Health and Social Services Committee

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Date: Wednesday 2 March 2005
Venue: Committee Rooms 3&4, National Assembly for Wales
Title: Ministerial Report

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2. Agenda for Change: Report on Job Matching
3. Access to Dental Services
4. Health Challenge Wales
5. Welsh Assembly Government Relationship with NICE
6. Role of the Deputy Minister

7. Delayed Transfers of Care: Visits to Carmarthen, Swansea and Caerphilly

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9. Meeting with the Food Standards Agency

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1. INFORMING HEALTHCARE

Compatibility of system with other UK countries especially English regions which border Wales and provide services for patients from Wales

Issues:

1.1 Electronic health records

- How will the Single Record (Wales) and NHS Care Record Service (NCRS) exchange information when patients receive care in both England and Wales?

1.2 Electronic transfer of prescriptions [N.B. this relates to ETP, which is outside the scope of Informing Healthcare]

- How will patients who are prescribed drugs in Wales collect them in England?
- How will patients who are prescribed drugs in England collect them in Wales?
- How will Welsh pharmacists be remunerated according to contractual requirements?

1.3 E-booking (choose and book)

- How will patients who require referral into secondary care be referred from England into Wales?
- How will patients be referred from Wales into England?

Current situation

1.4 The Welsh Assembly Government recognises the importance of being able to support patients who receive care across the England Wales border. It is establishing a formal link between Informing Healthcare and the Information Services Division to work with NHS England to ensure that these patients are supported.

1.5 Compatibility is seen by Informing Healthcare programme as critical for effective patient care across border. This will require:

- Common information standards (clinical, technical and managerial)
- Understanding of technical and commercial detail of National Programme for Information

Technology (NpfIT) products at both National Service Providers and Local Service Providers levels
- Liaison Meeting on Patient Demographics arranged early March 2005.
- Current Work:-

    - Assessment of the detailed implementation plans for roll out of the systems procured by NpfIT.
    - Creation of an intercept plan so that Wales can migrate existing systems onto new NpfIT products that fulfil IHC objectives, meet stakeholder requirements and are affordable.

2. AGENDA FOR CHANGE: REPORT ON JOB MATCHING PROGRESS

Background

2.1 Agenda for Change is a major amendment to the pay and terms and conditions of employment of all directly employed NHS staff with the exception of doctors, dentists and board level senior managers.

2.2 It will introduce improved pay based on job evaluation and harmonised terms and conditions of employment including improved holiday entitlement.

Job Matching in Wales

2.3 Following extensive training in Wales delivered by the Pay Modernisation Unit (PMU) ‘practice matching’ has been undertaken on a trial basis in preparation for actual implementation from 1 December 2004. A major computer system (CAJE), which allows quality checking of matching and the monitoring of results is also being rolled out throughout Wales but does not yet have sufficient data entered for accurate assessment of progress.

2.4 Monthly status reports are collected by the PMU on behalf of the Agenda for Change Project Board. The data collected includes:-

- The number of job descriptions collected and how many employees these cover
- How many job descriptions have been quality checked
- How many successful matches by matching panels and how many staff were covered by these
- What percentage of job descriptions have been put forward for matching
- The percentage of successful matches

2.5 The information cannot yet be broken down by staff groups and this will not be available until the CAJE system is being widely used – probably in about two months’ time. Most organisations have, however, begun matching nursing, midwifery and Allied Health Professionals’ posts to be followed by ancillary staff.

2.6 The total figures for matching across Wales as at 20 January 2005 are summarised below.

The percentage of job descriptions put forward for matching varied between 0.4% and 23%

The percentage of employees covered by the above varied between 1.7% and 25.5%

The percentage of job descriptions successfully matched was in the range of 75% to 95%

Total job descriptions examined by panels = 2534

Number of staff covered by the above = 9488

Number of successful matches = 2250

Number of staff covered by the above = 9007

2.7 If job matching is not successful, a full job evaluation process will be carried out using the CAJE computerised system.

Comparison with England

2.8 Again, due to the lack of data through the CAJE system, detailed numbers are not readily available. Due to the sheer size and number of Trusts in England, they are collecting information on a summary basis across strategic Health Authorities.

2.9 The current situation is summarised below:-

- 27% of organisations have < 5% staff matched
- 16% of organisations have 5% - 9% staff matched
- 56% of organisations have > 10% staff matched

2.10 Again the staff groups covered are mainly nursing, midwifery and AHPs.

2.11 Once the CAJE system is populated with significant amounts of data more detailed analysis can be provided.

3. ACCESS TO DENTAL SERVICES

3.1 The Assembly Government has been proactive in addressing problems of access to dental schemes. The approach taken is based upon making NHS provision an attractive option for dentists, as the

Assembly has no powers to direct dentists to operate in a particular area.

3.2 We are providing more training; from October 2004, the number of dental students in Wales increased by 17%. We encourage dentists to set up or expand practices through the Welsh Dental Initiative. We are also proposing to introduce a new contract that will improve the lives of dentists and help improve access.

3.3 The latest figures for the quarter ending 31 December, show that 1.46 million people, just under half (49.8%) of the population, were registered with a dentist for NHS treatment in Wales. This is an increase of some 30,000 over the previous quarter.

3.4 Despite the successes of the Welsh Dental Initiative (which in the last two years has supported the opening of 10 new dental practices offering NHS dentistry and the expansion of 26 others securing a minimum of some 47,000 registered places for NHS dental care), and the other schemes in operation, access to NHS dental treatment remains difficult in some areas. These problems are being experienced throughout the UK and there are a number of reasons for this. For example an increase in private work resulting in a reduction in NHS commitment, workforce issues – age and gender profile of the workforce and increased career breaks – and a historic difficulty in recruiting dentists to certain areas. As the Audit Commission report on dentistry also highlighted, changes to the piecework system that currently operates have been proposed for nearly 40 years. These are the long-standing problems that this Government has inherited but is determined to tackle.

3.5 We have already announced £5.3 million, which is new to NHS dentistry. This is in addition to the funding programmes already in place to support dental services - £1.77m in 2003-2004 to support the Dental Initiative, increased access sessions and the fissure sealant programme. Some of this additional resource is being targeted at those areas with the most pressing access needs – Ceredigion, Carmarthenshire, Pembrokeshire, Gwynedd, Flintshire and Merthyr Tydfil.

3.6 We have received a number of expressions of interest regarding setting up PDS schemes in Wales. These are pilot schemes based on the proposed new dental contractual arrangements using a service level agreement between those dentists and Local Health Boards who wish to move more quickly towards the new arrangements. The establishment of PDS schemes has a number of implications, however, not least possible cost implications. The issues regarding commencing PDS in Wales are currently being considered and I hope to be in a position shortly to clarify the Assembly Government’s position.

4. HEALTH CHALLENGE WALES

4.1 Members will be aware of the Health Challenge Wales from information that has been circulated. I welcome the support from Members from all parties for its development and I think we all recognise its considerable potential to stimulate even more action to prevent ill health.

4.2 The public awareness campaign was launched on 1 February 2005, and will run throughout March. It is using television, radio, press and outdoor advertising to take the Challenge to the public. We are monitoring the take-up of the public action pack by the public and levels of interest from organisations. We will also monitor awareness levels through the Welsh Omnibus Survey.

4.3 The initial stages of rolling out the Challenge have generated considerable interest with over 200 representatives of organisations the public, private and voluntary sectors attending the initial briefing sessions. I am confident that this interest will translate into further action. To support this, I have extended the funding of Local Health Alliances for the next 3 years but focusing their role to help local government work with others to take forward Health Challenge Wales across Wales.

4.4 I do not think any of us are under any illusions as to the challenges we face in persuading and helping some people to take steps to improve their health but I believe that, in Health Challenge Wales, we have something than has the potential to make a difference. I will continue to update the Committee on developments.

5. WELSH ASSEMBLY GOVERNMENT RELATIONSHIP WITH THE NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

5.1 I reported to Committee on 12 January that Wales would be changing its relationship with the National Institute for Clinical Excellence and am now able to provide members with an update on the position following recent discussions with NICE.

5.2 The change is driven by changes to NICE itself, as a result of the Department of Health's review of Arms Length Bodies in England. The review will combine NICE with another England-only health body – the Health Development Agency which specialises in providing guidance to the public health service in England. The change will radically alter the balance of responsibilities within what was previously an England and Wales body, and it is simply sensible for the Welsh Assembly Government to review its relationship with NICE in these circumstances.

5.3 My officials met with the Chairman and Chief Executive of NICE on 24 January and reached an outline agreement entitling the NHS in Wales full access to, and support for, all NICE technology appraisals and clinical guidelines published over the next three years. The only difference will be that we will do this on a paid for Service Level Agreement basis, rather than as full members of NICE itself. Clinical standards will be maintained at the highest levels and there is no question of NICE's role in standardising access to medicines and treatments being undermined in Wales. Local Health Boards and NHS Trusts will be expected to continue implementing NICE guidance with the same degree of rigour as counterpart organisations in England.

5.4 In the longer term, we will need to be more specific about the services we purchase from the NICE and decide how its work can be complemented by existing Welsh advisory bodies such as the Advisory Board for Healthcare Standards in Wales and the All Wales Medicines Strategy Group. The overall aim

will be to achieve a balance suited to the circumstances of Wales while at the same time using the skills and expertise embodied in NICE, where no directly comparable resources and experience are available in Wales.

6. ROLE OF JOHN GRIFFITHS AS DEPUTY MINISTER

6.1 In addition to his existing responsibilities as Deputy Minister with Responsibility for Older People, I have asked John Griffiths to support me in relation to public health and adult social care.

6.2 He will be making a significant contribution to taking forward Health Challenge Wales as our new national focus for improving health in Wales. This encompasses a wide range of health promotion programmes and other services that help people to look after their health, action to reduce health inequalities through joint action across policy areas to tackle the social, economic and environmental determinants of health, and measures designed to protect the public's health.

6.3 His adult social care responsibilities include: residential and domiciliary social care and its regulation, physical and sensory disability and learning disabilities, carers, the protection of vulnerable adults, the interface between health, social care and housing and between social care and benefits system and the charging arrangements for long term care.

7. DELAYED TRANSFERS OF CARE

Visits to Carmarthenshire, Caerphilly and Swansea

7.1 Last week, I visited three areas with different approaches and levels of success in reducing delayed transfers of care. My particular interest was in seeing what works well and whether mechanisms are in place to share good practice. It is clear that communities where local authorities, trusts and LHBs work in partnership to improve the patient pathway are those which have made greatest headway in reducing delayed transfers of care. Executive level ownership of issues across all organisations, a commitment to continuous improvement accompanied by action planning and delivery were clearly in evidence in those areas that have been able to achieve significant improvements.

8. ACCIDENT AND EMERGENCY DEPARTMENTS – ACUTE PRESSURES

8.1 You will be aware that last week I visited five A&E departments in hospitals across South East Wales to meet with front line staff to find out what their views are – not only to hear of the challenges they face but also to learn of developments that are taking place in order to deliver effective and timely services for patients. These visits have given me a valuable insight into the pressures faced by front line staff in managing the demand for emergency services.

8.2 Analysis of the data tells us that whilst the demands on emergency services are known to increase year on year, this past year has seen a significant increase in demand. There is no doubt that emergency

care services have faced enormous challenges during periods of peak demand as has been evidenced on several occasions over the past few weeks, particularly along the M4 corridor. I have asked my officials to undertake further work with the NHS to better understand why demand has increased in this way.

8.3 Co-ordination of the emergency care system, of which A&E is a part, is essential. This is why the Welsh Assembly Government sponsored and funded the appointment of an NHS Emergency Care Lead late last year. Working in the NHS but across health and social care communities, the Emergency Care Lead will, in the short term, be co-ordinating the NHS's daily response to pressures. He is working closely with the ambulance service and hospital trusts to ensure that where pressures build up in one place these are reduced by co-operation between hospitals. In the longer term the Emergency Care Lead will be exploring and helping to implement long term sustainable solutions for local and regional escalation and the management of emergency pressures.

9. MEETING WITH FOOD STANDARDS AGENCY

9.1 I had an introductory meeting with Sir John Krebs, Chairman of the Food Standards Agency on 17 February. Sir John was accompanied by Mrs Ann Hemingway, Chair of the Welsh Food Advisory Committee and FSA Board Member and Mrs Joy Whinney, Director of the FSA Wales. Sir John Krebs will be stepping down from his post in April this year and arrangements to appoint a successor are in hand. The current appointment of Ann Hemingway is due to expire in January 2006 and consideration needs to be given to filling this position.

10. FORMAL OPENING OF THE PONTCAE SURGERY EXTENSION AT MERTHYR

10.1 On 1 February, I officially opened a new extension at the Pontcae Medical Practice in Merthyr Tydfil. The practice has excellent premises, which can realise the benefits of the new contract. The new facilities will provide the practice with the basis on which to expand and improve the services to their patients, building on the wide range of enhanced services that they already provide. The practice is also the only advanced training practice within the Local Health Board area. By increasing the training capacity for GP Registrars, I hope this will encourage GPs to settle and work in Merthyr and the surrounding valley areas. This practice shows what can be achieved through co-operation and partnership working between the GP Partners and the Local Health Board.

11. MERTHYR FORUM

Future configuration of services in Merthyr

Reasons for the Merthyr Valleys Forum

11.1 Over the last year, Merthyr LHB has been working with partners to develop public and patient involvement in all aspects of shaping services for the area. To date it has used a variety of mechanisms to achieve this involvement, including for example, existing community groups, voluntary sector

organisations and open public consultation events around the health social care and well being strategy.

11.2 The development of a Merthyr Tydfil Forum will facilitate bringing members of the public together to inform and influence the health agenda in a meaningful way. It is about ‘involvement’ and not ‘consultation’ and ensuring the public are involved from the beginning and not just at the end.

Launch of the Forum

11.3 I launched the Merthyr Valleys Forum on 31 January. In my keynote speech, I welcomed the launch and the role it would play in shaping services for the people of Merthyr Tydfil in the future.

11.4 The forum was organised jointly by Merthyr Tydfil LHB, North Glamorgan NHS Trust, and Merthyr and Cynon Community Health Council. The event was well publicised with an open invitation to members of the public to join the forum. The response was very positive with over 80 people asking to be involved, although more turned up on the day. I have reaffirmed the capital investment that had been set aside by the Welsh Assembly Government to develop appropriate facilities for the new service models.

What will happen next?

11.5 The outcome of the group work is currently being written up, and will be fed into the project management groups working on developing service models. It will then be fed back to attendees at the beginning of the next Merthyr Forum (to be held within six weeks) to carry on the work of developing service models.

11.6 To minimise the possible risk that the Forum is not supported by the public on an ongoing basis, the LHB will continually evaluate the process. This will ensure that the forum meets the expectations of the public as a venue to facilitate their involvement in the planning and delivery of health services.

12. NORTH WALES CARDIAC CONFIGURATION

12.1 The Assembly Government has invested £2 million for the capital costs of a new state-of-the-art facility at Glan Clwyd hospital to enable patients to obtain angiograms in North Wales instead of travelling to Liverpool and Manchester. In addition, the Big Lottery Fund has allocated funding for the angiography equipment. This is all part of a large programme of expansion of angiography services across Wales. The population of North East Wales will also be served by the joint commissioning of a new angiography facility at Chester.

12.2 Clinical advice was clear, that one unit to serve North Wales would provide extra benefits to patients by helping to substantially reduce waiting times and the distance to travel. It would also help recruitment, retention and training of staff, and cardiologists from Bangor and Glan Clwyd would be able to work closely and with a larger clinical team, there would be more opportunities for cover and

sub-specialisation. The decision was also informed by the need to ensure that in an emergency a patient can be transferred from catheter lab to tertiary centre operating facility in less than 90 minutes as per the standard. The location and critical mass of the single facility has the added benefit that a move to provide local angioplasty from the new centre can be enabled in the short to medium term.

12.3 The new facility, which will conduct up to 1500 angiograms a year, will open in early 2006 and will also receive £1.5 million a year from Health Commission Wales for the running costs.

12.4 Health Commission Wales will utilise the freed-up capacity at Liverpool and Manchester for major cardiac procedures to continue to reduce waiting times.

NOTE--angiography is a diagnostic procedure where a radiographic dye is injected into the heart to detect whether heart disease is present and, if so, what is the best treatment for that condition.

13. UPDATES

13.1 INSPECTION OF CHILDREN'S SOCIAL SERVICES IN BLAENAU GWENT: PERFORMANCE AT 31 DECEMBER 2004

Introduction

13.1.1 An update on progress at the end of September was provided in the November Ministerial report.

13.1.2 On 11 January, the interim Director of Social Services supplied the Chief Inspector with a quarterly progress report for the third quarter. This included performance data against the eight quantitative targets that he had set in October and a description of further action taken to implement the authority's recovery plan for social services.

13.1.3 Two inspectors visited the authority on 12 January for the purpose of monitoring the authority's progress in meeting the expectations of the Chief Inspector regarding areas for improvement, targets and time scales. The inspectors reported the outcome of the monitoring visit to the Chief Inspector and this report was shared with the authority.

13.1.4 The Chief Inspector met the Chief Executive, the interim Director of Social Services and the Director Designate on 20 January to discuss:

- the evidence of progress;
- the authority' s plans for dealing with the transition from interim to permanent management arrangements in its social services department.

13.1.5 The new Director of Social Services provided the Chief Inspector with a further report on 4 February, clarifying the position in respect of areas discussed in the meeting and amending the

performance data for the third quarter.

Progress

13.1.6 The local authority continues to make progress in delivering its recovery plan for social services. It treats seriously the need to co-operate with the monitoring process and to comply with the expectations of the Chief Inspector.

13.1.7 A new senior management team has been appointed in social services. The new director started on 1 February and the three assistant directors will take up their posts during the month. The interim senior managers will remain with the authority until their successors have settled in, to ensure a smooth transition. Permanent appointments are being made at the next tiers of management.

13.1.8 The authority is beginning to realise benefits from its additional investment in social services in areas such as:

- a recruitment and retention strategy for social workers;
- registration of social workers and occupational therapists;
- a new remuneration scheme for foster carers;
- increased management capacity.

13.1.9 The authority has maintained and improved its arrangements for producing detailed monthly data about performance in areas such as timely initial assessments, reviews of children who are looked after, action taken under the child protection procedures, caseloads and vacancy levels. Many of the figures have been collected since April 2004. This material represents a valuable tool for:

- managing children's services;
- making and measuring improvements;
- scrutinising the extent to which the authority is meeting its obligations to deliver key processes and safeguards.

13.1.10 The latest figures show that good progress is being made with this overall agenda. For example, there are noteworthy improvements in the allocation of social workers to children looked after and to other cases.

13.1.11 In the eight areas where targets have been set by the Chief Inspector, the figures reported by the authority for the third quarter (September to December) demonstrate considerable progress has been made since the monitoring process began. The targets for 31 December have been met in four areas and almost met in three others. The remaining target - the percentage of core assessments completed on time - is the subject of ongoing discussion with the local authority to ensure a sound understanding of how the indicator should be calculated. Over the period of monitoring by SSIW, there has been:

- a doubling in the percentage of initial assessments completed within seven working days
- a five-fold increase in the percentage of children on the child protection register with an up-to-date, written protection plan;
- a threefold increase in the percentage of reviews carried out on time for children who are looked after by the local authority.

13.1.12 The targets set by the Chief Inspector for this quarter and the next are challenging but realistic. They are intended to act as drivers for improvement and to demonstrate that the authority is overcoming the most serious concerns. Blaenau Gwent exceeded or was close to achieving the targets in all eight areas. Even in those areas where the targets for the whole quarter were not attained, the figures for the month of December are encouraging.

13.1.13 The performance verifies Blaenau Gwent's progress towards acceptable standards of child care practice in these key areas. . The authority recognises that it has more work to do in making the processes of data collection as rigorous as possible. Managers reported that this issue is being addressed as part of their efforts to improve the quality of work undertaken, as well as compliance with procedures. They are seeking also to create a performance management culture by holding quarterly workshops where staff meet to analyse and interpret the performance data. This is beginning to ensure wider ownership of the data and greater investment in producing accurate figures.

13.1.14 The programme for the monitoring visit provided the new managers in children's services with an opportunity to describe both the work being done to achieve improvements in their area of responsibility and also the outcomes achieved. The inspectors found them to be positive about their efforts to achieve change and confident that the authority is "now facing in the right direction." They all described some good outcomes that had been achieved in developing higher standards of professional practice in children's services.

13.1.15 The managers were realistic about the distance travelled so far and the extent of the journey still to be made. They were describing services beginning to operate to minimum standards and all of them were honest about ongoing deficits. This was confirmed by the analysis of children's case files undertaken during the monitoring visit. Clearly, in some teams the improvement agenda has proceeded more quickly and others are only just beginning to make any real inroads. However, there were signs of a unified and collaborative approach to issues such as overall workload management. Managers were more optimistic about staff recruitment and retention at all levels. They felt that the authority has derived real benefits from its significant investment in interim management arrangements within children's services. It has made available a wide range of specialist knowledge and experience.

13.1.16 Nevertheless, there is more work needed to ensure basic safeguards are in place securely and comprehensively. The next phase requires the authority to demonstrate that the recent improvements are sustainable (especially in the transition to longer-term management) and that it can build upon the foundations now being laid.

13.1.17 SSIW and the Care Standards Inspectorate for Wales (CSIW) have sought to adopt an integrated approach in responding to the authority's efforts to improve its fostering service. The monitoring visit included work on examining the authority's response to the good practice recommendations made by the CSIW in its report on Blaenau Gwent 's fostering service (published in June 2004). The next annual inspection of this service will be carried out by CSIW in March.

Summary

13.1.18 The authority is making progress with the task of delivering improvements in priority areas. The interim managers have been able to achieve important elements in the recovery plan and to create a more positive environment for staff, with a clear impact on morale. Changes in the infrastructure of social services, in providing guidance and support for staff, and in establishing clear standards are beginning to have an impact at the sharp end - upon the quality of the service received by children and families. The transition from interim social services managers to longer-term arrangements is proceeding as planned.

13.1.19 There has been sustained interest in the social services recovery plan by senior politicians and managers, reflecting a more unified approach to corporate governance in Blaenau Gwent. The interim managers report greater political involvement, accountability and transparency in providing strategic direction and oversight for the department. Managers in social services are able to describe how they intend to tackle continuing deficits and there is a more purposeful culture within children's services.

13.1.20 Blaenau Gwent is on the right road at present and the authority should be commended for this progress. However, the authority must continue building upon this positive start if it is to be confident that children are properly and consistently safeguarded.

Monitoring

13.1.21 The Chief Inspector will continue to monitor the authority’s performance through receipt of quarterly performance reports and continuing visits to the authority by inspectors. I will continue to receive regular reports of progress.

13.2 CHILDREN’S SOCIAL SERVICES IN CARDIFF

Introduction

13.2.1 An update on progress at the end of September was provided in the November Ministerial Report. The Chief Inspector has put in place a formal programme of monitoring with targets set on a quarterly basis which are aimed at moving the authority to the point where:

- it responds promptly and appropriately to referrals of concern about children
- the management of work with children and families is strengthened, there is compliance with regulations and guidance, and services safeguard children and promote their welfare

13.2.2 These targets cover the production and implementation of guidelines and procedures, the process of strengthening management information systems, and improving service performance.

Fieldwork

13.2.3 SSIW has deployed an Inspector to scrutinise the information provided by the authority and undertake some reality checks. Since the end of the reporting period an Inspector has spent a day in the authority, the Chief Inspector has held a meeting with Senior Managers, and I have met with the Leader, the Chief Executive and Director of Social Services, Head of Children's Services.

Progress

13.2.4 This quarter's monitoring demonstrates significant improvement in performance across all areas that are being monitored. The effort of social workers and managers, together with support staff, in achieving this is to be applauded.

13.2.5 Performance for the timely review of children and young people on the child protection register has improved considerably again this quarter and, on a month by month basis, has achieved 100% compliance. The performance and reviews of looked after children had also improved by the end of December, which is a significant achievement.

13.2.6 Last quarter SSIW reported that decision making within 24 hours of receipt of referral needed to improve, and as a result, a rigorous monitoring system has been introduced by the authority. This quarter performance has achieved 100%. Furthermore, there has been an improved performance in initial assessments being completed within seven working days, with the authority exceeding the target set.

13.2.7 Last quarter SSIW reported that progress was slow in relation to core assessments. However, the authority has now exceeded the target that was set for this quarter, which is another significant improvement, particularly as the period covered in this quarter included the extended Christmas holidays. This has been secured by updating and amending the processes for initiating core assessments, which has contributed to achieving the targets.

13.2.8 Although slower, progress has also been made within the children's health and disability team. Senior managers within the authority are very conscious that the pace of change here needs to be increased and, in order to facilitate improvement, have engaged the services of consultants to work alongside team managers to improve performance, particularly in the area of assessments.

13.2.9 The Chief Inspector is now more confident that the authority's data is reliable, as was reported in the last quarter. He is also more confident that systems are in place to ensure that decisions on referrals to the authority are more timely, and that assessments are now more likely to be undertaken in an appropriate and timely manner. This is significant improvement, as the referral rate to the intake and

assessment team continues to be high, and a significant number of referrals must be allocated on a weekly basis. This causes considerable workload pressures.

13.2.10In this quarter the authority's performance has demonstrated significant improvement in all areas that have been monitored. Improvement now needs to be sustained over a longer period. Furthermore, it has to be recognised that this performance data, whilst providing reassurance that the systems are in place and that the authority establishes a process for timely assessment and review of children, does not address the issue of quality of work undertaken and services delivered. The data demonstrates timely compliance with regulations. The forthcoming SSIW inspection of children's social services, which is due to be undertaken in April, June and July 2005, will test out these areas in a more rigorous way.

13.2.11Workforce issues remain a constant challenge. Whilst the authority continues to recruit staff, there is a problem in maintaining the services of experienced practitioners. The last quarter's recruitment exercise resulted in the appointment of more social workers, support worker and appointments to social work assistant posts. A further recruitment exercise is currently underway. The authority has reported that, whilst it is unable to fill all available social work posts, it is becoming increasingly confident that there is sufficient interest in respect of other social care and administrative posts. This will enable it to identify and test out further routes for achieving a sustainable and resilient workforce for children's services.

13.2.12The authority continues to take this forward by introducing short and medium term changes in the skill mix of the assessment and care management team, in order to enable it to take a fresh approach to workload management and the competent conduct of core business.

13.2.13However these successes in recruitment have to be balanced against the loss of staff, particularly experienced staff. Vacancy levels continue to be high in the long-term care management teams.

13.2.14The quarterly report at the end of March 2005 will provide SSIW with a full year of data. The Chief Inspector will then provide me with a report on the progress of the authority throughout the monitored year.

Summary

13.2.15The authority has made significant improvements this quarter. The Chief Inspector is of the view that it is important for the authority to be able to demonstrate sustained progress in the areas being monitored. Attention is being given to continuing to strengthen its workforce position, management arrangements and quality assurance measures. Further targets have been set for the authority to the end of September 2005.

Monitoring

13.2.16The Chief Inspector will continue to monitor the authority's performance through receipt of

quarterly performance reports and continuing visits to the authority by Inspectors to discuss, reality check, and scrutinise information and services. I will continue to receive regular reports of progress, and hope to meet Cardiff again in late summer/early autumn.

13.3 OUTSTANDING ACTIONS FROM REPORT TO HSSC OF CHIEF INSPECTOR OF SOCIAL SERVICES: 2 FEBRUARY 2005

13.3.1 The following questions were raised in the HSSC meeting on 2 February 2005 during discussion on the Report of the Chief Inspector. The Chief Inspector has responded to these issues as follows.

- A definition of the term ‘mental disorder’ (paragraph 6.19 of the report) as applied by the Office of National Statistics to be provided.

13.3.2 The questionnaires used in this survey were based on International Classification of Diseases Revision 10 (ICD10) and Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM IV) diagnostic research criteria. Therefore, this report uses the terms mental disorders as defined by the ICD-10: to imply a clinically recognisable set of symptoms or behaviour associated in most cases with considerable distress and substantial interference with personal functions.

- Information to be provided on the number of adoption breakdowns.

13.3.3 The Assembly does not collect information about adoption breakdowns, and currently has no plans to collect this.

- Number of adult care homes and beds compared to 1997-98

13.3.4Changes in the legal definition of care homes by the Care Standards Act 2000, service developments such as deregistrations brought about by supported housing developments and changes in the way small homes are counted make comparisons across this period in time unreliable. With these significant caveats in mind, the following figures are presented for your information.

13.3.5Local and health authorities reported a total number of residential and nursing homes at 31 March 1998 of 1,430. There were 30,268 places in these homes. This figure excludes homes with fewer than four beds. Some dual registered homes may be double counted under both residential (reported by local authorities) and nursing (reported by health authorities) categories.

13.3.6At 31 March 2004 there were 1409 care homes for adults registered with CSIW with 27745 registered places.

- Number of domiciliary care hours being delivered

13.3.7Care Standards Inspectorate Wales does not capture data on the number of hours of personal care

provided within the sector. It does differentiate, however, between the number of large domiciliary care agencies i.e., those who provide over 200 hours weekly personal care and small agencies i.e., those who provide up to 199 hours of personal care weekly. The information as at 15 February 2005 shows that there are 231 large domiciliary care agencies and 88 domiciliary care small agencies

13.4 HEALTHCARE ASSOCIATED INFECTIONS

13.4.1 Healthcare Associated Infections – A Strategy for Hospitals in Wales was launched on 9 September. Trusts have been set a series of actions to ensure that the strategy is implemented across all hospitals in Wales. To support the Strategy, each trust was provided with funds by the Assembly to help pump prime their change programme.

13.4.2 Progress was discussed at workshops held in South Wales and North Wales on 8 and 10 February as part of a training event for NHS staff.

13.4.3 These action plans are due to be finalised by the end of March 2005, and will be monitored as part of the balanced scorecard approach and clinical governance.

13.4.4 To support the strategy, we have also initiated a programme of self-audit, with several trusts participating. We aim to evaluate the results, and depending on the outcome, roll out across Wales. For the initial audits, trusts have been asked to look at hand washing and central venous catheter care.

13.4.5 It is important to mention the consultation on public information on healthcare associated infections. This began on 24 February 2005, and will last for three months. Working closely with Community Health Councils, we are exploring how we can deliver informative and accessible information for the public on a broad range of infections. The consultation will end on 24 May 2005.

13.5 CRITICAL CARE IN WALES

13.5.1 General adult critical care beds are essential to ensure high quality care for patients following planned surgery as well as patients who have suffered trauma. The average numbers of general adult high dependency care beds and intensive care beds available daily is set out in the table below.

13.5.2 Average daily available beds

Bed Type	June 2002	June 2003	June 2004
High Dependency	84.2	79.4	84.5
Intensive Care	126.9	133.3	132.6

Total Critical Care beds	211.1	212.7	217.1

13.5.3 The Assembly Government has recognised the need to improve the way current critical care services are planned, organised and delivered across Wales and the need to increase capacity. The All Wales Critical Care Development Group has been established and is currently finalising service standards that will be published shortly.

13.5.4 To support the NHS in meeting these standards, the Group is also in the process of developing an implementation framework that will guide and direct implementation at a national level. A key part of this framework will be to promote the development of a network approach to critical care as this will ensure that existing resources are used and services are configured in a much more effective and efficient way.

13.5.5 No patient's planned surgery should be cancelled for lack of a critical care bed. From time to time, however, an individual hospital will face extreme levels of emergency pressures and hospital managers and clinicians have to take difficult decisions but will always prioritise patients on clinical grounds. Whilst each cancelled operation causes pain and distress for individual patients and their families, the overall numbers of cancelled operations due to a lack of a critical care bed in 2004-05 to the end of December is only 182 out of a total of 159,102 operations. In percentage terms, this means that 0.11 per cent of operations were cancelled for lack of critical care beds.

13.5.6 Nevertheless, in order to create an NHS to be proud of and to meet the challenging commitments on reducing waiting times, there will need to be both additional investment in critical care provision and a determined effort to use existing resources more effectively across Wales.

13.6 HOSPITAL AT NIGHT PROJECTS – PROGRESS REPORT

13.6.1 The Hospital at Night model is a new working system that foregoes traditional on call methods and structure of working and adopts a clinical competency basis. A team should comprise multi-disciplinary doctors and senior nurses adopting the attitude of 'the right person, doing the right job, at the right time' centralising the patients' best interest. This attempts to remove unnecessary repetition, inappropriate duties, thus rationalising nocturnal medical service provision.

13.6.2 The project was born out of an original idea by Dr Elizabeth Paice, Postgraduate Dean Director for London, who was concerned by the adverse effects on patients and junior medical staff of traditional models of out of hours work.

13.6.3 Following the decision in August 2000 to incorporate junior doctors within the provisions of the European Working Time Directive (EWTD), it became imperative to reduce the working hours of junior doctors to meet the hours of the maximum working week. This resulted in a move to full shift working

and provided added impetus to change traditional medical working practices out of hours. The Joint Consultants Committee identified, in December 2002, that a move to multi-disciplinary, competency-based work pattern could help hospitals achieve EWTD compliance. The Hospital at Night project is one way of addressing this issue.

Position in Wales

13.6.4 The Welsh Assembly Government has provided central funding totalling £303,000 to four project pilot sites – Bro Morgannwg NHS Trust, Cardiff & Vale NHS Trust, Conwy & Denbighshire NHS Trust and Swansea NHS Trust. There is currently one bid of approximately £40,000 awaiting approval for a fifth project site at Gwent Healthcare NHS Trust.

13.6.5 The four pilot sites are at various stages of implementation:

Bro Morgannwg NHS Trust	-	Phased implementation from Nov 2004
Cardiff & Vale NHS Trust	-	Fully implemented from 7 Jan 2005
Conwy & Denbighshire NHS Trust	-	Fully implemented from 1 Feb 2005
Swansea NHS Trust	-	Phased implementation due Aug 2005

13.6.6 Conwy and Denbighshire NHS Trust is being used as the main Reference site and the Hospital at Night project workers have consequently visited many of the Trusts throughout Wales. They have also developed an All Wales contact list and forum for ideas/information to be shared and organised the first All Wales Hospital at Night Conference at the Village Hotel, Cardiff on Wednesday 4 May.

13.6.7 All other Trusts in Wales, except Velindre and Powys, are in the process of collecting data with a view to introducing Hospital at Night.

13.7 SUBORDINATE LEGISLATION: STANDING ORDERS 28 AND 29

13.7.1 Amendment Directions to Local Health Boards and NHS Trusts in Wales came into force on 10 February 2005 under SO 29.5.

ANNEX 1

Blaenau Gwent Children's Services: Improvement Targets

Target	31 December 2004	31st March 2005
Percentage of initial assessments completed within 7 working days	40%	55%
Percentage of core assessments completed within 35 working days	20%	30%
Percentage of children on the child protection register receiving a minimum of 1 visit every 6 weeks	65%	80%
Percentage of children on the child protection register with an up to date, written child protection plan	75%	90%
Percentage of children on the child protection register whose cases should have been reviewed that were reviewed (NAWPI 3.12)	80%	90%
Percentage of Looked After Children reviews due that were carried out within statutory time limits	60%	80%
Percentage of foster carers who have been reviewed in accordance with statutory requirements	50%	75%
Percentage of supervision sessions for staff in fieldwork teams that took place on time	30%	40%

ANNEX 2

Cardiff Children's Services: Improvement Targets

Target	31 December 2004	31 March 2005	30 June 2005	30 September 2005
Percentage of initial assessments completed within 7 working days	60%	70%	70%	75%
Percentage of core assessments completed within 35 working days	30%	*55%	60%	60%

Percentage of children on the child protection register whose cases should have been reviewed that were reviewed (NAWPI 3.12)	100%	100%	100%	100%
Percentage of Looked After Children reviews due that were carried out within statutory time limits	100%	100%	100%	100%

*Revised up from 35% in light of performance in third quarter