Date: **26 March 2003**

Venue: **Committee Rooms 3 & 4, National Assembly for Wales**

Title: **Monthly Report of Health and Social Services Minister**

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1.1 Improving Health in Wales – NHS Structural Change Programme

1.1.1 Appointments

Director posts in NHSWD

- Dr Christine Daws, currently Deputy Director of Finance with the Department of Health, has been appointed as the Director of Finance. Dr Daws will take up post in April 2003.
- The post of Director of Primary Healthcare Services and Head of Primary Care are being recruited currently.

LHB Non-Officer member appointments

- Non-officer member appointment interviews across Wales are nearing completion. All LHBs are quorate and the majority of boards have had their first meeting or have meetings scheduled over the next couple of weeks.
- The majority of Local Authority nominations and Associate Member's details have been confirmed.

Public Health

- The appointments of Public Health Directors for Local Health Boards are nearing completion.

Health Commission Wales

- Professor Kenneth Woodhouse, currently the Dean of Medicine and Professor of Geriatric Medicine has been appointed as the Chair of the National Commissioning Board.

Regional Offices

- Appointments to the Regional Offices are as follows:

	South East Wales	**Mid & West Wales**	**North Wales**
Regional Director	Bob Hudson	Stuart Marples	Derek Griffin
Head of Performance	Phillip Davies	Tony Hurrell	Elwyn Price-Morris

Head of Finance	Dean Medcraft	Elizabeth Bolton	Heather Lea
OD & T Officer			Karan Harry
Nurse Advisor	Marion Andrews-Evans		

LHB Chief Executives and Chairs

- All LHB Chief Executives and Chairs have been appointed and are as follows:

LHB	**Chief Executive**	**Chair**
Anglesey	Lynne Joannou	Dr William Roberts
Blaenau Gwent	Joanne Absalom	Marilyn Pitman
Bridgend	Kay Howells	Prof. Colin Jones
Caerphilly	Judith Paget	Robert Mitchard
Cardiff	Sian Richards	Dr Robert Jones
Carmarthen	Alan Brace	Dr Mark Vaughan
Ceredigion	Derrick Jones	Mary Griffiths
Conwy	Wyn Thomas	Allison Cowell
Denbighshire	Alan Lawrie	Merion Hughes
Flintshire	Andrew Gunnion	Richard Barry Harrison
Gwynedd	Grace Lewis-Parry	Lyndon Miles
Merthyr	Ted Wilson	Raymond Thomas
Monmouth	Allan Coffey	Susan Pritchard
Neath Port Talbot	Katie Norton	Dr Edward Roberts

Newport	Kate Watkins	Sue Kent
Pembrokeshire	Bernie Rees	Chris Martin
Powys	Andy Williams	Chris Mann
Rhondda, Cynon Taff	Mel Evans	Dr Christopher Jones
Swansea	Jack Straw	Susan Fox
Torfaen	John Skinner	Dr Douglas Dare
Vale	Abigail Harris	Dr Michael Robinson
Wrexham	Geoff Lang	Dr Gwyn Roberts

Public Health

- South East WalesDr Sharon Hopkins, currently Director of Public Health, Bro Taf HA
- Mid & West WalesDr William Richie, currently Director of Public Health, Dyfed Powys HA
- North WalesDr Sandra Payne, currently Director of Public Health, North Wales HA

- LHB Public Health Directors are as follows:

LHB	**Public Health Director**
Anglesey	Dr Ruth Parry
Blaenau Gwent	Dr Jane Layzell - Locum
Bridgend	Dr Nona Williams
Caerphilly	Dr Gill Richardson
Cardiff	Dr Stephen Monaghan
Carmarthen	Dr Judith Greenacre
Flintshire	Dr Chris Hallet

Gwynedd	Dr Paul Elliston
Merthyr	Dr Layla Al Jader
Monmouth	Dr Lawrence Hamilton-Kirkwood
Neath Port Talbot	Dr Annie Delahunty
Newport	Dr Marysia Hamilton Kirkwood
Pembrokeshire	Dr Lyn Harris
Powys	Dr Paul Walker (Locum for 6 months)
Rhondda Cynon Taff	Dr Paul Tromas
Swansea	Dr Quentin Sandifer
Vale	Dr Jane Wilkinson
Wrexham	Dr Peter Stevenson

Wales Business Services Centre

- Stephen Lloyd has been appointed to the post of Director, Wales Business Services Centre.
- Pam Hall from Powys Health Care NHS Trust has been appointed to the post of Professional Head of IM&T and Gwyn Phillips from Bro Taf Health Authority has been appointed to the post of Professional Head of Contractor Services.
- Andrew Lee has been appointed as Finance Director and Sarah Griffin as Head of Human Resources.

1.1.2 Health Commission Wales

- A site in Caerphilly has been agreed as permanent accommodation for HCW.

1.1.3 Transitional and running cost budgets

- At last month's meeting, I agreed to provide Committee members with an update on the costings, including the transitional costs, of the NHS Wales re-structuring. These are set out in Annex A. It is important to note that, although the transition budgets are based on the best information that is currently available, some elements of the transitional budget costings are subject to further

refinement as posts continue to be filled and staff transfer to and from the extended employment scheme.

1.1.4 Extended Employment Scheme

- The scheme guarantees a further twelve months employment after April 1 2003, for eligible staff who have not secured a substantive post in one of the new organisations. The scheme will enable NHS Wales to retain staff with important skills and experience by providing opportunities for them to take up substantive posts, and will assist in minimising the transition costs of the restructuring.
- Extended employment will be available to staff who hold substantive contracts with a Welsh health authority or with Powys Health Care NHS Trust who have not secured substantive employment with a successor body by 1 April. Staff who either refuse to be part of a TUPE transfer scheme, or who unreasonably refuse the offer of a post or to slot into a substantive post, will not be eligible for the scheme.
- A co-ordinator, based at Powys Local Health Board, will manage the scheme and will help eligible staff to devise their own personal development plans. The co-ordinator will offer support and provide development to help them secure substantive positions.

More information on the extended employment scheme is available from health authority Human Resource Directors across Wales.

1.1.5 Resource Group

- Work is progressing well. With regard to the ledger systems three out of five HA’s require a new ledger system to provide a suitable service for LHB’s. The other two require upgrading. The timescale remains challenging but at the moment is on track.

1.1.6 Business Services Centre/National Public Health Service

- The establishing of the BSC’s modus operandi is being progressed by five Project Managers who each lead in one of the core functional areas to be undertaken by the BSC, i.e. Human Resources, Finance, Contractor Services, IM&T and Special Functions. In addition plans are being developed for the provision of facilities management and general office functions. Maggie Aikman remains the overall project manager for the establishment and the future development of the BSC.

1.1.7 Health, Social Care and Well-Being Strategies Guidance

- The Health, Social Care and Well-being Strategy Regulations were agreed in Assembly Plenary on 28 January. The duty on local authorities and local health boards to prepare a Health, Social Care and Well-being Strategy will be in place from 31 March 2003.

- The accompanying guidance is currently being finalised ahead of publication. We hope to make the guidance package available before the end of March.

1.1.8 Planning & Commissioning Guidance

- The NHS Planning and Commissioning Guidance is also currently being finalised and will be published in the near future.

1.1.9 Organisation Development

- The Organisational Development & Training (OD&T) Project Board officially closed on 26 February. Products completed or in the process of completion are:

    - CD Rom Introduction to the NHS
    - NHS Wales/Regional Office Induction Handbook
    - OD Leaders Guide & CD Rom
    - OD Facilitators Network
    - LHB Chair/CEO Induction; Briefings; and Masterclass
    - e.learning network
    - CD Rom Introduction to Partnership (available beginning of April)
    - Mentor Network
    - E-learning Health & Safety product
    - Minister Briefiing Non Officer Members
    - Board Induction Guide
    - Partnership – Health & Wellbeing Workshops
    - Partnership - Regional Commissioning/Health Needs Workshops
    - BSC – OD/Teambuilding Workshops
    - NHS Wales OD Plan – scoping study
    - HCW (SS) Induction/Training/Teambuilding – available April
    - Regional Office
    - All products were delivered to budget.

- It should be noted that the responsibilities for supporting LHBs, BSC, NPHS; Regional Offices / HCW and Partnerships will continue into 2003/4. A proposal for the management and partner involvement will be forwarded to the Chair of the OD & T Board and the Director for NHS Wales.

1.2 Expert Patients Programme

Expert Patients Programmes (EPP) also known as self-management programmes are about the provision of appropriate training and education to help people deal with the consequence of their illness. EPP is based on developing the confidence and motivation of patients to use their own skills and knowledge to

take effective control over living with a chronic illness e.g. diabetes, arthritis, asthma coronary heart disease.

I have given approval to the start up of two 'Expert Patients' pilot projects, one in Gwynedd LHB and one in Swansea LHB. This will enable EPP to be tested in a rural and urban setting. The projects will be developed in partnership with local health, social care, CHC, voluntary organisations and community groups. The schemes will run for 12 months, and it will be important to learn lessons from these schemes before any consideration is given to the way forward in terms of wider application.

1.3 New GP Contract

Agreement has now been reach between the NHS Confederation and the British Medical Association (BMA) on a new contract for GPs. The main principles that underpin the contract are as set out in Committee paper HSS 23-02(P1) which we discussed on 18 December.

The full contract is available on the NHS Confederation and BMA websites and a copy is available in the Library. Negotiations have taken longer than we anticipated, but I am sure the final agreement is good for both doctors and patients. If GPs accept the package an additional £100 million over 3 years will be invested in general medical services in Wales. The new contract will drive up the quality of existing services by offering significant incentives through the Quality and Outcomes Framework. It will also expand the range of services provided at local level through the new system of enhanced services.

The contract is being presented to GPs by the BMA in a series of roadshows across the UK. This will conclude with a ballot which closes on 11 April.

1.4 GP Recruitment and Retention

The Welsh Assembly Government is showing considerable commitment to developing GP services. This was set out in the Primary Care strategy and will be reinforced by substantial new investment in GP services over the next 3 years. Additionally, the Assembly is already working on a range of schemes to help recruit and retain GPs in Wales :-

- To encourage new doctors to become GPs in Wales, we will be increasing Golden Hello payments to up to £12,000 in areas where there are fewer GPs and vacant posts are more difficult to fill. We will also extend the scheme to include returners – those who have previously been GPs but have been away from the profession for some time.
- We will extend the Golden Thanks payments – designed to encourage GPs to stay in practice beyond the age of 55 - to 65-69 year olds. We will also be exploring increasing the payments.
- We will work with the General Practice Committee of the BMA in Wales, and the Post Graduate Department of General Practice to introduce a flexible career scheme for GPs. This will demonstrate our commitment to more family friendly working conditions for our GPs by introducing greater opportunities for part-time and flexible working. Possible outcomes would be

those doctors approaching retirement reducing their working hours in a planned way; organising hours to fit with childcare and other care commitments and providing greater flexibility for those who have just finished their vocational training, to encourage them to choose a career in general practice.

- We will be introducing an occupational health scheme for family doctors and their staff. This will commence in June this year with a counselling service for GPs under stress, and be extended to cover workplace assessments and staff in practices.
- We have been working with the University of Wales College of Medicine to introduce appraisal for family doctors. This is being funded to the tune of £2.3million in 2003/04. This Welsh scheme is designed to assist GPs in identifying their personal development needs and encourage them to consider a wider range of career options within general practice.
- We have been making considerable investment in the Information Technology through the Foundation programme, and this will place GPs in a better position to meet the information requirements of the new contract.
- We have already instructed Local Health Boards of the need to deliver new arrangements for out of hours care that continue to provide a high level of care to patients where needed, but reduce the burden upon our GPs.
- We have been working with the Postgraduate Department of the University of Wales College of Medicine to increase the number of General Practice Vocational Training Scheme posts in Wales. To date the number of posts has increased from 110 in 2000 to 128 in 2002. There are further plans to increase the number of training posts to 136 in 2003.

1.5 Primary Care Resource Centres

The Primary Care Strategy proposes the development of Primary Care Resource Centres to support general practice, providing a base for many of the more specialised services. The number and precise configuration for these centres will be determined by local requirements.

It was agreed that two pilot projects be funded by £1million each over a three year period to test different models. Two areas were chosen – Flintshire, which is developing a premises based model; and the Gwent Valleys, where a service based model is being developed.

Gwent have started from a point of GP shortages in the Valleys. Traditional approaches to filling vacancies will not be sufficient given the scale of the problems faced – a high proportion of GPs aged over 55, poor quality premises, and a high proportion of single-handed practices. Gwent have focused on making a career in general practice in the Valleys more attractive by introducing innovative career options.

The recruitment of GPs to carry out a mix of general practice and academic/ research work in two practices is now under way. The contracts for these posts are a mix of salaried HA and UWCM appointments. In Brynmawr/Beaufort, 3 GPs have been appointed and in Gelligaer/Gilfach, 3 GPs (2 whole-time equivalents) have been appointed and a further post is being advertised.

Whilst the first phase of the project has focused on the recruitment of GPs, problems with the quality of the premises involved, and the need to develop the other members of the primary care team are both recognised. Work in these areas is now being undertaken.

Flintshire Local Health Group are developing proposals for a new centre in the Connah's Quay/Shotton area. They are working with local practices, the NHS Trust, the social services department and the voluntary sector to develop a range of services on the proposed site. Current proposals are based upon needs identified through the LHGs 5-year strategy for primary care and include a CHD walk-in centre, a first access mental health team, children's services and services for elderly people with mental health problems. Progress has been slow, as bringing together the various interest groups, and securing the commitments contribute to the financing of the scheme, especially longer-term revenue costs, are proving difficult to secure.

It is hoped that a revised proposal will be with the Assembly shortly. £1million is available to the LHG to fund some of the capital costs of the scheme.

1.6 Primary Care Premises

In Wales one of the barriers to improving the quality of primary care services is the quality of the estate, which in some areas is poor. The Primary Care Strategy outlined improving the quality of the primary care estate as one of the key areas for action. Local Health Boards will be required to produce primary care estates strategies by April 2004. Guidance on this was issued in February, based on the experiences of Rhondda Cynon Taf LHG which has piloted this work.

We recognise that poor quality surgery buildings are a serious constraint on the provision of high quality services, and a discouragement to new doctors to move to a surgery. We have set in place a number of initiatives to assist Local Health Boards to work with GPs to improve their premises and their services. In particular, we have already supported all LHBs by carrying out a comprehensive survey of all premises and will be providing funding for LHBs to develop local strategies to improve and where necessary re-provide premises. We have also made available over £4 million to support new developments by providing financial support to GPs for whom negative equity is a disincentive to move

1.6.1 Premises flexibilities

Situations can arise where the open market value of GP owner occupied premises is not sufficient to clear the outstanding mortgage on the property (negative equity). Where, in the interests of service delivery there is a need to move to new premises or modernise existing properties, the size of the deficit may deter practitioners from doing so. The problem can be further exacerbated when a mortgage redemption fee might be charged at the point of sale or re-mortgage.

New changes to the Statement of Fees and Allowances have been introduced in WHC (2002) 136. These will assist Health Authorities and Local Health Boards to work with GPs to improve the quality of

primary care premises.

The main changes are as follows :

- grants to meet mortgage deficit and/or redemption costs. Where, in the interests of service delivery there is a need to move to new premises or modernise existing properties, the size of the deficit may deter practitioners from doing so. In order to receive a grant, a practice will have to agree to relocate to modern premises approved by the HA in support of measures to improve services
- reimbursement of legal and other professional fees incurred by GPs for new purpose-built premises
- guaranteed minimum sale price for redundant premises owned by a practitioner. The lack of certainty on the sale price of practice premises may prove a hindrance to a practitioner considering a move to suitable premises. This scheme provides for grants, at the HAs discretion, to ensure a guaranteed minimum sale price for the property
- re-conversion of former residential property. Grants may also be awarded to meet the cost to reconvert owner-occupied former residential property no longer suitable for the delivery of modern primary care services.

These flexibilities are designed to facilitate new developments, so that an improved range and quality of primary care services can be delivered.

1.6.2 GP Premises Audit

The standard for GP premises is set down in the Statement of Fees and Allowances - but this is a minimum standard and is open to interpretation - it does not necessarily guarantee that premises are suitable for providing
services in the long-term.

The purpose of the premises audit was to look in some detail at the condition of the building, particularly health and safety matters and DDA matters - The surveyors have classified premises as excellent, good, poor and unacceptable in terms of condition and backlog maintenance and functional performance of the various rooms.

The survey has been completed and the information has been arranged into a Microsoft Access database that has been placed on the NHS Intranet which is a secure website with access controlled via unique identity codes.

Local Health Groups are receiving training on the use of the database and will then be in a position to regularly update the information. They will use the database to assist them to :

- identify where the local priorities lie

- draw up proposals to ensure that all premises meet an acceptable standard
- decide where primary care resource centres should be developed
- start to strategically plan how the primary care estate , commencing with GP premises, can best support healthcare and other types of services in order to achieve the Assembly's vision of a primary care led service.

The Rhondda Cynon Taf Local Health Group along with relevant stakeholder organisations are proposing a new model of estate provision in the form of a " hub" and "spoke" arrangement of premises with 6 Primary Care Resource Centres strategically placed throughout the area acting as central "hubs" providing a range of GP and other primary care, NHS Trust, Local Authority and other services where applicable. A network of smaller premises or "spokes" will comprise the best of the existing properties as well as a number of newbuild premises.

1.6.3 Secure premises for GPs

At the HSCC meeting in January I agreed to report back on steps that have been taken in Dyfed Powys, Gwent and North Wales to provide secure premises for GPs to deal with potential patient's safety.

Assembly officials have written to the three Authorities highlighting the importance of this issue and reminding them that arrangements for secure schemes for the treatment of violent patients should be in place by 31 March. We requested fuller details of plans and confirmation of implementation dates.

Dyfed Powys Health Authority

Dyfed Powys have responded confirming their intention to meet the requirements of providing secure facilities by 31 March 2003. Dyfed Powys in conjunction with the Local Medical Committee, Local Health Board colleagues, Trusts and the Police have approached this issue differently to other Health Authorities considering the size and the rural factors within Dyfed Powys.

When there is a need for provision of general medical services for violent patients, an assessment protocol/ process will be implemented. The outcome of the protocol may well be that the patient will be seen by appointment in a defined location, either Trust accommodation or a Police Station. The protocol will further identify whether police attendance is a reasonable approach.

This will be adopted in planned consultation as they already have in place a Memorandum of Understanding with the Police, which depicts how they work together in reducing violence in the workplace and when domicliary visits are necessary.

1.7 Innovations in Care

1.7.1 Introduction of new booking systems

NHS Trusts in Wales are increasing patient choice in the appointment process. From 1 April 2003, the majority of patients referred to Welsh hospitals will be able to agree a mutually suitable date for their first appointment with a consultant. Throughout 2003 this new patient centred approach to service will be extended to cover all remaining outpatient appointments, and admissions for day surgery. Patients and Trusts are already benefiting from this new booking process as the number of cancelled appointments and non-attendances have been reduced.

1.7.2 Change Agent Team- Working to improve Transfers of Care

A new Change Agent Team (CAT) is to be established in April 2003 as part of the Innovations in Care programme. The team is being created to improve admission and discharge between and within community and hospital settings.

The purpose is:

- to support implementation of whole systems working across health, social care, the independent sector and the voluntary sector
- specifically to offer targeted intervention to help timely discharge.
- to support the achievement of the targets detailed in the Service and Financial Framework 'To reduce all-cause delayed transfers of care by 15% compared to April 2002, in accordance with an agreed monthly profile'.

This will be a joint programme run by both health and social care.

1.7.3 Dermatology

Over the last two months a total of £350,000 of non-recurring funding for Action On Dermatology has been released to fund schemes within seven Trusts around Wales (including outreach services) that demonstrated patient benefits and improved access to services. Of this total amount £20,000 was allocated to support education and development programmes through the University of Wales College of Medicine (UWCM). A new and innovative development supported from this funding is the Welsh Integrated Nursing and General practitioner Skin education programme (WINGS). The programme will aim to educate a GP's and nurses from a series of general practices throughout Wales in key aspects of clinical dermatology.

1.8 Innovations in Care (IiC) Board

Last month I announced in Welsh Health Circular WHC (2003) 013 the establishment of the Innovations in Care Board, chaired by the Director of the NHS Wales. The Board will agree where effort and resources are most needed to support the modernisation agenda in NHS Wales, providing a strategic steer for service improvement and for the establishment of further good practice in Wales. The Board will oversee the implementation of the IiC programmes in Wales and will provide a transparent and

inclusive mechanism for agreement of activities and programmes to meet the All Wales service delivery targets and objectives.

The first meeting of the Innovations in Care board was held on Friday 21 March. The Board will meet twice a year.

Membership Innovations in Care Board

Name	**Representative**
Ann Lloyd (Chair)	Director NHS Wales
Helen Thomas	Director Social Policy Dept (SCP)
Huw George	Director Innovations in Care (IiC)
John Hill-Tout	Director NHS Performance Quality and Regulation (PQR)
John Morgan	Director Health Information and Facilities (HIF)
Stuart Marples	Regional Director – rotating annually
David Salter	Health Professional Group
Maggie Parker	Office of the Chief Nursing Officer
Tbc – requested nomination from MA	Modernisation Agency
Keith Thompson, North West Wales	Trust Chief Executive
Margaret Foster, Pontypridd & Rhondda	Trust Chief Executive
Bernie Rees, Pembrokeshire	Local Health Board Chief Executive
Geoff Lang, Wrexham	Local Health Board Chief Executive
Colin Berg, Monmouthshire CC	Director of Social Services
Peter Jackson, Pembrokeshire & Derwen	Medical Director

Sue Elworthy, North Glamorgan	Nursing Director
Sheelagh Lloyd Jones, Bro Morgannwg	Human Resources Director
EF Lloyd FitzHugh, North East Wales	Chairman NHS Confederation

To support the work of Board, each Trust in Wales is required to lead in the establishment of their own local Innovations in Care Board. Each Trust-led board will be chaired by an Executive Director and have appropriate LHB, clinical and stakeholder involvement. A member of the Innovations in Care team and the appropriate regional office will be represented on each local board, which will meet quarterly. Local boards will be required to prepare annual Innovations in Care plan, on which the allocation and release of Innovations in Care funding will be dependent.

A total of £4.6 million has been allocated to Innovations in Care programmes for 2003/04. £3.3 million of this is already committed to the following programmes:

- Outpatient Improvement£400,000
- Theatre Improvement£400,000
- Pre agreed service improvement programmes and pilots£200,000
- Orthopaedic Services*£2,300,000

Total £3,300,000

**(recurrent orthopaedic commitment is £2,020,000).*

This leaves a balance of £1.3 million to be allocated between the local boards in 2003/04.

At the first meeting the board endorsed the following Innovations in Care publications:

- Expected Standards for Waiting List Management in Wales
- Expected Standards for the Organisation and Delivery of Trauma & Orthopaedic Services in Wales
- Outpatient Improvement Guide for Wales

The board also received proposals for the following new Innovations in Care programmes:

- Accident & Emergency
- Endoscopy
- Day Surgery

Bids for the new funding required in order to run these programmes will be submitted by IiC to the next

BPR round.

Local boards will be required to submit their draft Innovations in Care (Modernisation) plans to IiC by 15 May. Final plans will be agreed by end June for all service improvement funding to be released directly to Trusts in July. This approach is intended to give organisations autonomy in deciding where funding can achieve the most impact locally.

In addition to the £50,000 - £90,000 to be allocated to each local board, Trusts will also receive £30,000 for Outpatient Improvement and £30,000 for Theatre Improvement projects. Orthopaedics funding is released according to recurrent allocations agreed in 2002/03, with the balance being used to support learning and collaborative events and national service improvement initiatives.

Arrangements for local boards will be managed by Trusts for this year only whilst restructuring settles in. From April 2004 local Partnership boards will be developed jointly between Trusts and their LHBs.

1.8 Specialised Healthcare Services for the Children of Wales

In my last Monthly Report on 26 February, I reported the progress that has been made against a number of the actions in relation to Specialised Healthcare Services for the Children of Wales.

In regard to paediatric neurosurgery, I will very shortly be announcing the appointment of the independent chair for the optional appraisal process and work on the independent retrospective audit, which will be led by a team from the Royal Liverpool Children's Hospital is continuing.

The closing date for applications for the Director of Healthcare Services for Children and Young People was 21 March and interviews are scheduled to take place in April.

Underpinning the work on specialist paediatric services in Wales, the Making Children's Services Special project board has been established which will draw together all the work on standards, their implementation and the overarching strategy and they held their first meeting last month.

2. NHS PERFORMANCE:

2.1 Waiting Times

Waiting times figures for the end of January showed progress being made in all areas with reductions in the number of people:

- Reductions in waiting for treatment;
- Reductions in waiting for an initial outpatient appointment;
- Reductions in waiting over 18 months for orthopaedic treatment;

- Reductions in waiting over four moths for cataract surgery,
- Reductions in waiting over six months for angiography investigation, and
- sustaining the target of having no patient waiting more than 12 months for cardiac surgery.

The number of people waiting for cardiac surgery fell to its lowest level since February 1999, and there was also a fall in those waiting over six months for surgery.

There has been another significant fall over the month in the number of people waiting over 18 months for an initial outpatient appointment. The Waiting Times Task Group that is chaired by my deputy, Dr Brian Gibbons has heard that many trusts are achieving significant improvements through the use of partial booking systems.

(Waiting times for the end of February will be published on the Internet on 26 March 2003.)

Following the announcements at last month's Health and Social Services Committee regarding additional investment for orthopaedic services across Wales, arrangements are now firmly underway to implement these changes. In particular, the four new Specialist Registrar posts have been advertised, and reestablishment of the Chair in Orthopaedics is also imminent. Professional advice is being sought on the detail of protocols for formally ringfencing orthopaedics beds, although the majority of Trusts in Wales have already adopted this approach in principle. Detailed business cases and work schedules are being refined in respect of the additional physical capacity agreed for Gwent and Cardiff. The allocation of substantial sums for capacity in Gwent was conditional upon delivery of the other recommendations in Professor Edwards' report, and the detailed action plan developed by all stakeholders to achieve this will be signed off by mid March.

In regard of the long term orthopaedics strategy for Wales and further service developments to improve waiting times, the work of the small orthopaedic working group is continuing. The developments announced last month will be the first phase of an ongoing programme of work, intended to provide long term sustainable solutions to increasing demands and long waiting lists. Further detailed will be announced in due course

2.2 Organ Retention and Post Mortem Practices

Since the publication of the Alder Hey Report on Organ retention, we in Wales have been working closely with colleagues at the Department of Health; the Home Office; the Coroner's Review Team and the Retained Organs Commission, in addressing a wide range of changes to the entire post mortem process and related legislation.

I now wish to update you on recent and imminent developments.

In April, the Chief Medical Officers for Wales and England will jointly publish interim guidance to NHS Trusts in a Code of Practice on Families and Post Mortems, together with revised post mortem consent

forms and patient information leaflets. The Code also deals with bereavement services and a review of the NHS bereavement services in Wales is now planned.

The Retained Organs Commission recently visited Cardiff & Vale NHS Trust to discuss their processes for managing organ retention issues. This was one of a series of visits to regional centres across England and Wales.

Two linked public meetings were also held in Cardiff to allow families the opportunity to come together to discuss their experiences and to hear what has been done to implement the changes recommended following the Alder Hey Report.

Alder Hey families have now been given a formal apology from the Liverpool Children's Hospital NHS Trust and Liverpool University as part of the recent mediated settlement. The other family group (Bristol & rest of UK) which includes a number of Welsh litigants has not yet settled. The High Court has decreed a cut off date of 31.7.03 for new claims.

3. IMPROVING HEALTH AND TACKLING INEQUALITIES:

3.1 Interventional Procedure Advisory Committee

On 18th February, the National Institute for Clinical Excellence (NICE) launched its Interventional Procedure Advisory Committee (IPAC). The role of IPAC is to assess whether interventional procedures - used for patient diagnosis or treatment - are sufficiently safe and effective for routine use in the NHS.

Until last year, interventional procedures were registered under the Safety and Efficacy Register of New Interventional Procedures (SERNIP). However, following a recommendation in the Bristol Royal Infirmary Report (Kennedy Report) responsibility for interventional procedures transferred to NICE on 1 April 2002.

3.2 Workplace Health

On 6 March I presented the Corporate Standard: Health at Work awards in Portmeirion. The Corporate Standard encourages organisations to take active steps to protect and promote the health of their staff. Taking an organisational development approach the Corporate Standard promotes good management practice as well as health specific issues, and thereby contributes to the Assembly's health and economic improvement programmes. Four Local Authorities, four NHS Trusts and five other organisations in the public and private sectors were presented with their awards at this event. In total their workplace health promotion programmes cover over 46000 employees.

3.3 Teenage Parenting and Conception Rates

I was pleased to speak alongside the Minister for Education and Lifelong Learning at a conference

looking at multi-agency approaches to supporting teenage parents in Wales on 13tFebruary. Good practice guidance will follow.

I was also pleased to see that the teenage conceptions rates published by the Office of National Statistics have continued to fall in Wales for the third consecutive year. Provisional figures for 2001 show that the conception rate for women under 18 in Wales is 4% lower than in 2000. The total reduction since 1998 is 17%, which means around 500 pregnancies in girls under 18 have been prevented.

In 2000, we launched the Strategic framework for promoting sexual health in Wales. One of the key objectives of this strategy is to reduce the rates of teenage pregnancy in Wales. These new figures provide evidence that action to reduce teenage pregnancy is being effective. Key elements of the sexual health programme in 2001 included an emergency contraception awareness campaign, new guidance on best practice for the provision of young people's sexual health services, and allocation of over half a million pounds to Health Authorities to support implementation of their local sexual health strategies. This money has supported a range of initiatives including community sex and relationships education projects and the development of young people specific sexual health services.

3.4 Enhancements to the NHS Breast Screening Programme

You will recall my announcement, in last month's report, regarding the introduction of a pilot of an extension to the age range for routine screening from 50-67 years of age, so that eventually screening could be routinely offered to those 50-70 years of age. Members asked on the position in the rest of the UK; my Officials have been in contact with colleagues in England, Scotland and Northern Ireland to clarify the position on both the introduction of two-view mammography and the extension to the age range for routine screening. The current positions are as follows:

	Current Position of Two-View Mammography	**Current Position on Extension to the age range up until 70**
England	By December 2003, the target is that 90% of women screened will receive a two-view mammogram. Age range 50- 64	By December 2004, the target is that 90% of women from age 64-70 will receive an automatic invitation to be screened.
Scotland	The implementation of two-view mammography is under consideration by the Scottish Advisory Group.	A gradual implementation of the extension to the age range is due to begin at the start of the new financial year 2003-2004.

Northern Ireland	Two-view has been in place since the screening programme began. Age range 50- 64	Resources permitting, target is to begin automatic invitation to women from 64-70 to screening in March 2006.

Therefore, Wales is well placed, in the UK in progress in implementing the enhancements to the NHS Breast Screening Programme, something that we should congratulate ourselves and Breast Test Wales for.

3.5 Plastic Surgery Services for Wales

I have recently announced that £1million is being made available for plastic surgery services in Wales. This funding is on a recurrent basis and is being given direct to Health Commission Wales, who will commission the services from 1st April 2003.

An action plan has been developed by Swansea NHS Trust, Iechyd Morgannwg Health Authority and the Specialised Health Service Commission for Wales (SHSCW), following a review of plastic surgery services by SHSCW in December 2001. The action plan details a number of initiatives, which have been developed to improve services. This £1million will be utilised to implement the first stage development of the action plan and will be used in part to pay for the appointment and activity of two additional consultants at Morriston Hospital. The Trust and SHSCW are looking at how the remainder of the money can be utilised towards making inroads into the waiting lists, before the new consultants are actually in post.

4. QUALITY REGULATION AND INSPECTION:

4.1 Inspection of Child Protection Services in Blaenau Gwent

The inspection of Blaenau Gwent's child protection services by SSIW published in February found that vulnerable children receive a very quick response from social workers when risks are reported to them.

In partnership with voluntary organisations, the Council provides helpful support services to these children in need and their families. However, social services are finding it difficult to achieve these high standards consistently enough, partly because of staff shortages. Only some children get a good service and the prospects for improvement are uncertain.

Inspectors found that social services staff in Blaenau Gwent have been working hard to protect children at risk of harm but they were not always focusing clearly enough on providing services that match the needs of children and their families. The inspection report describes the approach as relying too much on crisis management.

The Council is trying to make changes in social services that will tackle the weaknesses found by the inspectors. It is working with the local Area Child Protection Committee to improve the quality of work done by all those who have responsibilities for working together and safeguarding children. The inspection report suggests 19 ways in which this programme of improvement can be made more effective and the council has agreed a plan of action to put the recommendations into effect.

Since the inspection was carried out, Blaenau Gwent social services have been subject of a joint review. This will comment more fully on performance and will provide a check on progress.

5. SOCIAL CARE

5.1 Joint Reviews of Social Services Authorities In Wales

Consultation on the Social Services Inspectorate for Wales' Inspection Programme from 2004 onwards and on arrangements for Joint Reviews following completion of the current round in 2003 invited responses this month.

These are now receiving consideration and proposals will be developed which are robust and capable of reporting in detail both on particular service areas and, importantly, on the way in which each authority as a whole carries out its social services responsibilities. Detailed discussions are taking place with the Audit Commission in Wales to develop a jointly owned framework and methodology for authority wide reviews. There will be further consultation on the detail of these arrangements.

5.2 Delayed Transfers of Care

Vital parts of the Welsh Assembly Government's Strategy to tackle delayed transfers of care are to support whole systems working across health, social care and the private and voluntary sectors and the commitment to help identify and share good practice. There are many examples of good and effective schemes and services around Wales. From next month a Change Agent Team will start to work alongside the NHS and local government, the private and voluntary sectors to help to improve the processes for transfers of care within the NHS and from hospital to the community and to promote good practice everywhere.

The Team will include health and social care professionals. It will be funded under the Innovations in Care Programme. The Team's work will build on the recent programme of visits to help local partners identify and address the causes of delays.

5.3 Learning Disabilities

I am pleased to report that Professor David Felce from the Welsh Centre for Learning Disabilities has accepted my invitation to co-chair the Learning Disability implementation Advisory Group. This

Advisory Group will oversee the implementation of the Welsh Assembly Government's response to 'Fulfilling the Promises'. Invitations have now been issued to a range of organisations in the voluntary and statutory sectors to nominate members for this Advisory Group. I also intend to appoint a person with a learning disability as the other co-chair and for other people with learning disabilities to be members of the Implementation Group.

To facilitate this, I have asked the organisations in the Voluntary Sector Learning Disability Consortium (comprising Mencap Cymru; the All Wales Forum of Parents and Carers; All Wales People First and SCOVO) to work together to agree who these individuals should be. I have also agreed that the reasonable and appropriate costs of supporting these individuals' participation as members of the Advisory Group should be met by the Assembly. The first meeting of the Implementation Advisory Group will be in April.

5.4 The Active Community - Phase 2

I previously reported that I had commissioned a review by Cardiff University of the Wales: Active Community initiative. In the light of the evaluation I am delighted to announce that funding for projects in the first round of the Wales: Active Community programme will be extended to the end of March 2004. £3.8million will be made available to support the programme over 2004-05 and 2005-06. We will be inviting new bids for funding in the Autumn.

5.5 Welsh Assembly Government response to the Victoria Climbié Inquiry Report

The Report, which was made to the Home Secretary and the Secretary of State for Health, was published on 28 January 2003. Although it is focused on child protection policy and procedures in England, it is clearly of relevance to Wales. It is therefore proposed that the Assembly Government should formally respond to the Report. The Report contains 108 recommendations, 56 of which are considered to relate to what is, or should be, best practice. The Department of Health has written to all agencies drawing their attention to these 56 practice recommendations. Local authorities and the NHS have been asked to conduct an audit of their existing position in relation to these recommendations. The Social Services Inspectorate in the Department of Health has recently issued an audit framework to social services and the Commission for Health Improvement will be issuing and audit framework to the NHS.

I have issued these 56 practice recommendations to chief executives of local authorities, health authorities, Local Health Boards and the Chief Inspector of SSIW has written to social services departments enclosing a copy of the audit framework to be used by them to audit their position in relation to these recommendations.

5.6 Criminal Records Bureau

At a meeting of the Voluntary Sector Partnership Council in May 2002, members of the Council raised with me the difficulties many voluntary organisations in Wales were experiencing in obtaining CRB

checks on volunteers and staff. I set up a working group which reported to the VSPC on 14th Feb this year. The working group recommended that a new body should be established to administer checks on behalf of voluntary organisations in Wales. Members also urged that the Assembly Government should consider this an urgent priority.

I am delighted to report, therefore, that I have agreed proposals from the WCVA to set up a new unit as quickly as possible. I expect the new service to come into operation by September 2003.

6. VOLUNTARY SECTOR/ VOLUNTEERING

6.1 UK Voluntary Organisations based in Wales

In November I published for consultation a proposed voluntary code of principles which UK voluntary organisations working in Wales will be invited to adopt.

The consultation period ended on 28 Feb and my officials have collated the responses and are considering what revisions may be necessary.

The code is intended to provide for the appropriate sharing of information and a commitment to early consultation with funders, stakeholders and service users in advance of any decision to withdraw, reduce or significantly alter services for people in Wales.

7. FINANCIAL POSITION

7.1 NHS Financial Position

There has been a further improvement in the year-end forecast, which now indicates an operating deficit of between £39.1 million and £49.6 million. The upper range of the forecast is based on an assumption of primary care drugs expenditure increasing by 13% over previous years costs, although prescribing cost information to the end of January 2003 indicates that this increase is likely to be between 11% and 12%. However, this remains a volatile area of expenditure.

The majority of NHS organisations are planning to achieve the financial targets approved by the NHS Wales Department at the beginning of the financial year. My officials continue to work closely with organisations forecasting the greatest financial difficulties to develop robust plans to restore financial balance, and to identify funds to meet the budgeted deficit.

8. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATION PROGRAMME

A schedule showing the position on proposed Health and Social Services subordinate legislation is attached at Annex B and FSA subordinate legislation is attached at Annex C.

Annex A

Revised estimates of the costs of the NHS Wales Structural Change Programme

Purpose

1. To present revised estimates on the affordability on the NHS Wales Structural Change Programme in respect of setting up costs and annual running costs.

Summary

2. The planning estimates prepared by my officials for the 2003-2004 running costs of the new NHS Wales structure indicate that, subject to the need for transition funding for the Business Services Centre and the National Public Health Service, the running costs will be no greater than the annual costs of the existing structure.

Running costs of the existing structures

3. The running costs envelope of the existing structures within the NHS Wales structural change programme has been derived from two sources, the 2001-02 audited accounts of the Health Authorities and Powys Health Care NHS Trust, and the direct running cost budget of the NHS Wales Department for 2003-04. Validation work subsequent to the Auditor General's review has increased the running costs envelope from £71.1 million to £71.256 million. These revised figures are shown in Table A.

Annual running costs of the new structures

4. The 2003-04 budgets for the running costs of the new structure are shown in Table B. These allocations have been issued formally to NHS Wales. Other than for the Business Services Centre and the National Public Health Service, the new structures have delivered a staffing structure within budget. Detailed operational planning work is underway to determine how the Business Services Centre and the National Public Health Service will deliver their new functions and the required savings without jeopardising service delivery.

Transitional costs of the NHS Wales structural change programme

5. The revised budget estimates for the transitional costs of the new structure are shown in Table C. Excluding transition funding for the Business Services Centre and the National Public Health Service, the overall transitional cost of the NHS Wales Structural Change Programme is currently estimated to be in the range of £10.9 million to £14.1 million over a period of four years to 31 March 2005. This

compares to the range of £12.5 million to £15.5 million reported to this Committee in July 2002 (HSS-16-02 (p.1). Forecast spend against the transitional budget to 31 March 2003 is £3.2 million (Table D).

6. It is important to note that, although the transition budgets are based on the best information that is currently available, some elements of the transitional budget costings are still subject to further refinement. This is particularly so for the Extended Employment Scheme, where the number of staff who will enter the Scheme are reducing as some are close to finalising new posts.

7. The estimated level of transition funding for the Business Services Centre and the National Public Health Service will be finalised when the transition periods over which they will be required to achieve cost neutrality have been signed off by the Director of NHS Wales.

Table A

Running costs envelope for the existing structures within the NHS Wales structural change programme (2003-04 prices)	**£ million**
Health Authorities	61.159
Powys Health Care NHS Trust [1.]	0.665
NHS Wales Department	9.432
Annual running costs of the existing structures	71.256

Notes:

1.	Excludes the running costs for the provision of healthcare services provided by Powys Health Care NHS Trust and, from 1 April 2003, to be provided by Powys Local Health Board. These running costs are assumed to be cost neutral within the new structures.

Table B

2003-04 running costs budgets for the new structure	**£ million**

Health Commission Wales (Specialist Services)	1.716
Local Health Boards [1.]	25.689
Business Services Centre [2.]	18.407
National Public Health Service [2.]	13.862
NHS Wales Department – Central Functions	8.904
NHS Wales Department – Regional Offices	2.678
Annual running costs of the new structures	71.256

Notes:

1.	Excludes the running costs for the provision of healthcare services formerly provided by Powys Health Care NHS Trust and, from 1 April 2003, to be provided by Powys Local Health Board. These running costs are assumed to be cost neutral within the new structures.
2.	Excludes transition funding.

Table C

Estimate of the range of the transitional costs of the NHS Wales structural change programme: 2001-2002 to 2004-2005 [1].

	Lower limit	Upper limit
	£ million	£ million
Project management costs	0.760	0.800
Recruitment costs	0.475	0.500
Organisational Development and Training costs	0.420	0.450
Accommodation and IT costs	2.600	2.900
Shadow running costs	0.625	0.650
Extended Employment Scheme costs	5.970	8.740
Miscellaneous costs	0.050	0.100

Totals	**10.900**	**14.140**
Notes:		
1.	**Excludes transition funding for the Business Services Centre and the National Public Health Service.**	

Table D

Transitional costs of the NHS Wales structural change programme: Forecast spend to 31 March 2003

	Expenditure to 28 February 2003	**Forecast spend to 31 March 2003**
	£ million	**£ million**
Project management costs	0.567	0.787
Recruitment costs	0.360	0.456
Organisational Development and Training costs	0.095	0.387
Accommodation and IT costs	0.067	0.988
Shadow running costs	0	0.610
Miscellaneous costs	0.001	0.030
Totals	**1.090**	**3.258**