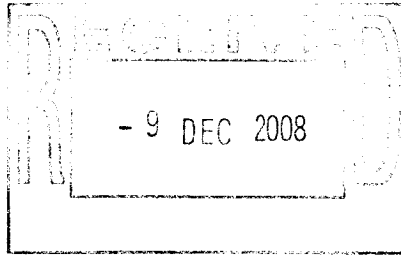


Edwina Hart AM MBE

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

Our ref: EH/05485/08
Your ref: PET-03-188



Llywodraeth Cynulliad Cymru
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ABD

Deun Val

8th December 2008

Thank you for your letter of 26 November 2008 regarding the Special Care Baby Unit at Royal Glamorgan Hospital. I am aware of the pressures the unit has been facing.

The key problem leading to the service changes at the Royal Glamorgan Unit has been the inability for some time to recruit middle grade doctors to cover the neonatal rota. As a result the Cwm Taff NHS Trust took the view that it would be impossible to provide a service for very sick babies and a policy was therefore implemented that ensured babies that need the most intensive level of care are transferred to other units. In South Wales, Cardiff, Newport and Swansea are able to provide this service. It was anticipated that there would be very small numbers transferred and this has been the case. In very rare cases it may be that all units in Wales are full and in such circumstances it may be necessary for a baby to transfer out of Wales.

Cwm Taf NHS Trust and Health Commission Wales (HCW) have been in discussion and have agreed a plan that aims to recruit additional doctors in the short-term and, subject to successful recruitment, will be able to reinstate the full service at the Royal Glamorgan Unit.

It is essential that in taking forward neonatal care a safe system for all babies is implemented, the approach taken in this case is the most effective way to achieve that.

I remain committed to the care of sick babies in Wales which is why I recently announced that £2m from 2009-10 will be used to strengthen neonatal service

through the development of a safe transport system, the establishment of neonatal networks and the development of a clinical information system.

Earlier this year clinicians were consulted on the review of neonatal services carried out by Health Commission Wales in 2005. The consultation responses supported the identification of the priorities of a dedicated transport system to move sick babies to specialist units when necessary, a clinical information system and the development of clinical networks to improve the care of babies needing specialist treatment. These developments will significantly strengthen the service, resulting in more nurses and doctors providing neonatal care in Wales. There is no doubt that the unit in the Royal Glamorgan will have an important role to play in the future although in the longer term the networks will need to consider the most effective way to ensure that babies requiring the highest level of care can be looked after.

I will also be launching the All Wales Standards for Neonatal Services on 8 December. These standards have been developed with people who work in the service and will underpin the development of the managed clinical networks and the planning, design and delivery of services which ensure equity of access across Wales.

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Letter from Cwm Taf NHS Trust

Dear Ms Lloyd

I refer to your letter dated 20 January 2009, on the subject of neo natal intensive care provision at Royal Glamorgan Hospital.

I can offer the following comments on the issues you have raised.

It has been difficult to recruit middle grade doctors to cover the rota for neo-natal services due to the national shortage of middle grade doctors, i.e. doctors with 2 to 3 years in the relevant specialty.

There seems to be a consequence in the changes of work permit arrangements for non E. U. doctors, which has meant that many doctors who used to come to the UK to work for a period, from India and the Indian sub continent, are now unable to gain work permits. The numbers of doctors in specialty training in England and Wales has decreased, and without the contribution of the non E U doctors it has proved impossible to cover the rotas for this service.

Similar problems exist in other areas, i.e. anaesthetics, paediatrics, and accident and emergency.

These problems are common across Wales, and indeed across the UK.

With the introduction of the EWTD in full on the 1 August 2009, the shortage of relevantly trained medical staff is likely to be a severe problem as all medical staff will be required to reduce their hours to a 48 hour working week.

I hope this information is helpful.

Yours sincerely

Margaret Foster
Chief Executive
Cwm Taf NHS Trust

Letter from Minister for Health and Social Services #2

Edwina Hart AM MBE

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

Our ref: EH/00752/09
Your ref: PET-03-188

25 MAR 2009

Val Lloyd AM
National Assembly For Wales
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Deun va

DEPARTMENT OF HEALTH
31 MAR 2009
GD7

25 March 2009

Thank you for your letter of 24 February regarding the special care baby unit at the Royal Glamorgan Hospital and enclosing the letter from Cwm Taff NHS Trust.

I am aware of the issues which have been highlighted by the Trust regarding the recruitment of middle grade doctors to some specialities in Wales. This is a UK wide problem which has arisen from a number of reasons including the European regulations and changes to immigration rules for overseas doctors. The Welsh Assembly Government, the NHS Trusts and the Postgraduate Medical and Dental Deanery in Cardiff University, who are responsible for managing the training of Junior Doctors in Wales, are working together to resolve the current problem.

Currently the immigration rules only allow for a two year fixed term training post for medical trainees from outside the EU and this has brought about a reduction in applications. The Migration Advisory Committee (MAC) receives evidence about shortages in health professionals and reviews the shortage application list each year. Each health department in the UK contributes evidence and MAC is aware of the issues we are facing.

Changes to immigration rules are not the only factor that affects recruitment and the delivery of services. There is also a reduction of UK trained doctors applying for training in the paediatric specialities. The reason for this is unclear but individual employers will need to develop recruitment strategies that attract those doctors that do wish to work in their specialty. The Post Graduate Deanery of Cardiff University and the British Medical Association have worked together to produce a DVD outlining the general benefits of working in Wales. This is being distributed to all

welsh graduates and anyone who indicates an interest in working in Wales. Individual departments now need to build on this to enhance their own attractiveness to doctors both through the development of good working practices and the development of the whole team in supporting the delivery of services.

A handwritten signature in black ink, consisting of several fluid, connected strokes, positioned in the upper left quadrant of the page.

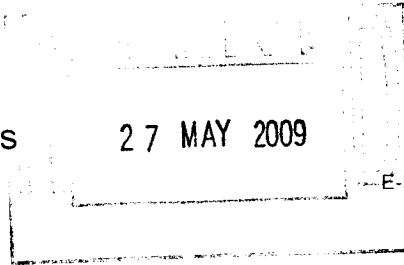
Edwina Hart AM MBE

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

Our ref: EH/01791/09

Your ref: PET-03-188

Val Lloyd AM
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27 May 2009

Dear Val,

Thank you for your letter of 15 May regarding the petition on the special care baby unit at Royal Glamorgan Hospital.

Officials from Health Commission Wales recently met with Cwm Taf NHS Trust who confirmed that, despite every effort, they have been unable to appoint middle grade doctors to staff their rotas. This has not been due to a lack of funding as they received agreement to fund their actual costs for staffing at locum rates if necessary. The Trust is continuing to seek middle grade doctors by any means available.

The unit currently operates mostly at level two due to the shortage of middle grade doctors and transfers babies that require the most intensive level of care to other units. However every effort is being made to maintain babies locally in the unit and Consultants are covering out of hours on occasion to support this.

The ability to transfer babies across the South Wales units will be improved with the implementation of a Neonatal Transport Network, for which work is currently underway through the all-Wales group chaired by Dr Jean Matthes. This work is being supported by the additional funding of £2 million from 2009-2010 I announced last year for Neonatal Services. This will free capacity across the units in South Wales and ensure that the most appropriate level of care can be provided when needed at the most suitable location.

Edwina Hart

Edwina Hart AM MBE

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

Our ref: EH/05143/09
Your ref: PET-03-188

Sandy Mewies AM
Temporary Chair of the Petitions Committee
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30 June 2009

Dear Sam -

Edwina Hart

It is recognised that there are some difficulties in recruiting junior and middle grade doctors in some specialties and localities in Wales. The reasons for under recruitment can be attributed to a number of reasons including an overall drop in applications across the UK and the recent changes to immigration rules.

A 2nd round of recruitment for specialist trainees has been undertaken which has resulted in some of the vacant posts been filled. Trusts will be looking to fill unfilled training posts with locums or fixed term appointments.

NHS Wales has in the past employed a significant number of overseas doctors as staff grade doctors. The complexity and lack of clarity over how non EU doctors can enter the UK for employment or training has led to a significant decrease in applications from this group of doctors this year. Discussions are being held with the Borders agency to seek clarity and to make representation about the effect of the changes. I have written to the Home Office Minister in the UK Government expressing my concerns and asking for an early review.

Officials are gathering and analysing vacancy data and the effects such vacancies are having or may have on service delivery and intend to work with the service managers and medical directors to develop an action plan which will minimise the effect vacancies have on the service and also improve recruitment.

The BMA and post graduate deanery have already produced a promotional DVD which portrays Wales and NHS Wales as a good place to work and live. This is available on the deanery website and given to all graduating medical students in Wales and also to all who express an interest in post graduate training in Wales.

[Signature]

Edwina Hart AM OStJ MBE

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

Our ref: EH/06700/09

Your ref: PET-03-188

Val Lloyd AM
Chair, Petitions Committee
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15 October 2009

Dau Val

Thank you for your letter dated 13 October on behalf of the Petitions Committee in which you raise the committee's concerns about the recent changes to immigration rules affecting the recruitment of middle grade doctors.

Immigration rules are set by the UK Borders Agency which is a function of Westminster and has not been devolved to the National Assembly for Wales. The Petition's Committee can access further information about immigration rules by visiting the Home Office UK Border Agency web site at:

<http://www.ukba.homeoffice.gov.uk/workingintheuk/>

As you are aware, the changes have made it a much more difficult process for doctors outside the EU to gain entry into the UK. There will be a review of the immigration rules this year and I will ensure that evidence is provided to the Home Office by my officials showing the impact of the restrictions on NHS Wales.

[Signature]

[Signature]
G117

**Y Pwyllgor Iechyd, Lles a
Llywodraeth Leol**

**Health, Wellbeing and Local
Government Committee**



Cynulliad National
Cenedlaethol Assembly for
Cymru Wales
Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff CF99 1NA

18 NOV 2009

AM

MS

Val Lloyd AM
Chair, Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

17 November 2009

Dear Val

Thank you for your letter of 16 October regarding the Special Care Baby Unit at the Royal Glamorgan Hospital.

The Health, Wellbeing and Local Government Committee has identified maternity services as a potential area for a scrutiny inquiry and I will circulate a copy of your letter to Members for information.

Yours sincerely

Darren Millar
Chair

Edwina Hart MBE OStJ AM

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

Our ref: EH/07133/09

Your ref: P-03-188

26 NOV 2009

Llywodraeth Cynulliad Cymru
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Val Lloyd AM
Chair Petitions Committee
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Dau Val

CDZ

25 November 2009

Thank you for your letter dated 16 November enquiring about how recruitment pressures on the Health Service in respect of medical staff are being caused by the new immigration rules.

The under recruitment of junior doctors into training is a UK wide problem and Wales has therefore been affected. There is a particular problem UK wide in Paediatrics. The reasons for under recruitment can be attributed to a number of factors, including the changes to immigration rules but also the fact that NHS Wales needs to do more to publicise itself as an attractive place to work. The final stage of the introduction of the European Working Time Directive has also brought challenges for the NHS.

Immigration rules are set by the UK Borders Agency with no powers within this area being devolved to the Welsh Assembly Government. Changes to UK immigration rules have made it more difficult for non EU doctors to either work or train in the UK. Whilst they can still come, the more rigorous rules make it less attractive and application rates are therefore much lower than in the past. I wrote to the Home Secretary earlier in the year to highlight some of the difficulties being incurred. A particular problem was that non EU graduates who had permits to attend medical schools in the UK were not eligible to apply for specialist training posts. This particular problem has now been resolved and they will now be eligible to apply in the first round of recruitment which starts in December 2009.

The UKBA is working with the NHS across the UK via an NHS Stakeholder Group which includes representatives of the 4 country administrations and the relevant Trade Unions and my officials attend these meetings. The UKBA were also helpful in ensuring that the new LHBs were able to transfer the necessary licences from

the previous Trusts so that there was no delay in the process of any non EU recruitment.

I have asked my officials to obtain specific examples of problems caused by the current regulations and will respond to you in due course with any details.

Representatives from the NHS, the Deanery, the BMA and officials from within the Welsh Assembly Government are also working together in the Junior Doctors Review Group, which was established in August, to try and seek solutions to the immediate problem with an aim to develop a strategy for improving recruitment in the future. Membership consists of representatives for doctors (consultant, middle and junior grades), employers, BMA, post and under graduate deaneries, and WAG officials. Its terms of reference include monitoring of vacancies, working conditions and EWTD compliance.

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Edwina Hart MBE OStJ AM

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

Our ref:
Your ref:

To All Assembly Members



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7th December 2009

Dear Colleagues,

I have today accepted the recommendations of an expert group on improvements to care for sick and premature babies. The group, led by Jean Matthes, Consultant Neonatologist at Abertawe Bro Morgannwg University Health Board has produced a plan to improve neonatal services across Wales.

Priorities include introducing dedicated neonatal transport services, improved information systems, and the establishment of a Neonatal Managed Clinical Network for Wales. The network should be operational in February.

The group's recommendations outline how the additional £2 million a year of Assembly Government funding that I made available to improve neonatal services across Wales will be spent. Planned improvements include;

- Two neonatal transport services, one in south Wales and one in north Wales. The transport services will ensure rapid and safe transport to specialist centres. The services will operate 12 hours a day in the first instance, with planned progress towards a 24-hour service in the future as staff resources are developed. The new service should be operational from spring next year.
- Specialist Neonatal services concentrated in three centres in South Wales - Swansea, Cardiff and Newport - and one in North Wales, yet to be determined.
- Recruitment to begin for additional Neonatal Consultants and Neonatal Nurses at each centre to deliver the new service.

- A single Neonatal Database enabling the standardised collection of data across Wales.

The implementation of these recommendations will improve clinical safety and ensure that neonatal intensive care services are sustainable. More babies will be treated closer to their homes, with appropriate and safe transfer to specialist services where required. My aim is to deliver safe and sustainable services for the benefit of babies requiring specialist care and their families.

A handwritten signature in black ink, appearing to be 'L. M.', located below the main text.



UK Border Agency



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4 FEB 2010

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2nd February 2010

Dear Val

5 FEB 2010
C157

Thank you for your letter of 16 November to Lin Homer regarding changes to the immigration rules and the recruitment of middle grade doctors. Your letter has been passed to me for a response.

On 31 March the Government ceased awarding points for Bachelor degrees under the Tier 1 (General) category of the Points-Based System. The effect of this change was not to exclude doctors and other highly skilled workers from coming to the UK, but to be more selective about the type of migrants who can come to the UK with open access to the labour market, in order to protect job opportunities for resident workers.

Such workers can still apply to come to the UK, but they must do so under the Tier 2 (General) category. This means they must have an offer of a job which has passed the Resident Labour Market Test, showing that no suitable resident workers were available to fill that post (unless the post is on the Shortage Occupation List).

We have designed the Points-Based System to be flexible and we have always said that we will move the bar up and down according to the UK's economic needs. This change was made to respond quickly to rising unemployment and falling vacancies in the labour market. However, we also asked the independent Migration Advisory Committee to undertake more detailed research and make recommendations on the future criteria for Tier 1 and Tier 2. The Committee has now published its recommendations on both Tiers.

A consequence of the change we made in March was that graduates of UK medical schools from overseas could no longer switch into Tier 1 on beginning their specialty training. They would have to switch into Tier 2 instead.

The Medical Students Representative Council and the British Medical Association advised us about the potential impact of this change on graduates of UK medical schools from overseas. We accept the points that they made. These graduates play an important role in the UK's health sector, and the Government values the contribution that they make to health services and educational establishments.

We therefore agreed that, exceptionally, the UK Border Agency would allow non-EEA graduates of UK medical schools to be recruited to Speciality Training posts under Tier 2 without first testing the resident labour market, although other doctors not applying for Speciality Training posts would be subject to the test. This was an interim arrangement that applies only to the 2009 round of recruitment.

We cannot continue this arrangement on a long-term basis as it effectively treats this group of doctors as if they were on the Shortage Occupation List without any recommendation from the Migration Advisory Committee that they meet its criteria for inclusion on that list. This would likely lead to calls for similar treatment to be extended to other groups in similar circumstances.

The change in March and the end of this interim arrangement should not impede workforce planning or impact on the provision of health services. If it is the case that the number of vacancies for doctors exceeds the number of suitable resident workers applying, then the Resident Labour Market Test will have been passed and non-EEA doctors can be appointed under Tier 2.

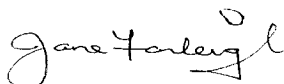
We were approached by the Department of Health who requested we consider future arrangements for doctors beyond this year's recruitment round. The Department of Health engaged with Wales' Health officials and other key stakeholders, arranging for them to feed in their views to us and taking a lead role in ensuring that the details of these arrangements meet the needs of, and are communicated to, Wales as a devolved administration.

We have provided for non-EEA graduates of UK medical schools to undertake the Foundation Programme under Tier 4, and we are finalising arrangements for them to begin Speciality Training in the Tier 1 (Post-Study Work) category.

We have also put in place arrangements so that doctors who have already begun Speciality Training may be sponsored under Tier 2 by their Deaneries, and will not be subject to the Resident Labour Market Test as they move from one Speciality Training post to another.

In their Tier 1 report, the Migration Advisory Committee recommended that points for Bachelor degrees be reinstated, but that the pay thresholds for the category should be substantially increased. These recommendations, if accepted by Government, will most likely come into effect in Spring 2010. The effect of these recommendations would be that doctors in higher grades could once again apply under Tier 1 (General).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jane Farleigh', with a stylized flourish at the end.

Jane Farleigh
Regional Director, Wales and South West of England
UK Border Agency

Edwina Hart MBE OStJ AM

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

Our ref: EH/01151/10

Your ref: P-03-188

Christine Chapman AM
Chair - Petitions Committee
National Assembly for Wales
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Dear ch

11 May 2010

Petition P-03-188 Special Care Baby Unit

Thank you for your letter of 31 March on behalf of the Petitions Committee about specific examples of where the inability of the NHS Wales to recruit doctors from overseas has impacted on services. You also asked for an update on the Junior Doctor's Review Group.

From discussions my officials have been having with the Health Boards, whilst there is an overall problem with doctor recruitment there are a number of reasons for this and it is therefore difficult to point to any cases which have solely been caused by the immigration regulations.

The Junior Doctor Review group has developed an action plan to take forward a range of initiatives to promote Wales as a place to work and live and has been monitoring the vacancies across Wales.

The group has agreed to take forward specific overseas recruitment initiatives and the Wales Deanery is visiting India this month to recruit middle grade doctors. This initiative complies with all the immigration rules and the GMC safeguards for non EU doctors. Vacancies in these grades impact on the training of junior doctors, and therefore their overall experience improving this position will impact positively on the situation.

Junior Doctor representatives are working with officials and the Health Boards to put in place support mechanisms for junior doctors and to publicise the opportunities and positive actions taking place in Wales and correct some of the misconceptions which exist about the NHS in Wales.

The Deanery is also working with the service to ensure that the training programmes offered in hospitals and community settings across Wales meet the necessary standards and look at how rotas can be made more attractive.

This is just a brief overview of some of the actions being taken and I would be happy to provide an update of progress in the summer.

A handwritten signature in black ink, appearing to be 'ev', located below the second paragraph.