Health & Social Services Committee

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Meeting Date: Wednesday 12 January 2005
Meeting Venue: Committee 3, National Assembly for Wales
Paper Title: Ministerial Report

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1. Modernising Medical Careers

Foundation Programmes: Launch in Wales

1.1 Modernising Medical Careers (MMC) is a UK wide strategy which takes a radical look at the way Doctors are trained. MMC proposes that all stages of postgraduate medical training will be delivered through a structured educationally co-ordinated programme.

1.2 From August 2005 a two-year Foundation Programme will be launched to replace the existing Pre Registration House Officer (PRHO) year (becoming Foundation year 1) and the first year of Senior House officer (SHO) training (Foundation year 2).

1.3 The aim of the Foundation Programme 1 (FP1) year is to develop generic skills essential for all doctors and to ensure that trainees meet the mandatory requirements for GMC registration. The second year will build upon the FP1 year enabling trainees to develop and enhance clinical skills and experience in dealing with seriously ill patients. Wales is currently in the process of piloting the second year of the foundation Programme prior to full implementation in 2006.

1.4 The Welsh Assembly Government has provided funds for the basic salaries and study leave costs of 57 new Foundation year 2 prototype posts. These training posts commenced in August 2004 within six NHS Trusts throughout Wales. These new training posts include placements in a wide range of specialities including General Practice and increase the total number of Foundation year 2 training posts in Wales to 81.

1.5 The aim of the programme is to ensure that the training provided throughout the UK is better structured, more focussed and meets modern educational principles. The reform encourages exposure to different specialities, informed career advice for trainees and structured training and assessment.

1.6 A key objective of MMC is that for the first time competencies will be described and explicit standards set - resulting in a move to a system to assess outcomes and competence. The Deanery in Wales is at the forefront of work to improve the quality of assessments which will include broader issues of clinical judgement as well as technical competence and knowledge.

1.7 The Welsh Assembly Government, working closely with the Wales College of Medicine, Biology, Life and Health Sciences, Cardiff University and NHS Trusts, is making great strides in Wales in implementing MMC. A number of schemes are already underway presenting the opportunity for the new programmes to be tested and evaluated though a variety of practical settings within the NHS. Both the Postgraduate Deanery and I will also ensure that there are sufficient F1/F2 training places available for the increase in the number of Medical students graduating from the University.

2. General Practitioner Specialist Services

2.1 At the meeting on 3rd November, I agreed to provide further information on the use of GP specialist services to improve waiting times. Guidance to help Local Health Boards with the development of GPs with a special interest (GPwSIs), and to promote a consistent approach across Wales, is being produced. This work will define the role of GPwSIs and outline the potential benefits of extending the range of services provided by GPwSIs. It will provide advice to Local Health Boards on methods to manage risk, in particular the potential adverse impact on workforce and existing primary care services. The guidance will also deal with training, accreditation, contractual, and service development issues.

2.2 On 23 December I visited the Musculoskeletal Clinic at Barry Hospital led by 2 GPs with special interest in this specialty. The musculoskeletal treatment service is designed to ensure that patients with defined musculoskeletal needs are seen by the right person in the right place at the right time to receive the most appropriate treatment. The team includes physiotherapists, GPs with special interest in orthopaedics, occupational therapists, podiatry and orthotics with support from Cardiff & Vale NHS Trust, Local Health Boards and the Welsh Assembly Government. This service links firmly with the philosophy of ‘An Orthopaedic Plan for Wales’ and its 4 strategic directions, in particular to develop GPs with specialist interests.

3. Overseas Nurses: Recruitment, Retention and Career Development

3.1 Trusts in Wales collect information on staff leaving the NHS as part of the overall workforce planning exercise that is carried out each year.

3.2 Information from the Trusts shows that approximately 60% of overseas nurses renew their contract at the end of their first contract period. Data from this process shows that Wales currently looses only very small numbers of qualified nurses overseas (including overseas nurses returning home). The 2003 workforce plans showed that 66.8 Whole Time Equivalent (WTE) qualified nurses left NHS Wales in 2002 for overseas which equals 0.338% of the workforce. The 2004 workforce plans indicate that only 54.64 (0.277%) WTE left NHS Wales for overseas.

3.3 Anecdotal information suggests that overseas staff are now being attracted to Wales by colleagues already in Wales providing positive feedback about their employment experience as well as by recruitment exercises carried out by Trusts in Wales.

3.4 The workforce planning process requires Trusts and Local Health Boards in Wales to forecast their future staffing requirements up to between five and eight years into the future. The process requires Trusts to consider issues such as future turnover (which would include any implications of overseas nurses returning home) and recruitment requirements, which are then used to inform education and training commissioning and local recruitment and retention strategies.

3.5 The office of the Chief Nursing Officer recently held a conference in Cardiff specifically aimed at Philippine nurses working in Wales. Filipino nurses make a valuable contribution to health care in Wales, bringing with them the highest professional standards and an exceptionally caring approach to nursing. In hosting this conference, NHS Wales aimed to show appreciation of the valuable input these internationally recruited nurses give to the health service. The conference was centred on providing a focus on nurses' personal and professional development needs and to enable NHS Wales' employers to effectively provide opportunities to meet these needs. It is hoped that in showing the health service's appreciation in this way Filipino nurses will continue to provide a quality service to the population of Wales as their potential is met through effective continued professional development. This in turn can only serve to maintain and strengthen professional links with all internationally recruited staff who are an essential part of the healthcare workforce.

4. Agenda for Change: Implementation

4.1 The national roll-out of Agenda for Change is being implemented across NHS Wales from December 2004, with an effective date for back pay of October 2004 for all elements except revised working hours, which will take effect from December 2004. Each Trust has begun the process of moving staff to the new pay system with the expectation that all staff will be moved by September 2005.

4.2 I visited the Agenda for Change Office at St David’s Hospital on 16 December to look at the progress being made by the largest Trust in Wales, which I discovered have excellent partnership project management arrangements in place and facilities for the processes involved.

4.3 The main current activity is ‘Job matching’ which is the process of allocating new Agenda for Change pay bands to current Whitley graded posts. The process involves obtaining current agreed job descriptions from employees supported by their managers and staff representatives. Partnership based teams of trained matchers then assess them and agree an appropriate Agenda for Change banding. The work is time consuming and heavy on administration. It will shortly be based on a computerised system but in the meantime interim software is being used which has been developed locally in the Pay Modernisation Unit.

Primary Care

4.4 The Agenda for Change agreement ratified at UK level by the NHS Staff Council in September 2004 clearly specifies that Agenda for Change applies to staff directly employed by NHS organisations. It follows therefore that as practices are independent sub contractors they are not obliged to implement Agenda for Change for their staff.

4.5 However, the new GMS contract encourages practices to adopt good human resources management practice in line with Agenda for Change principles. In addition, it is anticipated that practices will utilise some of the profits from their achievement of Quality and Outcomes targets and provision of enhanced services by reinvesting money in staff and services.

4.6 Recognising that a number of primary care and secondary care colleagues work alongside each other in practices and the

potential for primary care staff to be attracted by seemingly higher rates of pay in secondary care, the Pay Modernisation Team has hosted a stakeholders meeting to discuss Agenda for Change in primary care. The meeting included a wide range of interested parties including representatives from the General Practitioner Committee [Wales] of the British Medical Association, the Royal College of Nursing, Unison and Amicus. The outcome was that a Task and Finish Group has been established to:

- Raise awareness of Agenda for Change amongst the GP community
- Raise awareness of the Knowledge and Skills Framework, a key component of Agenda for Change
- Consider what practical support might be available to practices intending to implement Agenda for Change.

5. Commissioner For Older People

5.1 I wrote to the Chair of the Committee last month, and sent a copy to other members, to explain that a draft bill to establish a Commissioner for Older People in Wales will be introduced into Parliament for pre-legislative scrutiny in the New Year.

5.2 The scrutiny process will actively involve Parliament, the National Assembly for Wales and consultation with stakeholders and the people of Wales. The role of the Health and Social Services Committee in that process had yet to be determined but I would hope that you will be able to play as full a role as possible. I expect the pre-legislative scrutiny work to be undertaken in the early months of 2005. If Parliamentary time can be found for the Bill in the 2005-06 session, then following the making of any Assembly regulations and the public appointments process, it should be possible for an independent commissioner to be appointed during 2007.

6. European Working Time Directive

6.1 At the beginning of December, seven Trusts were reported to be fully compliant with the European Working Time Directive (EWTD) for training grade doctors. The overall compliance rate at December 2004 stands at 75% for Wales.

6.2 Action continues to be taken to achieve compliance on a number of fronts:

- Dr Adam Brown, a 3rd year Senior House Officer in anaesthetics, currently working at Swansea NHS Trust has been appointed as a replacement for Dr Ieuan Davies, as the Junior Doctor co-ordinator with effect from 21 Feb 2005.

- The Health and Social Care Department has worked hard with NHS Trusts to produce detailed plans for Local Health Boards (LHBs) outlining how the August 2004 Directive targets can be met while maintaining high standards of service and the continuing education of the trainees. All Trusts and LHBs have been asked for an update on their detailed plans and the steps that the organisations are introducing to meet the directive.

- Requests have also been agreed from several Trusts within Wales to help with ‘Hospital at Night’ projects. Although these are not being introduced solely to satisfy EWTD compliance, they do assist with the process. Funded projects have been agreed with Conwy and Denbighshire NHS Trust, Cardiff and Vale NHS Trust, Bro Morgannwg NHS Trust and Swansea NHS Trust, the results of which will be shared with the other Trusts in Wales.

7. Changes to the Relationship with the National Institute of Clinincal Excellence (NICE)

7.1 I would like to inform members of changes to the Assembly’s relationship with the National Institute for Clinical Excellence (NICE) from 1 April 2005.

7.2 As you will be aware, the Department of Health published the findings of its review of Arms Length Bodies in July. One of the recommendations was that NICE should be reconstituted to include the public health functions of the Health Development Agency, an English body, which would then be abolished.

7.3 NICE will be re-established from 1 April 2005 as an organisation with responsibility for both prevention and treatment of ill health in England. This new structure will require NICE to place as much emphasis on public health considerations for England as are currently placed on intervention and treatment measures.

7.4 I was consulted on the proposed changes to the role of NICE, and officials notified the Department of Health at an early stage that Wales would not want to be included in the Institute's new public health functions, as alternative arrangements for this area of work are already in place in Wales with the establishment of our National Public Health Service in April 2003.

7.5 The changes to NICE will mean that it will become increasingly difficult to distinguish the strictly clinical elements of their work as the new organisation develops and integrates its new responsibilities. I have therefore decided that changes in the English dimensions of NICE need to be paralleled with amendments to the Assembly's relationship with the new body beyond 1 April 2005.

7.6 The effect of the amendment will be that the Institute will be re-established as a Special Health Authority with responsibility for England only and that the Assembly's relationship with it will be by means of a service level agreement for its Interventional Procedures Programme, based on similar arrangements to those that we have with the National Patient Safety Agency. Such an agreement would also be consistent with the relationship between NICE and Scotland.

7.7 It is not my intention to alter the way in which the NHS in Wales responds to recommendations which the successor body to NICE will make in relation to clinical matters. We will continue to have full access to these recommendations, but the relationship between the Assembly and the Institute's work will have been amended to better reflect its changed remit and circumstances.

7.8 I have asked officials to develop proposals for my consideration on what needs to be done to support the NHS in Wales with clinical practice standards beyond 1 April 2005. These arrangements will include using existing structures such as the Advisory Board for Healthcare Standards in Wales to advise on a range of matters relating to clinical standards, including the appropriateness and relative priority of implementing the NICE guidance and other standards, published beyond April next year. Other sources of authoritative evidence based guidance will also be taken into consideration.

7.9 The overall aim will be to achieve a balanced and independent arrangement suited to the circumstances of Wales while, at the same time, using the skills and expertise embodied in NICE, where no directly comparable resources and experience are available in Wales.

8. Informing Healthcare

8.1 In November last year I briefed the Committee on the Informing Healthcare change management strategy designed to transform health services delivery in Wales through the introduction of modern information and communications technology to deliver new ways of working and of managing information. This is an ambitious, visionary, and highly innovative ten-year programme of technology assisted change in Welsh Health Services. A dedicated multi-disciplinary Programme Team has been established to implement the strategy with £91m funding assigned for its first three years of operation.

8.2 The Programme Team will manage a phased and incremental implementation that will be kept as short as possible so that risks are minimised and the benefits of a single integrated electronic health record are realised as early as possible. The Programme Director, in developing the implementation plan, has sought to clarify the scope of its activity and to ensure that they complement other initiatives including Wanless implementation, Informing Social Care, Diagnostic Services Strategy, and Telehealth. Importantly, the programme will not have responsibility for non-health care delivery (administrative) matters like primary care contractor payments or local-level management/operational continuity of existing systems.

Achievements to date

8.3 In my previous report I indicated that in addition to defining and mobilising the implementation programme, initial efforts had been focused upon due diligence work, ensuring progress is made across the breadth of the change agenda, while focusing investment on 'establishing the groundwork'. Some specific achievements include:

- Progress on development of a detailed implementation programme plan, national business case, stakeholder engagement and financial plans.

- Recruitment of the multidisciplinary programme team and the establishment of the programme and project support office

based in Glanrhyd Hospital.

- Readiness work – designed to ensure systems and processes are able to support new electronic applications in future has been initiated in all Trusts, LHBs and associated health bodies, supported by project managers recruited using Programme funds (£6m invested over 3 years).

- As part of Readiness, concerted work has begun to rectify problems in the records infrastructure in Wales, including improvements in the unique electronic identification of patients across systems and the physical indexing and tracking of their paper records (£3.8m invested over 3 years).

- Under the 'Access to Learning' project, infrastructure to support basic IT training ('ECDL') for all NHS and related staff has been procured and established, and additional trainers have been recruited locally to support all health organisations. The benefit target recently agreed with the service is that by 2007 at least 30% of NHS workforce will have received additional targeted ICT training leading toward the attainment of ECDL award. (This will involve a £7.1m investment over three years).

- An assessment of the existing network infrastructure in NHS Wales has been completed, and work has begun to improve it to ensure that it meets appropriate standards of security, reliability and resilience (£4m invested in 2004-05).

- Aligned to the Network improvement activity the 'Access to IT' project has worked with the service to establish which locations and sites need improved access to ICT. As a result £4.9m of additional investment has been awarded to provide access to new equipment, benefiting Nursing, Allied Health Professionals, Community, Ambulance, District Nurse, Health Visitor, Learning Disability, Outpatient and Therapy staff.

- Work has been successfully completed to test the technical feasibility of a phased approach to introducing the 'Single Record'' into healthcare.

- Discussions with Social Care colleagues have led to the initiation of a project to analyse the extent to which Unified Assessment can be supported by electronic means and how quickly this can be achieved.

- A confidentiality project has been initiated to improve the handling of patient/client information across the health and social services in Wales. To this end a joint Health and Social Care code of confidentiality has been issued for consultation. This was a joint initiative with Informing Social Care.

- The 'Access to Knowledge' project has been initiated to procure access to electronic databases, journals, guidelines and protocols for clinicians close to the point of care where it is needed. The procurement should complete during 2005/06 and will invest £1m-£2m per annum in these services.

- A number of research and feasibility projects have been initiated to ensure that we have an evidence-based approach to matters such as informed consent, clinical usability of electronic applications at the point of care and decision support for patients.

Future Planned activity - Milestones

8.4 The Programme Team are currently in the process of finalising the three year plan. I can advise the committee that based on current planning assumptions the programme will be working to deliver:

- The submission of a draft 10-year National Case for the Informing Healthcare Programme by end of January 2005. This will underpin subsequent business cases for individual programme elements.

- An approved Outline Business case for the Single Patient Record by March 2005 aiming to implement the first phase of beneficial functionality to at least some clinicians in 2006.

- Establishment of a centre of excellence for patient information and other resources to aid Welsh patients and carers in

making decisions about their treatment. This Includes an informed patient database and heightened patient engagement and awareness especially in the Single Record.

- Full implementation of the Confidentiality code of practice and a related Confidentiality support service to support health and social care staff in Wales.

- Commencement of work on the establishment on an e-library for Wales.

- Continuation of ongoing readiness activity.

9. Infertility Services

9.1 I announced on 25 February 2004 that from April 2005 all couples aged 23 – 39 in Wales, who meet the clinical criteria established by the National Institute of Clinical Excellence and social criteria established by the Welsh Assembly Government, should be offered one cycle of IVF treatment funded by the NHS.

9.2 The All Wales Assisted Fertility Working Group was established in July 2004 to develop and recommend evidence-based social criteria and any additional access criteria. The Group comprises Consultant Obstetricians, Gynaecologists, a Consultant Embryologist, Nursing practitioners, Educationalists, patient representatives, UHW Hospital Chaplaincy, and officials from Health Commission Wales, NPHS, and WAG. The Group has met five times to date with further meetings scheduled. A consultation document on the draft infertility access criteria will be issued in January.

9.3 I expect to receive further advice from the Working Group shortly about whether or not there should be an appeals procedure for those couples who do not meet the access criteria and transitional arrangements for existing patients in the old Bro Taf and Iechyd Morgannwg Health Authorities, who may be expecting two cycles of treatment under the existing regime.

Proposed Access Criteria (for consultation)

9.4 IVF refers to IVF and other specialised assisted fertility techniques.

- The first cycle of treatment should start before the patient's 40th birthday;
- The upper age limit of the woman, at time of referral to the tertiary service, should be 38 years 6 months;
- Any previous completed cycles of NHS IVF treatment will exclude the patient from further IVF treatment;
- Three or more privately funded IVF cycles will exclude the patient from NHS IVF treatment;
- Same sex female couples must demonstrate subfertility and must have been in the same relationship for at least two years before they can seek access to NHS IVF treatment; subfertility is defined as no live birth following insemination at or just prior to the known time of ovulation on at least ten non stimulated cycles or fertility problem demonstrated at investigation;
- Neither of the couple have a living son or daughter of any age from their relationship or from any previous relationship. This includes a child adopted by the couple or a child adopted in a previous relationship.
- Subfertility is not the result of a sterilisation procedure in either partner;
- Women must have a body mass index of between at least 19 and up to and including 30, in order to be added to the IVF treatment waiting list, and must be within these limits at time of treatment;
- Where either of the couple smokes – Only couples who agree to take part in a supported programme of smoking cessation will be accepted on the IVF treatment waiting list and must be non-smoking at time of treatment.
- Couples not conforming to the Human Fertilisation and Embryology Authority (HFEA) Code of Practice will be excluded from having access to NHS funded assisted fertility or other treatment.

10. NHS and Local Government Joint Working Special Grant 2003-04

10.1 The Joint Working Special Grant 2003 made £9.85m available to local authorities to support the take up of the "increased flexibilities" mechanisms contained within the Health Act 1999 and to support local authority membership of and participation in their partner local health boards.

10.2 In 2003-04 some 160 projects were funded across Wales through the Joint Working Special Grant, an increase of 45 from 2002-03.

10.3 Local authorities allocated their resources in the following way:

Expenditure by category:

£

Intermediate care and reablement support 2,564,865

Joint equipment stores/ care & repair / accident prevention 355,658

Learning disabilities 258,741

Mental health / EMI 1,496,207

Assessment services 703,601

Specialist services 1,372,682

Joint managers / strategic development 1,275,093

LHB support 1,292,188

Expenditure by client group:

£

Children and young people 1,809,131

Adults 862,852

Older people 3,135,597

Across client groups 3,511,454

10.4 Formal partnership arrangements under Section 31 of the Health Act 1999 are being developed in 31 schemes, of which 6 have been formally approved. Others are being assessed. I was encouraged to see local authorities using informal arrangements as a tool for building trust and breaking down existing barriers with a view to developing a formal arrangement at a later date.

10.5 The diverse range of projects and partners suggests that local authorities have used the grant to extend their conventional boundaries to deliver improved services. Many projects looked to rationalise service planning and delivery through a joint approach and have facilitated the enhancement of effective partnership working throughout the whole system across Wales e.g. joint equipment stores and adaptation services, reablement and rapid response have improved the management of delayed transfers of care.

10.6 Local authorities also made full use of the monies available to them to facilitate participation in LHBs enabling partnership working to develop and further the aims of the local health, social care and well being strategies.

10.7 A full list of schemes funded by the Joint Working Special Grant in 2003-04 can be found on the intranet using the following hyperlink:

http://www.wales.gov.uk/subisocialpolicy/content/newsite/jointworking/summaries03-04-e.htm

11.Opening of the A&E and Intensive Therapy Facilities at Morriston Hospital

11.1 I opened a new £10.7 million development of Accident & Emergency and Intensive Therapy facilities at Morriston Hospital on 21 December. The new development includes a new extension to, as well as the refurbishment of the existing A&E Unit, A&E Radiology and Fracture Clinic.

11.2 While there, I visited the cardiac ITU/CCU which have been awarded "practice development unit" status by Leeds University – the first such in Wales. I also unveiled a plaque and congratulated the two key nurses involved, Louise Hughes and Julie Morgan.

11.3 At the end of the opening ceremony I was asked to accept a bouquet from Tony Cullen, representing the Trust. Mr Cullen, a Mediclean porter who works in A&E, was chosen by the Trust as the first recipient of their "NHS Champion Award", a local scheme to recognise innovation and commitment.

12. Suspension of Day Care Providers and Child Minders (Wales) Regulations 2004 - Role of the Criminal Records Bureau

12.1 At the meeting on 6 October, I agreed to look into the interface between the Suspension of Day Care Providers and Child Minders (Wales) Regulations 2004 and the Criminal Records Bureau.

12.2 These Regulations were agreed in plenary on 8 December.

12.3 We cannot refer a suspension direct to the Criminal Records Bureau, as it does not comprise a criminal conviction. We are currently taking steps to ensure that any offence that is prosecuted in magistrates' court by the Care Standards Inspectorate for Wales (CSIW) under the Children Act, or the regulations, is reported on the Police National Computer. This would allow any subsequent CRB search would reveal the offence. Civil actions, such as cancellations or suspensions, are not formally recorded in the same way. In certain circumstances, an individual may be referred to the Protection of Children Act (PoCA) List by either their employer or the registration authority. This list is searched as part of the CRB check carried out in respect of people seeking to care for children.

12.4 The new Disqualification Regulations (which came into force on 20 October 2004) provide that a person whose registration has been cancelled, is disqualified from caring for children. A person whose registration has only been suspended is not so disqualified. Suspension must be seen as a temporary situation, designed to protect children where no alternatives are available, and where there has not been sufficient time or opportunity to undertake a full investigation.

13. Updates

13.1 NHS Direct Wales

13.1.1 Following a review of the Policy and commissioning arrangements for NHS Direct, a new Commissioning Team has been established. This is made up of representatives of the Assembly’s Health and Social Care Department and Health Commission Wales, together with representatives of NHS Direct and the host Trust (Swansea NHS Trust).

Activity Update Quarter Ending September 2004

13.1.2 NHS Direct Wales is a 24-hour help line staffed by nurses offering confidential advice about health, illness and the NHS. NHS Direct offer a number of services in addition to the 0845 helpline, including some out of hours work, information calls transferred from A&E departments and a dental helpline.

13.1.3 Since the start of the service, the non-0845 calls have increased as a percentage of total calls and now account for over one-

fifth of all calls taken by NHS Direct. In the most recent quarter, the launch of the dental helpline in North Wales has resulted in a large increase of these non-0845 calls.

13.1.4 Data for the total number of calls and the number of calls where callers chose the Welsh speaking option for the period June 2000 to September 2004 are at Annex A.

13.1.5 Summary

- The number of calls to NHS Direct in Wales rose for the fourth consecutive time for the first time since its inception in June 2000. This was largely due to nearly 9,500 calls from the dental helpline. In the previous quarter, this figure was 2,600.
- During the 12-month period to September 2004, nearly 340,000 calls were taken by the service; an increase of 16 per cent compared with the previous 12-month period.
- Over 90,000 calls were taken during the three-month period July 2004 to September 2004. This is a 4 per cent rise on the previous quarter. A year-on-year comparison shows a 29 per cent increase on the June to September quarter in 2003-04.
- During the three-month period to September 2004, NHS Direct Wales received over 1,500 calls from callers expressing a preference for the call to be taken in Welsh. This is an increase of 12 per cent on the same quarter in 2003-04, and accounted for approximately 2 per cent of all calls taken.

- Over the past twelve months, the number of measures have been taken to improve efficiency of NHS Direct Wales. This has allowed a significant increase in call volume to be handled without any increase in cost. In September 2003, call volume figures were averaging 22,000 call per month, and this figure has increased to 31,000 calls per month in September 2004. In the months following September 2004, additional call volumes are being dealt with following implementation of the new GMS contract. The projected total call volumes are now estimated to be approaching 0.5 million call a year. Recent reviews of NHS Direct Wales have established that the service is positively viewed by the public and offers a first class billingual service for both telephone and internet access.

13.2 Inspection of Children's Social Services in Cardiff

13.2.1 In response to the concerns expressed by members about Children's Social Services in Cardiff, I agreed to provide additional information indicating when the service is expected to reach an acceptable standard. The Chief Inspector will continue to monitor the authority’s performance through receipt of quarterly performance reports and continuing visits to the authority by Inspectors to discuss, reality check, and scrutinise information and services. I will continue to receive regular reports of progress. SSIW will be undertaking an inspection of children’s services in Cardiff in the spring of 2005 as part of its planned programme of inspections. This will provide a comprehensive evaluation of the improvements brought about in the authority’s services and will inform the decision as to whether a further programme of monitoring beyond that time will be necessary.

13.3 Second Offer Scheme: Latest Statistics as at end of November 2004

13.3.1 Since the Second Offer Scheme began, 2,067 patients have been treated within the Second Offer scheme that would otherwise have been breaches of the 18 month target. In addition, 661 patients have been treated in advance of them reaching the target waiting time.

13.3.2 At the end of November 2004, there were 708 patients waiting more than 18 months. Of these 80 have been offered alternative treatment and have declined. The remainder remain in active engagement with the second offer scheme, either having been treated or having been made an offer of treatment or still in discussion about the treatment to be offered.

13.4 Subordinate Legislation: Standing Orders 28 and 29

13.4.1 There has been no legislation made under SO28 & SO29 since the Health and Social Services Committee on 24 November 2004.

Annex A

Total number of calls by quarter and service

Source: All data are collected by NHS Direct Wales at its Swansea headquarters and provided to the Assembly routinely.

a. During the quarter July to September 2001, there was a two-week period when no calls were recorded due to software redevelopment. For these two weeks the number of calls has been estimated.

Note: In relation to the data reporting for this quarter there has been a change in reporting periods. Call totals have been revised by NHS Direct after changes to the definition of a quarter from 13-week periods to 3 full months for earlier periods of NHS Direct in Wales data.