Health and Social Care Committee

HSC(4)-20-12 paper 1

Scrutiny of the Minister for Health and Social Services

Overview of progress and achievements

1. Since my last update to Committee in January 2012, we have made significant progress across my portfolio. We have issued a Quality Delivery Plan, and our Cancer Delivery Plan. We have completed consultation on a Social Services White Paper to inform our Social Services Bill, issued a draft Human Transplantation (Wales) Bill, and introduced the Food Hygiene Bill to the NAW. We have issued a draft Mental Health strategy for consultation, and completed consultation on a Welsh language strategy for the NHS. We have published a Tobacco Control Action Plan, and extended our Change4Life programme to cover alcohol. Overall we are making good progress against our Programme for Government and legislative commitments, though much remains to be done.

2. We have also worked closely with the NHS to deliver financial balance, whilst improving delivery against clinical performance and reducing waiting times especially within orthopaedics. We have seen improvements in the rapid diagnosis and treatment of strokes, a 33% reduction in C-difficile and 9% reduction in MRSA infections acquired in hospital. The number of delayed transfers of care continues to show a steady but, occasionally, fluctuating decline from a level of over 1,000 in March 2004 to less than 500 a month throughout the past year. Emergency hospital admissions for chronic conditions have reduced by 10% and access to services is improving whilst we have significantly reduced our reliance on the private sector.

3. I have provided more detail on a number of these issues below, including those requested by the Committee.

Strategic Developments

Together for Health

4. In November 2011, I launched Together for Health – a Five Year Vision for the NHS in Wales. I delivered the first six-monthly progress report in May 2012. Since then, I have launched **Achieving Excellence – The Quality Delivery Plan for the NHS in Wales.** This plan underpins Together for Health, setting out our ambitions for achieving excellence in Welsh healthcare by 2016. Our vision is for a quality driven NHS, focused on providing high quality care and excellent patient experience, driven by:

   - The ambitions and commitment of our staff

- The views of the public
- Transparent reporting on performance
- a system that demonstrates the behaviours of high performing, quality focused organisations.

5. The Plan builds on strong foundations such as *Doing Well, Doing Better – Standards for Health Services in Wales*, and the 1000 Lives Plus programme. We want to ensure both quality improvement and quality assurance. It will be underpinned by a series of **service specific delivery plans** which will set out the outcomes that we expect to see by 2016. I have already launched "*Together for Health* – A Cancer Delivery Plan", which sets out what people in Wales can expect from NHS cancer care by 2016. I want to build on the progress we have already made in tackling cancer and the plan sets out:

   - the population outcomes we want and how we will measure success;
   - the outcomes we expect for people as a result of their NHS cancer care;
   - how we will measure NHS success and the level of performance we expect by 2016 across Wales;
   - themes for action by the NHS, together with its partners, for the period up to 2016.

6. We have also issued a draft Stroke Delivery Plan for consultation and we will be producing delivery plans for cardiac services, diabetes and respiratory conditions over the coming months. From these service specific requirements, we will develop a comprehensive framework of population outcome indicators and performance measures to track progress and monitor delivery.

7. In my Together for Health progress report, I confirmed I would be inviting the people of Wales to join with us in creating a Wales where health really does match the best anywhere and there will be a sea-change in the relationship between the Welsh Government, the NHS and the people of Wales based around a compact. This will be a developing conversation and an evolving agreement about what health services should be like in Wales. Work has begun and I will be issuing a draft compact for consultation in August.

Development of New Models of Care

8. Improving the NHS alone will not meet the challenges of increased demand on services, high expectations and reducing inequalities in healthy life expectancy. We must also develop new models of care which enable services to be delivered within the community, closer to people's homes and also encourage and enable individuals to take more responsibility for their own health and to live healthier lifestyles. This will mean ensuring they are provided with the support, information

and skills they need to stay healthy. *Together for Health* set out our commitment for a new partnership with the public and we are working with key stakeholders, including the Third Sector to develop an action plan for self care which will be launched in November 2012.

9. Setting the Direction provides a framework to assist Health Boards in the development and delivery of improved primary care and community based services for their local populations, particularly for those individuals who are frail, vulnerable and who have complex care needs. Health Boards have established locality networks and community resource teams to develop new models of care for patients, to minimise hospital admissions and to support early discharge from hospital, where it is safe and appropriate to do so.

10. Through the Rural Health Innovation Fund, we continue to explore how technology can be used to enable people to manage their health conditions at home and to minimise the need for them to travel long distances to hospital.

Health Board Service Re-Configuration

11. *Together for Health* sets out how the NHS will look in five years time, based around primary and community services. I and the Health Boards have been very clear. Fundamental changes are essential in order to ensure services are safe and sustainable for patients in the future. That case for change has been most recently articulated in Professor Marcus Longley's report – *'The Best Configuration of Hospital Services for Wales'*.

12. To address these challenges, Health Boards are working on proposals for reform following an engagement phase, which ran from December 2011 until April 2012. During that period, Health Boards held full, frank and open discussions with stakeholders and the local communities on the issues faced and how they might be tackled.

13. Three Service Plans are being developed - for Hywel Dda, for Betsi Cadwaladr and for South Wales (encompassing Abertawe Bro Morgannwg, Cwm Taf, Aneurin Bevan and Cardiff & Vale). Powys is working with all three areas and is engaged in the development of their plans. In addition all Health Boards are engaged with each other. All will come forward with proposals for formal consultation in the next few months. Where changes are proposed, Health Boards will follow national guidance to ensure constant communication with the local community and the local Community Health Council. The Welsh Government takes full responsibility for the reconfiguration of services although it is important the process is led by the Health Boards themselves, working collaboratively, with their staff, Community Health Councils and other stakeholders to develop their plans.

14. The National Clinical Forum will provide clinical advice, to provide assurance any new arrangements are clinically safe and will lead to the best possible health outcomes for local populations.

Update on Programme for Government commitments

Flying Start

15. Two of the priorities set out in the Programme for Government form part of our 'Five for a Fairer Future' – extending access to GPs and extending the Flying Start Programme. Our commitment on the Flying Start Programme is to double the number of children and families who benefit from it. This means that during the lifetime of this Government, 36,000 children is almost a quarter of all children in Wales under the age of four will be able to benefit.

16. We have allocated an additional £55 million in revenue funding over the period to 2015, as well as initial capital funding of £6 million over the next two years to enable local authorities to develop the infrastructure required to meet the needs of the programme. We have issued new Strategic Flying Start Guidance which draws the results of evaluation and lessons learned from six years of programme delivery, and this has informed the three year strategic delivery plans which have been submitted by local authorities.

GP access

17. We are committed to improving access to GP services for working people by ensuring appointments are available at times which are convenient to them. The current proposals include improving access to appointments in the evenings and also on Saturday mornings. I have agreed a staged approach to delivery of this commitment, in three phases:
    - ensuring adequate capacity and appropriate distribution of appointments within contracted hours including early morning and appointments between 5.00 and 6.30pm (phase 1);
    - extending the availability of appointments outside contracted hours during the week after 6.30pm (phase 2);
    - access to GP services on the weekend (phase 3).

18. Our initial focus has been on engaging health professionals and colleagues within Health Boards to improve access to GP services across Wales. Health Boards have provided initial plans for delivery of this commitment within their own local area - this includes the establishment of "Access Forums" to drive the agenda.

19. The priority during the last six months has been to significantly reduce the number of practices with half day and/or lunchtime closing. Health Boards have been working hard within their areas to achieve this and good progress made, particularly in Cwm Taf, where half day closing

was a significant issue. Work is currently ongoing to analyse need and redistribute appointments, to ensure there are more early morning and evening appointments from 5.00 – 6.30pm to better meet the needs of working people. Currently around half of all GP practices have early evening appointments available on four or five days a week, with a smaller proportion offering early evening appointments at least once a week. Increasing the availability of appointments across the majority of GP practices will be a priority for Health Boards for 2012/13. They will also undertake work to consider the effective use of the wider primary care team, including practice nurses and community pharmacists, to improve access for patients.

20. The second phase relates to extending the availability of planned appointments outside contracted hours. This will focus primarily on additional early morning or late evening appointments after 6.30pm. We will assess the effectiveness of extended opening in those practices which currently offer this service. Changes to access arrangements will be influenced by the findings of this review and extended opening will be rolled-out from 2013/14 to meet the needs of patients.

21. The final phase relates to improving planned access to GP services on the weekend. Work has been commissioned to develop an innovative model for access to planned appointments outside core hours. An information gathering exercise and analysis of existing models has been undertaken across all Health Board areas and professional networks are engaged. The initial outcome of this review is being considered by officials. It is anticipated that models to ensure access to appointments on the weekend will commence during 2014/15.

Over 50 Health Checks

22. We are continuing the developmental work necessary to devise a fit for purpose health checks programme and I anticipate this preparatory work will continue into 2013. This work is based around a number of guiding principles. These include exploring the role technology can play in a health checks programme and the need to target action in proportion a person's level of risk. I have indicated previously an online approach has potential to raise awareness of key public health messages and provide signposting to appropriate advice and support. We are also working to ensure the programme complements and builds upon other relevant work and will explore ways for ensuring it complements the drive to reduce health inequalities.

23. The development of a health checks programme will be of continuing interest to a number of organisations and stakeholders, and there will be a broad range of views. We have established two external reference groups to assist the development of the health checks programme. One comprises representatives from the health professions, with the other comprising a broader spectrum of stakeholders. The views of

both these groups are being considered throughout the development phase.

24. I will be deciding on our detailed approach for the health checks programme in due course, once the developmental work reaches a more advanced stage.

Adult Mental Health

25. I launched our consultation on ***Together for Mental Health***, the draft mental health and wellbeing strategy for Wales on 8 May. The strategy focuses on better outcomes for mental health services users, carers and their families, and also on improving the mental wellbeing and resilience of the wider population. It incorporates the requirements of children and young people, adults and older people, reducing the difficulties caused by transition between services as people age.

26. The strategy is outcome-focused, embeds the holistic approach of the Mental Health (Wales) Measure 2010, and consolidates existing policy. It addresses the recent recommendations of the Wales Audit Office and other inspectorates, and will help realise the wider ambitions outlined in our *Programme for Government, Together for Health* and *Sustainable Social Services for Wales: A Framework for Action*.

27. *Together for Mental Health* addresses the need for integrated working and joint strategic planning, and sets out how effective care and treatment planning and service delivery can tackle the needs of service users. Securing the contributions of LHBs, Local Authorities, the Third Sector, and service users will help us realise a vision for future mental health that emphasises the value of recovery and reablement, and reduction of stigma and discrimination.

28. I am also conscious of the particular mental health needs of veterans. Health Boards are responsible for healthcare provision in their areas and provide services, including PTSD services, in line with local need. However, recognising the distinct mental health needs of veterans we have established an All-Wales Veterans Health and Well-Being Service, with dedicated therapists and support available in each LHB. The Welsh Government provides £485,000 annually towards the Service, which is unique in the UK, and provides local access to specialist outpatient care for veterans with mental health problems, such as PTSD. It also acts to signpost veterans to other support they may require, such as substance misuse services.

29. We have also established Veterans Health Champions in each LHB, who play a key role in the development of the Health and Well-being Service and championing veterans' needs. In addition, we fund a bilingual Community Advice and Listening Line (CALL) which offers free confidential support.

30. We are also implementing the recommendations contained in the 2010 National Assembly for Wales HWLG Committee Inquiry Report into PTSD treatment for Veterans and I wrote to Committee in February 2012 with an update on progress. A recent HIW report into the provision of healthcare for serving personnel, their dependents and veterans focused heavily on mental health provision for veterans, and was broadly supportive of our activity in this area. It also made a number of recommendations around creating more seamless service provision, which we are taking forward.

Substance Misuse

31. Responsibility for tackling substance misuse (including the delivery of the substance misuse strategy) transferred into my portfolio from the Minister for Local Government and Communities, with effect from 1 April 2012.

32. Substance misuse can have a devastating affect on individuals, their families and the communities in which they live and I am committed to tackling this important agenda.

33. My immediate priorities will be to finalise the new three year action plan which supports the implementation of the Substance Misuse Strategy for Wales 'Working Together to Reduce Harm' and implement the revised outcome focused key performance indicators. We will also be supporting the enhanced role of Substance Misuse Area Planning Boards on the planning, commissioning and performance management of substance misuse services in Wales.

34. Work also continues on the European Social Funded (ESF) "Peer Mentoring" project. The project has established a service which provides post treatment support for substance misuse service users who are economically inactive. Participants can access training and development opportunities and the ultimate aim is for participants to achieve economic independence through paid work. Funding for the project ends in September 2013 and work is currently underway on scoping out options for the future commissioning of the service.

35. I will also shortly be publishing an action plan to respond to the recent Healthcare Inspectorate Wales review of Substance Misuse Services in Wales 'Are they meeting the needs of service users and their families', and preparing Health Boards for the impact that the incoming Police and Crime Commissioners will have on substance misuse services in Wales.

Legislative Proposals

36. On 18 June 2012 I published the draft **Human Transplantation (Wales) Bill** for consultation. This Bill will change the way in which consent is to be given to organ and tissue donation in Wales for the

purposes of transplantation. The main change will be in respect of adults who live and die in Wales, where consent to donation will be deemed to have been given if they had not expressed a wish for or against donation. Deemed consent will not apply to:

- those who have not lived in Wales for 6 months or more or at all;
- children and young people aged under 18;
- people who lack capacity to understand consent could be deemed;
- people who cannot be identified; and
- people without next of kin or whose next of kin or appointed representative cannot be contacted.

37. We will be holding a stakeholder event, open to the public, in each Local Health Board area. Assembly Members have been made aware of the dates and times of these events. I have also ensured all Members have a number of copies of a leaflet for public use explaining the main changes effected by the draft Bill and providing pointers to the more detailed information.

38. I will introduce the Bill into the Assembly, revised if necessary in the light of consultation responses, by the end of 2012. I envisage the new law will come fully into force in 2015, following a major public awareness campaign. My officials are continuing contact with a range of organisations and networks to ensure all parts of society will be aware of the new law.

39. On 28 May 2012, I formally introduced the **Food Hygiene Rating (Wales) Bill**, which will make the display of the food hygiene ratings mandatory in food businesses. Scrutiny of this Bill will continue through Autumn 2012. On 31 May 2012, I outlined my proposals for legislation on age restriction for **cosmetic piercing** of young people. We are considering the most appropriate legislative vehicle for these proposals which will be published for full consultation once finalised. We will also consult on the need for a **Public Health Bill** in Wales to place statutory duties on bodies to consider public health issues in Autumn 2012.

40. Our Programme for Government makes a clear commitment to support children and young people. We have increased investment in programmes such as Flying Start, to ensure that from the youngest age, children get the support they need. The scope of potential primary legislation in this area is currently being considered.

41. We remain committed to introducing a Social Services Bill to provide the legislative basis to take forward the commitments contained in "Sustainable Social Services for Wales: A Framework for Action". On 28 June 2012, the Deputy Minister for Children and Social Services announced the revised scope and introduction date for the Social Services (Wales) Bill, and the intention to introduce a second Bill on Regulation. The Social Services (Wales) Bill will now be introduced in

early 2013 and a White Paper will be produced during Spring/Summer 2013 setting out proposals for a separate Regulation Bill.

Eye Care Plan

42. We are working to develop an Eye Health Care Plan for Wales, which will set out our priorities for the next five years. It will focus on a programme of work, which will include raising public awareness of eye health care and ensuring people are aware of the importance of regular sight test. It will include a comprehensive screening programme for children to address the current inconsistencies across Wales.

43. There will also be a programme of work to specifically target those at risk, to ensure their eyes are examined as early as possible. This will enable early diagnosis and treatment to preserve their sight.

44. The Programme for Government sets out our commitment to establish Ophthalmic and Diagnostic Treatment Centres throughout Wales, to ensure high quality services are available. We have also recently committed to making avoidable sight loss a public health priority.

45. The Eye Health Care Plan will be launched in September at the annual All Wales Eye Care Conference.

Health Campaigns

46. Programme for Government sets out our clear commitment to establish an annual health campaign to tackle the five biggest public health priorities - alcohol, obesity, smoking, teenage pregnancies, and drug abuse.

47. I am taking forward this commitment through our Change4 Life Wales social marketing campaign, which is part of our broader response to help people achieve and maintain a healthy body weight. Our overall objective is to encourage and support families and adults to make small, incremental lifestyle changes in terms of diet and physical activity levels, in order to reduce the risk of suffering from the negative outcomes of being overweight. We are also targeting adults with messages about alcohol.

48. Over 34,000 families and adults have registered and we are supporting them on their journey to a healthier lifestyle. Over the summer the focus is on Games4Life, so that we can use the momentum of the Olympics, Paralympics and other major, televised sporting events to encourage more people to be more active through the summer and beyond. During the Autumn and in the run up to Christmas the campaign messages will focus on the health harms caused by excessive alcohol, through “Don’t let drink sneak up on you”. In January 2013 we will concentrate on healthy eating tips and recipes.

49. We also launched the 'Fresh Start Wales' campaign in February 2012 to raise awareness of the danger to children of smoking in cars to bring home to parents and others the risk their smoking poses to the health of children . The Health Behaviour in School Aged Children survey indicates around a fifth of 11-16 year olds in Wales report being exposed to second-hand smoke when they last travelled in a car. The campaign calls people to action by asking them to make a pledge to not smoke in their cars when children are present. This campaign was launched by the CMO in February 2012 and will run until 2015. During this time period we will give consideration to pursuing legislative options to ban smoking in cars when children are present.

50. As part of the Choose Well campaign, a free to download app for smart phone technology has been developed which will provide information that patients require to choose the most appropriate healthcare service to meet their needs.

51. It features details about a range of health services in Wales including Pharmacists, GPs, Optometrists, Dentists, Minor Injury Units and Emergency Departments with contact information, opening hours and digitally mapped directions to these services.

Welsh Language Strategy

52. I am determined to ensure we meet the needs of Welsh speakers and their families or carers, by ensuring they are able to receive services in their own language. We have established an independent task and finish group to develop a three year strategic framework to strengthen Welsh language services in health and social care. The framework will focus on developing front line services, to improve the experience of users and their families

53. The framework is built on the values embodied in health, social services and social care that all users should be treated with dignity and respect and should receive accurate assessments and appropriate care. It is informed by evidence gathered and the voice of users themselves. I am clear that for all Welsh speakers, being able to use Welsh must be seen as a core component of care, not an optional extra.

54. We have considered the responses to the recent consultation on the framework, and a formal summary together with the individual responses will be published shortly. An Implementation Group will be established to report to the Deputy Minister for Children and Social Services on progress against delivery.

Other Key issues

Financial Position of Health Boards

55. For **2011/12**, the NHS organisations reported a revenue budget surplus c. £0.534m, following the achievement of savings of c. £285m during the year. Throughout the year, NHS organisations made good progress in implementing savings schemes with 91.4% of the planned savings being achieved. 86.8% of savings are categorised as recurrent, which is a significant improvement on previous years. In addition to the extra recurrent funding announced in October 2011, £12m was provided to Cardiff and Vale University Health Board in November 2011 as part of an agreed accelerated improvement and recovery plan. This will be repaid over the 2012-13 and 2013-14 financial years.

56. At the end of March 2012, three Health Boards also received an advance of their 2012-13 allocation, in order to achieve financial breakeven:
    - Aneurin Bevan LHB (£4.5m)
    - Cwm Taf LHB (£4.0m)
    - Powys LHB (£3.9m).

57. Each year the NHS faces unavoidable and predictable cost increases. These flow from a number of factors including cost inflation, increased demand for services as a consequence of demographic change, new technologies and new drugs.

58. As a result of these cost pressures, at the beginning of the **2012-13** financial year the LHBs report savings of approximately £315m are required to achieve financial balance. To address this gap, each LHB must prepare detailed savings plans to mitigate against the identified pressures. Each plan must provide key management actions by savings category and is subject to intense management scrutiny.

59. I hold regular meetings with Chairs and Chief Executives of LHBs, where delivery is discussed and where I make clear my expectations for the service. In addition, the Director General meets with Chief Executives on a monthly basis and delivery against all key priority areas – both financial and non financial – are reviewed. The Director General reiterates to Chief Executives my expectations on delivering targets by year end.

Capital Projects

60. Our capital allocation for 2012/13 is £257 million, and the vast majority is being spent on schemes that are contractually committed and on site. Since May 2011, several additional schemes have started on site, including:
    - the Children's Hospital for Wales,
    - the redevelopment of Cardiff Royal Infirmary,
    - the annual replacement of ambulance vehicles and a Make Ready Depot in Flintshire,

- Refurbishment of the ALAC and A&E at Morriston with some wards at Singleton,
- upgrade of renal dialysis services at Welshpool,
- upgrade of infrastructure at the Royal Gwent and Nevill Hall hospitals
- redevelopment of the main hospital including operating theatres at Ysbyty Glan Clwyd.

61. The total value of these schemes is £190 million. Health Boards and Trusts are developing proposals for future years.

Recruitment Plans for Doctors

62. Wales does not have medical staffing issues across the board, however I recognise there are acute recruitment difficulties in particular specialties, grades, and geographical areas, caused by:

- a UK-wide shortage of doctors in certain specialities, such as Accident and Emergency, Paediatrics and Psychiatry
- a reduction in doctors from outside Europe to fill posts due to new immigration rules, which has exacerbated recruitment difficulties
- the fact that some parts of Wales have not historically been popular places to train because of issues of rurality and access.

63. We have taken a number of steps to tackle these difficulties. On 23 April the First Minister and I launched the second phase of the Medical Recruitment Campaign. The event focussed on innovation, investment, Wales as a good place to live and work and partnership working and sharing best practice. We met with the 50 doctors attending the event and took the opportunity to discuss with them their views on the medical recruitment issues facing NHS Wales. One of the themes arising was the current configuration of training. The Deanery is reconfiguring a number of training programmes to improve training quality, which should improve their attractiveness. Other elements of the campaign include:
    - the formation of a Champions network of doctors across Wales to provide a focal point for local media in promoting Wales and its achievements and act as the first point of contact for those considering posts in Wales;
    - Enhanced web access to job opportunities
    - Raising the profile of Wales and the opportunities for doctors: we celebrated the many Welsh doctors who have been recognised by their peers or organisations at an event on 25 June.

64. While these measures aim to support the filling of current vacancies wherever possible, effective workforce planning is vital to ensure that the medical workforce is sustainable for the future. This is essential because the market for medical staff is UK wide and beyond.

65. The integrated workforce planning process for NHS Wales requires each Board/Trust to set out in detail their anticipated requirement for junior doctors in each specialty (as well as other staff) for six years into the future, giving the Wales Deanery an overview of the number of new junior doctors who need to be trained in the future. Detailed modelling tools are used to compare and forecast anticipated future supply versus demand for newly-trained consultants, and we are also engaging with the wider UK modelling work regarding medical workforce. In addition, a newly formed Wales Medical and Dental Academic Board met in shadow form for the first time on 30 May, with a remit to look at the development of a sustainable workforce strategy which delivers a medical workforce to meet the future needs of NHS Wales.

ICT in the NHS

66. The service changes I have outlined in Together for Health depend critically on the use of modern computer technology to support new models of service delivery and care close to home. Changes in internet technology are already providing new opportunities to improve communications between NHS staff and with patients. These developments are fast moving and we have to strike the right balance between standardisation, which is much more cost effective but can be restrictive, and innovation which can be more responsive but more costly.

67. To deliver best value for money, the NHS Wales ICT Programme has been aiming to combine existing systems with new digital technologies. Connecting them together would deliver the shared information that is essential for a truly integrated healthcare service. This Programme has established Wales as a leader in the use of digital technology for better patient care.

68. Although NHS Wales has a long tradition of using computers to support care, most have been stand alone systems with their valuable information locked away in silos. The same situation applies in local government and social care computer systems, preventing information sharing across organisations. We have already taken significant steps to rationalise our computer systems and we are now introducing national systems that cover patient booking, pathology and radiology laboratories, including ordering tests and sharing X-rays. We also have the capability to share patient information securely between primary and secondary care and we now have agreement for a common specification for all social care computer systems going forward. Progress has been achieved through collaboration between clinical and informatics staff.

69. We now need to build on these foundations and to take further steps to make the best use of scarce specialist ICT skills and to get best value for money for the Welsh pound. Given the pressures on capital

budgets, I do not expect to see any more local ICT procurements, as best value for money will only be obtained by aggregation to increase our commercial leverage.

70. Nationally delivered ICT services will require the development of a common national shared service management function and greater integration, with local and regional working between Health Boards and Local Authorities. Powys Health Board has shown the lead in this respect, having merged its ICT department with Powys Local Authority's. Cwm Taf Health Board and Rhondda Cynon Taff Local Authority are also exploring the feasibility of creating a shared service. I will be encouraging all Health Boards to seek out partners and develop similar plans over the coming year and to make the professional development of ICT staff a much higher priority for the future.

Ambulance Service

71. I am pleased to note the improvement in performance against the 65% eight-minute response time target. At year end, this figure was 68% and was above 65% in ten months of the year for 2011-12. The issue of safe and efficient handover of patients between Ambulance crews and Emergency Department staff remains a key priority, as we recognise the importance of patients being seen and treated in a timely manner and the impact excessive delays can have on responding to emergency calls.

72. To meet our commitment for improved response times and in particular those patients suffering strokes, heart attacks and major trauma, WAST has introduced a new clinical response model which focuses on providing a high quality and clinically appropriate service based on patients' clinical need. It is designed to provide the right service with the right care, in the right place and at the right time by a clinician with the right skills. Internal targets have been agreed with WAST for responding to cardiac arrests within four minutes, and 95% of patients categorised as Red 1 calls (cardiac arrest, stroke, major trauma) to be handed over to Emergency Department staff within 15 minutes.

73. WAST has established a project team to ensure the smooth transition to the delivery of the clinical response model and my officials engage weekly with WAST to ensure progress on delivery.

Research and Development

74. We reaffirmed our commitment to health and social care research and innovation in the Plenary debate on 1st May, 2012. My officials in NISCHR continue to implement a work programme that supports excellence and builds capacity in health and social care research and innovation, generating findings and funding that will improve the health, wellbeing and wealth of people in Wales.

75. In recent times there has been considerable progress. The Biomedical Research Centre and Units we funded last year are already reporting a combined portfolio of 61 projects, with a total grant value of over £9m, and are already actively recruiting patients.

76. The NISCHR *Clinical* Research Portfolio also continues to grow, and, indeed, has more than doubled in size in the last three years. As at March 2012, it consisted of 759 studies, 172 of which were led by Welsh researchers. The total value of studies led by Welsh researchers was £69.58m. The delivery of portfolio studies is supported by the NISCHR Clinical Research Centre (NISCHR CRC) which now employs 186 staff (130.51 wte). In 2011-12, 12,774 people were recruited in Wales to clinical research portfolio studies. Between April 2011 and March 2012, CRC staff activity pre-screened, screened, referred, recruited or followed-up over 260,000 patients.

77. NISCHR continues to offer competitive research funding schemes. Since 2007, 144 peer-reviewed grants have been awarded across its competitive programmes with a total, combined value of £14.8m. In 2011-12 NISCHR was able to make 13 new Fellowship awards (8 in health and 5 in social care) with a value of £2m. NISCHR continues to invest in UK programmes, where these have benefits for Wales, and works to enhance *innovation* in the NHS and social care. In 2011-12, for example, NISCHR launched a new 'Proof of Concept' scheme called "Invent" and invested in the English "*Invention for Innovation* (I4I)" Programme.

78. On the social care research side, NISCHR has funded an All-Wales Academic Social Care Research Collaboration (involving Cardiff, Bangor, Swansea, Glyndwr, Newport, and Cardiff Metropolitan Universities) to explore alternative methods of capacity building in Social Care R&D.

79. The NISCHR Academic Health Science Collaboration (AHSC) continues to launch new programmes to strengthen NHS clinical research capacity and enhance collaboration between NHS, HEIs and industry. In July 2011, the NISCHR Permissions Coordinating Process (PCP) was launched, which has streamlined the system for obtaining NHS R&D permissions across Wales. Performance data indicates that the timescale for NHS approval for research studies in Wales is on average 30 days. This exceeds the UK ambition to ensure all studies receive NHS approval within 40 days.

80. Perhaps most significantly NISCHR has developed and started to implement the realignment of NHS R&D funding using an activity-based formula to ensures that funding follows research. 2012-13 allocations reflect this new formula and new performance metrics have been put in place.

81. We continue to work at pace. 2012-13 will see the launch and implementation of the new NISCHR Faculty, a new call for projects under the INVENT scheme, a NHS focused Research for Patient Benefit Scheme, and the launch of new social care research funding opportunities. NISCHR is now working within the Chief Scientist's Department to help meet the Health Challenge set by *Science for Wales*.