Public Accounts Committee

Meeting Venue:
Committee Room 3 - Senedd

Meeting date:
3 December 2013

Meeting time:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

For further information please contact:

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Agenda

1 Introductions, apologies and substitutions

2 Unscheduled Care: Response from the Welsh Government (09:00-10:00) (Pages 1 - 58)

PAC(4)-32-13 paper 1
PAC(4)-32-13 paper 2

David Sissling - Director General for Health & Social Services/Chief Executive, NHS Wales
Kevin Flynn - Director Delivery & Deputy Chief Executive of NHS Wales
Dr Grant Robinson - Clinical Lead for Unscheduled Care

3 Papers to note (10:00) (Pages 59 - 62)

Health Finances 2012-13 and Beyond: Letter from Adam Cairns, Chief Executive of Cardiff and Vale University Health Board (14 November 2013) (Pages 63 - 64)
PAC(4)-32-13 (ptn1)

4 Consultant Contract in Wales: Update from the Welsh Government (10:00-10:10) (Pages 65 - 71)

PAC(4)-32-13 paper 3
PAC(4)-32-13 paper 4

5 Maternity Services in Wales: Update from the Welsh Government (10:10-10:20) (Pages 72 - 121)
PAC(4)-32-13 paper 5
PAC(4)-32-13 paper 6

6 Hospital Catering and Patient Nutrition: Update from the Welsh Government (10:20-10:25) (Pages 122 - 124)
PAC(4)-32-13 paper 7

7 Civil Emergencies in Wales: Update from the Welsh Government (10:25-10:30) (Pages 125 - 126)
PAC(4)-32-13 paper 8

8 Capital Investment in Schools: Update from the Welsh Government (10:30-10:35) (Pages 127 - 144)
PAC(4)-32-13 paper 9

9 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business: (10:35)
Item 10

10 Senior Management Pay: Consideration of analysis paper (10:35-11:00) (Pages 145 - 200)
PAC(4)-32-13 paper 10

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/

31 October 2013

Dear Darren,

WAO REPORT – UNSCHEDULED CARE: AN UPDATE ON PROGRESS

I am writing in response to your invitation to attend the Public Accounts Committee and provide evidence on the above matter.

We worked closely with the Wales Audit Office as they undertook their review. I attach a summary of related issues and our actions. I will, of course, provide further information or any necessary clarification in response to its various recommendations on 12 November.

Yours sincerely

Kevin Flynn *for*
David Sissling

Cc: Kevin Flynn, Welsh Government
Ruth Hussey, Welsh Government

Enc. Annex 1 – Evidence Paper
Annex 2 – Wales Audit Office Report Recommendations

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Annex 1

PUBLIC ACCOUNTS COMMITTEE
INQUIRY INTO WALES AUDIT OFFICE REPORT: UNSCHEDULED CARE – AN UPDATE ON PROGRESS

Date: 12 November 2013

Venue: Senedd, National Assembly for Wales

Title: Inquiry into Wales Audit Office (WAO) Report: Unscheduled Care – an Update on Progress

INTRODUCTION

1. The Welsh Government welcomed the Wales Audit Office report on Unscheduled Care: an update on progress when it was published in September. We generally accept the recommendations and we are already taking the necessary responsive action in each area.

PURPOSE

2. This paper provides evidence on the Welsh Government's response to the WAO's Report: Unscheduled Care – an Update on Progress, published on 12 September 2013. The paper was requested by the Committee Chair to inform the Public Accounts Committee session to be held on 12 November 2013. At the request of the committee this will particularly focus on Primary Care.

CONTEXT

3. Responsibility for delivering the recommendations featured in the WAO Report is shared between the Welsh Government, Local Health Boards, Public Health Wales and the Welsh Ambulance Services NHS Trust (WAST).

4. Activity undertaken to date and additional plans put in place by the Welsh Government and NHS Wales for the future in response to each recommendation are described in *annex 2*. It should be recognised that a number of recommendations are specifically intended for NHS Wales to discharge.

5. The Report clearly recognised the complexity of delivering unscheduled care services and the improvements made since April. These challenges cannot be underestimated, and are evident across the UK. In particular, future demographic trends clearly indicate increasing demand pressures over the next 5 to 10 years. Within Wales, the population aged 65-74 is projected to increase by 27.2% between 2008 and 2019 compared to 26.1% in the UK over the same period.

6. Evidence shows that the largest % increase in patients admitted as an emergency are in the age 85+ category, with a 57.7% rise in the number of patients aged 85+ admitted via emergency departments over the past 9 years.

7. A higher proportion of these older people arrive at A&E in emergency ambulances, and there is a higher risk of admission from A&E compared to seeing a GP for the same medical problem.

8. In April 2013, the Minister for Health and Social Services delivered an oral statement which set out a wide range of actions designed to enable improvements in the short, medium, and longer term.

9. In response, the National Work Programme for Unscheduled Care was developed by NHS Wales' Chief Executives in collaboration with Welsh Government. Amongst the Programme's objectives are to improve the way health and social care work together to ensure hospitals focus on those who need them and all get excellent care in the best place when they need it.

10. The Work Programme is led jointly by Andrew Goodall, Chief Executive of the Aneurin Bevan Local Health Board and Elwyn Price-Morris, Chief Executive of WAST. It includes the Ten High Impact Steps to Transform Unscheduled Care and the following projects:

    - Development of an escalation system for NHS Wales that is owned, understood and used properly by Health and Social Care staff and organisations;
    - Creation of a genuinely integrated health and Social Care system for Unscheduled Care where priorities are aligned and owned by all sectors (from primary care, through community, acute, social care and back into primary care);
    - Establishment of an Unscheduled Care Collaborative for Improvement;
    - Creation of a national approach to GP Out of Hours, 111 and Community Hubs that acknowledges local differences whilst delivering improved services quickly;
    - Identification and delivery of actions that change the health and social care system from 'push' to 'pull'; and
    - Implementation of the Ambulance Review findings (i.e. the Ambulance Reform Programme).

11. The Wales Audit Office report, *Unscheduled Care: An Update on Progress* published in September 2013 made a number of recommendations for NHS Wales, Welsh Government and partners. The majority of the recommendations featured in the report are aligned to work streams which are already underway through the Work Programme for Unscheduled Care. Outstanding recommendations are being integrated into the work undertaken by the Programme.

Welsh Government Action

12. The Welsh Government required Unscheduled and Scheduled Care Plans from all Local Health Boards and WAST in May 2013. Expectations were made clear that assurances about preparedness for winter 2013/14 should be included within the Unscheduled Care Recovery Plans.

13. The Welsh Government required all Local Health Boards and the Ambulance Trust to produce unscheduled care performance improvement trajectories against the 4 hour A&E and 8 minute ambulance response time targets. Reductions of patients waiting in excess of 1 hour for handover from ambulance crews to A&E staff, and those spending

longer than 12 hours in the department before admission, transfer or discharge were also required.

14. Weekly phone calls with each Local Health Board and the Ambulance Trust were established by the Department for Health and Social Services in May 2013. The calls were initiated to provide assurance that the integrated recovery plans were being delivered within the confirmed timescales.

15. Responsibility for the daily Executive-level National Emergency Pressures Conference Call was transferred from Welsh Government to Local Health Boards in June 2013. The transfer was designed to encourage greater ownership of unscheduled care escalation arrangements, in addition to encouraging greater engagement and collaboration between NHS Wales' organisations.

16. Welsh Government require Local Health Boards to report delays experienced by patients in excess of 12 hours at A&E on the call, and to provide assurance that patients and families are being kept informed of reasons for the delay and when patients are likely to be admitted, transferred or discharged.

17. Welsh Government initiated the publication of data on the number of patients spending longer than 12 hours at A&E before admission, transfer or discharge from May 2013 to provide greater transparency to the public on the timeliness of care provided at A&E departments across Wales. Greater emphasis will be placed on health boards recognising long waits as they occur and taking the appropriate action.

<u>National Clinical Lead for Unscheduled Care</u>

18. Dr Grant Robinson was appointed as the Unscheduled Care Clinical lead and commenced work at the beginning of September 2013. Dr Robinson has been working with leaders from health and social care to secure improvement across pathways of urgent and emergency care.

<u>National Conversation on Needs of Ageing Population (Baroness Illora Finlay)</u>

19. Baroness Illora Finlay agreed to start the new 'National Conversation' on how care services in Wales can best meet the needs of our ageing population, and took up this role in May 2013.

20. Baroness Finlay has met with key stakeholders and has chaired a number of Think Tank events. She is planning further meetings with patients and other groups to inform her report to the Minister.

NHS Wales Action

21. All Local Health Boards and WAST have developed Unscheduled Care Plans that describe their strategic and operational approach to drive improvements to quality, patient safety and how they will deliver against national targets.

22. Welsh Government required all organisations to provide further assurance about preparedness for winter 2013/14 and develop winter plans with partners ie WAST, LHBs and Local Authorities.

23. The Unscheduled Care and Winter Plans set out the actions to be delivered by NHS Wales' organisations to relieve pressures on unscheduled care services ahead of and during the winter period, and beyond.

Improving Integration between Health and Social Services and Provision of Care in the Community

24. Welsh Government have recently published two documents relating to integration of services, these include *Delivering Local Health Care* - accelerating the pace of change, published in June 2013 and the *Integration Framework for older people with complex needs*, published for consultation in July 2013. These documents highlight a range of both short and longer-term actions for Health Boards, Local Government and partners to improve the services, care and support for people across Wales through new service models and more effective partnership working. This closer working was demonstrated in the development of the joint winter plans.

Unified Assessment Process for Older People

25. A task and finish group was commissioned by Welsh Government to develop interim guidance to replace the existing guidance on the Unified Assessment Process for older people. The purpose of this interim guidance is to develop more effective integrated assessment arrangements between health, local government and partners. This Framework will be published in December as interim guidance and will operate for a limited period of time until the implementation of the Social Services and Wellbeing (Wales) Bill. It will not change the existing eligibility framework in the short term.

Delayed Transfers of Care

26. Joint meetings between the Minister for Local Government; the Minister for Health and Social Services; and the Deputy Minister for Social Services with Local Health Boards and Local Authorities have taken place, with further ones planned over the winter. Discussions have taken place about what local health communities are doing to reduce delayed transfers of care and how to accelerate social care assessments and discharges in their areas.

27. The Community and Hospital Interface (CHI) Task and Finish Group was established on 30 April 2013. The Group is chaired by Sue Evans, Chief Officer for Social Care and Housing at Torfaen County Borough Council and a member of the Association of Directors of Social Services Cymru (ADSSC). Within ADSSC, Sue is the nominated lead for unscheduled care.

28. The primary purpose of the group is to improve the patient's experience and journey through the whole pathway of care and improve transfers of care. The CHI group has produced a draft report which will be finalised in November, outlining short and longer term actions for improvements.

The McClelland Strategic Review of Welsh Ambulance Services

29. Andrew Cottom, formerly Chief Executive of Powys teaching Health Board, was appointed as Programme Director for the Ambulance Reform Programme in July 2013.

Mr Cottom has been tasked with leading NHS Wales and the Welsh Government's response to the McClelland Review and with implementing the recommendations made. A range of reforms will be in place by 1 April 2014, including:

- The establishment of a new National Ambulance Commissioning Committee;
- The re-naming of the Welsh Ambulance Services NHS Trust;
- The appointment of a new substantive Chair and a refreshed non-executive Board; and
- Implementation of new ambulance measures which better demonstrate the quality of care being provided to patients.

Telephone Advice and Information Service

30. Work is underway to develop a single telephone service, provided through the 111 number, to simplify access to non-emergency, urgent healthcare. The service is not intended to replace normal in-hours contact with GPs. It will provide advice and information at any time of the day for people who do not know who else to contact. It will also manage and triage GP out of hours calls. The service will be supported by a comprehensive national directory of services. NHS Direct Wales will be an integral part of the consideration and decision making process in relation to the service.

Planning and Solutions for Winter Pressures in 2013/14 and Appropriate Capacity to Meet Demand

31. The Seasonal Planning Group, consisting of senior representatives of Local Health Boards, WAST and Local Authorities, has been planning for winter 2013/14 since its meeting in March 2013. Additional assurance was sought by Welsh Government from all Chief Executives in August in respect to capacity and demand modelling for winter 2013/14.

32. A National Winter Planning Forum was launched by the Minister for Health and Social Services on 10 September 2013, and attended by executive level representatives of Local Health Boards, WAST, Public Health Wales and Local Authorities (including the President of ASSDC). Since then, all Local Health Boards have submitted their winter plans, developed jointly with their Local Authorities and WAST addressing issues across the whole system.

33. The Welsh Government is developing the NHS Wales Integrated Unscheduled Care Dashboard to include near-live information on bed capacity levels linking this to other parts of the unscheduled care pathway – including Primary Care, Ambulance and A&E data. This data is designed to assist Local Health Boards' understanding of when to escalate locally and nationally. The next stage of this development will be investigating the inclusion of real time data and social care information.

34. There is a more routine daily understanding of occupancy rates and a clearer link to the flexing of capacity to meet predicted demand. The evidence of last winter is that the prolonged bad weather had a significant impact on both the number and type of attendance. Work has been undertaken to develop understanding of the impact of the

weather on demand for services and the best response. LHBs are building this into their planning and this is being shared with partner agencies.

35. NHS Wales has further developed its approach to escalation. As part of the Work Programme for Unscheduled Care, the National Escalation and De-escalation plan is being reviewed and updated, this includes a refresh of the daily conference call.

PRIMARY CARE SERVICES

36. In 2010 the WG published Setting the Direction, the delivery framework for primary and community care. Following this, locality networks have been established in all Health Boards as a vehicle to relocate care in a community setting, and to build pathways of care around service users.

37. Primary Care services are delivered through the network of GP practices, out of hours services and community pharmacies, as well as dentists and optometrists. GPs work in collaboration with community nurses, social care and voluntary sector providers. The majority of primary care unscheduled care contacts are delivered by GPs and out of hours services.

38. Although data is not routinely collected to measure demand for GP services, it is recognised that increasing prevalence of chronic disease; expanding programmes of immunisation; risk management of patients; and greater complexity and comorbidity of frail elderly patients all increase the requirement for Primary Care support.

39. Consultation rates rise significantly for older aged groups from an estimated average of less than 6 contacts per year at age 60 to nearly 14 contacts per year for patients over 85 years. This differential has increased as a more proactive approach to chronic condition management has developed.

40. There is also a significant workload in relation to medicines management, particularly for complex co morbidity in frail elderly patients. As frequency of contacts increases with age it will be important to match workforce capacity and skill mix with the pattern of need.

41. The Public Health Wales analysis of demand across the system will help to inform the more detailed analysis of these pressures and workforce requirements.

Welsh Government Priorities

42. Improving access to GP services is a key commitment for the Welsh Government. Work has been progressing to make services more accessible to working people. In 2012/13 the Welsh Government focus has been on ensuring adequate capacity and distribution of appointments between 8.00am and 6.30pm and on reducing the number of practices with half day or lunchtime closing. Good progress has been made in delivering better access during these hours. Published GP access statistics for 2012 indicates that 94% of GP practices in Wales now offer appointments between 5.00pm and 6.30pm at least two nights per week.

43. One of the Welsh Government's priorities is to increase the availability of appointments outside contracted hours during the week after 6.30pm. Health boards are currently reviewing extended opening arrangements to ensure that such services are meeting local needs and make best use of available resource. Currently, 11% of GP practices offer appointments after 6.30pm at least one day per week.

44. There has been development of "*My Health On Line"* which gives patients the opportunity to book GP appointments and order repeat prescriptions on line. Currently 56% of GP practices in Wales, involving over 19,000 patients, have signed up to this approach.

45. In a number of areas practices are exploring the increased use of telephone triage to improve access to primary care advice and to direct to the most appropriate management. This work includes analysis of demand, capacity, and flow through systems based on examples of good practice from across the UK. Initial work has been discussed through the primary care clinical and managerial networks and these routes will be used to share good practice.

46. Boards are seeking to support local analyses and problem solving. The Local GP networks will continue this work informed by the developing Public Health Wales analysis of demand across the system.

47. Local Management information shows that the GP out of hours service in Wales receives in excess of 700,000 calls per year, of which around 560,000 receive advice from a GP or nurse. Of these, approximately 40% are given telephone advice and around 55% are seen by a clinician in a Primary Care Centre, at home or as an in-patient. About 5% of patients are transferred to A&E or the ambulance service. Welsh Government officials have been in regular discussions with Health Board Executive Leads for GP out of hours services and Health Boards have been working together to ensure resilience of existing services.

48. Closer working with other unscheduled care services is being taken forward across Wales. Joint protocols with the Ambulance Service have been developed in Gwent and North Wales for out of hours GPs to provide support to paramedics. Out of hours services are co-located with Emergency Departments and Minor Injury Units in a number of sites across Wales; and some hospitals regularly receive referrals directly to wards from out of hours GPs.

49. As part of the work being undertaken to make information more meaningful, we are looking into better ways to gather and use Primary Care information about out of hours. This includes integrating elements of the out of hours data into the NHS Wales Unscheduled Care Dashboard.

50. In recognition of reports of recruitment difficulties a survey of GPs has been undertaken to inform understanding of enablers and barriers to engagement with Out of Hours provision. This will provide insight to a range of issues relevant to in hours and out of hours General Practice.

51. The Welsh Government is establishing the Choose Pharmacy service in pathfinder sites in Cwm Taf and Betsi Cadwaladr Health Boards. Research suggests that an estimated 18% of general practice workload and 8% of emergency department consultations each year are for common ailments which could be effectively managed by community pharmacists. Choose Pharmacy will involve approved pharmacists offering confidential NHS consultations, and where appropriate treatment to patients who would otherwise present with common ailments at other NHS services. The service will be subject to a robust evaluation of benefits and will be rolled out nationally if it can be demonstrated that it reduces demand in other sectors.

Developments though the GP contract to support Welsh Government Priorities

52. The Quality and Productivity Domain of the GP contract has been used to facilitate the development of GP networks. This has supported practices to work collaboratively to peer review local A and E and emergency admission activity. The purpose is to develop care pathways for the management and treatment of patients that aim to reduce the need for emergency admissions. Networks have also been tasked to identify opportunities for service design improvements. These suggestions will be considered in local unscheduled care programmes.

53. Networks were provided with guidance to support the management of care. This included: -
    - The 'Focus On' work to support referral management initiatives
    - High Impact Changes document
    - Guidance on Significant Event Analysis to identify alternative management options.

54. Through agreed changes to the GP contract for 2013/14, GP practices are undertaking risk stratification to ensure that active management plans are in place for patients most at risk of unscheduled admission. Whilst this will focus on the small proportion of those most at risk, the aim of this work is to identify opportunities to improve systems of care more generally and the findings will feed into whole system urgent care service development.

55. A number of care pathways have been developed, determined by local need, including the active management of respiratory conditions, management of falls and risk stratification for childhood fevers.

56. GPs also provide specific programmes of care that support the management of unscheduled care pressures including
    - The influenza immunisation for those aged 65 and over and other at-risk groups.
    - Enhanced diabetes care
    - Holistic assessment and planned reviews of care in Care Homes

57. *Delivering Local Health Ca*re supports the delivery of care in the community and is dependent on service redesign to focus resources where care is needed. The GP contract has been used to facilitate the development of local structures and processes

that will now be further developed to support the increasing emphasis on local prioritisation.

58. All of the Health Boards in Wales are developing or implementing at least one model that will assist in the development of community health care services. All of the models include partnership working across a mix of services, including primary care partners, secondary care services, Local Government, Social Services and/or third sector organisations. Examples include: the *Enhanced Care at Home* project in Betsi Cadwaladr that increases care at home to avoid hospital admissions and support earlier discharge; and the *Wyn campaign* in Cardiff and Vale UHB that supports people to regain and retain independence, using the HB/LA communications hub to provide a single point of contact for a range of local services.

CONCLUSION

59. The Wales Audit Office recognises the challenges facing NHS Wales in delivering the Unscheduled Care agenda. We welcome the scope of the report and believe it is evident that we have used its recommendations to help inform our planning and work programme.

Welsh Government Response to Wales Audit Office Recommendations Unscheduled Care: An Update on Progress

	Recommendation	Response	Update
1a	To supplement existing quality assurance and risk management practices, Health Board medical directors and directors of nursing should carry out joint, urgent reviews to make sure they fully understand the safety implications for patients in their Emergency departments. The reviews should identify the extent of safety issues, and produce specific action plans that seek to reinforce what is acceptable and what is not acceptable practice.	**Accept**	All Local Health Boards and WAST have developed Unscheduled Care Plans that describe their strategic and operational approach to drive improvements in quality, patient safety and how they will deliver against national targets. These will identify risk and ensure that there are mitigating actions. All organisations are required to have robust clinical governance processes in place to identify and mitigate risk through the use of quality triggers and other tools, such as the 1000 lives plus executive safety walk rounds. Patient safety incidents are reported centrally and thoroughly investigated. HBs are required to have a comprehensive programme of quality improvement in place which takes into account lessons learnt from incident investigation, complaints and clinical audit. The annual Fundamentals of Care Audit tool was revised this year and now has specific questions for patients receiving unscheduled care, eg in ED. The tool is also being piloted by WAST. Data are being gathered in every organisation during October and November. Results will be submitted to Welsh Government in March. A summary of all NHS organisational reports is published annually on the Welsh Government (WG) website.
2a	Health boards' progress in delivering their unscheduled care plans should be reported robustly and regularly to their board meetings, to the Welsh Government and within the new national programme;	**Accept**	The Welsh Government required each unscheduled care plan to be signed off at Board level and expect these to be published. The Welsh Government monitor Local Health Board and WAST unscheduled care plans as part of a robust strategic and performance management framework which includes regular Quality and Delivery meetings with Boards and Chief Executive meetings. The plans are considered to be 'live' documents which should be updated frequently, aligned to the overarching National Work

			Programme for Unscheduled Care and promote shared ownership across local health economies.
2b	Those charged with developing the new unscheduled care programme should ensure the programme specifically addresses the issues presented in this report and in the *Ten High Impact Steps to Transform Unscheduled Care (USC).*	**Accept**	The National Work Programme for Unscheduled Care includes the *Ten High Impact Steps to Transform Unscheduled Care*
3a	As a matter of urgency, Health Boards and the ambulance service should implement the new national framework for patient experience and ensure that they are routinely asking patients about their experiences of unscheduled care, across the whole system and not just in the emergency department.	**Accept**	The Framework for Assuring Service User Experience was issued to NHS organisations in May 2013 along with a bank of generic questions. All organisations reported to Welsh Government at the end of September that they are working to fully implement this Framework across their services during 2013/14. Data from the use of the generic questions is expected in November. See also 1a for the expansion of the annual Fundamentals of Care audit to include unscheduled care areas in the data collection round for 2013. The national survey for Wales contains questions on how the public feel about the health service. Questions related to individuals' health service experience will continue in future surveys. Results are fed back to NHS organisations for them to act upon.
3b	Unscheduled care indicators used by each Health Board and reported to their board members should include a much wider suite of measures that cover, as a minimum, patient experience and outcomes, primary care access, performance of out-of-hours primary care, ambulance service and local NHS Direct Wales performance, 4-hour and 12-hour waiting time performance in emergency departments, instances of corridor nursing and overnight stays in	**Accept**	The key indicators are already regularly collected and used by Health Boards. Each Health Board have developed performance trajectories that provide a basis for the reduction of 4 hour waits, and the elimination of 12 hour waits and 1 hour handover delays. These trajectories provide the basis of and focus for management actions. A great deal of work is currently being undertaken to make a range of information more comprehensive, relevant and current. As part of this, work is underway to develop an Integrated Unscheduled Care Dashboard that identifies and reports key information in real time, or near real time, across the Unscheduled Care Pathway, including Primary Care, ambulances and hospitals into social care.

	the emergency department, performance of community-based unscheduled care services and measures related to patient flow, including responsiveness of inpatient specialist teams in responding to referrals and requests to review patients from the emergency department.		
3c	The Welsh Government should work with Health Boards to ensure the national Emergency Department Data Set (EDDS) is completed consistently and comparably across all units and that the data are used effectively to understand demand.	**Accept**	WG are taking a wider view of A&E data that aims to link data collection to the clinical management of the patient through A&E. The NHS is currently undertaking a procurement for purchasing new local A&E systems. This will mean that there would be a preferred national A&E system which will ensure that data is collected consistently and comparably across Health Boards. Aligned to this, WG are also exploring different options around the way we centrally collate A&E information, that may mean that EDDS in its current form is superseded by something that can work better with local systems to give more accurate information centrally. The aim is therefore to have more timely, accurate and consistent information available to local and central organisations to analyse and understand reasons for demand within A&E departments.
3d	In line with new standards issued by the Welsh Government, Health Boards should make it a priority to significantly improve their clinical coding performance.	**Accept**	The Welsh Government recognise that this as an important issue and wrote to the NHS in January 2013 outlining the new standards for coding completeness. Coding performance has improved since then and a regular report has been developed to monitor progress. This shows that a number of organisations have been achieving these standards on a regular basis over the past year. Additionally , the worst performing organisations have made encouraging progress towards meeting the standards by the end of the 2013/14 Performance against these standards form part of the Tier 1 Performance Framework and are discussed at Quality and Delivery Meetings with each Health Board and Chief Executives meetings with WG.

3e	Public Health Wales should build on its recent analysis of unscheduled care demand by providing health boards and the ambulance trust with support to strengthen local demand analysis. This support should aim to strengthen local organisations' abilities to predict and pre-empt peaks in demand, across all unscheduled care services and not just the emergency department.	**Accept**	Further work is being undertaken by Public Health Wales (PHW) on unscheduled care. This is being used to support the NHS unscheduled care planning for this winter, in particular the detailed work in relation to demand and capacity analysis and planning. Public Health Wales has also started some in depth modelling of the unscheduled care system in Wales. This will utilise system data - including this winter's data - and is intended to assist decision making for next year and future years. Public Health Wales have developed a process around cold (and hot) weather alerts. In line with their report, this is aimed at providing advanced warning of increases in demand associated with changes in temperature. This will link with the health boards' escalation processes. WG is exploring how best to use this information in the Unscheduled Care dashboard.
4a	If the Welsh Government decides to continue with the *Choose Well* campaign, it should: · Ensure the campaign complies with the National Social Marketing Centre's good practice principles. In particular, the campaign should set clear, measurable targets and should be robustly evaluated. · Consider whether *Choose Well* would benefit from using the *Mindspace*18 methodology to optimise the approach of changing public behaviours.	**Accept**	Welsh Government intends to continue with the *Choose Well* campaign building on the foundations already laid. In line with the WAO recommendation, a workshop has been held with LHBs on understanding and using behavioural change techniques (Mindspace methodology and the good practice principles as set out by the National Social Marketing Centre) to help inform future activity at a local level. Welsh Government is currently obtaining information to identify which groups are the most frequent inappropriate users of unscheduled care services, to devote efforts to targeting these groups more effectively.
4b	The Welsh Government should take the following actions in relation to the 111 service: · as part of the decision-making process	**Accept**	NHS Direct Wales continues to provide a valuable health advice and information service for the people of Wales, distinct from the changes NHS Direct has undergone in England. They also provide an important and integral part of the ambulance service's clinical model for handling non-emergency 999 calls. For this reason it will be an

	about the future of the 111 call service, come to a clear decision about the strategic direction of NHS Direct Wales; · develop a model for 111 that avoids all of the issues experienced in the English 111 service pilots; produce a detailed timeline setting out clear milestones that must be achieved before the final implementation of 111 in2015; · ensure that the 111 service has supporting electronic systems to gather information on call casemix and volume to help contribute to a better understanding of unscheduled care demand and patients' urgent care needs; and · use the public communication campaign that will be needed to launch the new 111 service as an opportunity to communicate clearly and widely to the public about how best to access unscheduled care services.		integral part of the consideration and decision making process in relation to 111. Work is about to begin to understand how the information from NHS Direct Wales can be used to understand pressure and demand. Part of this will be to regularise the information, performance management and monitoring of NHS Direct Wales services. Plans for a 111 service for Wales are still being developed. WG are keen to ensure that we use this opportunity to develop a service that is right for Wales and avoids unintended or unanticipated consequences. Our priority is to ensure that the service will be robust and effective at the point of introduction and we are using the learning from NHS England and NHS24 in Scotland. This is complex and as such timescales are still being considered at this stage.
4c	The Welsh Government should use the opportunity of the hospital network reconfiguration to develop national definitions of unscheduled care services and facilities, to improve public understanding of what these services provide.	**Accept**	The Minister has decided to defer decisions in respect of NHS nomenclature in Wales pending the outcome of a similar review taking place in England. He is keen to ensure, where possible, commonality of NHS terms for the people of England and Wales.
5a	The Welsh Government should facilitate a Wales-wide exercise to share good practice, from Wales and further afield, in the use of Emergency Nurse	**Accept**	WG expects the sharing of best practice in relation to advanced practice roles, which encompasses ENPs. An awareness raising event to celebrate advanced practice developments in NHS Wales has been planned for 9 December, which the Minister for H&SS will be

	Practitioners (ENPs).		attending. The object of this day is to illustrate the breadth of roles being undertaken and the potential for such roles in future, including roles based in emergency and unscheduled care. Developing and changing the skill mix of the workforce through the introduction of new and extended roles has been a policy position for some time. The introduction and development of Advanced Practitioner roles is a key enabler to meet the service and workforce challenges in NHS Wales. To support development of all advanced practice roles in Wales, Welsh Government issued a Framework for Advanced Practice in 2010. A review of implementation of this Framework was conducted by NLIAH (now WEDS) across all NHS Wales organisations and reported to Welsh Government in July 2013. Findings from the review are being discussed with NHS organisations to determine next steps in role developments.
	Health boards should monitor their use of ENPs to ensure they are not routinely drawn into core nursing roles and they should ensure that ENP roles are fully considered in their workforce plans for unscheduled care.	**Accept**	There is on-going research commissioned by the Welsh Government and being undertaken by WEDS workforce research fellow (hosted by Cardiff University) to explore the role and preparation of Advanced Practitioners in the NHS in Wales.
5c	The Welsh Ambulance Services NHS Trust should, as a matter of urgency, deliver transformation in the skill base of its staff so they have significantly stronger skills in assessing and referring patients.	**Accept**	The McClelland Strategic Review confirmed a new clinical vision for the Ambulance Services that should be supported by appropriately trained clinical staff. The Ambulance Trust is expected to develop a clinically robust workforce who are empowered to make decisions when treating patients that improve the patient outcome and reduce pressure on acute hospital services. They have developed the competency framework that will now be used to inform future recruitment and to transform the skillbase of existing staff for future service delivery. As part of the Trust's workforce planning, the Trust has developed over 20 Advanced Practitioner Paramedics (APPs). These highly trained paramedics have a more advanced skill set that allows them to treat patients within their homes, at scene or to convey them to other,

			more appropriate healthcare settings. Encouragingly, the latest figures from the ambulance Trust show that around 50% of patients who receive a response from an APP are treated at scene or at home. The Trust has also recruited two Emergency Medicine Doctors whose training, skill level and experience enable them to provide greater decision making and reduce the number of inappropriate conveyances of patients to hospital. They represented the first appointment of their kind in the United Kingdom. As part of the development of the clinical skills of its staff, the Trust has worked with Health Boards to develop alternative care pathways. These pathways help to reduce the number of inappropriate ambulance journeys to busy A&E departments and reduce pressure by taking people to alternative healthcare settings other than A&E.. These pathways are now available in 5 of 7 LHB areas with agreement in principle to roll out in the remaining two Health Boards shortly.
5d	The Welsh Government should work with representative bodies and its counterparts across the United Kingdom to identify and address the root causes of recruitment and retention problems in the emergency department and primary care out-of-hours services.	**Accept**	The National Programme for Unscheduled Care is working in partnership with representative bodies such as the College of Emergency Medicine and the Royal College of Physicians. Key issues for recruitment and retention are the provision of a 21st-century care model, which is being addressed through service configuration initiatives. An important principle is the appropriate concentration of senior clinicians to allow cover across the week, and effective job planning. This will enable the most unwell patients to be seen promptly by a senior clinical decision maker, and will help ensure staff are supported by a critical mass of colleagues at all times of the day and week.
5e	Based on local circumstances, health boards should consider revising their staffing models for unscheduled care services to include paramedics and nurses with extended decision-making	**Accept**	Local Health Boards are working in partnership with the Ambulance Trust to optimise paramedic pre-hospital models of care, and paramedics are already working within emergency departments as ambulance liaison officers. Local initiatives exist within health boards to use physicians within

	skills. Health boards should also consider whether physicians and GPs can be used effectively in emergency departments to ease the recruitment and retention problems relating to middle-grade and consultant emergency medicine staff.		the emergency department, with the piloting of the use of GPs as emergency department decision makers in some health boards. Most health boards have recruited increasing numbers of acute care physicians in recent years, and a wide range of clinicians have a role working with emergency departments and the medical service to promote the effective flow of patients through hospitals.
5f	Given the increase in emergency department attendances from older patients, Health Boards should reassess the skill base of their staff for meeting the needs of older people.	**Accept**	Local health boards have initiatives in place to improve care for frail and older people, both as a response to national guidance, and as local initiatives. Local health boards are prioritising the recruitment of care of the elderly physicians as a key part of these initiatives. The CNO and Nurse Directors have commissioned work on developing a framework to align nursing skills to patient need. This work is due for completion by April 2014 and is based on nurses developing a portfolio of evidence, in line with pre-registration standards and the Advanced Practice Framework. This will allow registered nurses to capture their skill base for meeting the needs of older people and provide organisations with detail with which to build their training programmes.
5g	Health boards should assess the levels and causes of stress within emergency department staff, with a view to protecting and supporting the workforce.	**Accept**	The winter planning arrangements specifically address how Health Boards will ensure staff well being is monitored and addressed, particularly at times of pressure. The benefits of recognising and managing stress are significant, from the perspective of patient care and staff experience. The Minister for Health and Social Services has asked NHS Wales Local Health Boards and Trusts to plan to deliver a reduction of at least 1% in their levels of sickness absence by the end of 2014-15. Intervention plans are to be submitted to the Welsh Government by 15 November 2013.
6a	Health boards should work with GPs to agree local standards for access to urgent primary care; and once agreed	**Accept**	The General Medical Services Contracts requires the contractor to provide an essential service at such times within core hours, appropriate to meet the reasonable needs of patients and “to have in

	the extent to which these standards are achieved should be routinely monitored.		place arrangements for its patients to access such services throughout the core hours in case of emergency ". A clinical response may include telephone advice, face to face contact or referral. Discussions on the development of local standards for access to urgent primary care in hours will be taken forward with Health Boards and GPC Wales, with advice from the GP National Specialist Advisory Group.
6b	Health boards should strongly encourage general practices to implement access arrangements that reflect good practice. In doing so, Health Boards should highlight the benefits that these good practices can bring to patients as well as to those working in general practice.	**Accept**	Local standards of access are covered in 6a above. Examples of good practice have been shared through the Assistant Medical Directors (Primary Care) network and primary care development workshops. Further work will be done to encourage adoption of innovative approaches appropriate to the needs of particular populations. The BMA General Practitioners Committee has issued guidance *Developing General Practice: Listening to Patients* , which contains examples of good practice , covering patient involvement, practice opening, appointments, consultations, patient information and staff training .
6c	Health boards should strengthen the support, guidance and information they give to GPs in order to avoid inappropriate emergency admissions.	**Accept**	Guidance in relation to the data requirements for the Quality and Productivity Indicators within the Quality and Outcomes Framework has been issued . Officials will be discussing with Health Boards what can be done to strengthen the support, guidance and information they give to GPs in order to avoid inappropriate emergency admissions , in particular, the need for Health Boards to ensure that: the quality of the data provided to GPs is robust; the need to improve the sharing of information in relation to admission rates; and the need for information systems to be able to disaggregate attendances and admissions at a practice and doctor level. GP practices are also undertaking risk stratification to ensure that active management plans are in place for patients most at risk of unscheduled admission. Whilst this will focus on the small

			proportion of those most at risk, the aim of this work is to identify opportunities to improve systems of care more generally and the findings will feed into whole system urgent care service development
6d	Health boards should request that GPs provide them with data on their capacity and demand for seeing patients within the practice. Health boards should work with primary care providers to ensure these data are analysed and used to improve services.	**Accept**	Data on the number of appointments available to meet predictable demand from patients without the need for unplanned extra appointments is not currently collected by Health Boards. Health Boards will need to consider how this new data can be collected through current GP practice IT systems without impacting significantly on the workload of GP practices. Analysing GP practice demand and capacity data will improve the ability of GPs to match the service needs of patients with their clinical capacity and skill mix thus improving the ability to plan the service. Health Boards are seeking to support local analyses and problem solving. The Local GP networks will continue this work informed by the developing PHW analysis of demand across the system.
7a	Health boards should facilitate improved teamwork and mutual support between key staff groups involved in unscheduled care. This work should focus, in particular, on generating more shared ownership of the pressures and patient flow issues that exist in emergency departments by improving the links between staff in emergency departments, Clinical Decision Units (CDUs) and inpatient ward teams.	**Accept**	All health boards, along with WAST, are participants in the 1000 lives plus patient flow programme, which supports healthcare teams to improve unscheduled patient flow through a continuous improvement approach. This program is now sponsored by the National Unscheduled Care programme, and will have its next national collaborative meeting in December. The Unscheduled Care and Winter Plans address the pressures and patient flow across the whole patient care pathway.
7b	The Welsh Government's Department of Health and Social Services should lead a specific programme of work to support better integration of health and social care with the aim of ensuring the timely discharge of patients that are ready to be discharged from hospital. This	**Accept**	Much progress is being made to drive forward greater integration of health and social care services with a particular focus on the more timely discharge of patients. For example, LHB Winter Plans were created jointly with local government with an emphasis on timely flows of patients through the healthcare system.

	programme should use the forthcoming Social Services and Well-being (Wales) Bill as a key driver for change but it should not wait for the bill to be enacted.		Welsh Government has recently published two documents relating to integration of services, these include *Delivering Local Health Care* - accelerating the pace of change, and *Integration Framework for older people with complex needs*. These documents highlight a range of both short and longer-term actions for Health Boards, Local Government and partners to improve the services, care and support for people across Wales through new service models and more effective partnership working. A Task and Finish group was commissioned by WG to develop interim guidance to replace the existing guidance on the currently complex Unified Assessment Process (UAP) for older people. The purpose of this is to develop more effective integrated assessment arrangements between health, local government and partners to ensure more timely and effective support to people in need. This will be published in December and will operate for a limited period of time until the implementation of the Social Services and Wellbeing (Wales) Bill. It will not change the existing eligibility framework in the short term. Work is underway to revise the 2010 National Framework for Continuing NHS Healthcare (CHC). The revised Framework will address the issues raised in this year's Wales Audit Office (WAO) report which looked into the effectiveness of existing CHC arrangements including joint working. It will also complement the interim guidance developed to replace the UAP, introducing a streamlined assessments for CHC, resulting in more timely and effective decision making. This, in turn, will facilitate the movement of individuals through the system and ensure they receive appropriate care and support. The Social services and Well-Being (Wales) Bill strengthens the duties on both Local Authorities and Local Health Boards to work collaboratively. It also provides for new powers for Ministers to direct partnership working at local, regional and national level across local authorities and across local authorities and health. To support integration, as part of the Budget Agreement for 2014-15,

			the Welsh Government has agreed to establish an Intermediate Care Fund. The Fund, totalling £50 million, has been established to incentivise integration of health and social services. Further, the draft budget includes £15 million of capital for Housing and Regeneration and £35m of revenue in Local Government. The intention is for both streams of funding to be managed as a single fund to support a coherent package of measures in local areas, based on the regional collaborative footprint. The aim is to drive integration of services and to help individuals stay in their own homes through avoiding unnecessary hospitals admissions and to ensure a timely discharge. It is intended to increase the pace and scale of change and encourage service transformation. Examples of provision include: Re-ablement services – at home or in a jointly-commissioned bed at a residential home or convalescence bed at a community hospital; and 24/7 acute rapid response teams to avoid inappropriate admissions. Joint meetings between the Minister for Local Government; the Minister for Health and Social Services; and the Deputy Minister for Social Services with Local Health Boards and Local Authorities have taken place, with further ones planned over the winter. Discussions have taken place about what local health communities are doing to reduce delayed transfers of care and how to accelerate social care assessments and discharges in their areas.

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol • Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General • Chief Executive, NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA

Our Ref: DS/TLT

25 November 2013

Dear Darren,

PUBLIC ACCOUNTS COMMITTEE - WAO REPORT - UNSCHEDULED CARE: AN UPDATE ON PROGRESS

At the Public Accounts Committee on 12 November I agreed to provide you with information on the following:

i. The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care;
ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level;
iii. The cost and future evaluation of the Choose Well Campaign; and
iv. The numbers of people accessing NHS Direct Wales.

The Committee also indicated that they would like an update on the 111 service for Wales.

i. <u>The 5 priority areas the Welsh Government is focusing on in the development of the national programme for unscheduled care</u>

The 5 priority areas and their purposes are set out below:-

1. Measurement and Information Work Stream
To develop a common measurement and information framework for unscheduled care.

2. Integrated Care Work Stream
To co-ordinate activities supporting the integration of health and social care and the care of frail older people.

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3. Out of Hours Work Stream (111)

By 2015 to have implemented a non emergency, 24/7 telephone service across Wales with national and local infrastructure including directories of service and communication hubs.

4. Support and Intervention Work Stream

To strengthen and align systems and processes maintain patient flow, trigger a co-ordinated response at times of escalation, and encourage the uptake of best practice through an 'all Wales' collaborative.

5. Emergency Response Service Work Stream

To provide an interface between the Ambulance Programme and Unscheduled Care Programme.

ii. Examples of initiatives to aid frail and elderly patients and how these are being promoted at both a local and national level

Older people and those with complex needs are a key priority and examples of relevant initiatives include:

Locally

- All Health Boards are taking forward integrated care projects that will specifically benefit frail and older people. I have attached details of these at Annex 1.

- Alternative care pathways have been developed by the Welsh Ambulance Service in partnership with five Local Health Boards for patients who have fallen in their homes. So far the work has resulted in over 2300 patients being treated in their homes by paramedics or through advice on the telephone by NHS Direct Wales nurses.

Nationally

- The Framework for Integration Services for Older People with Complex Needs was published July 2013. It places a requirement on health and social care to develop integrated plans and services within a defined timetable.

- Under the banner of 'Keep Well This Winter' and in collaboration with 'Choose Well', Welsh Government has jointly funded the development of thousands of 'room temperature thermometer' cards with Age Cymru. They provide clear indications that either their room is too hot or too cold. The cards feature Choose Well campaign messages which help people to select the most appropriate healthcare service for their needs when they become ill or injured.

iii. The cost and future evaluation of the Choose Well Campaign

The Choose Well Campaign has cost £159,604 since 2011 i.e. £53,000 per annum. This was spent on:

- App development;
- National and local advertising;
- A comprehensive range of marketing materials;
- Social media development;
- Development of 'room temperature' thermometer cards for elderly patients;

We are exploring various approaches to enable us to undertake more formal evaluation in line with the WAO recommendations.

Through their own internal evaluation, NHS Direct Wales attribute a significant rise in the use of their website (240% increase in web hits over two years) to the campaign.

iv. The numbers of people accessing NHS Direct Wales

The latest statistics in relation to NHS Direct Wales were published on 6 November 2013 for the quarter ending 30 September 2013. These statistics provide exact numbers of people accessing the NHS Direct Wales Service and can be found at Annex 2.

During the Committee meeting Kevin Flynn quoted 740,000 web hits on the NHS Direct website for the month of September. This actually relates to the number hits for the quarter ending September 2013 (table 3, annex 2 refers).

v. Update on the NHS 111 Service for Wales

Ofcom allocated 111 as the three digit telephone number for urgent healthcare needs in response to a request from the Department of Health. It is the only three digit number that will be allocated for that purpose in the UK. The regulatory requirements from Ofcom are that it must be;

- used for non emergency healthcare needs,
- free to access, and
- available 24/7.

The 111 number was piloted in four sites in England prior to implementation in 2013. The problems with implementation in England have been well documented since its roll out and the lessons learned will be fully considered during the on-going planning in Wales.

There are no requirements for Wales to introduce the 111 number, but it has been agreed that the number would provide an opportunity for the NHS in Wales to create a system that is simpler for people to use, is safe and reliable, and addresses some of the reported confusion in navigating the services that constitute unscheduled care. In essence, 111 will become the first point of contact to provide 24/7 access to urgent, but non emergency care.

Plans for developing a 111 model in Wales have been taken forward in the first instance via a task and finish group Chaired by Dr CDV Jones, Chair Cwm Taf Health Board. The purpose of that group was to develop recommendations for a national approach and develop a draft model to deliver 111 in Wales; this has now been completed and was supported by a wide range of stakeholders including the BMA, RCGP, the Out of Hours providers Group, RCN and CHC. Future development has been handed over to a small NHS led group under the governance of the newly established *Improving Unscheduled Care Programme Steering Board*.

The national model signifies a different approach in Wales to that taken in England where 46 separate contracts were let. It will include the co-ordination and filtering of calls for GP Out of Hours Services. It is envisaged that there will be a single Welsh database to support

continuity of care, particularly in relation to call handling. There is moreover likely to be additional triage by clinicians.

It is important to note that 111 is a number that will provide an access point to a range of services to enable people to receive the right care, in the right place, at the right time. The availability of a broad range of services accessible through a national directory of service (DoS) is therefore pivotal to its success, regardless of the final agreed model for Wales. This has been reinforced as a part of the learning from implementation of 111 in England.

Next Steps :

- The work of the task and finish group has been completed and the function of the group has been transferred to that of an expert reference group.
- NHS ownership and engagement is crucial to successful implementation. As such, future development will be undertaken within the context of the revised arrangements for delivering the unscheduled care work programme through the newly established *Improving Unscheduled Care Programme Steering Board.* Implementing a national approach for 111 and GP Out of Hours has been identified as one of the five priority areas under the governance of the new Board. An NHS group was established in October with formal project management support provided by the Chief Executives Policy and Strategy Unit. One of the first key areas for action for this group will be to address the development of a robust DoS.
- In parallel with this, officials are undertaking further work to inform the draft model developed by the task and finish group.

It is envisaged that the development of 111 in Wales will:

- build on the national IT and telephony platform of NHS Direct Wales and replace the existing 0845 number;
- support an integrated system, connecting national and local service via a DoS to enable access to the right care, at the right time, in the right place, and
- be developed through a series of incremental steps.

Yours sincerely

David Sissling

c. Kevin Flynn, Director of Delivery, Welsh Government
Ruth Hussey, Director of Delivery, Welsh Government

Enc. Annex 1 – Integrated Care Projects
Annex 2 – NHS Direct Wales Statistics, quarter ended 30 September 2013

Annex 1

Community Service Development – LHBs in Wales

Background

The following report provides an update on the progress of community service models that Health Boards in Wales are either developing or implementing and how these initiatives are to be measured and monitored going forward.

Health Board	Model	Page
Abertawe Bro Morgannwg University	Community Resource Teams	3
	Acute GP Unit at Singleton Hospital (Swansea)	4
	Acute Clinical Team (Neath Port Talbot)	4
	Integrated Health and Social Care Teams (Bridgend)	5
Aneurin Bevan	Gwent Frailty Programme	6
Betsi Cadwaladr Univeristy	Enhanced Care at Home	8
Cardiff & Vale University	Wyn Campaign	10
	Elderly Care Assessment Service	12
	Acute Response Team	12
Cwm Taf	@ Home Services	14
	Reablement Services for People with Cognitive Impairment	15
	Discharge Liaison Pilot	15
	Home Medication Administration Service	15
Hywel Dda	Out of Hospital Care Model	16
Powys	Reablement Services	19
	Care Transfer Co-ordinators	19
	Community Resource Team	19
	Builth Model	20
	Virtual Ward	20

Overview of Models – Key Points

- All of the Health Boards in Wales are either developing or implementing at least one model that will assist in the development of community health care services.
- All of the models include partnership working including primary, community and secondary care services, social services and/or third sector organisations.
- The key outcome benefits for the majority of the models are: reduced length of stay/early discharge; reduced admissions into secondary care services and; improved outcomes for the patient (e.g. reablement).
- The majority of Health Boards are utilising efficiency and productivity health measures to demonstrates the success of their community models. Some Health Boards (ABMU, Cardiff & Vale, Cwm Taf and Hywel Dda) have also incorporated mechanisms that will enable patient experience to be quantified.

Invest to Save Funds

Four Health Boards are receiving Invest to Save funds from Welsh Government to develop their Community Service models:

Health Board	**Community Service Model**
Aneurin Bevan	Gwent Frailty Programme
Cardiff & Vale University	Wyn Campaign
Cwm Taf	@ Home Services
Hywel Dda	Community Virtual Ward (part of Out of Hospital Care Model)

These Health Boards are working with Welsh Government's Knowledge and Analytical Services and Swansea University's Centre for Innovative Ageing to evaluate the Invest to Save projects. It is expected that the evaluation framework will assist in the identification of the benefits realised from Community Service projects (cost savings, the impact on service user wellbeing and model testing), whilst recognising the difficulties of measuring benefits in the short term. This work will continue until June 2014.

Community Resource Teams			
Aim	To support people to live at home, preventing hospital admissions and to facilitate timely discharge from hospital.		
Service Description	The following are some of the services in place within Swansea, NPT, and Bridgend areas: • Nurse-led rapid response assessment (within 4 hours) – 8.00am to 8.00pm, 7 days a week. • Consultant-led 'hot clinics' to provide in-depth assessment, with further access to further investigation & rehabilitation. • Single point access to all adult social care and intermediate care services. • Nurse led falls assessment within 24 hours of referral. • Home IV antibiotic therapy, includes prescribing antibiotics, monitor patients & review bloods. • Emergency placements for clients who are not able to be supported within their home. • Stroke rehabilitation. • Continuing health care services – nursing, domiciliary & respite care. • Specialist practitioners including palliative, tissue viability, dementia, medicine management, continence, young person's sexual health education. • Reablement services including residential reablement. • Integrated approaches to contracting, contract monitoring and quality assurance of long term care being developed through the Western Bay Programme. • Integrated community network teams of district nurses, social workers and occupational therapists co-located in community hubs in plans in Bridgend. • Expanded services in place in Neath Port Talbot following changes in community hospital service model and more out of hospital care pathways in place between primary and secondary care.		
Scope of Service	Local delivery - Swansea, Neath Port Talbot and Bridgend.		
Delivery Partners (In addition to Secondary Care)	Swansea	Neath Port Talbot	Bridgend
	• GP • Local Authority • Third Sector	• GP • Out of Hours • Local Authority	• Local Authority • Third Sector • GPs
Invest to Save Funding	No.		
Timeline for Improvements	Each locality service has started from a different timeline and there is a different emphasis across the localities. Through the Western Bay Health and Social Care Reform Programme and the Health Board's Changing for the Better Programme, a new joint Community Services Project Board has been established which will drive the development of improved community services (including CRT services) across the whole area. Modelling work to look at options for scaling up current health and social care is being finalised; an initial business case has been developed and detailed business cases will be presented in December. A standard specification for the CRT is being developed. A standard set of performance metrics are also being developed to ensure consistency in measuring outcomes.		
Key Principles being Monitored	• Rapid medical assessment/diagnostics • Rapid response – admission avoidance	• Domiciliary rehab • Domiciliary intake reablement	• Residential IC beds

Community Resource Teams			
Mechanism used to Monitor Improvements	Performance Dashboard within ABMU Health Board The following indicators are being used/and or developed within ABMU and will be further developed and refined by agreement on a common set of performance metrics across health and social care being developed (as referenced above)		
	• Community Resource Team Services – indicators that reflect the range and type of services provided and effectiveness ie. numbers of patients managed with IV antibiotics at home, numbers receiving reablement packages, number of avoided admissions. Response times.	• Interface with hospital services: emergency admissions for patients aged 65+, bed days consumed, length of stay indicators.	• Effectiveness - % of patients admitted to residential care, nursing home care and number of placements into these settings made directly from hospital.

Additional Community Service Projects

Acute GP Unit at Singleton Hospital	
Aim	To reduce the number of hospital admissions by promoting community services as an alternative to hospital care.
Core Deliverables	• A GP triage of all GP referrals to the acute medical intake at Singleton Hospital. • Arrange patients into appropriate clinical pathways at the point of telephone triage or following face to face patient consultation.
Delivered By	Staffed by GPs who work closely with physicians, consultants, therapists and nurse assessors.
Benefits	• Patient experience – patients are given an informed choice about the most appropriate care pathway; decisions are made with them rather than for them and; avoid the social and psychological impact of a hospital stay. • Prompt access to senior clinical decision makers who can divert patients to alternative pathways • Avoid medical admissions. • Bed reduction.

Acute Clinical Team	
Aim	To increase the level of care to patients in their own home and avoid hospital admissions.
Core Deliverables	• Rapid nurse led response within 4 hours (7 days a week). • IV Antibiotics Service – patients managed at home by receiving intravenous antibiotic therapy. • DVT Pathway – 4 hour response time for patients with suspected DVT. ACT visits & assesses the patient & delivers warfarin (if appropriate). Clinical team take daily blood tests & anticoagulant therapy until the patient reaches therapeutic levels. • Endoscopy/Vitamin K – Anticoagulant patients being managed at home before and after endoscopy procedure.

Delivered By	A nurse led acute clinical team. Referrals to the DVT pathway are made by GPs.
Benefits	• Patient experience – care delivered within their own home. • Avoid hospital admissions.

Integrated Health and Social Care Teams	
Aim	For older people and those with complex needs, provide an integrated approach to health and social care thereby reducing duplication and enabling patients to access care through a single point of access.
Core Deliverables	• Integrated management structure with professional leadership. • Single point of access to community health and social care services in place. • All referrals to the CRT and Adult Social Care received through a single route.
Delivered By	Three integrated health and social care network teams being created in Bridgend.
Benefits	• Professionals can share information on vulnerable patients & target support. • Reduced duplication of referral and assessment. • Timely interventions provided to patients/service users at risk. • Improved co-ordination of care plans and discharge support. • Reduction in admissions for vulnerable patients. • Early discharge.

Aneurin Bevan Health Board

Gwent Frailty Programme			
Aim	To keep people independent in their homes, through admission avoidance and earlier discharge. By focusing on prevention and ensuring clients have their health and social care needs solved quickly.		
Service Description	• Single point access. • Access 8.00am to 8.00pm, 7 days a week, 365 days a year. • 0-4 hour response time for health & social care urgent components. • Emergency care at home • Reablement	• Up to 6 weeks rehabilitation and review • Falls assessment, falls clinic • Two weeks rapid medical intervention including CGA • Hot clinics • Onward referral where required	
Scope of Service	LHB wide delivery. 5 Community Resource Teams across Gwent.		
Delivery Partners In addition to Secondary Care	• Local Authority • Voluntary Sector		
Invest to Save Funding	Yes.		
Timeline for Improvements	• Payback of Invest to Save bid not noted on information provided. • In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University. Consideration is to be given to applying the 'theory of change' to plans.		
Key Principles being Monitored	• To reduce the usage of bed days related to the patients who could be seen by CRT. • Growth in activity in CRT patient/client care.	• Reduction in Residential and Domiciliary care packages (Social Care)	
Mechanism used to Monitor Improvements	Reduction of Bed Day Usage	Growth in CRT Activity	Social Care Packages
	• Overall bed days utilised - Admission avoidance <2 days - Acute Ages 75+ >14 days - Acute Ages <75 >10 days - Community Ages 75+ >28 days - Community Ages <75 >21 days • Length of stay - Acute hospitals for frailty cohort	• Total activity - Reablement - Falls - Rapid response - medical - Rapid response - other	• Social Care DToC. • Older people supported in the community. • Older people whom authority supports in care homes. • Total no. of domiciliary care hours per week for service users where the package is 10-20 hrs per week, less than 10 hrs per week & more than 20 hrs per week. • Total no. of general & mental health residential placements on the last day of the quarter for older people. • Total no. of general & mental health nursing placements on the last day of the quarter for older people.
	• A combination of finance & performance reports are sent to the Gwent Frailty Joint Committee & meetings are held with Welsh Government on a quarterly basis. • Local Evaluation - exploring opportunities for an 'organisational raid' to be undertaken by Academia Wales.		

Gwent Frailty Programme	
Progress to Date	• An adverse variance for the number of bed days for the frailty patient cohort has been reported for 2012-13 against the targeted profile and has deteriorated in comparison with 2011/12 and 2010/11. • A reported growth in CRT activity, but it has not achieved the levels of activity expected from the investment of extra resources. • Social Care indicators illustrate a broadly stable position for 2012/13. Further work is to be undertaken on the social care indicators to understand trends and future target levels for the Frailty Programme. • High level modelling undertaken to determine how the Programme has contributed to the management of growth for the cohort. • Support in Anticipatory Care Planning where appropriate alongside GP referrals. • Instruction of FOPAL (Frail Older Persons Assessment & Liaison) team in line with frailty at the front door – MDT presence to assess patients in admission areas of RGH and NHSS and facilitate discharge with CGA in place and management plans. • Introduction of drivers and care bundles and use of frailty index for appropriate referrals. • Mental Health Nurse Practitioners in post in 3 localities within CRT. • Facilitating Early Stroke Discharge from secondary care • The profile of the people living at home and in community hospitals is increasingly complex and the community based staff are extending their core skills to support managing this complexity. • 7 day working of the medical model covering 4 of 5 areas from March 2013.

Betsi Cadwaladr University Health Board

Enhanced Care at Home (Denbighshire and Anglesey)	
Aim	To provide an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community hospital or an acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been.
Service Description	• The patient's GP practice acts as the 'gatekeeper' of the service. The GP decides whether or not a patient's health and social care needs can be safely met at home. • The GP provides the medical care to the patient and is supported by a multi-agency, multi-disciplinary 'team' including an Advanced Nurse Practitioner, District Nurses, Health Care Support Workers; Therapy staff; and Social Worker support. The voluntary sector also provides support where required, together with community equipment. GPs and the wider 'team' have access to specialist advice and support from Care of the Elderly Consultant and Consultant in Palliative Care Medicine. • A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide a 24/7 service if required, with the needs of any carers also considered. • The length of time that a patient receives Enhanced Care varies but is usually up to 14 days. However, when someone requires Enhanced Care for a longer period of time (such as in the provision of terminal care), this can be provided although usually this is no longer than 28 days. • Before patients are 'discharged' from Enhanced Care, a full review of their ongoing health and care needs is done and the necessary arrangements are put in place to provide ongoing care. This is very similar to the type of assessment and ongoing arrangements that are done when a patient is discharged from hospital. • Enhanced care is provided for any adult over the age of 18 whose GP agrees can be safely cared for at home. However the majority of patient who would benefit from Enhanced Care are over the age of 65. • It is estimated to deliver at least 3,366 episodes of care across North Wales per year once fully implemented. • Plans to be developed to deliver the service in Meirionnydd, Central/South Denbighshire, North West Flintshire and South Wrexham in 2013, and the service will be rolled out to all localities in a phased.
Scope of Service	LHB wide delivery in a phased approach.
Delivery Partners In addition to Secondary Care	• Local Authorities across North Wales • GPs • Voluntary Sector
Invest to Save Funding	Yes – for 4 localities out of 14 in North Wales.
Timeline for Improvements	• Provision of service in 8 localities by Autumn 2013 • Develop evaluation framework and reporting for the I2S localities and clear mechanisms for impact on unscheduled care by December 2013 • Additional capacity in the community will support unscheduled care provision from Autumn 2013 onwards • I2 localities to provide over 1,000 episodes of care (equivalent to 40 beds) over a full year (by Autumn 2014)

Enhanced Care at Home (Denbighshire and Anglesey)	
Key Principles being Monitored	• More people are appropriately and safely cared for in their own home • Number of episodes of care provided supporting reduced hospital admissions and early discharge • Patient & Carer satisfaction
Mechanism used to Monitor Improvements	Joint Outcome Measures: 1. Number of 'step-up' admissions to enhanced care 2. Number of patients where discharge has been facilitated by Enhanced Care 3. Estimated bed days saved for those patients on Enhanced Care – by condition and hospital site – measured against the total 4. Levels of care package/hours per week measured at pre-admission, at start of enhanced care, end of enhanced care and post enhanced care 5. Cost of care packages for step up for Social Services and for Clients 6. Prevention of placement in care homes 7. Number and reasons for delayed discharges from Enhanced Care (which could be due to wait for a care package) 8. Admissions to hospital beds 9. Length of stay in hospital beds 10. Repeat admissions to Enhanced Care 11. Destination of patients when they are discharged from Enhanced Care 12. Emergency admissions by GP practice 13. Outcome Star model – patient questionnaires for qualitative information linked to certain goals such as mobility, general care, dealing with emergencies etc. This would be carried out in their own words which are agreed at the beginning of Enhanced Care and evaluated at the end and then possibly again in about 3 months.
	Evaluation Framework: A framework is being developed to evaluate the delivery of the new service to include, patient outcomes and satisfaction, increase in number of patients cared for in their own home and reduction in demand for inpatient services, and cost effectiveness.
Progress to Date	• The ECH service has been in place in North Denbighshire for over 3 years and more recently Anglesey ('step up' patients only at present) • In August 2013 the service commenced in a further three localities, namely North West Flintshire, Meirionnydd and South Wrexham

Cardiff and Vale University Health Board

Wyn Campaign	
Aim	To support people to regain and retain independence by delivering safe and efficient support, delivering a good experience and creating sustainable services.
Service Description	• Communication Hub providing a single point of contact for the citizen with a range of local services, interest groups or healthy ageing programmes. Also, acts a single point of contact for referral for assessment by the most appropriate agency. • Comprehensive geriatric assessment via Elderly Care Assessment Services or at home. • Intervention by a range of therapists including physiotherapist, occupational, speech & language and dieticians. • Falls assessment. • Case management for people with long term conditions. • Intravenous drug administration. • Nursing support. • If admitted to hospital, assessment by a multi-disciplinary team in EU & patient tracking and rehabilitation/reablement at home. • Co-ordinated long term care planning for those with complex needs.
Scope of Service	LHB wide delivery (Cardiff and Vale of Glamorgan Local Authority areas)
Delivery Partners In addition to Secondary Care	• GP • Local Government • Social Care • Third sector partners (voluntary services)
Invest to Save Funding	Yes
Timeline for Improvements	Based on the payback of Invest to Save funds: • Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures). • Estimated bed reduction of 79 by 2015/16.
Key Principles being Monitored	Phase 1: • Improve response time for facilitated discharge from hospital to home. • Improve falls management and prevention in the community. • Improve chronic condition management for those at most risk of admission to hospital. • Provide in-reach to care home to prevent avoidable admission. • Prioritised 'step up' response to people identified by Elderly Care Assessment Service (ECAS) & Frail Older People's Advice & Liaison Service (FOPAL) (front door turnaround)

Wyn Campaign		
Mechanism used to Monitor Improvements	Performance Indicators	
	• Emergency admissions to hospital for people aged 65+. • Emergency bed usage for people aged 65+. • Shift in balance from care home to home care provision. • Re-admissions avoided by FOPAL. • Falls data submitted to NLIAH: reducing harm from falls. • Admission to care home direct from acute hospital. • Discharge to usual place of residence. • Number of people dying at home.	• Unplanned hospital attendance. • Readmission within 14 days of discharge. • DToC due to waits for packages of care or modifications to the home environment. • Admission avoided by ECAS. • Patient/Carers Experience Questionnaire (treated as an individual with dignity & respect; been worked with & not 'done to'; provided with timely information and; received joined up services).
	Reporting Mechanism	
	• Wyn Steering Group & Engine Room (monthly). • Integrating Health and Social Care Board (bi-monthly).	• Welsh Government Invest to Save team (quarterly). • Each partner organisation reports into its own governing body.
Progress to Date	Initiatives	
	• Pathway redesign: Condition specific e.g. #NoF, amputee, stroke and falls, plus an aspirational 'whole systems' pathway. • The establishment of an Integrated Discharge Service to support complex discharge from hospital. • The testing and establishment of the first phase of the Frail Older People's Advice & Liaison Service. • Further development of the Elderly Care Assessment Service. • The development and testing of a care co-ordination model. • Work with GPs on the end of life pathway and piloting of the advance care planning protocol. • Work on joint health and social care commissioning. • Further development of Community Resource Teams to provide consistency across localities & a focus on targeted intervention. • Inter-agency workforce/team development. • Improvements in medicines management across the care pathway. • The development and implementation of IT solutions to support integrated working.	
	Efficiencies (comparison with the previous year)	
	• Emergency admission to hospital for people aged 65+ is increasing. • A&E attendance for peoples aged 65+ is increasing. • The number of people aged 65+ being supported in the home has increased, whilst the number supported in a care home has reduced. • Discharge to usual place of residence has increased. • Discharge to care homes from acute service has fallen. • During financial years 2010/11 and 2011/12 readmission rates have consistently averaged 11.9% (Cardiff residents aged 65+ discharged from General Medicine of OPAIC). • Between 3% and 9% of DToC reasons are attributed to homecare and modifications to the home environment.	

Additional Community Service Projects

Both of the following projects were established prior to the Wyn Campaign and have been developed further via the Wyn Campaign.

Vale Elderly Care Assessment Service (ECAS)	
Aim	• To provide Consultant Geriatrician led multi-disciplinary comprehensive assessment, timely review of older patients who are at risk or deteriorating in the community or failing in residential homes.
Core Deliverables	• To provide GPs with a rapid-access Geriatrician-led inter-disciplinary service, this allows timely review of older patients who are at risk or deteriorating in the community or failing in residential homes. • To provide a full (and written) multi-disciplinary assessment to enable Social Services and Primary Care Teams to support older people in their own homes. • To provide a community/hospital based rehabilitation plan where appropriate.
Delivered By	• A multidisciplinary team, including Consultant Geriatricians, nurses, therapists, social services. • Maintaining close links with the Vale Community Resource Service (VCRS) and Day Hospital to maximise appropriate rehabilitation and support for older people in the community.
Benefits	• Avoid unnecessary admissions to acute hospitals. • One stop multi-disciplinary assessment. • Optimum independence for patients. • Patient satisfaction.

Acute Response Team	
Aim	To provide nursing therapies and care to patients in their own home by visiting those who are registered with a GP in the Cardiff and Vale area.
Core Deliverables	• Provision of a rehabilitation programme to ensure patients reach their optimum independence. • Assess patients in their place of residence or prior to discharge from hospital to provide intravenous medicine at home. • Provision of deep vein thromboses services (including monitoring, administration of medicine, education and support). • Provision of care and equipment to enable end of life care to be delivered at home.
Delivered By	A multidisciplinary team, including nurses, support nurses, physiotherapists and occupational therapists. Specialist advice and support are also sought from microbiology and pharmacy departments, district nurses, Marie Currie Support Project and specialist palliative care services.

Benefits	• Expedite transfer home. • Reduce hospital admissions. • Optimum independence for patients. • Patient satisfaction.

Cwm Taf Health Board

@ Home Services			
Aim	To move care out of the hospital and into local community to improve the health and well being of individuals.		
Service Description	• Reconfiguration of existing services to enhance the @Home Service which includes the Community Integrated Assessment Service, Community Ward, IV Service, Reablement and Intermediate Care Services, Reablement for Cognitive Impairment, Home Medication Administration Scheme, Discharge Liaison Nurse pilot and Specialist Practitioners e.g. Tissue Viability, Lymphoedema, Continence, Parkinson etc. • The Community Integrated Assessment Service (CIAS) enables GPs to refer people over 65 to a rapid access assessment clinic (up to 72 hours) if extra medical care or therapy support is needed. • A ' Community Ward' providing care that would normally be available on a hospital ward in the community or in a patient's home. • Delivering IV Therapy in either a patient's home, local nursing or residential homes, includes the provision of intravenous medicine and co-ordinating the input of district nursing services. • Continue the provision of reablement services that promote optimum levels of independence for patients through the delivery of short term multidisciplinary intervention. • Single Point of Access established to refer patients to adult social care and integrated care services.		
Scope of Service	LHB wide delivery.		
Delivery Partners In addition to Secondary Care	• Primary Care Services – GPs and Medical Health Services • Local Authority • Third sector		
Invest to Save Funding	Yes.		
Timeline for Improvements	Cash releasing efficiency savings are planned for 2014/15 and 2015/16. In the process of developing the Invest to Save evaluation framework with Welsh Government and Swansea University.		
Key Principles being Monitored	• Prevent admission. • Support early discharge. • To improve quality of life for client & carer.		
Mechanism used to Monitor Improvements	Prevent Admission	Early Discharge	Quality of Life
	• Admissions avoided for over 65 population - COE, General Medicine, Fractures, GP. • Admissions within 30 days contact with the services (ex reablement). • Admissions from nursing & residential homes	• Length of stay for those patients accessing reablement services. • DToC	• Patient outcomes as measured by therapy outcome measures. • No. accessing reablement/intermediate care services. • Patient experience.
	Monitored via a Project Board which reports to the Setting the Direction Assurance Collaboration. Monthly performance reports are produced and a Quarterly Invest to Save Checkpoint report submitted to Welsh Government.		

@ Home Services	
Progress to Date	• Lower than planned no. of referrals to Community Integrated Assessment Service, however referrals to CIAS are increasing following changes to the Service Model, however current pressure on acute service in terms of emergency admissions are impacting on the organisation's ability to reconfigure acute services and therefore reducing the impact of the @Home services. • Community Ward contacts continue to increase enabling earlier hospital discharge for patients requiring continued intervention. • Implementation of Falls Pathway • Referrals to reablement services exceeding targets which is enabling a greater number of discharges from the DGH and Community Hospitals • Delayed Transfers of Care are decreasing and patient flow increasing enabling greater capacity within DGHs. • Working closely with WAST to implement three referral pathways, Falls; Epilepsy and Diabetes to reduce the number of avoidable admission to the DGH • Number of patients treated as part of the IV component of the @Home Service continues to increase. We are also working with the Independent Sector targeting patients requiring IV intervention and provision of sub-cut fluids in five large Nursing/Care Homes • Patient information developed • Currently undertaking an evaluation of the @Home Project with support from Swansea University.

Additional Community Service Projects

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Reablement Services for People with Cognitive Impairment	
Description	Specialist OT staff provide a programme of reablement which is tailored to the needs of the individual and their families/carers.
Progress	Service established during 2012.

Discharge Liaison Pilot	
Description	Discharge Liaison Nurse (DLN) with the single point of access to reablement and intermediate care services.
Progress	• Pilot has proved to be successful. • A commitment moving forward to sustain this post and rotate the DLN team into the service. • In the process of redesigning the DLN service and has been aligned to the Community Resource Team. • Next step is to review the function of the role and link to complex care co-ordination.

Home Medication Administration Service	
Description	Enable patients to maintain their independence in their own home, by providing medication administration support.
Progress	Service has been in place since 2007. The number of individuals that the service supports has increased by 69% since April 2012.

Hywel Dda Health Board

Out of Hospital Care Model		
Aim	Development and alignment of community network services and functions that work together to deliver 'out of hospital care'.	
Service Description	Delivering care closer to home, by co-ordinating care that is designed around the needs of the individual and provided by a local interdisciplinary network of people with a range of skills coupled with moving patients/service users from a model of dependency to self-care/enablement. • Improve the consistency of service delivery and patient outcomes. • Identification of demand and risk stratification. • Surveillance and care co-ordination, including telephone case management, guided self management and secondary prevention (includes musculoskeletal interface clinics, self referral, lifestyle services, tele-health for COPD, diabetes and heart failure etc). • Communication, including information sharing and development of a communication hub (e.g. booking appointments, single point access for health and social care community services). • Case management and navigation, including virtual ward development and integrated community response.	
Scope of Service	LHB wide with community services are aligned to 7 geographical localities.	
Delivery Partners In addition to Secondary Care	• Primary Care • Local Government • Social Services • 3rd Sector Services	
Invest to Save Funding	Yes. Invest to Save funding has been received for the **Community Virtual Ward** element of the model.	
Timeline for Improvements	Out of Hospital Care Model	Community Virtual Ward element
	• Capacity released in 2013/14 will support improved flow and performance in waiting times etc. • In 2014/15 the Community Resource Team will be sustained through benefits realisation (savings made from removing the need for surge capacity & by bed closures).	• Rebalance number of acute & community beds in system with phased workforce shift to community service & overall reduction in WTE (phased). • Development of clinical pathways and new ways of working (from Jan 2013 and to be further developed through the Population Health Programme of Work. • Cash releasing efficiency savings planned from 2013/14.

Out of Hospital Care Model		
Key Principles being Monitored	• Reduction in hospital admission. • Improved productivity. • Improved health outcomes. • Better patient experience. • Community based provision strengthened.	• Reduce the risk of health deterioration & improve the wellness of individuals at risk of hospital admission, readmission, health crisis (frail & chronic conditions). • Reduce unscheduled care demand (OoH & A&E attendance). • Reduce unplanned acute hospital admissions & readmissions. • Earlier hospital discharge for patients requiring continued intervention. • Reduce the number of acute hospital beds. • Rationalisation of CHC expenditure. • Improve quality by optimising the acute pathway for older people with complex needs. • Move towards local financial accountability.
	Out of Hospital Care Model	Virtual Ward Development
Mechanism used to Monitor Improvements	• Reduction in the number of emergency hospital admissions & re-admissions. • Improvement in DToC delivery. • Number of individuals receiving telehealth. • Number of MDT clinic sessions for frail adults accessible within 48 hours of referral (Carmarthenshire) • No & % of people (includes carers) reporting that their quality of life & level of confidence/independence was restored/improved after episode of care from community services. • No & % of people who received enabling intervention to optimise independence by CRT. • No of people who require a reduced / no longer require health & social care package after an enabling intervention by CRT. • No of falls, epilepsy and hypoglycaemia events that are referred to the Community Resource Teams by WAST (avoiding A&E attendance)	• Average LoS for Emergency Care (Combined Medicine) • DToC (non mental health). • Emergency admission & readmission rates for chronic conditions & ALoS. • Reductions in emergency packages of care. • Reduction in emergency admissions via A&E – WAST. • No of people who require a reduced health or social care package after a CRT intervention. • People reporting that their quality of life & level of confidence/independence was restored/improved.
	The Community & Chronic Conditions Management Board steering the Out of Hospital Care work programme and monitoring the progress reported by county delivery groups and task & finish sub groups has now been disestablished with a view to embedding the function within the revised governance structure of the HB in respect of performance and delivery monitoring. Quarterly Invest to Save checkpoint reports are submitted to WG on the Community Virtual Ward element.	

Out of Hospital Care Model		
Progress to Date	• Locality leadership teams developed (with 7 GP leads). • CRT established in each locality. • Communications hub in Carmarthenshire now 24/7. • Implementation of services for chronic conditions from level 1 to level 4 of the CMM triangle across Health Board. • Prevention services provided through patient education, information & targeted advice aimed at chronic disease. • Specialist from hospital services, community & primary care working together in community based clinics or via telemedicine links (Joint frailty clinic commenced in Oct 12). • Implementation of falls pathway. • Joint care beds available in each county providing a convalescence model in the community. • Specialist nurses & therapists aligned to CRT.	• Planning work for implementation has been completed. • Skills mapping & role redesign work undertaken across professional groups. • New roles have been recruited within therapy professions, nursing & support workers. • Workforce shift from acute based services to community teams providing 'in reach' to hospital for therapy professions & some specialist nursing roles. • Scoping work complete on appropriate tools/methods of case finding. • Development of a menu of complimentary preventative services and of systems to target resources towards a more anticipatory approach across the primary & community services.

Powys Teaching Health Board

Model	Reablement Service	Care Transfer Co-ordinators	Community Resource Team
Aim	Provide short term support to individuals to retain or regain their independence by promoting well being, independence, dignity & social inclusion.	Facilitate the seamless transfer of patients from nominated District General Hospitals to own home, community hospital, residential home or nursing home.	Provision of locality level specialist advice & support for patients along the scheduled & unscheduled care pathways.
Service Description	Based on an intake model. Supports health by promoting improved self care & treatment in a community setting so that people remain at home where appropriate.	Co-ordination of the transfer of patients at the earliest opportunity.	• CRTs are independent prescribers & work at the advanced level supported by medical consultant teams. • CRTs include MDT community services such as falls, COPD, parkinsons, cardiac services, neuro clinics and MND MDT.
Scope of Service	LHB wide.	LHB wide	LHB Wide
Delivery Partners In addition to Secondary Care	• Local Government • Social Care	• GP	• Primary care teams. • Local Government / Social Services
Invest to Save Funding	No.		
Mechanism used to Monitor Improvements	• Section 33 Agreement between Powys CC & Powys LHB established which includes operational monitoring Group. • A monitoring framework is in place.	• Reduction in ALoS in community hospitals. • Reduction in the number of patients awaiting & the length of time patients awaiting for transfer from District General to own home, community hospital, residential care or nursing home. • Reduction in DToC.	• Powys HB and County Council have formally approved the Joint Maturity Matrix as a framework for co-ordinating the implementation of an integrated model of care within the 3 localities of Powys. • The matrix reflects WG guidance – Setting the Direction & Better Support at Lower Cost. • Progress against the matrix is reported to the Integrated Care Pathway for Older People Programme Board. • A suite of outcomes/performance indicators is being developed.
Progress to Date	The service is operational but will make a transition during 2013/14 to an 'intake model' & work is underway to design this service.	• Completed the recruitment of Care Transfer Co-ordinators to each locality & associated district general hospital. • Objectives are set against the monitoring criteria above.	• Using the framework, Health and Social Care teams at locality level have developed and are progressing actions plans to deliver key themes of WG guidance including Community Resource Teams.

Model	Builth Model	Virtual Ward
Aim	Improving the quality of life & life chances for the local population by offering the most appropriate care options close to the individual's main residence.	To reduce unscheduled care attendances at the MAU by 20% (particularly for older people) by developing local community based services & interdisciplinary working across health & social care.
Service Description	• Development of a single access patient flow system through a communication hub. • The use of residential care beds for individuals with stable medical conditions that require clinical nursing interventions & services. • Provision of personal care during an individual's short stay by Residential Care Team. • Work towards clinical & organisational integration within adult social services with single care management plan for those admitted into residential care beds. • Develop case management & pro-active case management finding through risk stratification/screening approaches to encourage self management. • Patients on case loads will have one identifiable named key worker for their health/socials care needs.	• Case management of the most at risk & frail patients. • Daily virtual ward rounds with the GP, district nurse & practice based social worker. • Weekly multidisciplinary team meetings (including age care consultants). • Interdisciplinary operational policy. • Virtual ward patient status at a glance boards. • SBAR handover tools. • Practice level frailty registers. • Quarterly morbidity & mortality meetings. • Monthly operational management meetings.
Scope of Service	Local Delivery – Builth Wells	Local Delivery – South Powys
Delivery Partners In addition to Secondary Care	• GPs • Social Care Services	• GP & district nurse • Social workers
Invest to Save Funding	No.	
Mechanism used to Monitor Improvements	• Developing an outcome/performance framework which will link to a locality & countywide performance framework for the PCC/PLHB Integrated Care Pathways for Older People Programme. • Outcome framework to be overseen by a local Joint Service Management Group.	The Virtual Ward is measured through: • The Powys Enhanced Service agreement with the GPs. Measures the frailty register & those with a MDT discussion & plan of care. • MDS data from secondary care. Provides impact of the proactive case management (above) by a reduction in MAU attendances. • Unscheduled care performance report submitted to Unscheduled Care Board.

Model	Builth Model	Virtual Ward
Progress to Date	• A service model has been developed. • Additional community nursing staff have been identified & released for specialist training in their new role. • Construction on a new Integrated Health & Social Care Centre is complete & delivery is to commence during July 13. A tender has been issued to secure a new service provider for personal care in the new 12 Shared Care Unit.	• Virtual ward has been implemented across South Powys (Haygarth, Crikhowell, Brecon & Ystradgynlais) during 2013. • Multidisciplinary interagency operational policy in place. • 2nd Phase: The management of people with long term conditions across the full Community Resource Team by streamlining care across practice nurses & specialist nurses with a focus on self management with leadership informed by psychological approaches. • Facility opened on 2 September 2013 and beds will open in December 2013.

SDR 192/2013 **6 November 2013**

NHS Direct Wales, quarter ended 30 September 2013

NHS Direct Wales is a 24-hour information and advice line staffed by experienced nurses, dental and health information advisors offering advice about health, illness and the NHS.

This Statistical Release presents the latest quarterly data on the total number of calls made to, and answered by, NHS Direct Wales, the number of calls where callers chose the Welsh speaking option, and the number of calls to information help lines, alongside data for previous quarters. Charts presenting data on daily calls and web visits are also shown.

'Made' calls are those where the caller has listened to all of the welcome messaging and stayed on the line. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service.

Further information about NHS Direct Wales can be found in the 'Key Quality Information' section on Page 8 of this Statistical Release.

Data from the start of the service is available in tables on the StatsWales website.

Changes to the telephony system on 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Key Results:
During the quarter ended 30 September 2013:

- 79,784 calls were made to NHS Direct Wales, of which 76,033 (95%) were to the main 0845 number (*Chart 1*.
- 53,422 calls were answered by NHS Direct Wales, of which 50,620 (95%) were on the main 0845 number *(Chart 2)*.
- 8,933 calls were transferred to NHS Direct Wales, from the Welsh Ambulance Services NHS Trust, for clinical triage.
- 347 calls were answered *(Table 2)* (out of 351 made *(Table 1))* from callers expressing a preference for the call to be taken in Welsh (around 0.6% of all calls answered).
- 419 on-line enquiries were made to the web-based enquiry service, 16.4% more than the number (360) in the July to September quarter of 2007 *(Chart 4)*, *(Table 3)*.
- 736,657 visits were made to the NHS Direct Wales website, more than ten times as many as in the July to September quarter of 2007 (70,937) *(Chart 5)*, *(Table 3)*.

We welcome comments on content and presentation from users of our publications.
If you have any comments, please contact us - see page 10.

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Llywodraeth Cymru
Welsh Government

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Chart 1 shows the number of calls made to NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- More than 76,000 calls were made to the main NHS Direct Wales 0845 number in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 1: Calls made[(a)] to NHS Direct Wales, quarter ended 30 September 2007 to date

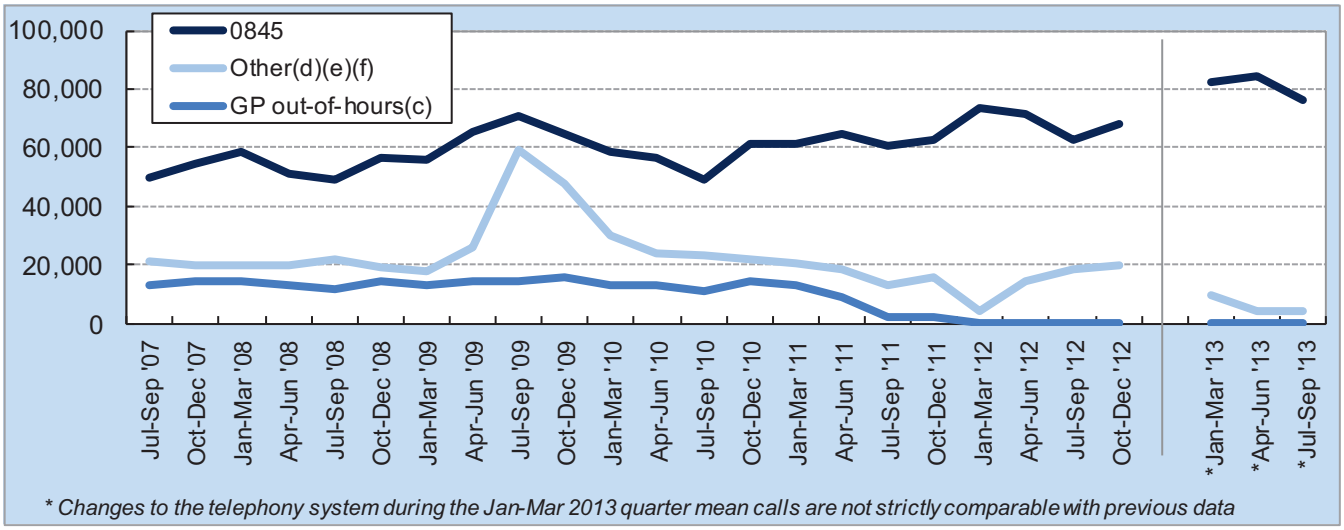
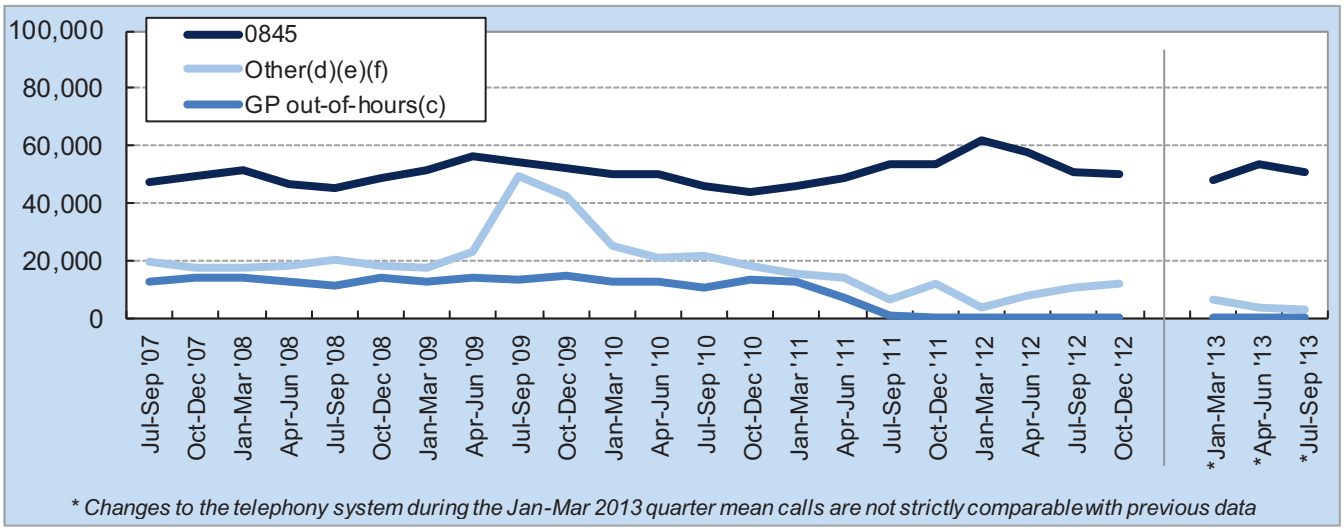


Chart 2 shows the number of calls answered by NHS Direct Wales, by service, from the July to September 2007 quarter to date.

- More than 50,600 calls to the main 0845 number were answered by NHS Direct Wales in the July to September quarter 2013 – changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 2: Calls answered[(b)] by NHS Direct Wales, quarter ended 30 September 2007 to date

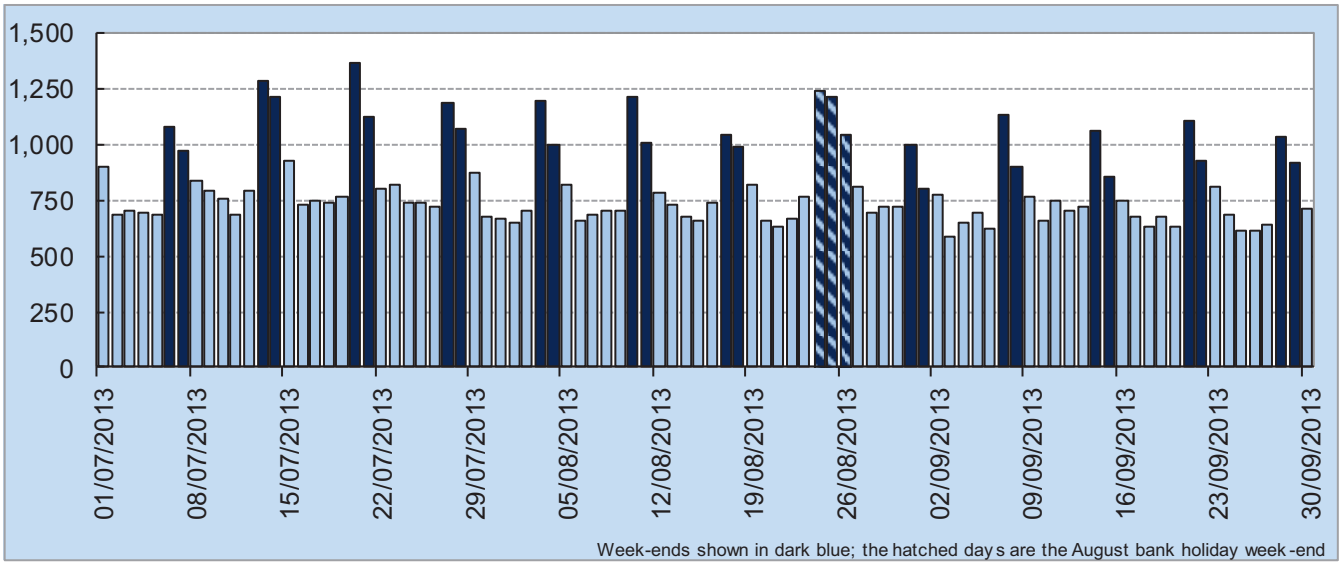


Notes: (a) The numbers of calls made to NHS Direct i.e. the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. The difference between the number of calls made and the number of calls answered is abandoned calls.
(b) The number of calls answered by NHS Direct Wales.
(c) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales; callers are directed to their Local Health Board.
(d) Calls to other services include all recorded messaging services, but see (f) below. A H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures in the July to December 2009 quarters. See table in Key Quality Information for details of operation dates for each service.
(e) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services' in these charts. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.

Chart 3 shows the daily number of calls made to the main 0845 service between 1 July and 30 September 2013. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

- During the latest quarter, a daily average of 1,078 calls were made at week-ends, compared with 727 on weekdays.
- The busiest day during the quarter was Saturday 20 July with 1,366 calls (note however that as on any busy day, some of these calls may have been repeat calls).
- Over the quarter, Saturdays were the busiest day, with an average of 1,154 calls, Wednesdays the quietest (689).

Chart 3: Daily calls made[(a)] to the main 0845 service, quarter ended 30 September 2013



Notes: (a) the number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered. Changes to the telephony system from 30 January 2013 mean calls are not strictly comparable with previous data (see notes).

Chart 4 shows the number of quarterly on-line enquiries submitted to the NHS Direct Wales website. These enquiries are confidential and a reply is sent back within a maximum of 3 working days.

- During the July to September quarter of 2013, a total of 419 on-line enquiries were submitted to NHS Direct Wales via the website, down from 725 (42.2%) in April to June 2013, and 40.9% down on the number (709) in July to September 2012.

Chart 4: On-line enquiries, quarter ended 30 September 2007 to date

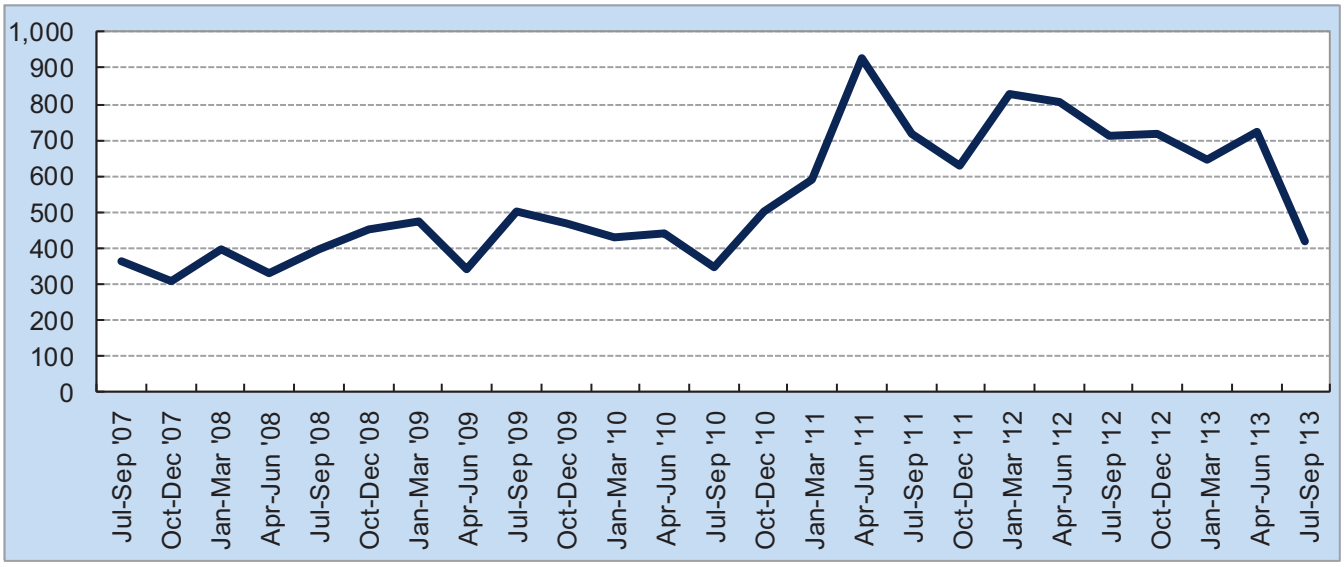


Chart 5 shows the number of visits to the NHS Direct Wales website from the July to September 2007 quarter to date.

- There were almost 737,000 visits to the NHS Direct Wales website during the July to September 2013 quarter, 7.4% up on the April to June 2013 quarter, and more than ten times as many as in the July to September quarter in 2007.
- Increased awareness of the facility, (through advertising, leaflets, details in the telephone welcome message etc) is likely to have had an impact on the number of visits to the website.

Chart 5: Web hits, quarter ended 30 September 2007 to date

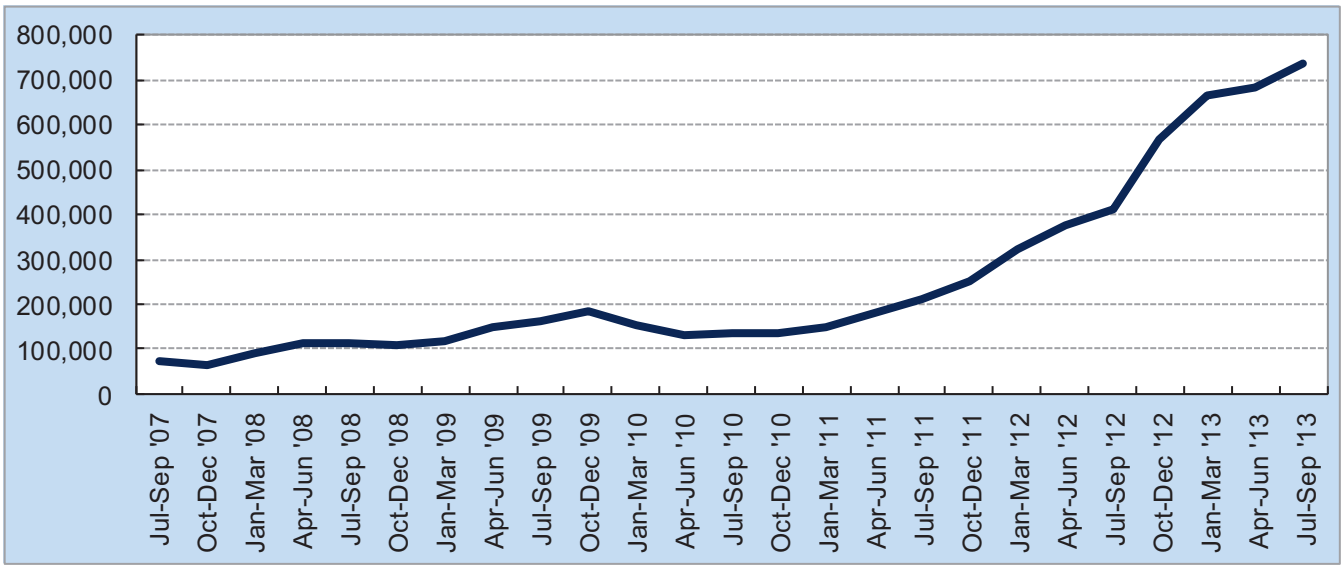


Chart 6 shows daily visits to the NHS Direct Wales website between 1 July and 30 September 2013.

- Unlike calls made to NHS Direct Wales which are higher at week-ends, web visits are higher on weekdays.
- An average of more than 8,440 web visits were made each weekday, compared with around 6,900 on Saturdays and Sundays.
- Mondays were the busiest day, with an average of 9,129 web visits; Saturdays the least busy with 6,423.

Chart 6: Daily web visits, quarter ended 30 September 2013

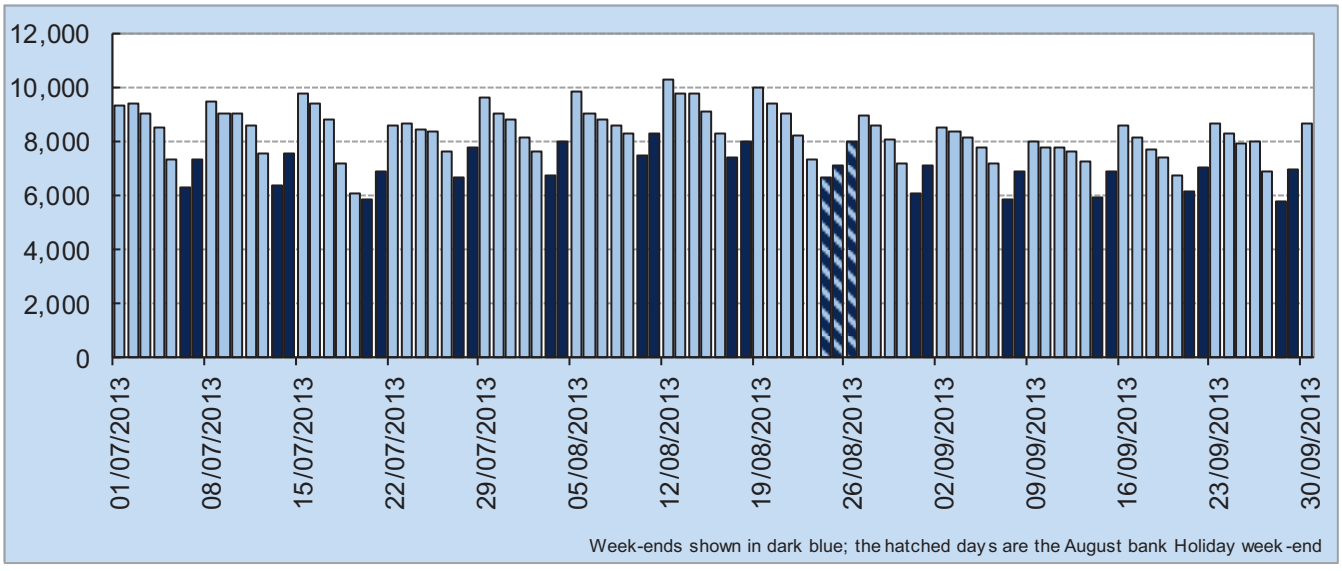


Table 1: Total number of calls made[(a)] to NHS Direct Wales by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(f)	Calls to other services (c)(d)(g)	Total calls	Calls requested in Welsh (e)(f)(i)
2007-08					
April - June	55,093	14,872	22,616	92,581	2,426
July - September	49,356	12,616	21,242	83,214	2,138
October - December	54,599	14,337	19,675	88,611	2,245
January - March	58,169	14,437	19,704	92,310	2,320
TOTAL	**217,217**	**56,262**	**83,237**	**356,716**	**9,129**
2008-09					
April - June	50,925	13,073	19,826	83,824	2,071
July - September	48,968	11,551	21,547	82,066	1,926
October - December	56,298	14,591	18,847	89,736	2,446
January - March	56,034	12,679	17,925	86,638	2,231
TOTAL	**212,225**	**51,894**	**78,145**	**342,264**	**8,674**
2009-10					
April - June	65,609	14,466	25,852	105,927	2,263
July - September (c)	70,721	14,324	59,225	144,270	2,727
October - December (c)	64,656	15,630	47,392	127,678	2,659
January - March	58,214	12,909	29,891	101,014	2,162
TOTAL	**259,200**	**57,329**	**162,360**	**478,889**	**9,811**
2010-11					
April - June	56,538	12,653	24,031	93,222	2,167
July - September	49,252	10,871	23,302	83,425	2,265
October - December	61,226	13,997	22,087	97,310	2,621
January - March	61,099	13,044	20,534	94,677	3,088
TOTAL	**228,115**	**50,565**	**89,954**	**368,634**	**10,141**
2011-12					
April - June	64,397	8,789	18,437	91,623	1,629
July - September	60,685	2,337	13,191	76,213	1,891
October - December	62,392	1,984	15,411	79,787	718
January - March	73,575	229	3,910	77,714	351
TOTAL	**261,049**	**13,339**	**50,949**	**325,337**	**4,589**
2012-13					
April - June	71,151	0	14,244	85,395	1,248
July - September	62,708	0	18,692	81,400	1,154
October - December	68,164	0	19,689	87,853	1,330
January - March (h)(i)	82,577	0	9,842	92,419	895
TOTAL	**284,600**	**0**	**62,467**	**347,067**	**4,627**
2013-14					
April - June	84,486	0	4,197	88,683	513
July - September	76,033	0	3,751	79,784	351
October - December					
January - March					
TOTAL	**160,519**	**0**	**7,948**	**168,467**	**864**

(a) The number of calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered.
(b) GP 'Out of Hours' service.
(c) Calls to Other Services include all recorded messaging services, but see (g) below, including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.
(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(e) In addition around 1% of the dental messaging calls during the quarter were listened to in Welsh.
(f) From 1 April 2011 NHS Direct Wales was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).
(g) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.
(h) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see notes.
(i) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 2: Total number of answered[(a)] calls by service, and number of calls where the Welsh language option was chosen.

	Calls to 0845 service	Calls to GP OOH services (b)(e)	Calls to other services (c)(d)(f)	Total calls	Calls requested in Welsh (e)(h)
2007-08					
April - June	51,772	14,441	19,340	85,553	2,049
July - September	46,914	12,204	19,556	78,674	1,813
October - December	49,312	13,757	17,571	80,640	1,853
January - March	51,190	13,958	17,221	82,369	1,915
TOTAL	**199,188**	**54,360**	**73,688**	**327,236**	**7,630**
2008-09					
April - June	46,550	12,690	18,311	77,551	1,823
July - September	45,080	11,112	20,131	76,323	1,647
October - December	48,366	13,723	17,762	79,851	2,107
January - March	51,699	12,204	17,059	80,962	1,947
TOTAL	**191,695**	**49,729**	**73,263**	**314,687**	**7,524**
2009-10					
April - June	56,143	13,597	22,734	92,474	1,866
July - September (c)	54,225	13,182	49,093	116,500	2,020
October - December (c)	51,741	14,384	42,444	108,569	2,047
January - March	49,654	12,178	25,299	87,131	1,806
TOTAL	**211,763**	**53,341**	**139,570**	**404,674**	**7,739**
2010-11					
April - June	50,209	12,207	20,768	83,184	1,906
July - September	45,953	10,502	21,271	77,726	1,994
October - December	43,932	12,956	18,001	74,889	2,126
January - March	45,832	12,312	15,064	73,208	2,027
TOTAL	**185,926**	**47,977**	**75,104**	**309,007**	**8,053**
2011-12					
April - June	48,528	6,927	14,086	69,541	854
July - September	53,379	370	6,147	59,896	1,118
October - December	53,601	0	11,813	65,414	440
January - March	61,832	0	3,225	65,057	747
TOTAL	**217,340**	**7,297**	**35,271**	**259,908**	**3,159**
2012-13					
April - June	57,553	0	7,437	64,990	838
July - September	50,354	0	10,358	60,712	762
October - December	49,846	0	11,664	61,510	765
January - March (g)(h)	47,817	0	6,541	54,358	649
TOTAL	**205,570**	**0**	**36,000**	**241,570**	**3,014**
2013-14					
April - June	53,710	0	3,183	56,893	505
July - September	50,620	0	2,802	53,422	347
October - December					
January - March					
TOTAL	**104,330**	**0**	**5,985**	**110,315**	**852**

(a) The number of calls answered by NHS Direct Wales.
(b) GP 'Out of Hours' service.
(c) Calls to Other Services include all recorded messaging services, but see (f) below), including a H1N1 (swine flu) information line, the calls to which have influenced figures in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data. See table in Key Quality Information for details of operation dates for each service.
(d) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter – see key results on Page 1 for the latest figure; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.
(e) From 1 April 2011 NHS Direct was no longer responsible for the GP out-of-hours service in Gwynedd & Anglesey (around 6,000 calls per quarter); this will have a significant impact on total GP out-of-hours calls as well as those requested in Welsh; from 3 July 2011 NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales (callers are directed to their Local Health Board).
(f) The dental information line was closed between 20 January and 20 April 2012; this will affect comparisons made of 'Other services'. From 30 January 2013, these calls are contained within the 0845 'made' number, but not as answered, so data before and after this date is not strictly comparable – see notes for further information.
(g) Changes to the telephony system during the Jan-Mar 2013 quarter mean calls are not strictly comparable with previous data - see notes.
(h) Please note that following the introduction of the new telephony system during the Jan-Mar 2013 quarter, it appears that not all calls requested in Welsh are being identified as such.

Table 3: Web visits and on-line enquiries.

		Web visits (a)(c)	On-line enquiries (b)	
2007-08				
	April - June	102,880	407	
	July - September	70,937	360	
	October - December	65,505	304	
	January - March	89,010	398	
	TOTAL	**328,332**	**1,469**	
2008-09				
	April - June	113,046	330	
	July - September	112,889	397	
	October - December	106,512	451	
	January - March	117,664	473	
	TOTAL	**450,111**	**1,651**	
2009-10				
	April - June	146,715	340	
	July - September	159,767	498	
	October - December	183,108	470	
	January - March	151,705	426	
	TOTAL	**641,295**	**1,734**	
2010-11				
	April - June	131,472	438	
	July - September	133,314	348	
	October - December	136,448	502	
	January - March	148,434	591	
	TOTAL	**549,668**	**1,879**	
2011-12				
	April - June	178,388	927	(r)
	July - September	213,117	719	
	October - December	248,975	626	
	January - March	323,287	826	
	TOTAL	**963,767**	**3,098**	
2012-13				
	April - June	376,482	803	
	July - September	409,777	709	
	October - December	568,474	717	
	January - March	664,847	646	
	TOTAL	**2,019,580**	**2,875**	
2013-04				
	April - June	685,888	725	
	July - September	736,657	419	
	October - December	0	0	
	January - March	0	0	
	TOTAL	**1,422,545**	**1,144**	

(a) A web visit is a series of actions that begins when a visitor views their first page from the server and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes).
(b) A web-based enquiry service accessed via the NHS Direct Wales website that enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back answering the queries within a maximum of 3 working days. All on-line enquiries are confidential.
(c) Visitor numbers exclude all known spiders. A spider is a program that trawls the internet looking for web pages and adding them to a database, in order for search engines to be able to find the page.
(r) Revised data received from NHS Direct Wales (was 915 in release covering April – June 2011 quarter).

Key Quality Information

Source:
The data is provided by the Health Informatics Department of the Welsh Ambulance Services NHS Trust.

Description:
NHS Direct Wales answers calls in English, Welsh and over 120 other languages via a language line. In addition to the main telephone helpline (0845 46 47), they handle triage calls transferred from A&E departments and the Welsh Ambulance Services NHS Trust (WAST), and provide a dental information line.

NHS Direct Wales also provides ad hoc information lines to support public health campaigns. The number of calls will be affected by ad-hoc services provided at points in time. Table 3 gives details of services, other than the main 0845 health helpline. Some of these have not been operational in the period covered by the release. Calls to other services include all recorded messaging services.

This table provides information on the various ad-hoc public health information lines that have been run by NHS Direct Wales. These lines are set up to support national and local public health campaigns, and remain in use for as long as necessary. Callers to closed lines will receive a message directing them to an appropriate alternative service; for a limited period after the closure of a line there will still be calls recorded as 'made' although these calls will not be answered.

Details of Non-0845 services and operation dates:

Service	Operation dates
GP Out of Hours	24 April 2001 to 3 July 2011
A&E (including Minor Injuries Units)	15 November 2001 to date
Dental information line (a)	8 November 2003 to 20 January 2012,
	re-opened 20 April 2012 until 30 January 2013.
Other:	
Health Information Wales	May 2001
Category C (Ambulance triage calls)	January 2004 – February 2005
	Re-opened 2 September 2009 (b)
Health Challenge Wales	31 January 2005 – 30 June 2005
Cryptosporidium Helpline	24 November 2005 – 10 February 2006
HPV Helpline - automated message facility only	11 August 2008 to date
HPV Helpline	15 September 2008 to date
Public Health Wales - childhood height & weight campaign	5 January 2009 – December 2009
Smoking Line	1 April 2009 to date
H1N1 (Swine Flu)	30 April 2009 to date
Cold & Flu Line	26 February 2010 to 20 January 2012
Air Alert	30 January 2013 to date
Patient Pathway	30 January 2013 to date
NHSDW Control (test calls)	April - June quarter 2013 only

(a) Calls to the dental information lines are now included in the 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.
(b) The Welsh Ambulance Services NHS Trust (WAST) has implemented a system to transfer significant numbers of non immediately life-threatening calls to NHS Direct Wales nurses for triage. Around 10,000 such calls are transferred each quarter; these calls are not included in any of the tables and charts in this release as they are not part of the NHS Direct Wales telephony system.

To improve patient experience and ensure that emergency 999 calls receive an appropriate level of assessment and response, WAST has implemented a system to pass a significant number of its non immediately life-threatening calls to NHS Direct Wales nurse advisors for clinical triage. The triage model was established as a pilot in South East operational region on 2nd September 2009, and phased into the other two operational regions (North and Central & West) in October 2010. These calls are not included in any of the tables and charts in this release as they are no longer part of the NHS Direct Wales telephony system. An indication of the number of these calls is provided in footnotes.

An H1N1 (swine flu) information line was operational from 30 April 2009, the calls to which have influenced figures particularly in the July to December 2009 quarters, as well as year on year comparisons made with quarterly 2009 data.

From 3 July 2011, NHS Direct Wales was no longer responsible for any GP out-of-hours service in Wales; callers are directed to their Local Health Board.

Change of telephony system:
Due to a change of telephony system on 30 January 2013, the data is no longer strictly comparable with the data previously published. The main difference is that calls to the dental information lines are now included within 0845 calls 'made' - but are not included anywhere in the number of 'answered' calls.

For the January to March quarter of 2013 this is estimated to have added around 10,000 calls (February and March only) to the 0845 'made' numbers. This should be noted as the main reason for the difference in numbers between calls 'made' and calls 'answered', although there were also likely to have been a number of repeat calls, particularly over the busy Easter weekend.

Definitions:
To provide an accurate picture of calls activity at NHS Direct Wales, the data used represents the number of calls 'made' to NHS Direct Wales and the number of 'answered' calls. Prior to the October to December 2011 quarter, 'made' calls were identified as 'queued' or 'offered' calls. The definition has not changed.

Calls 'made' are those where the caller has listened to all of the welcome messaging and stayed on the line to be answered. 'Answered' calls are those in which the caller speaks to an NHS Direct operative or receives information from an automated service. The difference between the number of calls made and the number of calls answered is abandoned calls.

NHS Direct Wales also provides information to the public via its website www.nhsdirect.wales.nhs.uk. The main features of the Website include a bilingual health encyclopaedia, an on-line enquiry service and the facility to search for other NHS services, such as dentists.

Web visits are a series of actions that begin when a visitor views their first page from the server, and ends when the visitor leaves the site or remains idle beyond the idle-time limit (currently 30 minutes). Visitor numbers exclude all known spiders. A spider is a program that trawls the internet looking for web pages, and adding them to a database in order for search engines to be able to find the page.

A web-based enquiry service accessed via the NHS Direct Wales website enables visitors to send their health enquiries via email to the health information team at NHS Direct Wales. A response is sent back within a maximum of 3 working days. All on-line enquiries are confidential.

Users and uses:
The aim of these statistics is to present data which is available from a routine administrative source in an accessible format providing a summary of NHS Direct Wales call statistics over time. Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Other areas of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- Royal College of Nursing and other professional organisations;
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond;
- To monitor and evaluate performance and activity in the NHS.

Related statistics:

You may be interested in some of our other statistical releases relating to unscheduled care:

Ambulance services in Wales
http://wales.gov.uk/topics/statistics/theme/health/nhsperformance/ambulance/?lang=en

Unscheduled care services in Wales, 2011/12
http://wales.gov.uk/topics/statistics/headlines/health2011/111215/?lang=en

Flu statistics are published on the Public Health Wales website at:
http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27522

Comments:

We welcome comments from users of our publications on content and presentation. If you have any comments or require further information, please contact:

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Cardiff, CF10 3NQ.
Telephone: (029) 2082 5036
Fax: (029) 2082 5350
e-mail: stats.healthinfo@wales.gsi.gov.uk

Public Accounts Committee

Meeting Venue:	Committee Room 3 – Senedd
Meeting date:	Tuesday, 26 November 2013
Meeting time:	09:00 – 10:26

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Concise Minutes:
Private

Assembly Members:	Darren Millar (Chair) Mohammad Asghar (Oscar) AM Mike Hedges Julie Morgan Jenny Rathbone Aled Roberts Jocelyn Davies Sandy Mewies
Witnesses:	
Committee Staff:	Fay Buckle (Clerk) Claire Griffiths (Deputy Clerk) Joanest Jackson (Legal Advisor)

1 Introductions, apologies and substitutions

1.1 The Chair welcomed the Members to Committee.

1.2 The Chair noted the Auditor General for Wales' apologies and welcomed Dave Thomas and Mike Usher to the meeting.

2 Governance Arrangements at Betsi Cadwaladr University Health Board: Consideration of draft report

2.1 Members discussed the report and subject to a few amendments, agreed the report.

2.2 Members noted that the report will be published on 12 December in North Wales.

Public Accounts Committee

Meeting Venue:	Committee Room 3 – Senedd
Meeting date:	Tuesday, 19 November 2013
Meeting time:	09:00 – 11:05

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_400000_19_11_2013&t=0&l=en

Concise Minutes:

Assembly Members:	Darren Millar (Chair) Mohammad Asghar (Oscar) AM Mike Hedges Julie Morgan Jenny Rathbone Aled Roberts Jocelyn Davies Sandy Mewies
Witnesses:	Dr David Bailey, BMA Cymru Wales Dr Charlotte Jones, BMA Cymru Wales
Committee Staff:	Fay Buckle (Clerk) Claire Griffiths (Deputy Clerk) Joanest Jackson (Legal Advisor)

TRANSCRIPT
View the meeting transcript.

1 Introductions, apologies and substitutions

1.1 The Chair welcomed Members and members of the public to the meeting.

1.2 The Chair advised Members that unfortunately Dr Andrew Goodall, Chief Executive of Aneurin Bevan Health Board could not attend and his session had been re-arranged for the New Year.

2 Unscheduled Care: Evidence Session 1

2.1 The Committee questioned Dr Charlotte Jones, Chair BMA GPC Wales and Dr David Bailey, Deputy Chair BMA GPC Wales on Unscheduled Care.

Action Points:

Dr Jones agreed to send a copy of the 'Sorted in One Go' paper, 'Solutions' paper and figures for each health board's spend/per patient/per year on out of hours services.

3 Papers to note

3.1 The papers were noted.

4 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

4.1 The motion was agreed.

5 Unscheduled Care: Consideration of evidence

5.1 The Committee discussed the evidence received on Unscheduled Care and agreed to write to the GMC to obtain data referred to in the earlier evidence session.

6 The Procurement and Management of Consultancy Services: Consideration of correspondence from the Government

6.1 The Committee considered the correspondence on the Procurement and Management of Consultancy Services and agreed to consider the issue again once the first annual report has been produced in April 2015.

7 National Framework for Continuing NHS Healthcare: Agreement of final report

7.1 The Committee considered the report. A number of minor amendments were suggested and it was agreed that the redraft would be circulated for agreement out of committee.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales
UHB Headquarters
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Caerdydd, CF14 4XW

Eich cyf/Your ref:
Ein cyf/Our ref: AC-jb-11-3055
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 02920 745681

Adam Cairns
Chief Executive

14 November 2013

Claire Griffiths
Deputy Clerk, Chamber and Committee Service
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Griffiths

Public Accounts Committee: 5 November 2013

Further to my appearance at last week's Public Accounts Committee and your subsequent correspondence to my office with regard to the follow-up information requested by Committee members, I am pleased to submit the required detail below.

Effectiveness of Welsh Consultant Contract
You will recall that I outlined in my evidence the work which this Health Board has undertaken recently to benchmark the effectiveness of the Welsh Consultant Contract against that in England. This exercise was undertaken as part of our approach to optimising our medical productivity.

By way of background, all consultants split their working time between "Direct Clinical Care" (DCC) and "Supporting Professional Activity" (SPA).

In England, the original consultant contract was based on a formula of each consultant working 10 sessions per week, with each session lasting four hours, meaning a total working time of 40 hours per week.

Those 10 sessions are split into 7.5 sessions devoted to direct clinical care (DCC), and 2.5 sessions devoted to supporting professional activity, i.e. consultants in England devote 30 hours per week to direct clinical care, based on a 7.5 session x 4 hour equation.

In Wales, the Consultant Contract was negotiated differently. The original contract was based on 10 sessions, each of 3.75 hours' duration, hence a 37.5 hour working week.

The DCC/SPA sessional split was on a ratio of 7:3, which meant that the number of hours accorded to clinical care was 26.25 hours per week (3.75 hours x 7 sessions).

In reality this means that consultants in England deliver 14% more direct clinical care than those in Wales (30 hours/26.25hours x 100= 114%). While both countries have ensured the delivery of their respective contracts is being scrutinised closely by employers, it is a fact that the Welsh Contract results in consultants delivering less direct clinical care than is the case in England.

Delayed Transfers of Care

As of the end of October 2013, there were 93 patients delayed across the Health Board. While this is far more than we would like, it does represent a reduction of 18 since September. Of these 93, 61 are non-mental health patients.

We are working closely with our Social Services colleagues across Cardiff and the Vale of Glamorgan, as well as with other health boards, to ensure that patients are able to leave hospital as soon as practicably possible, either to their place of normal residence or to a suitable care setting.

We are also taking a number of steps as part of our approach to winter planning to ensure that our Community Resource Teams are bolstered and are able to provide adequate support for patients leaving hospital who may need community support.

I trust this information is helpful to you. However, should you have any queries, please do not hesitate to contact me.

Yours sincerely

Adam Cairns
Chief Executive

Welsh Government Response to the Report of the National Assembly for Wales Public Accounts Committee on the Consultant Contract in Wales: Progress with Securing the Intended Benefits

We welcome the findings of the report and offer the following response to the nine recommendations contained within it that fall to the Welsh Government.

Recommendation 1:
We recommend that the Welsh Government publishes a timetable of its actions to provide strategic leadership on job planning arrangements in Wales, including the development of all-Wales guidance and how it intends to hold Local Health Boards to account for its implementation.

Response: Accepted.

Welsh Government officials have already established a Task and Finish group, jointly led by the Welsh Government and NHS Employer Unit. This was established in May, and comprises Medical Directors, Workforce Director, NHS Employers Unit, representatives from the British Medical Association (BMA) Wales, and officials from Welsh Government.

The terms of reference for this group were developed and agreed in May 2013. They focus, in particular, on the actions to be taken forward in response to the Wales Audit Office report (2013). The group will review and revise the All Wales job planning guidance and documentation, ensuring that it supports the delivery of service improvement and modernisation.

The first meeting of the Task and Finish group was held on 4th September and the second meeting took place on 2nd October. The group will formally report progress in the near future with the updated All Wales guidance being presented to BMA Wales for agreement at the Joint Welsh Consultant Contract Committee (JWCCC) on 24th January 2014.

In February 2014, the Welsh Government will launch the revised All Wales guidance, which will be accompanied by robust training for all Clinical Directors and Workforce Directors.

Health Boards will be required to collect job planning data and be asked to provide a structured report on progress to the Chief Medical Officer on an annual basis. The information will then be included in the Welsh Government's Quality Management arrangements and exceptions will be escalated to the Performance and Delivery Framework.

The above sets out key milestones and timeframe for action. The Task and Finish group will publish a more detailed timetable of future actions by 31st October 2013 which will be shared with the Public Accounts Committee and Wales Audit Office.

Recommendation 2:
We recommend that the Welsh Government coordinates and facilitates the development of a coherent all-Wales information framework on desired consultant outcomes. This should incorporate working with a range of NHS organisations, including Health Boards, the British Medical Association and General Medical Council.

Response: Accepted

Welsh Government supports this recommendation and will work through the Task and Finish Group to coordinate and facilitate this by end March 2014.

An information framework must describe how information should be used in a balanced way to measure patient experience, safety and quality, productivity and outcomes that a consultant must deliver. We agree this work must be undertaken with partners as described

Recommendation 3:
We recommend that the Welsh Government continues to engage with stakeholders to improve the job planning process, including the development of appropriate training for Clinical Directors.

Response: Accepted.

BMA Wales, NHS Employers Unit and Medical Directors are participating in the Task and Finish group, which is reviewing the job planning process, including relevant training materials. The delivery of such training will be reviewed by this group in readiness for the launch of the revised All Wales guidance in February 2014 which will be mandatory training for Clinical Directors.

Recommendation 4:
We recommend that the Welsh Government works with NHS organisations to develop national guidance on consultant' working hours, and actions that Health Bodies can take to reduce the need for excessive working hours.

Response: Accepted.

The Welsh Government will ensure that this requirement is delivered through joint working in the Task and Finish group. This recommendation will be met by relevant sections in the All Wales job planning guidance.

Recommendation 5:

We recommend that the Welsh Government engages with NHS organisations to develop options for gathering management information on the total number of hours worked by consultants per week (including work outside the NHS).

Response: Accepted

This recommendation will be met for NHS care by effective oversight of the work described in an agreed job plan. There should be no difference between the job plan and the work delivered and management information should confirm this or demonstrate exceptions.

There is no provision within the consultant contract to enable working hours outside the NHS to be measured so this information will need to be provided on a voluntary basis. The contract makes clear there must be no adverse impact of other work on NHS care and appropriate clinical governance and management arrangements should ensure this to be the case. Moreover, the revalidation process requires all Consultants to be appraised holistically on all aspects of their medical practice, including private practice, providing greater assurance around the safety of NHS patient care.

The requirement that Welsh Government engages with NHS organisations to develop options for gathering management information on total hours worked will be met by joint work with the Task and Finish Group and relevant Directors of NHS organisations (Medical and Workforce and OD).

Recommendation 6:
Given the lack of clarify on this issue, we recommend that the Auditor General for Wales conducts a value for money investigation into Local Health Boards' processes and procedures for patients moving between private and NHS practices.

Response: This is a matter for the Auditor General for Wales.

Recommendation 7:
We recommend that the Welsh Government publishes an indicative timeline for its work to develop All-Wales definitions and guidance related to the objectives of Supporting Professional Activities (SPAs). This should enable greater clarity on the types of SPAs needed, and enable their value to be measured and demonstrated.

Response: Accepted.

This recommendation will be met by the published timetable outlined in the response to recommendation 1 above. The Welsh Government will ensure that the All Wales guidance provides sufficient paragraphs on objectives relating to SPA s and the measurement of their value. SPAs may typically include activities relating to ; Continuing Professional Development, Audit, teaching/training within specific programmes and acting as Appraiser with an agreed number of appraisals.

Recommendation 8:
We recommend that the Welsh Government ensures that its refreshment of All-Wales training material on job planning includes emphasising the importance of using job planning as an opportunity to discuss the service modernisation, and improve clinical practice and patient care.

Response: Accepted.

The Welsh Government accepts that All Wales training material and guidance on job planning should facilitate the discussions on service modernisation and improvements to clinical practice.

This specific point would be included in the revised All Wales, job planning guidance and documentation, currently being reviewed by the Task and Finish group.

Recommendation 9:
We recommend that the Welsh Government provides us with annual updates on its work with health boards and the deanery to develop and implement specific strategies for recruiting specialist consultants to address workforce and expertise shortages.

Response: Accepted.

Welsh Government accepts the recommendation and will provide an annual update at the end of each financial year.

The Local Health Boards and Trusts are responsible for recruiting consultants, we will hold the LHBs and Trusts to account through their future workforce plans and facilitate where possible workforce planning across the LHBs and Trusts individually and collectively to fill shortages.

We will work with the Deanery to ensure a strategic approach to the allocation of specialty training posts to ensure that the training plans align to the workforce recruitment requirements of LHBs and Trusts. The 'Shape of Training' review to be published by Professor David Greenaway at the end of October will also inform this strategic approach.

Annual updates will include reference to work undertaken by the Deanery to develop the wider reputation and attractiveness of Wales as a place for doctors to work, recognising they are not directly involved in the recruitment of specialist consultants.

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Mr Darren Millar AM
Chair, Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Date: 27 November 2013
Our ref: HVT/2015/fgb
Page: 1 of 2

Dear Darren

CONSULTANT CONTRACT IN WALES: PROGRESS WITH SECURING THE BENEFITS

The Clerk's letter of 25 October requested my advice on the Welsh Government's response to the Public Accounts Committee September 2013 report on the [NHS] *Consultant Contract in Wales*. The Committee's report contained nine recommendations and the Welsh Government has indicated that it accepts all eight of the recommendations that directly affect it.

Overall, I consider that the Welsh Government has responded satisfactorily to the recommendations. A Task and Finish Group has been convened to take forward important work on the development of revised job planning guidance and supporting training. The Welsh Government has provided the Committee with a timetable of the Task and Finish Group's work. This timetable clearly sets out the key milestones leading up to the implementation of the revised job planning guidance by NHS organisations from 1st April 2014.

I have asked Wales Audit Office staff to liaise with Welsh Government officials to maintain a watching brief on progress of the Task and Finish Group and, in particular, to provide assurance that the revised all-Wales job planning guidance addresses adequately issues of concern raised by my study findings and by the Committee. I will alert the Committee if our review of the emerging guidance identifies any major issues of concern.

It will, of course, be important to ensure that the revised guidance produced by the Task and Finish Group, and other associated actions to strengthen job planning, result in actual improvements within NHS organisations. I am aware, through local audit follow up work, that NHS organisations in Wales are taking action to improve consultant job planning. I will continue to use my programme of local audit work to monitor the progress that is being made, and in 2015 I will look to produce an update statement on the extent to which consultant job planning across Wales has been strengthened.

Direct Line: 029 2032 0510 E-mail: huw.vaughan.thomas@wao.gov.uk

Finally, Recommendation 6 in the Committee's report requested that I conduct a value for money investigation into local health boards' processes and procedures for patients moving between private and NHS practices. I am happy to take forward some further work in this area and I will use the scoping work currently underway on a planned waiting list value for money study to identify the work that would need to be done to examine this issue. I will update the Committee further on this.

I hope that this advice is helpful to the Committee in it consideration of the Welsh Government's response.

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

Our ref:

Date: 31 July 2013

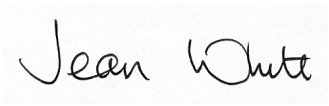
Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Millar,

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

I have pleasure in enclosing an update on the Maternity Performance Board meetings held in spring this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely



Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS SPRING 2013

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MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

BACKGROUND
The remit of the Performance Boards is to hold Health Boards to account for delivery of maternity services in line with the key actions within the Strategic Vision for Maternity Services in Wales by:

- Reviewing and monitoring delivery plans;
- Reviewing outcome indicator and performance measure data;
- Discussing areas for concern where performance is not improving;
- Agreeing an action plan for improvement;
- Promulgating good practice across Wales;
- Providing feedback to performance management at WG to inform their processes.

Membership
Professor Jean White - Chief Nursing Officer – Chair
Polly Ferguson – Nursing Officer Maternity and Early Years
Dr Heather Payne – Senior Medical Officer Maternal and Child Health
Committee secretariat

Process
Welsh Government will meet with the Maternity Service leads of each Health Board to review performance.

Prior to each Health Board meeting, and to inform the discussions, the CNO will ask for written evidence from the following organisations:

- The Health Board under review
- Chair of the respective MSLC
- Royal College of Midwives
- Healthcare Inspectorate Wales
- Local Supervising Authority
- Royal College of Obstetricians and Gynaecologists

Following each Health Board meeting, the Health Board will receive a written report from Welsh Government identifying where progress has been made and where improvements are required.

Frequency of Meetings
Twice a year.

Health Board Representatives
The Health Board will be represented by:

- Head of Midwifery
- Clinical Director for Maternity
- Directorate Manager
- User Chair or representative of Health Board's Maternity Services Liaison Committee (MSLC)

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – SPRING 2013

All Health Boards have attended a Performance Board meeting. There was good engagement from the maternity leads who demonstrated a clear understanding of the challenges ahead and a commitment to improve services.

As data collection is a challenge, the Head of Information from each Health Board was invited to attend this first meeting to discuss how they will support maternity services to collect the required data by autumn.

Whilst the terms of reference state that prior to each Health Board meeting the CNO will ask for written evidence from relevant organisations, it was agreed that, for the first 'scene-setting' meeting, this would not take place. Organisations will be offered the opportunity to submit written evidence at all subsequent meetings.

Successes

- Maternity Services Liaison Committee (MSLC)
  The User Chair from each MSLC was invited to attend the Performance Board to demonstrate Welsh Government's commitment to listen and respond to the user voice.

  All meetings were attended by the Chair or deputy if the Chair was unavailable. There was good user participation at the meetings.

- User Satisfaction
  There is clarity on an all Wales approach to survey user satisfaction with an expectation that there will be feedback on results at the autumn Performance Board meeting.

- Midwifery workforce
  6 out of 7 Health Boards comply with Birth Rate Plus workforce planning tool, which demonstrates that they have the right number of midwives to run a safe and effective service. The one non-compliant Health Board has a shortage of 4 midwives and will review their midwifery requirements once service reconfiguration has been agreed.

Challenges

- **Caesarean section rates**
  Whilst all Health Boards have plans in place to reduce rates, they still remain high (over 25%) in all Health Boards apart from Cardiff and Vale. All Health Boards are actively working at reducing rates and have been asked to report the rates monthly. Plans for improvement will be reviewed at the autumn Performance Board meetings.

- **Data collection**
  All Health Boards were asked to bring their lead for maternity information to their first Performance Board to discuss how improvements were being made to the electronic data collection.

No Health Board was able to present a complete data set although there had been significant progress in some Health Boards.

Both BCU and Powys have no method of capturing data electronically although Powys is now working closely with NWIS to enable Myrddin Maternity to be functioning by October 2013.

A specific project, with PHW and NWIS, set up in December 2013, is working with all Health Boards to support them to be able to collect data on all performance measures by October 2013. This may not be achieved by BCU.

- **Improving health of pregnant women**
  Health Boards have been asked to contribute to a reduction in pregnant women's BMI, smoking, alcohol consumption and substance misuse.

  This will require changes in both practice and in data collection and whilst Health Boards are aware of this, it is likely that they will first focus on data collection. Ultimately, there will need to be some investment in developing midwifery skills to encourage behaviour change. This will be discussed at the autumn Performance Board meetings.

- **Improving mental health in pregnancy and the puerperium**
  In order to address the challenge of ensuring women have appropriate planning and support for mental health problems that may occur or get worse during maternity, Health Boards have been asked to report on their progress with this. As it is a new measure, there is necessarily a period required for agreement of appropriate care pathways for referral. These are being put in place and Health Boards will be expected to report this at the autumn Performance Board meetings.

- **Compliance with RCOG guidelines on Consultant presence on Labour Ward**
  Aneurin Bevan, Betsi Cadwaladr (BCU) and Hywel Dda Health Boards all report compliance against RCOG guidance although BCU stated that, as a result of service change implementation, Wrexham will soon require an increase from 40 to 60 consultant hours.

  Cardiff, ABMU and Cwm Taf are not compliant and are waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme. This situation will be reviewed at the autumn Performance Board meeting.

  The situation will be discussed at the autumn Performance Board meetings, when reconfiguration plans will have been agreed. All Health Boards will then be expected to have plans in place to ensure that they do comply.

Good Practice in Maternity Services

Health Boards were asked to say what specific parts of their service they were proud of and these examples will be posted on the Health Board websites so that good practice can be shared.

ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

Maternity Services Liaison Committee – written by a user member.
The committee offers a real opportunity for those that use maternity services to have a voice and to learn more about the way in which the services are developed. It's given me a true insight and a better understanding of the challenges that face the NHS every day. Our group is made up of health professionals from varied backgrounds, which give the MSLC great input from the many departments that are involved with Maternity care such as Midwives, Student Midwives, Health Visiting, Anaesthetics and Gynaecology to name just a few. Other professionals are invited to come and present to the group when covering topics, for example the NSPCC came to speak about Shaken Baby Syndrome a few weeks ago.

We have strong representation from service users in the MSLC for the ABMU Health Board. We have a Doula, A father involved with post natal depression support for partners. We have representation for families that have experienced the loss of a child, Breastfeeding Peer Support and Parent Advocacy representing women and their families that may find using maternity services difficult due to learning difficulties or social situations. We are always discussing the group with other third sector agencies and charities that support women and families to get as many involved as possible. The suggestions from the lay members of the MSLC are really listened to and their viewpoints are important. Our MSLC have been supportive of a card designed by a Breastfeeding Peer Supporter for health professionals to use as a conversation prompt to help support women during the first few days of breastfeeding. Without an open, strong Maternity Service Liaison Committee, unique ideas like these would never culminate.

I feel the relationship between the service user and those involved with creating and managing maternity services needs to be open and equal. I feel the ABMU MSLC has that and will unite both health professional and the people that they care for to mould good quality services for the future.

Use of technology
The introduction of Social Media has meant two-way communication between staff and patients happens more often and is a lot easier.

The Maternity Team, along with the Communications Team at ABM Health Board have taken advantage of social media as a way of engaging with and communicating with mums-to-be and their families by setting up the ABM child and family health Facebook page. The child and family page is a sub-page of the main ABM Facebook page which currently has over 2,100 followers. At the last count the child and family page had 671 followers which is similar to, and in some cases more than, the main Facebook page for some organisations.

The Team use the child and family page, along with Twitter, to maintain a continuous relationship with patients, providing them with information, advice and guidance such as 'Top Ten Tips for a normal birth', ' Is home birth safe?', the importance of the MMR vaccination during the measles outbreak, plus new equipment and service improvements. It has also proved very beneficial answering general queries from mums and mums-to-be, putting minds at rest. As well as forming a community for people to share their own experiences and groups such as Breastfeeding Awareness to contribute information and support.

ANEURIN BEVAN HEALTH BOARD

Caesarean section rates

As part of maternity services ongoing service monitoring a rise in the emergency caesarean section rate has been noted throughout 2012. In response to this, the lead labour ward obstetricians and the senior midwifery managers for high risk, have been conducting an in depth audit into the incidences and decision making process for each emergency caesarean section within their areas to ensure the maintenance of best practice. Their observations and findings have been presented at the service multi professional clinical forum for discussion. Any training requirements identified as part of this process have been incorporated into the agenda or undertaken as part of the planned training sessions within the service. The Maternity Services Board is continually updated on progress via presentations of the services labour ward dashboard and from individual presentations from clinicians involved.

Practice changes implemented include the introduction of a 'fresh eyes' approach which was commenced in early 2012 within the labour ward environment. A senior midwife or medical clinician is asked to review a Cardiotocograph (CTG) tracing hourly when continuous CTG monitoring is taking place, at this time a review of the woman's identified risks is undertaken. This ensures best practice within the labour ward and early deviations from the normal can be escalated to the senior medical staff and acted upon appropriately. The Caesarean Section Toolkit has been revitalisation and a task and finish group set up to complete identified work streams. The aim of this work is to ensure that women are commenced on the appropriate maternity pathway and that she receives the safest maternity care for her and her family.

A multi disciplinary approach to training

Aneurin Bevan Health Board maternity service has worked collaboratively through 2012/2013 to improve the uptake of staff training with a resultant increase in training compliance of 20%. This increase has been achieved through a multi disciplinary approach in delivering statutory and mandatory training. The service benefits from an all day monthly maternity and gynaecology clinical forum which incorporates audit activity, lessons learnt from clinical incident reporting, the sharing of new initiatives and good practice and training sessions. The training is provided by clinicians within the service and guest speakers from the Health Board.

Routine monitoring of statutory and mandatory training is undertaken by senior midwifery and medical staff with quarterly reports generated for the service to identify progress. Training reports are shared at the monthly clinical forum and the Maternity Services Board. An annual training needs analysis, taking into account both local and national requirements, informs the service training programmes.

More recently the maternity service has been working to implement Welsh Government All Wales development of Cardiotocography Training for maternity staff in line with Royal college Of Obstetricians and Gynaecologists guidance. This has involved setting up multidisciplinary Cardiotocography training sessions which commenced in April 2013.

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Prevention Work and Early Years Focus

BCUHB has prioritised early years health and disease prevention, especially health in pregnancy and preparing for pregnancy. A wide range of health staff have been trained to help mothers understand the importance of not smoking in pregnancy, and all midwives now have carbon monoxide monitors which can show blood levels for both mothers and unborn babies. Obesity in pregnancy is recognised as just as dangerous as smoking, and local authority partners have used health improvement grants to provide exercise in pregnancy schemes through their leisure centres. Counter assistants in pharmacy shops have been trained to advise on key early years health topics, including how to get as healthy as possible before pregnancy and between pregnancies.

First Point of Contact Achievement

In 2009 BCUHB commenced work to improve their compliance with direct access to a midwife. Gaining direct access to a Midwife has also improved our compliance with booking women by 10 weeks gestation. As part o the work we have taken the following steps:-

1. There has been significant work with GP surgeries to ensure that women who present at the GP reception and identify themselves as being pregnant are signposted to their community midwife. The women are either given contact numbers or an appointment to see their community midwife. The majority of referrals to book for maternity care are now made by community midwives.
2. There has been extensive use of posters within GP surgeries, local pharmacies, play groups, community centres etc to inform women that they can make direct contact with a midwife when thy discover that they are pregnant and the posters advertise local contact details.
3. The majority of teams have drop in sessions during the week when women can access their midwife directly.
4. All postnatal women are give a credit card sized card as they are discharged from community care which informs them that they can contact their midwife directly when they next become pregnant, there are contact details of their local midwife on the cards.
5. Every team has a visible base within the local community setting.

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

Caesarean Section Rates

Cardiff and Vale Health Board currently has a caesarean section rate of 21.99%, which is the lowest in Wales. The clinicians who work in maternity services are very

proud of this and are committed not only to keeping the rate below 25%, which is the Welsh Government target but to further reduce the rate.

One of the most important reasons for this success is the excellent multidisciplinary team working that has developed a culture where normal birth is considered a measure of a successful maternity unit. Women remain at the centre of care throughout their pregnancy and birth and are supported to have a normal birth wherever possible.

They have a thriving Midwifery Led Unit located within the maternity department, where women with low risk pregnancies are encouraged to use the birthing pools during labour. The midwives who work in this unit are highly experienced in providing women with supportive care during labour and this has contributed hugely to the low caesarean section rate.

The safety of women and their babies is paramount and the Obstetricians and Midwives undergo rigorous training to ensure they remain skilled in managing high risk labour, particularly in the interpretation of fetal heart monitoring which is key in reducing caesarean section. The introduction of STAN monitoring (ST analysis of fetal ECG) has provided additional information regarding the fetal condition to determine whether obstetric intervention is warranted; information which in turn helps the clinician make the right decision at the right time. STAN monitoring is a salient factor in maintaining a low caesarean section rate.

For babies who present in the breech position, an External Cephalic Version service is offered to women. Babies who are successfully turned to a head down position, decreases the need for caesarean section. Women who have had a previous caesarean section are counselled and supported to consider a vaginal birth after caesarean (VBAC), when clinically appropriate. This group of women can avoid a repeat caesarean section for their current and future pregnancies.

These practices all contribute to sustaining a caesarean section rate below 25% and more initiatives are planned to further reduce the current rate.

CWM TAF HEALTH BOARD

Maternity Information
The Maternity Information Technology System (MITS) is a robust Maternity Statistical Reporting Tool, developed as a result of close effective partnership working between maternity and IT services within Cwm Taf HB**.** Information generated, facilitates benchmarking across the health board and provides robust data to clinicians to: monitor monthly activity (including out of area activity), project activity levels, plan services, with the ability to localise the system making changes as and when required, in response to service/audit needs etc**.** MITS will be key to providing the information required by the Welsh Government against the Maternity Outcome Indicators and Performance Measures.

User Involvement
The current Cwm Taf Maternity Services Liaison Committee (MSLC) has been in situ since September 2010. The past couple of years have seen major developments

within Cwm Taf maternity services, for which we are delighted that the MSLC has been a part of and has in some cases, instigated some of these changes and improvements.
The main areas of focus and development by the MSLC are as follows:

- Transfer of the Early Pregnancy Clinic from antenatal to the gynaecological ward in both RGH and PCH.
- Fathers are now permitted to remain on ward with women who give birth after visiting hours.
- Promotion and championing breastfeeding amongst midwives.
- Evaluation of care updated and now consistent across health board.
- The creation of an intranet site for healthcare professionals leading the way to an internet site for pregnant women and new parents.

HYWEL DDA HEALTH BOARD

Normal Midwifery

Hywel Dda Health Board has implemented a Pathway through Normal Midwifery Services. This is an evidenced based pathway to assist midwives in planning and delivering care to low risk women through the antenatal, delivery and postnatal period. The pathway encourages health professionals to make 'Every Contact Count' to positively influence the health promotion agenda for women and their families. Key principles are embedded throughout the woman's journey where individual plans of care can be agreed in partnership with women. The aim of the pathway is to promote normality, refer as appropriate, prepare, advise and support women throughout the entire episode of care. The document is hyperlinked to allow health professionals to access the evidence to support their decision making. It is a comprehensive to provide consistency, and reduce both duplication of effort and prevent conflicting advice given to women.

POWYS HEALTH BOARD

Offering students an experience of community based services

Powys Maternity Services have recently played to host to three German Midwifery students who having 'Googled' home birth, birth centre identified Powys as an area where they were likely to gain experience in both, a rare event in Germany. They were also keen to come to the UK to experience British Midwifery. They had the opportunity to gain experience in managing a caseload, promoting normality particularly within a community setting, providing complete antenatal care to all women on a caseload. Preparing women for birth through antenatal education and birth plans and providing an on call facility for low risk women who birth in Powys either at home or in one of the birth centres. They participated in the provision of normal labour and birth care. They also observed postnatal care of all women on the caseload, predominantly home visits, breastfeeding support, newborn screening and emotional wellbeing support before observing the handover process to the health visiting team.

In addition to experiencing managing a caseload in the community they were also be able to attend local support groups and the antenatal road shows and were

encouraged to participate in Transforming Care process and improving quality principles. During their time with us we also facilitated them to attend a two day Obstetric emergency in the community course. All three students evaluated the placement well and were excited by the births they had observed that allowed women the freedom to birth in positions of their choosing – notable on all fours with the support of the midwife at all times reducing the need for pharmaceutical pain relief.

ABMU – Monday 25 March

1. Performance Data

i. Caesarean section rates:

April 2013 – 24.1%

Caesarean section rates are under 25%. To further improve rates, the Health Board wants to explore how they can raise the normal birth rates. They will be looking at their statistics more thoroughly and will report back in the October Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

April 2013 - 50–60% seen by 10 weeks

The Health Board had previously set themselves a target of 12 weeks but are keen to explore how improve services and focus on 10 completed weeks.

They will report progress at the October Performance Board meeting.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board are unable to report this at present.

The midwife records whether women have one of 5 specific mental health problems but is unable to record care plans.

It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

iv. Percentage of women and partners who said they were treated well by the maternity services:

April 2013 - Overall satisfaction level of 90%.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

ABMU also ensure that feedback from users is made public on their

Twitter and Facebook accounts.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

April 2013 – As this is new information that has been requested by WG the data is incomplete until electronic systems have been amended to support collection.

Smoking
At present, the Health Board record the number of women referred but not the number of women who gave up.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. Data Collection

Informatics issues need to be resolved in relation to recording mental health problems.

3. Maternity Services Liaison Committee (MSLC)

The committee is working well and now reports annually to the Board through an annual report. Training opportunities have been offered to members and representatives have set up sub-groups to look at specific issues e.g. Stillbirth.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant.
The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

ANEURIN BEVAN – Wednesday 27 March

1. Performance Data

i. Caesarean section rates:

April – 29.7%

As the rates are above 25% the Health Board has started looking at figures monthly and to analyse each maternity unit separately. They will report progress at the October Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

No data were available as the electronic system does not enable this to be collected. However the Health Board states that they committed to gathering in the future through the Evolution/Protos system used. They will report progress at the October Performance Board meeting.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Minimal data are currently being collected. It was agreed that the Heads of Midwifery and WG would discuss how this could be recorded and reported in future.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

Smoking
Midwives now receive mandatory training around smoking cessation.
Recording at the end of pregnancy needs to be introduced.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy to gauge effectiveness of healthy eating messages.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end.

2. Data Collection

A Task and Finish group is exploring how to improve data capture of women giving birth in Nevill Hall.

The use of digi-pens being looked at as community based midwives cannot access maternity systems remotely.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is in early stages of development but promising progress has been made. Discussions at the meetings are linked to Implementation of the Maternity Strategy and the committee are working on how to promote MSLC further i.e. website, generic email address.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
RCOG standard compliant.

The RCOG training has been reviewed and now different levels of training provided for different grades of staff. Uptake has increased from 60% last year to 90% in 2013.

POWYS – Thursday 28 March

1. Performance Data

As the Health Board does not have an electronic maternity information system there is very little accurate data available.

The Health Board reported that they are waiting for NHS Wales Information Services (NWIS) to set up the Myrddin Maternity System. CNO agreed to speak with NWIS to speed up this process.

i. Caesarean section rates:

Ranges from 13% to 45% (emergency only)

All women who require any intervention in labour are transferred outside Powys to a district general hospital. However, to support normal birth, active birth sessions have been introduce and to increase the uptake of Vaginal Birth After Caesarean (VBAC), midwives discuss this option, with all women who have had a previous Caesarean section, at their first appointment for a subsequent regency.

The normal birth rate in Powys is now 96%.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

All women are currently being seen by 12 weeks and plans are in place to ensure initial assessment by 10 weeks although data capture is not in place yet.

iii. Rates of women with existing mental health conditions who have a care plan in place

There are strong existing links between maternity services and mental health although that absence of electronic data capture makes this hard to measure.

Data capture will be considered as part of the introduction of the Myrddin Maternity System

iv. Percentage of women and partners who said they were treated well by the maternity services

The current questionnaire has a satisfaction scale of 1-10 scale, with 95% scoring 5 and above.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse

Smoking
Current services to support smoking cessation, alcohol, substance misuse and weight management make contact women using a withheld number, so women are unlikely to answer the phone call. This is being discussed to find solutions.

Weight gain
This requires a change in practice as women will need to be weighed at end of pregnancy. A system has been set up to measure weight in the 3rd trimester.

Alcohol and substance misuse
This is recorded at the beginning of pregnancy but not at the end. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the ceasing of misuse.

2. Data Collection

There is much work to be done in order for the Myrddin maternity system to produce data. However, there is an expectation that data will available at the autumn Maternity Performance Board.

3. Maternity Services Liaison Committee (MSLC)

Whilst there is an active committee, the geographical spread makes meeting a challenge. Currently discussions are held via email and meeting face-to-face once per year.

The MSLC's annual report went to Board in 2012.

4. Staffing

Birth Rate Plus compliant.
A system of visiting obstetricians is in place.

CWM TAF – Tuesday 2 April

1. <u>Performance Data</u>

i. Caesarean section rates:

April 2013 – 37%:

The Health Bards stated that letters are sent to parents following caesarean section, advising that they could have a normal birth when next pregnant. Women have a 'de-briefing' with a midwife following caesarean section.

The Board suggested that high rates are, in part, related to poor general health of the population.

They are now in the process of developing a standard evidence based approach to plan of care and decision making process and this will be explored at the next Performance Board in autumn.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

This data are not currently held by the Heath Board. However, in many areas, pregnant women are seen by a midwife straight away as GP receptionists give out midwife number rather than book a GP appointment.

The Health Board were asked to present data at the next Performance Board in autumn.

iii. Rates of women with existing mental health conditions who have a care plan in place:

No data were available as this is a new requirement.

The Health Board were asked to present data at the next Performance Board in autumn.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board use a current questionnaire and results are seen by clinicians and senior midwives and used to discuss how to improve services.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

Carbon monoxide training is now mandatory for midwives. Around 26% of pregnant women in Cwm Taf smoke at the start of pregnancy.

A high percentage of women have a raised high BMI. Weight is measured in antenatal clinics and some women are referred to Slimming world.

2. Data Collection

A bespoke IT system is in place which allows statistics to be broken down into teams. New data fields will have to be incorporated to enable performance data to be extracted.

3. Maternity Services Liaison Committee (MSLC)

The meetings alternate between the North and South area but there is not much consistency of attendance and it is easier to find users who want to join MSLC who have had bad experience.

Breastfeeding peer support groups are in abundance.

4. Staffing:

Midwifery
Birth Rate Plus compliant

Medical
Not RCOG standard compliant
The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

CARDIFF AND VALE – 2 April

1. <u>Performance Data</u>

i. Caesarean section rates:

April 2013 – 19% (consistently below 25% including high risk women from other areas)

Still monitoring rates monthly via their dashboard

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

Electronic data are not yet available for this measure. Posters are now being used in clinics to promote early access to a midwife which detailing midwives contact numbers.

iii. Rates of women with existing mental health conditions who have a care plan in place:

No data available for this yet. Health Board will report progress at the next performance board meeting.

Consultant with interest in peri-natal mental health is considering whether to take the lead.

iv. Percentage of women and partners who said they were treated well by the maternity services:

Currently using '2 minutes of your time' survey.

The Health Board will use the all Wales approach once it has been issued as a questionnaire, which will require asking all women who give birth if they would like to complete the questionnaire. The MSLC are committed to completing the all Wales survey with patients.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse (We will require a comparison of %age of women who initially smoked, drank more than 5 units, BMI over 30 and misuse substances and measure 5):

New electronic maternity system 'Euroking' will be able to capture smoking data and midwives are now using of carbon monoxide monitors.

Substance misuse data more readily available as Cardiff and the Vale have specialist midwife.

Plans are in place to re-weigh women at 36 weeks.

2. Data Collection:

'Euroking' maternity system is being introduce in the Health Board in July and the organisation are committed to working with Cardiff and the Vale to write suitable programmes to enable robust data capture. 3 months implementation plan to take place.

There are also plans to pilot digi-pens for community midwives.

3. Maternity Services Liaison Committee (MSLC)

Terms of Reference have been recently been re-written and maternity staff within Cardiff and the Vale are supportive of the MSLC and are encouraging the setting up of 'Mums groups' in communities to help harder-to-reach groups.

4. Staffing

Midwifery

Not Birth Rate Plus compliant at the time of the Performance Board but they committed to address this by June. Welsh Government now has confirmation that they have appointed more midwives and are Birth Rate Plus compliant.

Medical

Not RCOG standard compliant

The Health Board is waiting for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

This situation will be reviewed at the autumn Performance Board meeting when there will be clarity on the medical staffing required to meet the RCOG standards.

BCU – 18 April

1. **Performance Data**

The Health Board have no electronic maternity system in place and so all data has to be captured through a trawl of the Hand Held Maternity Record.

i. Caesarean section rates:

April 2013 - 26%

Overall rates are 26% but there is wide variation across the 3 sites with rates of 30% rate in Glan Clywd.

Whilst some aspects of the Caesarean Section Toolkit have been introduces there does need to be more work done on understanding the high rates. The Health Board will be expected to report progress at the autumn Performance Board meeting.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

80% of women are currently seen by 10 weeks with direct access to a midwife estimated at around 90% - highest across Wales.
Midwife contact cards are placed in GP surgeries and leisure centres and vouchers for exercise opportunities are available for pregnant women in Anglesey.

iii. Rates of women with existing mental health conditions who have a care plan in place:

A strategy is currently being developed to ensure that women are referred for care planning. An interim measure for data capture is being addressed through the use of paper based forms completed at birth.

iv. Percentage of women and partners who said they were treated well by the maternity services:
Patient stories are fed into a Quality and Safety report and the MSLC has contributed to the all Wales satisfaction strategy.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse:

A wellbeing strategy has been in place for 18 months, which focuses on maternal smoking and obesity.

Smoking cessation effectiveness only has a success rate of 3.1%.

The Health Board has recently invested in bariatric scales to weigh women more accurately.

2. Data Collection

Data are still collected manually which is time consuming for midwives and less accurate than electronic systems.

The Health Board were asked to ensure that this situation is improved by the autumn Performance Board meeting.

3. Maternity Services Liaison Committee (MSLC)

There is a commitment to rotate meetings across central, west and east areas and 'Voices' training for users has taken place.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
Currently RCOG compliant however, as a result of service change implementation Wrexham will soon require 60 consultant hours.

This situation will be reviewed at the autumn Performance Board meeting.

HYWEL DDA – Friday 7 June

1. Performance Data

i. Caesarean section rates – April 2013 - 32%

Ceredigion high caesarean section rate when compared to amount of births. The Health Board is actively working with mums to opt for VBAC.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy.

The majority of women are seen by 12 weeks, however these data are not recorded electronically yet

iii. Rates of women with existing mental health conditions who have a care plan in place:

Not yet recording any data.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board stated that a very high percentage of women report that they are treated well – although no data were presented (72% return rate).

Every patient is given 'My Diary' throughout hospital stay which is more focussed on being treated well.

v. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance misuse.

No data available. Because of high obesity rates the Board have set their own targets for reducing the rates.

2. Data Collection

Using Myrddin Maternity module across all 3 units and work being done to stop duplication of data entry.

3. Maternity Services Liaison Committee (MSLC):

Geographical issues - Hywel Dda MSLC is split into 2 groups. Good professional attendance. Meeting held every 2 months.

4. Staffing

Midwifery
The Board is not Birth Rate Plus compliant, (by about 4 midwives), but reported that are carrying out a review in summer. The results and action plan will be reported to Welsh Government.

Medical
The Health Board is RCOG compliant.

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio – Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer – Nurse Director NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 November 2013

Dear Mr Millar

Public Accounts Committee Recommendation 12: Maternity Performance Board Meetings

I have pleasure in enclosing an update on the Maternity Performance Board meetings held in autumn of this year. This is to meet the requirements of Recommendation 12 of the Public Accounts Committee report on Maternity Services

Yours sincerely

Jean White

Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

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UPDATE ON THE MATERNITY PERFORMANCE BOARD MEETINGS AUTUMN 2013

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MATERNITY PERFORMANCE BOARDS - TERMS OF REFERENCE

Background

The remit of the Performance Boards is to hold Health Boards to account for the delivery of maternity services in line with the key actions within the Strategic Vision for Maternity Services in Wales by:

- Reviewing and monitoring delivery plans;
- Reviewing outcome indicator and performance measure data;
- Discussing areas for concern where performance is not improving;
- Agreeing an action plan for improvement;
- Promulgating good practice across Wales;
- Providing feedback to performance management at WG to inform their processes.

Membership
Professor Jean White - Chief Nursing Officer – Chair
Polly Ferguson – Nursing Officer Maternity and Early Years
Dr Heather Payne – Senior Medical Officer Maternal and Child Health
Committee secretariat

Process
Welsh Government will meet with the Maternity Service leads of each Health Board to review performance.

Prior to each Health Board meeting, and to inform the discussions, the CNO will ask for written evidence from the following organisations:

- The Health Board under review
- Chair of the respective MSLC
- Royal College of Midwives
- Healthcare Inspectorate Wales
- Local Supervising Authority
- Royal College of Obstetricians and Gynaecologists

Following each Health Board meeting, the Health Board will receive a written report from Welsh Government identifying where progress has been made and where improvements are required.

Frequency of Meetings
Twice a year.

Health Board Representatives
The Health Board will be represented by:

- Head of Midwifery
- Clinical Director for Maternity
- Directorate Manager
- User Chair or representative of Health Board's Maternity Services Liaison Committee (MSLC)

SUMMARY OF MATERNITY PERFORMANCE BOARD MEETINGS – AUTUMN 2013

All Health Boards have attended a Performance Board meeting. There was good engagement from the maternity leads who demonstrated a clear understanding of the challenges ahead and a commitment to improve services.

The CNO wrote and asked for evidence from all relevant organisations prior to the autumn meetings. Information was received from the Royal College of Midwives and two of the MSLCs.

Successes

- **Data Collection**
  Whilst it remains a challenge to collect robust data we recognise that significant progress has been made to introduce new systems across all Health Boards. We are confident that by April 2014 all Health Boards will be able to collect data on all of the performance measures and indicators set by Welsh Government with the assistance of Public Health Wales. Once we have robust data sets this will enable a shift in focus to monitoring improvements in service provision.

  A positive consequence from us collecting data is that the scale of the public health challenge is becoming clearer. This greater understanding of the problems is enabling Health Boards to consider the implementation of appropriate interventions to encourage healthy lifestyles.

- **Midwifery Workforce**
  There continues to be safe staffing levels in midwifery services across all Health Boards. All are committed to maintaining compliance with the levels recommended through the Birthrate Plus acuity tool and regularly review their status. Only one Health Board is Wales is currently not compliant – Hywel Dda Health Board who is short 3.37 wte. The Health Board has plans in place to be compliant by the spring 2014 and currently uses Bank and Agency staff to maintain the right level.

Challenges

- **Caesarean section rates**
  Caesarean section rates remain stubbornly high in many units. This is a complicated issue and improvement relies upon a multitude of factors not least an improvement in the general health of pregnant women and a shift in the culture of intervention which has developed in some areas.

- **Compliance with RCOG guidelines on Medical Consultant presence on Labour Ward**
  Whilst all Health Boards report that their services operate safely, only Aneurin Bevan reports being RCOG compliant. Decisions around service reconfiguration are imminent and workforce plans will be addressed as part of this process.

Abertawe Bro Morgannwg University Health Board – 23 September

1. <u>Performance Data</u>

i. Caesarean section rates:

August 2013 – 26.8%

Caesarean section rates have been consistently higher than 25% since the previous performance board meeting. This is attributed to a culture of intervention which needs to be challenged. The Health Board has been tasked with transforming this culture in order to improve rates.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

August 2013 – 50% seen by 10 weeks

The collection of these data is now more robust and the Health Board is continuing to work on improving this rate.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board is unable to report this at present.

The midwife records whether women have one of 5 specific mental health problems but is unable to record the subsequent care plans.

The recording of this information continues to be a challenge. The health board is reviewing their processes and considering the use of 'digi-pens' to electronically capture data to reduce duplication and improve data collection.

Welsh Government expects to see better data at the 2014 performance board meetings and this will be discussed at the all Wales Heads of Midwifery Advisory Group in November.

iv. Percentage of women and partners who said they were treated well by the maternity services:

August 2013 - Overall satisfaction level of 90%.

The Health Board collect their own data and have set a target of 95% satisfaction.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

These data are not yet collected in the Myrddin patient administration system and a change request has been submitted to NWIS. Three month data supplied by Child Health Department shows that the figure is 22% (between January and March 2013).

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

The Health Board is unable to record this information on their current system and has made a request to NWIS for a change in the Myrddin system. Welsh Government will raise this issue with NWIS.

Smoking
At present, the Health Board records the number of women who smoke and have been referred to cessation services but not the number of women who gave up.

Weight gain
Data collected by the Health Board shows that approximately 20% of the pregnant population has a BMI of over 30. The Health Board recognises this as an issue and is working to find effective interventions.

Alcohol and substance misuse
The Health Board is currently unable to collect robust data due to the current system. The data are currently collected manually by a substance misuse midwife.

Welsh Government is currently developing a business case for implementing motivational interviewing training for midwives. Motivational Interviewing techniques should give midwives the ability to discuss the above issues with pregnant women and encourage behaviour change.

2. Data Collection

Informatics issues need to be resolved in relation to the Myrddin system to enable Health Boards to collect robust data. The Health Board is seeking opportunities to introduce ‘digi-pens’ for midwives.

3. Maternity Services Liaison Committee (MSLC)

The committee continues to work well and the Health Board keeps the MSLC informed of issues of interest.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant.

A plan is in place to raise consultant hours at Singleton Hospital. The Health Board does not use locum staff.

The Health Board continues to wait for the outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover.

ANEURIN BEVAN – 4 October

1. <u>Performance Data</u>

i. Caesarean section rates:

September – 23.9%

The high rates of Caesarean section are attributed to a culture of intervention within the health board and low rates of External Cephalic Version (ECV). The Health Board officers have visited Cardiff and Vale University Health Board to look at their practices and as a result will be introducing new CTG equipment in March 2014. In addition, trial Vaginal Birth After Caesarean (VBAC) clinics will be running from October 2013.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The Health Board has been unable to collect this data, however the MSLC has completed a piece of work to determine where women are seen for their initial assessment. They found that 100% of women went to their GP first. The Health Board is working with midwives and practices to ensure better promotion of direct access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Data are not currently collected, however a referral is made to either a specialist midwife or the GP and the Health Board is confident that women are receiving appropriate care.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board started collecting data from patients in April 2013 using '2 minutes of your time'. The Health Board reports a challenge in collecting data from new mothers and agreed to use and report on the Welsh Government All Wales Service User Experience Survey at the next performance board meeting.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 26%. Work is underway to develop an antenatal pathway to encourage women to breastfeed.

vi. Rates of women who gave up smoking,; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

<u>Smoking</u>

Data are not yet available on the percentage of women smoking at the end of pregnancy. The Health Board is currently piloting a smoking cessation scheme which, if successful, will be rolled out across their area. Data will be available at the next meeting.

Weight gain
This requires a change in practice and further investment in weighing scales. The Health Board is in the process of carrying out an audit and will take action to improve data collection in time for the next performance board meeting.

Alcohol and substance misuse

The Health Board employs a designated lead midwife in these areas. A recent health initiative promoting more open and honest responses from woman has shown more accurate data are being collected. A pilot is underway to help women understand their alcohol consumption.

The Health Board should be able to provide further data at the next meeting in the spring.

2. Data Collection

The Health Board has significantly improved its data collection and acknowledges the further work which is required. The MSLC has input on data collection issues also.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is developing and has good involvement with Health Board issues. They now have a Facebook page and use online tools. They have chosen specific issues to tackle such as parent-craft and access to water for labour and birth.

4. Staffing

Midwifery
Birth Rate Plus compliant

Medical
RCOG standard compliant.

POWYS – 7 October

1. Performance Data

The Health Board began using the Myrddin system from 1 October. It is acknowledged that there remain some gaps in the system. Welsh Government will continue to work with NWIS to resolve this.

i. Caesarean section rates:

July 2013 – 21%

All women who require any intervention in labour are transferred outside Powys to a district general hospital. The health board is in regular contact with the external DGHs on this issue.

The normal birth rate in Powys remains around 95%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

All women are currently being seen by 12 weeks and work continues to ensure initial assessments by 10 weeks.

iii. Rates of women with existing mental health conditions who have a care plan in place

87% of women with an existing mental health condition had a plan in place.

iv. Percentage of women and partners who said they were treated well by the maternity services

The Health Board added the question to their own comment cards as of August 2013 and will use the all Wales approach once it has been issued.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

July 2013 - 52% of the total population of babies in Powys, not separated by place of birth. Powys midwives offer home visits over a 24 hour period to help with breastfeeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse

Smoking

At present data are collected at the initial booking and on referrals but not at the end of pregnancy. The Health Board is working on improving data collection through the implementation of Myrddin.

Weight gain
Women are weighed at the start of their pregnancy but not at the end. The Health Board is currently investigating the implementation of a healthy diet scheme for women with a BMI over 35 with consideration given to low income families.

Alcohol and substance misuse
Data supplied by the Health Board includes both alcohol and substance misuse. Kaleidoscope (substance misuse team in Powys) record referral as opposed to the cessation of misuse.

2. Data Collection

The Myrddin system went live on 1 October. While there are still some gaps in the system further improvements in data collection are anticipated at the next meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC has recently held its first video conference with good feedback from members. The development of a Facebook page is underway.

4. Staffing

Birth Rate Plus compliant.
A system of visiting obstetricians is in place.

CWM TAF – 8 November

Significant progress has been made by the Health Board in the collection of the data required.

1. <u>Performance Data</u>

i. Caesarean section rates:

April 2013 – 33.9%

An audit was taken of all caesareans which were carried out in April 2013 when the rate peaked at 37%. Work is underway to tackle the high rates. The Health Board is undertaking continuous audit of all inductions along with a birth environment audit. In addition a multi-disciplinary team is being developed to review requests for Caesareans, Midwife led VBAC clinics are being put in place and training in providing aromatherapy has been provided to midwives.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

49.6% of women are currently seen before 10 completed weeks of pregnancy. The Health Board is currently targeting teams with low compliance to consider what actions need to be taken to improve early access.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Progress has been made in capturing data with further improvement planned for the next meeting. The Health Board has systems in place to enable midwives to refer women – usually to their GP for a care plan/review of existing plans. It was acknowledged that a copy of the care plan needs to be available in the notes for obstetric purposes.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The 2 maternity related questions will be added to the Health Board's own survey. Feedback on services is already gathered through this survey and care is improved based on feedback. One example of this is where visiting times for partners were changed.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 23%. This data is provided from Child Health Department. More robust data will be available for the next meeting. The Health Board has invested in nursery nurses as part of the midwifery team to support and encourage women to breastfeed.

vi. Rates of women who gave up smoking, drinking more than 5 units of alcohol, gain no more than the recommended weight, gave up substance

misuse:

Smoking
Rates of women smoking are high but there has been some progress in quit rates. Further improvements have been made to collect data which will be made available at the next meeting. The Health Board is working with Communities First and Public Health Wales (PHW) to support women to quit. CO monitors are being used – well received by mothers.

Alcohol
Midwives are increasing awareness around alcohol consumption and are recording data, however, at present there is no specialist midwife in post and there are no accurate data on women who have reduced their intake.

Weight
The Health Board report rates of around 29% of pregnant women with a BMI of over 30 at initial assessment. BMI is discussed with women to offer them support in healthy eating and exercise to support them to maintain a healthy weight gain in pregnancy. The Health Board also provides women with the 'Tommy's' healthy weight gain in pregnancy booklet. Data are not yet recorded on weight at the end of the pregnancy.

2. Data Collection

Significant progress has been made.

3. Maternity Services Liaison Committee (MSLC)

At present there is no chair in place, however, meetings are still going ahead which alternate between two sites within the Health Board area.

4. Staffing:

Midwifery
Birth Rate Plus compliant

Medical
Not RCOG standard compliant, however, labour ward is prioritised to ensure a safe service.. The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

CARDIFF AND VALE – 5 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 20.6%. The rate is consistently below 25% and includes high risk women from other Health Board areas. The Health Board's proportion of normal births is 65%

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

It is estimated that around 17% of women are being seen at 10 weeks although the majority of women are seen by 12 weeks. New systems are being implemented to increase direct access to a midwife within the community to address this. The provision of antenatal services is to be moved back out into the communities in order to promote early direct access to midwives.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The Health Board reported that data are not yet collected, however, with the introduction of the Euroking system it is hoped this will be available for the next meeting. The Health Board is in the process of appointing a perinatal mental health midwife and a lead obstetrician with mental health interest to ensure a pathway of referral and care is in place.

iv. Percentage of women and partners who said they were treated well by the maternity services:

This information is not currently collected, however, it will be added to the standard questionnaire to ensure data are available for the next meeting. Work has been undertaken by the MSLC to encourage the collection of feedback by midwives on the Midwifery Led Unit.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 39.1%. The Health Board estimates a 70% initiation rate but many move to bottle feeding by day 10. The Health Board is considering initiatives to encourage women to continue breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; gave up substance misuse

Smoking, Alcohol and Substance Misuse
The Health Board has some data starting in July 2013, when Euroking was introduced, however it is not robust enough to report any trend. More accurate

data will be available for the next meeting. A referral mechanism is in place to a specialist midwife for alcohol, smoking and substances.

Weight
Around 20% of women are recorded as having a BMI above 30%. Work is underway to introduce interventions and pathways of care are already in place for those women with a BMI above 35. Investment had been made in scales to allow midwives to weigh women at 36 weeks to enable the availability of more robust data.

2. Data Collection:

The Health Board implemented a new data collection system, Euroking, in July 2013. Ten weeks of data was available for this meeting. More robust data will be available for the spring 2014 meeting.

3. Maternity Services Liaison Committee (MSLC)

The MSLC Chair reported good support from maternity services within the Health Board, particularly from midwifery services and from the Head of Midwifery. Meeting attendees include representation from gynaecology, obstetrics, Public Health Wales and midwifery at MSLC meetings. A Facebook page has also been started.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
Not RCOG standard compliant, plans are in place to relocate a Consultant from Llandough to UHW. Locum staffing are rarely used; locums are used that already work within the Health Board.

The Health Board is waiting for the imminent outcome of the South Wales Programme and the impact the reconfiguration will have on meeting the standard for consultant cover. Workforce analysis is currently underway as part of South Wales programme.

BETSI CADWALADR – 8 November

1. **Performance Data**

i. Caesarean section rates:

September 2013 – 26%. The rate is skewed by the high rates in the central area of North Wales. A culture of intervention has been identified. Work is underway to address the high rate across the Health Board with targeted action at Ysbyty Glan Clwyd.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

The rate of women seen by 10 completed weeks is high in Betsi Cadwaladr at around 70%. This reflects the work which has been put into engaging with GP practices. The Health Board continues audit the data to ensure the high rate is maintained and improved. Training has been provided for pharmacy staff in healthy lifestyles advice and in directing pregnant women to maternity services as early as possible.

iii. Rates of women with existing mental health conditions who have a care plan in place:

The numbers of women with an existing mental health condition are very low and it is not clear whether the data are accurate or reflect under reporting by women. Women are referred to appropriate health care professionals but action needs to be taken to ensure the plan of care is available in the handheld records. The Health Board will provide more robust information at the next meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

The Health Board enjoys high rates of return of satisfaction surveys, at around 70%, with good feedback from mothers. A summary of the negative comments are fed back each month to midwives to enable improvements in service provision.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

Initiation rates are reported at around 80%, however, drop off is high with 10 day rates at 36%. The Health Board is considering ways to improve support in the community to promote the continuation of breast feeding.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance:

Smoking

The percentage of women who smoked at the start of their pregnancy was 20% in September 2013. All midwives now use CO monitors and all have had some brief interventions training related to smoking. Accurate data are not available on quit rates, however, it is believed they are rising, Health Care Support Workers have been trained to support women who want to quit. Accurate data will be available for the spring 2014 meeting.

Alcohol
These data are not yet collected but should be available for the next meeting.

Substance Misuse
These data are collected at birth and the percentage of women who declare this is small. There is appropriate referral for all women and further improvement in capturing this data will be made for the next round of meetings.

Weight
Around a quarter of pregnant women have a BMI of over 30 at the start of their pregnancy. Data has been collected since May 2013 which shows that around half of all women gain more than the recommended weight. Dietetic support is used but the resource is not enough. There has been a lot of work developed to try and support women to maintain a healthy weight. An integrated pathway will be used from November 2013 with a training package to support midwives in discussing exercise and healthy eating.

2. Data Collection:

There has been a huge improvement in the collection of data, however, this is still being done manually by midwives.

3. Maternity Services Liaison Committee (MSLC)

The MSLC is meeting regularly and uses video conferencing to address some of the geographical challenge. Encouraging women to breast feed will be the focus of some of their future work.

4. Staffing

Midwifery
Birth Rate Plus compliant.

Medical
This is a challenge on the Ysbyty Glan Clwyd site within the Health Board, however, consultants have been moved from other parts of the Health Board to ensure adequate cover. Locums are being used to backfill until such time as a permanent staffing solution can be found. [The situation is being monitored weekly at present.]

HYWEL DDA – 4 November

1. Performance Data

i. Caesarean section rates:

September 2013 – 27%. The Health Board is disappointed that their rate has not improved. This is partially due to the care of high risk women from Powys. Attendance at VBAC clinics is encouraged. The Health Board collects data by individual consultant and will review the transfer of care and outcomes of patients from Powys.

ii. Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy:

September 2013 – 78% however this figure is measured against a 12 week target and not the 10 weeks as set by Welsh Government. The Health Board will ensure data reported is in line with the measure of 10 weeks at the next meeting. Culture was discussed as the main issue.

iii. Rates of women with existing mental health conditions who have a care plan in place:

Hywel Dda has a midwife for vulnerable families that currently reports on the number of women with serious mental health conditions. The Health Board does not, at present, report whether a care plan is in place but will ensure that this is achieved and reported on at the spring meeting.

iv. Percentage of women and partners who said they were treated well by the maternity services:

September 2013 – 91%. Survey cards were introduced in April 2013 across the three maternity units. A feedback board is also in place for women to see where improvements have been made as a result of their feedback.

v. Proportion of babies exclusively receiving breast milk at 10 days after birth

September 2013 – 66%. This information was generated by the Child Health Department. The Health Board recently achieved Phase 2 of the UNICEF Baby Friendly accreditation and is working closely with Flying Start to improve rates in deprived areas.

vi. Rates of women who gave up smoking; drinking more than 5 units of alcohol; gain no more than the recommended weight; and gave up substance misuse:

Smoking

September 2013 – 18% of women reported as smoking at the initial consultation. Staff are undertaking training from Stop Smoking Wales. Data on quit rates are not yet available but will be provided at the next meeting.

Alcohol and Substance Misuse
A midwife for Vulnerable Families is currently keeping records of the number of women in her care and data are now being collected by community midwives. Data are expected at the next meeting.

Weight
The Health Board reported that 30% of women have BMI over 30 at initial assessment. Data are available for August and September which show that around 25% of women stay within the recommended weight gain. The Health Board gave assurances that robust care plans were in place for women and the appointment of a lead midwife was discussed. Further, more robust, data will be provided at the next meeting.

2. Data Collection:

The Health Board is now using Myrddin. A new form, designed by community midwives, is also being used to collect all indicators which will improve data collection further.

3. Maternity Services Liaison Committee (MSLC)

The Board are now holding MSLC meetings in community areas every quarter to encourage more engagement. The Chair reported some challenges for the MSLC around attendance and securing new recruits.

4. Staffing

Midwifery
The Health Board is currently not Birth Rate Plus compliant (by 3.37 midwives). In implementing the Clinical Service strategy this will be reviewed. They intend to be compliant by the next Maternity Performance Board meeting in the spring. Bank and Agency staff are used to ensure the right staffing levels.

Medical
They are not RCOG compliant however assurance was given that staffing levels are safe.

PAC RECOMMENDATIONS

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
1	**Recommendation 1.** We recommend that the Welsh Government makes publicly available the Terms of Reference of the Maternity Services National Delivery Board, including details of how the Board is fulfilling these Terms and its programme of work. We also recommend that the output and recommendations of the Maternity Services Implementation Group and its sub-groups should also be made publicly available.	Completed in February 2013	A section of the Chief Nursing Officer's (CNO) web page now contains a section specifically for Maternity Services. This is used to update readers on progress in implementing the Strategic Vision for Maternity Services as well as informing them of new initiatives related to maternity services. The Terms of Reference of the Maternity Board and its programme of work are available on the Welsh Government website along with the second edition of a newsletter 'Maternity News'. Aimed at Midwives and Users the newsletter provides a brief update on the actions to implement the Strategic Vision. The newsletter will be produced 3 times a year with the next edition due in December. Evaluation of the uptake of the newsletter will take place in 2014. The recommendations of the Maternity Services Implementation Group and the final reports from the five sub-groups are also available on the CNO's web page.
2	**Recommendation 2.** We recommend that the Welsh Government ensures that there is greater clarity on the implementation of Local Delivery Plans and that a clear timetable for the production of these plans is published.	Completed	We have received a Local Delivery Plan from every Health Board. These have been scrutinised by officials and performance against the plans is discussed at the Maternity Performance Board meetings. The Autumn meetings have recently been held and dates have been agreed for the meetings in Spring 2014.

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
3	**Recommendation 3.** We recommend that the Welsh Government, in collaboration with the Informatics Sub-Group, develops and implements a consistent and robust electronic data collection process for maternity services in each Welsh health board in order to remove the need for inefficient manual data collection.	Completed Report published on WG Web site in June.	All Health Boards now have plans in place to refine and extend the use of current operational maternity systems or to replace them in order to collect consistent and robust electronic data, reducing the burden of ineffective manual data collection. Health Boards reported on their progress at the recent Maternity Board meetings. To date all Health Boards except Betsi Cadwaladr have implemented an electronic system. In addition Public Health Wales will provide a full report for each Health Board against all of the performance measures and indicators in readiness for the Spring meetings.
4	**Recommendation 4.** We recommend that the Welsh Government clarifies and publishes its definition of "confident and knowledgeable parents" and ensures that: • this definition is communicated to all Health Boards to ensure that the data collection against this performance measure is consistent across Wales; and that • good practice is shared amongst Health Boards to assist in measuring against the definition.	Completed	Two specific questions have been agreed and added to the all Wales Service User Experience Survey bank of questions. All women who give birth in Wales will be asked to complete the survey including those that give birth at home. The survey will be provided following birth and can be returned up to one year after. Health Boards also have existing processes in place to seek user opinion on the care they receive; This will be presented at each Maternity Performance Board. Health Boards have been asked to make this information available to the public through their local web sites and notice boards.
5	**Recommendation 5.** We recommend that the Welsh Government provides clarification on its expectations of the minimum staffing requirements to ensure safe and sustainable midwifery and obstetrics services and that it provides an explanation as to how data collected from health bodies on their midwifery staffing levels provides sufficient detail to determine whether these expectations are being met.	Completed Report published on WG Web site in June.	The Royal College of Obstetricians and Gynaecologists recommends that consultant presence should be 40 hours per week on a unit unless the unit has over 5,000 births per annum, in which case it should be 60 hours per week. The Royal College of Midwives recommend the use of Birth-rate Plus to determine midwifery staffing levels. To date NHS organisations have been able to provide us with accurate information on compliance with Birth-rate Plus requirements and the number of medical staff in post when requested.

Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
			Our expectation is that all Health Boards will comply with these standards. In order to ensure this is maintained they are required to report on their staffing levels at the twice-yearly Maternity Performance Board meetings.
6	**Recommendation 6.** We recommend that the Welsh Government works closely with Health Boards to ensure that the use of locums and agency staff is managed efficiently in order that the reliance on using temporary staff to fill long-term gaps in staffing provision is minimised. We also recommend that the Welsh Government work with Health Boards to disaggregate the medical staffing costs associated with maternity services from costs associated with Gynaecology.	Completed	The Welsh Government works closely with all NHS organisations to monitor and scrutinise spend on locum and agency staff throughout the financial year at Health Board Level. As a result of the efforts made within Health Boards the spend on Locum and Agency staff in the year ending 31 March 2013 reduced by 18%, saving some £8.9 million. Discussions have taken place with Health Board colleagues. Because of the way Obstetricians/Gynaecologists work it would be difficult and not useful to disaggregate information in the way suggested. In order for Health Boards to have assurance that there is a safe level of cover for maternity services Job Planning processes need to be improved. The Welsh Government have established, with NHS employers, a Task and Finish group to strengthen Consultant Job Planning arrangements across Wales, and in particular, will be developing revised All Wales guidance and documentation, including updated training material, for implementation in 2014. This guidance will reinforce the importance of discussing service modernisation and improving clinical and patient care, during the job planning process.
7	**Recommendation 7.** We recommend that the Welsh Government works closely with Health Boards to monitor and regularly review the training needs and competency of all maternity unit staff to ensure that more staff are able to interpret Electronic Fetal Heart Rate Monitoring data.	Training package completed. CNO/CMO letter sent to Health	The Chief Nursing Officer has led an all Wales Task and Finish Group to agree the most appropriate training package, which will for the first time, include an assessment of competence. All Health Boards are expected to introduce this training and assessment package from September 2013 with full compliance by

<table>
<tr><th>Recs
(No. of elements)</th><th>Recommendation Summary
(number of separate elements listed to meet recommendation in full)</th><th>Target date</th><th>Progress / Update</th></tr>
<tr><td></td><td></td><td>Boards in September 2013.</td><td>March 2014.

Health Boards will report their progress at the Maternity Board meetings. They will be expected to keep records of staff training and assessment as well as information on the number of serious incidents related to misinterpretation of CTGs to ensure that the training and assessment package is improving interpretation.</td></tr>
<tr><td>8</td><td><u>Recommendation 8.</u>
The Committee endorses the recommendation of the Children and Young People Committee to address the shortage of staff in neonatal units and recommends that the Welsh Government takes action to ensure that Health Boards throughout Wales improve their workforce-planning arrangements for neonatal care. In particular we recommend that it addresses the delivery of neonatal services in north Wales when developing work-force plans.</td><td>The Neonatal Network is making progress to resolve workforce issues</td><td>Workforce Levels

There has been improvement in neonatal workforce levels across Wales. This is demonstrated in the nurse shortfall figures collated by the All Wales Neonatal Network. Local Health Boards have produced Neonatal workforce plans which have been scrutinised by the All Wales Neonatal Network. The next data capture exercise will be in November with the Network reporting in January and we will expect to see further progress.

WTE Nursing Shortfall (Gap between total WTE needed to be BAPM Compliant)
Figures prepared by the All Wales Neonatal Network

<table><tr><td>November 2011</td><td>November 2012</td><td>July 2013</td></tr><tr><td>82.64</td><td>46.29</td><td>26.34</td></tr></table>
Service Reconfiguration

The structure of neonatal services across Wales will be determined following this phase of service reconfiguration. The future shape of services will further dictate the workforce requirements.

North Wales

As the committee will be aware on 28 March the First Minister issued a statement indicating the Royal College of Paediatrics and Child Health</td></tr>
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<tr><th>Recs (No. of elements)</th><th>Recommendation Summary (number of separate elements listed to meet recommendation in full)</th><th>Target date</th><th>Progress / Update</th></tr>
<tr><td></td><td></td><td></td><td>would conduct a review into neonatal services within North Wales. The RCPCH completed their report in September 2013. The First Minister accepted the recommendations of the RCPCH and is establishing a panel to advise on the location of a new sub-regional neonatal intensive care centre. The model, which includes workforce requirements, is included in the final report.</td></tr>
<tr><td>9</td><td><u>Recommendation 9.</u>
We recommend that the Welsh Government clarifies and publishes its definition of a “significant reduction” in Caesarean section rates along with a timetable by which it expects such a reduction to be achieved.</td><td>Completed.

Health Boards reporting twice a year to Welsh Government</td><td>Current data has been received from the Health Boards on their Caesarean rates (shown in the table below). Reporting is completed on a monthly basis from April 2013.

<table><tr><th>Health Board</th><th>Caesarean Section Rate</th></tr><tr><td>Aneurin Bevan</td><td>23.9%</td></tr><tr><td>Abertawe Bro Morgannwg</td><td>26.8%</td></tr><tr><td>Betsi Cadwaladr</td><td>26%</td></tr><tr><td>Cardiff & Vale</td><td>20.6%</td></tr><tr><td>Cwm Taf</td><td>33.9%</td></tr><tr><td>Hywel Dda</td><td>27%</td></tr><tr><td>Powys</td><td>N/A</td></tr></table>
Where rates are 25% or higher Health Boards have provided plans to reduce rates and these are discussed at the Maternity Board meetings.

Caesarean section rates reflect both the health of the population and the culture within maternity services. Both need to be addressed to reduce rates. Welsh Government are working with Health Boards and holding them to account to address these challenges.</td></tr>
<tr><td>10</td><td><u>Recommendation 10.</u>
We recommend that the Welsh Government establishes a more rigorous system for collecting and reviewing information from Health Boards on their Caesarean section rate performance. We also recommend that more regular and meaningful feedback be provided to assist</td><td>Completed.

Health Boards reporting twice a year</td><td>As detailed above Welsh Government now expects monthly reports on Caesarean Section Rates from Health Boards with accompanying narrative when rates are reported above 25%. This is explored further with all Health Boards at the Maternity Performance Board meetings to identify both good practice and weaknesses. Following each meeting, Health Boards will receive feedback from the Chief Nursing Officer.</td></tr>
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Recs (No. of elements)	Recommendation Summary (number of separate elements listed to meet recommendation in full)	Target date	Progress / Update
	Health Boards to manage progress in reducing rates where possible. This feedback should reflect challenges posed by NICE guidance on caesarean sections.	to Welsh Government	Where there has been significant improvement in rates, Health Boards will be asked to share good practice through the Innovations Board set up by the Minister for Health and Social Services as well as through all Wales committees such as Heads of Midwifery Advisory Group Wales and the National Specialist Advisory Group for Women's Health. All Health Boards use local Dashboards to report their Caesarean Section rates to the Health Board so that continuous improvements can be discussed by the executive team.
11	**Recommendation 11.** We recommend that the Welsh Government clarifies that the data reported by Health Boards on initial antenatal assessments carried out within the first ten weeks of pregnancy is consistent and robust, and specifically that the data should: • include assessments by GPs as well as midwives; and • not include assessments which have been scheduled but which may not have been undertaken.	Completed. Health Boards reporting twice a year to Welsh Government	This performance measure was set to ensure that women have early access to appropriate services so that they can receive information, advice and support as soon as is possible. This includes carrying out an initial assessment, taking blood and the writing of a care plan for the pregnancy. At the Maternity Performance Board meetings, Health Boards are asked to report the proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy. Health Boards also report on the systems they are putting in place to meet this requirement.
12	**Recommendation 12**. We recommend that the Welsh Government provide an update to the Public Accounts Committee by July 2013 on each Health Board's progress in improving maternity services.	Completed. Summary of Maternity Performance Board meetings prepared following spring meetings.	A summary to the maternity performance board meetings from Spring 2013 was provided to the Committee and the Minister for Health and Social Services. (SF/MD/2801/13)

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health and Social Services
Prif Swyddog Nyrsio – Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer – Nurse Director NHS Wales

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair Public Accounts Committee
National Assembly Wales
Cardiff Bay
Cardiff
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Our ref: JW/

1 November 2013

Dear Mr Millar

Hospital Catering and Patient Nutrition

Further to your letter of the 11 October 2013 requesting additional information on Hospital Catering and Patient Nutrition, I am writing to provide Committee members with specific responses to the issues they have raised, as follows:

Why has the Betsi Cadwaladr system for accessing the nutrition e-learning package, without the need for an email account, not been adopted by other Health Boards?

I wrote to Nurse Directors at the beginning of June to remind them of my expectation that the Nutrition Care Pathway and the Food Record Charts are used as mainstream practice, with the e-learning package as its training resource. I informed them about the Betsi Cadwaladr University Local Health Board system for accessing the All Wales Food Record Chart e-learning tool and encouraged them to get their lead on e-learning to do likewise. It is my understanding that the lead in Betsi Cadwaladr Health Board has had contact with some other Health Boards to describe her approach.

Participation in on-line training packages in the NHS.

I recognise that the low level of compliance with completion of the e-learning nutrition package remains an issue and this continues to be a priority. NHS Wales Informatics Service (NWIS) and the Health Boards are considering further options for improving the completion rates. NWIS has been commissioned to produce a status report from each

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Health Board, which will give us the opportunity to consider if an all-Wales solution would be appropriate.

Officials are also exploring alternative mechanisms with the company that developed the e-learning package. I will provide you with a further update in the New Year.

Destination of Food Waste including details of the waste contracts between health boards and local authorities.

A number of Health Boards are making arrangements with local authorities for the separate collection of food waste. For example, Cardiff and Vale University Health Board work in partnership with the City of Cardiff and Vale of Glamorgan County Councils for the separate collection and disposal of food waste. All community hospitals within Hywel Dda Local Health Board also have food waste collections by their respective local authorities. The NHS would like to work more closely with local authorities to improve food waste collections and closer collaboration should be encouraged. However, some local authorities are reluctant to collect food waste from large hospital sites.

More environmentally friendly forms of hospital food waste disposal are being considered. This could include the use of new technologies which will have to be evaluated to ensure they comply with statutory requirements. To date there has been no cost benefit analysis undertaken to assess the benefits of introducing more environmentally friendly forms of hospital waste disposal. This would be undertaken in respect of any new proposal.

From a nursing perspective the reasons for plate waste should be recorded on a patient's notes or food chart as their nutritional status is extremely important in their care and treatment. This information on their food and fluid intake would influence the plan of nursing care for the patient. There are no plans to collate consumption/waste on a meal by meal basis at ward level.

The Welsh Government is working with NHS Shared Services Partnership – Facilities Services (NWSSP-FS) through the EFPMS (Estates and Facilities Performance Management System) process to introduce new methods of measuring food waste to include plate waste other than just the untouched meals. The proposal would be to carry out a pilot study in one of the large acute hospitals and, if successful, to discuss the outcome with all other Health Boards/Trusts and to roll it out across NHS Wales.

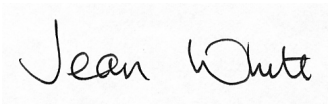
Colleagues in NWSSP-FS have met WRAP Cymru to discuss food waste. As this is a local issue, where the individual Health Boards and Trust manage their own activities, it was felt the best way for WRAP to potentially help was to provide them with the contact details of the facilities/catering managers at each NHS organisation. WRAP Cymru have also been invited to give a presentation to the Welsh Health Environment Forum (WHEF) Waste Managers meeting in the New Year.

Food Hygiene Rating Stickers

When the statutory Food Hygiene Rating Wales scheme commences on 28 November, Health Boards will need to agree with their local authority food hygiene inspector where best to display their hygiene stickers at their hospitals.

Welsh Government officials are meeting Health Board Catering Managers to discuss the location for display of food hygiene rating stickers in hospitals and also food hygiene issues in hospitals more generally. We hope to be in a position to update you on developments in the New Year.

Yours sincerely



Professor Jean White
Chief Nursing Officer
Nurse Director NHS Wales

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref LG/01853/13

Darren Millar AM
Chair - Public Accounts Committee
Ty Hywel
Cardiff Bay
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31 October 2013

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Dear Darren

Public Accounts Committee – Civil Emergencies in Wales

I refer to your letter of 18 October seeking further clarification of the response of the Welsh Government to the Public Accounts Committee report on 'Civil Emergencies in Wales'.

We have made it quite clear in our response to the Silk Commission we have very limited formal powers under the Civil Contingencies Act 2004. The transfer of functions will provide us the necessary powers to monitor performance as well as recognise the leadership and co-ordination role we already play. The principle established under the legislation is Category 1 and 2 responders are responsible for monitoring the delivery of the duties through their own performance monitoring or regulatory regimes. However, given the leadership role Welsh Government plays we will look to support the current arrangements to monitor the performance of Category One and Two responders through existing performance mechanisms.

I also wish to clarify the point we do not intend to legislate more widely ahead of Silk given the opportunities to seek additional powers using other legislative vehicles are limited.

I can assure you my officials are continuing to work with Local Resilience Fora and individual Category 1 and 2 Responders in Wales in promoting consistency in monitoring performance. As reported, my officials have encouraged the use of the Expectation Set to support responders in continuing to develop their capabilities in civil contingencies and emergency preparedness. Whilst this document touches on some elements of response and recovery by highlighting indicators of good practice it is recognised that these examples are by no means exhaustive. My officials have, therefore, also promoted the further use of peer review as a means to instil continuous improvement.

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We are also looking at ways in which we can build upon the work being undertaken by Academi Wales on the Wales Gold training to explore ways in which a set of competencies can be developed. This will be considered by the Wales Learning and Development Group and, if feasible, a competency framework will be built into the 3 year programme of work the Group is developing.

My officials are also working with Local Resilience Fora to promote engagement with the Third Sector and to encourage their further participation in training and exercising. At the Wales Resilience Forum meeting on 19 June it was recognised how important it was engagement with the Third Sector should continue to remain primarily at the local level. I should add relationships are already strong in many areas. Taking the North Wales Local Resilience Forum as an example, the British Red Cross acts as deputy chair of their Humanitarian Assistance Group and represents the Forum on all-Wales groups.

One of the recommendations agreed by the Wales Resilience Forum on 19 June was consideration should be given to the Third Sector chairing a joint Community Resilience and Humanitarian Assistance Group at the all-Wales level. Officials have met and agreed with Wales Council for Voluntary Action and the British Red Cross to establish an all-Wales group which they will jointly chair. Local Resilience Fora have been advised of this development. This all Wales group will also consider Third Sector engagement and will be best placed to consider whether a Memorandum of Understanding at an all-Wales level will be of benefit as part of its programme of work.

My officials will keep the Committee informed of the progress being made through the usual formal processes.

Regards

Lesley

Lesley Griffiths AC / AM
Y Gweinidog Llywodraeth Leol a Busnes y Llywodraeth
Minister for Local Government and Government Business

Owen Evans
Cyfarwyddwr Cyffredinol • Director General

Yr Adran Addysg a Sgiliau
Department for Education and Skills

Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales

Dear Darren,

Capital Investment in Schools

Thank you for your letter dated 11 October requesting further clarification on some of the points provided in my response to the Committee in August.

For ease of reference my response is provided below, applying the same corresponding headings as set out in your letter:

1. Timescales for making schools fit for purpose

As detailed in my previous letter the 21st Century Schools Programme supersedes the previous ambition of the "fit for purpose" aim of the former building investment programme; the Schools Buildings Improvement Grant (SBIG).

This means that investment proposals are no longer measured against a "fit for purpose" type standard and that the expectation of the new programme, and its appraisal process, goes beyond the concept of putting schools in a reasonable standard of repair. This is why in my previous response I stated that the new programme aspires to be more than that of building investment and that is was seeking to put to an end to the piecemeal "patch and mend" mentality that was prevalent in the last programme.

Setting a Programme Standard
In developing a forward long-term strategic investment programme the first stage of planning is the preparation of a Strategic Outline Programme. As outlined in previous evidence to the Committee the Strategic Outline Programmes submitted were assessed against a high-level set of criteria, which is provided at **Annex 1**. This high level set of criteria clearly sets out the expectations of the programme; which was supported by a wide ranging sub-set of specific assessment criteria.

Upon completion of the assessment process, all 22 Strategic Outline Programmes were eventually approved. Local authorities are now in the process of submitting business cases for all those projects they outlined in the first wave of their programmes; with all of these projects being at varying stages of planning and delivery.

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Project Assessment Standards
A requirement of the programme is that all business case submissions are made in accordance with the HM Treasury 5 Case standard which means that each investment proposal is assessed against the following:

- Is there a robust case for change – the 'strategic 'case;
- Does the project optimise value for money – the 'economic' case;
- Is the proposal commercially viable – the 'commercial' case;
- Is the project financially affordable – the 'financial case'; and
- Is the project achievable/can it be delivered – the 'management' case.

To further reassure the Committee, in addition to the submission of the business cases, each project is developed with the support of Building Bulletins, which are specific guidelines for those involved in new school building and refurbishment projects, along with further technical information on project delivery and best practice for aspects such as transforming the learning environment, school design, school grounds, procurement and project management.

2. **Capital Planning**

Category C Schools
A list of the Category schools is provided at Annex 2. I would again like to remind the Committee that the survey was undertaken three to four years ago, in 2009/10, and provided a "snapshot" of the condition at that time, and that a new survey is already planned.

As noted above in Section 1, projects in the first wave are all at varying stages of planning and delivery. This means that a proportion of Category C schools have not yet been named nor were they specifically identified in the Strategic Outline Programmes. This is because they have not yet gone through the statutory determination process for school organisation which is why an estimated percentage of the Category C schools in the first wave was detailed in my last response.

Outcomes of school organisation consultation do determine the scope of school investment projects in the programme so ordinarily, where there a pending consultation in relation to a school organisation proposal, we would not expect school names to be provided until the project is at Full Business Case stage, or at best, the earlier stage of Outline Business Case stage.

Prioritisation of Projects in the First Wave
In summary, Welsh Government requested local authorities to prioritise their investment proposals in the first wave against condition, surplus places and running efficiencies (e.g. reduction in running costs, backlog maintenance) but also enabled authorities to prioritise investment was there was a need to address Welsh Medium and/or Faith Based Education issues. The local authorities then determined which investment proposals were to be incorporated in the first wave of investment on the basis of local need and local circumstances; within the programme cost envelope that was available.

3. The need for a holist approach to school investment

Asbestos Surveys
My response here is to firstly point out that, that the enforcement of the relevant legislation (the Control of Asbestos Regulations 2012) falls to the Health and Safety Executive (HSE) and not the Welsh Government, as does the arrangement for the provision of advice and guidance.

So in essence this means that we do not do anything differently here in Wales to in England. The types of survey that should be conducted in relation to asbestos are, therefore, defined by the HSE. In summary, the HSE inform that 2 types of surveys of asbestos should be undertaken which are a:

1. Management Survey; or
2. Refurbishment/Demolition Survey.

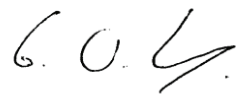
Neither of these surveys is purely comprised of visual inspections but they do have varying levels of intrusiveness.

A Management Survey is required to enable the management of Asbestos Containing Materials (ACM) during the normal occupation and use of premises and aims to ensure that: nobody is harmed by the continuing presence of ACM in the premises or equipment; that the ACM remains in good condition; and nobody disturbs it accidentally. It involves minor intrusion and minor asbestos disturbance to make a Materials Assessment. This shows the ability of ACM, if disturbed, to release fibres into the air and guides the client, e.g. in prioritising any remedial work. It is this survey that is used to inform the Asset Management Plans that are required. Responsibility for having these Asset Management Plans in place, and the actual management of asbestos, lies with the duty-holder and in the school premises context, this can either be the local authority or the school governing body.

The Refurbishment/Demolition Survey is required where the premises, or part of it, need upgrading, refurbishment or demolition. This survey does not need a record of the ACM condition and aims to ensure that: nobody will be harmed by work on ACM in the premises or equipment; and such work will be done by the right contractor in the right way. The survey must locate and identify all ACM before any structural work begins at a stated location or on stated equipment at the premises and involves destructive inspection and asbestos disturbance. When this type of survey is conducted the area surveyed must be vacated and certified 'fit for reoccupation' after the survey.

I trust the content of this letter provides clarification requested on the points the Committee raised with you.

Yours sincerely



OWEN EVANS

Annex 1

CRITERIA	SUMMARY OF RATIONALE
1. HIGH-LEVEL INVESTMENT OBJECTIVES	
1 School improvement strategy	Strategies are in place for school improvement, where necessary, and where appropriate for joint working at WAG/consortia/authority/school level.
2 Transformation of approaches to teaching and learning, incl. use of ICT	Local authority and schools have worked to implement a vision for teaching and learning that is more than just a building programme, drawing on available best practice guidance, including BECTA's publication: "*Transforming education and training through effective use of technology in capital programmes".* The vision should embrace the whole 3-19 age range.
3 Organisation strategy across 3-19 age range	Opportunities have been taken where necessary to reduce surplus places and address organisational change, or otherwise improve the efficiency of the school estate. The strategy should refer to inter-authority issues and the full requirements of statutory processes. Reference should also be made here to the demand for Welsh Medium education.
4 Sustainability and CO2 reduction	Strategies for sustainability including carbon dioxide emissions associated with the education estate are in place.
5 Integrated public services, co-location of services and community benefits	Opportunities have been created where possible to co-locate and integrate community services and/or to enhance local or regional regeneration

Category C condition schools as at 2010

Local Authority	School Name
Blaenau Gwent	Abertillery Primary School
Blaenau Gwent	All Saints R.C. Primary School
Blaenau Gwent	Blaen-Y-Cwm C.P. School
Blaenau Gwent	Briery Hill Primary School
Blaenau Gwent	Bryngwyn Primary
Blaenau Gwent	Cwm Primary School
Blaenau Gwent	Deighton Junior and Infants
Blaenau Gwent	Glyncoed Primary School
Blaenau Gwent	Pontygof Primary School
Blaenau Gwent	Rhos-Y-Fedwyn Primary
Blaenau Gwent	St Joseph's R.C.
Blaenau Gwent	Waunlwyd Primary School
Blaenau Gwent	Ysgol Gymraeg Brynmawr
Blaenau Gwent	Abertillery Comprehensive School
Blaenau Gwent	Ebbw Vale Comprehensive School
Blaenau Gwent	Glyncoed Comprehensive School
Blaenau Gwent	Nantyglo Comprehensive School
Blaenau Gwent	Pen-Y-Cwm Special School
Bridgend	Betws Primary School
Bridgend	Mynydd Cynffig County Junior
Bridgend	Nantymoel Primary School
Bridgend	Penyfai C.I.W. Primary
Bridgend	St Robert's Primary Catholic School
Bridgend	Tynyrheol Primary School
Bridgend	Ysgol Cynwyd Sant
Bridgend	Ysgol G.G. Cwm Garw
Bridgend	Archbishop Mcgrath Catholic School
Bridgend	Brynteg Comprehensive School
Bridgend	Pencoed Comprehensive School
Caerphilly	Aberbargoed Primary School
Caerphilly	Bryn Primary School
Caerphilly	Cefn Fforest Primary School
Caerphilly	Cwmaber Infant School
Caerphilly	Deri Primary School
Caerphilly	Fleur-De-Lys Primary School
Caerphilly	Fochriw Primary School
Caerphilly	Libanus Primary School
Caerphilly	Machen Primary School
Caerphilly	Markham Primary School
Caerphilly	Pengam Primary School
Caerphilly	Phillipstown Primary School
Caerphilly	Pontlottyn Primary School
Caerphilly	St Helen's Catholic Primary School
Caerphilly	St James Primary

Caerphilly	Tiryberth Primary School
Caerphilly	Trinant Primary School
Caerphilly	Twyn Primary School
Caerphilly	Ty Sign Primary School
Caerphilly	Upper Rhymney Primary School
Caerphilly	Ynysddu Primary School
Caerphilly	Ysgol Gymraeg Bro Allta
Caerphilly	Ysgol Gymraeg Gilfach Fargoed
Caerphilly	Ysgol Gymraeg Trelyn
Caerphilly	Ysgol Gynradd Gymraeg Y Castell
Caerphilly	Ysgol Y Lawnt
Caerphilly	Ystrad Mynach Primary
Caerphilly	Glanynant Learning Centre (PRU)
Caerphilly	Bedwas High School
Caerphilly	Blackwood Comprehensive School
Caerphilly	Heolddu Comprehensive School
Caerphilly	Lewis Girls' Comprehensive School
Caerphilly	Newbridge School
Caerphilly	Oakdale Comprehensive School
Caerphilly	Pontllanfraith Comprehensive School
Caerphilly	Rhymney Comprehensive School
Caerphilly	Risca Community School
Caerphilly	St Martin Comprehensive School
Cardiff	Adamsdown Primary School
Cardiff	Bryn Hafod Primary School
Cardiff	Cefn Onn Primary School
Cardiff	Creigiau Primary School
Cardiff	Greenway Primary School
Cardiff	Holy Family R.C. Primary School
Cardiff	Lakeside Primary School
Cardiff	Llanedeyrn Primary School
Cardiff	Oakfield Primary School
Cardiff	Springwood Primary School
Cardiff	St Francis V.A. Primary School
Cardiff	St Mary The Virgin C.I.W. Primary School
Cardiff	St Mary's R.C. Primary School
Cardiff	Ysgol Gymraeg Coed-Y-Gof
Cardiff	Ysgol-Y-Wern
Cardiff	Bryn Y Deryn School and Student Support Unit
Cardiff	Cantonian High School
Cardiff	Cardiff High School
Cardiff	Fitzalan High School
Cardiff	Llanedeyrn High School
Cardiff	Llanishen High School
Cardiff	Llanrumney High School
Cardiff	Radyr Comprehensive School
Cardiff	Rumney High School

Cardiff	Whitchurch High School Upper
Cardiff	Willows High School
Cardiff	Ysgol Gyfun Gymraeg Glantaf
Cardiff	Ty Gwyn Special School
Carmarthenshire	Abernant C.P. School
Carmarthenshire	Caio County Primary School
Carmarthenshire	Carway C.P. School
Carmarthenshire	Cefneithin C.P.
Carmarthenshire	Copperworks Infant and Nursery School
Carmarthenshire	Cross Hands C.P. School
Carmarthenshire	Cwmifor C.P. School
Carmarthenshire	Ferryside V.C.P. School
Carmarthenshire	Gwynfryn CP School
Carmarthenshire	Halfway C.P. School
Carmarthenshire	Hendy C.P. Mixed School
Carmarthenshire	Johnstown C.P. School
Carmarthenshire	Llandeilo C.P. School
Carmarthenshire	Llandybie C.P. School
Carmarthenshire	Llangadog C.P. School
Carmarthenshire	Llangennech Junior School
Carmarthenshire	Llangunnor C.P. School
Carmarthenshire	Llanmiloe C.P. School
Carmarthenshire	Llansadwrn C.P. School
Carmarthenshire	Llanybydder C.P. School
Carmarthenshire	Maes Yr Morfa Community Primary School
Carmarthenshire	Meidrim C.P. School
Carmarthenshire	Myrddin C.P. School
Carmarthenshire	Myrddin C.P. School
Carmarthenshire	Nantygroes C.P. School
Carmarthenshire	Parc Y Tywyn School
Carmarthenshire	Pembrey C.P. School
Carmarthenshire	Pentip V.A. C.I.W. Primary School
Carmarthenshire	Pontiets C.P. School
Carmarthenshire	Pontyberem C.P. School
Carmarthenshire	Trimsaran C.P. School
Carmarthenshire	Y.G. Cynwyl Elfed
Carmarthenshire	Ysgol Bro Banw Community Primary School
Carmarthenshire	Ysgol Bro Banw Community Primary School
Carmarthenshire	Ysgol Capel Cynfab
Carmarthenshire	Ysgol Cefnbrynbrain
Carmarthenshire	Ysgol G. Rhydcymerau
Carmarthenshire	Ysgol Gruffydd Jones
Carmarthenshire	Ysgol Gynradd Llansawel
Carmarthenshire	Ysgol Gynradd Bancffosfelen
Carmarthenshire	Ysgol Gynradd Blaenau
Carmarthenshire	Ysgol Gynradd Brechfa
Carmarthenshire	Ysgol Gynradd Hafodwenog

Carmarthenshire	Ysgol Gynradd Hendy Gwyn Ar Daf
Carmarthenshire	Ysgol Gynradd Llanedy
Carmarthenshire	Ysgol Gynradd Parcyrhun
Carmarthenshire	Ysgol Gynradd Ponthenri
Carmarthenshire	Ysgol Gynradd Pum Heol
Carmarthenshire	Ysgol Gynradd Tycroes
Carmarthenshire	Ysgol Gynradd Wirfoddol Llanddarog
Carmarthenshire	Ysgol Gynradd Wirfoddol Llanllwni
Carmarthenshire	Ysgol Gynradd Ystradowen
Carmarthenshire	Ysgol Teilo Sant
Carmarthenshire	Ysgol Y Ddwylan
Carmarthenshire	Ysgol Y Felin
Carmarthenshire	Ysgol Y Fro (Llangyndeyrn)
Carmarthenshire	Ysgol y Fro
Carmarthenshire	Aalton House Tuition Centre
Carmarthenshire	Pwll KS3 Teaching and Learning Centre
Carmarthenshire	Amman Valley Comprehensive School
Carmarthenshire	Bryngwyn Comprehensive School
Carmarthenshire	Coedcae School
Carmarthenshire	Ysgol Gyfun Emlyn
Carmarthenshire	Ysgol Gyfun Gymraeg Bro Myrddin
Carmarthenshire	Ysgol Gyfun Pantycelyn
Carmarthenshire	Ysgol Gyfun Tregib
Carmarthenshire	Ysgol Gyfun Y Strade
Carmarthenshire	Ysgol Y Gwendraeth
Carmarthenshire	Ysgol Rhydygors
Ceredigion	Capel Seion Primary School
Ceredigion	Cardigan Community Primary School
Ceredigion	Coedybryn C.P.
Ceredigion	Llanwnnen C.P. School
Ceredigion	Mynach C.P. School
Ceredigion	Plascrug C.P. School
Ceredigion	Rhydlewis C.P. School
Ceredigion	St Padarns R.C.P. School
Ceredigion	Y.G. Capel Cynon
Ceredigion	Y.G. Glynarthen
Ceredigion	Y.G. Llanddewi Brefi
Ceredigion	Y.G. Llangynfelyn
Ceredigion	Y.G. Pontgarreg
Ceredigion	Y.G. Pontrhydfendigaid
Ceredigion	Ysgol Gynradd Llanfihangel-Y-Creuddyn
Ceredigion	Ysgol Gynradd Lledrod
Ceredigion	Ysgol Craig Yr Wylfa
Ceredigion	Ysgol Gymunedol Llannon
Ceredigion	Ysgol Gynradd Aberporth
Ceredigion	Ysgol Gynradd Beulah
Ceredigion	Ysgol Gynradd Bronnant

Ceredigion	Ysgol Gynradd Cei Newydd
Ceredigion	Ysgol Gynradd Cenarth
Ceredigion	Ysgol Gynradd Dihewyd
Ceredigion	Ysgol Gynradd Llanafan
Ceredigion	Ysgol Gynradd Llandysul
Ceredigion	Ysgol Gynradd Llangeitho
Ceredigion	Ysgol Gynradd Llanilar
Ceredigion	Ysgol Gynradd Llechryd
Ceredigion	Ysgol Gynradd Penllwyn
Ceredigion	Ysgol Gynradd Talybont
Ceredigion	Ysgol Gynradd Trewen
Ceredigion	Ysgol Llwyn-Yr-Eos
Ceredigion	Ysgol PenlÃ´n
Ceredigion	Ysgol Syr John Rhys
Ceredigion	Ceredigion Teaching and Learning Centre Aberaeron
Ceredigion	Ysgol Uwchradd Aberteifi
Ceredigion	Ysgol Gyfun Dyffryn Teifi
Conwy	Blessed William Davies School
Conwy	Conwy Road Infants School
Conwy	Llandrillo Yn Rhos Primary School
Conwy	Llanefydd School
Conwy	Mochdre Infants C.P. School
Conwy	Ysgol Babanod Llanfairfechan
Conwy	Ysgol Betws-y-Coed
Conwy	Ysgol Bod Alaw
Conwy	Ysgol Capel Garmon
Conwy	Ysgol Cystennin
Conwy	Ysgol Ffordd Dyffryn
Conwy	Ysgol Glan Conwy
Conwy	Ysgol Gynradd Pentrefoelas
Conwy	Ysgol Gynradd Tal-Y-Bont
Conwy	Ysgol Llanfair Talhaiarn
Conwy	Ysgol Nant Y Coed
Conwy	Ysgol Pant-Y-Rhedyn
Conwy	Ysgol T. Gwynn Jones
Conwy	Ysgol Trefriw
Conwy	Ysgol Y Foryd
Denbighshire	Bodnant Infants School
Denbighshire	Bodnant Junior School
Denbighshire	Heulfre Junior School
Denbighshire	Llandrillo C.P. School
Denbighshire	Llantysilio C.I.W. Controlled School
Denbighshire	St Brigid's School
Denbighshire	Twm O'r Nant
Denbighshire	Ysgol Bro Elwern
Denbighshire	Ysgol Bryn Collen Llangollen
Denbighshire	Ysgol Emmanuel

Denbighshire	Ysgol Esgob Morgan
Denbighshire	Ysgol Hiraddug
Denbighshire	Ysgol Pen Barras
Denbighshire	Ysgol Penmorfa
Denbighshire	Ysgol Tremeirchion
Denbighshire	Ysgol Y Llys
Denbighshire	Blessed Edward Jones R.C. School
Denbighshire	Prestatyn High School
Denbighshire	Rhyl High School
Denbighshire	St Brigid's School
Denbighshire	Ysgol Uwchradd Glan Clwyd
Denbighshire	Ysgol Tir Morfa
Flintshire	Abermorddu C.P. School
Flintshire	Broughton Infants School
Flintshire	Broughton Junior School
Flintshire	Brynford C.P. School
Flintshire	Buckley Southdown C.P.
Flintshire	Custom House Lane C.P.
Flintshire	Golftyn C.P. School
Flintshire	Merllyn C.P. School
Flintshire	Mountain Lane C.P. School
Flintshire	Mynydd Isa Junior School
Flintshire	Saltney Wood Memorial C.P. School
Flintshire	Sandycroft C.P. School
Flintshire	Sealand C.P. School
Flintshire	Shotton Infants School
Flintshire	St Anthony's R.C. Primary School
Flintshire	Ven. Edward Morgan R.C. Primary School
Flintshire	Wat's Dyke Infants School
Flintshire	Westwood Community Primary School
Flintshire	Ysgol Bro Carmel
Flintshire	Ysgol Bryn Coch C.P.
Flintshire	Ysgol Bryn Pennant C.P.
Flintshire	Ysgol Croes Atti
Flintshire	Ysgol Estyn C.P.
Flintshire	Ysgol Glan Aber C.P.
Flintshire	Ysgol Glanrafon
Flintshire	Ysgol Gwenffrwd
Flintshire	Ysgol Gymraeg Mornant
Flintshire	Ysgol Parc Y Llan
Flintshire	Ysgol Y Fron C.P. School
Flintshire	Ysgol Y Waun
Flintshire	Argoed High School
Flintshire	Connah's Quay High School
Flintshire	Elfed High School
Flintshire	Holywell High School
Flintshire	Alun School

Flintshire	St Richard Gwyn Roman Catholic High School
Flintshire	Ysgol Maes Garmon
Gwynedd	Y.G. Abergynolwyn
Gwynedd	Y.G. Rhostryfan
Gwynedd	Y.G. Y Groeslon
Gwynedd	Ysgol Abercaseg
Gwynedd	Ysgol Babanod Coed Mawr
Gwynedd	Ysgol Bodfeurig
Gwynedd	Ysgol Bro Hedd Wyn
Gwynedd	Ysgol Bro Plennydd
Gwynedd	Ysgol Cefn Coch
Gwynedd	Ysgol Cymerau
Gwynedd	Ysgol Dolbadarn
Gwynedd	Ysgol Edmwnd Prys
Gwynedd	Ysgol Ein Harglwyddes
Gwynedd	Ysgol Foel Gron
Gwynedd	Ysgol Gynradd Aberdyfi
Gwynedd	Ysgol Gynradd Abererch
Gwynedd	Ysgol Gynradd Beddgelert
Gwynedd	Ysgol Gynradd Bethel
Gwynedd	Ysgol Gynradd Bryncrug
Gwynedd	Ysgol Gynradd Edern
Gwynedd	Ysgol Gynradd Hirael
Gwynedd	Ysgol Gynradd Llanegryn
Gwynedd	Ysgol Gynradd Maesincla
Gwynedd	Ysgol Gynradd Nebo
Gwynedd	Ysgol Gynradd Nefyn
Gwynedd	Ysgol Gynradd Pennal
Gwynedd	Ysgol Gynradd Rhiwlas
Gwynedd	Ysgol Ieuan Gwynedd
Gwynedd	Ysgol Llanystumdwy
Gwynedd	Ysgol Llidiardau
Gwynedd	Ysgol Penybryn
Gwynedd	Ysgol Treferthyr
Gwynedd	Ysgol Tregarth
Gwynedd	Ysgol Y Friog
Gwynedd	Ysgol Y Gelli
Gwynedd	Ysgol Y Traeth
Gwynedd	Uned Bryn Llwyd
Gwynedd	Ysgol Ardudwy
Gwynedd	Ysgol Botwnnog
Gwynedd	Ysgol Brynrefail
Gwynedd	Ysgol Dyffryn Nantlle
Gwynedd	Ysgol Dyffryn Ogwen
Gwynedd	Ysgol Syr Hugh Owen
Gwynedd	Ysgol Uwchradd Tywyn
Gwynedd	Ysgol Hafod Lon

Isle of Anglesey	Ysgol Syr Thomas Jones
Merthyr Tydfil	St Illtyds R.C.Primary School
Merthyr Tydfil	Ysgol-Y-Graig Primary School
Merthyr Tydfil	Afon Taf High School
Merthyr Tydfil	Bishop Hedley High School
Merthyr Tydfil	Pen-Y-Dre High School
Monmouthshire	Caldicot West End Infants School
Monmouthshire	Castle Park Primary School
Monmouthshire	Govilon C.P. School
Monmouthshire	Llanfair Kilgeddin V.A. Primary
Monmouthshire	Llanfihangel Crucorney C.P. School
Monmouthshire	Llanover Junior and Infants School
Monmouthshire	Raglan V.C. Primary School
Monmouthshire	Thornwell Primary School
Monmouthshire	Ysgol Gymraeg Y Ffin
Monmouthshire	King Henry VIII Comprehensive School
Neath Port Talbot	Baglan Primary School
Neath Port Talbot	Blaendulais Primary School
Neath Port Talbot	Blaenhonddan Primary School
Neath Port Talbot	Brynhyfryd Primary School
Neath Port Talbot	Central Junior School
Neath Port Talbot	Creunant Primary School
Neath Port Talbot	Croeserw Primary School
Neath Port Talbot	Crymlyn Primary School
Neath Port Talbot	Cwmafan Junior School
Neath Port Talbot	Duffryn Afan Primary School
Neath Port Talbot	Glyncorrwg Primary School
Neath Port Talbot	Godre'rgraig Primary School
Neath Port Talbot	Llangiwg Primary School
Neath Port Talbot	Llansawel Primary School
Neath Port Talbot	Melin Infant School
Neath Port Talbot	Mynachlog Nedd Junior School
Neath Port Talbot	Neath Abbey Infants
Neath Port Talbot	Pontrhydyfen Primary School
Neath Port Talbot	Rhos Primary School
Neath Port Talbot	St Joseph's Infant School
Neath Port Talbot	St Josephs R.C.Primary School
Neath Port Talbot	Tairgwaith Primary School
Neath Port Talbot	Tirmorfa Primary School
Neath Port Talbot	Tonnau Primary Community School
Neath Port Talbot	Traethmelyn Primary School
Neath Port Talbot	Tywyn Primary School
Neath Port Talbot	Y.G.G. Blaendulais
Neath Port Talbot	YGGD Y Wern
Neath Port Talbot	YGGD Gwauncaegurwen
Neath Port Talbot	YGGD Trebannws
Neath Port Talbot	Ynysfach Primary School

Neath Port Talbot	Ynysmaerdy Primary School
Neath Port Talbot	Ysgol GG Rhos-Afan
Neath Port Talbot	Cefn Saeson Comprehensive School
Neath Port Talbot	Cwrt Sart Community Comprehensive School
Neath Port Talbot	Cymer Afan Comprehensive School
Neath Port Talbot	Dwr-Y-Felin Comprehensive School
Neath Port Talbot	Dyffryn School
Neath Port Talbot	Glan Afan Comprehensive School
Neath Port Talbot	Llangatwg Community School
Neath Port Talbot	Sandfields Comprehensive School
Newport	Alway Primary
Newport	Brynglas Primary School
Newport	Caerleon (Lodge Hill) Infants School
Newport	Caerleon (Lodge Hill) Junior School
Newport	Caerleon Endowed Infant school
Newport	Caerleon Endowed Junior School
Newport	Crindau Primary School
Newport	Duffryn Infant School
Newport	Duffryn Junior School
Newport	Gaer Infant School
Newport	Gaer Junior School
Newport	Glasllwch Primary School
Newport	High Cross Primary
Newport	Langstone Primary School
Newport	Maesglas Primary School
Newport	Malpas Park Primary School
Newport	Marshfield Primary School
Newport	Millbrook Primary School
Newport	Milton Infants School
Newport	Milton Junior School
Newport	Mount Pleasant Primary
Newport	Somerton Primary School
Newport	St Gabriel's R.C. Primary School
Newport	St Mary's R.C. Primary School
Newport	St Patrick`s R.C. Primary School
Newport	Duffryn High School
Newport	Hartridge High School
Newport	St Julian's School
Pembrokeshire	Angle V.C. School
Pembrokeshire	Burton V.C.P. School
Pembrokeshire	Cosheston V.C.P. School
Pembrokeshire	Croesgoch C.P. School
Pembrokeshire	Fenton C.P
Pembrokeshire	Hakin C.P. Junior Mixed School
Pembrokeshire	Haverfordwest Junior V.C. School
Pembrokeshire	Hook C.P. School
Pembrokeshire	Johnston C.P. School

Pembrokeshire	Manorbier V.C.P. School
Pembrokeshire	Mathry V.C.P. School
Pembrokeshire	Mount Airey C.P.
Pembrokeshire	Neyland Primary School
Pembrokeshire	Orielton C.P. School
Pembrokeshire	Pennar Community School
Pembrokeshire	Puncheston CP School
Pembrokeshire	Roch C.P. School
Pembrokeshire	St Aidans V.A.P. School
Pembrokeshire	St Florence V.C. School
Pembrokeshire	St Francis V.R.C. School
Pembrokeshire	St Teilos V.R.C. School
Pembrokeshire	Wolfcastle C.P. School
Pembrokeshire	Ysgol Gelli Aur Golden Grove
Pembrokeshire	Ysgol Gynradd Brynconin
Pembrokeshire	Ysgol Llanychllwydog
Pembrokeshire	Outreach Unit (SAGE)
Pembrokeshire	Pembrokeshire Pupil Referral Service
Pembrokeshire	Milford Haven School
Pembrokeshire	Pembroke School Ysgol Penfro
Pembrokeshire	Sir Thomas Picton School
Pembrokeshire	Tasker-Milward V.C. School
Pembrokeshire	The Greenhill School
Pembrokeshire	Ysgol Bro Gwaun
Pembrokeshire	Ysgol Dewi Sant
Pembrokeshire	Ysgol Gyfun Ddwyieithog Y Preseli
Powys	Llanfyllin C.P. School
Powys	Aberhafesp C.P. School
Powys	Arddleen C.P. School
Powys	Ardwyn Nursery and Infant School
Powys	Banw C.P. School
Powys	Beguildy C.I.W. School
Powys	Buttington Trewern C.P. School
Powys	Dolfor C.P. School
Powys	Forden C.I.W. School
Powys	Gungrog C.I.W. Infant School
Powys	Hafren C.P. Junior School
Powys	Irfon Valley C.P. School
Powys	Ladywell Green Nurs. and Inf. School
Powys	Leighton C.P. School
Powys	Llanbister C.P. School
Powys	Llandinam C.P. School
Powys	Llandrindod Wells C.I.W. School
Powys	Llanelwedd C.I.W. School
Powys	Llanfair Caereinion C.P.
Powys	Llanfechain C.I.W. School
Powys	Llanfihangel Rhydithon C.P.

Powys	Llangynidr C.P. School
Powys	Llanidloes C.P. School
Powys	Montgomery C.I.W. School
Powys	Nantmel C.I.W. School
Powys	Presteigne C.P. School
Powys	Talgarth C.P. School
Powys	Ysgol Maesydre
Powys	Gwernyfed High School
Powys	John Beddoes School
Powys	Llandrindod High School
Powys	Llanidloes High School
Powys	Newtown High School
Powys	Welshpool High School
Powys	Brynllywarch Hall School
Rhondda Cynon Taf	Aberdare Town C.I.W. Primary School
Rhondda Cynon Taf	Aberllechau Primary School
Rhondda Cynon Taf	Alaw Primary School
Rhondda Cynon Taf	Blaengwawr Primary School
Rhondda Cynon Taf	Bodringallt Primary School
Rhondda Cynon Taf	Capcoch Primary School
Rhondda Cynon Taf	Caradog Primary School
Rhondda Cynon Taf	Cwmaman Infants School
Rhondda Cynon Taf	Cwmbach C.I.W. Primary School
Rhondda Cynon Taf	Cwmclydach Primary
Rhondda Cynon Taf	Cwmdar County Primary School
Rhondda Cynon Taf	Glanffrwd Infant School
Rhondda Cynon Taf	Glynhafod Junior School
Rhondda Cynon Taf	Hendreforgan Primary School
Rhondda Cynon Taf	Llanhari Primary School
Rhondda Cynon Taf	Maerdy Primary School
Rhondda Cynon Taf	Oaklands Primary School
Rhondda Cynon Taf	Penrhiwceibr Primary
Rhondda Cynon Taf	Pentre Primary School
Rhondda Cynon Taf	Penygraig Junior School
Rhondda Cynon Taf	Pontrhondda Primary School
Rhondda Cynon Taf	Rhigos Primary School
Rhondda Cynon Taf	Ton Pentre Junior School
Rhondda Cynon Taf	Tonypandy Primary School
Rhondda Cynon Taf	Tonysguboriau Primary School
Rhondda Cynon Taf	Tref-Y-Rhyg Primary School
Rhondda Cynon Taf	Treorchy Primary School
Rhondda Cynon Taf	Trerobart Primary School
Rhondda Cynon Taf	Ynysboeth Junior School
Rhondda Cynon Taf	Ynyswen Infant School
Rhondda Cynon Taf	Ysgol G. G. Llwyncelyn
Rhondda Cynon Taf	Ysgol G.G. Bodringallt
Rhondda Cynon Taf	Ysgol G.G. Bronllwyn

Rhondda Cynon Taf	Ysgol G.G. Llyn Y Forwyn
Rhondda Cynon Taf	Ysgol G.G. Ynyswen
Rhondda Cynon Taf	Ysgol Gymraeg Abercynon
Rhondda Cynon Taf	Aberdare Boys' School
Rhondda Cynon Taf	Bryncelynnog Comprehensive School
Rhondda Cynon Taf	Cardinal Newman R.C. Comprehensive School
Rhondda Cynon Taf	Hawthorn High School
Rhondda Cynon Taf	Tonyrefail Comprehensive School
Rhondda Cynon Taf	Ysgol Gyfun Cymer Rhondda
Rhondda Cynon Taf	Ysgol Gyfun Llanhari
Swansea	Bishopston Primary School
Swansea	Blaenymaes Primary School
Swansea	Brynhyfryd Junior School
Swansea	Casllwchwr Primary School
Swansea	Dunvant Primary
Swansea	Gors Community Primary School
Swansea	Gorseinon Junior School
Swansea	Gorseinon Infant and Nursery School
Swansea	Gwyrosydd Primary
Swansea	Knelston Primary School
Swansea	Manselton Primary School
Swansea	Pentrechwyth Primary School
Swansea	Pentrepoeth Infant School
Swansea	Pentrepoeth Junior School
Swansea	Plasmarl Primary School
Swansea	Portmead Primary School
Swansea	St Helen's Primary School
Swansea	St Joseph's Cathedral Infant School
Swansea	St Josephs Cathedral Junior School
Swansea	Townhill Community Primary School
Swansea	Waun Wen Primary School
Swansea	Y.G.G. Bryn-Y-Mor
Swansea	Ysgol Gynradd Gymraeg Lonlas
Swansea	Key Stage 3 Education Centre
Swansea	Bishop Gore School
Swansea	Cefn Hengoed Community School
Swansea	Daniel James Community School
Swansea	Gowerton School
Swansea	Morriston Comprehensive School
Swansea	Pentrehafod School
The Vale of Glamorgan	Gladstone Primary School
The Vale of Glamorgan	Holton Primary School
The Vale of Glamorgan	Peterston Super Ely C.I.W. Primary
The Vale of Glamorgan	St Helen's R.C. Junior School
The Vale of Glamorgan	Partnership for young parents
The Vale of Glamorgan	Llantwit Major School
The Vale of Glamorgan	St Cyres Comprehensive School

The Vale of Glamorgan	Ysgol Erw'r Delyn
Torfaen	Blaenavon Hillside Nursery School
Torfaen	Brynteg Nursery School
Torfaen	Two Locks Nursery School
Torfaen	Blenheim Road Community Primary School
Torfaen	Croesyceiliog Primary
Torfaen	Griffithstown Primary
Torfaen	Hillside Primary School
Torfaen	Hollybush Primary School
Torfaen	Kemys Fawr Infants School
Torfaen	Maendy Primary School
Torfaen	New Inn Primary School
Torfaen	Our Lady of the Angels R.C School
Torfaen	Pontnewynydd Primary
Torfaen	St David's R.C. Jnr. and Inf. School
Torfaen	St Peter's C.V. Junior and Infants
Torfaen	Victoria Primary School
Torfaen	cwnffrwdoer
Torfaen	Croesyceiliog School
Torfaen	Fairwater High School
Torfaen	Llantarnam School
Torfaen	St Alban's R.C. High School
Torfaen	Ysgol Gyfun Gwynllyw
Torfaen	Crownbridge Special Day School
Wrexham	Caia Park Nursery School
Wrexham	Erddig Nursery School
Wrexham	All Saints Primary School
Wrexham	Brynteg County School
Wrexham	Cefn Mawr Primary School
Wrexham	Ceiriog Junior School
Wrexham	Froncysyllte C.P. School
Wrexham	Garth C.P. School
Wrexham	Gwenfro Community Primary School
Wrexham	Johnstown Junior School
Wrexham	Minera Aided Primary School
Wrexham	Pentre Church in Wales Controlled Primary School
Wrexham	Pontfadog C.P. School
Wrexham	St Mary's C.I.W. Aided School
Wrexham	St Mary's Primary (Ruabon) School
Wrexham	Tanyfron C.P. School
Wrexham	Ysgol Acrefair
Wrexham	Ysgol Min-Y-Ddol
Wrexham	Cyfle Young Mothers Unit
Wrexham	Gwersyllt Support centre
Wrexham	Ymlaen
Wrexham	Darland High School
Wrexham	Ysgol Bryn Alyn

Wrexham	Ysgol-Y-Grango

By virtue of paragraph(s) ix of Standing Order 17.42

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