic, triaging patients over the phone and now seeing patients back in the surgery. Support us with our pay as we are all desperately struggling.

Dental nurse

Give us clear guidelines and allow us to do check-ups etc before 2021... Most dentists in Wales are in mixed practice with the NHS help not even covering staff wages, let alone expenses. Mixed and private practices need financial help or we will go under.

Dentist

Extend the business rates holiday to healthcare businesses. The CDO should ensure that Standard Operating Procedures are based on scientific research and not gold plated beyond reason. The General Dental Council should be investigated for its use of the furlough scheme whilst still maintaining the fees charged to registrants. It should have the ability for registrants to pay in instalments.

Dentist

I am Podiatrist that rents a room in a dental surgery. It has had a terrible effect on my business as unlike other Podiatrists, I have been unable to treat emergencies, as I am not insured to work out of a dental surgery during their red phase, although I work on a different day to dentists... Many of my patients have gone elsewhere feeling I have let them down.

Podiatrist

The £500 payment to social care staff would also be welcomed in community pharmacy recognition that covid has had a cost implication to community pharmacies and an appropriate financial settlement - my pharmacy reacted by doing everything it could to make sure we could stay open and meet the needs of our patients, that cost money - currently pharmacies have paid out.

Pharmacist

Uncertainty in our jobs, we work in the highest risk category yet we are only receiving 80% of our pay, despite working throughout the pandemic. I worry how to pay my bills and even though I am qualified and registered, working for an NHS provider, I earn £9.00 per hour.

Extended duties Dental Nurse GDC Registered

Easing restrictions / Exit strategy

Summary:

- Cessation of social distancing giving families autonomy over contact.
- Easing restrictions to enable travel for unpaid carers.
- Easing of restrictions to allow face to face contact for health professionals working in a community setting.

Finish lockdown. Allow people to make a choice if their family can come to their homes, if they would rather risk hugging their children and grandchildren. Depend on staff who are trained professionals to make calls in the best interest of their patients, colleagues and themselves. Trust people to be able to share an office without taking undue risks and that people can understand how to make risk assessed judgement calls. End lockdown so that people have a quality of life. End lockdown so that people can do their jobs properly. End lockdown.

Health professional working in a hospital setting

A patient observed today that isolation has been no life to her as she has been unable to see grandchildren for months. At 85 years old, she observed, you are going to die of somethings at some time - her life is being extended by shielding and lock down but it's not really living. This patient is neither depressed nor suffering with mental health problems and just making an observation of her perspective of life in lockdown.

Health professional working in a hospital setting

Recognise and address the issues affecting people with memory problems and their carers. This includes providing care to a person who lives alone and more than 5 miles from their carer.

Unpaid carer

Allow professionals to continue with their services face to face, applying social

distancing. We are professional adults, we are aware of our own safety and needs and I believe the WG need to see this. I don't understand how teachers have been allowed to continue face to face but social workers cant? Employees in shops and fast food places can see these families but we can't? I don't believe the guidance set by WG has been the forefront of needs

Youth Justice Officer

Impact of service disruption and redeployment of NHS and care sector staff

Summary:

- Service disruption could lead to late diagnosis, complications or deterioration in a patient's condition, with increased waiting times also for elective care and cancers.
- Concerns about the redeployment of staff to areas beyond their area of expertise.
- Unequal weighting of staff redeployment resulting in some departments being overrun whilst others having little work..

I have been referred for an urgent MRI with contrast with a view to surgery. The consultant could not put a timescale on 'urgent' due to the COVID situation. With these tests not happening in a timely matter, my condition will deteriorate with the possibility of more extensive surgery when I eventually get on the elective list and then probably another long wait. I live in pain. It seems chronic conditions have been forgotten and just allowed to worsen unmonitored. Change the word 'elective', it's not something I choose and if left unmonitored it could become emergency.

Patient whose treatment has been delayed due to the outbreak

Covid has made many 'non urgent' scans and examinations breach their waiting times and therefore we are experiencing and will continue to have very long waiting lists for these examinations. The delayed impact covid will have on these patients is almost more worrying for the NHS to deal with (And afford) in the long run. At the moment 'covid' patients are being dealt with in a similar way to any other inpatient

Radiographer

Reduced surgery. Staff working in areas for which they aren't trained. Staff scared, not only about the virus but in working beyond their area of expertise. Short staffed because of self-isolation etc.

Theatre sister /team leader

Huge changes within the department with regard to services, I work in minor injuries - this has been moved to a different hospital under the guise of COVID - unsure if it'll be returned. Specialist staff relocated to work in areas of unit where they have no training or experience of. Services withdrawn. Injuries that used to be urgent referrals are suddenly acceptable to manage conservatively - this is completely against the grain!

Emergency Nurse

There were initially a lot of very hasty decisions made by lots of services and some services were just suspended overnight. The population I work with in the community they lost all their support overnight, family carers as well as schools and support services. With hindsight these didn't need to stop, but should have stayed operational with adaptations to remote ways of working. Some of these decisions still haven't been reversed. For example, some staff are redeployed to Covid-related activities or even filing elsewhere now, and services can't resume without them. If there is a strategy about this it doesn't seem clear to the staff on the ground. Some very vulnerable service-users have been left with very little or no support. It is very upsetting for staff who know them. One government grant project I work on was suspended and the staff are now redeployed, or pulled into core services, but staff were explicitly forbidden to work on the grant work even when they had nothing else to do, which lead to high levels of stress. The burden of the work seems very uneven - some working flat out, others seemingly not doing very much.

Clinical Psychologist

Longer hours, less days off work... The service users also need extra attention. Some are so lonely and need extra time to chat, we are having to do more tasks such as cleaning and shopping as family members are not visiting.

Domiciliary care worker for a private company

Having to work from home. No face to face in person with young people who have been in care. Referrals have gone up from 4 a month to over 140 a month.

Team Manager

Encourage managers to allow staff to go back to their work as usual, but adapted to the new situation. This is much better than just stopping services. Only redeploy where there is a clear need - in our area most redeployed staff have been bored with not much to do whilst their usual services struggle.

Clinical Psychologist

Impact on community pharmacies

Summary:

- Financial and structural support in managing the increase in service demand with deliveries and face to face services during outbreaks.
- Repeat dispensing and electronic scripts to minimise the demand for prescriptions and difficulties associated with issuing of lengthy scripts.

Wales still uses paper-based prescriptions. When GPs closed their doors this caused problems in moving prescriptions from the GP, hospitals and 'hot hubs' to the pharmacy. Wales need to investigate and invest in an electronic prescription system. In addition, greater use of Repeat Dispensing would have helped manage the workload in the pharmacy and, as an interim measure before an electronic system is developed. In many ways Wales is more advanced than other parts of the UK in allowing pharmacists access to medical records for specific services. However this needs to be joined up with all parts of the NHS.

Community pharmacist

Initially a huge increase in workload, approx. 40% higher. Once systems were implemented in GP practices (issuing post-dated prescriptions or batch prescriptions) work flow improved. Demand was and still is higher than previously experienced. Due to GP practices effectively closing their doors to all but urgent cases, pharmacies experienced far more walk-in queries as access to the GPs was difficult. We also experienced Surgeries directing patients to us for routine things like BP checks. So it was OK for us to put us and our staff at risk, but not them to do so.

Community pharmacist

We have had to install Perspex screens, train staff in COVID-secure practices including encouraging staff to use PPE, increased the number of deliveries to patients and have been hit with high absence levels due to sickness and shielding....at the start of the pandemic, the volume of prescription items doubled

almost overnight putting enormous strain on our teams and infrastructure. This was exacerbated by GPs sending months-worth of prescriptions at a time and in some cases increasing the number of days those prescriptions covered which penalises pharmacies through the payment mechanisms used. The massive increase in volume (but with a concomitant decrease in over-the-counter sales) meant that cashflow became a critical issue..

Community pharmacist

I own and run two pharmacies...in deprived areas that have a high number of BAME patients. When GP surgeries closed their doors and the perception of their patients was "CLOSED", this resulted in a massive uplift in activity including telephone calls, patients presenting at the pharmacy and a concern that they would run out of their medication. As panic buying started many common medicines become out of stock and the price increased taking more staff time to source, this also had an implication on my cash flow as my drugs bill increased, unsure if I would be reimbursed at the higher rate .The pharmacies had to ration stock of paracetamol and many OTC medicines to ensure those who needed it had a supply.

Community pharmacist

Community pharmacy has been moving towards a service-based rather than medicines-supply based service. Services include flu vaccination, the Common Ailments Service and stop smoking services. There needs to be recognition, particularly if GPs continue with a degree of remote working, that the pharmacy will become a critical point for patients to easily access healthcare. Pharmacy therefore needs to be both considered as part of the NHS family and to be remunerated appropriately to allow investment for this service focus above current levels; it cannot be right to 'rob' the supply function (now that we can see how critical it is) to invest in service delivery as is the current direction of travel.

Community pharmacist

Mental health

Summary:

- The impact of the pandemic and the stay at home measures on mental health and wellbeing. There are a wide range of contributory factors, including increased stress, isolation, disruption to routines, financial insecurity and bereavement.
- Concerns about the mental health impact on health, social care and other frontline staff.

Emotionally, I have on many occasions gone home feeling completely destroyed, with no one to hug me and tell me it will be OK as I my partner lives in a separate house. The anxiety and stress at times were unbearable, particularly at the start.

Staff Nurse

Severe stress, much reduced pay , severe anxiety about the future , stress to try to acquire PPE, 2000% increase in cost of PPE, staff worried about catching corona virus , patients not getting [dental] treatment they need and probably won't until 2021 at earliest if we have gone bankrupt before then. Massive backlog of treatment to be done , increasing hours and days worked causing more stress and still backlog piling up.

Dentist

Patients who are depressed are now unmotivated and desperately struggling with isolation and increased depression. Patients with dementia are struggling to understand and remember why they are not able to have visitors are become increasingly distressed...Staff come in all spectrums from the highly stressed and very scared to the blasé but following guidelines issued but thinking they are ludicrous. Conversations stem around the fact that we are trading lives and quality of life to protect from one illness whilst others are suffering physically, emotionally and mentally. Suicides have increased as have alcohol and drug dependence. Cancer treatments were suspended. It has gone from necessary precaution to beyond common sense.

Health professional working in a hospital setting

Massive amount of mental health issues due to removal of my support groups and effect of being shielded. Terrified of catching the virus.

Unpaid carer

I also had personal impact of my terminally father dying from cancer at home. His palliative care pathway couldn't be implemented because the hospice was closed due to covid19. I had to care for him at home whilst also working, thankfully with support from hospice at home when possible. We had a funeral for 3 family members, one of my brother not being able to attend due to living in Canada. I live alone so I have had no physical contact with anyone since his death so have not been able to grieve properly. I have had to seek private counselling for bereavement and more recently for impact of isolation.

Service manager, adult and children with disabilities.

Due to the outbreak, we are isolated, many of us are afraid to see our families despite guidance now allowing us. My mental health has personally seen a negative effect, I have seen so many lows, I can't remember the last time I saw my family and held someone, but I have counted myself lucky to be able to work and to see colleagues who I regard as friends. I just want it to be over, I want to be able to drive home to my family and see them. I honestly feel that I got sent to war in March and I am still on the battlefield, fighting a long battle, sacrificing more than the rest of the general public in this pandemic.

Diagnostic Radiographer

To manage the extra workload the pharmacies had to close for an extra two hours in the day to help manage the staff wellbeing. In addition I employed extra staff to support both pharmacies and I worked 7 days a week sometimes 12 hour days. I was very concerned for the health of my staff and felt a massive responsibility to my local community to help and advise on their health needs in the absence of GPs, dentists and opticians.

Community Pharmacist

Impacts on unpaid carers

Summary:

- Increase in caring responsibilities due to cessation of services, support groups and respite. A higher burden placed on family members, and other unpaid carers, to provide even more care to compensate for the lack of service and support.
- People caring for those with dementia can be heavily reliant on accessing support groups, social activities in the community, befrienders, day care centres, or singing and dancing groups to stay socially active. These face-to-

face services are now temporarily closed, leaving huge gaps in support and care needs.

It means a lot of additional work because the clubs and activities that my mother went to have been closed down. I have to clean as the cleaners have stopped. Its added stress because it's limiting time I can do things in my own home. Because my Mum has Alzheimer's it's upsetting that she doesn't understand that she mustn't open the door to her flat which adds stress for me. The lockdown has exacerbated an ongoing situation that Bron Afon have not helped with regarding wandering resident. Lockdown has impacted me more than it's impacted my Mum with extra cleaning, visits and keeping her apart from residents who wander.

Unpaid carer

I care for my mother who has dementia. Isolation is making her condition worse, not getting to see loved ones or interact with people. I've had little to no support from social services or the mental health team. I'm therefore working from home, home-schooling and trying to get to my mother 3 times a week. This is totally unsustainable

Unpaid carer

Clear consistent messaging with notice about changes to lockdown so we can prepare. Consult with unpaid family carers - a lot are asking why they don't qualify like the paid care workers. Better access to PPE for unpaid family carers.

Unpaid carer

As an unpaid carer, I believe the virus has made councils panic to such a degree that it is unpaid carers who have to take on all the things that a council should do, without any extra increase in pay.

Unpaid carer

1) Increase Carer's Allowance to a minimum of £4 an hour instead of the current 40 pence an hour 2) Give all carers in Wales an extra 42 days respite from care (which the council have to fund the provision of) as a "thank you" for caring during this crisis 3) Give carers the right to unionise and have delegates sit in and discuss care issues on local councils and Senedd committees.

Unpaid carer

Keeping people informed

Summary:

- A system of clear public messaging at a national and local level.
- Clear and timely information for frontline staff, carers and patients

Sector information sharing and planning

Policies that are clearly written and well communicated with a view to protect staff. More forward planning for these big events. We should not be reaction to a pandemic, but expecting it and being ready for it. For example, each year I have to do information governance training, yet I never had donning/doffing training. Why did we not have an emergency plan for PPE procurement, how this would be dispensed to where it was needed? How different areas would amalgamate in the event of an emergency situation? Covid 19 pandemic was a possibility from December/January time, yet our unit was only providing training and setting up just before it hit us in March, adding to the sense of chaos.

Staff nurse

...Another significant impact has been the lack of synchronicity and integration between health and social care. Health have not communicated well with social care and social care has been viewed as secondary to health. Social care have also potentially not cooperated as well as they could have for those reasons. The existing habit health have developed of discharge as early as possible has been detrimental to those in care homes and should not have happened.

Programme Manager

It was a very trying times in the beginning of the outbreak (not just for us of course) as I for instance was trying to keep up to date nightly / in between each shift about the new developments and understand what was going on with treatments and PPE guidelines. It feels less stressful now than it was in the beginning

Advanced Nurse Practitioner for GP Out of Hours Service

Public information

Clearly explain to patients that only those shielding or self-isolating (with symptoms or household members with symptoms) are entitled to free delivery ...

patients have seen things that say “vulnerable” in press releases from WG - and everyone says they are vulnerable and we cannot financially afford to deliver to everyone

Pharmacist

It seems simple but things like a layperson thinking that wearing gloves to the supermarket will actually help reduce their chance of contracting covid is frustrating. These same people will touch their face/phone/shopping/trolleys/doorways all whilst wearing the same pair of gloves. A simple advert to emphasise that gloves on their own do not avoid covid would be very helpful! (Unless you are trained on how to don and doff PPE properly there is hardly any point to wearing it).

Radiographer

Things have calmed down now but the Welsh government could help by asking the general public to stay patient and not to abuse pharmacy staff should there be a second wave.

Community pharmacist

New working practices

Summary:

- Working from home could be part of the new normal for families with adequate technical support, improved connectivity and childcare provision.

I'm a hospital pharmacist who has moved to working shifts to preserve social distancing in our department. I now work 12 hour days and childcare is incredibly difficult with two nursery- aged children

Hospital pharmacist

Personally as a key worker with husband working from Home I was not able to access child care hub place for 10 weeks, then was given a space for three weeks. This has caused a lot of stress to us. The process was not robust and not fair . Caerphilly hub provision process has been awful and has shown no equality. As a key worker I have had no time off in 12 weeks and have only had three weeks of hub support . I compared this to others in same locality and others and they have

been in receipt of far more support .

Ward sister

Support the speedy adaptation of our technology - at work we require secure technology solutions - to conduct assessments/therapy remotely. For example, we urgently need a facility to resume some of our work whereby service-users can upload and share a video with a clinician securely, but I have been told by information governance that that is not a priority. In the longer term it would be helpful to look at the broadband infrastructure in rural areas...Some of the changes that have happened during lockdown have been very positive for our family and at work and I hope that the government will be more proactive in supporting family time through allowing people to work from home and encouraging schools to provide live or pre-recorded teaching to reduce the travelling time and costs for the whole family.

Clinical Psychologist

In my paid employment I have been working in a remote and dispersed way. As a carer this has enabled me to better manage the balance between work and life and I hope this shift in workplace behaviour becomes the norm.

Unpaid carer

I have the technology to remote access my work I can now work as effectively at home as I did in base - I am able to focus much better on my work at home than I was with all the worries at work! Our teams have regular skype catch-ups rather than long meetings infrequently. This works much better, and there is a much greater sense of being a team this way. We are doing our usual work with service-users by the phone. Most of the work can be done like this. Some (face to face assessments) cannot and will have to wait until we can do them.

Clinical Psychologist

Survey design and data collection

Questionnaire design and analysis

The aim of the survey was to hear from frontline staff, patients, carers and those receiving care or treatment in both clinical settings and the community.

The questionnaire consisted of two open-ended questions:

1. What impact is the coronavirus outbreak having on you or your field of work?.
2. What could Welsh Government or other public bodies be doing to help reduce the impact of the outbreak on you or your field of work?

A coding frame was developed to analyse the complete data set. Each response was given one or multiple codes to categorise its content. All data can be sourced to individual responses and further analysis can be undertaken upon request.

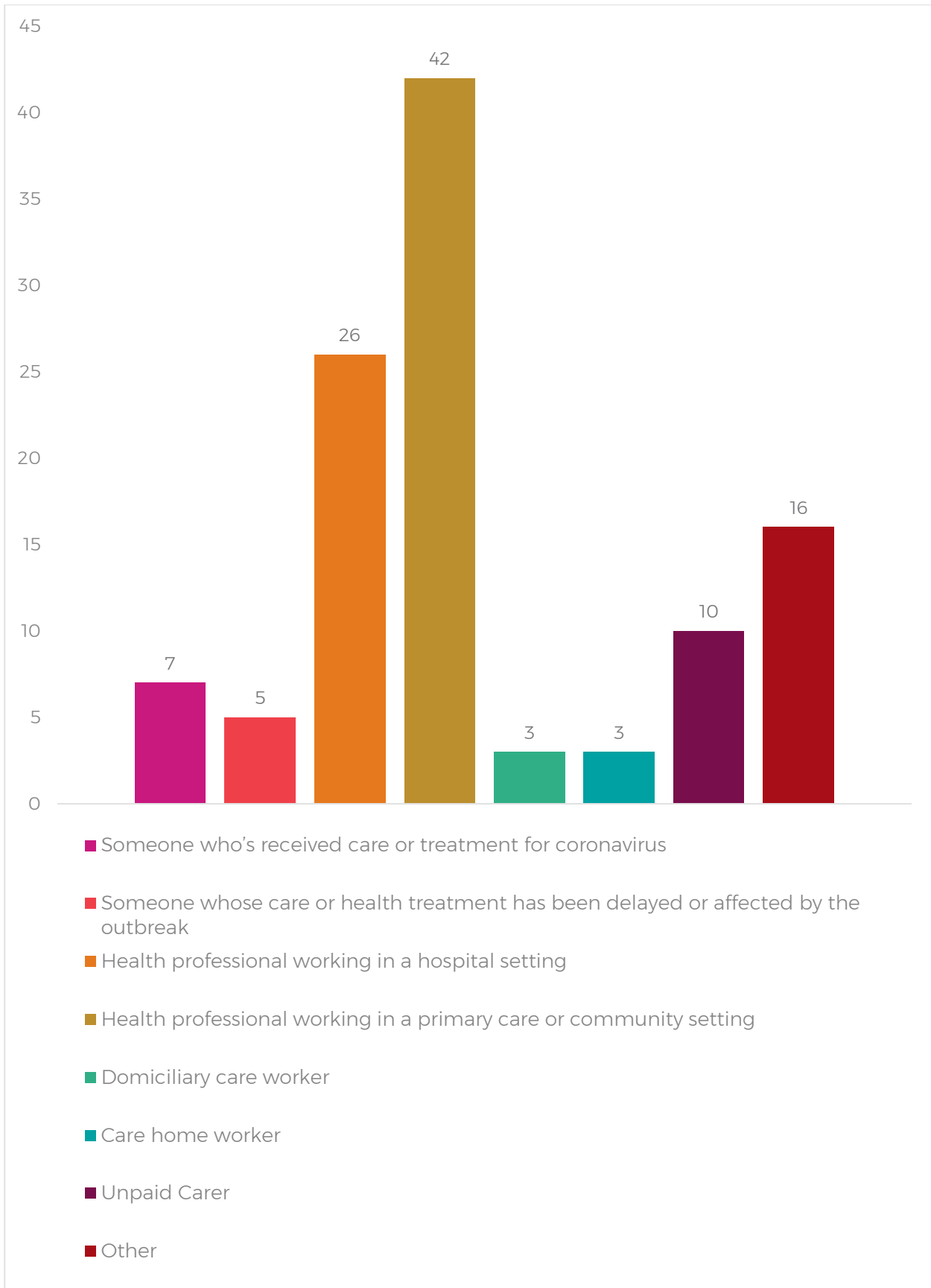
Survey promotion

The questionnaire was promoted extensively through a variety of channels:-

- Through the networks of key stakeholders including health forums;
- On the Senedd's website and social media platforms. This included focused advertisements which allowed us to target specific groups.

Response data

A total of **97 responses** were received.



Local Authority	%
Blaenau Gwent	1
Bridgend	2
Caerphilly	3
Cardiff	10
Carmarthenshire	8
Ceredigion	3
Conwy	4
Denbighshire	3
Flintshire	2
Gwynedd	9
Isle of Anglesey	7
Merthyr Tydfil	2
Monmouthshire	1
Neath Port Talbot	3
Newport	3
Pembrokeshire	4
Powys	1
Rhondda Cynon Taf	5
Swansea	10
Torfaen	8
Vale of Glamorgan	4
Wrexham	3
Outside of Wales	2

Judith Paget
Chief Executive
Aneurin Bevan University Health Board

22 September 2020

Dear Judith

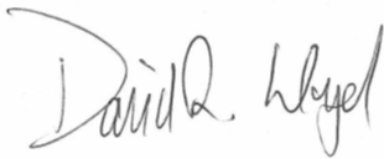
Many congratulations on the anticipated opening of the Grange University Hospital ahead of schedule.

Recently, as Chair of the Health Committee, I have received some representations expressing concern that there are currently no staff rest facilities available at the new hospital. I understand there has been an undertaking by the Trust to provide some of these facilities, albeit at a lesser provision than currently exists elsewhere within the health board.

These rest facilities have been vital during recent times in enabling frontline staff to deliver services in extremely challenging circumstances, and I am sure you will agree that the continued provision of adequate facilities in the new hospital will be important in helping staff to cope with the difficult winter period ahead.

I would therefore be grateful to receive assurances from you that this matter will be addressed as a matter of urgency.

Yours sincerely



Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee



Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
Senedd Cymru

22 September 2020

Dear Dai

Petitions:

- **P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre**
- **P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry**

The Petitions Committee has received the above petitions relating to the proposed development of a new Velindre Cancer Centre in Cardiff.

We considered the petitions for the first time at our meeting on 15 September and agreed to write to you to ask whether the Health, Social Care and Sport Committee intends to conduct any scrutiny of this issue in the coming weeks.

As part of our initial consideration of the petitions we have agreed to seek further written responses on this matter from Velindre University NHS Trust, the Welsh Government and health boards in Wales. We will consider the responses we receive at a future meeting and would therefore be grateful to know whether this is an issue that your Committee intends to scrutinise before we consider what, if any, further actions we should take.

Yours sincerely



Janet Finch-Saunders MS
Chair

