

Petitions Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date:

13 May 2014

Meeting time:

09.00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

- 1 Introduction, apologies and substitutions**
- 2 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business: (9.00 – 9.10)**

Private discussion of issues arising from a petition.

Discussion of evidence session on 29 April 2014

- 3 P-04-471 Mandatory Welsh legislation to ensure Defibrillators in all public places (9.10 – 9.20) (Pages 1 – 16)**

Items deferred from the meeting on 29 April (9.20 – 9.40)

- 4.1 P-04-494 Robotic assisted laparoscopic prostatectomy must be made available to men in Wales now (Pages 17 – 19)**

- 4.2 P-04-527 Campaign for a Special Cancer Drug Fund in Wales (Pages 20 – 28)
- 4.3 P-04-459 A direct rail connection from Cardiff Airport to Cardiff central and west Wales (Pages 29 – 30)
- 4.4 P-04-506 Free bus pass / concessionary travel for benefit claimants , students and under 18s (Pages 31 – 32)
- 4.5 P-04-510 Public inquiry into the Breckman case in Carmarthenshire (Pages 33 – 36)

5 New petitions (9.40 – 10.00)

- 5.1 P-04-550 Planning Powers (Page 37)
- 5.2 P-04-551 Basic First Aid To Be Taught In Schools (Page 38)
- 5.3 P-04-552 Child Protection (Page 39)
- 5.4 P-04-553 A full and independent investigation in to the health risks of wireless and mobile phone technologies in Wales including all schools (Page 40)
- 5.5 P-04-554 An official Welsh Government policy that prohibits non transparent training organisations from working within public bodies (Page 41)
- 5.6 P-04-555 Stop the unethical and draconian proposed compulsory microchipping of dogs (Page 42)
- 5.7 P-04-556 No to Junction 41 closure (Page 43)

6 Updates to previous petitions (10.00 – 10.15)

Natural Resources and Food

- 6.1 P-04-385 Petition regarding balloon and lantern releases (Pages 44 – 48)
- 6.2 P-04-439 Ancient veteran and heritage trees of Wales to be given greater protection (Pages 49 – 50)
- 6.3 P-04-445 Save our Welsh cats & dogs from death on the roads (Pages 51 – 53)

Education

- 6.4 P-04-458 Keep Further Education in the Public Sector (Pages 54 – 55)

6.5 P-04-518 Universal Free School Lunches (Pages 56 – 59)

Housing and Regeneration

6.6 P-04-533 Environmental Planning for Small Scale Wind Turbine Sites (Pages 60 – 63)

Health

6.7 P-04-534 A campaign to secure CARDIGAN HOSPITAL (Pages 64 – 75)

Culture and Sport

6.8 P-04-539 Save Cardiff Coal Exchange (Pages 76 – 86)

7 Evidence Session – Bus Services in Wales (10.15 – 10.45) (Pages 87 – 90)

Daniel Thomas, Petitioner for Increase Funding for Welsh Bus Services

7.1 P-04-475 Wanted – Buses for Meirionnydd (Page 91)

7.2 P-04-513 Save the Wrexham/Barmouth X94 bus service (Page 92)

7.3 P-04-515 Increase Funding for Welsh Bus Services (Page 93)

Agenda Item 3

P-04-471 Mandatory Welsh legislation to ensure Defibrillators in all public places.

Petition wording:

We call on the Welsh Government to provide funding to ensure that, as with basic fire fighting equipment (eg. Extinguishers), Automated External Defibrillators are available in all Welsh Public places (either NHS, Charity or Privately funded) to ensure the rapid treatment of any Victim of Cardiac arrest. Supporting Information: Wales has led the way with important Public Health issues such as the smoking ban/s and the organ donor issue. Unlike fire extinguishers and first aid kits there is currently no legislation in the UK to ensure that an Automated External Defibrillators are available treat victims of sudden Cardiac Arrest in Public. Several recent high profile incidents have demonstrated how important they are in saving lives in our communities.

Petition raised by: Phil Hill

Date petition first considered by Committee: 16 April 2013

Number of signatures : 78

Sesiwn Dystiolaeth: Diffibrilwyr
Evidence Session: Defibrillators (29.04.14)

[1] **William Powell:** I would like to welcome you all here this morning. We have the lead petitioner Phil Hill, Richard Lee from the Welsh Ambulance Services NHS Trust and June Thomas, who is a local defibrillator campaigner on the petition, which is P-04-471, Mandatory Welsh legislation to ensure Defibrillators in all public places. We have a helpful research brief that all Members have seen. I would like now to ask you to introduce yourselves briefly to check the audio levels and for the Record of Proceedings. I also believe, Mr Hill, that you have an opening short presentation to share with us.

[2] **Mr Hill:** Thank you for the introduction. I would like to thank the Chair and the committee for inviting us today. My background is as an advanced nurse practitioner and prescriber, currently working within the Aneurin Bevan Local Health Board, but I have 25 years of special interest and professional interest in pre-hospital care and resuscitation. I have been an instructor for the Resuscitation Council (UK) for 18 years.

[3] I would like to introduce Mr Richard Lee, who is a clinical services manager and paramedic with the Welsh Ambulance Services NHS Trust. Part of Richard's remit is the management of the department that oversees public access defibrillator sites and community first responder schemes. Their professional input in the last two and a half years with my studies and with this petition has been invaluable.

[4] I would also like to thank June Thomas for showing such courage in agreeing to attend with us today. June has been a community defib campaigner since the sudden unexplained death of her 15-year-old son, Jack, at his girlfriend's home in the Gwent Valleys in 2012. He was previously fit and well, and had no warning symptoms before he arrested and collapsed on the sofa. Jack had received immediate continued basic life support—CPR—from friends and family, and the ambulance arrived very quickly with a defibrillator. Despite this excellent care, Jack could still not be saved. June works tirelessly currently with the local media in Gwent and charity organisations to get as many defibs into local schools as possible and cardiac risk assessments for young people. It was her wish that, like Jack, other victims of sudden cardiac arrest would get the best possible chances of survival with the ambulance service.

[5] In the last seven years, I have worked closely with WAST on a voluntary basis, setting up a first responder scheme near my home. However, for nearly two and a half years, I have been focused on my Master's study in developing a pilot tool with the public on awareness of, and attitudes to, public access defibrillators. This literature search led to the petition, because I wanted to put my studies and literature search to immediate use. I hope that the evidence that I have provided to you over the months has highlighted the importance of automated external defibrillators in public places. For every minute provision of an AED is delayed to a victim, the chance of survival is said to deplete 10% per minute. This is even if CPR is ongoing. Regardless of who funds the AED, such proliferation of AEDs in public places in Wales has led to questions about their availability and even public awareness of their use. It would be an absolute tragedy if somebody died near a building where there was an AED available, and yet it was locked away or only a select few knew it was there or were allowed to use it. This is contrary to national guidance from the Resuscitation Council, and this is maybe because there are currently many misconceptions about AEDs and public access defib schemes, including, 'Everybody has to have one, do they not?' To show this, I have done a map; sorry, I do not have many of them to hand out. It is a snapshot survey from my own memory of about a 4.5 by five mile radius near my home and it demonstrates the amount of defibrillators that are already in place. Obviously, funding is a big issue, but what people are surprised to know is that the defibs are already there; it is just that when the surgeries or whatever are closed, they are locked away.

[6] International evidence is starting to emerge that with simple, co-ordinated public awareness and training campaigns, reinforced with public access defibrillator legislation, survival rates can not only be doubled, but more than tripled on occasion. I feel passionately that AEDs should be treated with the same, if not greater, importance as first aid kits, firefighting equipment and even river rescue equipment, which have similar laws under health and safety legislation to reinforce their importance. As with the smoking bans and the organ donation law, I feel that, yet again, Wales could lead the way in the UK on this vital public health and life-saving issue. I would like now to invite both colleagues to speak for a few minutes on why they think this law would be important.

[7] **Ms Thomas:** Since Jack's death on 12 February 2012—I was unaware of Phil's petition—I set up Jack's Appeal. I have been fundraising to get defibrillators in the Rhymney Valley and Gwent comprehensive schools. The first one went into Oakdale Comprehensive School in October last year and

we are due to deliver another four to schools in the area. Obviously, as a mum, losing a child, it is about the importance of having this equipment to save a life; £1,000 is nothing and, as Phil has already said, the public should have easy access to it so that everybody can use it.

[8] **William Powell:** Thank you very much for that contribution. Mr Lee, you are next.

[9] **Mr Lee:** Hello, everyone. From an ambulance service point of view, we are aware of about 230 locations across Wales where there are currently public access defibrillators and we have good systems in place for activating those defibrillators when there is an appropriate incident nearby. A defibrillator, as June has already said, is a £1,000 device—there is one on the table here—that is increasingly designed to be used by somebody with no formal training. The machine talks when you turn it on; it gives you very clear instructions on what to do, including starting by telling you to remain calm and giving some reassurance to the user. There are a lot of myths about AEDs that they might make the situation worse. It is impossible to inappropriately treat a patient with an automated defibrillator. That is the whole point of them being automated; they will deliver an electric shock only to somebody whose heart has stopped and whose heart is in a particular type of rhythm when it has stopped. Members will be aware, I am sure, that your heart is an electrically powered device and rhythmically pumps blood around the body. From time to time, for various reasons, the heart goes into a condition called fibrillation, where the heart, instead of beating, is just quivering. The defibrillator is the only treatment that will reverse that. We have heard from Phil that, with every minute that passes, there is a 10% reduction in overall survival. An electric shock via a defibrillator from a lay person has saved many lives across Wales and across the UK, and could save more if more public access defibrillators were available.

[10] **William Powell:** Thank you very much. We are particularly grateful to you all, and to Phil, for having had the commitment to bring this petition forward, as well as for your joining us this morning. We are particularly grateful, for the reasons stated, to you, June, for having the courage to bring the issue forward in this particular way. I know that you have done some media work already this morning on this issue, and I know that there is a lot of media interest in these matters. We have limited time, and we have some important questions that we would like to bring forward with you.

[11] Phil, you have already addressed the issue regarding the fact that

quite a number of defibrillators are in buildings that are not accessible for large portions of time. However, what other barriers currently exist that prevent the installation and the effective use of automated external defibrillators in public places in Wales, and how would you propose that these problems are addressed so as to provide greater access to and public benefit from defibrillators throughout Wales?

[12] **Mr Hill:** I think that this is why the legislation is important. As I have shown, a lot of places, especially clinical areas, have a defib already, but, even among professionals, there is a misconception about who can use it and who they should let have it. As we have said, perhaps some focus could be put on changing the law to make people aware of their commitment of making a defib available 24/7, and, instead of just buying defibrillators all the time, making cabinets available, and reassuring people about legislation, litigation, and the fact that they are really fool-proof. So, I think that a lot of the barriers are around legislation and funding, when, as hopefully the map demonstrates, there are already an awful lot of defibs out there in Wales—extrapolated across the entire area—that could be co-ordinated with public training and charity work, as well as with the ambulance service.

[13] **William Powell:** We are very grateful for your bringing us the snapshot of this particular area near your home, which really brings home to us what a spread there already is of defibs, but, as you have said, many of them are not accessible. What action, in your view, should be undertaken to map across the whole of Wales the current provision that exists of defibrillators in order to identify where there are gaps?

[14] **Mr Hill:** I have my ideas for my research, but I will refer the question to Richard, because I know that he had similar ideas already.

[15] **Mr Lee:** We have good records of where these machines currently are. On the computer systems that we use within our clinical contact centres to manage 999 calls to the ambulance service, an information box pops up to our call taker to alert them to a presence of an AED, if we know that there is one there. We have processes in place to make sure that we capture new machines in the public sector, and especially in the health sector. There is a need for a greater co-ordination of defibs that are privately funded. A lot of companies will have provided a defibrillator in their workplace, and we need to find a way to make sure that all of those are captured.

[16] I think that the big opportunity is for us to ensure, in Wales, that,

where there is a defibrillator in a building, as Phil says, it is available 24 hours a day to the local community. That is as simple as the defibrillator being mounted in a cabinet on the outside of the building rather than being locked away in the building when that facility is closed. We know that a considerable number of cardiac arrests do not occur in public places, but occur at home. The thing that will make cardiac arrest a disease of the past is for a defibrillator to be widely available immediately for people in domestic situations. That can be achieved only by increasing the number of defibrillators that are available to the public in their residential areas.

[17] **William Powell:** Thanks. My colleagues are keen to open up their lines of questioning. Russell George is first.

[18] **Russell George:** Thank you, Chair. Thanks for attending. I have become more knowledgeable on this issue just in the last 10 minutes. However, where I live and work, I do not know where my nearest defibrillator is. I would guess that it is in the surgery, but, clearly, there is one nearer than that, and I did not know that before. Part of the issue, it seems to me, is that it is more an issue not of having more defibrillators made available but of making the ones that are there more easily available. I am just wondering how, and I take your point—. You are talking about having a public list of where the equipment is held. Have you any idea as to how that could be done? I am thinking of modern technology, apps and all sorts of things, but how could that be mapped and how could that information be sent to the public?

10:00

[19] **Mr Hill:** I think that it all has to be co-ordinated by the Welsh ambulance service, and the legislation is important, because of the evidence from other countries. For example, in north America—and I believe that this is happening in England—they have said that any new school build will have to have a defib, like a sprinkler system. However, if somebody has an arrest in a burger bar just over the road, they have no access to that defib. So, that person might then die. It is the same with airlines. Everybody assumes that there is a law that says that an aeroplane has to have a defib, and there is not. So, I think that the law would make—. Whether it is a charity, a school, or a train station, we do not really mind where or who you get your defib from, so long as it is a proper one and so long as it meets the requirements of the Welsh ambulance service and is mapped.

[20] **Mr Lee:** May I just pick up on the mapping issue? There are map applications available and there is a project being co-ordinated at the moment across the UK to look at a national database of AEDs and locations. That is being co-ordinated through one of the large charities.

[21] **Russell George:** I am also wondering how people—you can make them easily available, but how then do people know how to use them? I know that you mentioned that they can be used by anybody, but I did not know that. I would not know where to start, so that must be part of improving the situation.

[22] **Mr Hill:** It is a wider campaign.

[23] **Russell George:** It is. Absolutely.

[24] **Mr Hill:** That can be led by charities; it can be led by charities along with the Welsh ambulance service. There are at least two charities in Wales that provide free training, because the cost of training is often a concern. I think that part of the legislation should be signage. There is signage in this building now that tells us where we can escape from a fire, but, although there is national Europe-wide signage for a defib, that is no help if it is locked away on a trolley somewhere, or in a first aid room. So, that is part of the legislation. It is about signage and training and the Welsh ambulance service dispatcher talking the person through it.

[25] **Mr Lee:** That system is in place. If you dial 999 from a location where we know there is an AED, our call taker will give you advice on what to do. That does include talking through never having used a defibrillator before. The other thing that should not be underestimated is the power of the television. Certainly, I am aware of a colleague who is working hard to try to make sure that some story lines in some national dramas include AED usage, because we have seen in other health topics that a story line on *EastEnders* or *Pobol y Cwm* about something being done does drive up public awareness.

[26] **William Powell:** Bethan, you have a question.

[27] **Bethan Jenkins:** Yes. I do remember the situation with your son, and I am really sorry to hear about that. On a positive note, I think that what you are doing now is great in terms of taking something positive from a very tragic situation. I suppose, for me, it is interesting to know that we need

legislation, but I would like to understand, for the schools around your area and for the children, how that has affected them and changed their thinking. I was trained as a lifeguard, but I never used a defibrillator, and, as Russell asked, how could people at an early age benefit so that they have the confidence then when they are adults not to have to worry about or be intimidated by its usage? Perhaps it is about not just looking at the Minister for health and the health side of things, but more at the educational aspect through schools, because I see that as integral to giving people the armour for the future, really. So, could you just say a few things about what the school did, or what your area did, because if it is happening in your area, how can we make sure that it happens across other areas in Wales then so best practice can flow through?

[28] **Ms Thomas:** My experience of Jack was that he was a 6 ft 3 in healthy boy who never had any underlying health problems whatsoever. It was such a shock. He was just sat on the sofa and his heart just stopped and we still do not know to this day what happened to Jack. The school rallied around. I also work with another charity, called CRY—Cardiac Risk in the Young. I have a heart-screening programme coming into Oakdale Comprehensive School on 6 June, which would have been Jack’s eighteenth birthday. Along with that, I thought about the defibs; the screening and the defibs go hand in hand. So, I approached the schools first. I approached Oakdale Comprehensive School and spoke to the headteacher there. He was more than willing to have a defib, and have charities coming in to train all of the children. There are four other schools now involved. So, that is all lined up.

[29] I think that it was such a shock, especially for the younger children, as people think that heart attacks and stuff are for old people. When they see that this happened to Jack, they see that it can happen to anyone. A lot of these children are rallying around; they are doing the fundraising because they want the defibs in the schools. I went to Risca Community Comprehensive School and spoke to 20 students there. They asked me questions about Jack and we talked about the defib. We are running Jack’s Appeal with the *South Wales Argus*, but they turned to their headteacher saying, ‘Yes, we’ll help Jack’s appeal, but are there any funds, sir, for us to buy our defib now?’ The headteacher said, ‘Yes, there are’. So, that school has gone out and bought a defib, and they are all having their training.

[30] **Bethan Jenkins:** Okay. Thank you.

[31] **William Powell:** Joyce, you indicated that you had a question.

[32] **Joyce Watson:** Yes, I have a couple of questions. One is that your statement said that you cannot shock a heart that should not be shocked. I am just trying to think outside here what sort of situation might people meet. If you were to meet someone who had a heart pacemaker, for example, because they had atrial fibrillation or such like, is it possible, if they had an attack—an AF—which people might actually think is a heart attack, that that person would be harmed by the use of an automated external defibrillator? Is that possible? I am just trying to think—and this is what has come to my head because I am not a medical professional, as you might have worked out—of the sort of scenario where there could be confusion and possible harm done. That is why I am asking that question.

[33] **Mr Lee:** Without suggesting that we do this, I could put this machine on Phil now and turn it on and it would tell us to stay calm; it would tell us to wait and not touch him; and then, very quickly, it would come back and say, 'No shock advised; start cardiopulmonary resuscitation'. That is what it would say because the software inside the machine would realise that Phil is not in cardiac arrest. Now, the machine cannot see him, so it would advise us to start CPR, but it will not deliver an electric shock. So, if someone has fainted and they are unconscious, we would encourage people to stick the pads on and turn the machine on; the machine will then either advise an electric shock if the patient is in cardiac arrest, or will not if the patient has fainted. These machines are used in large organisations on a daily basis, such as the London Underground, Virgin Atlantic and British Airways. Due to the number of people that they deal with every day, they will apply these machines every day and they are used very safely. When they were new, 20 years ago, the technology was such that there were errors, but these machines now are entirely reliable.

[34] **Joyce Watson:** My next question, following on from the fact that you cannot make a mistake, is about optimum time. It seems obvious to me that there must be an optimum time between the urgent need to re-start someone's heart, which would go alongside the availability. Do you have any information regarding that, because you are calling for legislation to make the defibrillators available from inside the building to outside the building? I am assuming that that is to do with time.

[35] **Mr Lee:** The evidence shows us that if someone's heart stops, within three to four minutes their brain will start to suffer through lack of oxygen. So, the first three or four minutes in a cardiac arrest are vital. It is vital that

someone starts CPR because that will buy time. It is vital that someone dials 999 to get professional help on the way, and it is vital that someone delivers an electric shock through a defibrillator. If those things are done in the first three or four minutes, that will give the patient the greatest chance of survival. As Phil said, with every minute that passes between someone's heart stopping and a defibrillator being applied, the chance of survival dwindles by 10%.

[36] **Mr Hill:** And that is with CPR.

[37] **Mr Lee:** That is with CPR. A large chunk of our best successes for cardiac arrest patients whose hearts have stopped and have been re-started and who go on to live a healthy life are people who were in leisure centres or other areas where, at the point that they went into cardiac arrest, a member of staff applied a defibrillator. There is one leisure centre in Wales that I am aware of that, on three occasions over the past five years, has resuscitated people before we have arrived. That is really powerful for a device that costs £1,000. Those are three young people who have gone home to their families to lead a well life. In terms of the prudent healthcare agenda, good outcomes are prudent healthcare. Reviving somebody who goes on to live a functional life after their injury or illness is a good example of spending health money wisely. With every minute that goes by, that outcome becomes worse and, therefore, the patient will need more support in future.

[38] **Joyce Watson:** My final question—I thought I would bunch them all together, with your permission, Chair—

[39] **William Powell:** Yes.

[40] **Joyce Watson:** You call for legislation, but where will the duty be placed? I think that that has to be the biggest question that has not been asked yet. According to where you place that duty, there are all sorts of complications, possibly, that might fall out from that.

[41] **Mr Hill:** As we have said, with the best care—the best resuscitation care—as with Jack, the outcome can be negative. It is only really ever going to be—I hate to put stats on individuals—50:50, is it not, even with the best care? So, the worry is obvious, namely that if a leisure centre or a hotel has to have one by law, with the signage in the cabinets, 'We will be sued if someone dies in the foyer'. The evidence, as I have said, from other countries is that it is more a case that the finger of blame gets pointed where there is

half-hearted legislation that says, 'We only need them for certain buildings', because everybody just assumes then that everywhere has got to have one and this building will not let that building have one and whatever. Whereas, if it is a blanket rule that, if you are a public area or a clinical area, you need to let people have access to a defib in case of an arrest near your premises, everyone has that expectation. The Resuscitation Council and the British Heart Foundation released a statement last October that was very clear. They said that, although it is not law—and they have obviously sought legal advice—it would be very unlikely—. You are more likely to get into trouble, probably, if next door has one, but you do not and then the person could not access it. So, if you have one, yes, it has to be maintained and there needs to be a level of training for those staff, but it is about having them available. That is the key, in the same way as we have fire extinguishers available. As you say, nobody really worries about, 'Oh my God, if I use this fire extinguisher now, will I get sued?' There should be the same mentality with the defibs.

[42] **William Powell:** Bethan, I think you had a brief final question.

[43] **Bethan Jenkins:** This might seem like a stupid question now—nobody steals fire extinguishers—but I have this vision that if you put defibrillators just randomly outside places—. They are only £1,000, but £1,000 is £1,000. Do you have evidence from different countries on where they put them, so that there is at least somebody around who would know what to do? I have a concern that, if it was in a residential area, someone could take it into their house and not steal it essentially, but not put it back. What are the practicalities of having them so public that they are everywhere and that we lose control over the situation? I am not saying that that will happen, but I always work from that basis.

[44] **Mr Lee:** In all the train stations, they are in unlocked cabinets. Certainly, in Swansea, there is one right in the centre of the city in an unlocked cabinet. I am only aware, over the past five years, of one occasion when a machine went missing and, following a front-page article in the local paper, it was miraculously returned to a local police station, having been found. So, we do not see these things going missing. As you say, fire equipment does not go missing and this would be similar.

[45] **William Powell:** This has been an incredibly powerful evidence session. We are running into the last couple of moments, but I think that it would be that bit more powerful—. Phil, I know that you spoke about doing a brief

demonstration regarding this—or perhaps it was Richard who was leading on that. You also spoke of the power of television. I wonder if you could undertake, as has been suggested, a brief demonstration to skill us up in the way that we have requested.

10:15

[46] **Mr Hill:** While Richard is setting up, I will just say that, when we do these sessions for children, they have absolutely no fear of technology. Post Olympics, I did some teaching for children and, literally, they are operating it as quickly as this. They see the pictures and they work. Children have no fear of technology in my experience.

[47] **William Powell:** We have much to learn from them, absolutely.

[48] **Mr Hill:** You teach them CPR and they are straight in there.

[49] **Mr Lee:** Okay, here is the machine. This is one make; there is a different model here as well. When you open the machine there is an ‘on’ button, which does this: the machine comes on, and the machine will prompt you what to do. So, if we open that one up, Phil, and turn it on, we can hear it talk.

[50] **Mr Hill:** This is a training one.

[51] **Mr Lee:** So, the first thing it does is say ‘Unit okay’ to tell you it is going to work. Then it tells you, ‘Attach the defib pads to the patient’s bare chest’. The defib pads come out of this packet, and you stick them to the patient’s chest. You can see that there are pictures on them. So, we have attached the pads, and then the machine will run through advising us what to do. We have got the pads on, and the machine now says that it is analysing. The machine is deciding what to do. It is telling you, ‘Don’t touch the patient’. Then it will either tell you that it wants to give the patient an electric shock, or—. It is telling you to press the button. It will keep making that high-pitched noise until you do. Now it is telling me to start CPR. It gives me a beeper to tell me how quickly to do the chest compression. There is even a mark on the chest to tell me where to do it. It will continue to beep like this for two minutes. Then it will say that it is analysing again, and then it will deliver another shock if it needs to. You can hear from the beeps that the CPR gets quicker as the person gets more confident with it. It will continue to do this for two minutes or until such time—. The gap now is for us to do

rescue breaths on the patient. Then it will continue with the metronome, and at two minutes it will tell me that it is going to analyse the patient again. Then it will deliver another shock if that is indicated. If there is no shock at the end of the two minutes, it will say, 'No shock advised', and it will tell you to continue CPR. That is how simple they are.

[52] This one is actually more complicated because it is a training one, so there is a remote control. However, on the real one, there is one button. As you can see, there is an on/off switch, and there is a switch to deliver the electric shock, and that is as complicated as they are. They really are designed to be dead simple to use. There are even some real simple instructions on the front cover in pictorial form, for anyone who is hard of hearing or who cannot deal with the instructions.

[53] **Mr Hill:** This is why the signage is important.

[54] **William Powell:** Absolutely.

[55] **Mr Lee:** These machines really are very simple to use for £1,000.

[56] **William Powell:** Thank you very much to lead petitioner, Phil Hill, Richard Lee, and especially to June Thomas for coming today and giving us this really special insight into why you have brought the petition, and the potential that the wider availability of defibrillators would offer the people of Wales. Thank you very much indeed. Just to reassure you, we will provide you with a transcript of the evidence session today, and that because of shortage of time, we will come back on 13 May, at the next meeting of this committee, to consider the matter in the round, and the evidence that you have brought today. Thank you very much indeed for your time and all the trouble that you have taken.

[57] Colleagues, I will just alert you to the fact that we have had notice that ITV Wales will be interviewing the petitioners and, just after this meeting—obviously the timing is difficult for some of us—I think they are keen to speak to some of us, if that is possible. I just flag that up as a—

[58] **Joyce Watson:** If we finish at 10.45 a.m., it will be possible.

P-04-471 Mandatory Welsh Legislation to ensure Defibrillators in all public places – Correspondence from the Petitioner to the Committee – Newspaper article from the Liverpool Echo

Major victory for Oliver King Foundation as Government says all schools should have defibrillators

David Cameron praises Mark's father Oliver King and presents him with Point of Light award



Mark King, Cllr Jake Morrison and Keith McAllister deliver a letter to David Cameron calling for it to be made law for defibrillators to be installed in all public buildings

The government is to announce that it wants all schools to have defibrillators as part of their first aid kits and will subsidise the the life-saving kit.

At the same time, Prime Minister David Cameron is to give Mark King of the [Oliver King Foundation](#) a special award recognising his efforts to make make sure all schools are equipped with them.

The news is a major milestone in the campaign by Mr King and the OK Foundation – supported by the ECHO – to make sure that no child dies in the way Mr King's son Oliver did.

The football-mad youngster Liverpool youngster died while swimming in the pool at King David School in 2011, aged just 12.

He had suffered cardiac arrest and was found to have died of sudden arrhythmic death syndrome (SADS).

But he could have been revived had a defibrillator been on hand.

The Department for Education is now looking for a supplier who will be able to provide the defibrillators at much less than the £1000 price so that all schools can have one as part of their first aid equipment.

Prime Minister David Cameron will be presenting Mr King with a Point of Light award which celebrates the extraordinary efforts of the OK Foundation over the last three years.

Revealing Mr King was to win the award, which was first awarded in the USA and is handed out by President Obama to outstanding individuals, Mr Cameron said: "Losing a child is the most painful thing that can ever happen.

"Mark has spearheaded a national campaign to help ensure that other parents don't have to face what he has been through.

"The new defibrillators that we are going to see in schools are a tribute to his inspirational leadership and I'm so pleased to be able to recognise Mark as a Point of Light."

The defibrillator programme in the Department for Education is being spearheaded by Lord Nash, the children's minister.

He said: "There is nothing more important than keeping children safe at school. That is why this government is today publishing updated guidance to schools on managing children with medical conditions.

"By securing defibrillators at a reduced price schools will find it much easier to install these potentially life-saving devices. We hope schools right across the country will take advantage of this."

The announcements mark a considerable shift in the government's position from when it initially refused to meet with the OK Foundation, which went on to top more than 150,000 signatures on an e-petition in order to make itself heard and force a government debate on the need for defibrillators in schools.

Since then it has worked tirelessly to ensure Merseyside schools have the equipment, and now every secondary school in Liverpool has one, and all schools in Knowsley and Wirral.

Some Liverpool primaries are also starting to buy them out of their own budgets, and Mr King visits to train staff on how to use them.

Mr King said the government's support was great news, but said there would always be more to be done in memory of his Oliver to make sure no other family went through the same heartache when the tragedy is so easily preventable.

He said: "It's a big turnaround from last year, they didn't want to know anything about us last year.

"They sent us away and said 'get 100,000 signatures and you can have a debate in parliament. We actually got 150,000 on the final count and they put us in Westminster Hall but since then we haven't given up.

"It's very very hard to get to get going every morning, to get up, to get your family going and get yourself going but we do it. It's easy to give in.

"The way I looked at it we can draw our curtains and nothing we can say or do will bring my Olly back, or we can open the curtains and come out fighting and take it to the government and that's what we've done.

"My Olly was special as every child is to the parents, there's nothing more important than the wellbeing of our kids, and I cannot sit down and look at the statistics of losing 19 young people a week because SADs goes undetected and undiagnosed because it shows no signs."

Mr King added he was looking forward to hopefully convincing Prime Minister Mr Cameron to bring in legislation that makes the machines compulsory in the same way they are required by law to have fire extinguishers.

He added: "I'll get his attention. I'm like a dog with a bone."

P-04-494 Robotic assisted laparoscopic prostatectomy must be made available to men in Wales now

Petition wording:

Robotic assisted laparoscopic prostatectomy is the 21st Century Gold standard. Wales as a nation must be at the forefront in offering this standard. We, the undersigned, are appalled by the fact that men in Wales with prostate cancer cannot be offered robotic surgery in Wales, yet in England ALL men have this choice with at least 40 locations offering this treatment and with men from Wales having to pay thousands of pounds to access this capability in these English NHS facilities (typically between £13-15,000). Clearly, many men in Wales cannot afford this. We call on the National Assembly for Wales to urge the Welsh Government together with the National Health Service of Wales to resolve this totally unfair predicament and serious lack of essential resource within our NHS in Wales without delay. It is vital that this technology, this 21st Century Gold Standard is offered to men in Wales. It simply cannot be right that such technology is available elsewhere and that men from Wales have to pay to avail themselves of it in an NHS facility in England.

Petition raised by: Professor Kevin Davies MBE

Date petition first considered by Committee: 16 July 2013

Number of signatures: 2090. An associated petition collected 1,000 signatures.

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



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-494
Ein cyf/Our ref MD/00860/14

William Powell AM
Chair
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

5 March 2014

Dear William

Thank you for your letter regarding Cardiff and Vale University Health Board (UHB) being allocated funding from the Health Technologies Fund for a robotic surgery system at the University Hospital of Wales for treatment for prostate problems.

You have asked about ensuring equal access to treatment across Wales. Currently patients in South Wales do not have access to robot assisted minimally invasive surgery. This contrasts to the position in North Wales where patients travel to Manchester for robot assisted surgery where it has been commissioned at the Christie Hospital.

Cardiff & Vale UHB proposed the development of a central service across South Wales based on draft National Institute of Clinical Excellence (NICE) guidelines and evidence from the National Institute of Health Research (NIHR) which set out a minimum of 150 cases per annum.

Cardiff & Vale UHB is in the process of procuring the first robot for the treatment of prostate cancer and establishing a regional service, which draws in activity and consultant support from the South Wales region, particularly from Abertawe Bro Morgannwg and Aneurin Bevan UHBs. As such, the proposed development would ensure that there is no inequity in access to this specialist service in Wales.

Best wishes

Mark

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

P-04-494 Robotic assisted laparoscopic prostatectomy must be made available to men in Wales now – Correspondence from the Petitioner to the Clerking Team, 05.03.2014

Dear Kayleigh,

Thank you for the response to the petition.

Please can you convey the following to Mr Powell.

I can confirm that I have now had a chance to relay the response to the very many interested parties within Wales. To say that we are extremely disappointed but completely unsurprised is an understatement. The FACT that men in England can access over 40 robotic NHS (free of charge) centres for early prostatic cancer surgery is unequivocal. They have a patient choice to do so.

The FACT that no men in Wales have such a choice is damning. The FACT that Welsh men are paying anything from £13,000 for this service in English NHS centres is an indictment on the Welsh system. We are not talking about a rare condition here. The FACT is that it is very common and to potentially minimise the risk of impotence, incontinence and depression is surely in the best interests of the patient, their family and society in terms of personal, social and employment relationships.

I could of course go on but I have written to the current health minister and indeed his predecessor with the detail of the situation. The FACT is that I have only ever received terse and obtuse answers from staff and NEVER from the minister to whom I addressed the papers. Another member of group has though received a response from the First Minister which was equally disappointing and dismissive. The one centre which will in time come to Cardiff will not be enough to treat all of the men in Wales who could benefit but it is a start. That said the way in which the disparate components of health delivery operate in Wales will probably mean inter health board payment constraints which will of course further impair the patient choice.

Kind regards Kevin

Professor K Davies MBE, RRC, TD

PhD, MA, RN, PGCE

Agenda Item 4.2

P-04-527 Campaign for a Special Cancer Drug Fund in Wales

Petition wording:

Beth Margetson is one of our town's residents whose life has been overshadowed by a dreadful disease we know as cancer and it will affect nearly 1 in 3 of us at some point during our lives. Many will survive yet others in advanced stages of this disease like Beth are unable to gain access to the latest treatments that have not been approved by NICE although a pathway exists in England & Scotland to obtain treatment via a Cancer drug fund. Here in Wales no such fund exists yet each year over 74 million free prescriptions are issued in Wales at a cost of over £550 million to the NHS in Wales. We therefore request that the Welsh Assembly Government introduce a nominal charge (e.g. £1.00) for prescriptions in order that a special Cancer Drug fund be set up in Wales with the proceeds so that people like Beth and many hundreds of others like her at least have a chance that is being denied to them thus far unlike people in England or Scotland.

Petition raised by: Cllr Sean Aspey

Date Petition first considered by Committee: 21 January 2014

Number of signatures: TBC

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



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-527
Ein cyf/Our ref MD/00625/14

William Powell AM
Chair
Petitions Committee
committeebusiness@Wales.gsi.gov.uk

19 February 2014

Dear William,

Thank you for your letter of 31 January regarding the petition from Porthcawl First about establishing a Cancer Drugs Fund funded by prescription levy. The Welsh Government has no plans to introduce a Cancer Drugs Fund. This decision is based upon the view that the NHS Wales must be an equitable health system and that treatment decisions must be based on evidence of clinical and cost effectiveness. A Cancer Drugs Fund, such as the one run in England, would unfairly disadvantage many patients with serious conditions other than cancer and it is not supported by all clinicians or the general public when presented with balanced information. Our commitment in Wales is to provide evidence based, cost-effective treatments to everyone, rather than give preference to one set of patients.

In Wales we have our own medicines appraisal system (the All Wales Medicines Strategy Group (AWMSG) which determines whether a medicine is cost-effective and should be made routinely available to patients in Wales, often before NICE complete their appraisal process.

Even where medicines have not been approved by NICE or the AWMSG, there is no blanket ban on availability and these non-approved treatments can still be funded if the patient meets the necessary criteria set out in the individual patient funding request (IPFR) process. In 2012-13 more than 210 of the IPFR requests were approved

The Welsh Government Cancer Delivery Plan focuses on what makes a difference and it covers the whole spectrum from prevention, early detection, through to treatment and sadly for those at the end of their lives – palliative care services.

Our free prescriptions policy is a key element of an equitable health service in Wales. One of our biggest challenges is improving the health of all Welsh citizens and treating major life threatening conditions like diabetes and heart failure as early as possible to stabilise the condition and prevent complications. Research tells us that many people with these conditions were unable to afford the medication they needed to manage their chronic health conditions before the prescription charge was abolished in Wales. It is not our intention to change the current arrangement. A levy of £1 per prescription item for the 74 million items dispensed in Wales last year would mean that some of our most disadvantaged and elderly patients would have to pay more than £8 a month (for 8 items at £1 per item) to pick up their regular, prescribed medication. This would simply not be fair and the associated administrative burden of re-introducing a system to collect and account for the monies would also present a significant challenge.

Our evidence based approach to accessing new medicines is a logical one and we believe it is the fairest way to use the resources available to Wales. The free prescription policy has not contributed to our decision not to establish a cancer drug fund in Wales; rather it is an extension of our commitment to ensuring all patients can access the medicines they need.

Best wishes

Mark

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

William Powell, AM

Chair – Petitions Committee

National Assembly for Wales

Pierhead Street

Cardiff, CF99 1NA

14th March 2014

Dear *William,*

P-04-527 Campaign for a Special Cancer Drug Fund in Wales

Thank you for the opportunity to comment on the petition from Porthcawl First on a Special Cancer Drug Fund in Wales (P-04-527).

The difficulties faced by patients across the UK in gaining access to modern medicines is a longstanding problem, leading to political debate and media articles, which often cite challenging personal testimonials. We have nothing but sympathy for the individual circumstances being experienced by Ms. Margetson and others.

In 2013, analysis from the Office of Health Economics (OHE)¹ confirmed that the UK lags behind comparable countries in terms of use of branded medicines. This followed on from The International Variations in Drug Usage Report² which, worryingly, showed that for patients suffering from a range of conditions, including cancer, the UK had fallen behind most countries with similar economies and health systems.

The work of the International Cancer Benchmarking Partnership³ has shown the contribution to improving survival rates that high quality treatment for patients with advanced forms of lung, breast and ovarian cancer can make. Many of the cancers with the highest survival rates are also those characterised by significant improvements in treatment on recent years. News that prostate cancer mortality rates have declined by 20 per cent over the past two decades shows what can be achieved. But for every breast cancer, prostate cancer or lymphoma, there is a lung, pancreatic or oesophageal cancer, where outcomes remain stubbornly poor.

The comparison with outcomes in other countries also indicates how far we have to go if we are to achieve the aspiration of having the best cancer outcomes in the world.

The Cancer Drugs Fund (CDF) in England has been highly effective in allowing tens of thousands of NHS patients to benefit from innovative new cancer medicines that they otherwise would not have been able to receive. However, whilst the ABPI welcomed its announcement and the associated improvement in access to a range of cancer medicines in England, the existence of the Fund is indicative of the challenge in ensuring that current UK health technology assessment (HTA) methods and processes are able to work effectively for cancer and other specialist medicines. The ABPI

¹ OHE analysis for the ABPI, Benchmarking the uptake of new medicines in the UK – international perspective, 2013

² <https://www.gov.uk/government/publications/extent-and-causes-of-international-variations-in-drug-usage>

³ <http://www.cancerresearchuk.org/cancer-info/spotcancerearly/ICBP/>



believes that the CDF in England should continue until such time as HTA evaluation processes are reformed to better encourage and reward innovation, and are shown to be appropriate for the evaluation of cancer medicines.

In Wales, the All Wales Medicines Strategy Group (AWMSG) appraises all new medicines for which no National Institute for Health and Care Excellence (NICE) guidance is expected for at least 12 months from the date of submission (i.e. normally 6 months from AWMSG appraisal and the anticipated date of NICE final advice). This comprehensive and compulsory use of HTA introduces significant challenges for clinicians, patients and the pharmaceutical industry, especially;

- when the evidence-base needed for HTA appraisal may be limited e.g. treatments for ultra-orphan, orphan diseases and small applicable populations in Wales
- if the appropriateness of HTA methodology is not suitable or aligned to the disease area in question, such as cancer treatments or end of life / palliative care, and
- in advance of either a NICE or AWMSG published guidance and implementation

In Scotland and England, the current limitations of HTA are recognised with additional and alternate methods of funding (such as the CDF, Routine Commissioning Lists, Specialised Commissioning, Baseline Commissioning, Medicine's Fund (for rare disease), etc.) providing alternative national routes to funding and fair patient access to innovative treatments when supported by clinical opinion.

Until very recently, in Wales, the only alternative route to funding a medicine not approved by AWMSG or NICE was for clinicians to progress their patients through an Individual Patent Funding Request (IPFR). These are deemed time consuming and bureaucratic by patients and clinicians alike, and require evidence of patient "exceptionality" which excludes some individual patients and disqualifies multiple applications, as would be expected for a clinically effective new cancer medicine. Concerns relating to the IPFR process have led the Minister for Health and Social Services to ask for a Review to be undertaken, which is due to report back to him by the end of March, 2014.

However, and whilst this review of process is on-going, AWMSG has agreed that if a new medicine – regardless of the disease area – is not recommended for use by NICE on the grounds of cost-effectiveness, an opportunity should be extended to the pharmaceutical company concerned engage subsequently for further HTA re-assessment by AWMSG, who will be able to consider the evidence base in relation to the specific Wales context. However it remains unclear and untested as to whether this additional re-assessment will overcome the current limitations with the HTA process and improve the range of medicines routinely funded.

The Committee may wish to gain further evidence from the All Wales Medicines Strategy Group on its agreed change of process to inform its response to the petition.

I hope that the above is useful to the Committee in its consideration of (P-04-527) Campaign for a Special Cancer Drug Fund in Wales. Naturally, if we can provide any further information or clarification we would be very happy to do so.

Regards

Dr Richard Greville
Director – ABPI Cymru Wales



Note:

Who We Are:

The Association of the British Pharmaceutical Industry (ABPI) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in the UK.

Our industry, a major contributor to the economy of the UK, brings life-saving and life-enhancing medicines to patients. Our members supply 90 per cent of all medicines used by the NHS, and are researching and developing over two-thirds of the current medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome diseases.

The ABPI is recognised by government as the industry body negotiating on behalf of the branded pharmaceutical industry for statutory consultation requirements including the pricing scheme for medicines in the UK.

ABPI Cymru Wales was established in 2003 in recognition of the evolving distinctiveness of the health agenda in Wales. We enable the collaborative working of ABPI members with a declared interest in Wales. ABPI Cymru Wales currently has an active membership of over 25 ABPI member companies.



Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE **Access to Medicines**

DATE **30 April 2014**

BY **Mark Drakeford AM, Minister for Health and Social Services**

This Written Statement explains the Welsh Government's approach to ensure people in Wales can access innovative and cost-effective medicines. It also serves to announce the outcome of the review commissioned into the Individual Patient Funding Request (IPFR) process.

Demand for healthcare continues to increase and the emergence of new and very often high-cost medicines places further pressures on our finite resources. The challenge is to make sure we only invest in medicines where the proven benefit is in balance with their cost, thereby ensuring we do not invest in medicines not proven to deliver high-value outcomes. This is why we must also take an evidence-based approach to determine which treatments should be routinely available in the NHS. It provides everyone with assurance investment is focused on bringing about clear health, social and economic benefits, regardless of what disease they or their loved ones have the misfortune to suffer.

To deliver this evidence-based approach we invest substantially in our own medicines appraisal process, which is undertaken by the All Wales Medicines Strategy Group (AWMSG). Its work complements that of the National Institute for Health and Care Excellence (NICE) and brings together an expert panel of health professionals, scientists, patient advocates, the pharmaceutical industry and lay representatives to assess new and existing medicines to ensure evidence-based, cost-effective medicines are available to all people in Wales.

AWMSG and NICE provide authoritative and expert advice on the management of medicines. To date, AWMSG has issued guidance on 205 medicines, of which 167 have been approved for use in the NHS in Wales. Some of these medicines were appraised in advance of NICE guidance and clearly demonstrate we have an effective, evidence-based process to make new medicines routinely available. The success of this approach has been confirmed in a recent study by Chamberlain et al, which compared access to cancer medicines in England and Wales. Published in the British Journal of Cancer in February 2014, the findings included:

- Wales had a faster uptake of the medicines most recently launched and subsequently recommended by NICE;
- Medicines deemed not cost-effective by NICE were more frequently prescribed in England than in Wales;
- The Cancer Drugs Fund in England did not expedite access to new cost-effective cancer medicines when compared to Wales;
- In England there is provision of less-evidence based treatment and/or more unlicensed treatment, when alternative, more cost-effective treatments exist.

To adopt an evidence-based approach informed by rigorous appraisal requires the pharmaceutical industry to engage with AWMSG. To improve the likelihood of a favourable appraisal outcome by AWMSG we established, in April 2012, a Wales Patient Access Scheme. This helps to ensure cost discounts on new medicines can be considered by AWMSG during its appraisals and further opens up the opportunity for more new, cost-effective medicines to be routinely available in Wales. To date, seven new medicines have been made available using this scheme and we are looking at how to encourage more pharmaceutical companies to participate and offer medicines at a cost in line with their clinical outcomes.

The conventional approach to appraising medicines has proved challenging in respect of rare diseases where patient numbers are very low. These medicines are normally referred to as orphan and ultra-orphan medicines. While the NICE highly specialised technologies programme aims to cover some ultra orphan-medicines - and the intention is to adopt this advice where appropriate - there remains a gap in developing the evidence base for orphan and ultra-orphan medicines. This is why a review of the appraisal process for these particular treatments has been commissioned. The report has been consulted on and the chair of AWMSG has been asked to undertake the work required to develop and implement a whole-system approach to the identification, appraisal and monitoring of this group of medicines; the aim being to ensure that patients with rare diseases have fair and equitable access to appropriate, evidence-based treatments

The report into the appraisal of orphan and ultra-orphan medicines and a summary of consultation responses received is available at:
<http://wales.gov.uk/topics/health/publications/health/reports/orphan/?lang=en>

I am also pleased to announce the early access to medicines scheme, which has been developed by the Medicines and Healthcare Products Regulatory Agency (MHRA), will apply in Wales. It will make a small number of new medicines available at the earliest possible stage where the MHRA has advised they are safe and it is appropriate to do so. The scheme is aimed at new medicines which will treat serious or life-threatening diseases where no effective treatment currently exists.

Where a medicine or treatment has not been appraised or approved for use in the NHS in Wales, a clinician can apply for it to be made available under the IPFR

process¹. This process allows access to treatments where there is clear evidence a patient will benefit because of some exceptional clinical circumstances.

In October last year, I commissioned a review of the IPFR process to ensure the system is robust and working properly. The review group has now completed its work and concluded it does support rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales.

The group has also made a number of recommendations to strengthen the IPFR process, including enhanced transparency and inter-panel consistency. Its report is available at <http://wales.gov.uk/consultations/healthsocialcare/funding/?lang=en> and we will now carry out an eight-week public consultation into the group's recommendations.

Taken together, the elements outlined above provide a comprehensive and coherent appraisal to the complex and challenging issue of determining access to new treatments in Wales, which are rooted in evidence, shaped by clinical outcomes and tested against the core principles of openness, fairness and consistency.

¹ The IPFR process covers both medicine and non-medicine technologies

Agenda Item 4.3

P-04-459 A direct rail connection from Cardiff Airport to Cardiff central and west Wales

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government develop a direct rail connection from Cardiff Airport itself to Cardiff central and west Wales.

There is a substantial need for a fast direct rail route straight from the actual Cardiff International Airport itself directly into Cardiff Central train station (and westwards to west Wales) so that national and international visitors are properly serviced and catered for at our National Airport. There is already a railway stop at Rhoose which is less than a mile away from the airport. It is a wasted opportunity not to extend this line to Cardiff International Airport itself so that travellers from all over the world, straight from their flight, can jump straight on to a train that takes them to the capital city of Wales and beyond.

Petition raised by: Sovereign Wales

Date petition first considered by Committee: 19 March 2013

Number of signatures: 39

Edwina Hart MBE CStJ AC / AM
Gweinidog yr Economi, Gwyddoniaeth a Thrafnidiaeth
Minister for Economy, Science and Transport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-459
Ein cyf/Our ref EH/00913/14

William Powell AM
AM for Mid & West Wales
Chair Petitions committee
committeebusiness@Wales.gsi.gov.uk

20 March 2014

Dear William,

Thank you for your email of 11 March regarding an update for the Petitions Committee on a direct rail connection from Cardiff Airport to Cardiff Central and West Wales.

I have established a Metro Implementation Group to bring forward proposals on the South East Wales Metro. The Group is exploring future options to improve public transport access to and from the airport including the potential for a direct rail line. Improved rail connections to West Wales will be considered as part of the next Wales and Borders franchise.

The Metro Implementation Group are due to deliver their Implementation Plan to me in June, I will of course up date you when I have considered their proposals.

Agenda Item 4.4

P-04-506 Free bus pass / concessionary travel for benefit claimants, students and under 18s

Petition wording:

I live in an area where wealthy landowners and owner occupiers have access to free bus travel/pass due to their age , while a few miles away benefit claimants have to pay in order to "sign-on"! This is another example of the poor and vulnerable being regressively charged for a public service which is essential to their daily lives, it is unfair and unjust. To remedy this unfair system I hereby petition the Welsh Assembly to set up a scheme for the poor and vulnerable in our society to have free access to bus services in wales and concessionary fares on the rail network. This can easily be funded by transferring benefits currently being wastefully awarded to the wealthy members of society.

Additional information:

If adopted this measure will greatly assist the poor in Wales to have the basic human right to travel, access local services and, in addition: improve environment by reducing co2 emissions. Encourage use and increase capacity of public transport. Improve emotional well-being. Encourage aid employment opportunities for unemployed. Aid access to basic health care needs. Demonstrate the need for an integrated public (re-nationalised) transport system.

Petition raised by: Mark Griffiths

Date petition first considered by Committee: 8 October 2013

Number of signatures: 60

P-04-506 Free bus pass / concessionary travel for benefit claimants, students and under 18s – Correspondence from the Petitioner to the Clerking Team, 14.04.14

Dear Kayleigh,

I would appreciate it if you could pass on my response to the minister's letter to the committee;

Im fully aware of the current difficult financial circumstances but feel the concession in its present guise is unjust and ill conceived as it is awarded to many individuals with both the means and resources to travel as and where they please - even globally !!

I strongly recommend as a method of progressive redistribution the concession be focussed upon the members of society subject to exclusion and poverty and , therefore , restrictions upon their ability to fully participate and engage with their local communities .

I suggest an unbureaucratic and low cost scheme to administer would be to instruct bus companies to accept proof of means tested benefit , the cost for this could be redirected from the wasteful schemes that private employment agencies {such as 'working links' } currently administer ...

I hope this can be seriously considered

Regards
Mark Griffiths

Agenda Item 4.5

P-04-510 Public inquiry into the Breckman case in Carmarthenshire

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to establish a public inquiry into the maladministration of Carmarthenshire County Council's planning department regarding the case of Mr. and Mrs Breckman of Maes Y Bont, Carmarthenshire.

Petition raised by: Alan Evans

Date petition first considered by Committee: 11 November 2013

Number of signatures: 63

Document is Restricted

P-04-550 Planning Powers

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to investigate how devolved planning powers could be used to bring vacant or derelict sites of land into beneficial use".

We are especially concerned that vacant or derelict sites like the former Kwik Save site in St Mellons, Cardiff can become a blight upon communities and attract anti-social behaviour.

We wish the investigation to consider whether current powers to take action against landowners of vacant or derelict land are adequate, including the potential to compel owners to take action at their own expense to remove eyesores or derelict structures.

We call for an investigation to take place before the proposed Planning Bill is passed by the Assembly.

Petition raised by: St Mellons Action Group

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 41

Agenda Item 5.2

P-04-551 Basic First Aid To Be Taught In Schools

Petition wording:

We, the undersigned, hereby call upon the Welsh Government to make it compulsory for all pupils in their GCSE years to undergo basic First Aid training.

We believe that first aid is an essential life saving skill that every young person has the right to have and as such should become a compulsory part of secondary education. Being trained in first aid can carry a lot of responsibility but has a lot of benefits. In dangerous situations first aid training can make the difference between life or death. So just knowing how to put someone in the recovery position or even by calling an ambulance effectively can save lives.

Petition raised by: Tim Clarke

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 11

P-04-552 Child Protection

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to review and strengthen child protection criteria and consider establishing a regulatory body for Wales. This should aim to ensure that those who have charge of children, whether that's in schools, youth clubs, charities where children are the main focus, or people coming into contact or being invited in as patrons, governors, ambassadors, public servants or anybody appointed by children's charities are assessed as to their suitability to work with and around children.

Additional information: As it stands, local and county councillors and people appointed as ambassadors or Chairs of children's charities do not undergo DBS checks. Most of these people get open door access to children because of their position. In the light of the Jimmy Saville affair and the Ian Watkins affair, will the Welsh Assembly now recognise that we can no longer blindly accept people on the basis of their celebrity or social position and allow them access to children.

Petition raised by: Montessori Centre Wales

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 40

Agenda Item 5.4

P-04-553 A full and independent investigation in to the health risks of wireless and mobile phone technologies in Wales including all schools

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to conduct a full and independent investigation in to the effects of Electro Magnetic Fields created and emitted by wireless technologies, phone masts, mobile phones and other frequency emitters and domestic appliances on the health and general well being of humans and the natural world. There is now an enormous body of evidence demonstrating that the bombardment of modern traffic in electro magnetic fields can be harmful, causing DNA and cellular damage, having an impact on immune function and causing an increased risk of cancer and a loss of fertility – with children being especially susceptible to these threats.

Petition raised by: Cymru Sofren / Sovereign Wales

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 11

P-04-554 An official Welsh Government policy that prohibits non transparent training organisations from working within public bodies

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to form an official policy that prohibits non transparent training organisations, consultancies and charities from operating within the Welsh Government, civil service, local Government and within public funded bodies in Wales in general; in the form of in house training or otherwise. Unaccountable training organisations, consultancies and charities using public money should be refrained from any such activity without being fully transparent and providing full disclosure of what their courses entails and what the cost is to the tax payer and to the public in general. A full list of such training programmes should include ones that cater for career and personal development and advancement as well as ones not directly related to the persons employment. This full disclosure policy for public bodies in Wales would reinforce the Welsh Governments commitment to transparency and openness.

Petition raised by: Cymru Sofren / Sovereign Wales

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 10

Agenda Item 5.6

P-04-555 Stop the unethical and draconian proposed compulsory microchipping of dogs

Petition wording:

We call on the Welsh Assembly to urge the Welsh Government to stop their proposed planned compulsory microchipping of dogs. Microchipping of dogs has not been proven to be more effective, cheaper or kinder to dogs. It has proven to be far more expensive than normal methods such as tattooing or permanent tags, is intrusive and brings in to question basic animal rights and ethics. There is also increasing evidence that chips can cause cancer in animals. A collar with a tag is by far the easiest and most effective way of reuniting a dog and its owner– anyone who can read can use this system. According to campaign groups such as ChipMeNot, there would also be a real environmental impact from microchips due to the chips themselves, the need for readers, batteries for each reader, the computers to administer the database and so on.

Petition raised by: Sovereign Wales + ChipMeNot

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 11

P-04-556 No to Junction 41 closure

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government not to close Junction 41 of the M4 for the following reasons: 1. The closure will negatively impact the town centre traders and businesses. 2. The closure will cause traffic chaos in the town as residents try to access the motorway. 3. There has been insufficient consultation with the townspeople. 4. Further research is needed into alternative solutions. 5. The new train station cannot be a transport hub if it is not easily accessible. 6. It will adversely affect the town redevelopment.

Additional Text: Again, the needs of motorists have been prioritised over those of the people of Port Talbot. The town was desecrated when the motorway was originally built through the heart of the town and now we are expected to suffer the pollution whilst traffic passes through our town on the way to somewhere else! The motorway, not the Steelworks, is the towns biggest polluter, and yet we who breathe it in will be unable to gain access to it. Plans to reroute the towns traffic through the streets will add to traffic pollution and bring chaos. People of the town understand the issues with the motorway but demand real consultation on options and alternatives. Please give us a chance to protect our town.

Petition raised by: Rose David

Date Petition first considered by Committee: 13 May 2014

Number of signatures: 1652

Agenda Item 6.1

P-04-385 Petition regarding balloon and lantern releases

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to legislate against the intentional release of balloons and Chinese (or Air) lanterns into the air.

Petition raised by: Bryony Bromley

Date petition first considered by Committee: 1 May 2012

Number of signatures: 564

Supporting information:

The Cardiff Regional Eco-Committee (made up of pupil representatives from Cardiff Green Flag Eco-Schools) recently passed a motion to work towards legislation to prevent mass intentional Balloon and Chinese/ Air Lantern Releases due to the damaging effect that they have on wildlife, both on land and at sea.

Balloon Releases

There have been many cases of wildlife being discovered with latex balloons in their stomachs, blocking their intestinal tract: Marine species, particularly marine turtles and some sea birds, may mistake floating balloons for their jellyfish prey and swallow them, or become entangled and drown. Once swallowed, a balloon may block the digestive tract and eventually lead to death by starvation. The Marine Conservation Society (MCS) have carried out autopsies on a considerable number of marine wildlife that have been found washed up on beaches, confirming the results of balloon litter on the digestive tract.

The NFU has publicised the risk of grazing animals choking on balloons and in balloons contaminating hay, again posing a choking risk

(<http://www.telegraph.co.uk/earth/agriculture/farming/8494881/Farmer-wins-compensation-after-Red-Nose-Day-balloon-kills-cow.html>)

Recent marketing campaigns have suggested that it is possible to carry out an 'eco-friendly' balloon release using biodegradable balloons able to decompose at the same rate as an Oak leaf.

- Oak leaves are very high in tannins and can take two years to fully decompose if not exposed to high levels of sunlight or water.

Following research in 2008, Keep Wales Tidy has stated that intentional balloon releases should be considered a form of littering. Since beginning to record balloon litter as part of their LEAMS surveys in 2008–09, Keep Wales Tidy has observed balloon litter in each of Wales' 22 local authorities. In one county balloon litter has been observed on 17% of streets.

The Marine Conservation Society has run campaigns to stop balloon releases, since 1996 and there are currently at least 23 authorities in the UK who have upheld a ban on mass balloon releases. Data shows that the amount of balloon litter found on Welsh beaches has unfortunately trebled over the last 15 years as the practice becomes more popular.

Approximately 10% of balloons released into the air fall back to earth intact. This figure is higher when the balloon is tied with plastic ribbons and tags.

<http://www.mcsuk.org/downloads/pollution/dont%20let%20go.pdf>

Chinese/ Air lanterns

The Marine and Coastguard Agency has warned of the dangers of Chinese lanterns, based on them being confused with distress flares.

The RSPCA has warned that the wire structure of lanterns could cause "extreme discomfort" to cattle if ingested.

The National Farmers Union has called for a ban on Chinese lanterns, owing to the danger posed to grazing animals.

<http://www.bbc.co.uk/news/magazine-11265560>

Owing to the fire hazard, the Chief Fire Officers Association (CFOA) recently warned people against releasing the lanterns, saying although they looked spectacular "once airborne they cannot be controlled".

<http://www.bbc.co.uk/news/uk-england-13934378>

The Irish Aviation Association has highlighted the risk lanterns pose to aviation and is now demanding that permission be sought from them for any releases in the Republic of Ireland. They also insist that the nearest Air Traffic Control Unit, the Irish Coastguard and local Garda Station be informed.

(Publication by the Irish Aviation Association, Sky Lanterns and the risk to Aviation.)



Department
for Environment
Food & Rural Affairs

Nobel House
17 Smith Square
London SW1P 3JR

T 08459 335577
helpline@defra.gsi.gov.uk
www.gov.uk/defra

William Powell AC/AM
Chair Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA

Your ref: P-04-385
Our ref: MC342908/ON

April 2014

The Rt Hon Owen Paterson MP
From the Secretary of State

Thank you for your letter of 17 March requesting a response to your previous correspondence of 23 July 2013 about a petition on Chinese lanterns. I am sorry we have no record of receiving your previous letter but I am happy to provide the latest Government position on this issue.

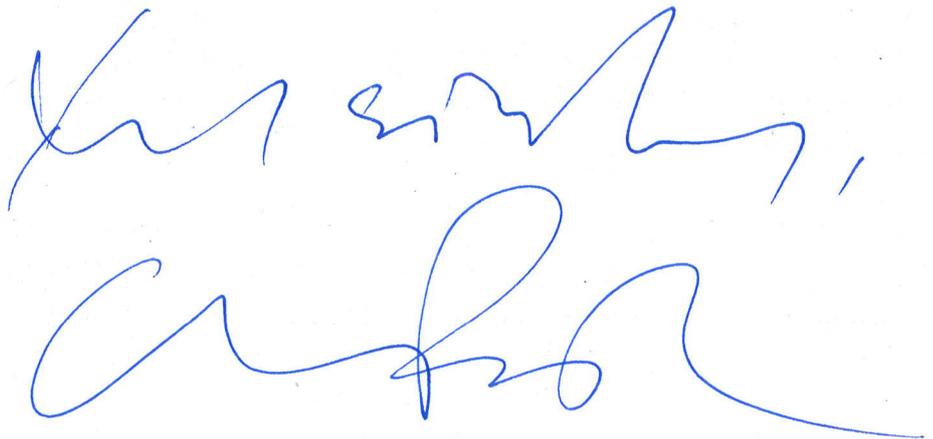
As you know, over the last few years there have been a number of representations from farming and conservation groups campaigning for a complete ban on the sale and use of sky lanterns on the grounds of animal welfare and unsightly debris/litter. This was in large part the prompt for the study to which your letter refers. The report found that the risks were relatively minor, with highly localised impacts rather than a widespread problem. It concluded that there is some potential for lanterns to create fire risks.

As Alun Michael AC/AM notes in his reply of 15 October 2013, any action by Government must be proportionate to the level of risk and grounded in firm evidence. At present, this is insufficient to justify and support action to ban the use of sky lanterns. Information from the Department for Communities and Local Government (DCLG) shows that in the four years from 2010-11 to 2013-14, the number of sky lantern fire incidents reported by fire and rescue authorities has reduced by a half from 200 (2010-11) to 100 in 2013-14. This equates to 0.1% of outdoor fire incidents. Most of these incidents (95%) caused little or no damage.

We know that voluntary actions and initiatives to raise awareness and highlight risks can be effective, and we are working across government and with retailers and the hospitality sector to raise awareness and look for ways to improve standards and safety.

In December, for example, Defra officials met with the British Retail Consortium (BRC), the Association of Convenience Stores, the Department for Communities and Local Government (CLG), the British Standards Institute, and retailers of sky lanterns. The main outcome was an agreement that the BRC will develop a new Code of Practice for sky lanterns to address concerns about their safety. The aim is to have an agreed Code of Practice in place by June 2014. This will set out good practice that importers, retailers and manufacturers should aim for when sourcing or selling sky lanterns and the hazardous elements of design they should avoid. Defra has also met with officials from the National Outdoor Events Association, (NOEA), who have offered to lend their weight to the development and take-up of the Code.

We regularly promote the safe use of sky lanterns, especially during key dates in the calendar such as bonfire night. We also commissioned a sky lantern safety infographic for regular use on our social media sites such as Twitter, which currently reaches an audience of over 55,000 followers. Last year, we published a 5-point safety guide on Defra's Facebook site. As the peak season for weddings approaches we will continue to promote these important safety messages. Other organisations such as the Royal Society for the Prevention of Accidents (RoSPA) also publish useful advice and information to promote the safe use of sky lanterns.



THE RT HON OWEN PATERSON MP

Agenda Item 6.2

P-04-439 : Ancient veteran and heritage trees of Wales to be given greater protection

Petition wording:

We believe that the ancient, veteran and heritage trees of Wales are a vital and irreplaceable part of the nation's environment and heritage.

We call on the National Assembly for Wales to urge the Welsh Government to provide greater protection for them, for example by:

- Placing a duty on the new Single Environmental Body to promote the conservation of such trees by providing advice and support for their owners, including the grant aid where necessary;
- Amending current Tree Preservation Order legislation to make it fully fit for purpose in protecting ancient, veteran and heritage trees, in line with proposals by Coed Cadw (the Woodland Trust);
- Incorporating the database of trees recorded and verified through the Ancient Tree Hunt project as a dataset in any successor to the Wales Spatial Plan, recognising these as 'Trees of Special Interest' and providing this information to Local Planning Authorities in Wales so that it can be incorporated into their GIS system, for information.

Petition raised by: Coed Cadw Cymru

Date petition first considered by Committee: 4 December 2012

Number of signatures: 5,320

Alun Davies AC / AM
Y Gweinidog Cyfoeth Naturiol a Bwyd
Minister for Natural Resources and Food



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-439
Ein cyf/Our ref AD-/00615/14

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

24 April 2014

P-04-439 Ancient Veteran and Heritage Trees of Wales

Thank you for your letter received by email on 8 April regarding the above. Please note the following in response to your questions:

- **Structure and membership of the Group**

The Task and Finish Group comprises individuals drawn from the public, private and voluntary sectors, each with expertise and experience in relation to the protection of trees in Wales. The Group's membership is annexed to this letter. The Group is supported by my officials in the Forest Policy Team.

- **Consider adding a nominee from Coed Cadw**

You will note from the Group's membership that there are two representatives from Coed Cadw/Woodland Trust participating as members on the Group.

- **The findings of the Group**

I will inform your Committee of the Group's findings following their report to me, which will be at the conclusion of their work.

Alun Davies AC / AM
Y Gweinidog Cyfoeth Naturiol a Bwyd
Minister for Natural Resources and Food

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Alun.Davies@wales.gsi.gov.uk
Printed on 100% recycled paper

Agenda Item 6.3

P-04-445 : Save our Welsh cats & dogs from death on the roads

Petition wording:

We, the undersigned, call on all Welsh Residents who own cats and dogs to support our petition to the Welsh Government to remove the ban on electronic collars linked with invisible boundary fencing/hidden fencing so that we can protect our companion pets from harm either from: a) Road Traffic b) Straying into Danger c) Causing accidents for which we owners of cats & dogs might legally be held liable.

Petition raised by: Monima O'Connor

Date petition first considered by Committee: 15 January 2013

Number of signatures: 10 – Associated petition collected approximately 500 signatures

Alun Davies AC / AM
Y Gweinidog Cyfoeth Naturiol a Bwyd
Minister for Natural Resources and Food



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref AD-/00557/14

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

April 2014

Electronic Shock Collars

Thank you for your letter of 25th March about the use of electronic shock collars, and for forwarding the correspondence you have received on the matter.

The Welsh legislation that bans the use of electronic collars has been in force since 2010 and as you are aware, in line with normal procedures, it is expected that officials will start to review this policy position later this year. The correspondence you have forwarded will be included in the evidence considered during that process.

I will write to you again once progress has been made on the review.

Alun Davies AC / AM
Y Gweinidog Cyfoeth Naturiol a Bwyd
Minister for Natural Resources and Food

**P-04-445 Save our Welsh cats & dogs from death on the roads -
Correspondence from the Petitioner to the Clerking Team, 03.05.14**

Dear Kayleigh

I would be very pleased, at my own cost to invite the Chairman William Powell and any other Committee members, at a mutually agreeable date between May and the end of June to visit a home or (homes) just across the Severn Bridge in England which has/have an invisible fence installed. There is a dog training centre further up the M4 in Maidenhead also if desired.

Kind regards

Monima O'Connor

Agenda Item 6.4

P-04-458 Keep Further Education in the Public Sector

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to ensure:

1. Further education, along with publicly funded assets, is retained within the public sector.
2. Colleges continue to be bound by the national agreements in FE, such as the national pay scales.
3. The introduction of an all-Wales contract for FE lecturers.
4. Welsh Ministers do not dissolve colleges and give colleges the ability to transfer the property, rights and liabilities to another body.

Petition raised by: UCU Crosskeys Branch

Date petition first considered by Committee: 19 February 2013

Number of signatures: 246



Eich cyf/Your ref P-04-458
Ein cyf/Our ref KS/00326/14

William Powell AM
Chair Petitions committee

committeebusiness@Wales.gsi.gov.uk

17 April 2014

Dear William,

Re: P-04-458 Keep Further Education in the Public Sector, (18 February 2014).

I write in response to your enquiry regarding a matter raised in a recent petition, in which you requested the latest information on the timeframe for the introduction of the all-Wales contract for lecturers in further education. My officials have been in contact with Colegau Cymru, the representative body for further education colleges in Wales, who have provided the following statement:

“A survey of colleges showed that from 1 September 2014 eight colleges are looking to implement the common contract plus one in which lecturers and managers but not business support staff will move to the new contract. From September 2015, one college and the business support staff from the other college will transfer; and a further two colleges from September 2016. One college has not yet made a decision. Because staff have the right not to transfer until September 2016, in some colleges not all staff will transfer in 2014 or 2015. However all staff will have moved over by 1 September 2016.”

I trust this provides sufficient detail to answer your enquiry.

Yours ever

Ken Skates AC / AM
Y Dirprwy Weinidog Sgiliau a Thechnoleg
Deputy Minister for Skills and Technology

Agenda Item 6.5

P-04-518 Universal Free School Lunches

Petition wording:

We the undersigned call on the Welsh Government to introduce a free hot lunch scheme for all children in reception, year 1 and year 2.

Additional Information:

A number of studies have shown that hunger affects concentration, and that children who are well nourished perform better at school. Extending free school meals will also help families meet the cost of living as it has been estimated that the average school meal costs parents £437 per year for each child. The UK Government has announced that all five-to-seven year-old pupils in English state schools will receive free school meals. We believe the Welsh Government should do likewise.

Petition raised by: Jane Dodds

Date petition first considered by Committee: 26 November 2013

Number of signatures: 14

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-518
Ein cyf/Our ref HL/02031/13

William Powell AM
AM for Mid & West Wales
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

2 January 2014

committeebusiness@Wales.gsi.gov.uk

Dear William

Thank you for your letter of 16 December 2013 in which you enclose a petition on the provision of free school meals.

We believe in providing free school meals to those who need them most and encourage those eligible to take them up. Free school meals are an important aspect of our anti-poverty agenda and a means of reducing health inequalities due to poor diet.

It is important to remember that Wales led the way in the UK by introducing free breakfast in primary schools in 2004; a scheme which is now well established. Due to recent changes in legislation, local authorities now have a statutory duty to provide free school breakfasts to all children of primary school age.

Furthermore, in September this year, the Welsh Government introduced the Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013, which set out the types of food which can and cannot be provided during the school day, and defines the nutrient content of school lunches. The Welsh Government has also recently amended legislation which allows local authorities to charge flexibly for school lunches.

With these changes, we aim to provide free meals to those most in need, allow local authorities the freedom to price their meals more competitively and ensure the food provided is nutritionally balanced.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Huw Lewis'.

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

P-04-518

2 Park House
Dairy Square
Powis Castle
Welshpool
Powys,
SY21 8RF

COPY- Resent
on 17th April
2014

jane.dodds13@gmail.com

The National Assembly For Wales,
Cardiff Bay,
Cardiff,
CF99 1NA

20th March 2014

Dear Petitions Committee,

Whilst I appreciate the Minister's response regarding free school meals, I was very much disappointed by it.

Since I started my petition, it has come to my attention that the Scottish Government has now also agreed to introduce universal free school meals. I believe this once again shows how important this is. Welsh families are going to be at a huge disadvantage.

Not only will free school lunches ensure that all pupils are enjoying a healthy lunch, which helps them concentrate better, but it also helps the family budget. It is also the case that 25% of all pupils eligible for free school meals do not even claim their meals. One of the reasons often cited for this is the fear of stigma. Universal free schools meals would put an end to this fear of stigma.

The Minister referred to free school breakfasts. I welcome this initiative, but see no reason for it to be an excuse not to introduce free universal lunches. It should be pointed out that only around 24% of primary age pupils in 2012-13 took a free school breakfast. Free school lunches would reach practically every child.

This policy also has cross-party appeal. While the Liberal Democrats, Conservatives and the Scottish National Party are in the process of introducing free schools meals, both Labour and Plaid Cymru's 2010 General Election manifestos pledged to explore the potential to also introduce the policy. The benefits are evident. Therefore I call on the Welsh Government to think again and agree to introduce this policy.

Yours sincerely,



Jane Dodds

Agenda Item 6.6

P-04-533 Environmental Planning for Small Scale Wind Turbine Sites

Petition wording:

We call upon the National Assembly for Wales to ask the Welsh Government to pass legislation to enable the following planning law. The laws would place conditions on all wind turbine applications, which do not form part of a commercial wind farm development. 1) We ask that such turbines shall not exceed 47metres to blade tip. 2) That the consent of 50% of residents, over the age of sixteen, living within 3Km.of the proposed site give signed approval of the plan. 3) That all turbines outside Wind Farm Developments are restricted to an operational period between 06.00 Hrs and 21.00Hrs to protect nocturnal birds and mammals. 4) That public consultation and written evidence is offered, and supplied to all residences within 4Km. of a proposed site to comply with the Aarhus convention. 5) All turbines should be constructed of materials which are 100% recyclable and all ground works removed at the end of operations.

Petition raised by: GALAR

Date Petition first considered by Committee: 4 February 2014

Number of signatures: 433

Carl Sargeant AC / AM
Y Gweinidog Tai ac Adfywio
Minister for Housing and Regeneration



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-533
Ein cyf/Our ref CS/00428/14

William Powell AM
Chair Petitions committee

committeebusiness@Wales.gsi.gov.uk

7 April 2014

Dear William

Thank you for your letter of the 17 March regarding the Petitions Committee's consideration of the petition from GALAR requesting legislation is passed to place various conditions on wind turbine planning applications.

The Welsh Government's ambition is to create a sustainable, low carbon economy for Wales. Our aim is to secure an appropriate mix of energy provision for Wales which maximises benefits to our economy and communities, whilst minimising potential environmental and social impacts.

I am of the firm opinion that the legislation proposed by the petition would be overly restrictive by placing conditions on all wind turbine proposals and would not be flexible enough to deal with the individual circumstances and site characteristics which present themselves with each planning application.

For example, I am of the opinion that it would be difficult to define what is meant by a commercial wind turbine; turbines over 47m may be suitable in some circumstances; and gaining the written consent of local residents would be difficult to administer and monitor and would significantly impact negatively on the development process.

The planning system as it currently stands is the most appropriate means by which wind turbine proposals are managed. Each planning application for wind turbines is considered on an individual basis by local planning authorities who are required to consult local residents on both the policies against which applications are determined as well as the planning applications themselves.

Local planning authorities can use planning conditions to mitigate against impacts which may arise from a proposal, if it has appropriate policies in place which are based upon evidence to justify such an approach.

A handwritten signature in black ink, consisting of a series of loops and curves, positioned above the printed name.

Carl Sargeant AC / AM
Y Gweinidog Tai ac Adfywio
Minister for Housing and Regeneration

GALAR ECOLOGY VOLUNTEER GROUP

Wern Villa, Wern, Llandeilo SA19 7RP Tel.01558 685876 e.mail j.m.shepherd.foster@gmail.com

Your Ref P-04-533

William Powell AM

Chair Petitions Committee

Tuesday, 06 May 2014

Dear Mr Powell,

Our response to the Ministers letter of the 7th of April with regard to our petition is not able to be considered a full response as we are time restrained. We did not have sight of the letter till the 30th. April, and including a bank holiday weekend, we are asked to reply by midday of the 6th of April.

Para two of the Ministers letter sets out the WAG ambition for a low carbon economy for Wales. We would fully support that, and our group has proposals to accomplish this, which we feel are more suitable to the Welsh Economy, than the WAG's over reliance on Wind Energy.

Indeed the Ministers use of the word sustainable is questionable, in that total economic validity for the turbines this petition objects to rests with subsidies over which the WAG as no control. This is true for both commercial and private wind turbines. The subsidies are provided by consumers and industry; and as we are struggling to achieve inward investment in Wales, and the Welsh families paying for both private and commercial turbines are pro rata, far more likely to be in fuel poverty than the rest of the UK then using wind as a 'sustainable' means of providing a low carbon economy borders on the cynical. If central government reduce subsidies all turbines become uneconomic and will not be built, and those built will not operate.

The WAG ambition for a low carbon economy allows commercial wind farm operators access to the countryside in an unrestricted way, even subverting TAN 8 the WAG's supposed protection against overexploitation. Similarly, turbines operated by private individuals are being allowed without reasonable planning restriction, and while the Commercial wind farm operator's are outside Wales the private operator, with the exception of some absentee landlords are local to the problems they are causing, and real divisions in community relations are being caused.

The 'open goal' planning applications for private wind turbine exploitation, has produced "The dash for cash", which is neither sustainable nor good for Wales. Rather than pursuing the very real goals of reduction of CO2 by adaption, (as called for by the IPCC in their 2014 report), the WAG (like the landowners), are shunting their responsibilities into a technology over which they have no control, for cash benefits which will not last.

I would request the Petitions Committee allow us time to fully respond to the Ministers letter.

Yours Sincerely

James Shepherd Foster

Technical Adviser GALAR

Agenda Item 6.7

P-04-534 A campaign to secure CARDIGAN HOSPITAL

Petition wording:

We sign this petition to show our support for CARDIGAN TOWN COUNCIL and CARDIGAN

HOSPITAL & COMMUNITY LEAGUE OF FRIENDS who are calling on Hywel Dda Health Board to:

- (a) overturn the recent decision to close all in-patient beds in Cardigan Community Hospital;
- (b) provide a clear timetable regarding future health provision in the Cardigan area;
- (c) proceed with plans to provide a new Cardigan Hospital, with beds, as soon as possible.

Petition raised by: Cardigan Hospital and Community League of Friends

Date Petition first considered by Committee: 4 February 2014

Number of signatures: TBC

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



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-534
Ein cyf/Our ref MD/01262/14

William Powell AM

committeebusiness@Wales.gsi.gov.uk

2 April 2014

Dear William

Thank you for your letter of 17 March, following the petition from Cardigan Hospital Community League of Friends, regarding the future of Cardigan Hospital and health care in the area.

This is essentially a local matter that is being taken forward by Hywel Dda University Health Board as part of the strategic plans for delivering safe and sustainable services as set out in the consultation document "Your Health, Your Future". Under the plans, the Health Board is to put in place a new delivery model for care in Cardigan that involves a new integrated care centre whilst alternative beds would be provided through a range of existing facilities, including Tregaron Hospital and local nursing and residential care homes. This will ensure that no beds will be lost to the County.

A key feature of these proposals is the new integrated care centre. I have received assurances that the outline business case will be submitted in July 2014, and subject to my approval, will allow for a start on the new development next year.

The Health Board are to convene a programme of engagement events over the coming months to give local people the opportunity to view the plans and to discuss the community model with the University Health Board.

I recently made a statement setting out the outline terms of reference for a study of the issues and opportunities for providing accessible, high quality, safe and sustainable health services which are best suited to the specific needs of people living in Mid Wales. The Welsh Institute of Health and Social Care has been appointed to undertake the study and ensure its independence.

The study will include the full range of health services and consider the whole Mid Wales area, including issues of providing services across Health Board boundaries and across the border with England. Opportunities for utilising innovative technologies such as telemedicine will also be within the scope. There will be an opportunity to feed into the study, and I will pass your letter to the study team to ensure that contact is made.

When the study is complete, we will expect Hywel Dda, Powys and Betsi Cadwaladr Health Boards, which are responsible for meeting the health needs of people living in Mid Wales, to respond to its findings through the refresh of Medium Term Plans undertaken by all Health Boards in the Autumn.

I hope you find this helpful.

Best wishes
Mark

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Chris Martin

Rhif Ffôn /Telephone: 01437 771240

Ffacs/Facsimile: 01437 771222

E-bost/E-mail: Chris.martin@wales.nhs.uk

Date: 4 February 2014

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220

Hywel Dda University Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220

William Powell AC/AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff

Dear Mr Powell

Following on from your question at FMQs last week and in the light of the petition you have received regarding the proposed Service Changes and reprovision of Cardigan Hospital as Chair of the Petitions Committee please find enclosed a copy of the letter I have sent to the Chair of Hywel Dda CHC including a fact sheet.

I would be happy to discuss in more detail if you would find it useful. Please contact my PA on the above number to arrange.

Yours Sincerely

Chris Martin
Chairman

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220
Rhif Ffacs: (01437) 771222

Hywel Dda University Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220
Fax Nr: (01437) 771222

Cadeirydd / Chairman
Mr Chris Martin

Prif Weithredwr /Chief Executive
Yr Athro/Professor Trevor Purt

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Prifysgol Lleol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Ein cyf/Our ref:

Gofynnwch am/Please ask for: Chris Martin

Rhif Ffôn /Telephone: 01437 771240

Ffacs/Facsimile: 01437 771222

E-bost/E-mail: Chris.martin@wales.nhs.uk

Date: 4 February 2014

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220

Hywel Dda University Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220

Mr A L Wales
Community Health Council
Suite 1, Cedar Court
Havens Head Business Park
Milford Haven
Pembrokeshire
SA73 3LS

Dear Tony

PROPOSED SERVICE CHANGE AT CARDIGAN HOSPITAL – CLOSURE OF BEDS

Thank you for your letter dated 23 January 2014 and your request for the Health Board to undertake a formal consultation on the provision of in-patient beds at Cardigan Hospital.

The Health Board is fully cognisant of the framework relating to consultation, both in terms of the Welsh Government *Guidance for Engagement and Consultation on Changes to Health Services* (2011) (the Consultation Guidance) and the legal requirements established by case law.

You were part of the discussions at the Board Meeting held on 30 January 2014 where the decision was made that consultation on this issue was not appropriate. I will summarise the reasons for this below.

- The move of beds from within community hospitals into a mixed model outside of hospital was covered in our original consultation "Your Health; Your Future" (page 25 of the main consultation document). Our strategy was made clear in that exercise and the public was given the opportunity to comment. Whilst that consultation was not site specific, we have therefore already consulted on our strategic direction and the changes this would lead to.
- Notwithstanding this, consultation is required for substantial service change. This decision we do not believe constitutes such a change. The closure of a small number of beds (8 in total; with only 4 currently open) on a site that is clinically (and environmentally) unsuitable for patients and their reprovision elsewhere does not, we believe, constitute substantial or significant service change.

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Cadeirydd / Chairman
Mr Chris Martin

Prif Weithredwr /Chief Executive
Yr Athro/Professor Trevor Purt

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Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Prifysgol Lleol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amwylchedd di-fwrn Hywel Dda University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Ein cyf/Our ref: TP/NG
Gofynnwch am/Please ask for: Trevor Purt, Chief Executive
Rhif Ffôn /Telephone: 01267 239582
Ffacs/Facsimile:
E-bost/E-mail: Trevor.purt@wales.nhs.uk
Date: 24 March 2014

Pencadlys Bwrdd Iechyd Prifysgol Hywel Dda,
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William Powell AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CG99 1NA

Dear William

PETITION – CARDIGAN TOWN COUNCIL AND CARIDGAN HOSPITAL LEAGUE OF FRIENDS

Thank you for your letter P-04-534 dated 17 March 2014 relating to the petition to overturn the Health Board's decision to close in-patient beds in the current Cardigan Hospital. I will answer each of the issues in turn:

- a. *Overturn the recent decision to close all in-patient beds in Cardigan Community Hospital.*

The attached paper shows the rationale for the decision to close a small number of beds within Cardigan Hospital but it is worth bringing out the main points here.

- The move of beds from within community hospitals into a mixed model outside of hospital was covered in our original consultation "Your Health; Your Future" and is wholly in line with Welsh Government policy direction. Our planned strategy was made clear in that exercise and the public was given the opportunity to comment with the majority being supportive. Whilst that consultation was not site specific in terms of bed reductions, the Health Board has already consulted on our strategic direction and the changes this would lead to in terms of a reduction of beds in hospital settings.

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Prif Weithredwr /Chief Executive
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- The closure of a small number of beds (12 in total; with only 4 open in January 2014) on a site that is clinically (and environmentally) unsuitable for patients and their re-provision elsewhere does not, we believe, constitute substantial or significant service change.
- The beds are not being lost to Ceredigion, but have been re-provided in a different way through the commissioning of beds (with GP access) in nursing and residential care settings in the Cardigan area.

It is also important to be cognisant of the wider context.

Our early equality analysis showed the vast majority of patients to be elderly and the likely negative impact would be in relation to being placed in a bed distant from their home and support. To mitigate this, alternative beds have been commissioned in the Cardigan area and elsewhere. Patients are being placed in the most appropriate setting taking into account where they live and their clinical need.

From a clinical perspective, the beds in the hospital were often used inappropriately – with the level of care required equating to that provided in a nursing home environment. A more appropriate level of care - with outreach support from the relevant therapies – is now being provided in a non-hospital setting.

The Health Board is not intending to revisit the decision made on 30 January 2014.

b. Provide a clear timetable regarding future health provision in the Cardigan area

The future plans for Cardigan, including the proposed integrated care centre, are in line with the Health Board's strategy; this includes the development of community services and providing care closer to home. The expectation of a like for like replacement Hospital is inappropriate to deliver 21st Century healthcare.

The current community services are being integrated to form Community Resource teams within Ceredigion. This will work will bring together a range of community teams, including District Nurses, acute response teams, reablement teams and social care services. The range of services provided will be extended to allow more people of all ages to receive care at home (including palliative care and continuing care) and access to specialist care will be provided. Staff will transfer from the in patient service to a variety of community services following a period of training.

The Health Board is committed to progressing the project for the new Centre as quickly as possible and is working closely with stakeholders (including the Town Council, the CHC and the League of Friends) through a well established Stakeholder Programme Board where detailed discussions on the timetable

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Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwsg Hywel Dda University Health Board operates a smoke free environment



**CYFARFOD BWRDD IECHYD
HEALTH BOARD MEETING**

Dyddiad y Cyfarfod: DATE OF MEETING:	30 January 2014
Eitem ar yr Agenda: TITLE OF REPORT:	CARDIGAN HOSPITAL – IN-PATIENT FACILITIES
Arweinydd Cyfarwyddw:r EXECUTIVE LEAD:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services
Swyddog Adrodd: REPORTING OFFICER:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services

Pwrpas yr adroddiad / Purpose of the Report (*dilewch fel yn addas / delete as appropriate*)

I'w Gymeradwyo For Approval	Ar Gyfer Cefnogaeth For Endorsement	Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion
	X		

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

Against a background of concerns relating to staffing levels, clinical standards and clinical governance standards and issues in relation to the hospital environment and levels of care of patients, the Corporate Director's Group determined that the in-patient facilities at Cardigan Hospital should be re-provided in a mixed economy model.

More recently the CHC has indicated that it wishes the Health Board to undertake a formal consultation on this issue.

The purpose of the paper is to firstly seek endorsement of the decision to close the in-patient beds and secondly to seek the Board's support for a programme of continuous engagement with stakeholders and the population on this issue (and on the development of the new Community Resource Centre for Cardigan)

Cefndir / Background

CLINICAL

Current Position

Following clinical governance concerns the in-patient beds (8) in Cardigan Hospital were closed to admissions in early December (with only three in-patients at that time) and agreement reached at the Corporate Director's Group that the remaining beds were unsustainable.

The active beds are planned to close towards the end of February.

No beds will be lost in the county – they will be re-provided through alternative means – and GPs will have direct access to them. These beds will be supported by community and therapy services.

Outpatient services will continue to be provided within the hospital, and will remain until they transfer to the planned integrated care centre.

Staffing and safety issues

A combination of factors affected the safe and sustainable operation of in-patient facilities in Cardigan Hospital.

- Concerns had been expressed by qualified nursing staff in relation to staffing levels (particularly lone

The new development is not referred to as a hospital. The ambulatory care services will transfer and additional integrated services will be provided in what is classed as an integrated care centre.

The Health Board is committed to progressing the project for the new Centre as quickly as possible and is working closely with stakeholders (including the Town Council, the CHC and the League of Friends) and the service model will dictate the configuration of the development.

Consultation

The Health Board is required to work within the framework relating to consultation (Welsh Government *Guidance for Engagement and Consultation on Changes to Health Services* (2011) (the Consultation Guidance) and the legal requirements established by case law (including the Gunning Principles which are widely recognised as the initial test for the conduct of consultations).

The initial issue to consider is whether the closure of a small number of beds (8 in total; with only 4 currently open) on a site that is clinically (and environmentally) unsuitable for patients and their re-provision elsewhere does or does not constitute substantial or significant service change. Whilst there is no formal definition of “substantial” in this context, considerable, large and extensive are recognised dictionary definitions. It is therefore considered that the proposed change does not meet the “substantial” criteria.

The Consultation Guidance is also clear that consultation should be the exception rather than the rule. A period of formal consultation would take a minimum of six months to be undertaken appropriately and for the feedback to be conscientiously considered; the clinical imperative means the Health Board would need to close the beds before this process was completed with no alternative options. This would clearly impact on the conduct of a consultation and would raise a potentially significant issue in relation to consultation on a pre-determined decision which is one of the key principles in law.

From a legal perspective and to satisfy the Gunning principles, any consultation should be meaningful and give consultees the opportunity to influence the final outcome. In the circumstances surrounding Cardigan, no alternative options to those already described have been identified and the beds in the Hospital must be re-provided. There would therefore be no opportunity for stakeholders and the population to influence the outcome on what is essentially an operational decision made on safety grounds.

In lieu of consultation, the Guidance suggests that ongoing dialogue would often pre-empt the need for formal consultation and currently that is the intention.

The CHC was alerted to the closure to admission and the subsequent closure of the beds, recognising that these decisions were taken quickly on the basis of safety with professional advice to stop admissions received. This communication was at both operational (county) level and through direct Chair to Chair conversations. The planned process of dialogue/engagement would include continued communication with the Community Health Council (particularly in relation to the beds we will commission and the future service model).

In addition, it is intended to maintain a dialogue with local stakeholders through the Programme Board for the planned Resource Centre (which has been functioning for some time) and through directed communications to the local population – both in relation to the re-provision of current beds and the development of the new Centre. We also intend to undertake a programme of engagement events over the coming months to give local people the opportunity to view the plans for the new Centre and discuss the community model with Health Board representatives.

A meeting was recently held with a range of politicians (both local and national) where the situation was discussed and agreement made for this dialogue to continue.

Also relevant is that our community service model was described in detail in our earlier listening and engagement and consultation process “Your Health; Your Future”. This made it clear that we would be moving away from a hospital model of in-patient care and providing more services through the virtual ward and through alternative community services provided at home. The public showed overwhelming support for these principles of care closer to home.

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IMPACT ASSESSMENT ANNEX

DATE OF MEETING:	30 January 2014
TO ACCOMPANY (ITEM ON THE AGENDA):	REPORT ON CARDIGAN HOSPITAL – IN-PATIENT FACILITIES
EXECUTIVE LEAD:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services
REPORTING OFFICER:	Paul Hawkins, Director of Operations Chris Wright, Director of Corporate Services

PURPOSE OF THE IMPACT ASSESSMENT ANNEX

The purpose of this annex is to support the Board's scrutiny process by explaining the impact assessment of the key areas of action against each of the following domains before any decisions or recommendations are made:

- Service Impact
- Patient/Public Impact
- Clinical Impact
- Staff Engagement Impact
- Deliverability
- Legal Impact
- Reputational Impact

IMPACT ASSESSMENT

Service Impact

- Confirmation of the decision to close the in-patient beds in the hospital will mean that the hospital will only provide out-patient and MIU services until the new Centre is operational. A process of ongoing review of the proposed revised model will be undertaken
- Discussions are ongoing with the local Authority and other stakeholders to ensure that wider impacts are considered
- To maintain the service in its current setting would require investment in the hospital environment in relation to health and safety and potentially DDA requirements; in view of the intended OBC for the new centre being submitted in Autumn 2014 capital investment in the fabric of Cardigan's in-patient facilities at this time would not be value for money
- The introduction of a robust community service and alternative bed provision will be carefully monitored in order to demonstrate the effectiveness of the service

Patient/Public Impact

- There is a planned programme of ongoing dialogue with stakeholders and the wider public over the coming months in lieu of a formal consultation to increase understanding of the current and new model
- The "community model" was explicit within the Health Board's listening and engagement and consultation "Your Health; Your Future" which is consistent with WG policy (including the Rural Health Plan) and received widespread support.
- The initial equality impact assessment has shown us that the majority of patients are elderly and the potential likely impacts relate to geography (ie where patients are resident and the potential of being isolated from their carers/families). This impact will be mitigated as follows:
 - Location of alternative beds – the intent is to commission alternative beds with a number of providers in and around Cardigan and elsewhere (including potentially Crymch and Tregaron)
 - Patients wherever possible will be placed in the most clinically and geographically appropriate location (including where appropriate their own home) based on their personal circumstances and needs assessment
 - To ensure that community teams outreach to provide the necessary services (eg OT, physio, etc)

Clinical Impact

- The county team are continuing to involve all relevant clinical staff in the development of appropriate pathways and community support services
- Clinical governance concerns have been raised within the Hospital in relation to the current model



DATGANIAD I'R WASG – PRESS RELEASE

For immediate release 24 March 2014

Cardigan moves a step closer to new health and social care facility

Representatives from the local community had an opportunity to learn more about the concept and plans for a new and modern healthcare service in Cardigan at a stakeholder meeting held by Hywel Dda University Health Board on 20 March.

The meeting, attended by Chairman Mr Chris Martin, received an update on progress in relation to the new integrated care development which will provide a wider range of health and social care services for people of all ages.

Representatives from a number of key groups displayed information about how their services will integrate into this new model of care, including University Health Board staff, the third sector, local authority and partner organisations.

Architects and developers have been appointed and ground investigation work is set to begin on the site from the end of March. The University Health Board is committed to proceeding at pace with the scheme and the Outline Business Case for the development is anticipated to be submitted for approval by the Welsh Government at the end of July 2014. The new build is planned to start in April 2015.

Chairman Chris Martin said: "We are very delighted with the level of enthusiasm and support shown by our stakeholders. The only way to deliver quality services for our population is to do it together and this development in Cardigan involves more joint working than we have ever seen before. There is also a commitment by the developers to utilise local traders and businesses in the development.

"I am grateful for the continuing support of all our stakeholders, the local community and the Health Minister. We will continue to engage with and involve the Cardigan community as we look forward to the next phase in creating this new, modern facility to bring care closer to home".

"In the meantime, I would like to reassure people that Cardigan Hospital will not close and will continue to deliver outpatient services for the community until the new integrated resource centre development is completed."

Public engagement activities are being planned to take place in Cardigan over the coming months and further information will be available soon.

Agenda Item 6.8

P-04-539 Save Cardiff Coal Exchange

Petition wording:

This petition seeks a commitment from the Welsh Government to set up a public enquiry into the events surrounding the Coal Exchange and to support public opinion which seeks to protect and conserve the building.

The Coal Exchange is one of Cardiff's most important buildings and one of the finest buildings in Wales. It's where the world's first million pound deal was struck during the city's industrial heyday (equivalent to over £100m today). Yet far from cherishing this building, Cardiff council proposes to demolish the main body of the building, keeping only the facades.

If this happens, then the magnificent interior with its immense historical significance will be lost forever. This grade 2* listed building deserves better, and the views of the public need to be heard.

The Council have been claiming for the past year that it is on the point of collapse. No works have been done, yet there is no apparent evidence that the building is about to collapse. It is questioned if Cardiff Council were able to use section 78 powers under the building act to progress their plans, and this needs to be investigated openly.

So much of Cardiff Bay's social and built heritage has already been destroyed; it seems inconceivable that more can be cast aside with cynical abandon.

It's unclear why the council refuses to see the value of restoring the Coal Exchange to protect this iconic building for the use and enjoyment of future generations.

The issues are of the highest level of public interest, and it is considered essential that an open public consultation occurs to review matters.

Petition raised by: Jon Avent

Date Petition first considered by Committee: 11 March 2014

Number of signatures: TBC

John Griffiths AC /AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-539
Ein cyf/Our ref JG-00366-14

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA
committeebusiness@Wales.gsi.gov.uk

18 April 2014

Dear William,

Thank you for your letters of 25 March to Cadw and to me about the petition from Jon Avent seeking a commitment from the Welsh Government to set up a public enquiry into the events surrounding the Coal Exchange, Cardiff, and to support public opinion which seeks to protect and conserve the building. I am replying to both letters as the historic environment and Cadw are within my ministerial portfolio.

The Coal Exchange is an exceptionally important grade II* listed building located within the Mount Stuart Square conservation area. I understand that Cardiff Council is currently considering the possibility of facilitating the conversion of this privately owned building into a business centre and has undertaken emergency works under section 78 of the Buildings Act 1984 to protect public health and safety. I also understand that the Council has been in contact with the Prince's Regeneration Trust and asked it to produce options for a rescue plan for the building. Any preferred rescue plan may be the subject of an application to the Heritage Lottery Fund.

My officials in Cadw have been in regular contact with Cardiff Council and have arranged a further meeting later this month to inform the next steps. Cadw has already been providing advice to the Council about the parameters within which it must operate given the significance of this listed building. Cadw welcomes the Council's intention to protect the listed building and is supportive of its actions in principle, but has expressed reservations about the extent of internal demolition that a proposed business use may entail. It has been explained that any demolition would need to be carefully justified and the Council has been asked to consider more benign options.

The proper mechanism for considering any proposal to alter or demolish any part of the building to create a business centre is through an application for listed building consent (lbc), although clearly the demolition of any listed structure is an option of last resort requiring comprehensive justification. Those concerned about the extent of any proposed demolition will have the opportunity to submit comments through the statutory requirement for the Council to publicly advertise an application for lbc and invite comments.

Each application is considered on its merits in the light of the Welsh Government's Land Use Planning Policy – *Planning Policy Wales* (PPW) - and circular guidance which indicate that there should be a general presumption in favour of the preservation of listed buildings, and the retention of those buildings that make a positive contribution to the character and appearance of a conservation area. PPW explains that the demolition of any grade I or grade II* listed building should be wholly exceptional and require the strongest justification.

In determining an application for the total or substantial demolition of a listed building, authorities should take into account the condition of the building; the cost of repairing and maintaining it in relation to its importance and to the value derived from its continued use; the adequacy of efforts made to retain the building in use, and the merits of alternative proposals for the site. The Welsh Government would not expect consent to be given without convincing evidence that all reasonable efforts have been made to sustain existing uses, or to find viable new uses, and that these efforts have failed, that the preservation of the building in some form of charitable or community ownership is not possible or suitable, or that redevelopment would produce substantial benefits for the community which would decisively outweigh the loss resulting from demolition.

The relevant documents are available through the following web links:

PPW <http://wales.gov.uk/topics/planning/policy/ppw/?lang=en>

Circular 61/96 and 1/98

<http://wales.gov.uk/topics/planning/policy/circulars/welshofficecirculars/?lang=en>

I trust that you will agree that these documents along with the level of justification that is required to accompany an application for lbc provide the necessary assurance that the significance of the building will be carefully considered in determining any proposal for the site.

It is inappropriate for either Cadw or me to comment on the merits of any proposals for the building as we must not prejudice the decision making process involved with an application for lbc. Any such application may either be made by the Council or a private individual or company but either way Cadw has a role in the process. The Minister for Housing and Regeneration will determine an application for lbc made by the Council and Cadw will be asked to inform the decision making process by providing a specialist assessment on the merits of the application. Alternatively, an application for lbc by a private person or company would be determined by the Council but before approving any application, Cadw must be given the opportunity to recommend if the application should be called-in for determination by the Welsh Ministers. In either scenario, Cadw will look very carefully at all the pertinent issues in preparing its advice.

Turning now to the Buildings Act 1984, I have sought procedural guidance from the officials of the Minister for Housing and Regeneration who has policy responsibility in this area. Emergency powers under section 78 of the Act are exercisable by the Council rather than the Welsh Government. It is for the Council to address any concerns that the petitioner may have about the manner in which the Council might have exercised those powers.

In terms of process, Section 78 provides for the local authority to undertake emergency measures where a building or structure is in such a state as to be dangerous and immediate action should be taken to remove the danger. The action undertaken by the local authority is whatever may be necessary to remove the danger. If the building is a listed building, the local authority still has to assess the necessary action to protect public safety within the scope of section 78. The Welsh Government has no powers to intervene.

In terms of costs, the local authority may recover any expenses it reasonably incurs from the owner of the building. If the Court determines that the local authority was not justified in exercising their powers under section 78, the authority's expenses are not recoverable. If an owner or occupier sustains damage as a result of the authority exercising its powers under section 78, they can apply to the magistrates' court and may be awarded compensation if the authority was not justified in doing so.

For my part, I would also highlight the discretionary powers that are available to the Council to intervene and undertake works which appear to be urgently necessary for the preservation of an unoccupied listed building. These powers are available under section 54 of the Planning (Listed Buildings and Conservation Areas) Act 1990 and provide a mechanism to repair a listed building's historic fabric rather than having to possibly revert to more extreme or emergency measures. The use of these powers can also serve to alleviate the need to incur substantial sums of expenditure at a later date when a listed building may require more radical intervention.

Finally, if he has not already done so, I would suggest that Mr Avent outlines his concerns to the Council and requests an explanation of its approach. These should be addressed to the Council's Director of Strategic Planning, Highways, Traffic and Transportation in the first instance. If the response is not satisfactory then it is open to Mr Avent to ask the Council's Monitoring Officer to investigate his concerns. The Monitoring Officer has a duty to inform the Council when he considers that the Council's actions are likely to breach legislation or the Local Government Code of Practice.

If, after pursuing matters with the Monitoring Officer there are still concerns, Mr Avent may wish to consider taking matters up with the Public Services Ombudsman for Wales who can investigate instances of personal injustice that have arisen through maladministration. The Ombudsman will, however, direct complainants to exhaust all other avenues of complaint, including those available via the local authority, before he will consider an investigation. The Public Services Ombudsman for Wales can be contacted at 1 Ffordd yr Hen Gae, Pencoed, CF35 5LJ or by telephone on 0845 601 0987.

I hope my reply is of help.

Best wishes,



John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

THE VICTORIAN SOCIETY
The champion for Victorian and Edwardian architecture

Paul Orders
Chief Executive
Cardiff County Council
County Hall
CARDIFF
CA10 4UW

Your reference:
Our reference: 2014/03/009

14 March 2014

C2C@cardiff.gov.uk

Dear Mr Orders

RE: Coal Exchange, Mount Stuart Square, Cardiff (Grade II*, 1884-5 with interior remodelling of 1911, *Ewin Seward and Thomas*)

Cardiff's Coal Exchange is one of Wales's most important and impressive historic buildings. In its heyday it was the heart of the country's coal trade, which was on an incomparable scale. The building was both symbolic of and the means by which Cardiff achieved its staggering position as the world's leading trader of 'black gold'.

The Victorian Society is extremely and increasingly alarmed by the treatment this remarkably important building continues to receive; concerned at the unwillingness of the Council to engage with or respond to interested parties; and very worried by what appear to be relatively advanced, and singularly harmful, plans for the future of the building.

As you will be aware, the plight of the Coal Exchange and the uncertainty over its future has caused a great deal of concern, among both heritage organisations and the wider public. In the context of this chorus of concern the apparent unwillingness of the Council to engage and the opaqueness of its dealings so far is deeply frustrating. Despite numerous attempts to contact the Council I have yet to receive a substantive response.

The Minutes of the Council's Cabinet Meeting on the 16 January and the Report provided for the Cabinet Meeting on the 29 January answer some questions. They confirm, for example, that the Council is entering into an agreement with the developer Macob Exchange Ltd to undertake a "mixed use development" of the Coal Exchange to create what is described as a "business centre"; they underline what seems to be the Council's conviction that the building is in a perilous state of disrepair; they demonstrate that there has been on-going dialogue with a number of organisations to discuss uses and approaches, including the Heritage Lottery Fund and CADW; finally, they confirm the expenditure of £900,000 on 'contractor costs', 'statutory undertakings', 'professional fees' and 'other project costs'.

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President
The Lord Briggs

Chair
Professor Hilary Grainger

Vice Presidents
Sir David Cannadine
The Lord Howarth of Newport CBE
Sir Simon Jenkins
Griff Rhys Jones
Fiona MacCarthy OBE

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The Investment Prospectus entitled *Time For The Coal Exchange* includes a number of plans and drawings of a projected scheme for the Coal Exchange, which would involve demolishing and rebuilding a large portion of the interior of the building. The drawings illustrate a large glazed roof looming disproportionately over the building's front façade. We are aware that this may not represent a finished or polished design. However, we would very much welcome more information and detail on what is envisaged for the building. We would like to see further plans, drawings and CGI's and we would appreciate the opportunity to comment on these plans at an early stage.

On the basis of the very few illustrations included in the Prospectus we have grave doubts over the project, and not just the details of its design, but about the very approach that seems to have been adopted by the Council and developer and their view of what degree of change and adaptation would be acceptable. To what extent are these plans founded upon a thorough understanding of the building, its history and its significance? The starting point for any redevelopment must be a thorough appraisal of the historic building. A conservation management plan should also be produced. These are not box-ticking exercises to be produced after plans have been drawn up; they are an essential tool in identifying what is significant about the building and developing sensitive and informed proposals.

To date no compelling evidence has been produced to prove that the building is structurally unstable. Appendix 3 of the Cabinet Meeting Report of 29 January, the closest we have seen to anything resembling a structural survey, is a remarkably brief document which serves only to underline the extent of neglect and the shocking lack of maintenance that the building has endured in recent times. We would like to see an independent and reputable structural engineer who specialises in working on historic buildings, produce a thorough structural survey. I would very much welcome the opportunity to visit the building in the near future: could this be arranged?

The main purpose of this letter is to highlight our concerns, and to give the Council an opportunity to respond to them. We would welcome clarification of the present situation, the discussions that have taken place to date and the plans that the Council and Macob are developing for the Coal Exchange.

I look forward to hearing from you.

Yours sincerely

James Hughes

Conservation Adviser

Cc **Andrew Gregory (Cardiff Council)**
 Nigel Hanson (Cardiff Council)
 Richard Cole (Cardiff Council)
 Councillor Graham Hinchey (Cardiff Council)
 Jill Fairweather (Cadw)
 Lucie Carayon (AMS)
 Judith Leigh (SPAB)
 Elaine Davey

John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

Eich cyf / Your ref P-04-539
Ein cyf / Our ref JG-00366-14
William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF991NA
committeebusiness@Wales.gsi.gov.uk



18 April 2014

Dear William,

Thank you for your letters of 25 March to Cadw and to me about the petition from Jon Avent seeking a commitment from the Welsh Government to set up a public enquiry into the events surrounding the Coal Exchange, Cardiff, and to support public opinion which seeks to protect and conserve the building. I am replying to both letters as the historic environment and Cadw are within my ministerial portfolio.

The Coal Exchange is an exceptionally important grade 11* listed building located within the Mount Stuart Square conservation area. I understand that Cardiff Council is currently considering the possibility of facilitating the conversion of this privately owned building into a business centre and has undertaken emergency works under section 78 of the Buildings Act 1984 to protect public health and safety. I also understand that the Council has been in contact with the Prince's Regeneration Trust and asked it to produce options for a rescue plan for the building. Any preferred rescue plan may be the subject of an application to the Heritage Lottery Fund.

My officials in Cadw have been in regular contact with Cardiff Council and have arranged a further meeting later this month to inform the next steps. Cadw has already been providing advice to the Council about the parameters within which it must operate given the significance of this listed building. Cadw welcomes the Council's intention to protect the listed building and is supportive of its actions in principle, but has expressed reservations about the extent of internal demolition that a proposed business use may entail. It has been explained that any demolition would need to be carefully justified and the Council has been asked to consider more benign options.

Response

53 Mount Stuart Square
Cardiff
CF10 5LR

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF991NA

5 May 2014

Dear Mr Powell

I am writing in response to the letter from John Griffiths AM

For the purpose of clarity in response to the letter this letter has been set out to respond generally on a paragraph by paragraph basis.

In summary it is felt that the minister has not specifically responded to the petitions aim of seeking a public enquiry into the events surrounding the Coal Exchange. This is a significant concern. Similarly the apparent abuse of section 78 powers, which is at the core of the concerns raised has been completely ignored by the Minister and Cadw; stating that this is a matter for the Council. This is of equal concern in view of the apparent lack of accountability.

The letter from the Minister sets out many aspects of policy and procedure, which are simply general requirements that should be followed. The overriding concern is that these procedures are not actually being followed, and most significantly the Council are seeking to avoid compliance through their use of the building act.

Many of the statements made in the Ministers letter do not relate to the issues raised and where issues have been raised in the petition the Minister has mainly avoided comment.

It is requested that the Minister and Cadw are asked to respond with direct focus on the specific issues raised.

It is a concern that Cadw have not been permitted to respond independently.

All evidence points to the fact that the works under section 78 powers were not justified. There has still been not evidence put forward to substantiate the use of s78 powers. It has been stated that the Head of Planning is the designated 'Proper Officer' for the Council, but despite efforts to obtain evidence of the legal use of these powers it has not been possible to prove that their use was justified.

This is a positive statement, but it still fails to address the methods being used by the council via s78 powers and a complete absence of engagement with interested and concerned parties. Correspondence from prominent national heritage bodies such as the Victorian Society has been ignored. It is a positive statement that Cadw has asked the Council to '*consider more benign options*', however there is no commitment here from Cardiff Council on this.

The proper mechanism for considering any proposal to alter or demolish any part of the building to create a business centre is through an application for listed building consent (lbc), although clearly the demolition of any listed structure is an option of last resort requiring comprehensive justification. Those concerned about the extent of any proposed demolition will have the opportunity to submit comments through the statutory requirement for the Council to publicly advertise an application for lbc and invite comments.

Each application is considered on its merits in the light of the Welsh Government's Land Use Planning Policy - *Planning Policy Wales* (PPW) - and circular guidance which indicate that there should be a general presumption in favour of the preservation of listed buildings, and the retention of those buildings that make a positive contribution to the character and appearance of a conservation area. PPW explains that the demolition of any grade I or grade II* listed building should be wholly exceptional and require the strongest justification.

In determining an application for the total or substantial demolition of a listed building, authorities should take into account the condition of the building; the cost of repairing and maintaining it in relation to its importance and to the value derived from its continued use; the adequacy of efforts made to retain the building in use, and the merits of alternative proposals for the site. The Welsh Government would not expect consent to be given without convincing evidence that all reasonable efforts have been made to sustain existing uses, or to find viable new uses, and that these efforts have failed, that the preservation of the building in some form of charitable or community ownership is not possible or suitable, or that redevelopment would produce substantial benefits for the community which would decisively outweigh the loss resulting from demolition.

The relevant documents are available through the following web links:

PPW <http://wales.gov.uk/topics/planning/policy/ppw?lang=en>

Circular 61/96 and 1/98

<http://wales.gov.uk/topics/planning/policy/circulars/welshofficecirculars?lang=en>

I trust that you will agree that these documents along with the level of justification that is required to accompany an application for lbc provide the necessary assurance that the significance of the building will be carefully considered in determining any proposal for the site.

It is inappropriate for either Cadw or me to comment on the merits of any proposals for the building as we must not prejudice the decision making process involved with an application for lbc. Any such application may either be made by the Councillor a private individual or company but either way Cadw has a role in the process. The Minister for Housing and Regeneration will determine an application for lbc made by the Council and Cadw will be asked to inform the decision making process by providing a specialist assessment on the merits of the application. Alternatively, an application for lbc by a private person or company would be determined by the Council but before approving any application, Cadw must be given the opportunity to recommend if the application should be called-in for determination by the Welsh Ministers. In either scenario, Cadw will look very carefully at all the pertinent issues in preparing its advice.

Turning now to the Buildings Act 1984, I have sought procedural guidance from the officials of the Minister for Housing and Regeneration who has policy responsibility in this area. Emergency powers under section 78 of the Act are exercisable by the Council rather than the Welsh Government. It is for the Council to address any concerns that the petitioner may have about the manner in which the Council might have exercised those powers.

The significance of the section 78 powers is that they have the potential to override this process or create a situation where the due process can be 'side-stepped' by the Council. There are significant concerns that this is the objective of the council in their apparent misuse and abuse of the building act.
The Minister is simply stating general policy and not addressing the specific concerns raised in relation to the Coal Exchange.

The issues surrounding the apparent misuse and abuse of the building act are reiterated. It is repeated that the Council are continuing to portray the building as being in a condition that warranted the use of section 78 powers. With the time that has now elapsed with no works on the building the justification for use of s78 powers has become increasingly weak; in fact the justification for use of s78 powers is unsustainable.

This is simply stating the legislation that should apply, as with all listed buildings. It is repeated that the use of section 78 powers has the potential to 'side-step' some of these aspects. If the section 78 powers were abused or misused (and there is evidence that they were) then a serious concern is justified.
The Minister has clearly failed to address this aspect of the petition.

These are simply standard policy documents.

In normal circumstances these documents would provide assurance. Unfortunately the issues surrounding the apparent misuse of the building act, and specifically s78 powers, are central to the issues and the future protection of the Coal Exchange.

The petition did not ask for comments on the '*merits of any proposal*'. The petition seeks to gain public engagement in the decision process which has been progressed under a veil of secrecy by Cardiff Council.
No businesses or residents have been consulted over the past 12 months. Cardiff have consistently used the building act and s78 powers to avoid all consultation.

Promised public meetings never happened.

The petition seeks a commitment from the Welsh Government to set up a public enquiry into the events surrounding the Coal Exchange, not a comment on the merits of any current proposal.

In the light of the comments above this statement is the most concerning, and further emphasises why the potential abuse of the building act has the potential to override all of the listed building legislation and protection that SHOULD be in place. It is a loophole that it would appear the council are seeking to exploit in their development deal with Macob Exchange which they refuse to discuss.

In terms of process, Section 78 provides for the local authority to undertake emergency measures where a building or structure is in such a state as to be dangerous and immediate action should be taken to remove the danger. The action undertaken by the local authority is whatever may be necessary to remove the danger. If the building is a listed building, the local authority still has to assess the necessary action to protect public safety within the scope of section 78. The Welsh Government has no powers to intervene.

In terms of costs, the local authority may recover any expenses it reasonably incurs from the owner of the building. If the Court determines that the local authority was not justified in exercising their powers under section 78, the authority's expenses are not recoverable. If an owner or occupier sustains damage as a result of the authority exercising its powers under section 78, they can apply to the magistrates' court and may be awarded compensation if the authority was not justified in doing so.

For my part, I would also highlight the discretionary powers that are available to the Council to intervene and undertake works which appear to be urgently necessary for the preservation of an unoccupied listed building. These powers are available under section 54 of the Planning (Listed Buildings and Conservation Areas) Act 1990 and provide a mechanism to repair a listed building's historic fabric rather than having to possibly revert to more extreme or emergency measures. The use of these powers can also serve to alleviate the need to incur substantial sums of expenditure at a later date when a listed building may require more radical intervention.

Finally, if he has not already done so, I would suggest that Mr Avent outlines his concerns to the Council and requests an explanation of its approach. These should be addressed to the Council's Director of Strategic Planning, Highways, Traffic and Transportation in the first instance. If the response is not satisfactory then it is open to Mr Avent to ask the Council's Monitoring Officer to investigate his concerns. The Monitoring Officer has a duty to inform the Council when he considers that the Council's actions are likely to breach legislation or the Local Government Code of Practice.

If, after pursuing matters with the Monitoring Officer there are still concerns, Mr Avent may wish to consider taking matters up with the Public Services Ombudsman for Wales who can investigate instances of personal injustice that have arisen through maladministration. The Ombudsman will, however, direct complainants to exhaust all other avenues of complaint, including those available via the local authority, before he will consider an investigation.

The Public Services Ombudsman for Wales can be contacted at 1 Ffordd yr Hen Gae, Pencoed, CF35 5LJ or by telephone on 0845 601 0987.

I hope my reply is of help.

Best wishes,


John Griffiths AC / AM
Y Gweinidog Diwylliant a Chwaraeon
Minister for Culture and Sport

This is a significant loophole which potentially allows any council to misuse the building act to achieve development plans in collaboration with a private developer that would otherwise be protected by listed building legislation.

This is an issue of national concern which must be investigated independently. It is of the greatest frustration and disappointment that the Minister is apparently failing to recognise the core issues here.

As with much of the letter it states general legislation but does not recognise the specific issues surrounding the Coal Exchange. The Council and building owner are progressing a joint venture in the plans for the building. There would not appear to be any reason to use building act powers when the two sides are collaborating. Even if they were not collaborating it has already been noted that the condition of the building did not warrant, and does not warrant the use of such draconian powers.

Again the letter states general powers but does not recognise the specific issues surrounding the Coal Exchange. The Council and building owner are progressing a joint venture in the plans for the building.

The comment '*The use of these powers can also serve to alleviate the need to incur substantial sums of expenditure at a later date when a listed building may require more radical intervention.*' fails to appreciate that almost none of the £1m+ spent to date by Cardiff Council has done anything to protect the building from further deterioration.

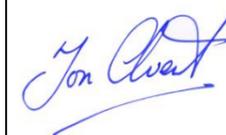
This is one of the most disappointing comments. The concerns have been raised and documented extensively and submitted to the council. Offers to meet and view the building have been refused or ignored. The matter is already the subject of a complaint to the Information Commissioner. It is considered that this is a further paragraph that states general policy and procedure, which fails to focus on the specific issues surrounding the Coal Exchange.

This process is time consuming and the suggestion would simply appear to seek to pass responsibility. It would have been hoped that the final paragraph would respond to the specific aim of the petition seeking a commitment from the Welsh Government to set up a public enquiry into the events surrounding the Coal Exchange, Cardiff.

This has not been answered, and it is considered appropriate that that the Minister is asked to respond to the specific request of the petition as a matter of urgency.

I appreciate the time and effort spent by the Minister in responding to the petition, however there remains an apparent fundamental failure to appreciate the potential destruction of the Coal Exchange though the abuse of the building act to avoid appropriate consultation on proposals. I would welcome the opportunity to meet and discuss the significant concerns which remain.

Yours sincerely



Jon Avent

Document is Restricted

P-04-475 Wanted – Buses for Meirionnydd

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to:

- Review the funding for rural bus services to ensure adequate levels of service for the whole of Gwynedd but particularly south Meirionnydd.
- Consider funding to be ensured for additional services to improve access to health services, education, and employment, and thus support the economy and tourism of the area.

Petition raised by: Barbara Snowball

Date petition first considered by Committee: 30 April 2013

Number of signatures : 174

Agenda Item 7.2

P-04-513 Save the Wrexham/Barmouth X94 bus service

Petition wording:

Arriva Buses has announced that they will cut the X94 service which links the towns of Barmouth, Dolgellau, Bala, Corwen, Llangollen and Wrexham and 5 other bus services on December 21st this year. All of these bus services connect communities across Wales from north to south and east to west. We call on the Welsh Government to investigate how cutting these bus services might be avoided and what is the best way of securing and promoting national bus services that link the regions of Wales, especially where there is no equivalent railway service.

Petition raised by: Karen Dunford

Date petition first considered by Committee: 11 November 2013

Number of signatures: 494

Agenda Item 7.3

P-04-515 Increase Funding for Welsh Bus Services

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to provide increased funding to bus services so that it adheres to its own policy aims of reducing poverty and exclusion, ensuring that people across Wales are not socially or economically disadvantaged by their location.

Additional information: This petition aims to increase the level of funding given to hard to reach, and disadvantaged areas of Wales. A number of local authority areas have had to reduce the frequency and range of bus routes since the Regional Transport Services Grant was introduced. This has left some residents isolated, especially on weekends and bank holidays.

Petition raised by: Daniel Thomas

Date petition first considered by Committee: 26 November 2013

Number of signatures: 246