

Agenda – Public Accounts Committee

Meeting Venue:

Committee Room 3 – The Senedd

Meeting date: 11 June 2018

Meeting time: 13.45

For further information contact:

Fay Bowen

Committee Clerk

0300 200 6565

SeneddPAC@assembly.wales

(Pre-meeting)

(13.45 – 14.00)

1 Introductions, apologies, substitutions and declarations of interest

(14.00)

2 Paper(s) to note

(14.00)

(Pages 1 – 3)

2.1 The Regeneration Investment Fund for Wales (RIFW): Letter from the Welsh Government (21 May 2018)

(Pages 4 – 5)

2.2 Care experienced children and young people: Letter from the Welsh Government (31 May 2018)

(Pages 6 – 9)

2.3 NHS Wales Informatics Services: Committee Correspondence

(Page 10)

3 Medicines Management: Consideration of responses to report recommendations

(14.05 – 14.15)

(Pages 11 – 48)

PAC(5)–16–18 Paper 1 – Welsh Government Response (2 May 2018)

PAC(5)–16–18 Paper 2 – Welsh Government Response (31 May 2018)

PAC(5)–16–18 Paper 3 – Letter from the Auditor General for Wales



4 The 21st Century Schools and Education Programme:

Correspondence

(14.15 – 14.20)

(Pages 49 – 79)

PAC(5)-16-18 Paper 4 – Letter from Association of School and College Leaders Cymru

PAC(5)-16-18 Paper 5 – Letter from Design Commission for Wales

PAC(5)-16-18 Paper 6 – Letter from Catholic Education Services

PAC(5)-16-18 Paper 7 – Letter from Rhieni dros Addysg Gymraeg (Parents for Welsh Medium Education)

PAC(5)-16-18 Paper 8 – Letter from NASUWT Cymru

PAC(5)-16-18 Paper 9 – Letter from Cenric Clement-Evans

5 The 21st Century Schools and Education Programme: Evidence

Session 1

(14.20 – 15:20)

(Pages 80 – 107)

Research Briefing

PAC(5)-16-18 Paper 10 – Welsh Local Government Association

Dr Chris Llewelyn – Deputy Chief Executive & Director of Lifelong Learning, Leisure and Information, WLGA

Paula Ham, Director of Learning and Skills – Vale of Glamorgan Council

(Break)

(15.20 – 15.30)

6 The 21st Century Schools and Education Programme: Evidence

Session 2

(15.30 – 16.30)

(Pages 108 – 123)

Research Briefing

Iestyn Davies – Chief Executive Officer, Colegau Cymru

Judith Evans, Principal, Coleg y Cymoedd

Guy Lacey, Principal, Coleg Gwent

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

(16.30)

Items 8 & 9

8 The 21st Century Schools and Education Programme:

Consideration of evidence received

(16.30 – 16.45)

9 Care experienced children and young people: Consideration of key issues

(16.45 – 17.00)

Concise Minutes – Public Accounts Committee

Meeting Venue:

Committee Room 3 – The Senedd

Meeting date: Monday, 4 June 2018

Meeting time: 15.09 – 16.32

This meeting can be viewed
on [Senedd TV](#) at:

<http://senedd.tv/en/4747>

Attendance

Category	Names
Assembly Members:	Nick Ramsay AM (Chair) Mohammad Asghar (Oscar) AM Vikki Howells AM Rhianon Passmore AM Lee Waters AM
Witnesses:	Andrew Slade, Welsh Government Simon Jones, Welsh Government
Wales Audit Office:	Huw Vaughan Thomas – Auditor General for Wales Matthew Mortlock
Committee Staff:	Fay Bowen (Clerk) Meriel Singleton (Second Clerk) Claire Griffiths (Deputy Clerk) Sian Thomas (Researcher)



1 Care experienced children and young people: Consideration of key issues

1.1 The Members discussed the key issues paper and requested that an initial draft of possible recommendations be prepared for their consideration.

2 Introductions, apologies, substitutions and declarations of interest

2.1 The Chair welcomed the Members to the Committee.

2.2 Apologies were received from Neil Hamilton AM and Adam Price AM. There were no substitutes.

3 Paper(s) to note

3.1 The papers were noted.

3.2 The Committee discussed the contents of the letter on the challenges of digitalisation with Andrew Slade, the Director General for Economy, Skills and Natural Resources. Following the evidence session, Members asked that the Clerks discussed the possibility of a rapporteur group being established together with Members from the Economy, Infrastructure and Skills Committee to take this issue forward.

3.1 Auditor General for Wales Report(s): First year review of how public bodies in Wales are implementing Well-being of Future Generations (Wales) Act 2015

3.2 NHS Wales Informatics Services: Additional information from Aneurin Bevan University Health Board (10 May 2018)

3.3 Challenges of Digitalisation: Correspondence from the Welsh Government (16 May 2018)

4 Intra-Wales – Cardiff to Anglesey – Air Service: Evidence Session

4.1 Members received evidence from Andrew Slade, Director General, Economy, Skills and Natural Resources, and Simon Jones, Director, Economic Infrastructure, Welsh Government on the Intra Wales – Cardiff to Anglesey – Air Service.

4.2 Andrew Slade agreed to send details of the punctuality performance of the air service and the number of cancellations for technical reasons in comparison with the performance of the service under other operators since 2014.

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

5.1 The motion was agreed.

6 Intra-Wales – Cardiff to Anglesey – Air Service: Consideration of evidence received

6.1 Members considered the evidence received and agreed to seek details of the contract, when awarded.

Agenda Item 2.1

Y Cymdeithas Cymroeddus / Public Accounts Committee
PAC(5)-16-18 PTN1



Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Public Accounts Committee Chair
National Assembly for Wales
Cardiff Bay
CF99 1NA

21st May 2018

Thank you for your recent note asking us to provide you with an update on the latest position with regard to the Regeneration Investment Fund for Wales (RIFW).

I am aware of my predecessor's (Owen Evans) commitment to provide the Committee with a full briefing on this matter once the work we are currently engaged in has drawn to a close.

The Committee will be aware we announced in January 2018 that legal action was being taken against the two organisations responsible for the day-to-day running of the Fund. That legal action is continuing and we are not proposing to make any statements regarding that process until it has been completed.

I am happy to reiterate Owen Evans' commitment to providing a fuller reconciliation report to the Committee once these legal proceedings have been concluded.

In the meantime, I can confirm that we are providing regular progress reports to WAO colleagues given the importance we attach to this matter.

A handwritten signature in black ink, appearing to read 'Nick Ramsay'.



BUDDSODDWYR | INVESTORS
MEWN POBL | IN PEOPLE Pack Page 4

Tracey Burke
Director General, Education and Public Services

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Alistair Davey MA Chartered FCIPD

Y Gyfarwyddiaeth Gwasanaethau Cymdeithasol ac Integreiddio

Social Services and Integration Directorate Y Grŵp Iechyd a Gwasanaethau Cymdeithasol

Health and Social Services Group



**Llywodraeth Cymru
Welsh Government**

Nick Ramsay AM,
Chair, Public Accounts Committee

31st May 2018

Dear Nick,

Following my attendance at the Public Accounts Committee with Albert Heaney on 30 April I agreed to write to the Committee on the following two areas:

1. To provide clarity as to whether there are any children waiting to be taken into care in any of the local authority areas and if so how many?

There are no children waiting to be taken into care in Wales. All children and young people who need to be looked after by a local authority will be found a placement, and local authorities will try their best to find the most appropriate placement for a particular child, in line with their statutory duties. There are a variety of placement options open to a local authority, including placement with a local authority foster carer, kinship care arrangements including special guardianship orders, placement with an independent fostering agency carer, or residential care. The most appropriate placement for a child will be identified as part of the care planning process, which makes an holistic assessment of the child's needs and personal outcomes.

Sometimes a child will need to be placed in a temporary or emergency arrangement while a more suitable longer-term placement is found. For example, a child may need to be placed in a children's home until a suitable foster placement becomes available, or a child to be placed for adoption may need to be placed with foster parents until a suitable adopter is found.

Local authorities try to minimise the number of placement moves a child experiences whilst looked after. They have a duty under the Social Services and Well-being (Wales) Act 2014 to take steps to ensure that they have sufficient provision to meet the needs of their looked after population. Local authorities are currently drawing up placement commissioning strategies to enable them to fulfil this 'sufficiency' duty. They are also being encouraged to develop more specialist provision on a regional basis.

Although we collect data nationally on the number of placement moves a child experiences, we do not collect information on the suitability of placement for each child or whether a placement fully meets a child's needs. This is detailed information which will form part of the care planning and review process for each child, and will be held at local authority level. Care Inspectorate Wales is currently undertaking a thematic review of looked after children's services across Wales, which will focus upon children and young people's outcomes, including placement suitability. It is due to report in March 2019.

2. Confirm how spending on the Pupil Development Grant compares for Looked after Children and those who have been adopted in England with a comparison with Wales.

A comparison between the Pupil Development Grant (PDG) in Wales and the Pupil Premium in England is not possible. We are investing unprecedented amounts in the PDG and it totals £93 million this financial year, with around £4 million of that specifically targeted at supporting looked after and adopted children. Funding for Pupil Premium in England is around £2.4 billion. The difference in the size of the budgets alone means that we need to be more creative and smart with its use in Wales.

The looked after and adopted children element of the PDG is managed and administered by the regional education consortia. The grant was extended in 2015 to specifically include adopted children within its scope. This is in recognition that many adopted children will experience similar challenges in education as looked after children; and that an adoption order does not mean that they are no longer subject to the consequences of early trauma they may have experienced.

The grant is used at a strategic level to support universal or whole-school strategies that build capacity in the system and benefit a wider cohort of learners; and is also used for more targeted interventions to support the particular identified needs of individual learners. Whilst the strategic, whole-school approaches benefit a wider cohort, all the evidence points to these having a disproportionately positive impact on vulnerable groups, including looked after and adopted learners.

A specific example of a regional, strategic project is the Attachment Aware project in Education through Regional Working (ERW), which up-skilled education professionals so that they were better equipped to support looked after and adopted children as well as a wider group of vulnerable learners. A similar approach has been taken in Central South Consortium around ACEs. More bespoke, individual interventions can also be funded through the grant; however this relies on education services being aware of who their adopted learners are.

Consortia allocations are calculated on the basis of numbers of looked after children within their area. Numbers of adopted children do not feature in the calculation because the social services data that is collected nationally on adopted children would not provide the specific information required, in particular the age of children and where they reside or go to school.

The Cabinet Secretary for Education gave evidence on the PDG to the Children, Young People and Education Committee in March. How the grant supported adopted children was specifically discussed and she confirmed that consideration was being given to collecting data on adopted children through the pupil level annual school census (PLASC). The Cabinet Secretary was clear that any future collection of such data would be based entirely on the choice of adoptive parents to disclose the adopted status of their children. However, it would provide a national picture of not only the number of adopted children in our schools but perhaps more importantly their educational attainment and progress so that services are better able to assess and meet their educational needs.

In addition to the information provided above for the Committee, you may also wish to be aware of the recent research undertaken as part of the Ministerial Advisory Group's work programme. An *Analysis of Outcomes for children and young people 4 to 5 years after a final Care Order* was carried out by the Institute of Public Care and published on 15 May. I attach links to English and Welsh language versions of the main report and summary on the Welsh Government website which highlights positive findings about the care of looked after children in Wales.

<https://gov.wales/statistics-and-research/analysis-outcomes-children-young-people4-5-years-after-final-care-order/?lang=en>

<https://gov.wales/statistics-and-research/analysis-outcomes-children-young-people4-5-years-after-final-care-order/?skip=1&lang=cy>

Yours sincerely



Alistair Davey MA Chartered FCIPD
Deputy Director, Enabling People
Directorate of Social Services and Integration

Public Accounts Committee

Inquiry into NHS Informatics Services

Andrew Griffiths, Director of NHS Wales Informatics Service sent the following information which Members noted on 14 May. As part of that item, Members asked that the figures supplied were checked with the individual health boards. Where the health boards have indicated a different figure, an explanation has been added.

Following the PAC meeting NWIS looked at any double running costs being incurred. The supplier costs are shown in the table below along with the organisations funding them. In addition to telepath costs (awaiting implementation of blood transfusion module) the GP links software requires a software upgrade from one of the GP system suppliers before the legacy system can be fully retired. Those costs (in thousands) are also shown in the table below.

Services:	AB	ABMU	BCU	C&V	CT	HD	Powys	PHW	Vel	Total
Laboratory Information Management System (LIMS)	79	133 151	99	73	42	83 96	0	0	0	509
National GP Links	0	9	9	9	0	9 18.5	0	0	0	36
Total	79	142 160¹	108	82	42	92 114.5²	0	0	0	545

Chamber and Committee Services

6 June 2018

¹ ABMU's situation regarding legacy local LIMS systems is different to most other Health Boards/Trusts. These other organisations have Telepath as their legacy system and each pays a contribution towards a centrally hosted NWIS environment. ABMU previously had Masterlab in place across the organisation and the cost of maintaining it as a single organisation, whilst National LIMS is not complete, is higher than what the other organisations are paying for Telepath. ABMU's actual dual running costs for LIMS is £151k, resulting in a total of £160k (£9k GP Links).

² Hywel Dda UHB has two legacy GP Links systems (Withybush and Bronglais). HDUHB figures are inclusive of VAT.

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/1287/18

Nick Ramsay AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

2 May 2018

Dear Mr Ramsay,

**PUBLIC ACCOUNTS COMMITTEE REPORT MEDICINES MANAGEMENT RESPONSE
TO THE REPORT**

I have pleasure in enclosing a copy of the Welsh Ministers response to the above report which will be laid before the Table Office.

On behalf of the Cabinet, I would like to thank you and the Committee for the careful and considered way in which you undertook the investigation and produced the report.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Response to the recommendations contained in the report of the National Assembly for Wales Public Accounts Committee entitled Medicines Management

We welcome the findings of the report and offer the following response to the 17 recommendations contained within it.

Recommendation 1. The Committee recommends that the Welsh Government produce an annual report detailing information of improvements in medicines management across all the Health Boards, to increase accountability and ensure that the profile of medicines management remains high on the agenda of Health Boards.

Accept

We do not consider an additional annual report published by Welsh Government is the most appropriate means to achieve the Committee's objectives. As an alternative to an additional annual report published by the Welsh Government, we will require the All Wales Medicines Strategy Group (AWMSG) to undertake work to inform and develop their existing annual report and quarterly reporting of progress against national prescribing indicators to ensure the content and format is more relevant and accessible to Board members of NHS bodies.

This work will be completed in time for the publication of AWMSG's 2018-19 annual report.

In addition we will continue to develop medicines management indicators as part of the [NHS Wales Delivery Framework](#) and hold NHS bodies to account for performance against the framework.

Recommendation 2. The Committee recommends that the Welsh Government issue a national directive that all Health Boards need to develop campaigns to raise the profile of medicines management. These campaigns should be based on examples of best practice from the existing campaigns which have been built up from a local level.

Accept

The Welsh Government is providing funding to health boards to support communication activities which promote new models of primary care and its benefits for citizens. Citizen responsibility including their responsibilities in respect of prudent use of medicines is a core component of that work.

We recognise there have already been successful local campaigns which raise the profile of medicines management in particular the *Your Medicines Your Health* campaign in Cwm Taf University Health Board. In addition to the funding being provided to health boards for primary care, we will make a further £50,000 available to health boards in 2018-19 to

undertake local activity to promote the most successful elements of the *Your Medicines Your Health* campaign.

Recommendation 3. The Committee recommends that the Welsh Government sets out a plan to maximise the use of pharmacy resource, including developing the modules for delivery in choose pharmacy and enabling independent pharmacists. This plan should build on the recommendations in the Royal Pharmaceutical Society report.

Accept

We will work with the NHS Wales Informatics Service and health boards to develop further modules within Choose Pharmacy which support community pharmacists delivering an increased range of clinical services. To that end further modules are in development within Choose Pharmacy to support the national emergency contraception service and a sore throat test and treat service from community pharmacies. It is intended that both modules will be available later in 2018-19. In addition to modules supporting service commissioning, Choose Pharmacy is being developed to improve communication between community pharmacies and other NHS providers, these developments include the transfer of electronic letters from pharmacies to GPs and secondary care (to be delivered by March 2019), and systems to allow Wales' NHS 111 service to refer appropriate patients to a community pharmacy.

Independent prescribing by pharmacists has grown considerably in recent years, facilitated by the increase in GP practice based roles. In January 2018 in primary care, 65 pharmacist independent prescribers issued 50,484 prescriptions from 111 GP practices. This represented an increase of 150 percent in the number of active pharmacist independent prescribers, a 640 percent increase in pharmacist prescriber prescriptions and a 171 percent increase in GP practices utilising pharmacist independent prescribers in the two years since January 2016.

In April, we confirmed funding for up to 100 community pharmacists to take up independent prescribing courses in the next two years and to provide funding to health boards to support establishing up to 40 independent prescribing pathfinder sites in community pharmacies.

We will ask the Welsh Pharmaceutical Committee to work with stakeholders including the Royal Pharmaceutical Society to develop a plan describing the future roles of pharmacy professionals in Wales and the steps to be taken by all stakeholders to maximise their use. The plan will be completed in the early part of 2019-20.

Recommendation 4. The Committee recommends that the Welsh Government develops a data management system to track the number of pharmacists working in Wales and the roles being undertaken. This can also be utilised to plan training needs and requirements. Consideration should also be given to extending this to include information on wider pharmacy staff such as technicians who also have evolving roles which may impact on the training needs of the sector

Reject

A number of existing sources of information are available which provide a basis for identifying training requirements for pharmacy professionals in Wales. These include:

1. The All Wales Pharmacy Database (AWPD) – containing information on the accreditation of pharmacists and pharmacy technicians providing additional clinical services in community pharmacies;
2. The Electronic Staff Record (ESR) – containing information on pharmacists and pharmacy technicians employed by NHS organisations;
3. Registers, maintained by every NHS body in Wales, of non-medical prescribers employed by those bodies; and
4. The database of pharmacy professionals registered with the Wales Centre for Pharmacy Professional Education (WCPPE).

In addition the Welsh Government is working towards introducing a tool to collect GP practice workforce data, which will include data about pharmacy professionals working in GP practices.

Given the limitations of collecting data about pharmacy professionals working in the private sector, we do not believe the benefits of a new data management system would outweigh the costs of its development and maintenance.

In future, planning to meet the training needs of pharmacy professionals will be a function of Health Education and Improvement Wales (HEIW). We will work with HEIW to ensure existing sources of information are fully utilised, and where necessary developed to support this function.

Recommendation 5. The Committee recommends that the Welsh Government undertake an evaluation of cluster pharmacists, which evaluates the funding model and recruitment model for pharmacists within the cluster model.

Reject

The £10m which the Welsh Government has allocated from the national primary care fund for clusters to decide how to invest is recurrent. It can therefore, be used to fund short or long term appointments. The Welsh Government expects clusters to undertake reasonable and proportionate evaluation of their initiatives. Successful initiatives should then be mainstreamed, releasing cluster funding to be reinvested in other new and innovative initiatives. Mainstreaming these posts may be through independent GP practices employing them directly on behalf of the cluster or via health board discretionary funding.

Investment by clusters in additional pharmacists as an integral part of a prudent multiprofessional primary care workforce has been wide scale and is now accepted good practice across Wales. The Welsh Government, therefore, does not support the need for a nationally led formal evaluation of this now well established role.

Recommendation 6. The Committee recommends that the Welsh Government amends the Community pharmacy contract to achieve the necessary changes to release the full potential of the pharmacy sector and realise the aim of moving from a quantity to a quality based set of arrangements, and implementation timescales.

Accept

In October 2016, I announced the Welsh Government's intention to make new contractual arrangements for community pharmacies which ensure in future they provide a greater range of clinically focused services and demonstrate a commitment to improving service quality. In 2017-18, we introduced new contractual arrangements which included 1) increased and ring-fenced funding for local commissioning of additional clinical services by health boards; 2) funding to support collaborative working between pharmacists and other healthcare professionals; and 3) a new quality and safety scheme for community pharmacies. Changes were funded through redistribution of £3.5million of contract funding from volume driven arrangements (i.e. dispensing) to the new quality focused elements.

For 2018-19, agreement has been reached with Community Pharmacy Wales to redistribute a further £3million to support further service commissioning, to strengthen and expand the collaborative working and quality and safety schemes and to support developing the community pharmacy workforce.

We will continue to transition to new community pharmacy contractual arrangements through annual negotiations with new arrangements fully in place by the end of 2020-21.

Recommendation 7. The Committee recommends that the Welsh Government plans for the emerging technologies in prescription packages facilitating the use of unopened medication when it does not compromise patient safety including the necessary legislative changes that may be needed, to ensure maximum advantages for any savings can be achieved.

Reject

Health boards already have local policies and procedures in place to maximise the reuse of medicines within hospitals in Wales. The controlled environment and limitations on access to medicines within hospitals allows medicines to be reused with a high degree of confidence that their integrity has not been deliberately or inadvertently compromised. The NHS Chief Pharmacists' Peer Group is undertaking work to standardise these policies and to quantify the value of medicines reused within hospitals.

However, in the community, once a medicine has left the pharmacy, its safety and quality cannot be guaranteed. For example, there is a risk that the medicine container may have been tampered with, or the packaging may have been exposed to extremes of temperature and moisture, rendering it ineffective.

The Falsified Medicines Directive (FMD) supplemented by Delegated Regulation (EU2016/161) from the European Parliament and Council which comes into force in February 2019, will require the packaging of medicines entering the supply chain on or after 9 February 2019, to be fitted with an anti-tampering device (in the form of a security seal). Whilst such anti-tampering devices address concerns regarding the deliberate adulteration of medicines, they do not address the concerns related to inappropriate storage of medicines and loss of effectiveness which may result. At the current time, the costs associated with temperature sensitive packaging are likely to be prohibitive to their widespread use, particularly when the low mean and even lower median cost of prescribed medicines is taken into account¹.

¹ In January 2018, the mean net ingredient cost of prescriptions in Wales was £7.28 and the median net ingredient cost was £1.59.

Furthermore, the FMD introduces new barriers to reuse of medicines. The FMD requires that at the point of supply to a patient, dispensers verify the authenticity of a medicine against a national data repository which contains details of legitimate medicines in the supply chain. Once this verification takes place, details of the medicine are removed from the repository and cannot be re-entered. This means where a medicine is returned to a pharmacy or re-dispensed by a pharmacy its authenticity cannot be verified, undermining the benefits of FMD.

Finally, the recommendation would require changes to the way in which both medicines and pharmacy professionals are regulated in the UK. Such matters are reserved to the UK Government.

Recommendation 8. The Committee recommends that the Welsh Government investigates ways of harnessing the academic expertise in Wales to understand the scale of Medicine Related Admissions and how to reduce them.

Accept

In January 2018, the Chief Pharmaceutical Officer established a short life working group (SLWG) comprised of medicines safety experts from across Wales to advise on the overall approach and programme required to drive improvements in medicines safety in the NHS in Wales. The SLWG, which brings together experts both from practice and academia, met in January and March and further meetings are planned for 2018.

The SLWG is currently examining sources of data, including but not limited to admissions to hospital, to determine an appropriate suite of measures of medicines related harm as the focus for a programme of work to improve medicines safety in Wales.

We recognise significant harm results from medicines related admissions (MRAs) but are concerned that a focus on *post hoc* quantification of MRAs would detract from actions to stop harm before it occurs. The identification of MRAs is made difficult by the presence of confounding factors in many cases, and robust assessments of the prevalence of MRAs have been limited to research studies. There is however, a good understanding of the medicines and situations most frequently associated with MRAs; the priority for reducing medicines related harm will be to address these.

The SLWG will conclude its work by October 2018 after which it will perform the role of steering committee for the national medicines safety programme.

Recommendation 9. The Committee recommends that the Welsh Government provide an update on the automated vending evaluation work which was due to have been completed by June 2017

Accept

A stocktake of the current use of automated ward vending machines in NHS hospitals in Wales was carried out in February 2017. In May 2017, a prioritised list of investments for automated ward vending was agreed with the NHS Chief Pharmacists' peer group. We will write to the committee with details of the stocktake and the prioritisation exercise by the end of May 2018.

Recommendation 10. The Committee recommends that the Welsh Government coordinates a piece of work to share best practice from Health Boards relating to automated vending to help inform future decisions on medicine storage approaches.

Accept

A workshop on automated ward vending arranged by the NHS Chief Pharmacists peer group, took place in November 2017 and involved a wide range of stakeholders from across all NHS bodies in Wales. The workshop allowed participants to share the experience of implementing automated ward vending in Welsh hospitals and to discuss future approaches to utilising ward automated medicines storage. An initial report of the workshop has been produced and will be shared with the Committee as part of the comprehensive update on progress against the recommendations made by the Auditor General for Wales, in May 2018. Further work is now being undertaken to agree a set of principles for the further roll out of automated medicines storage. It is envisaged this work will be completed by October 2018.

Recommendation 11. The Committee recommends that the Welsh Government identifies whether any lessons could be learnt from NHS England relating to guidance on items which should not be usually be prescribed and the potential savings this approach may deliver.

Accept

The Welsh Government has reservations regarding the approach being taken by NHS England to restrict the prescribing of some medicines on the basis they are available to purchase 'over the counter' from pharmacies. Such measures have the potential to limit access to effective treatment particularly amongst people on low incomes, and therefore to widen inequalities. The Committee will wish to note the final guidance on this matter from NHS England, included a number of exemptions to allow GPs to continue to prescribe these medicines in specified situations.

We encourage NHS bodies in Wales to take measures to reduce unwarranted variation in prescribing and to restrict the prescribing of medicines of limited clinical value.

In June 2017, the Chief Medical and Chief Pharmaceutical Officers [wrote to NHS Medical Directors](#) requiring health boards to identify all GP practices in their area and any clinical area within secondary care, where co-proxamol was being prescribed, and to instigate the urgent review of patients with the intention of switching them to alternative, safer treatments

Subsequently in October 2017, the AWMSG issued [guidance](#) supporting restrictions to the prescribing of a further four medicines, with a combined annual expenditure of £5.4million in 2016-17) identified as low priority for funding in NHS Wales. Progress to reduce expenditure on these medicines will be tracked by the NHS Chief Pharmacists' Peer Group and reported to the Welsh Government's Efficiency, Healthcare Value and Improvement Group.

During 2018-19 the AWMSG will work with the NHS bodies in Wales to identify further opportunities to reduce expenditure on medicines of limited clinical value. The NHS England guidance will be considered in this work.

Recommendation 12. The Committee recommends that the Welsh Government produces a report on best practice on repeat prescription ordering by cluster groups within the care home settings to help inform policies and [Repeat Prescriptions](#).

And

Recommendation 13. The Committee recommends that the Welsh Government provides an update on the work of the prudent prescribing group in relation to its work on the various models for repeat prescribing systems in September 2018 to allow the Committee to monitor progress on this.

Accept

The work of the prudent prescribing implementation group (PPIG) was instrumental in identifying areas where repeat prescribing systems could be improved. Subsequent to Welsh Government officials giving evidence to the Committee in March 2016, the PPIG was stood down and responsibility for implementing the recommendations of the group and testing the various approaches recommended to improve repeat prescribing and reduce waste passed to the NHS Chief Pharmacists' peer group.

The Welsh Government will collate, from each health board and Community Pharmacy Wales, evidence of the outcomes of various pieces of work being taken forward to improve repeat prescribing, including work to improve repeat prescription ordering within care homes, and provide the committee with an update on this work in January 2019.

Recommendation 14. The Committee recommends that the Welsh Government evaluates the roll out of Medicines Transcribing and e-Discharge system to consider the progress and the benefits of this approach.

Accept

There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines are a significant problem. Improving the transfer of information about medicines across all care settings reduces incidents of avoidable harm to patients, improves patient safety and contributes to a reduction in avoidable medicines related admissions and readmissions to hospital.

Evaluations of the benefits of the Medicines Transcribing and e-Discharge (MTeD) system have been undertaken previously by NWIS² and by Cwm Taf University Health Board³ which demonstrate improvements in the quality and timeliness of discharge information being shared with patients' GPs.

During the course of the Committee's inquiry the availability of MTeD across NHS bodies in Wales has increased significantly with MTeD implemented in five and pre-existing edischarge solutions in place in two health boards. Further enhancements to the MTeD system are planned which will then facilitate its implementation in the two remaining health boards starting later in 2018-19.

We expect NWIS and health boards to have appropriate evaluation arrangements in place which ensure the anticipated benefits of the MTeD system are being realised. We will work

² NHS Wales Informatics Service. Medicines Transcribing & e-Discharge Project Evaluation Report. January 2014

³ Davies C. e-Discharge Advice Letter Pack Project Report. Cwm Taf University Health Board, November 2017.

with NWIS to ensure these evaluation measures form part of routine progress reports in relation to MTeD roll out.

Recommendation 15. The Committee recommends that the Welsh Government provide an update on the progress against the Auditor General's recommendation on the GP record and the other outstanding recommendations in the Auditor General's report.

Accept

Historically, access to the Welsh GP Record (WGPR) was restricted to emergency care settings such as accident and emergency departments. However since November 2016, pharmacists and pharmacy technicians working in hospitals in Wales have had full access to WGPR in planned as well as emergency care settings. This means doctors and pharmacists are now able to access the WGPR on elective wards and in outpatient clinics as well as in unscheduled care settings.

In November 2017, access to the WGPR was extended initially to four and subsequently to 11, community pharmacies providing the emergency supply of medicines national enhanced service. The results of this pilot are being evaluated by NWIS prior to rolling WGPR access out to all community pharmacies.

We will write to the committee providing an update on progress against the remaining recommendations made in the Auditor General's report in May 2018.

Recommendation 16. The Committee recommends that as part of the Welsh Government's commissioning and roll out of a new e-prescribing system, it develops a supporting plan of action to help achieve the cultural shift that needs to accompany the introduction of a new system.

And

Recommendation 17. The Committee recommends that the Welsh Government shares its action plan and key milestones for the Electronic Prescribing and Medicines Administration (EPMA) system with the Committee.

Accept

NWIS has established the Welsh Hospital Electronic Prescribing, Pharmacy and Medicines Administration (WHEPPMA) project to develop and implement the national plan for electronic prescribing in secondary care.

The project team is currently working with stakeholders to complete the business case for procurement of a replacement hospital pharmacy system and an electronic prescribing and medicines administration solution. The business case will be considered by the Welsh Government in due course. Subject to the completion of a satisfactory business case, it is expected that the procurement of these systems will be initiated during 2018-19 with implementation beginning in 2019. The action plan, including the actions required by NHS bodies to deliver the necessary business change to maximise the benefits of e-prescribing, and key milestones will be established by NWIS through the WHEPPMA project and subject to approval of the business case, we will ask NWIS to share their plans with the Committee.

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P/VG/1287/18

Nick Ramsay AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

31 May 2018

Dear Mr Ramsay,

**PUBLIC ACCOUNTS COMMITTEE REPORT MEDICINES MANAGEMENT - FURTHER
RESPONSE**

Further to my response to the above report which was laid before the Table Office on 2 May, I have the pleasure of enclosing an update on progress made against the recommendations made by the Auditor General for Wales in the report Managing Medicines in Primary and Secondary care.

Yours sincerely,

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Bae Caerdydd • Cardiff Bay
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Updated response to the recommendations contained in the report of the Auditor General for Wales entitled managing medicines in primary and secondary care

Auditor General for Wales' recommendation	Welsh Government Response	Current Position
<p>The Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.</p>	<p>Accepted.</p> <p>The NHS Wales Informatics Service (NWIS) has established the Welsh Hospital Electronic Prescribing and Medicines Administration project to develop and implement the national plan for electronic prescribing in secondary care and the inaugural meeting of the project board was held on 23 November 2016.</p> <p>The project team is currently working with stakeholders to define the exact scope of the project and the system requirements. Once this is complete the business case for procurement of a replacement hospital pharmacy system and an electronic prescribing and medicines administration solution will be completed by NWIS and considered by Welsh Government. Subject to the completion of the business case, it is expected that the procurement of these systems will be completed during 2018-19 with implementation beginning in the early part of 2019.</p>	<p>I refer committee members to the response I provided in my letter to the Chair of the Public Accounts Committee on 2 May.</p>

<p>The Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy, to assess the effectiveness of the new mandatory training programme on medicines management and to assess the long-term sustainability of actions taken in each health body to address all medicines-related findings from Trusted to Care; and</p> <p>Each health body should develop a time-bound plan for improving storage and security of medicines on hospital wards, including specific consideration of the benefits of implementing automated vending machines.</p>	<p>Accepted.</p> <p>The Chief Pharmaceutical Officer for Wales will re-convene the Medicine Administration, Recording, Review and Storage (MARRS) working group to undertake a review of each health body's compliance with the MARRS policy. Due to unforeseen circumstances there has been a delay in implementing the e-learning programme on medicines administration. The working group will therefore give further considerations as to how the e-learning programme can be rolled out most effectively. We envisage the first meeting of the re-convened MARRS working group will be in April 2017 and that it will complete its review by March 2019.</p> <p>Patient Safety Notice PSN 030, issued in April 2016 set out the expected standards for safe and secure storage of medicines on hospital wards. We have identified the need to review the requirements contained in the notice in light of concerns that the cost of replacing the storage on all hospital wards, regardless of current condition, would be disproportionate to the anticipated benefit; given the low level of risk presented by storage facilities on the</p>	<p><u>National review to assess each health body's compliance with the MARRS policy</u></p> <p>The Medicine Administration, Recording, Review and Storage (MARRS) working group was reconvened in 2017 to undertake a review of each health body's compliance with the All Wales MARRS policy.</p> <p>The MARRS working group has developed a compliance assessment which was distributed to each health board, Velindre Cancer Centre and Public Health Wales NHS Trust at the end of 2017; completed assessments were submitted to the working group in January 2018.</p> <p>The MARRS working group are currently reviewing each health body's assessment and the supporting evidence provided before determining whether any additional action is required.</p> <p><u>MARRS e-learning</u></p> <p>The MARRS e-learning programme on medicines administration was made available to all NHS employees involved in the administration of medicines through the Electronic Staff Record (ESR) in April 2018.</p>
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	<p>majority of wards. The MARRS working group will, as part of its work, review PSN 030 and updated guidance will be issued before the end of 2017.</p> <p>The Chief Pharmaceutical Officer will, with the Chief Pharmacists in local health boards and Velindre Cancer Centre, complete an audit of the current use automated ward vending machines in NHS hospitals in Wales and develop a prioritised list of sites in which automated ward vending should be implemented. This work will be completed by June 2017.</p>	<p><u>Improving medicines storage</u></p> <p>The MARRS working group has reviewed Patient Safety Notice PSN 030, which sets out the expected standards for safe and secure storage of medicines on hospital wards. The working group consider the significant cost of replacing the storage on all hospital wards, regardless of current condition, would be disproportionate to the anticipated benefit. In order to prioritise the replacement of storage on hospital wards, the working group is currently revising PSN 030 to introduce a requirement for NHS bodies to undertake a standardised approach to the risk assessment of storage facilities.</p> <p>A stocktake of the current use automated ward vending machines in NHS hospitals in Wales was undertaken in February 2017 (annex A). The NHS Chief Pharmacists Peer Group subsequently prioritised a list of sites for investment.</p> <p>In my recent response, I advised the committee members that a workshop on automated ward vending, arranged by the NHS Chief Pharmacists peer group, took place in November 2017 involving a wide range of stakeholders from across all NHS bodies in Wales. The summary report of the workshop is</p>
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		enclosed with this response (annex B).
<p>Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director; and</p> <p>Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.</p>	<p>Accepted in part.</p> <p>We agree fully that the Board of every health body in Wales should regularly scrutinise all aspects of medicines management. To that end and prior to the publication of your report, in 2016-17 we included six national prescribing indicators, covering a range of areas including antimicrobial prescribing, adverse drug reaction reporting, high risk medicines and the efficient use of resources, in the NHS Outcomes Framework.</p> <p>To maintain focus on improving medicines management within NHS Wales, we will continue to develop medicines management indicators as part of the outcomes framework. We will also raise medicines management issues through the Joint Executive Team meetings between Welsh Government and NHS Wales bodies.</p> <p>The UK-wide rebalancing medicines legislation and pharmacy regulation programme, supported by the Department of Health in England on behalf of the four UK administrations, is considering various</p>	<p>The UK-wide rebalancing medicines legislation and pharmacy regulation programme, supported by the Department of Health in England on behalf of the four UK administrations, is considering various changes to medicines legislation which are likely to impact on the role of health body Chief Pharmacists. We anticipate the consultation on legislative changes relevant to health body Chief Pharmacists will now be published in summer 2018. In anticipation of these changes, an audit of the reporting arrangements for NHS Chief Pharmacists in Wales was undertaken in 2017.</p> <p>As I set out in my recent response, we have required the All Wales Medicines Strategy Group (AWMSG) to undertake work to inform and develop their existing annual report and quarterly reporting of progress against national prescribing indicators to ensure the content and format is more relevant and accessible to Board members of NHS bodies. This work will be completed in time for the publication of AWMSG's 2018-19 annual report.</p> <p>In addition medicines management indicators continue to form part of the NHS Wales Delivery Framework with NHS bodies are held to account for performance against the framework through</p>

	<p>changes to medicines legislation which are likely to impact on the role of health body Chief Pharmacists. We do not consider it would be appropriate to make a commitment regarding the reporting arrangements for Chief Pharmacists until the outcome of that programme is known. We anticipate the implications for Chief Pharmacists will be clearer in early 2018. In preparation we will undertake an audit of the reporting arrangements for NHS Chief Pharmacists in Wales, this will be complete by September 2017.</p>	<p>Joint Executive Team meetings.</p>
<p>Chief Pharmacists should seek the support of the NHS Wales Shared Services Partnership's Workforce, Education and Development Services to strengthen current resource mapping approaches to facilitate robust comparisons of pharmacy staffing levels across Wales and to produce a generic service specification. The specification should set out the typical resources required to deliver key pharmacy services, such as clinical pharmacy input and patient education on the wards. The specification should also be flexible enough to recognise that different types of</p>	<p>Accepted.</p> <p>During 2017-18 we will work with the NHS Wales Shared Services Partnership's Workforce, Education and Development Service and Chief Pharmacists of NHS Wales bodies to undertake a robust assessment of the current and future needs for the pharmacy workforce. This work will be completed by March 2018.</p>	<p>I note this recommendation was aimed at NHS Chief Pharmacists and the NHS Wales Shared Services Partnership's Workforce, Education and Development Services.</p> <p>I understand the NHS Chief Pharmacists' Peer Group has established a workforce modernisation group to progress this recommendation and other matters pertaining to the pharmacy workforce.</p> <p>During 2018-19, this group will support the planned train, work, live campaign for pharmacy professionals; produce a high level workforce model for pharmacy services; and undertake an analysis of existing pharmacy workforce data.</p>

wards will require different levels of resource.		
<p>To drive further improvements in prescribing, health bodies should ensure they have a targeted plan of action to achieve cost and quality improvements in prescribing in primary care and in secondary care, in line with prudent healthcare principles. The plan of action should be informed by regular analysis of prescribing data to ensure that attention is focused on the areas where the greatest scope exists to secure cost and quality improvements; In line with the need to increase the profile of medicines management at Board level, health bodies should ensure that performance against the National Prescribing Indicators is considered regularly by the Board, alongside progress in delivering wider cost and quality improvements in primary care prescribing; The Welsh Government should ensure the work of the Efficiency,</p>	<p>Accepted.</p> <p>The Efficiency, Healthcare Value and Improvement Group have agreed an all-Wales approach to cost and quality improvement in medicines management in primary and secondary care will be a key area for 2017-18.</p> <p>During 2017-18 we will agree with health board Chief Pharmacists and other stakeholders, key priorities in the following six areas: driving efficiency; reducing medicines related harm; improving patient experience and outcomes; workforce modernisation; collaborative working, better use of technology and improved estates; and benchmarking. These priorities will be taken forward on an all-Wales basis and progress overseen through regular meetings between the Chief Pharmaceutical Officer and health board Chief Pharmacists, and Joint Executive Team meetings.</p> <p>We will work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines waste.</p>	<p><u>Raising the profile of medicines management at Board level</u></p> <p>As I set out above, during 2018-19 the All Wales Medicines Strategy Group (AWMSG) will undertake work to inform and develop their existing reports including those detailing performance against national prescribing indicators to ensure they are utilised by the Boards of NHS bodies.</p> <p><u>Oversight of progress to improve the efficiency of prescribing</u></p> <p>During 2017-18 the Efficiency, Healthcare Value and Improvement Group has taken action to improve cost and quality in medicines management in primary and secondary care. In particular the group has facilitated significant improvements in high value opportunities including increasing the uptake of biosimilar medicines, increases in prescribing of generic pregabalin and reductions in the use of co-proxamol across all health boards.</p> <p>In addition to the oversight provided by the Efficiency, Healthcare Value and Improvement</p>

<p>Healthcare Value and Improvement Group takes an all-Wales view on the cost and quality improvements that should be achievable through better prescribing and medicines management, and uses mechanisms such as the twice-yearly Joint Executive Team meeting between government officials and each individual health body to ensure that the necessary progress is being made in securing these improvements. The Welsh Government should work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines wastage, building on the findings from the ongoing evaluation of the Your Medicines, Your Health campaign. Reducing waste leads to cost savings whilst at the same time helping patients to take their medicines as prescribed, thereby helping to secure maximum benefit from the medicine; and</p> <p>Linked to the above points, the Welsh Government should ensure that there is a clear and time-bound plan in place to roll out</p>	<p>Primarily this will be achieved by encouraging NHS bodies to adopt the elements of the <i>Your Medicines, Your Health</i> campaign which the ongoing evaluation, once completed, demonstrates are successful. We will also encourage health boards to implement evidence based approaches which reduce medicines waste. These will include implementing improved repeat prescribing systems such as those which have been tested through the Prudent Prescribing Implementation Group or evaluated in other parts of the UK. We envisage this work will begin in 2017-18 with a time-bound plan agreed by March 2018.</p>	<p>Group, NHS bodies have established an all Wales Joint Pharmacy and Finance Group which meets monthly to identify, share and progress prescribing efficiency opportunities on an all Wales basis.</p> <p>The Chief Pharmacist's Peer Group has developed, agreed and is taking forward key priorities against the six areas identified in the Welsh Government's response to the Auditor General's recommendations.</p> <p><u>National Campaign to reduce medicines waste</u></p> <p>The Public Accounts Committee's report <i>Medicines Management</i>, contains similar recommendations to which I have responded confirming that funding will be made available to health boards in 2018-19. Funding will be available to undertake local activity to promote the most successful elements of the Your Medicines Your Health campaign. My response to the Committee sets out my commitment to provide an update on work health boards are undertaking to improve repeat prescription ordering, in 2019.</p>
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<p>improved repeat prescribing systems that are being tested by the Prudent Prescribing Implementation Group.</p>		
<p>The Welsh Government should develop a plan, in partnership with All Wales Medicines Strategy Group (AWMSG), health bodies and GPs, to evolve the National Prescribing Indicators so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.</p>	<p>Accepted.</p> <p>We agree that National Prescribing Indicators are currently too focused on the quantity and cost of medicines prescribed with inadequate consideration given to clinical appropriateness and outcomes. The availability of data to support more sensitive indicators has been a significant constraint.</p> <p>Whilst significant improvements have been made to reduce variation in prescribing, the rate of improvement has slowed in recent years in part as a result of this approach. We will work with the Wales Analytical Prescribing Support Unit (WAPSU) to establish a project in 2017-18 the purpose of which will be to define a new suite of National Prescribing Indicators utilising additional data sources. The indicators will be developed during 2017-18 with the intention they are approved by the All Wales Medicines Strategy Group (AWMSG) prior to their use from April 2018.</p>	<p>In line with the commitments given in response to the Auditor General for Wales' report, the Wales Analytical Prescribing Support Unit (WAPSU) was invited to initiate a project in 2017-18 the purpose of which was to define a new suite of National Prescribing Indicators utilising additional data sources.</p> <p>Following that work, the AWMSG endorsed 12 new prescribing safety indicators which combine information contained within GP practice systems, at their meeting of 14 February 2018. The detail of these indicators is available at annex C.</p>

<p>The All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the all-Wales handbook on the safe and effective delivery of homecare services.</p>	<p>Accepted.</p> <p>We note this recommendation is aimed at the All Wales Chief Pharmacists' Committee. We will ensure work to improve the safe and effective delivery of homecare services, including an audit of compliance with the measures set out in the all-Wales handbook, forms part of the key priorities agreed with health board Chief Pharmacists and other stakeholders in 2017-18.</p>	<p>I note this recommendation was aimed at NHS Chief Pharmacists.</p> <p>I understand the NHS Chief Pharmacists' Peer Group has established a homecare workstream under its Medicines Procurement and Logistics Advisory Group. This group has been working with leads to implements improvements to the management of homecare addressing gaps identified against homecare standards in individual health boards.</p> <p>To further improve the safe and effective delivery of homecare services the following actions have been progressed nationally:</p> <ul style="list-style-type: none"> • An All Wales framework contract for Low and Mid tech medicine homecare services has been completed and put in place from May 2018; • Development of a single service level agreement across NHS Wales for pharmaceutical industry funded homecare schemes; and • Development of contract management support, including key performance indicators by the NHS Wales Shared Services Partnership
<p>The Welsh Government, supported by 1000 Lives Improvement, should work with pharmacy teams, clinical coding staff and clinicians across</p>	<p>Accepted.</p> <p>This work will be scoped with 1000 Lives Improvement during the early part of 2017-</p>	<p>A short life working group comprised of medicines safety experts from practice and academia across Wales, has been meeting to provide me with advice on the overall approach</p>

<p>Wales to develop a programme aimed at identifying and preventing medicines related admissions (MRAs).</p>	<p>18 with a view to establishing a medication safety programme in 2018-19.</p>	<p>and programme required to drive improvements in medicines safety in the NHS in Wales. I will make a decision on the basis of their advice later in 2018.</p>
<p>The Welsh Government and NWIS should continue to work with GP representatives to ensure their concerns about information governance are addressed;</p> <p>Facilitate wider access to the GP Record so that all pharmacists and pharmacy technicians that deliver clinical services on the wards can access the system for patients who are admitted for an elective procedure, as well as those admitted as emergencies; and</p> <p>Facilitate wider access to, and use of, the GP Record in community pharmacies so that whenever it is clinically appropriate, patients can have their medicines managed in the community without accessing a GP or other NHS services.</p>	<p>Accepted.</p> <p>We are continuing to work with NWIS to secure wider access to the Welsh GP Record (WGPR). On 21 November 2016, NWIS announced that access to the WGPR would be extended to hospital pharmacists and pharmacy technicians in planned care settings including outpatients. This builds on the access in emergency care settings which has been available for some time.</p> <p>The Chief Pharmaceutical Officer is working directly with the Medical Director at NWIS to put in place appropriate information governance arrangements which will allow use of the WGPR by community pharmacists in specified circumstances to support patient care. We envisage this work will be completed early in 2019.</p>	<p>Since November 2016, pharmacists and pharmacy technicians working in hospitals in Wales have had full access to WGPR in planned as well as emergency care settings.</p> <p>In November 2017, I announced access to the WGPR would be extended initially to community pharmacies providing the NHS emergency medicines supply service. A pilot of community pharmacy access to WGPR has been completed and plans are in place to roll out to all pharmacies by the end of 2018-19.</p>
<p>Where the Welsh Government makes a decision to make a new</p>	<p>Accepted.</p>	<p>I can confirm no such arrangements have been made since the Auditor General for Wales</p>

<p>medicine available outside the current national appraisal process, it should clearly explain the rationale underpinning its decision and ensure that health bodies are given sufficient time to plan for the financial implications and service changes associated with introducing those new medicines.</p>	<p>We are pleased the Auditor General for Wales recognises that from time to time it may be necessary for the Welsh Government to make medicines available outside the current national appraisal process. We recognise that this should happen by exception and only where the rationale for so doing is clear.</p> <p>As has been the case with agreements to date, we expect agreements will continue to be made only where there is strong support for the availability of the medicine(s) both from clinicians and patients across Wales. However we will, with immediate effect and for all future agreements, ensure NHS bodies are more closely involved in the planning arrangements and afforded an appropriate period in which to prepare for the service and financial implications.</p>	<p>published his report.</p>
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Health Board	Hospital site	Total number of wards on site	Health Board/Trust assessment of the total number of wards where automated vending required	Current number of wards with automated vending (Feb 2017)	Additional wards planned to have automated ward vending by April 2017	Expected total number of wards with automated vending (April 2017)	Total number of other locations where automated vending required (e.g. ED, MAU, Theatres etc)	Number of other (non ward) locations with automated vending currently	Number of other (non ward) locations planned to have automated vending by April 2017	Expected total number of other (non ward) locations with automated vending (April 2017)	
Betsi Cadwaladr University	Wrexham Maelor	34		34	15	5	20	9	2	4	
Betsi Cadwaladr University	Chirk Hospital	1		1	0	0	0	0	0	0	
Betsi Cadwaladr University	Deeside Hospital	2		2	0	0	1	0	0	0	
Betsi Cadwaladr University	Mold Hospital	2		2	0	0	0	0	0	0	
Betsi Cadwaladr University	Glan Clwyd Hospital	29		27	10	14	24	9	8	9	
Betsi Cadwaladr University	Bryn Hesketh	1		1	0	1	1	0	0	0	
Betsi Cadwaladr University	Ruthin Community Hospital	1		1	0	0	0	0	0	0	
Betsi Cadwaladr University	Holywell CH	2		2	0	0	0	0	0	0	
Betsi Cadwaladr University	Denbigh CH	2		2	0	0	1	0	0	0	
Betsi Cadwaladr University	Abergele	1		1	0	0	0	0	0	0	
Betsi Cadwaladr University	Colwyn Bay CH	2		2	0	0	1	1	1	2	
Betsi Cadwaladr University	Ysbyty Gwynedd	28		28	13	14	4	2	2	4	
Betsi Cadwaladr University	Ysbyty Penrhos Stanley	2		2	0	2	1	0	0	0	
Betsi Cadwaladr University	Ysbyty Bryn Beryl	2		2	0	0	1	0	0	0	
Betsi Cadwaladr University	Cefni Hospital	1		1	0	0	0	0	0	0	
Betsi Cadwaladr University	Dolgellau Hospital	2		2	0	0	1	0	0	0	
Betsi Cadwaladr University	Eryri hospital	2		2	0	2	2	0	0	0	
Betsi Cadwaladr University	Llandudno Hospital	4		4	1	0	1	0	0	0	
Betsi Cadwaladr University	Tywyn Hospital	1		1	0	0	0	0	0	0	
Betsi Cadwaladr University	Ysbyty Alltwen	1		1	0	0	1	0	0	0	
Velindre NHS Trust	Velindre Cancer Centre	2		2	1	2	3	4	1	1	
Aneurin Bevan University	Nevil Hall Hospital	16		16	5	2	7	6	3	7	
Aneurin Bevan University	Ysbyty Ystrad Fawr	8		8	1	1	4	2	0	2	
Aneurin Bevan University	Royal Gwent Hospital	34		34	9	6	15	19	9	15	
Aneurin Bevan University	County	4		4	1	0	1	3	0	0	
Aneurin Bevan University	Chepstow	4		4	0	0	4	0	0	0	
Aneurin Bevan University	Llanfrechfa Grange Hospital	0		0	0	0	0	0	0	0	
Aneurin Bevan University	St Cadocs	9		9	0	0	0	9	0	0	
Aneurin Bevan University	St Woolos	8		8	1	0	1	8	1	1	
Aneurin Bevan University	Ysbyty Aneurin Bevan	3		0	All wards have access to central cabinet	0	0	0	1	1	
Cardiff and Vale University	University Hospital Wales	46	Not yet determined	0	0	0	Theatres	1	0	1	
Cardiff and Vale University	University Hospital Llandough	28	Not yet determined	0	0	0	Theatres	1	0	1	
Cardiff and Vale University	St Davids	3	Not yet determined	0	0	0	0	0	0	0	
Cardiff and Vale University	Rookwood	4	Not yet determined	0	0	0	0	0	0	0	
Cardiff and Vale University	Barry	2	Not yet determined	0	0	0	0	0	0	0	
Cwm Taf University	Prince Charles Hospital	17		16	0	0	6	2	2	4	
Cwm Taf University	Royal Glamorgan Hospital	19		19	0	0	0	1	3	4	
Cwm Taf University	Ysbyty Cwm Rhondda	4		4	0	0	0	0	0	0	
Cwm Taf University	Ysbyty Cwm Cynon	6		6	0	0	0	0	0	0	
Hywel Dda University	Prince Phillip Hospital	12		12	0	2	7	0	3	3	
Hywel Dda University	Glangwili General Hospital,	19		19	0	4	4	8	1	1	
Hywel Dda University	Withybush General Hospital	13		13	0	3	3	3	0	0	
Hywel Dda University	Bronglais General Hospital	12		12	0	4	4	2	0	0	
Hywel Dda University	Mental Health Services	10		8	0	4	4	7	0	3	
Abertawe Bro Morgannwg University	Princess of Wales	21		21	1	0	1	10	3	4	
Abertawe Bro Morgannwg University	Neath Port Talbot	8		8	0	0	6	1	0	1	
Abertawe Bro Morgannwg University	Tonna Hospital	4		1	0	1	0	0	0	0	
Abertawe Bro Morgannwg University	Glanrhyd Hospital	10		1	0	1	1	0	0	0	
Abertawe Bro Morgannwg University	Morrison Hospital	37		37	2	2	4	8	3	3	
Abertawe Bro Morgannwg University	Singleton Hospital	16		16	1	1	2	3	1	1	
Powys teaching	Ystradgynlais	3		3	2	0	2	2	1	1	
Powys teaching	Brecon	3		2	0	0	2	0	0	0	
Powys teaching	Bronllys	2		2	0	0	0	0	0	0	
Powys teaching	Llandrindod Wells	2		2	0	0	2	0	0	0	
Powys teaching	Newtown	2		2	0	0	1	0	0	0	
Powys teaching	Welshpool	1		1	0	0	1	0	0	0	
Powys teaching	Knighton	1		1	0	0	0	0	0	0	
Powys teaching	Llanidloes	1		1	0	0	0	0	0	0	
Powys teaching	Machynlleth	2		2	0	0	1	0	0	0	
Total		516		412	63	58	121	156	45	28	73

Notes from the Technology Workshop

On Automated Storage for Medicines

Held on 23rd November 2017 at Morriston Hospital, Swansea SA6 6NL

Introduction

Over the last few years Health Boards within NHS Wales have implemented ward medicines automation systems to highly varying degrees. Some Health Boards have been the early pioneers within Wales (and indeed across the NHS). These initiatives have been largely led by individual senior pharmacists within pharmacy services enthusiastic for their adoption rather than on any co-ordinated and cohesive approach or development plan across the Health Boards within Wales. The current systems in situ have largely been funded from capital bids against pharmacy modernisation funds within Welsh Government.

The main but not sole drivers for implementation has been the desire to improve security of medicines and improve the efficiency of medicines management in clinical areas. By their very design automated systems significantly improve security and accountability of use of medicines and support adherence to the Welsh Patient Safety Notice 030, April 2016.

However, in practice, the implementation and development of these systems has been challenging and time-consuming for pharmacy staff in those Health Boards where there have been installed. Additionally, whilst these initiatives may have been led by pharmacy personnel, ward automated systems will largely beneficially impact on the working of nursing staff who use them, and, on the patients, who receive medicines from them directly. These factors may have led to some disparity in ownership and organisational leadership and a detrimental impact on the capacity to develop meaningful and specific research into beneficial (or otherwise) outcome measures.

As such, despite much anecdotal evidence and obvious design benefits of these technologies, there remains a dearth of robust evidence or published research papers within NHS Wales to further support their wide-scale implementation. This situation is largely mirrored and recognised within the rest of the NHS.

In recognition of this lack of meaningful outcome data and the variation in use across NHS Wales, the Chief Pharmaceutical Officer for Wales, Andrew Evans requested the Chief Pharmacist Committee to consider the development of a strategic framework and development plan for the use and evaluation of automated storage systems across NHS Wales.

The workshop was designed for key stakeholders within Health Boards to include senior nursing staff, chief and senior pharmacists, estates personnel and academic representatives to consider and initiate this development plan.

Objectives

- To gain appreciation to how ward automation has been applied and developed in NHS England
- To gain an understanding of the Medicines Automation Evaluation Framework developed for the HPMOP group
- To review the current applications in Health Boards and consider current benefits realisation and difficulties identified in practice.
- To consider a cohesive research strategy to support the development of business cases.

Workshop Content

The workshop commenced with an introduction from the **Chair, Dr Berwyn Owen** and then an opening address from **Andrew Evans, Chief Pharmaceutical Officer** appraising the variation in deployment of automation, the need for a robust strategy for automation amid the tight fiscal environment in NHS Wales. There then followed a number of brief presentations and case studies from around Wales to provide the attendees with better insight into potential research/evaluation projects and some key examples of current applications.

Don Hughes, retired Chief Pharmacist, BCUHB provided some detail of the Medicines Automation Evaluation Framework developed for the Hospital Pharmacy and Medicines Optimisation programme (HoPMOp) in NHS England during 2016. (The HoPMOp programme was set up to support the implementation of the recommendations of Lord Carter's review). The framework contains five principal domains in which automation may benefit including: -

- Safety
- Governance
- Operational productivity and efficiency
- Patient and staff experience
- Data and information

Details of specific attributes in each domain were provided to assist Health Boards to prioritise any research or evaluation projects as deemed appropriate to support any considered strategy.

Case studies/Vignettes from Health Boards

Chris Moore from the Welsh Ambulance Service NHS Trust described the WAST experience the on-going project of replacing existing drug cupboards with 20 customised Omnicell cabinets across the region. The software has been designed to facilitate drug selection for each vehicle, is intuitive and easy to use and has been well received by WAST staff. The project has been an excellent collaboration between WAST, pharmacy and estates. Challenges include securing non WAST locations, estates work and differing drug codes between hospitals. Thus far the systems have improved security, accountability with better stock management and auditable assurance. Post implementation tasks include the need to focus on efficient stock levels and producing meaningful reports.

Colin Powell, Chief Pharmacist, acute services at Aneurin Bevan University Health Board described their experiences of automation in acute and community hospitals within the Health Board. Since 2011, 42 Omnicell units have been installed across a whole range of admission areas, acute wards, critical care units, GP out of hours, mental health, theatre suites and for WAST use. Their use has significantly improved security of medication storage and accountability. Colin shared a number of key lessons that they have learnt. These include: -

- The need for nursing staff buy-in at all levels
- Their installation can be time-consuming and protracted due to factors such as enabling works and their associated costs
- Certainly, do not use these systems to correct poor practice
- Need to consider maintenance costs
- Staff do not have time to develop the systems to their full potential – need a systems manager

Adam Griffiths, Head of Nursing for Medicine, Glan Clwyd Hospital described his experience of the development and use of automation in the A&E from a position as a charge nurse through his current role as head of nursing. He described some of the safety and governance benefits including reductions in serious incidents and how he works with pharmacy staff to gain detailed usage reports, which have been invaluable to him in a management role to provide information impossible to generate with existing manual systems.

Karen Pritchard, Patient Safety Lead Pharmacist, Wrexham Maelor Hospital detailed the wider use across BCUHB including critical care units, admission areas and acute wards and concurred with ABUHB experience regarding the pharmacy staffing issues and the need for ward ownership. She provided some examples of how security had improved with medicines of potential abuse and how staff have utilised the systems to improve safety e.g. allergy alerts and patient safety notices. Queuing can be problematical particularly on wards with high medication usage e.g. admission areas. Karen also raised concerns about the use of live stock control at ward level – a “blessing and a curse!” There are cultural issues to overcome relating to understanding with emphasis on ownership.

Workshop

Break-out sessions took place with mixed three groups of attendees to consider the next steps in NHS Wales including: -

- To develop a vision for the development of automated storage of medicines across NHS Wales.
- To consider a multi-disciplinary evaluation/research strategy to support the vision and further implementation and development.
- To consider the management arrangements to support the vision and evaluation strategy

The groups provided several key themes to provide some basis of a structured strategy and development plan for use of automated systems. These included: -

Vision

There needs to be some consolidation and developments required in what is currently in situ. The systems work better in some areas and there are several challenges to be overcome to effect better use. Lack of ownership is common problem and this is not helped by the level of bank and agency staff at ward level which can lead to poor use. The strategy should consider priority clinical areas where the systems work well and where clear benefits are accrued. On-going training and support need to be considered within Health Boards, particularly in pharmacy services.

Any developed vision should be undertaken jointly with nursing and estates. These systems are now well established and provide a more modern secure platform and will continue to evolve and improve. Any new builds in NHS Wales should now include provision for automated storage and Welsh Government need to be aware of this. There needs to be some collaboration with HIW to

consider the safe location of systems within buildings and whether there are secure enough for placements in “open” areas

Pharmacy services in Wales need to develop a vision for application of technologies supporting better medicines management to include ePMA, ward automation and use of bar-coding to deliver better quality, efficiency and production. Needs to a strong focus on quality and less focus on financial management. The vision should include local management arrangements in pharmacy services perhaps consideration of system manager with a joint role in any EDS replacement.

Evaluation/research strategy

The vision and strategy should include an appropriate research and evaluation strategy to support this major medicines management development over the coming years. Need to feed into all Wales research staff and academia and be conscious of similar work within the wider NHS and to gain wider learning and potential collaborative with universities etc.

Quite strong views were held regarding the areas to focus on e.g. workforce and not stocks productivity – focus on effectiveness and time releasing

Management arrangements

A number of potential arrangements were discussed with no definitive conclusion at this stage but included: -

To consider a management consensus steering group with webinar.

1.0 SAFETY INDICATORS

1.1 PRESCRIBING SAFETY INDICATORS

Purpose: To identify patients at high risk of adverse drug reactions and medicines-related harm in primary care.

Unit of measure:

1. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI as a percentage of all patients.
2. Number of patients with asthma who have been prescribed a beta-blocker as a percentage of all patients.
3. Number of patients with concurrent prescriptions of verapamil and a beta-blocker as a percentage of all patients.
4. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives, as a percentage of all female patients.
5. Number of female patients with a current prescription of oestrogen-only hormone replacement therapy without any hysterectomy READ/SNOMED codes, as a percentage of all female patients.
6. Number of patients with concurrent prescriptions of warfarin and an oral NSAID as a percentage of all patients.
7. Number of patients under 12 with a current prescription of aspirin, unless due to a specialist recommendation, as a percentage of all patients.
8. Number of patients aged 65 years or over prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H2 receptor antagonist), as a percentage of all patients aged 65 years or over.
9. Number of patients aged 65 years or over prescribed an antipsychotic, as a percentage of all patients aged 65 years or over.
10. Number of patients aged 75 and over with an Anticholinergic Effect on Cognition (AEC) score of 3 or more for items on active repeat, as a percentage of all patients aged 75 and over.
11. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months, as a percentage of all patients on the CKD register.
12. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months, as a percentage of all patients who are not on the CKD register but have an eGFR of < 59 ml/min.

Target for 2018–2019: No target set

Background and evidence

There were 2,330 Yellow Card reports submitted in Wales in 2016–2017, an increase of 28% on the previous year. In the UK, it is estimated that around 6.5% of hospital admissions are related to adverse drug reactions³. Adverse drug reactions can often be predictable, making it possible to identify and address them before actual patient harm occurs. Therefore, a process of identifying patients electronically could enable intervention and help to avoid harm.

In 2012, The Lancet published a paper entitled “A pharmacist-led information technology intervention for medication errors (PINCER): a multicentre, cluster randomised, controlled trial and cost-effectiveness analysis”. This study investigated the differences in a series of outcomes between intervention and control groups. It demonstrated that such an approach is an effective method for reducing a range of medication errors⁴. Some of the prescribing measures utilised in the PINCER trial have been incorporated as measures in this NPI. In addition, other measures have been added to make a series of 12. Some brief explanation for these is provided below. No target has been set for this NPI for 2018–2019 as data from this year can provide a baseline for future years.

NSAIDs in peptic ulcer patients without a PPI

NSAIDs have been shown to be the medicine group most likely to cause an adverse drug reaction requiring hospital admission due to such events as gastrointestinal bleeding and peptic ulceration. A PPI can be considered for gastroprotection in patients at high risk of gastrointestinal complications with an NSAID e.g. previous peptic ulcer.

Beta-blockers in asthma patients

Beta-blockers should be avoided in patients with asthma due to the potential to precipitate bronchospasm. If the benefits of using a beta-blocker in an asthma patient are justified the patient should be monitored closely.

Verapamil in combination with beta-blockers

Beta-blockers are associated with adverse drug reactions such as bradycardia and atrio-ventricular conduction disturbances. A co-prescription of a calcium channel blocker, such as verapamil, with a beta-blocker is generally not recommended due to an increased negative effect on heart function compared with beta-blocker therapy alone.

Combined hormonal contraceptives in thrombosis patients

There is an increased risk of venous thromboembolic disease and a slight increase in the risk of arterial thromboembolism in people using combined hormonal contraceptives⁵. Any patients with a history of venous or arterial thrombosis who

have been prescribed combined hormonal contraceptives are therefore at an increased risk.

Oestrogen-only hormone replacement therapy without a record of hysterectomy

Where hormone replacement therapy is indicated, hysterectomy status of the woman will determine which type is appropriate. All women with an intact uterus need a progestogen component in their hormone replacement therapy to prevent endometrial hyperplasia, which can occur after as little as six months of unopposed oestrogen therapy. Conversely, women who have undergone a hysterectomy should not receive a progestogen component. However there may be instances where patients with an intact uterus may be prescribed oestrogen-only HRT in conjunction with a levonorgestrel containing IUD (e.g. Mirena®) for the prevention of endometrial hyperplasia during oestrogen replacement therapy.

Warfarin and oral NSAIDs

Anticoagulant medicines such as warfarin can cause haemorrhage. NSAIDs can reduce platelet aggregation, which can worsen any bleeding event in warfarin treated patients. Therefore, wherever possible, in patients taking warfarin, NSAIDs should be avoided.

Aspirin in under 12s

Reye's syndrome is a very rare disorder that can cause serious liver and brain damage. If it is not treated promptly, it may lead to permanent brain injury or death. Reye's syndrome mainly affects children and young adults under 20 years of age. Owing to an association with Reye's syndrome, aspirin should not be given to children under the age of 16, unless specifically indicated e.g. for Kawasaki disease.

NSAIDs in combination with aspirin or clopidogrel without gastroprotection

Based upon work by NHS Scotland two additional measures have been included within this NPI due to their focus on patient safety. The first of these will look at the use of gastroprotection in patients aged 65 years or over and prescribed an NSAID plus aspirin and/or clopidogrel. Hospital admission due to gastrointestinal bleeding has been associated with aspirin and clopidogrel, as well as NSAIDs. The harmful consequences of bleeds due to antiplatelet therapy increase with age. PPIs are recommended in older patients undergoing antiplatelet treatment. PPIs are preferred to H2-receptor antagonists because there is less evidence to support use in conjunction with low dose aspirin.

Over 65s prescribed an antipsychotic medicine

A second measure that has been based on work by NHS Scotland will consider the use of antipsychotics in patients aged 65 years or over. In 2009 the Banerjee report

called for a review of the use of antipsychotic medicines in elderly patients with dementia. These medicines have only a limited benefit in treating behavioural and psychological symptoms of dementia and carry significant risk of harm.

Over 75s with AEC score of 3 or more

A high proportion of the older population are exposed to multiple medicines with low anticholinergic activity and the cumulative burden of these medicines over many years may be associated with accelerated cognitive decline and mortality. The AEC scale (see Appendix 1) was developed to illustrate the negative anticholinergic effects of drugs on cognition. It is good practice to use medicines with AEC scores of zero and to avoid those scored 1, 2 or 3. The clinician should discuss with the patient and carer the benefits and potential risks of continued use of these medicines with the aim of either stopping them or switching to an alternative drug with a lower AEC score (preferably zero)

Use of NSAIDs in patients with renal impairment

The final two measures in this NPI consider the use of NSAIDs in patients with renal impairment.

The first of these considers NSAID use in known CKD patients. The aim is to identify patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last three months. NICE Clinical Guideline (CG) 182 highlights that in patients with CKD, the long-term use of NSAIDs may be associated with disease progression. NICE recommends caution, and monitoring of the effects on GFR, when using NSAIDs in people with CKD over prolonged periods of time.

The second measure will consider patients not on the CKD register but who have renal impairment identified via their estimated glomerular filtration rate (eGFR) and who have received a repeat prescription for an NSAID within the last three months. NSAIDs may precipitate renal failure, and vulnerable (particularly elderly) patients may be at increased risk. Regular review of the ongoing need for an NSAID and reassessment of the risk versus benefit is appropriate and processes for this should be in place.

Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
PAC(5)-16-18 P4

Inquiry into 21st Century Schools and Education Programme

Response of the Association of School and College Leaders (Cymru)

1. The Association of School and College Leaders (ASCL) represents nearly 19,000 education system leaders, heads, principals, deputies, viceprincipals, assistant heads, business managers and other senior staff of state-funded and independent schools and colleges throughout the UK. ASCL Cymru represents school leaders in more than 90 per cent of the secondary schools and an increasing proportion in the primary phase in Wales. This places the association in a strong position to consider this issue from the viewpoint of the leaders of Welsh schools and colleges of all types.
2. ASCL Cymru has been fully supportive of the Welsh Government's principle of providing a specific funding stream to address the issues around poor school building stock, and welcomes the opportunity to contribute to this inquiry.

With reference to your specific areas of focus:

Setting expectations and targets

3. From a school's perspective, the information about expectations has come via local authorities, and has always been couched in very specific terms. Schools have therefore relied upon information from local authorities about the programme and may not have sought out further detail on the anticipated wider benefits from Welsh Government.
4. Information from schools that have benefitted from new buildings indicates that there is some inconsistency over environmental standards. We have had reports that some schools have been very pleased with the outcomes, but some others less so. Specific concerns have related to the

effectiveness of solar generation not meeting expected levels and other forms of alternative energy falling short of what was anticipated. We would be happy to seek out more detailed information about specific concerns if that would be helpful.

The Funding Model

5. We are delighted that the Welsh Government has committed to £640m of capital funding for the next five years. We would point out though, that this is a comparatively small amount given the scale of the problem with school buildings, and means that significant number of schools will be left with no prospect of improvements and have to deal with ever-increasing maintenance costs until the middle of the next decade.
6. ASCL Cymru has some concerns about the Mutual Investment Model. Whilst it is encouraging that the Welsh Government are seeking out ways to increase the amount of funding that can be made available for school building projects, there are potential dangers associated with the model. In particular we are concerned that the service charge should not be passed on to individual school budgets. There are still cases where schools built under previous PFI systems have been placed in an impossible financial position because of having to pay service charges from school budgets. This has impacted upon staffing levels and therefore the quality of education the school has been able to offer. We would rather see a system under which the local authority takes responsibility for the service charge with a proportionate reduction in the maintenance budget allocation to the school.

Standardising build elements and costs

7. There are clearly considerable potential advantages to standardising elements of building programmes. Our experience is that some architects employed to design new school buildings have not necessarily been those with expertise in this area. This has, in the past, resulted in some buildings not always meeting the needs of the school. Utilising architects who have a proven track record of providing high quality, fit for purpose school buildings would seem eminently sensible.
8. Whilst there might be advantages to have other standardised elements in new builds, care needs to be taken that it does not lead to a “one-size-fitsall” approach that does not take account of the specific context and needs of the individual school. Any such approach would need to have built-in flexibilities that allowed for the specific requirements of individual schools.

Welsh Government Consultation

9. We have not been a part of any Welsh Government consultation on this matter to date.

Areas to consider in the next phase

10. We believe that in the next phase of investment, careful consideration must be given to re-assessing the condition of all school premises, particularly taking into account the amount of asbestos that is present in many older school buildings. We would suggest that this needs to be a priority to ensure the health and safety of both students and staff.
11. There are many schools in which our members have serious concerns about other factors impacting on health and safety, particularly in relation to rotting timber in window frames and doors and the presence of mould. Whilst we appreciate that the “funding pot” is limited, it is vital that young people and school staff have a safe and weatherproof environment in which to work. Currently this is not always the case.

Conclusion

12. I hope that this is of value to your inquiry, ASCL Cymru is willing to be further consulted and assist in any way that it can.

Tim Pratt
Director of ASCL Cymru May
2018



DESIGN
COMMISSION
FOR WALES
COMISIWN
DYLUNIO
CYMRU

18 May 2018

Dear Colleagues

National Assembly for Wales Public Accounts Committee: Enquiry Into 21st Century Schools and Education Programme

Thank you for your invitation to provide views on the findings of the Auditor General's Report, reflections on the Welsh Government's initiative, and any general comments we may have on the 21st Century Schools and Education programme. In addition we include a note on the role of the Design Commission for Wales which we trust is helpful.

Overall as we approach the next investment round we have the following general comments which stem from our experience as the body established by the Welsh Government to promote and scrutinise quality in the built environment:

- We generally experience a firm reluctance to consult with DCFW sufficiently early in the process to maximise value and quality.
- We regularly observe late or insufficient liaison between education departments and planning and property departments in local authorities. On more than one occasion consultation with the Commission only occurs on the brink of or just after a planning application is submitted and planning officers are new to the proposals.
- This pattern leads to insufficient examination of sustainability strategies with directly impact upon function and performance - in terms building layout, energy needs and likely performance. This has a further impact on revenue/running costs that will be borne by the school community and on the learning attainment outcomes that are directly affected by both CO2 levels and daylight which affect the learning environment.
- We have previously commented on the outline and strategic case assessments, where some fundamental design strategies such as those noted above cannot be sufficiently tested to ensure the highest environmental quality and performance which should be expected, given the scale of public investment. There are some areas that simply cannot be tested with sufficient design work

having taken place. We have not so far been convinced that the stages in business case presentation afford this opportunity to add public value.

- Sufficient site and context analysis is lacking, as is explicit and demonstrable commitment to the objectives of the Well-being of Fatter Generations Act Wales and Planning Policy Wales.
- There is little or no relationship with the Welsh Government departmental officials responsible for the programme and the Design Commission for Wales.
- There are too few projects drawing on the expertise of the Commission via its Design Review Service.
- There is insufficient skill and resource available in local authorities to identify and secure the benefits of good design and a persistent, misleading assumption that good quality escalates cost.
- The Design Commission for Wales has published its findings on those projects it has been able to assess and make public all its Design Review Reports arising from direct dialogue about specific projects. These are available via our website. <https://dcfw.org/?s=School&cat=3&x=0&y=0>
- Where there is genuine collaborative and consultative ethos, some projects can be very good. This does not however characterise the approach to the programme, in our experience. Our contributions to various reviews of the programme have been managed in what is to us a very odd manner.
- The wider public benefits of all such projects should be clearly articulated and secured throughout the investment and procurement process. We are not yet convince that this is the case. Objectives and outcomes would perhaps be more sophisticated means of achieving this than targets and standards.
- The approach taken so far to 'standardised' elements lacks sophistication and sets minimum standards that do not in our experience drive or stimulate quality and longevity and therefore value for the public purse.
- Use of the MIM (Mutual Investment Model) as we have seen in healthcare, needs to be carried out in such a manner that the client/Government can be certain of the quality of the asset it will inherit.
- Anecdotally we are aware of head teachers who find it difficult to manage the demands of such projects, given their different skills and experience. It is our view that they need more support to do so.
- The 21st Century Schools website could be improved by greater openness and transparency as to personnel contact for enquiries and how the whole programme is managed and communicated and how the site is updated to ensure currency. This may have changed recently and we are aware of the difficulties of maintaining such public platforms.
- The Auditor General Report did not sufficiently explore these wider qualitative elements and no contact was made by the Auditor General's team with DCFW. The Commission initiated contact following publication of the report to ensure the WAO could make contact in future reviews of this nature.

We would be pleased to share more detail of the broad concerns outlined above and to play our role in ensuring the education in estate in Wales is the best it can be in order that it is able to serve the needs of future generations.

Carole-Anne Davies
Chief executive
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For and on behalf of the Board of Directors

Further information about the Design Commission for Wales

The Design Commission for Wales is a company limited by guarantee (DCFW LTD), without share capital and incorporated in 2002 as a wholly owned subsidiary of the National Assembly for Wales, now Welsh Ministers, pursuant to the Government of Wales Act 2006. The Commission receives funds from the Welsh Government for its activities, carried out in pursuit of the Objects of the Company as set out in its Memorandum of Association. These are:

- *To champion high standards of design and architecture to the public and private sectors in Wales through promoting wider understanding of design issues and the importance of enhancing the built environment across all sectors, including the organisation of exhibitions, meetings, seminars and conferences.*
- *To promote design practice that is compatible with the scheme made by the National Assembly for Wales under Section 121 of the Government of Wales Act 1998 ("the Sustainable Development Scheme"), promoting best practice in energy efficiency, waste disposal and access to public transport.*
- *To promote design practice compatible with the highest standards in relation to the promotion of equality of opportunity and social inclusion.*
- *Whilst promoting excellence in prestige projects to have due regard also to the promotion of excellence in day to day developments such as residential estates and industrial units*

In addition to the company Objects the Commission responds to a number of requirements set out annually by its Sponsor department, the Planning Directorate of the Welsh Government. These are agreed annually as part of the annual planning process and reflected in DCFW's Annual Plan each year. DCFW may also respond to

requirements from other Welsh Government portfolio areas, major projects or Ministerial requirements. DCFW responds to legislation and policy requirements pursuing its Objects through Client support and training; the National Design Review Service and through events, publications and networks. DCFW operates throughout Wales with all 22 Local Authorities and 3 National Parks and across private, public and third sectors.

End.



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Nick Ramsay AM
National Assembly for Wales
Chair, Public Accounts Committee
Cardiff Bay,
Cardiff
CF10 4PZ

18 May 2018

Dear Mr Ramsey,

Public Accounts Committee: Inquiry into the 21st Century Schools and Education Programme

The Catholic Education Service is the education agency of the Catholic Bishops' Conference of England and Wales. The Bishops' Conference is the permanent assembly of the Catholic bishops of England and Wales and the CES, as an agency of the Bishops' Conference, is charged with promoting and securing education on behalf of the bishops.

The Catholic Education Service welcomes this inquiry into the 21st Century Schools and Education Programme not least because, despite the fact that capital funding for the voluntary aided sector was included within the funding envelope, no Catholic schools were included in the initial rounds of the Band A phase. We welcome the increased engagement with our sector that has taken place in preparation for the Band B phase.

In terms of the areas specified for this inquiry, the Catholic Education Service has concerns regarding the suggested **Funding Model**, in particular the development of the Mutual Investment Model (MIM).

Catholic schools are provided by their Trustees for the purposes set out in the Trustees' governing documents, known collectively in education law as their "Trust Deed", which will set out the Trustees' charitable objects and other parameters within which they may allow their property to be used. The Trustees will have established the school under charitable trusts in furtherance of their charitable objects, and the governing documents of the school will also contain parameters within which the Church school is to be conducted: these will be compatible with the Trust Deed of the Trustees.

The governing body of the school occupies and conducts the school on behalf of the Trustees as the occupier of the premises, the proprietor of the undertaking and the employer of the staff. The governing body occupies the premises subject to the Trustees' objects, Trust Deed and any other parameters laid down by the Trustees. Whilst the Trustees permit the school to occupy their site for the time being, they do not give the school any right to occupy and ultimate control of the site and any decisions relating to the land and buildings rest with the Trustees.

The Trustees can give notice to terminate the occupation by the governing body of the school at any time. Legislation provides that the period of notice given by the Trustees must be not less than 2 years in circumstances where the termination of occupation would have the result that it is not reasonably practicable for the school to continue to be conducted on its existing site.

The Trustees are entitled to set out parameters governing the use of the land. This can include, but is not limited to, ensuring that the use is compatible with the charitable trusts, for example, restricting the use of the premises to prevent certain activities which they consider to be incompatible with their charitable trust, or where such activities would not be in keeping with the teachings of the church.

In addition, the Trustees control any dealings with the land and buildings. The Trustees' consent is required for any works, including capital works. Most Trustees will not even permit the submission of any capital grant application without the Trustees' consent having been provided.

All Catholic schools are voluntary aided and, therefore, the responsibility for work to the school premises is shared between the school's governing body and the local authority. It is clear from the legislation in relation to voluntary aided schools, that the responsibility for discharging any liability in connection with the provision of the premises for the purposes of the school, lies with the governing body or the local authority.

For Catholic schools, any buildings currently on the land, or that might subsequently be built on it, are part of the land. The land and buildings are assets of the Trustees. They are not public assets, but charitable assets which the Trustees, under charity law, have a duty to protect.

The documents that the Catholic Education Service has seen regarding the MIM are clearly generic and intended for use across all government departments. They appear to have been developed on the assumption that the buildings that will be the subject of these agreements, are in public ownership. They do not in any way envisage dealing with land and buildings where the land and buildings are provided by the voluntary sector such as in this case, where the Catholic Church provides schools as a result of the long standing partnership between Church and State.

Because the only available documentation to us is generic, it is our assumption that the Agreement is drafted on the basis that the "Authority" entering into it is a local authority. If that

is the case, the Agreement provides for the Authority to grant certain rights in relation to the land that, for land and buildings occupied by Catholic schools, are not the Authority's to give. These include rights of access over the site and rights in relation to the ongoing maintenance of the building which is to be constructed.

Since the documentation has been drafted entirely on the basis that the building is a public asset, there is no indication of the intentions of the Welsh Government in relation to how Trustee land could possibly be included in this model of funding. It is not, for example, clear whether in order to participate in the Model, it would be necessary for the Trustees to grant a lease to a third party. Since the expiry date in the Agreement is blank it has not been possible, from a perusal of the Agreement and the User Guide, to determine the period of the Agreement. It is our experience that this type of arrangement would normally include a third party contractor having responsibility for ongoing maintenance of a building for a considerable period, e.g. 25 years.

Even if the Trustees agreed to participate in the Model, the existing documentation would be totally unsuitable. A different set of documentation would be required including an agreement that recognises that the land and buildings that would be the subject of the agreement are not public buildings, that the land on which they are to be constructed is not public land and that would protect the interests of the Trustees, including the ability for them to terminate the occupation of the premises on the same basis as currently exists. Any costs, including legal costs, would have to be met.

The Trustees would, however, be extremely concerned about providing rights to a third party. This is because it is likely to have the effect of impeding the Trustees ability to terminate the school's occupation of the site. As stated previously, the Trustees are able to give notice to terminate occupation at any time, without cause, subject to the statutory provision requiring two years notice in certain circumstances. The Trustees' require the unfettered ability to do so to ensure that the school continues to be conducted in accordance with the Trust Deed, and to meet the estate planning requirements of the Diocesan Bishop. The Diocesan Bishop is responsible for ensuring the provision of Catholic education across his diocese in accordance with canon law.

In addition, certain actions on the part of the Trustees, such as the grant of a lease to a third party, would in law be a disposal. Since the Trust is a charitable trust, the consent of the Charity Commission would be required. The CES is not aware that any discussions have taken place with the Charity Commission to ascertain the view of the Charity Commission about the risks to the charitable land in the event that the Trustees were to agree the use of this funding model.

The Trustees are required to safeguard their assets, and to ensure that they continue to be used for the charitable purposes for which they established their schools. They are able to give notice to terminate the occupation by the governing body at any time, subject to the legislative provision requiring two years' notice. The Trustees must have an unfettered ability to do so.

We assume, similar to the arrangements for other types of schools where the land and buildings are owned by a local authority, that any agreement would involve a long-term arrangement giving rights over the land and buildings to a third party. This would interfere with the Trustees legal obligations in relation to the use of the land and buildings, and their ability to terminate that use. It might also provide rights for a third party to deal with the land, e.g. to carry out works to the land and buildings, without the consent of the Trustees.

In the circumstances, it is unlikely that the Trustees of any Catholic school would be prepared to agree to the use of the MIM model of funding for any capital works to their premises. This is because any such arrangement would cut across the legal obligations of the Trustees in dealing with their land and premises which are essential to ensure that their charitable objects are fulfilled.

As co-providers of maintained schools in Wales, the Catholic sector very much welcomes the implementation of the 21st century schools programme. Our understanding is that our diocesan officers have been working very constructively with the Welsh Government and with Local Authorities on planning for Phase B. However, our advice is that they do so, for the reasons outlined above, without recourse to the Mutual Investment Model of funding.

The Catholic Education Service, alongside representative diocesan officers, if appropriate, would be happy to continue this conversation with the Public Accounts Committee if it is considered helpful.

Yours sincerely,

A handwritten signature in black ink that reads "pp. R. Hayward". The signature is written in a cursive style.

Philip Manghan
Education Adviser (Wales)



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18 Mai 2018

I sylw:

Nick Ramsay AC
Cadeirydd
Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

Annwyl Mr Ramsay

Pwyllgor Cyfrifon Cyhoeddus: Ymchwiliad i'r Rhaglen Addysg ac Ysgolion ar gyfer yr 21ain Ganrif

Dymunwn gyflwyno'r sylwadau canlynol fel rhan o'r ymchwiliad dan sylw.

Rydym yn croesawu'r cyfle i gyflwyno barn ac yn falch bod y Pwyllgor Cyfrifon Cyhoeddus yn cynnal yr ymchwiliad er mwyn cynnig argymhellion i wella'r rhaglen cyn i gyllid Band B ddechrau ym mis Ebrill 2019.

Mae cyrraedd nod uchelgeisiol y Llywodraeth o filiwn o siaradwyr erbyn 2050 yn gwbl ddbynnol ar gynyddu'r niferoedd sy'n derbyn eu haddysg drwy gyfrwng y Gymraeg. Felly mae agor mwy o ysgolion cyfrwng Cymraeg yn elfen anhepgorol o'r siwrnai at y miliwn. Ni ellir cyflawni hynny heb sicrhau cyllid ychwanegol sylweddol i ehangu Addysg Gymraeg.

Mae RhAG eisoes wedi galw ar Awdurdodau Lleol i weithredu'n arloesol i ehangu addysg Gymraeg wrth iddynt lunio ceisiadau am gyllid cyfalaf gan Lywodraeth Cymru.

Cynhaliodd RhAG waith ymchwil er mwyn dadansoddi beth fu lefelau gwariant Awdurdodau Lleol ar addysg Gymraeg ers sefydlu Rhaglen Ysgolion 21ain Ganrif yn 2011 (gw. y ddogfen atodedig).

Daeth hynny yn sgil argymhellion adolygiad annibynnol Aled Roberts o'r Cynlluniau Strategol y Gymraeg mewn Addysg 2017-20, sy'n argymhell:

- y dylid cyhoeddi canllawiau pendant o ran dyraniad buddsoddiad cyfalaf i'r gyfundrefn addysg cyfrwng Cymraeg;
- y dylid adolygu amserlen y CSGAau i gyd-fynd â Rhaglen Cyfalaf Ysgolion 21ain Ganrif, Llywodraeth Cymru

Mae'r ymchwil a gynhaliwyd gennym yn dangos bod nifer o siroedd, gan gynnwys Merthyr, Wrecsam, Fflint, Mynwy, Rhondda Cynon Taf a Blaenau Gwent, wedi gwario bron dim ar ysgolion Cymraeg ers sefydlu'r rhaglen yn 2011.

Rydym yn cydnabod bod nifer o siroedd erbyn hyn wedi cyflwyno ceisiadau am gyllid Band B a bod sawl ysgol cyfrwng Cymraeg newydd arfaethedig yn rhan o'r cynigion. Serch hynny, mae'r darlun cenedlaethol yn gymysg ac mae cryn anghysondeb yn parhau. Yn wir, mae'n ofid nad oedd rhai Awdurdodau Lleol wedi cyflwyno cais oedd yn cynnig unrhyw brosiectau cyfalaf yn ymwneud â'r sector cyfrwng Cymraeg.

Ar ben hynny, ymddengys na fyddai sawl Awdurdod Lleol wedi cyflwyno cynigion ar gyfer ehangu'r sector cyfrwng Cymraeg yn ystod y blynyddoedd nesaf, heb ymyrraeth swyddogion Llywodraeth Cymru fel rhan o'r trafodaethau i dderbyn Cynlluniau Strategol y Gymraeg mewn Addysg.

Rydym yn croesawu'r ffaith bod cronfa ychwanegol gwerth £30 miliwn wedi ei chreu, yn benodol i hyrwyddo amcanion polisi Cymraeg 2050, a bod hynny wedi cynorthwyo rhai siroedd i gyflwyno ceisiadau gan nad oes rhaid canfod unrhyw arian cyfatebol, fel sy'n orfodol ar gyfer cyllid Rhaglen Ysgolion 21 Ganrif.

Ar sail hyn, mae RhAG o'r farn bod angen adolygu'r rhaglenni cyllid cyfalaf sy'n ymwneud ag ysgolion, er mwyn sicrhau bod yr amcanion yn cyd-fynd â pholisi'r Llywodraeth mewn perthynas a'r iaith Gymraeg.

Mae angen eglurder o ran blaenoriaethau'r rhaglen ar gyfer y cyfnod ariannu nesaf ac awgrymwn y dylid cynnwys maen prawf penodol sy'n ei gwneud yn ofynnol i Awdurdodau Lleol i gynyddu darpariaeth addysg Gymraeg.

Credwn hefyd fod angen eglurder ynglŷn â'r sefyllfa o ran yr agenda gwaredu lleoedd gweigion. Mae'n deg i nodi na fu blaenoriaethau y rhaglen flaenorol o unrhyw gymorth i Addysg Gymraeg ac mae'n rhaid ymateb i hynny.

Diolch ymlaen llaw am ystyried y sylwadau hyn.

Yn gywir

Ceri McEvoy

www.rhag.net

Rhif elusen gofrestrdig Registered charity number **1153403**



YSGOLION CYFRWNG SAESNEG (ENGLISH MEDIUM SCHOOLS)
 YSGOLION CYFRWNG CYMRAEG (WELSH MEDIUM SCHOOLS)



Gwariant cyfalaf ar Raglen Ysgolion yr 21ain Ganrif Capital spending on the 21st century Schools Programme

Cyfarfaleddau

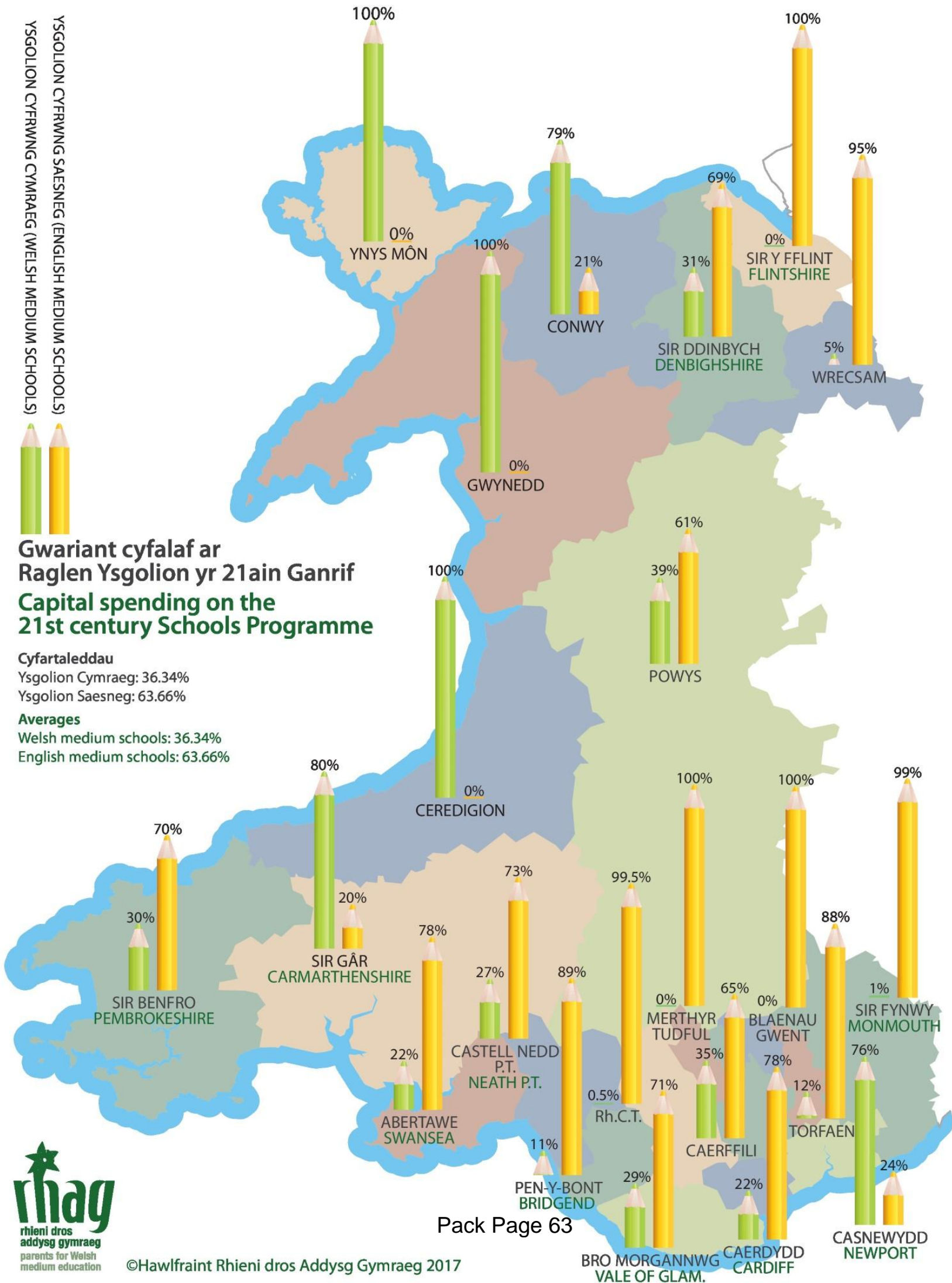
Ysgolion Cymraeg: 36.34%

Ysgolion Saesneg: 63.66%

Averages

Welsh medium schools: 36.34%

English medium schools: 63.66%



The Public Accounts Committee
Inquiry into 21st Century Schools and Education Programme
18 May 2018

1. The NASUWT welcomes the opportunity to submit views to the Public Accounts Committee (PAC) Inquiry into 21st Century Schools and Education Programme.
2. The NASUWT is the largest teachers' union in Wales, representing exclusively teachers and school leaders, and has drawn on comments and observations made by members to inform this submission.

GENERAL COMMENTS

3. The NASUWT maintains that the mechanism by which state schools are funded, including the provision of school buildings, is critical to securing a world-class education system and a just and inclusive society, and that there is a positive correlation between the quality of school buildings and student attainment. Education should meet the needs of all children and young people on a fair and equitable basis, irrespective of where they happen to live or be educated. The capital funding arrangements should guarantee learner entitlements, irrespective of the institution at which they are on roll.
4. A National Foundation for Educational Research study found that moving to new buildings improved pupils' outlooks regarding experiences of school and expectations for the future.¹

¹ National Foundation for Educational Research (May 2008): *The effects of the school environment on young people's attitudes towards education and learning*

5. The NASUWT also asserts that the funding methodology must be clear and transparent, and must ensure that there is good provision of places for all pupils.
6. The Union believes that there should also be a fair, transparent and appropriate distribution. The mechanisms for distributing funding to local authorities and schools should be fit for purpose, taking account of local circumstances and needs and the expectations on schools. The funding mechanism should promote public and professional confidence in the system and enable fair comparisons to be made.

SPECIFIC COMMENTS

7. The NASUWT comments and observations which follow address the five main areas the PAC has identified as the focus for this Inquiry.

Setting Expectations and Targets

8. The NASUWT notes that the guidance from the 21st Century Schools and Education Programme Team states that local strategies should '*Focus on improving outcomes for children*'. The Union notes, however, that one of the main priorities has been to reduce the number of 'surplus places' in the school system.
9. The NASUWT has never agreed with this strategy, because the Union has argued that there is little to gain from the process as schools are, by and large, funded on a per pupil basis. The strategy reduces capacity without the full knowledge and understanding of the future demand.
10. The NASUWT is very concerned that the number of pupils in Wales has fallen by only 633 from 467,141 in 2010 to 466,508 in 2017, whereas the number of full-time equivalent teachers has fallen over the same period by 1,377 from 25,286.6 to 23,909.8.²

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² Welsh Government, Pupil Level Annual School Census 2017

11. The NASUWT is, therefore, pleased to note that the main emphasis in Band B of the programme is to be changed to focus on the condition of buildings rather than on surplus places.
12. However, the NASUWT is alarmed at the nature of the suggestions contained in the CADE/RIBA document available on the 21st Century Schools website. The Union would have expected to see the concepts for the education estate based on sound evidence that supports the main principle of improving the education of learners, rather than the experimental and untested concepts that appear to be works of science fiction contained within the document.
13. The Union also notes that the 21st Century Schools webpage 'Transforming the Learning Environment' states that there is 'Increasing interest in the use of larger flexible project spaces'.³ The NASUWT is also aware that many of the projects agreed and built under Band A were for 'all-through' 3-16 or 3-18 provision. In general, the latter were in the circumstance where a secondary school and a primary school previously either shared a site or were in close proximity. The NASUWT is not aware of any evidence to show how these models contribute to the improvement of outcomes for children and young people.
14. The Union has received information that recently completed projects have had mixed reviews from staff, pupils, parents, employees and members of the local community. Issues have been raised about quality of fittings and fixtures, with walls easily scuffed, stair handrails working loose, and poor heating and ventilation. In some cases, the emphasis on open-plan design has led to complaints of noise and a lack of privacy and accommodation, particularly regarding classroom size, connected to increased class size, and canteen facilities. These complaints reflect the findings of research that highlight the detrimental impact on learning and

³ <http://21stcenturyschools.org/guidance/teachinglearningict/?lang=en>

pupil behaviour of poorly designed and organised open-plan learning environments.⁴

15. The increasing use of the all-through model appears to have been perpetuated simply because projects of this type had succeeded in gaining approval for funding by the Welsh Government. Other local authorities then appear to have followed this model in order to gain access to 21st Century Funding rather than considering carefully the educational merit of their proposals or the impact on the workforce affected by them.
16. Indeed, the Union believes that, in many cases, such proposals have been used cynically as a device to cut revenue costs, reduce the number of places and secure 'efficiencies' by reducing the number of teachers and support staff.
17. The NASUWT is dismayed that too many good teachers have lost their livelihoods as a result of these changes.
18. The NASUWT is also concerned about the potential impact on primary school children from feeder primary schools who would have expected to attend one of the secondary schools involved in the reorganisation proposals, but find that they are not included in the transformed provision.
19. Much has been made about the transition between primary and secondary schools and this is often cited as a reason for moving to allthrough provision. However, in the all-through establishments, the intake at the Foundation Phase at the beginning of primary education is often far smaller than the intake at the beginning of secondary education. Other primary pupils enter the school at the beginning of Key Stage 3. Concerns about this practice have been raised in some consultations on transformed provision, but there has been no research into the impact on those pupils joining the school at this stage, when there are already

⁴ Shield, B; Conetta, R; Dockrell, J.E.; Connolly, D.; Cox, T. and Mydlarz, C.A. 'A survey of acoustic conditions and noise levels in secondary school classrooms in England': *The Journal of the Acoustical Society of America*. 137 (1) (2015), pp. 177-188.

primary pupils on the site. Similarly, there are no studies on whether there is an impact on the pupils that are already part of the school.

20. The Union believes that the PAC should make recommendations to the Welsh Government and the 21st Century Schools Unit that different forms of education provision should only be agreed if there is clear evidence to support their use. Pupils should not be used as guinea pigs or be subject to fads and fashions.

The Funding Model

21. Whilst the NASUWT acknowledges that the policy of austerity adopted by the Westminster Government has had a significant effect in reducing the levels of capital funding available in Wales, the Union is nevertheless disappointed that this appears to be accepted by the Welsh Government and used in mitigation over inadequate provision.
22. Despite this, the NASUWT welcomes the Welsh Government's commitment to improving school estate, which is vital for the life chances of learners and essential to improve the working conditions of staff.
23. The NASUWT believes that the Mutual Investment Model (MIM) is an improvement on previous Private Finance Initiatives and public-private partnerships and acknowledges the considerable effort that the Welsh Government has put in to gain approval for the scheme from the Office for National Statistics and others. The Union nevertheless will continue to have concerns regarding revenue used to provide capital funding. The PAC and the Welsh Government will be aware that the NASUWT has calculated that the on-average, per-pupil funding gap between maintained schools in Wales and those in England stood at £678 for 2015-16 (the last year for which full figures on expenditure were available). This means that there is a total shortfall in funding of £306 million going into school budgets in Wales compared with those in England. The Union notes that the revenue element of the MIM is proposed to be £500 million.

The Welsh Government plans to get better value for money by encouraging more standardised elements to the new builds and by standardising costs.

24. The NASUWT believes that there are significant differences between schools and between communities in different parts of Wales. The Union, therefore, maintains that a 'one size fits all' policy could not be adopted universally and recognises that education provision should take account of local needs. However, the NASUWT is clear that this does not mean that elements of provision cannot be standardised or that economies of scale should not be pursued wherever possible.

Welsh Government consultation on the programme to date and in planning for the future roll out

25. The NASUWT considers that it is most regrettable that the Union has not been party to any direct consultation by the Welsh Government or the 21st Century Schools Unit on any aspect of the programme to transform the school estate. The Welsh Government appears to have focused on local authorities and the construction industry as its consultation partners and has ignored other stakeholders. This is despite the welcome partnership approach developed elsewhere, particularly around workforce issues through the Workforce Partnership Council.

26. The NASUWT was very critical at the time of the introduction of the School Standards and Organisation (Wales) Act 2013 and the School Organisation Code (the Code) and continues to be so. The Union believes that changes that were brought forward at the time were misconceived and based on a false premise and is alarmed and dismayed by the total disregard for the needs of the workforce.

27. The NASUWT maintains that the previous arrangements for making changes to school reorganisation provided a structure that was democratic, afforded sufficient time for schools, governing bodies, local communities and other interested parties to consider carefully any proposals and to formulate detailed responses, and allowed sufficient

time for the proper consideration of proposals and objections by those charged with making decisions.

28. The NASUWT is aware that there is a mixed picture across Wales regarding the nature and detail of consultations at a local level. Some local authorities involve the trade unions at an early stage with detailed proposals and consideration of views before formal proposals are made. With others, there is cursory consultation: only that which is required by the Code, with little or no regard to the views of staff or the trade unions that represent them.
29. The process that many local authorities follow when amalgamating or merging schools is to close the existing schools formally and to open a new one in their place. This is claimed to be an approach that ensures that the staff of all schools involved in the process are given equal and fair consideration when the recruitment process for the new school is undertaken. In practice, the NASUWT has found this not to be the case and some staff are left unplaced and redundant. On several occasions, the Union has had to resort to industrial action in order to protect the jobs and livelihoods of its members. There should not be any need to recruit new staff as the staff already exist in the schools involved. Equally, the Union will not accept redundancy by way of non-appointment and believe that the staffing structures of the new provision should be designed to ensure that all existing staff are retained.
30. The NASUWT is most concerned that the recent drivers for reorganisation are more often centred on management restructuring, reducing recurrent staffing costs and an ideological assault on curriculum design and pedagogy by linking the programme to the uncertainties of the new curriculum stemming from the Donaldson reforms. The NASUWT believes this to be both short-sighted and illconceived.
31. The impact of The Staffing of Maintained Schools (Wales) (Amendment No. 2) Regulations 2009 and The Staffing of Maintained Schools (Wales) (Amendment) Regulations 2014 is that, whilst protecting the employment

of headteachers and deputy headteachers, the remaining staff have no security in employment. The NASUWT finds this to be a wholly unacceptable, unfair and intolerable situation.

Areas to consider in the next phase of investment

32. The NASUWT insists that the Welsh Government takes all reasonable steps in order to manage the risks of the new type of funding in relation to the MIM.
33. The Union maintains that, as well as ensuring that the good collaborative working between Welsh Government and local government continues, there must be involvement with the trade unions at national level over the nature and principles of the programme.
34. In particular, whilst welcoming in part the change of principles from a focus on reducing surplus places to one of prioritising the condition of schools, the NASUWT insists that the most pressing issue in relation to the condition of schools is the safe and effective removal of asbestos.
35. The PAC will be aware that public buildings in Wales still contain millions of tonnes of asbestos. Over 75% of schools contain asbestos, with up to 90% of schools in certain areas affected.^{5/6}
36. Whilst in general it is accepted that good management of asbestos reduces the risks, the NASUWT is firmly of the belief that the only way to ensure the future health of staff and pupils is to remove all asbestos. Nevertheless, whilst it is undoubtedly the case that some schools will manage asbestos effectively, the Union is concerned that there have been numerous serious instances of poor asbestos management, which indicate inadequate management in too many schools.

⁵ 'Asbestos time bomb in Wales classrooms' 27, Jul 2009, *Western Mail*, <http://www.walesonline.co.uk/news/wales-news/2009/07/27/asbestos-time-bomb-in-wales-classrooms91466-24245398>

⁶ BBC Inside Out: 'Asbestos in majority of schools', 27 Jan 2009.

37. This was demonstrated by a recent Department for Education survey of schools in England, which found that nearly two fifths of responding schools containing asbestos were not compliant with asbestos

regulations, and 4% were sufficiently concerning to require urgent intervention.⁷

38. Given that this was a voluntary survey, and assuming that non-compliant schools would not have responded, the NASUWT believes that the true level of non-compliance is likely to be much higher.
39. Further, although these figures relate to England, the Union maintains that it is reasonable to assume similar levels of non-compliance exist in Wales.
40. Given the lack of data pertaining to asbestos compliance in Welsh schools, the NASUWT urges the PAC to press the Welsh Government to undertake a mandatory asbestos compliance survey of all schools in Wales.
41. The NASUWT has long campaigned for the safe and effective removal of asbestos from school buildings. The Union believes that successive governments have not paid sufficient attention to the asbestos problem in schools, preferring short-term policies rather than embarking on a long-term strategy of asbestos removal.
42. Whilst understanding that the costs of removal are very high, the Union has always accepted that this could be a gradual process aligned to the renovation and/or rebuilding of schools. It should be noted, however, that the costs of removal can be less than the costs of long-term management and removes all risk, rather than simply minimising the risks on a short-term basis.
43. The NASUWT acknowledges that the health and safety concerns of asbestos removal are dealt with in guidance from the 21st Century School Unit, but that this is only in regard to the generality of the legislation to protect construction staff during renovation or demolition.⁸

The guidance neither acknowledges nor recognises the need to prioritise

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/594042/Asbestos_management_in_schools_data_collection_report.pdf ⁸
<http://21stcenturyschools.org/guidance/statutoryrequirements/?lang=en>

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the protection of the school workforce and children and young people from the long-term effects of exposure to asbestos.

44. The Committee on Carcinogenicity recently reported that children were at a significantly higher risk of contracting asbestos-related diseases than adults, given their longer lifespan and the long latency period for these diseases.⁷
45. The NASUWT therefore insists that Band B of the 21st Century School building programme prioritises not only schools in poor condition but also those with significant amounts of Asbestos Containing Materials in their fabric and construction.



Rex Phillips

National Official for Wales

For further information on this written evidence, contact Rex Phillips, National Official for Wales.

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⁷ http://www.iacoc.org.uk/statements/documents/Asbestosinschoolsstatement_000.pdf

Nick Ramsay AM
Chair
National Assembly for Wales
Public Accounts Committee

16th May 2018

Dear Chair,

Public Accounts Committee: Inquiry into 21st Century Schools and Education Programme

I hope that you don't mind my writing to you as I have been informed of the inquiry being carried out by the Committee. My letter relates only to matters regarding asbestos in schools and colleges in Wales.

As you may recall from when you were Chair of the Cross Party Group on Asbestos in Schools, I am the secretary of that CPG, (which is now chaired by Dawn Bowden AM).

For completeness you may also recall that I am an observer member of the Joint Union Asbestos Group. My petition on asbestos in schools continues to be scrutinised by the Petition's Committee <http://senedd.assembly.wales/ielIssueDetails.aspx?Id=8437&Opt=3>

The Public Accounts Committee may find the presentation given by John Evans of Santia Asbestos Management Ltd to the CPG in January 2018 to be of assistance on the issue of asbestos in schools in Wales. This is dealt with in particular from slide 10 onwards and includes reference to the information obtained by Lucie Stephens (who lost her mother, a school teacher, to mesothelioma) and in particular can be set out at slides 13 and 14. The FOI responses can be seen in full at https://www.whatdotheyknow.com/user/lucie_stephens/requests

The main purpose of my letter was to highlight the scrutiny by the House of Commons Public Accounts Committee and also the positive responses to the Public Accounts Committee from the UK Government. I have previously highlighted this with the Petitions Committee.

I refer firstly to the House of Commons Public Accounts Committee of the 26th April 2017 (attached) and section 5.

"5. The Department still does not know enough about the state of the school estate, meaning that it cannot make well-informed decisions about how best to use its limited resources. The Department now has a better understanding of the condition of school buildings after completing a survey of the estate in 2014. This property data survey estimated that it would cost £6.7 billion to return all school buildings to satisfactory or better condition, and a further £7.1 billion to bring parts of school

buildings from satisfactory to good condition. Much of the school estate is over 40 years old, with 60% built before 1976. The Department estimates that the cost of dealing with major defects will double between 2015-16 and 2020-21, even with current levels of investment, as many buildings near the end of their useful lives. The property data survey did not assess the safety or suitability of school buildings or the extent of asbestos. Over 80% of schools responding to a separate survey by the Department had asbestos, with 19% reporting that they were not complying with asbestos management guidance. However, only a quarter of schools responded to the survey, meaning that the Department does not have a complete picture. The Department estimates that it would cost at least £100 billion to replace the entire school estate which it believes would be the only way to eradicate asbestos from school buildings. The Department is undertaking a second property data survey but, until this is complete, it cannot assess reliably how the school estate is changing and does not know the extent to which its funding is helping to improve the condition of school buildings.

Recommendation: The Department should set out a plan by December 2017 for how it will fill gaps in its knowledge about the school estate in areas not covered by the property data survey. Specifically it needs to understand the prevalence, condition and management of asbestos, and know more about the general suitability and safety of school buildings.”

In October 2017 HM Treasury responded (and this response is also attached) agreeing with the recommendations of the Public Accounts Committee,

“5 : Committee of Public Accounts conclusions : The Department still does not know enough about the state of the school estate, meaning that it cannot make well – informed decisions about how best to use its limited resources .

Recommendation: The Department should set out a plan by December 2017 for how it will fill gaps in its knowledge about the school estate in areas not covered by the property data survey. Specifically it needs to understand the prevalence, condition and management of asbestos, and know more about the general suitability and safety of school buildings .

5.1 The Government agrees with the Committee’s recommendation.”

More recently the House of Commons Public Accounts Committee on 30th March 2018 <https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/760/76005.htm> has stated as follows:-

"6. The Department does not have enough information about the extent of asbestos in schools to ensure that the risks are being properly managed. Asbestos is a significant, and potentially dangerous, problem in many schools. In April 2017, we found that the Department did not have a complete picture of the extent of asbestos in school buildings. The Department's first property data survey did not assess the extent of asbestos. Only a quarter of schools responded to its second survey, in 2016, which aimed to collect data on this issue. We recommended that the Department should set out a plan by December 2017 for how it would fill gaps in its knowledge about the school estate in areas not covered by the property data survey. The Department's latest property data survey is currently taking place and will provide more information on the presence and management of asbestos. The Department accepted that information on asbestos in school buildings should be available locally and easily accessible to parents and local communities. ESFA told us that it expected information on asbestos to be available locally for parents to view, and without recourse to Freedom of Information requests. We were concerned to hear of an example where this had not been the case and local communities could not easily access this information.

Recommendation: The Department should publish the results of its ongoing exercise to collect data on asbestos; and make clear to Local Authorities and academy trusts that information should be made available by the end of June 2018."

In a separate although not necessarily unconnected development at the beginning of March 2018 (in respect of which I wrote to the Petitions Committee on 5th March 2018) the Department for Education at Westminster (DfE) launched its Asbestos Management Assurance Process (AMAP) summarised by one of my JUAC colleagues as follows:-

"The DfE has now launched its Asbestos Management Assurance Process (AMAP), which requires 'Responsible Bodies', via an online portal, to provide an electronic declaration that their schools are compliant with legislation on the management of asbestos in their education estate. 'Responsible Bodies' are the main employer of staff at maintained schools and academies (academy trusts, LAs and in some cases governing bodies). Although it is not described as compulsory, Responsible Bodies are 'expected' to comply and the DfE has stated that it intends to publish data which shows which Responsible Bodies have provided assurance declarations. The AMAP will not apply to non-maintained nursery schools or early years providers, FE and HE institutions, sixth form colleges and independent schools.

Although it is the duty of each Responsible Body to ensure that the form is submitted on behalf of all its schools, it can ask individual schools to provide it with the relevant information. However, the Responsible Body remains ultimately responsible for validating

and ensuring the accuracy of information submitted by individual schools, and for providing the overall assurance declaration to the DfE.

The AMAP will be open for 3 months (the deadline for submitting assurances is 31 May 2018). During this time the DfE will remind Responsible Bodies of the expectation that responses are submitted.”

The DfE user guide is here <https://www.gov.uk/government/publications/asbestos-management-assurance-process-amap-user-guide> The AMAP online portal is at https://onlinecollections.des.fasst.org.uk/onlinecollections_ns/

It will be noted that it is stated on the introductory page.

“The AMAP meets the department’s commitments set out in the March 2015 review of Asbestos Management in Schools, enhancing scrutiny on those responsible for managing asbestos in schools.

You are expected to complete the AMAP if you are a Responsible Body.

- *Responsible Body: the main employer of staff at State-Funded Schools and Academies.*
- *State-Funded Schools and Academies : maintained nursery schools, maintained schools (including primary, secondary and middle schools), maintained special schools and academy special schools, pupil referral units, academies and free schools and non-maintained special schools.*

This guidance is for anyone who is responsible for the management of asbestos in the education estate and compliance with the Control of Asbestos Regulations 2012.”

Seemingly the DfE is providing an online solution for data collection which thus far Welsh Government has been reluctant to embrace.

I am highlighting these matters and drawing them to the attention of the Public Accounts Committee as it can be seen that overall that there is a direction of travel being taken by UK Government which is one of increasing its knowledge regarding the extent and condition of asbestos in schools and colleges in England. That direction of travel is an increasingly transparent one.

There is of course a significant cost implication associated with the management of asbestos in schools and increased knowledge of the extent and condition of asbestos is essential when looking at the overall issues of funding of schools whether they in Wales or England. Frankly without detailed central knowledge of the extent and condition of the asbestos, it is impossible to assess the cost of maintenance and renovation of the school stock in Wales. It is self-evident that the presence of asbestos can have considerable impact the costs of any such works. I attach with my letter to illustrate the issues, the report of JUAC “Why unsafe asbestos may still be in our schools in 2050”

I am attaching a number of letters from the Cabinet Secretary for Education, which whilst illustrating that there is some information gathering from local authorities in Wales, there is a lack of transparency as to what information is being sought and what will be done with it. Furthermore there does not appear to be any willingness to share the data with key stakeholders.

I would be grateful for consideration of the Public Accounts Committee of these issues and wonder whether the Committee, as a start, would be prepared to make a recommendation similar to that made by the House of Commons Committee in April 2017.

“Recommendation: The Department should set out a plan by December 2017 for how it will fill gaps in its knowledge about the school estate in areas not covered by the property data survey. Specifically it needs to understand the prevalence, condition and management of asbestos, and know more about the general suitability and safety of school buildings.”

In short when issues of funding relating to schools and colleges in Wales falls to be considered, it essential that cost of maintaining and where appropriate removal be taken into account, particularly in light of the fact that approximately 85% of our schools and colleges are said to contain asbestos.

Yours in anticipation

J Cenric Clement-Evans

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Agenda Item 5

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

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Evidence - Public Accounts Committee Inquiry into 21st Century Schools and Education Programme

MAY 2018



CLILC • WLGA

PAC Inquiry into 21st Century Schools and Education Programme

Welsh Local Government Association – May 2018

Introduction

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales. The three national park authorities and the three fire and rescue authorities are associate members.
2. It seeks to provide representation to local authorities within a policy framework that is underpinned by a commitment to local democracy and accountability. In doing so it must satisfy the priorities of our members and ensure that local public services are at the forefront of the debate on developing devolution in Wales and the communities we serve.
3. The WLGA welcomes the opportunity to respond to the Public Accounts Committee's inquiry into the 21st Century Schools Programme and to attend a meeting with the Committee on 11th June. The Association also recognises the value of the Committee's focus on the Auditor General for Wales's report, *The 21st Century Schools and Education Programme* published in 2017. The focus of this evidence will be to broadly welcome many of the findings in the Auditor General's report.
4. The WLGA has been involved in the 21st Century Schools programme since its inception and contributed recently to the Auditor General's report. It is therefore appropriate and fitting that the WLGA should be invited to contribute to this inquiry. We firmly believe that it is a key example of where councils and Welsh Government working in a defined partnership have produced significant improvement for children across Wales.

Background

21st Century Schools is a long term, strategic, capital investment programme developed in partnership between the WLGA, Local Government and the Welsh Government. The Programme is recognised widely within Local Government as one of the most successful examples of policy development and implementation in recent years. The Auditor General notes in his report notes that,

"It is clear from the evidence we have seen that the Programme's approach is a vast improvement on what went before."

The Programme was developed in an attempt to address the deficiencies of the previous approach to capital investment in school buildings - the School Building Improvement Grant (SBIG) - and it is important to understand the previous approach in order to appreciate the scale of improvement that has taken place.

SBIG was an annual, formula based allocation of capital funding to local authorities which made a strategic approach to capital investment in school building almost impossible. Authorities were unable to plan new schools or to refurbish existing schools because they did not know what their allocations would be from one year to the next. These circumstances

made school reorganisation - a challenging exercise in itself, almost impossible. Inevitably there was a focus on small primary schools rather than larger secondary school projects. The

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perhaps overly ambitious intention of Ministers at the time was that "schools would be fit for purpose by 2010". In a system characterised by a short term "patch and mend" approach to capital investment and what was a genuine and well intentioned aspiration was unlikely to be met.

The result was a deteriorating, outdated education estate with a growing number of surplus places. The socio-economic and demographic changes that had taken place in Wales during the course of the twentieth century were not reflected in corresponding changes to the education estate. Ideas about pedagogy changed significantly but many children and young people across Wales were being educated in schools designed and built in the Victorian and Edwardian era. Across Wales the presence of an old and decaying building often without proper access for children with disabilities was almost a feature of the landscape.

The 21st Century Schools Programme was developed and therefore to address these anomalies with the aim of creating learning environments that delivered better outcomes for children and young people, enhanced teaching and learning within a partnership framework that was economically and environmentally sustainable.

The Programme was initially a collaboration between the Welsh Government, the WLGA and Local Authorities: it was one of the earliest and to date most successful examples of genuine co-construction and mature central-local relations. The partnership has expanded to include Diocesan Education Authorities and representatives of the FE sector but the collaborative approach has continued. Where difficulties have been encountered, partners have always adopted a problem solving approach and there has been a focus on learning lessons within the context of a self-improving Programme.

The 21st Century Schools Programme

In terms of overview and planning Local Government has always recognised the role of the Welsh Government in setting strategy nationally. But, it also believes that decisions about how services are organised and managed should be taken as close to the point of delivery as possible, and within a democratic framework of local accountability.

Within this context, it means the Welsh Government setting the strategy for capital investment in schools nationally but local authorities interpreting that strategy and taking responsibility for school organisation locally according to local circumstances. Plans for school reorganisation are developed and implemented by local authorities but have to be approved within a wider strategic context by the Welsh Government. Through the 21st Century Schools Programme, the WLGA, local government and other partners are able to shape and inform policy. The 21st Century Schools governance arrangements mean that all partners have a significant and meaningful input in to the programme but ultimately decisions about approval and funding are taken by the relevant Minister.

The Programme was launched formally in March 2010 and Band A started in 2014 and will run until March 2019. The focus for Band A investment has been on improving the condition of school buildings across Wales; a reduction in surplus places and an alignment between

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local pupil demand and provision; and a more effective and efficient use of resources based on learner outcomes and sustainable provision.

Throughout this period there has been considerable political support for the programme within local government and Welsh Government despite the changing circumstances and turbulent economic context. The global financial crises and continuing policy of austerity on the part of the UK Government has had a considerable impact on the programme. At the outset it was anticipated that the Welsh Government would provide 70% of the funding with authorities providing 30% however the wider financial context led to a delay in the roll-out of the programme and a reduction in the intervention rate to 50%. This meant that local authorities had to provide 50% of the investment costs at a time when their budgets are challenging and declining as a consequence of austerity. WLGA believes this ratio will need to be re-examined if further deep cuts following over the next spending review period.

Band B

Band B will commence in 2019-20 with a shift in emphasis from reducing surplus places to improving the condition of the education estate.

The WLGA continues to argue for a higher intervention rate and would prefer to see Band B funded on the original 70-30 split. There are also anxieties within local government around the revenue funded element of Band B - the Mutual Investment Model (MIM). The WLGA recognises that the MIM has been developed by the Welsh Government to finance major capital projects due to a scarcity of capital funding but there are concerns within local government based on previous experience with PFI (Private Finance Initiative) schemes. More generally, councils are worried about the affordability of both the revenue and capital funded models within the context of declining budgets austerity and depletion of reserves. Discussions regarding the MIM and other aspects of Band B are on-going and one of the strengths of the programme hitherto has been the ability to resolve problems and learn from experiences. These concerns were identified by the Auditor General for Wales.

21st Century Schools and Education Programme

The Auditor General for Wales's report, 21st Century Schools and Education Programme provides a fair and accurate assessment of the 21st Century Schools Programme. The report appears to be well researched and sets out a clear and coherent account of the development and implementation of the programme. The report pays particular and appropriate attention to the context in which the Programme was developed and gives significant attention to the views and experiences of stakeholders in the Programme. The report recognises the strengths and successes of 21st Century Schools to date but also identifies a few areas of weakness or aspects where further improvement could be achieved.

On balance these comments appear to be fair and in most cases the issues highlighted have been discussed by the 21st Century Schools Programme Board and are being addressed. Governance arrangements are being reviewed; discussions about Band B including how the programme is funded and managed are on-going as is discussion around the balance between focusing on condition rather than surplus places. Local Authorities are also aligning 21st

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Century Schools with their Welsh Educations Strategic Plans (WESPS). They are working closely with the Welsh Government to ensure that they respond to the demand for Welsh medium education in their areas.

The Programme has always set ambitious energy efficiency and sustainability targets for authorities and local government has embraced this approach fully but one of the problems with cutting edge technology is that it doesn't always deliver the anticipated benefits.

With regard to the Auditor General's other recommendations, there is an increasing awareness of the benefits of Building Information Modelling among all partners, and the benefits of improved procurement, sharing good practice and increasing technical capacity within the system are all widely accepted.

There has always been a focus on maximising wider community benefits from the Programme and squeezing as much value as possible from every investment. There is a widely shared frustration that this is not always achieved. A group has been set-up to consider how any barriers might be overcome and it might be an issue of school governance rather than the 21st Century Schools Programme itself. The WLGA is in discussions with Sport Wales with the aim of developing a more strategic approach to some aspects of provision.

Conclusion

The WLGA supports and welcomes the Auditor General for Wales's view that the 21st Century Schools Programme is well managed and a significant improvement on what went before. The Programme has its challenges and imperfections but is reducing surplus places while creating a much improved and more sustainable education estate.

The current financial environment is very challenging for local government and there are few signs that things are likely to improve. At the outset, the expectation was that the Welsh Government would provide 70% of the capital funding and that authorities would provide 30% but the position changed and the Welsh Government contribution was cut to 50%. This has been challenging for councils and the position is set to continue.

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Agenda Item 6

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