Date: **Wednesday 3 March 2004**

Venue: **Committee Room 1, National Assembly for Wales**

Title: **Ministerial Report to the Health and Social Services Committee**

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2. Getting Results: A Strategy for Diagnostic Services in Wales: Consultation Document
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1. Service and Financial Framework:

Annual Priorities and Planning Guidance for 2004-2005

1.1. A health circular issued to the NHS in December set out the Welsh Assembly Government's targets and expectations for the preparation of Service and Financial Frameworks (SaFFs) for 2004-05. SaFFs are agreed with each health community and set out how targets and priorities will be delivered locally with the resources available.

1.2. SaFFs are set within the context of the Assembly Government's broader agenda relating to improving health, reducing inequalities and redesigning care services in line with the recommendations of the Review of Health and Social Services in Wales, advised by Derek Wanless, and to longer-term priorities including:

- implementing the older persons strategy;
- implementing the children's national service framework;
- improving services for those with mental health problems;
- steady improvement in the quality and efficiency of services provided by the acute sector, with reductions in long waits and achievement of minimum standards by all organisations, especially in key disciplines such as cancer and heart disease;
- strengthening the framework of regulation, audit and inspection, through the work of the Care Standards Inspectorate, the Social Services Inspectorate, the Audit Commission in Wales and the new Healthcare Inspectorate.

1.3. The development of the **Performance Improvement Framework** and the introduction of a Balanced Scorecard for NHS Wales led to a review of the SaFF target setting process for 2004-05 onwards.

1.4. The SaFF covers the annual targets that the Welsh Assembly Government requires NHS Wales to achieve, while the Balanced Scorecard provides for an organisation's overall performance to be monitored across all aspects of performance, in support of achieving these targets.

1.5. The following definitions distinguish between **targets** that meet the criteria for inclusion in the SaFF and those **measures** that enable a target to be achieved, and therefore belong in the Balanced Scorecard.

- **SaFF targets** – are 'high level targets that require implementation of a new approach or performance to a higher level ensuring the further development of NHS Wales'.

- **Balanced Scorecard measures** 'will measure how well an organisation is being managed to ensure that it is fit for purpose and adaptable, flexible and efficient enough to deliver the high level SaFF targets'.

1.6. As a result the number of SaFF targets for 2004-05 has significantly reduced from those included in the 2003-04 SaFF. This is line with requests from the service for a more focused approach to target setting and clarity in relation to Ministerial priorities. The targets for 2004-05 are set out in Appendix 1.

1.7. All of these targets will need to be delivered in total by health organisations in Wales through their SaFFs. Even though targets relate to specific areas of policy, there will still be a requirement on the service to deliver the major areas of service delivery, i.e:

- The need to have adequate governance and clinical governance arrangements in place
- The need to ensure financial stability

- The need to ensure adequate care for emergency patients
- The need to deliver elective treatment.

2. Getting Results: A Strategy for Diagnostic Services in Wales: Consultation Document

2.1. This document was issued on 30 January 2004 for consultation with service providers, professionals and the Community Health Councils with a closing date for responses of 12 March 2004. It outlines the background, scope and vision for diagnostic services for the future and contains 32 recommendations based around the following eleven guiding principles:

2.2. Clear organisational infrastructure arrangements should be developed to support the delivery of modern diagnostic services. The range, infrastructure and role of services must be planned strategically to make optimum use of resources whilst ensuring the provision of services meets the needs of people in all parts of Wales.

2.3. Demand must be managed effectively to ensure that services are used and delivered in the most efficient and cost effective manner.

2.4. All Diagnostic Services should participate in accreditation schemes.

2.5. The workforce must be structured around the known and projected needs of Diagnostic Services to enable them to maximise skills utilisation and to deliver effective and high quality services.

2.6. The workforce must be valued, supported and their skills used effectively.

2.7. Training and development should be consistent and integrated across disciplines and geographical regions.

2.8. The deployment of facilities should be planned strategically to ensure an appropriate match of demand and capacity, taking account of both access and quality requirements.

2.9. The deployment of equipment should be planned strategically to ensure an appropriate match of demand and capacity, taking account of both access and quality requirements.

2.10. The development of new technologies should be planned strategically to ensure an appropriate match of demand and capacity.

2.11. An integrated information management and technology infrastructure is crucial to the delivery of modern diagnostic services.

2.12. An integrated transport system should be developed to support the delivery of modern diagnostic services.

3. Theatre Improvement Programme

3.1. Theatres have a crucial role to play in ensuring that the waiting time performance standards are achieved. Innovations in Care have set up a National Theatre Improvement programme with the objectives of:

- improving the patient & carer experience, including pre-operative assessment
- optimising theatre utilisation and improve planning/scheduling of operations
- reducing delays and cancelled operations

3.2. All 12 acute NHS Trusts and Powys LHB have agreed to participate in the programme and they have each nominated an Executive Director and Senior Manager to be responsible for the implementation of the project. Each Trust will receive £30,000 funding, via the Innovations in Care funding stream, to facilitate a project looking to improve a specific area within their own theatre departments and processes. They will also be expected to:

- be willing to share their findings
- participate in learning sets
- agree project plan by April
- submit Monthly Key Performance Indicators
- put together project reports
- link to local 'Innovations in Care' boards.

4. Cross Border issues

4.1. At my last regular meeting with LHB and Trust Chairs in January, I sought to involve Chairs in managing and handling the policy implications for commissioning arrangements between the English NHS and the NHS in Wales.

4.2. As a result a scoping meeting took place between officials, Chairs and Chief Executives of Trusts and LHBs along the border last month. The aim was to identify the policy variations that impact on Welsh health organisations along the border and determine how best to manage those variances in their delivery of health care. This has implications around commissioning arrangements and access to health care services

4.3. Following that meeting, a report will now be prepared on the services' intended management for patient care along the border.

4.4. To support this process a working group has been set up between my officials and their Department of Health colleagues to gain a joint understanding of policy variances. This will lead to developing Departmental protocols to help the service in their delivery of healthcare along the border. Terms of reference for the group include booking and waiting, choice and second offer, workflows, financial flows, tariffs and capacity.

5. Second Offer Scheme

5.1. The Second Offer Scheme for patients likely to wait for treatment beyond the targeted limit defined by the Welsh Assembly Government is designed to guarantee a second offer of inpatient or daycase surgery within the national maximum length of wait targets. The Second Offer Scheme will come in to being on April 1st.

5.2. Following consultation on the second offer process, the detailed protocol has produced and issued to the NHS. Implementation will be supported by a comprehensive communication plan which is being developed and which will include a series of workshops to ensure that a consistent approach is adopted across Wales. Implementation will be further underpinned by an implementation and delivery plan, which will advise on the ways in which the transition will be managed and provide a tool-kit for implementing the scheme in the NHS.

5.3. A Second Offer Commissioning Team will operate as a central commissioning function on behalf of all LHBs throughout 2004/05. The continuing need for a central team will be reviewed during 2005. The patient's right to a second offer will continue but the responsibility for commissioning will pass to their host LHBs from 2005/06 onwards.

6. Waiting Times as at 31 December 2003

Overall comparisons

Orthopaedics

6.1. At the end of December 2003, there were 20 people waiting over 18 months for orthopaedic surgery. This is a reduction of 135 compared with December 2002 and a reduction of 25 over the quarter.

6.2. Those waiting over 18 months are at Bro Morgannwg NHS Trust (11), North West Wales NHS Trust (5), Conwy & Denbighshire NHS Trust (2), Ceredigion & Mid Wales NHS Trust (1) and there is one patient from Denbighshire LHB waiting for treatment at a non-Welsh NHS Trust.

Cataracts

6.3. At the end of December 2003, there were 935 patients waiting over four months for cataract surgery, of which 548 have been waiting over six months. This is a reduction of 183 and 56 respectively compared with December 2002 and a reduction of 258 and 122 respectively over the quarter.

6.4. Those patients waiting over six months for cataract surgery are nearly all accounted for by Swansea NHS Trust (326) and Carmarthenshire NHS Trust (189), along with Cardiff and Vale NHS Trust (4), North Glamorgan NHS Trust (7) and there were 21 patients from Powys LHB waiting at non-Welsh NHS trusts.

Cardiac Surgery

6.5. At the end of December 2003, there was no-one waiting over 12 months for cardiac surgery anywhere in Wales. This is the same as at the end of December 2002 and is the same as at the end of the previous quarter.

6.6. At the end of December there was one patient waiting over 10 months for cardiac surgery, the SaFF target for March 2004.

Angiography

6.7. At the end of December 2003, there was no-one waiting over six months for an angiography. This is a reduction of 232 compared with December 2002 and a reduction of one over the quarter.

Inpatient/Daycase

6.8. At the end of December 2003, there were 11,936 patients waiting over 12 months for inpatient or daycase treatment. This is a reduction of 484 compared with December 2002 and a reduction of 848 over the quarter.

6.9. At the end of December 2003, there were 4,981 patients waiting over 18 months for inpatient or daycase treatment. This is a reduction of 31 compared with December 2002 and a reduction of 1,003 over the quarter.

Outpatients

6.10. At the end of December 2003, there were 77,453 patients waiting over six months for a first outpatient appointment. This is a decrease of 5,976 compared with December 2002 but an increase of 3,540 over the quarter.

Tonsillectomies

6.11. At the end of December there were 1,519 patients waiting over 18 months for a tonsillectomy or adenoidectomy. This is a reduction of 1,140 over the quarter and a reduction of 246 compared with the end of November.

Waiting List Initiative

6.12. A non-recurrent waiting list initiative from January to March is underway to reduce the number of long waiters by the of March, to give the Second Offer Scheme a good start. Work involves identifying the number of potential breaches, finding alternative providers, giving assistance with travel costs, and securing treatment. Arrangements have been put in place which will enable the majority of such patients to be offered treatment at an alternative provider and as at 11 February over 700 patients have agreed to travel.

7. New Tenby Hospital

7.1. I announced on 12 December 2003 that Tenby is to benefit from a £4 million new hospital that will provide state-of-the-art facilities including care services with social services, x-ray, minor injuries unit and integrated day therapy. This will be a new form of community hospital providing the best possible care for the people of the area.

7.2. A 21st century health service is about keeping people out of hospital as much as we possibly can. It is always best that, where appropriate, people receive care at home or elsewhere in the community. Tenby's new hospital will reflect this need. The new hospital needs to be as much at the forefront of today's developments as the old Cottage Hospital was in its own time. From the new site a whole series of new services will be available to help people stay at home where previously a stay in hospital would have been needed.

7.3. However, there will be times when in-patient care will be needed. My decision confirms the proposal agreed by the Local Health Board, the Trust and the Community Health Council, that ten beds should be provided at a local nursing home. It is a condition of my approval that the ten beds are *additional* to any which are already provided by nursing homes in the area. I have also required that these ten additional beds should all be provided in one place, and that they should be continuously and exclusively available for NHS use. I will expect that a senior NHS staff member will be present at the home where the beds are provided every day to ensure this is the case. The Local Health Board will be responsible for commissioning the beds, and Trust will be accountable for providing support services for them.

7.4. This is an exciting time for health services in Tenby. What is now needed is for everyone to work closely together, so that the maximum benefit can be obtained for everyone in the area.

7.5. One of the conditions of approval for the new hospital was that a local implementation group be set up to ensure local interests are represented in a meaningful way. A meeting was held on the 9 January 2004 between local people from Tenby, the Pembrokeshire Local Health Board and Tenby League of Friends to agree the representation and structure of the group. A list of potential stakeholders was identified and they have been invited to join the Tenby Local Implementation Group (LIG).

8. Age-Related Macular Degeneration

8.1. Age-related macular degeneration (AMD) is a disease that blurs the sharp, central vision needed for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macular, the part of the eye that allows you to see fine detail. It usually only affects people over the age of 60.

8.2. In some cases, AMD advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to a loss of vision in both eyes

8.3. There are two types of AMD: "wet" and "dry". Most patients (85%) with the condition suffer from "dry" macular degeneration, but, the "dry" form can turn into the "wet" form. The "wet" form is more serious and develops faster than "dry" AMD. Patients with "wet" AMD need to be treated within 2-3 weeks of diagnosis, otherwise the condition becomes irreversible.

8.4. Photodynamic therapy however, can only slow the rate of vision loss, and can not stop vision loss or restore vision in eyes already damaged by "wet" AMD. Treatment results are often temporary and patents will need more than one treatment, often for a period of two years.

8.5. The National Institute for Clinical Excellence (NICE) was asked in January 2001 to conduct a technology appraisal of "the clinical effectiveness and cost effectiveness of photodynamic therapy for age related macular degeneration". It issued its Final Appraisal Determination on 1 August and its guidance to the NHS on 24 September 2003. The Guidance will be implemented by Local Health Boards by June this year.

8.6. An estimated 480 patients develop AMD in Wales each year. There are currently three treatment centres in Wales with the expertise to provide services: University Hospital Wales in Cardiff; Swansea; and Flintshire. Equipment and expertise are already in place in the three centres to enable treatment to be rolled out when commissioning arrangements have been finalised.

9. Hepatitis C

9.1. I announced the details of an ex-gratia payment scheme for people infected with Hepatitis C from NHS blood or blood products on 24 January.

9.2. The scheme has been agreed on a UK wide basis, and will apply fully in Wales.

9.3. Every person in the UK who was alive on 29 August 2003, and whose Hepatitis C infection is found to be attributable to NHS treatment with blood or blood products before September 1991, will be eligible for a payment of up to £45,000.

9.4. The scheme means that:

- People infected with Hepatitis C will receive initial lump payments of £20,000;

- Those developing more advanced stages of the illness – such as cirrhosis or liver cancer – will get a further £25,000; and

- People who contracted Hepatitis C through someone infected with the disease will also qualify for payment.

9.5. People who receive the payments will not lose their social security benefits as a result.

9.6. In addition to people currently infected with Hepatitis C, the scheme will also include people who have been cleared of the virus as a result of treatment. Those infected as a result of the virus being transmitted from someone who was infected from blood or blood products will also be eligible to receive payment, as will people infected with HIV as well as Hepatitis C.

9.7. The scheme will be administered on a UK wide basis by a new independent operation which will be called the Skipton Fund. The Welsh Assembly Government is continuing to work with the other UK Health Departments to set up this organisation. It is hoped the scheme will start operating from April this year across the UK. A further announcement will be made once the position is reached where claims can be processed through the scheme.

10. Commission for Health Improvement

10.1. On Tuesday 24 February the Commission for Health Improvement (CHI) published their review of mental health services at North West Wales NHS Trust. For the report, CHI looked at clinical governance in mental health and learning disabilities and the community and rehabilitation directorates. CHI spoke to staff who care for patients in three main service areas: adult mental health services, mental health services for older people and community services (including minor injury units).

10.2. CHI's report is extremely positive and has highlighted a number of practices that the rest of the NHS could learn from. For example, the community and rehabilitation directorate is implementing an approach to governance in the community, which aims to ensure better and safer care, a more dynamic service and an empowered workforce. This particular initiative was an award winner in the 2003 Community Hospitals Association Innovations and Best Practice in Community Hospitals.

10.3. CHI praised the Trust's primary counselling services and concludes that there is effective leadership and a commitment to clinical governance at all levels throughout the Trust. Staff were found to be very positive and caring and work hard to ensure patients and service users receive high quality services. The staff themselves feel supported and valued and the Trust has made worthwhile progress in all aspects of clinical governance and has set up good foundations on which to move forward.

10.4. CHIs report has identified challenges for the Trust to work on, but overall this is an excellent report which reflects the hard work and commitment of staff to provide service uses with the highest standard of care. I am sure you will all want to join me in congratulating everyone in the Trust for what they have achieved. I will be writing to Keith Thompson, Chief Executive at the Trust to congratulate him on the report and to ask him to pass on my congratulations to all members of staff. A full copy of the report can be accessed via CHI's website at **www.chi.nhs.uk**.

11. NICE Guidelines on Eating Disorders

11.1. The National Institute for Clinical Excellence (NICE) published its clinical guideline on the management of eating disorders within the NHS in England and Wales on 28th January. This will help inform us in taking forward our own initiatives to improve services across mental health sectors including eating disorders.

11.2. The guideline makes recommendations for the identification, treatment and management of anorexia nervosa, bulimia nervosa and atypical eating disorders (including binge eating disorder) in primary, secondary and tertiary care. The guideline applies to adults, adolescents and children aged 8 years and older.

11.3. Local Health Boards, responsible for the provision of all health services, including support for those people suffering from an eating disorder, should take full account of this guideline when assessing local health need and planning service provision.

11.4. People suffering from an eating disorder may be admitted to general psychiatric or paediatric wards across Wales. Patients who have a particularly severe form of eating disorder and cannot be cared for locally within primary or secondary care services are sometimes referred, on an out-of-area treatment basis, to specialist units in England, including the South London and Maudsley NHS Trust. The indication from Health Commission Wales for the year is that about 50 Welsh patients are accessing tertiary specialist provision at a cost of between £3 million and £4 million per annum.

11.5. Not all eating disorders need this type of specialist care and, in some cases, it can be counter-productive to escalate treatment to this level inappropriately. Users of the service often prefer to be treated and supported locally by those with high levels of expertise, particularly if they need outpatient care, as is the case for most individuals with eating disorders.

11.6. The Eating Disorders Association All Wales Working Party brings together professionals, sufferers and carers in respect of eating disorders. Over the last year Health Commission Wales has been working with this Working Party in respect of commissioning of services.

12. Expenditure grant to increase the capacity to care for people at home and in the community

12.1. On the 6 January the Minister for Finance Local Government and Public Services announced an additional £19.508m would be provided to local authorities in 2004-05 to help them address pressure points in the health and social care system and increase their capacity to care for people at home and in the community.

12.2. The support will take the form of an expenditure grant to be made to local authorities under Section 31 of the Local Government Act 2003. This will support services such as domiciliary and residential care, housing adaptations, and provisions that are complementary to care services e.g. transport schemes, assistive technology, innovative care and rapid response adaptations programme.

13. Manifesto commitment to provide free home care for disabled people

13.1. The Assembly Government made a manifesto commitment to provide free home care for disabled people. I have issued invitations to reconstitute the working group which was established during our last term in office to consider the contents of guidance covering charging for non-residential social services. The remit will be altered to consider detailed issues associated with the implementation of this manifesto commitment. The group will include provider, local authority and broad service user representation.

13.2. The group will meet later this month and on a further three occasions over the next six months. In particular, I will be asking the group to consider key definitions and the arrangements for a special or specific grant scheme, which is the funding mechanism we will be using. After the working group has completed its deliberations, it will be necessary to hold a public consultation exercise. I am hopeful that we will be making a start in 2005-06, subject, of course, to any announcement that the Finance Minister might make in the March Supplementary Budget. I will provide a further update when we have developed proposals which will form the basis of the public consultation exercise.

14. Children & Young People's Specialist Services Project

14.1. I announced in October 2002 that the future of children's specialist health services in Wales would be based on a Managed Clinical Network model. A Project Manager was appointed in August 2003.

14.2. The project planning stage is complete and the first tranche of External Working Groups are being established to develop standards, pathways and models for managed clinical networks for all identified specialist services.

14.3. The first five External Working Groups have been identified and meetings put in place as follows:

Nephrology
Neonatology
Paediatric Intensive Care
Gastroenterology
Neurosciences

14.4. It is expected that the work of these Groups will be completed by autumn 2004 when Groups for other specialties will be established. A web-site for the project is being developed and is due to be launched in March.

15. Inspection of Children's Social Services in City and County of Cardiff

15.1. In accordance with the protocol for dealing with serious concern, the Chief Inspector wrote to Cardiff City Council on 25 November setting out expectations of the authority, in respect of providing a baseline in performance at end December and material to be provided by the end of January. This letter was the subject of scrutiny at the Health and Social Services Committee. A further letter in January set out the process for validating the information, monitoring performance and setting targets.

Fieldwork

15.2. Two Inspectors have spent four days each in the authority to discuss, reality check and validate the information provided by the authority. The Chief Inspector has met the authority twice, firstly to set out the terms for monitoring performance and then to review the information provided and to set targets.

Progress

15.3. The authority has been very co-operative and provided information at the required dates. There is evidence of progress in a number of areas of service. The authority is in the process of restructuring children's services, and it has introduced new systems and monitoring arrangements for dealing with referrals and has significantly reduced the number of children waiting for an assessment. Arrangements for out of hours services are improving. The authority has introduced the Framework for the Assessment of Children in Need and their Families. It is developing plans, policies and guidance to address children's placement issues. Although there has been progress, a number of problem areas have been identified and discussed. There is acceptance by the authority that these need to be addressed and it is actively doing this. Targets have been set which require evidence that these are being addressed against prescribed timescales.

Targets

15.4. The Chief Inspector has written to the authority setting out targets and expectations for reporting at quarterly intervals and is meeting with the authority during February to confirm these. The targets are aimed at minimising risk and achieving incremental improvements in performance which are achievable and sustainable. The scale of the task for the authority is considerable and should not be underestimated.

Monitoring

15.5. The Chief Inspector will continue to monitor the authority's performance at frequent intervals through receipt of reports and continuing visits to the authority by Inspectors to discuss, reality check and validate the information. I will continue to receive regular reports and will meet the Leader of the Council shortly to discuss progress.

16. Social Services Inspectorate for Wales - Inspection reports

16.1. The Social Services Inspectorate published the following inspection report in November 2003:

- Inspection of services for adults with learning disabilities in Gwynedd Council: this report, published in November 2003, assesses the authority as providing a service that serves most people well with promising prospects for further improvement. This confirms the steady progress and activity since the joint review. In learning disability services some of this has yet to work through to actual improvements in service delivery.

16.2. The following report was published in January 2004:

- Inspection of services for adults with learning disability in Newport City Council: this report, the fifth in a series throughout Wales, was published in January 2004 and assesses that overall Newport City Council serves some people well and has promising prospects for improvement. The report contains twelve recommendations, designed to assist the Council in the further development of its learning disability services for adults.

16.3. We anticipate the following reports will be published in February 2004:

- Inspection of child protection services in the County of Powys: this inspection was one of a series of seven across Wales and examined the nature, range and quality of child protection services provided by the local authority social services in Powys. The overall conclusion of the inspection team was that, in respect of its child protection services, Powys County Council is serving some children and families well, with uncertain prospects for improvement.

- Inspection of services for young people who are leaving care: in 2002, as part of its planned programme, SSIW undertook a thematic inspection of services for young people leaving care. There was an acknowledged need to examine rigorously, at the earliest opportunity, the extent to which local authorities were ready to meet the considerable expectations placed upon them in implementing the Children (Leaving Care) Act 2000. Its inclusion in the programme demonstrates the importance that has become attached to this area of work and its topicality. The response to the Act has been very positive, characterised by real energy and commitment. In many areas, progress is being made from a low baseline and implementation is posing considerable new challenges.

Joint reviews

16.4. The following joint reviews were published in February:

- Joint review of social services in the City and County of Swansea. This report judges the authority to be serving some people well with promising prospects for improvement. There is much positive comment about the quality of services, the commitment and quality of staff and managers and the experience of service users. Improvements are needed, mainly in adult services, to reduce waiting times and ensure that all people receive good services.

- Joint review of social services in Wrexham County Borough Council. This report judges the authority to be serving some people well with uncertain prospects for the future. Children's services have generally improved though there are still inconsistencies in adult services. The workforce is well qualified and generally stable. Prospects for improvement were affected by some unresolved issues about the corporate and political structures (which have since been subject to review).

17. Promoting the Status of Social Work - Implementation of protection of the title "social worker"

17.1. The intention to introduce protection of the title of social worker was set out in the Social Services White Paper for Wales 'Building for the Future'. Consultation on the White Paper clearly indicated support for such a measure and the provision is included at section 61 of the Care Standards Act 2000 making it an offence for individuals to use the title social worker if they are not registered with a relevant Care Council. In order to register with a Council, individuals must hold designated social work qualifications and meet other conditions set down by the Council for registration.

17.2. This is an important component of the new regulatory framework that we are introducing for social care staff through the work of the Care Council for Wales and we have recently consulted with the sector on the timescale for the implementation of this provision. A similar consultation took place in England, and the implementation timescale for protection of title has also received consideration in Scotland and Northern Ireland. As a result of that consultation we will be introducing this provision in Wales from April 1st 2005. We understand that this will also be the case in England with very similar timescales being considered in Scotland and Northern Ireland.

17.3. The introduction of protection of title will underpin the sector's long held ambition of making social work a fully regulated profession and of placing it on the same professional footing as other professions. It will also improve the safeguards in place for vulnerable people who use social care services.

17.4. The Chief Inspector of Social Services in Wales will be writing to directors of social services to inform them of the timescale in order that they may ensure that all those who need to be registered by April 1st 2005 can do so.

17.5. We will continue to work closely with England, Scotland and Northern Ireland on this matter.

18. Food Labeling

18.1. Under the Food Standards Act 1999 responsibility for food labeling matters is vested in the Food Standards Agency whose remit includes "to protect the interests of consumers in relation to food including interests in relation to the labeling, marking, presenting or advertising of food".

18.2. Rules on the labeling of food are harmonised at European Community level. The Food Standards Agency has been pushing for improvements in certain areas, as outlined in its Food Labeling Action Plan (FLAP). This monitors progress on key issues identified by consumers as priorities for action. The Agency seeks to help industry and enforcement agencies by providing advice on current legislation and promoting best practice in food labeling. Examples here include advice on the use of terms like 'fresh', 'pure' and 'natural'; on clear labeling; and on country of origin labeling. In other areas the Agency takes the view that

the legislation needs tightening up, and is dealing with proposals for new European Union rules on health and nutrition claims, and on the addition of nutrients to food. The Agency is lobbying for new EU rules on country of origin labeling and improvements to nutrition labeling, including making this mandatory for all pre-packaged food.

18.3. The Food Standards Agency consults widely, seeking expert advice and the views of all stakeholders, including advice on the special concerns or interests of the devolved administrations. Assembly Members are themselves regularly consulted by the Agency on a range of matters including proposals for food labeling legislation.

Update:

Audiology Services and Provision of Digital Hearing Aids in Wales

1. In response to the Audit Commission report 'Fully Equipped: Equipment Services for Older and Disabled People by the NHS and Social Services departments in England and Wales', which included an investigation into Audiology services, a programme of modernisation was developed and supported by funding of £1.5 million which I announced in February 2001.

2. Essential equipment and test facilities were provided to enable all Audiology departments across Wales to fit modern hearing aids (including digital hearing aids) to patients by the end of August 2002.

3. Approximately 26,119 digital hearing aids have been fitted to patients across Wales between August 2002 and the end of December 2003.

4. An extra £0.75 million was made available in November 2001 to provide access to wheelchair patients to soundproofed accommodation for testing purposes.

5. The project was formally closed in September 2003 having met all its objectives. Wales leads the way in the UK in being able to offer patients fitting of digital hearing aids nationwide.

6. As news of the availability of digital hearing aids has spread, the demand for appointments from potential new users of hearing aids and for reassessments from existing users has increased significantly.

7. A fast track system to train graduates as audiologists, able to fit new technology aids after one year of training as opposed to the current 4 year period, has been introduced to address the national shortage of trained audiologists and recruitment problems.

Annex 1

ANNUAL PRIORITIES AND PLANNING GUIDANCE

FOR THE

SERVICE AND FINANCIAL FRAMEWORK

SUMMARY

This circular sets out the Welsh Assembly Government's expectations for the preparation of Service and Financial Frameworks (SaFFs) for 2004-05.

The SaFFs set out the delivery plans agreed by the Service in the forthcoming financial year, to achieve the Welsh Assembly Government's priorities and requirements to be met alongside local priorities, within the context of the financial resources provided.

The Welsh Assembly Government's priorities and requirements (Annual Targets) for 2004-05 are listed at Annex A. These have been set within the context of the Review of Health and Social Care in Wales and are designed to achieve step changes towards the overall goals set out in the implementation plan.

Concurrent with the distribution of this circular, the Service will receive the annual financial allocations. Together, the priorities and requirements, and the financial allocations set the context in which the SaFFs must be agreed and delivered.

WHC (2003) 63 – NHS Planning and Commissioning Guidance, sets out the overall commissioning framework and deals with the purpose and content of the SaFF.

CONTEXT

The priorities and requirements listed at Annex A have been set within the context of the Assembly Government's broader agenda relating to improving health, reducing inequalities and redesigning services in line with the recommendations of the Review of Health and Social Care in Wales and of its longer-term priorities including:

Implementing the older persons' strategy.

Implementing the children's national service framework.

Improving services for those with mental health problems.

Steady improvement in the quality, safety and efficiency of services provided by the acute sector, with reductions in long waits and achievement of minimum standards by all organisations, especially in key specialities such as cancer and heart disease.

Strengthening the framework of regulation, audit and inspection, through the work of the Care Standards Inspectorate, the Social Services Inspectorate, the Audit Commission in Wales and the new Health Care Inspectorate.

The NHS Wales Department is developing a 5-year 'Strategic and Financial Framework' to set the key strategic Welsh Assembly Government policies for Health within the context of financial and other resources that will be available, and to establish priorities for the next 5 years. This strategy, to be published in April 2004, will reflect action taken or intended to implement the Review of Health and Social Care in Wales and will guide future Annual Planning

Rounds.

Health and Social Care and Well-being Strategies: Local Health Boards (LHB's) and their partners are currently developing their first local Health Social Care and Well-Being Strategies to address the three year period from April 2005. In the longer term as well as addressing the local priorities that will be identified, the local strategies will take direction from the 5-Year Strategic and Financial Framework. In the interim period LHB's should draw on local needs assessments, material including the former Health Authorities' legacy statements, Health Improvement Plans, LHB Local Action Plans, this Annual Guidance, local clinical governance development plans and the Assembly's response to the Review of Health and Social Care in Wales, to support their understanding of the overall strategic context.

This is the third year that SaFFs have been prepared in Wales. Following the 2003-04 round, a review of the current approach to SaFFs identified the importance of linking the Service and Financial Framework closely to the development of the Performance Improvement Framework for Wales and the introduction of a Balanced Scorecard approach to performance improvement of NHS Wales. In 2004-05 there will be a clear distinction between targets which need to be addressed through the SaFF and those measures that enable a target to be achieved, and therefore belong in the Balanced Scorecard. The following definitions have therefore been set:

SaFF Priorities and Requirements (targets) - 'high level targets that require implementation of a new approach or increased performance ensuring the further development of NHS Wales'.

Balanced Scorecard measures - 'measure how well an organisation is being managed to ensure that it is fit for purpose and adaptable, flexible and efficient enough to deliver the high level SaFF targets, over the longer term'.

As a result the number of SaFF targets for 2004-05 has significantly reduced from those included in the 2003-04 SaFF. This is line with requests from the service for a focused approach to target setting. The monitoring of targets that have been set in previous years will be addressed through the Balanced Scorecard.

Preparation of the SaFF is the joint responsibility of the local health community. The process will be led by LHBs, and together with the Trusts they will bear joint responsibility for delivering agreed targets and objectives, as described in the resulting performance agreements.

PRIORITIES AND REQUIREMENTS (targets)

The priorities and requirements of the Welsh Assembly Government for 2004-05 for the NHS in Wales are listed at Annex A.

All of these priorities and requirements will need to be delivered by health organisations in Wales through their agreed SaFF's. Health organisations are also reminded of the four overarching areas of service delivery which underpin both the SaFF's and the Performance Improvement Framework viz. achieving and maintaining :

Appropriate care for emergency patients.

Access to elective care.

Financial stability.

Safety and effectiveness in Service Provision.

In addition it should be stressed that the indicators in the Balanced Scorecard together with the Annual Targets form the overall performance assessment measures.

The Welsh Assembly Government recognises that the targets that have been set will be stretching. In order to achieve them, particularly those in relation to waiting times and emergency access, health organisations must look at service configuration, efficiency, process mapping and re-modelling of services and at managerial and clinical practice. They will also need to develop their work with local authority and voluntary sector partners. The resources of the Innovations in Care Team will be available to be called upon to assist those health organisations which need to look at their working practices. Innovations in Care will be supplemented by the Regional Service Improvement Managers who are located within the Regional Offices.

Waiting Time Targets. The access targets for elective care have a high priority and their achievement will require both clear focus on patient activity and a determined resolve to implement best practice across Wales in relation to both managerial processes and clinical management of Waiting Lists.

In preparation for the forthcoming SaFF round, modelling work has been undertaken in relation to both demand and activity which has set the context of the Waiting Times Targets for next year. This work demonstrates that targets are achievable in the light of:

The progress made by Trusts and LHB’s to implement good practice across Wales.

The implementation and additional benefit which will flow from the new consultants contract.

The investment which has been made in capacity, e.g. in orthopaedics, plastic surgery, cardiac surgery etc.

In 2004, two additional programmes will be funded centrally to ensure that the targets can be achieved:

Implementing the Guide to Good Practice. A programme of work has been commissioned and funded from Innovations in Care monies, which will address the problem of long waiting times across Trusts in Wales through the application of the principles covered in the Guide to Good Practice which was published by Innovations In Care in November 2003. This programme will be centrally funded, and details of the programme will be distributed in early January 2004 by the Director of Innovations in Care.

The Second Offer Scheme. This scheme is designed to guarantee a second offer of inpatient or daycase treatment within the 18 months maximum length of wait target. A Second Offer Commissioning Team will be established to manage the scheme on behalf of LHBs and Trusts on an all-Wales basis. Targetted central funding support, up to a pre-defined limit, will be available to support implementation of the project thereby allowing patients to move around the health system to access care. Health communities should plan to deliver the targets required through the SaFF round and not rely on the Second Offer scheme to meet the shortfalls.

Formal protocols on the workings of the Second Offer scheme are expected to be available by the end of January 2004, which will enable a Welsh Health Circular to be developed. The consultation process will include Community Health Councils.

It will not be acceptable for SaFF returns to indicate that priorities cannot be met but Health Communities or individual organisations that believe they have significant difficulties in meeting targets, should bring this to the attention of their Regional Director as far in advance of the deadline for the first draft of

the SaFF as is possible.

The targets set minimum standards to be achieved across Wales. This does not preclude organisations from exceeding minimum standards. A scheme is currently under consideration (which will be consulted upon in due course) proposing a system of rewards and incentives for organisations, which exceed minimum targets.

The final SaFF must reflect all targets which have been set and confirm how these will be achieved. This will allow comprehensive Performance Agreements to be drawn up for each organisation.

PROCESS

Development of the SaFF: WHC (2003) 63 NHS Planning and Commissioning Guidance sets out the detailed content of the SaFF. SaFFs should be based on LHB communities and aggregated to ensure that they embrace natural communities, for example as demonstrated through the secondary care commissioning groups. It will be for Regional Offices to agree these natural groupings.

Involvement: It is the responsibility of the LHB to ensure that a balanced SaFF is produced which involves all key stakeholders in discussions.

Health Commission Wales (Specialist Services): will need to be involved in any consideration of the provision of specialist services it commissions. The process of completing SaFFs will need to take into account the role of Health Commission Wales (HCW). HCW will commission specialised and national services in accordance with its approved Commissioning Plan from a wide range of providers, including Welsh NHS trusts. Its action in doing so will interact with the agreement of SaFFs in two ways:

HCW's contracts with Welsh NHS trusts will be important components of their agreed composite business plans, and trusts will be unable to take an overall view of their financial position until such contracts are agreed.

Some of the SaFF targets will directly relate to services that HCW commissions; HCW contracts will enable health communities to meet these targets, and clear and final agreement will be required on those contracts before the SaFF can be signed off.

It is therefore extremely important that HCW is at all stages fully engaged in the SaFF process, to ensure that timescales are met.

HCW's Commissioning Plan, as it relates to services commissioned from NHS Wales, should be implemented by 31st March 2004.

NHS Commissioning: The arrangements are set out in WHC (2003) 63. The new annual commissioning process requires that commissioning agreements for services are in place by the end of March before the year to which the arrangements apply. The main driver is the LHBs' Annual Service and Commissioning Plan (ASCP). This will set out how the LHB will deliver the Local Health Social Care and Well-being Strategy and the other agreed strategies (e.g. the Children's Partnership Framework and the Community Safety Strategy) in the forthcoming year, together with the national priorities.

For the SaFF year 2004-05, services should be commissioned and provided in the main on the basis of delivering the service commitments and requirements that LHBs and their partners have identified and agreed, taking account of delivering the agreed SaFF.

Service Level Agreements will be the contractual element to deliver the Annual Service and Commissioning Plans and should be signed off by LHB's and

Trusts as part of the commissioning process by 30th April 2004.

Sign off: Final SaFF submissions, which have been agreed by all stakeholders, must be made by 21st March 2004. These will be submitted to Regional Directors who will check that targets will be met and ensure that any conflicts of interest or adverse impacts between organisations are managed and resolved.

SaFFs, which fail to demonstrate how targets will be met, will not be accepted.

It is a requirement that the timetable set out in section 8 is adhered to and all SaFFs are signed off by 31st March 2004.

Accountability: The LHB Chief Executive has overall accountability for the production of the SaFF and the quality of its content. LHBs and Trusts will be accountable for delivering their agreed parts of the SaFF.

Performance Management: The Regional Offices will ensure that Performance Agreements based on the SaFF will be compiled for each individual LHB and Trust. These will represent one of the key elements within the performance improvement process.

SUPPORT ARRANGEMENTS

Any problems should be addressed to the relevant Regional Office. Contact details are given in Section 9. In addition, the Innovations in Care Programme with the emphasis on national good practice and the implementation of regional service improvement teams will be available to work with communities in relation to changes in practice.

FINANCIAL FRAMEWORK

Account must also be taken of the resource assumptions notified in the allocation letter [WHC (2003) 124]. SaFF's must match activity and other requirements to resources available. LHB's and Trusts are expected to achieve and deliver the Annual SaFF Targets from the allocation. There are some exceptions in that designated monies have been made available for specific initiatives. These are described in the allocation letter. In addition a non recurring sum will be held centrally to facilitate the achievement of waiting time targets where this is necessary through the Second Offer Scheme.

In developing the SaFF, the following financial principles must be followed:

All NHS organisations are expected to plan and achieve financial balance in cash and resource terms each and every year, except where approved Strategic Change and Efficiency Plans or trust specific recovery plan are in place;

Trusts and LHBs are expected to comply with the requirements of WHC (2003)115 on the use of ring-fenced allocations;

the use of capital funding to support normal revenue expenditure will not be allowed.

All organisations must achieve a 95% creditor payment performance;

LHBs and trusts must ensure that National Finance Agreement cost increases can be met before non-recurrent or recurrent development commitments are

made. No specific efficiency target is set, but it is expected that efficiency improvements are made in order to secure the SaFF targets within the available resource envelope.

Health Communities are expected to meet the requirements of both the National Financial Agreement and the SaFF targets. Plans to achieve this must be developed at each local level, with the emphasis on efficiency, service change and changes in clinical practice. The expectation is that the solution will be developed at the local level facilitated where necessary by the relevant Regional Director. It is expected that each SaFF will demonstrate clearly that these issues have been rigorously explored by the time sign-off takes place.

6.3 The LHB and HCW allocation letter is issued simultaneously with this guidance, setting out the LHB and HCW settlements for 2004-05. Included within the settlement is a baseline increase in LHB resource allocations which has been assessed as being adequate to meet the average validated baseline cost increases in the National Finance Agreement.

The format of the financial schedules to be included in the SAFF document is for agreement with Regional Offices.

ACTION REQUIRED

The following summarises, by organisation, the key actions required.

Local Health Boards should:

Take responsibility for the SaFF process and ensure the involvement of all key stakeholders

Forward a contact name or names to the relevant Regional Office (to assist communication)

Ensure, via the Regional Director, that the Assembly is made aware at an early stage of any likely problems or conflicts

Work with the Health Commission Wales to reflect specialised service objectives, spending plans and commissioning arrangements

Ensure that with Trusts the actions that each will take to meet priorities and requirements and the contribution each will make towards achieving targets are agreed.

Ensure that the SaFF is agreed with Trusts and HCW and signed off by them

Ensure that there is appropriate liaison with HCW

Ensure that the timetable detailed in paragraph 8 is adhered to and that all returns are completed appropriately and on time

Ensure that all further work on the SaFF required by the Assembly is completed expeditiously.

Establish mechanisms to manage their own performance in delivering the SaFF

Establish mechanisms to monitor the performance of Trusts with whom they have a commissioning relationship in delivering the SaFF

Ensure that they are organised to meet the requirements of their performance agreement.

Trusts should:

Take a full part in the development of the SaFF

Forward a contact name to the relevant Regional and to the relevant LHBs to aid communications

Involve stakeholders in discussions (including clinicians)

Where appropriate work with the Health Commission Wales, the Cancer Services Co-ordinating Group and clinical networks to ensure effective service delivery

Identify their contribution to the delivery of the SaFF and plan how it will be achieved

Agree and sign the final SaFF

Ensure that delivery of the SaFF is incorporated into the Trust Business Plan

Ensure that they have effective internal performance management systems and can meet the requirements of their Performance Agreements.

The Welsh Assembly Government, through the Regional Offices, will:

Provide support for the process as described in section 6

Keep the network of contacts informed promptly of any developments or new information

Feed back comments on submissions in a timely fashion

Sign off the SaFFs

Incorporate the agreed SaFF into performance agreements

Give support in delivering the SaFF.

TIMETABLE

8.1 It is of vital importance that SaFFs are finalised and signed off by all relevant parties by 31st March 2004. The following dates are key milestones to the

delivery of the SaFF and must be met. In the light of decisions on funding for 2004-05 and of the SaFF timetable. The commissioning cycle is specified in WHC (2003) 63 NHS Planning and Commissioning Guidance and requires Annual Service and Commissioning Plans (ASCPs) and NHS Trust draft Annual Operational Plans to be completed as forerunners to the agreement of the SaFF's. For this year only, to allow the new structures to establish themselves, there will be no formal requirement for the submission of these plans, but Regional Directors will guide local health communities as to the requirement for indications to be given by LHB's of their overall approach.

The timetable will therefore be as follows:

First draft of SaFF submitted by 28/02/04

Final SaFF submitted by 21/03/04

Approved SaFF signed off by Regional Office 31/03/04

Performance Agreements signed off 30/04/04

QUERIES AND CORRESPONDENCE

Queries about the SaFF or the contents of this guidance should be sent to:

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Welsh Assembly Government
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Cardiff CF10 3NQ
Mandy.arthur@wales.gsi.gov.uk
029 20 825630
GTN 1208 5630

Max White
NHS Performance, Quality and Regulation Division 4
Welsh Assembly Government
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Yours sincerely

John Hill-Tout
Director of Performance, Quality and Regulation
NHS Wales Directorate

Annex A

TARGET	Source of Measurement Information
Prevention	
Ministerial Priority: Care of the Elderly	

1.1 In accordance with the guidance 'Creating a unified and fair system for assessing and merging care' WHC(2002)32 by April 2005 all joint health and social care assessments undertaken for older people should result in a Unified Assessment summary record and, where appropriate, an integrated Personal Care Plan. ***(Partnership issue for LHB/Trust and other agencies)***	Audit lead by SSIW
1.2 To have a system in place that ensures that every person aged 65 and over and everyone under 65 years in the specified 'at risk' groups to be offered a flu vaccination annually . Also to take all reasonable steps to achieve at least a 70% coverage level of 65s and over. ***(Trust/LHB)***	Audit of offers Uptake data via Exeter
1.3 To have a system in place that ensures that every person aged 75 and over and everyone under 75 years in the specified 'at risk' groups to be offered a pneumococcal vaccination ***(Trust/LHB)***	Audit of offers Uptake data via Exeter
1.4 LHBs in partnership with Trusts and other agencies to undertake a review of stroke services as the first step in the review of current stroke service provision across Wales. *This is needed in order to set specific targets in this area for 2005-06.* ***(Partnership issue for LHB/Trust and other agencies)***	
Ministerial Priority: Children	
1.5 To ensure that a 100% offer rate for all childhood immunisations is achieved and to take all reasonable steps to achieve at least a 95% coverage level to ensure immunity. ***(LHB)***	Audit of offers Uptake data via Exeter
1.6 To ensure that all NHS Trusts comply with the All Wales Antenatal Screening Policy by March 2005 by ensuring all pregnant women: • Are offered screening for Down's syndrome which provides a minimum of a 60% detection rate for a 5% false positive rate and is supported by an early pregnancy dating scan • at an increased risk of having a child affected by a Sickle cell disorder or thalassaemia major should be offered antenatal screening. ***(Trust/LHB/HCW)***	Velindre Trust are putting in measurement system
1.7 Facilitation of Implementation of new-born hearing screening in accordance with Velindre NHS Trust implementation plan. ***(Trust/LHB/HCW)***	Velindre Trust are putting in measurement system
Ministerial Priority: Substance Misuse	

1.8 To develop plans based on best practice that aim to deliver the health service contribution to increased awareness and participation by clients in substance misuse treatment programmes by March 2005. ***(Partnership issue for LHB/Trust and other agencies))***	Measurement system being developed by primary care division.
Cross Cutting Priorities	
1.9 Develop and agree a plan, based on best practice, with the NPSA for local implementation of the national reporting and learning systems (NRLS) by December 2004. ***(LHB/HCW)***	Audit and evaluation of plans
1.10 All trusts not currently participating in the NPHS orthopaedic SSI scheme to have a compatible scheme in place by March 2005. **(Trust)**	
1.11 LHBs will produce an Oral Health Action Plan by March 2005, based on best practice and maximising the use of resources, that reflects local needs assessments and that is guided by 'Routes to Reform', the National Dental Strategy. ***(LHB to take forward in partnership with Trusts and other agencies)***	Audit and evaluation of Plans
Optimising Service Delivery	
Ministerial Priority: Waiting Times	
2.1 No one to wait more than 18-months for IP/DC treatment. Where there are currently no patients waiting over 18 months or the maximum wait offered is shorter than 18-months, trusts should improve on the March 04 position as agreed through the 2003/4 SAFF. ***(LHB/Trust/HCW)***	Standard Waiting Times Data
2.2 No one to wait more than 18-months for a first Outpatient appointment. Where there are currently no patients waiting over 18 months or the maximum wait offered is shorter than 18-months, trusts should improve on the March 04 position as agreed through the 2003/4 SAFF ***(LHB/ Trust/HCW)***	Standard Waiting Times Data
2.3 No one to wait more than 4 months for cataract treatment. ***(LHB/Trust)***	Standard Waiting Times Data
2.4 Achieve a month on month all-Wales average performance of at least 65% of first responses to Category A (immediately life threatening calls)to arrive within 8 minutes by March 2005. (***Ambulance Trust/HCW)***	Ambulance Trust Data
2.5 Trusts must have in place written action plans, based on best practice, with clear targets to reduce waiting times for those diagnostic and therapy indicators currently reported monthly in accordance with WHC (2003) 052. ***(LHB/Trust/HCW)***	Audit of plans
2.6 No one to wait more than 6 months for an angiogram***(LHB/Trust/HCW)***	HCW data

2.7 No one to wait more than 8 months for routine angioplasty***(LHB/Trust/HCW)***	HCW data
2.8 No one to wait more than 8 months for routine cardiac surgery ***(LHB/Trust/HCW)***	HCW data
Ministerial Priority: Mental Health	
2.9 To develop costed plans, based on best practice that set out a way forward for delivering sustainable CAMHS by October 2004. ***(Trust/HCW/LHB)*** *these are needed in preparation for a maximum waiting time target which will be introduced in 2005-06.*	Audit and evaluation of plans
Ministerial Priority: Primary Care	
2.10 To implement the package of 7 GMS contract enhanced services as set out in Assembly guidance to expand primary care to provide more services locally ***(LHB)***	Reporting Mechanism being developed
2.11 To ensure that a full range of essential and additional services are provided to patients from 1/4/04 in line with the new GMS contracts signed for each practice in the LHB area ***(LHB)***	Reporting Mechanism being developed
2.12 To ensure that every practice participates in the GMS Access DES and that at least 50% of practices meet the 24 hour target ***(LHB)***	Reporting Mechanism being developed
Ministerial Priority: Emergency Pressures	
2.13 95% of all patients to spend less that 4 hours in A&E from arrival until admission, transfer or discharge. ***(Partnership issue for LHB/Trust and other agencies)***	SITREPS
2.14 Communities to work together to ensure that appropriate primary and intermediate care services are available, in conjunction with effective primary and secondary care interface facilities to limit emergency admissions to the level recorded in 2003/4 ***(Partnership issue for LHB/Trust and other agencies)***	SITREPS
Ministerial Priority: Coronary Heart Disease	

2.15 To develop a costed plan by October 2004 for the delivery of the Coronary Heart Disease NSF. The plan needs to: • be agreed with the relevant Cardiac Network; • contain clear, measurable milestones; • milestones for 2004-05 need to take account of funding currently available. • Feed into the work being undertaken by LHBs in relation to the development of Health and Social Care Well Being Strategies ***(Partnership issue for LHB/Trust and other agencies***)	Audit and evaluation of plans
Ministerial Priority: Cancer	
2.16 To develop by October 2004 a costed plan of action for the delivery of revised Cancer Standards & NICE/Improving Outcomes service guidance, including surgical aspects of urological, upper GI & gynaecological cancer services. The plan needs to: • be developed following relevant process mapping and capacity/demand exercises • be agreed with the relevant Cancer Network; • contain clear, measurable milestones; • address reporting mechanisms to enable monitoring of patient wait from referral to start of treatment • Feed into the work being undertaken by LHBs in relation to the development of Health and Social Care Well Being Strategies • milestones for 2004-05 need to take account of funding currently available ***(Partnership issue for LHB/Trust and other agencies)***	Audit and evaluation of plans
Ministerial Priority: Diabetes	
2.17 To establish appropriate mechanisms to implement the objectives required for action in 2004-5 as set out in Standards 1 to 12 of the NSF for Diabetes in Wales ***(Trust/LHB/HCW)***	Audit and evaluation
Ministerial Priority: Critical Care	
2.18 To reduce the number of major operations cancelled due to the lack of a critical care facility by 10% by end March 2005 ***(Trust/LHB/HCW)***	Cancelled operations diagnostic toolkit

2.19 To reduce the number of inappropriate transfers of patients requiring critical care to zero by end March 2005. ***(Trust/LHB/HCW)***	To be confirmed
Ministerial Priority: Clinical Governance	
2.20 NHS organisations must, unless directed otherwise, ensure that a health care intervention that is recommended by National Institute of Clinical Excellence (NICE) in a Technology Appraisal Guidance, or the All Wales Medicines Strategy Group, is, from a date not later than three months from the date of publication of that Appraisal, available: • To be prescribed for any patient on the patient the prescription form for the purpose of the patient's NHS treatment; or • To be supplied or administered to any patient for the purpose of the patient's NHS treatment ***(Trust/LHB/HCW)***	Audit
2.21 LHBs to meet the six high level All Wales Medicines Strategy Group prescribing indicator targets by April 2005 ***(LHB/Trust/HCW)***	Audit
Cross Cutting Priorities	
2.22 To ensure that the Pay Modernisation and Changing Workforce agendas are fully implemented across NHS Wales within the required time-scales, delivers new ways of working, and specifically addresses including those requirements specific to • Agenda for Change • Working Times Directive • GMS contract • Consultant contract ***(LHB/Trust/HCW)***	Audit
2.23 To implement local readiness plans in line with the Strategy Implementation Programme of *'Informing Healthcare' by March 2005.* ***(LHB/Trust/HCW)***	Audit and evaluation of plans
2.24 To achieve a 15% reduction in health related delayed discharges and transfers of care against the baseline of the 10 month average from November 2002 - August 2003, by March 2005. ***(Partnership issue for LHB/Trust and other agencies)***)	System being developed
INVOLVING PEOPLE	

Ministerial Priority: Mental Health	
3.1 All Trusts, LHBs to have introduced by March 2005 arrangements to ensure constructive service user and carer participation in the planning, design, delivery, monitoring and evaluation of mental health services ***(LHB/Trust/HCW)***	Service user feedback and LHB reports
3.2 All Trusts and LAs to have fully implemented the Care Programme Approach for all people with serious mental illness and/or complex enduring needs, by December 2004 ***(Partnership issue for LHB/Trust and other agencies)***)	Service user reports
Ministerial Priority: Children	
3.3 To ensure that by March 2005 parents of every disabled child (as defined by Children Act 1989) with complex health needs (i.e. children who require services from more than two agencies, not including the universal services which all children receive.) have a hand held record detailing the case history for that child in accordance with central guidance to be issued in 2004. ***(LHB/Trust/ HCW)***	Self -audit
Performance and Accountability	
Ministerial Priority: Equality	
4.1 All Trusts and LHBs to have put in place by March 2005 an equality action plan to mainstream equality and human rights into the organisation and delivery of services and secure compliance with EU and UK legislation. ***(LHB/Trust/HCW)***	Audit
4.2 By the end of September 2004 each Trust to have a system in place to report quarterly, thereafter to Regional Offices on how long cancer patients wait from: a) receipt of referral at the hospital to start of definitive treatment for newly diagnosed cancer patients that have been referred as urgent suspected cancer [USC] and confirmed as urgent by the specialist. b) diagnosis to start of definitive treatment for newly diagnosed cancer patients not included as USC referrals. ***(LHB/Trust/HCW***	

SaFF Targets for 2004-05 Grouped Under the Four Wanless Themes

Footnote:

Further details of target rationale and measurement systems to be issued in February 2004

Report on the visit to Sweden

I took part in a fact-finding visit to Sweden on 29 and 30 January to learn from Sweden's experience in introducing a ban on the smacking of children. Our group included Christine Chapman, Catherine Thomas and Eleanor Burnham, as well as Members of Parliament and representatives of the Children are Unbeatable! Campaign from Wales and Northern Ireland and the NSPCC.

Smacking children has been against the law in Sweden since 1979, when the Government introduced a ban into Sweden's Parenting Code as part of civil law. This action was backed up by a major advertising campaign and other measures aimed at raising awareness and changing public attitudes. Action taken against those who break the code begins with a programme of support and counselling from public services.

Research messages from Sweden indicate that a recent increase in the incidence of child abuse has been caused by an increased tendency to report cases to the police, There has been no concomitant increase in real abuse.

Since the 1970s there has been a dramatic decrease in violent punishment that could cause injury. Only four percent of children aged 11-13 and seven percent of young adults now state that they have been subjected to severe corporal punishment at least once in their lives.

One of the strengths of the Swedish approach is the link made in policy and legislation across smacking, violence in and bullying in school and in wider society and domestic violence. In relation to domestic violence, studies indicate that about ten percent of all children have experienced violence in their homes at least once and about five percent experience this quite often. There has been no tendency towards a decrease in bullying at school or in leisure time over the past twenty years. About 3 percent of all schoolchildren are being bullied at school, and it is commonplace that children who have been bullied themselves take part in bullying others.

There is considerable research evidence for the success of the changes that have taken place in Swedish society. I wish to consider the applicability to Wales of the Swedish experience, including the practical steps and resources needed to promote realistic change in Wales.

The Assembly Government has taken a principled stand and has banned smacking in every form of public care in Wales, including childminding. Its approach is based on influencing the attitudes and behaviour of parents and others who care for children promotes non-violent ways of disciplining children, to change culture, opinion and behaviour.

A joint National Family and Parenting Institution / Children in Wales post has been funded for three years to develop a positive parenting programme for Wales. Working with the Parenting Project officer, two bilingual booklets offering advice and guidance to parents have been developed.

These have been piloted in Torfaen, Flintshire and Carmarthenshire covering rural and urban areas and first language Welsh and English speakers. The help of health visitors and nursery and primary school teachers has been enlisted in these areas. Following evaluation in May, national distribution will be planned on the basis of the study's results.

Amongst other options for taking action on smacking, we may consider the PSE framework in schools. The framework has as one of its aims to help pupils enjoy successful relationships within their families and to develop effective parenting skills. Over the next year, Children Are Unbeatable! Cymru (CAU!C) will work with officials to develop resources on positive parenting for children and young people for use in youth settings and the classroom. Officials are also

exploring the possibility of CAU!C representatives having some input to the training of primary school teachers.

Parenting also represents a key theme in the Cymorth fund. Many local initiatives are underway promoting appropriate parenting skills, especially through Sure Start schemes aimed at children aged 0-3 and their families.

The Assembly Government has requested that the UK Government broaden its definition of domestic violence to recognise the impact on other family members and, in particular, children. Growing up in a household with domestic violence is a risk factor for future youth violence and can have an impact on other things such as school attainment and the likelihood of school exclusion. We will continue to press for this change.

Other members of the fact-finding group were:

- Julie Morgan MP
- Betty Williams MP
- Win Griffiths MP
- Simon Thomas MP
- Ann Crowley CAU!Cymru
- Jill Taylor CAU!C Cymru
- Eleri Griffiths CAU!C Cymru
- Pauline Leeson +2 CAU!C Northern Ireland
- Lucy Thorpe NSPCC Policy Advisor