

Petitions Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
15 January 2013

Meeting time:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Naomi Stocks
Committee Clerk
029 2089 8421
Petition@wales.gov.uk

Agenda

- 1. Introduction, apologies and substitutions 09:00**
- 2. New petitions 09:00 – 09:15**
 - 2.1 P-04-436 Government Expenditure and Revenue Wales (Page 1)
 - 2.2 P-04-443 Welsh History (Page 2)
 - 2.3 P-04-444 Dig for Victory (Page 3)
 - 2.4 P-04-445 Save our Welsh cats & dogs from death on the roads (Pages 4 – 10)
 - 2.5 P-04-446 Business Rate Relief for Welsh Charity Shops (Page 11)
 - 2.6 P-04-447 Campaign for Statue of Henry VII in Pembroke (Page 12)
- 3. Updates to previous petitions 09:15 – 10:30**
 - 3.1 P-04-404 Aberporth Unmanned Aerial Vehicle (Pages 13 – 15)

Education and Skills

- 3.2 P-04-346 Free Childcare for 3-4 Year Olds in Wales (Pages 16 – 17)
- 3.3 P-04-432 Stop the Army Recruiting in Schools (Pages 18 – 22)

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The following two items will be considered together

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- 3.5 P-04-319 Newtown traffic petition (Pages 24 – 26)
- 3.6 P-04-418 Naming the A470 'Prif Ffordd Tywysog Owain Glyndwr (Pages 27 – 28)

Health & Social Services

- 3.7 P-04-334 Petition for a new renal unit at Prince Charles Hospital (Pages 29 – 30)
- 3.8 P-04-362 Ambulance Services in Monmouth (Pages 31 – 33)

The following two items will be considered together

- 3.9 P-04-367 Save our Hospital Services (Page 34)
- 3.10 P-04-394 Save our Services – Prince Philip Hospital (Pages 35 – 112)
- 3.11 P-04-400 NICE Quality Standard in Mental Health (Pages 113 – 119)
- 3.12 P-04-413 Maternity Services in the Cynon Valley (Pages 120 – 122)
- 3.13 P-04-430 Proposed closure of Tenby Minor Injuries Unit (Page 123)
- 3.14 P-04-431 Against Health Cuts from the Residents of Pembrokeshire (Pages 124 – 130)

Environment & Sustainable Development

- 3.15 P-04-333 Stop neglect and abandonment of horses (Pages 131 – 134)

The following three items will be considered together

- 3.16 P-04-406 Against Proposed MCZ zones in North Wales (Page 135)
- 3.17 P-04-411 Petition Against Marine Conservation Zones in Pembrokeshire (Pages 136 – 137)
- 3.18 P-04-415 Support for Designation of Highly Protected Marine Conservation Zones (Pages 138 – 144)
- 3.19 P-04-419 Wind Farm Moratorium (Pages 145 – 152)

Business, Enterprise, Technology and Science

3.20 P-04-414 Welsh Jobs (Pages 153 - 154)

4. Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business: 10:30

Item 5

5. Petitions Admissibility 10:30 - 11:00

Agenda Item 2.1

P-04-436 : Government Expenditure and Revenue Wales

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to put together a Government Expenditure and Revenue Wales report.

In Scotland they have the GERS report, it aims to enhance public understanding of fiscal issues through detailed analysis of official UK and Scottish Government financial statistics. It's time that the Welsh Government published a similar report so that we can truly see the fiscal position of Wales.

Petition raised by: Stuart Evans

Date petition first considered by Committee: 15 January 2013

Number of signatures: 27

P-04-443 : Welsh History

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to make Welsh History Compulsory in our schools from the age of 7.

Supporting information: Teaching about Wales from the Celtic times right through to the present Day , including for example Llywelyn, Glyndŵr, all other Welsh Native Princes , Tryweryn , The Welsh Not , The Norman conquest, Act of Union and Industrialisation. As It appears that not all of Welsh history is being taught and is selective to cover certain periods and events .

Petition raised by: BALCHDER CYMRU / PRIDE OF WALES

Date petition first considered by Committee: 15 January 2013

Number of signatures: 597

Agenda Item 2.3

P-04-444 : Dig for Victory

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to introduce via local Councils a modern day Dig For Victory campaign.

With food prices continually rising and times of a recession, there is a need once more to grow your own food, just like during ww2 when they introduced a Dig for Victory campaign to make sure everyone was fed. If the Welsh Government introduced this via their local councils by giving householders vouchers or seeds, compost, even chicken arks and chickens (where suitable) then people would be a little better off financially and also healthier. It would also cut down on the amount of food we import thus cutting down on our carbon footprint. Most people have a garden and people without one can still grow some veg on patios and balconies. So come on lets Dig For Victory .

Petition raised by: Plaid Cymru Aberavon.

Date petition first considered by Committee: 15 January 2013

Number of signatures: 13

P-04-445 : Save our Welsh cats & dogs from death on the roads

Petition wording:

We, the undersigned, call on all Welsh Residents who own cats and dogs to support our petition to the Welsh Government to remove the ban on electronic collars linked with invisible boundary fencing/hidden fencing so that we can protect our companion pets from harm either from: a) Road Traffic b) Straying into Danger c) Causing accidents for which we owners of cats & dogs might legally be held liable.

Petition raised by: Monima O'Connor

Date petition first considered by Committee: 15 January 2013

Number of signatures: 10 – Associated petition collected approximately 500 signatures



Save our Welsh Cats & Dogs from Death on the Roads

This petition is seeking a repeal or an exemption for the Radio Containment Fencing or Hidden Fence device that was included in a blanket law in March 2010 "Animal Welfare (Electronic Devices) 2010." This campaign is supported by Professor Tim Gruffydd-Jones of the Department of Clinical Veterinary Science at the University of Bristol.

1. My petition has about 500 signatures just from Welsh residents, mostly within Ceredigion and over 1,380 Facebook supporters compared to a majority of only 19 respondents (15 + 4) in favour of this law in the Government's 2nd & 3rd Public Consultations combined.

2. Agricultural livestock fencing is legal. The few differences between these live electric fences and the companion pets' fence is that the livestock fence is a wire which produces a live shock with a voltage of up to 10,000 volts to an animal which goes through its whole body to the earth. No warning sound is given.

A transmitter for the pet containment fence emits a radio signal to an electronic collar powered by two 3 volt batteries and is worn by the animal. An audible warning is given well beforehand and in most cases, the small static electric impulse is switched off as owners have found the audible warning to be sufficient. This is amply demonstrated in the 1st short bilingual video (of 2) accompanying this note.

3. The RSPCA strongly supported the introduction of this legislation but 18 months after it became law in Wales, a former Chief Veterinary Officer of this charity (who was also a former Veterinary Director of the Dogs Trust) was exposed by the Daily Mail for using a containment fence to protect his own cat and dog from danger in his garden (copy of article attached). The Charity has also accepted adverts for these containment fences in its RSPCA Wiltshire 2010 Annual Report (copy enclosed).

4. A serious blunder was made by the manufacturer's lobby ECMA, who (as I was told by the Director of Marketing during the throes of my research) invited certain Welsh Assembly members during the public consultation period to visit its training centre in Lincolnshire, of all places.

Another serious misjudgement was made by the officials advising the Welsh Minister at the time as the draft legislation had actually excluded these protective boundary fences, but were included at the last minute to make it easier for the officials to administer the law, which also included dog training collars and anti-bark collars.

All expenditure incurred for this campaign has come out of my own pocket.

These fences are harmless and keep companion pets safe from being squashed on the roads or shot chasing sheep.

I sincerely hope the Committee will favourably view my petition and encourage the Government to redress this.

Monima O'Connor
Petition Author, Ceredigion

Monima O'Connor
8 Jan 2013

COPY

From: Jonathan Beels <jonathanbeels@waitrose.com>
Subject: Animal Welfare (Electronic Devices) 2010 legislation
Date: 19 November 2012 23:12:07 GMT
To: nicholas.ramsay@wales.gov.uk

Dear Mr Ramsay,

I am writing to ask you to support a petition which is likely to be debated next year in the Welsh Assembly, calling for the repeal of part of the Animal Welfare (Electronic Devices) 2010 legislation.

The bit that I and hundreds of other dog and cat owners in Wales want repealed relates to the installation and use of concealed, containment boundary fencing, which was made a criminal offence punishable by heavy fines or up to a year in prison. I understand that the Welsh government decided at the last minute, for the sake of convenience, to include these fences in new legislation which was mainly aimed at outlawing the use of electronic training aids for animals. I have no problem with the banning of electronic training aids; their use was undoubtedly cruel, at times.

But electronic containment fences are just the opposite of cruel.

Before I awoke one morning to be told by the BBC's "Today" programme that overnight, the Welsh government had converted me at the stroke of a legislative pen from an innocent person to a criminal, I protected my dog from harm by means of one of these electronic fences. I have several acres of land bordered on one side by a busy road and on another by fields which usually contain sheep or cattle. There is no practical way of conventionally fencing off this area to make it dog proof.

This meant that I had a choice. I could keep the dog indoors at all times and only allow it to go outside when I was able to accompany it. This would be miserable for the dog and burdensome for me. Or I could take a chance and hope that the dog would not escape onto the main road, where it risked death or injury (and where it could cause death or injury to road users) or into fields containing sheep or cattle, where it risked being shot, quite legally, by the farmer. Not much of a choice, I'm sure you will agree.

So when someone told me about electronic containment fences, I could see that here was the answer to the problem. Once the fence was installed and the dog trained (the training took about fifteen minutes), the dog could be allowed outside on her own, to roam around for as long as she wished. She was kept safe from death on the road or at the hand of an outraged farmer.

She could do no harm to road users or to sheep and cattle. And I could stop worrying about her, when she was outside. A perfect solution conferring benefits and happiness both to me and the dog - all stripped away by legislators who were apparently more concerned about their own convenience than that of their constituents and who failed to research properly what electronic containment fences do and how they work. Thoroughly shoddy work by the legislators, of which they should be ashamed.

COPY

If you would like to know more about these fences, you may find a short video helpful. The charity which made the film has given the organisers of the petition to which I refer above permission to use the video in this way.

It can be seen at www.feline-friends.org.uk/video1.htm

Once you have seen the film, I am confident you will understand the distress and anger which this piece of legislation caused and still causes.

I gather that the petition now has close to 400 signatures. I do hope that we can count on your active support in righting this legislative wrong, when the matter is debated in the Assembly.

My grateful thanks to you, for taking the time to read this.

Yours sincerely,

Jonathan Beels

Star Hill Cottage
Devauden
Chepstow
Monmouthshire
NP16 6NT

01600 869080

Shocking hypocrisy from a bunny hugger

By [Quentin Letts](#), Daily Mail

UPDATED: 16:50, 30 July 2011

A leading animal welfare expert has been practising the opposite of what he so insistently preaches.

Chris Laurence is veterinary director of the politically tinged charity Dogs Trust. He used to be chief vet at the RSPCA, another outfit that has become distinctly political.

In animal rights circles, Mr Laurence MBE is a top dog. He is a trustee of the Feline Advisory Bureau. He frequently lobbies British and European parliamentarians and has appeared on telly.

One of the issues on which both Dogs Trust and the RSPCA have pressed politicians is electric fences for pets. These devices are, to my mind, practical and humane. I wrote a feature article about them recently. Many (though not all) readers agreed.

Dogs Trust and the RSPCA argue that 'containment fences' are cruel. Last year they persuaded the Welsh Assembly to ban such devices. Using one in Wales could now cost you £20,000 in fines or six months in prison.

Last week, a pet owner was left £3,000 worse off after such a case. Serves him right, Dogs Trust said. But hang on. Information comes my way that Mr Laurence is himself an enthusiastic user of these electric fences.

Can it be true? After some sucking of gums, Dogs Trust said: 'Chris Laurence does have a containment fence which can be set up to emit electric shocks.

'However, he has never used the fence in this way with his dog and the electric shock component on his dog's collar is permanently turned off.' Believe that if you will.

But what about cats? Pause. Then came a further admission. The charity said that Mr Laurence had indeed used the shock aspect of the fence to stop his cat straying into the road.

'Chris's personal opinion is that for cats this system can be the lesser of two evils. This does not reflect the view of Dogs Trust,' growled the statement.

'Dogs Trust will continue to lobby government in England, Scotland and Northern Ireland to ban electric shock devices.'

So a charity, some of whose staff seem to hold an anthropomorphic view of pets, is campaigning for the criminalisation of a device — even though its chief expert himself uses one. What hypocrisy.



Charity Registration no. 205295

Wiltshire-Mid Branch Annual Report 2010

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Agenda Item 2.5

P-04-446 : Business Rate Relief for Welsh Charity Shops

Petition wording:

Charity shops make a vital contribution to raising income for a huge range of good causes in Wales. 100 per cent of their profits go to charity, raising over £12 million every year in Wales.

Proposals which reduce business rate relief for charity shops in Wales will reduce this income, and will cause charity shops to close, leaving more empty shops on Welsh high streets and threatening 700 full time jobs and 9,000 volunteering opportunities offered by charity shops in Wales. It will significantly reduce the services that charities are able to provide in Welsh communities.

We call upon the National Assembly for Wales to urge the Welsh Government to reject proposals which will restrict the vital business rate relief for Welsh charity shops.

Petition raised by: Charity Retail Association

Date petition first considered by Committee: 15 January 2013

Number of signatures: +22,600

P-04-447 : Campaign for Statue of Henry VII in Pembroke

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to fund a statue of Henry VII in Pembroke, town of his birth and birthplace of the Tudor Dynasty. There is no statue or memorial in the town of this man. A statue could improve the economy of the town as a Tudor must-visit place.

Petition raised by: Nathen Amin

Date petition first considered by Committee: 15 January 2013

Number of signatures: 144

Agenda Item 3.1

P-04-404 Aberporth Unmanned Aerial Vehicle

Petition wording:

We call on the Welsh Government to withdraw the support given for UK unmanned aircraft to be tested at Aberporth and to fly across a large area of Wales.

Supporting Information: Unmanned aircraft are a significant and dangerous development in the weapons arsenal. These unmanned aircraft are used all too easily, without taking into account the lives of innocent people who are often killed.

Petition raised by: Cymdeithas y Cymod

Date petition first considered by Committee: 2 July 2012

Number of signatures: 1730+



Cymdeithas y Cymod

Fellowship of Reconciliation in Wales
Rhif Elusen /Charity No 700609

3 Tai Minffordd, Rhostryfan, Caernarfon, Gwynedd LL54 7NF
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09/12/2012

Mr. Powell
Chair
Petition Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

Re Petition P 04 404

Thank you for forwarding a copy of the letter written by Edwina Hart in response to our petition regarding the flying of Unmanned Aircraft at Aberporth.*

We should be grateful if you could ask the Minister to address the following 7 issues:

- 1) Her letter notes that the 'aerospace industry' provides direct employment for over 20,000 people in Wales. May we be given a breakdown of this number, and with respect to our society's particular concern, for specific figures relating to the UAV sector within this industry?*

- 2) Further, could we be told what the breakdown is of the number employed in the UAV sector first of all for military and secondly for non-military use.*

- 3) The letter asserts that the Ministry of Defence's trials of the Watchkeeper UAV programme currently provides a 'valuable boost to the local economy'; could this be quantified please, including number of people in the immediate locality be employed through this activity?*

- 4) What is the proportional split between the profits generated for foreign investors and Welsh investors by the industry in Aberporth?*

- 5) The letter also notes that regulatory issues surrounding the use of airspace is currently severely restricting the development of UAV technology. Would the Minister tell us why she believes that this is the case?*

6) *Following from (5) above, what is the Minister's response to those who believe that Wales is being used as a practice ground for operations which other countries have refused because of doubts as to their safety?*

7) *When was the last time the Assembly or the Local Authority representatives canvassed the opinion of local residents about the UAV's flights and what was the outcome of such a review?*

May we take this opportunity to thank you again for your time and for coming to meet us on the Senedd steps in Cardiff in October.

In eager anticipation of your response

**please note, that though the Minister's letter is dated July 25th we did not receive it until the last week of November.*

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Arfon Rhys', with a horizontal line underneath the name.

Arfon Rhys

Hon.Sec Fellowship of Reconciliation in Wales

P-04-346 Free Childcare for 3-4 Year Olds in Wales

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to ensure that free childcare for 3-4 year olds is delivered more flexibly across Wales allowing parents, and in particular working parents, to choose when and where they access the free childcare.

Supporting Information:

All three and four year olds are entitled to 15 hours of free nursery until they reach compulsory school age however many parents living in certain local authority areas in Wales are unable to utilise this free childcare due to the restrictions in place.

For example, parents living in the Vale of Glamorgan are only able to redeem free childcare at nurseries attached to schools and this childcare is split into 2.5 hours a day from Monday to Friday. In Newport Council however parents are offered a wrap around service whereby 12.5 hours are available for parents to use against childcare provided in either a nursery school or private nursery setting of their choice. This essentially means that working parents in certain local authority areas who are unable to drop and collect their children for 2.5 hours of childcare a day are being discriminated against and losing out on free childcare whilst parents in other areas are receiving a disproportionate amount of money towards their childcare costs. I would urge the Welsh Government to standardise this system so that parents in all local authority areas can use a wrap around service thus making the free childcare accessible to all including working parents.

Petition raised by: Zelda Smith

Date petition first considered by Committee: 29 November 2011

Number of signatures: 67

Leighton Andrews AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-03-346
Ein cyf/Our ref LA/07481/12

William Powell AM

committeebusiness@Wales.gsi.gov.uk

13 December 2012

Dear William,

Thank you for your letter dated 6 December regarding the delivery of Foundation Phase provision across Wales.

My officials continue to receive information from the local authorities which they are currently analysing. They will be providing me with advice before Christmas, on options for ongoing work with the local authorities and consortia to look at ways of addressing the variation and improving the flexibility of provision to ensure as many parents are able to access a Foundation Phase place for their child.

I will write to you again in the New Year and in time for your meeting on 8 January on the action we will be taking.

*Yours sincerely,
Leighton Andrews*

Leighton Andrews AC AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

P-04-432 : Stop the Army Recruiting in Schools

Petition wording:

We call on the National Assembly to urge the Welsh Government to recommend that the armed forces should not go into schools to recruit.

Britain is the only country in the European Union that allows a military presence in its schools. Britain is the only country of the 27 European Union countries to recruit 16-year-old children to the armed forces. The armed forces target their recruitment in schools in the most deprived areas of Wales.

Petition raised by: The Fellowship of Reconciliation

Date petition first considered by Committee: 6 November 2012

Number of signatures: 374 Associated petition collected approximately 700 signatures

Jeff Cuthbert AC / AM
Y Dirprwy Weinidog Sgiliau
Deputy Minister for Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-432
Ein cyf/Our ref JC/05485/12

William Powell AM

Chair
Petition's committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

4 December 2012

Dear William,

Thank you for your letter of the 13 November which calls upon the National Assembly for Wales to urge the Welsh Government to recommend that the armed forces should not go into schools for recruitment purposes. This letter has been passed to me by the Minister for Education and Skills. I am responding as this matter falls within my portfolio.

Firstly I would emphasise that responsibility for the control of the use of school premises rests with the Governing Body. It is the Head Teacher who is responsible for the internal organisation, planning and day to day management of the school, which includes deciding who can enter the school premises. Therefore the responsibility over who should come into the school to talk to pupils rests with the Head Teacher. Welsh Ministers have no direct powers in the matter but I should be clear that neither would we wish to discourage positive engagement with representatives of the armed forces.

The Welsh Government also sees the provision of impartial and balanced careers information, advice and guidance for young people as a key component of its lifelong learning agenda. This service is delivered through Careers Wales. Schools and Governing Bodies have a responsibility to respond to the needs of pupils and provide them with appropriate careers education provision which is laid out in the Careers and the World of Work Curriculum Framework. This is to develop in pupils the skills necessary to make informed decisions and manage their own career pathways. Schools should also support pupils by providing access to advice and guidance on potential careers. In this respect all young people in secondary education are entitled to receive a programme of school support from the age of 11 to help them make effective transitions to post 16 learning or employment. Educational visits from a vast range of potential employers take place against this background of provision.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence: Jeff.Cuthbert@Wales.gsi.gov.uk

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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It is in this context that Governing Bodies make their decisions about which organisations should be able to visit a school. Restricting armed forces access to schools, as this petition suggests, may possibly disadvantage some young people as they will not have access to information about a full range of careers, including some which offer training of a very high quality.

Best wishes
Jeff Cuthbert

Jeff Cuthbert AC / AM
Y Dirprwy Weinidog Sgiliau
Deputy Minister for Skills



Cymdeithas y Cymod

Fellowship of Reconciliation in Wales
Rhif Elusen /Charity No 700609

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Ffôn 01286 830913 E-bost post@cymdeithasycymod.org.uk

14/12/2012

Mr. Powell
Cadeirydd
Y Pwyllgor Deisebau
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

Dear Mr Powell

Re Petition P04-432

Thank you for forwarding a copy of the letter written by Jeff Cuthbert in response to our petition regarding the recruitment of children in schools by the armed forces. We should be grateful if you could ask the Minister to address the following :

We agree with Jeff Cuthbert that the provision of impartial and balanced careers information, advice and guidance for young people , even in the armed forces is important. However our petition asks the Welsh Government to urge schools not to allow the recruitment of children by the armed forces. The British Government has made a submission under Article 8, paragraph 1, of the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict², which states: "Army recruiting initiatives include presentations in schools by Army careers advisers (ACA), a variety of Army youth team and Army recruiting team activities, attachments and visits to units, school fairs, Combined Cadet Force (CCF), advertising and marketing initiatives, membership of the Army's Camouflage Club."

The British Government has said clearly that the Armed Forces do go into schools to recruit children and thus has not provided impartial and balanced careers information, advice and guidance for young people. Our petition is in accord with the recommendation by the United Nations Committee on the Rights of the Child in 2008 which stated that the UK state party should: "Reconsider its active policy of recruitment of children into the armed forces..."

The fact that the Armed Forces use visits to schools for recruitment purposes is further evidenced by the fact that schools in the most deprived areas were visited 50% more often than those in affluent areas in Wales.

May we take this opportunity to thank you again for your time and for coming to meet us on the Senedd steps in Cardiff .

In eager anticipation of your response

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Arfon Rhys', with a horizontal line drawn underneath the name.

Arfon Rhys

Hon. Sec Fellowship of Reconciliation in Wales

Agenda Item 3.4

P-03-261 Local Solutions to Newtown Traffic Congestion

Petition wording

We call on the National Assembly for Wales to urge the Welsh Government to defer a decision on the proposed bypass of Newtown until it has developed and trialled a set of sustainable measures in the town itself to address traffic congestion.

Petition raised by: Gary Saady

Petition first considered by Committee: January 2010

Number of signatures: 37

Supporting information:

Two thirds of the traffic on the A483/A489 corridor in Newtown is local.

The measures to address traffic congestion on the A483/A489 should include those designed to make better use of road space, such as:

- traffic management measures to reduce conflicting movements at junctions
- dedicated lanes in Pool Road and Llanidloes Road for traffic turning right to industrial and retail premises
- co-ordination of traffic lights

They should also include measures designed to promote alternatives to car travel, such as:

- a redesigned town bus network serving supermarkets & industrial estates, and avoiding the A483/A489 where possible
- a 15 minute interval town bus service
- a footbridge across the River Severn connecting the Llanllwchaiarn river path to Pool Road
- promotion of cycling and walking

We recognise that there is currently a problem caused by high vehicles diverting through residential areas in order to avoid the low railway bridges on Dolfor Road and Llanidloes Road. This can be solved by the following measures:

- raising the railway bridge on the Llanidloes Road
- construction of a link road from Dolfor Road to Heol Ashley in the Mochdre Industrial Estate

P-04-319 Newtown Traffic Petition

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to:

1. Install a roundabout at the Kerry road junction and, if flow improves, reinstate a permanent roundabout.
2. Issue an early start date for construction of a Newtown Bypass and for works to be fast-tracked through to completion.

Petition raised by: Paul Pavia

Petition first considered by Committee: June 2011

Number of signatures: 10 (an additional petition collected approximately 5,000 signatures)

Mr Paul Pavia
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Mr William Powell AM
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

5th October 2012

Dear Mr Powell

Re: Newtown Traffic Petition – Newtown Traffic Issues Summary Report

Thank you for your correspondence and for providing me with a copy of the Newtown Traffic Issues Summary report, which was given to members of the Committee by the Local Government Minister, Carl Sargeant AM.

It did make interesting reading. However, I have to say the conclusions in this report really bear no resemblance to the reality of the situation on the ground. For example, Point 3.2.1 of the ARUP Report states that:

“Initial site visits for the study were undertaken in February and March 2011 and were timed to observe the Thursday interpeak and pm peak period, as local residents had highlighted Thursday pm peak was most often the most congested.”

This is a cause of great conjecture because you only have to ask local people living in Newtown and they will tell you that it is Friday afternoon/evening and Saturday early afternoon that are the periods of most concentrated levels of congestion.

Therefore, I have to question how the evidence was gathered to produce this report. Personally, I would strongly urge the Minister to re-visit the methodology of how the data was collected and analysed.

Having examined the report in detail, there are a number of questions I would like the Minister to answer:

- Over what period of time was the assessment carried out and at what times of day?
- How did ARUP account for traffic that avoids the town completely and commuters taking alternative routes?
- In a leaflet produced by Tesco prior to opening they announced the new store would benefit the town and surrounding area by the construction of a new roundabout on Pool Road to provide a safe and satisfactory access to the store. Therefore I would

like to understand whose decision it was to remove the roundabout completely and replace it with traffic signals?

- The ARUP Report makes reference to several recalibrations of the SCOOT system. How many times has it been calibrated in total?
- The ARUP Report also states that any further capacity improvements at the Kerry Road junction would require third party land or property. Therefore, what work have officials undertaken to look at purchasing third party land?
- What considerations have been given to construct an improved roundabout with filter lanes?
- Point 2.5 of the ARUP Report states the traffic congestion was partly due to a lack of SCOOT training and understanding at Powys County Council. Powys County Council officials do not agree with this assertion, can you provide further background on why this statement was made?
- Point 3.2.1 of the ARUP Report states that site visits for the study were undertaken in February and March 2011 and were timed to observe the Thursday interpeak and pm peak period, as local residents had highlighted Thursday pm peak was most often the most congested. Therefore, how many residents highlighted this time as being the most congested?
- There are references in the ARUP Report that improvements have been made to the signalled controlled junction on Pool Road, why was the junction not designed correctly in the first place?
- Delays have increased on the Kerry Road and Cambrian Bridge to try and alleviate the delays on the main road. Have these two roads been monitored?
- The traffic flows measured during the study were conducted by counting the number of vehicles passing a specific point. Theoretically, does this then mean if the traffic is stationary for an hour with no vehicles passing the point, congestion would not be measured? If that is not the case how is congestion properly measured, as it seems to me the greater the levels of congestion, the slower the traffic moves over the passing point, the less traffic passes the point which would mean the lower the congestion is registered.

I would have to conclude that with these questions, coupled with the genuine level of uncertainty regarding the reliability of the evidence and data sets used to compile this report, my one recommendation to you Mr Powell, as Chair of the Petition's Committee, would be to invite the Minister back for further questioning and scrutiny.

Yours faithfully

Mr Paul Pavia

Agenda Item 3.6

P-04-418 : Naming the A470 'Prif Ffordd Tywysog Owain Glyndwr'

Petition wording:

We the undersigned, call upon the Welsh Assembly Government to name the entire A470, 'Prif Ffordd Tywysog Owain Glyndwr' in memory of the long campaign of the greatest of our national heroes and his Cymric compatriots to re-establish Cymric Independence.

Supporting Information: The A470 is a spine road that runs from Cardiff in South Wales to Llandudno in the North. Embassy Glyndwr launched a campaign in the year 2000 to name it 'Prif Ffordd Owain Glyndwr' in memory of the greatest of our national heroes Prince Owain Glyndwr and his compatriots who fought a great War of Independence from the year 1400 – 1421. The National Assembly of Wales ignored our request then and now, in the light of a campaign being launched to name a part of the road 'The Royal Welsh Way' in recognition of the Royal Welsh Regiment who swears allegiance to the English royalty and the English State who still occupies Cymru, Embassy Glyndwr has decided to re-launch the campaign initiated in the year 2000 by means of this proposed petition.

Petition raised by: Sian Ifan

Date petition first considered by Committee: 2 October 2012

Number of signatures: 111

Carl Sargeant AC / AM
Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-418
Ein cyf/Our ref CS/07284/12

William Powell AM
Chair Petition's committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

committeebusiness@Wales.gsi.gov.uk

5th November 2012

Thank you for your letter of 10 October enclosing a petition calling to rename the entire A470.

It is not appropriate to rename existing or new Motorways & Trunk Roads. The A470 is already widely recognised as the major North/ South route in Wales. Trunk roads in Wales are numbered rather than named in accordance with a strict convention in order to ensure the continuity of routes across the UK providing clarity to the road user following them.

Unlike streets, trunk roads can be hundreds of miles in length and as such it would be extremely difficult and costly to plan and implement a signage scheme to name them coherently. The hundreds of additional signs required to implement the initiative would have implications for the environment and potentially the safety of road users.

Carl Sargeant AC / AM
Y Gweinidog Llywodraeth Leol a Chymunedau
Minister for Local Government and Communities

Agenda Item 3.7

P-04-334 Petition for a new renal unit at Prince Charles Hospital

Petition wording

We call upon the National Assembly to urge the Welsh Government to build a new Renal Unit at Prince Charles Hospital, Merthyr Tydfil.

The current unit was built in 1989 to treat up to 16 patients per week but that number has now grown to 52. With the number of renal patients rising annually we feel it is very important that a new unit is built now to cater for the increase. Also with a new upgraded unit it would mean that renal patients requiring minor surgical procedures could be dealt within the unit rather being transferred to other hospitals and taking up much needed bed space.

The following are just a few problems that we have at present unit:

1. No Isolation area (which could lead to cross infection);
2. Only one toilet for male and female patients;
3. Cramped waiting area;
4. Poor air conditioning;
5. Unit has been flooded on a number of occasions

Petition first considered: November 2011

Petition raised by: Robert Kendrick

Number of signatures: 56

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-03-334
Ein cyf/Our ref LG/08735/12

William Powell AM

William.powell@wales.gov.uk

27 November 2012

Dear Bill

Thank you for your letter of 13 November on behalf of the Petitions Committee, enclosing copies of correspondence from a petitioner and Cwm Taf Health Board, regarding a replacement renal dialysis unit in Merthyr Tydfil and asking for an update on progress.

I can confirm I have agreed the Welsh Renal Clinical Network can now proceed with the development of an off-site unit. It is anticipated this unit will be operational by October 2013.

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence .lesley.Griffiths@wales.gsi.gov.uk
Printed on 100% recycled paper

Agenda Item 3.8

P-04-362 Ambulance Services in Monmouth

Petition wording:

We believe that Monmouth should be granted the appropriate ambulance provision. With its population set to rise, and the Minor Injuries Unit at Monnow Vale recently closed down, demand will increase for the ambulance service.

National Assembly for Wales:

We request the Health and Social Committee of the National Assembly to undertake a scrutiny inquiry into the ambulance service in rural Wales. We would urge the Committee to investigate the particular problems in Monmouth and the impact of the closure of the Monnow Vale Minor Injuries Unit on the ambulance service.

Welsh Government:

We urge the Minister for Health and social Care to use her powers to require the Wales NHS Ambulance Trust to provide a uniformly high standard of ambulance provision throughout Wales and especially rural areas such as Monmouthshire.

Welsh Ambulance NHS Trust:

We urge Welsh Ambulance NHS Trust to increase provision for Monmouth in real terms, with a high dependency unit and/or ambulance based within Monmouth town.

Petition raised by: Mathew Davies

Date petition first considered by Committee: 7 February 2012

Number of signatures: Approximately 450 signatures.



WALES AUDIT OFFICE
SWYDDFA ARCHWILLO CYMRU

Wales Audit Office / Swyddfa Archwilio Cymru

24 Cathedral Road / Heol y Gadeirián
Cardiff / Caerdydd

CF-11 9LJ

Date: 6 December 2012
Our ref: HVT/1779/hcj

Page: 1 of 1

Tel / Ffôn: 029 20 320500
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Email / Epost: wales@wao.gov.uk
www.wao.gov.uk

Mr William Powell AM
Chair, Petitions' Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

PETITION: AMBULANCE SERVICES IN MONMOUTH

You wrote to me on 21 May following my earlier correspondence with the Chair of the Public Accounts Committee in respect of the petition on the provision of ambulance services in Monmouthshire.

At the time, I confirmed that I was conducting follow-up work on unscheduled care services to gauge the progress that health boards and the Welsh Ambulance Services Trust were making against the recommendations in my previous report "*Unscheduled Care: A Whole Systems' Approach*". I indicated then that the findings of the work would be reported, in the first instance, to the health bodies concerned but that I also intended to publish a national summary. I can confirm that that remains my intention though the timing has slipped slightly from my original plan to publish the summary in 2012. That is largely a consequence of other demands for review work that have emerged during the year which were not included in my original plan and which have necessarily diverted resources from other work.

I now expect to publish the national summary report during the first quarter of 2013 and will ensure that your Committee receives a copy of it.

I hope this is useful but if I can be of any further help, please do let me know.

Yn niwch
Huw Vaughan

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

Direct Line: 029 2032 0510

E-mail: huw.vaughan.thomas@wao.gov.uk



Correspondence from Petitioner to Committee, 2 January 2013

In light of this new information, and Monmouth town council's recognition and support of a scrutiny inquiry into the Welsh NHS Trust which takes account of accountability and transparency.

Darren Millar AM has also support this request and the chair has confirmed that the form of a scrutiny inquiry would be considered once the Audit and Review is completed. Therefore, I believe it is incumbent that the date for such consideration is clarified at that meeting on January 15th,

Kind Regards,

Mat

P-04-367 Save our Hospital Services

Petition wording:

- We the undersigned want to see ALL of our local health services maintained and protected at Prince Philip Hospital.
- We oppose the downgrading of our hospital.
- We ask the Health Minister and the Welsh Labour Government to review their plans as a matter of urgency.

Petition raised by: Rhydwyn Ifan

Date petition first considered by Committee: 28 February 2012

Number of signatures: Approximately 9,000 signatures

Agenda Item 3.10

P-04-394 Save our Services – Prince Philip Action Network

Petition wording:

We the people of Llanelli, the town with the largest population within the Hywel Dda area demand Prince Philip Hospital be restored to a fully functioning District General Hospital with the return of major elective surgery, including gastrointestinal, vascular, urology, gynaecology and trauma, with support from the original 5 ITU beds fully staffed, which would support a fully staffed, consultant led Accident and Emergency Department, providing support for the physicians.

Petition raised by: Prince Philip Action Network

Date petition first considered by Committee: 29 May 2012

Number of signatures: 24,000 (approximately)

P-04-367 / 394 – Save our Hospital Services

Correspondence from Hywel Dda Health Board

For information

Please note I am sending this email reply on behalf of Chris Wright Director of Corporate Services

As requested, please find attached details of the activities/methods used during the engagement process specific to Llanelli. Many of these were replicated and a number of other comms activities introduced for the Consultation process (held between 6 Aug and 29 Oct 12). The full plan - which has been accredited by the Consultation Institute - is also attached.

Also please accept my apologies for the delay in responding and I would be most grateful if you could please acknowledge receipt of this email as soon as possible

Kind regards
Alison

Chris Wright
Director of Corporate Services/Cyfarwyddwr Gwasanaethau Corfforaethol
Bwrdd Iechyd Hywel Dda / Hywel Dda Health Board
Llys Myrddin / Merlins Court
Lôn Winch / Winch Lane
Hwlfordd / Haverfordwest
SA61 1SB

Rhif Ffôn / Telephone Number: 01437 771234
Ffôn Symudol / Mobile : 07773 386928
Ffacs/ Fax: 01267 239579
E-bost: Email: christopher.wright@wales.nhs.uk

Hywel Dda Health Board Corporate Address:- Llys Merlin / Merlins Court, Lôn Winch / Winch Lane, Hwlfordd / Haverfordwest, SA61 1SB



*Bwrdd Iechyd Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board.*

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**CYFARFOD BWRDD IECHYD
HEALTH BOARD MEETING**

Dyddiad y Cyfarfod: Date of Meeting:	6 th August 2012
Eitem ar yr Agenda: Agenda Item:	
Pwnc: Subject:	Your Health Your Future- Consultation and Communications
Swyddog Adrodd: Reporting Officer:	Christopher Wright, Director of Corporate Services

**Pwrpas y Papur i'r Bwrdd Iechyd
Purpose of the Health Board Paper**

The purpose of this report is to:

- Describe the responsibilities the Ministerial Guidance (issued in March 2011) places on the Health Board.
- Provide an assessment of compliance with Stage 1 of the consultation process
- Provide an assessment and a supporting consultation plan to give assurance that:
 - the process is inclusive; and
 - meets the guidance issued by the Welsh Government in relation to Stage 2 of the consultation process; and
 - adopts best practice
- Assess the Consultation Document for compliance with the guidance and seek approval

**Llywodraethu:
Governance:**

Cyswllt ag Amcanion Strategol y BI: Link to HB Strategic Objectives:	Health Board Strategic Objectives 1, 2, 3, 6, 7 3 Year Business Plan Ten Pledges and Initiatives 1e, 2.3a, 2.5a Healthcare Standards for Wales – Communications and Engagement Structured Assessment – KLOEs relating to sustainability and engagement SWAFF and financial balance
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**Penderfyniad y Bwrdd Iechyd:
Health Board Resolution:**

I gymeradwyo To approve	✓	I gefnogi To Support	
Argymhelliad Recommendation	Taking into account the evidence presented, the Board is requested to: <ul style="list-style-type: none"> • Approve completion of Stage 1 of the consultation process • Approve the commencement of Stage 2 of the consultation process (formal consultation) for a period of 12 weeks commencing 6 August 2012 • Approve the Consultation Plan • Approve the Consultation Document 		

Prif oblygiadau ar y canlynol	
Key Implications for the Following	
Ariannol Financial	Effective consultation is expensive, but insufficient investment could lead to the need to repeat the exercise if guidance has not been met, or even face judicial review if due process has not been followed
Gwerth am Arian Value For Money	Investment in effective consultation will provide value for money. Failure to adequately invest and repeat exercise or face judicial review would incur far higher costs for the organisation.
Risg Risk	<p>If consultation guidance is not been met, the Health Board faces the potential for challenge or judicial review</p> <p>There are risks associated with an August launch:</p> <ul style="list-style-type: none"> • the capacity of the organisation to support events (due to annual leave, childcare commitments etc) • capacity of stakeholders to meet with the health board early in the process due to holidays etc • public perceptions the health board is starting the consultation at this time deliberately when many people are on vacation. <p>However this is mitigated by the decision to extend the formal consultation period from 6 to 12 weeks.</p>
Cyfreithiol Legal	<p>See above</p> <p>The Health Board has engaged the Consultation Institute to assure the process and mitigate against the potential for challenge</p>
Gweithlu Workforce	Time and capacity of staff across the Health Board will need to be released to ensure the consultation runs effectively and smoothly and all relevant stakeholders have the opportunity to comment.
Asesiad Effaith Cydraddoldeb	
Equality Impact Assessment	
Wedi'i gynnwys yn y Papur i'r Bwrdd Included in Health Board Paper	Separate Board Paper
Sylwadau Comments	<p><i>Dim yn berthnasol</i> n/a</p> <p>A high level Impact Assessment has been undertaken and work is still underway to ensure that any early impacts are addressed in the consultation document. More detailed work will be undertaken during any subsequent pathway development to ensure that all negative impacts are mitigated.</p> <p>The Consultation Plan has been designed to ensure that the process is equitable and gives all sections of the community the</p>

<p><i>Ymchwil/ Ar sail tystiolaeth</i> Research/Evidence Base</p>	<p>same opportunities for involvement.</p> <p>A number of Focus Groups will be held with groups identified in the Equality Impact Assessment as affected by changes and seldom heard to ensure that their views are incorporated into the consultation process.</p> <p>Work has been undertaken with Public Health Wales (included in evidence files to accompany Consultation Document) to identify seldom heard and protected characteristic groups.</p>
<p><i>Cynnwys Cleifion a'r Cyhoedd</i> Patient and Public Involvement</p> <p><i>Effaith ar ganlyniadau i'r Claf</i> Impact on Patient Outcomes</p>	<p>The Consultation Plan describes the range of PPE and Communications activity.</p> <p>The Consultation will determine the Health Board's future strategy which it is believed will have benefits for all in terms of high quality and sustainable services</p>
<p><i>Ymgysylltu Clinigol</i> Clinical Engagement</p> <p><i>Partïon/ Pwyllgorau â ymgynhorwyd ymlaen llaw i'r Bwrdd</i> Parties/Committees consulted prior to Health Board</p> <p><i>Rhestr Termau</i> Glossary of Terms</p>	<p>The detailed equality impact assessments identify any potential negative impacts that need to be taken into account and mitigated against in subsequent service re-design. Described in the paper</p> <p>Information Governance Committee Comms & PPE Working Group CHC Planning Group</p>

YOUR HEALTH; YOUR FUTURE CONSULTATION AND COMMUNICATIONS

Executive Summary

A review has been undertaken of the Stage 1 Engagement Phase in line with Welsh Guidance outlined in the document *The Guidance for Engagement and Consultation on Changes to Health Services EH/ML/0161/11*.

The first part of the paper focuses on assurance of compliance with the guidance on Stage 1 of Consultation. This is the element that relates to pre-consultation engagement with key stakeholders to develop the strategy and agree the elements for consultation

The paper describes both the requirement and the Health Board's activity to meet the requirements outlined in the guidance. Only when the Board is satisfied that Stage 1 has been fully completed should it approve commencement of Stage 2 of the process.

Stage 2 of the process is the formal consultation phase. The guidance describes 16 key criteria that must be met before consultation commences.

The second part of the paper seeks to describe how formal Consultation will be undertaken by providing an assessment against the relevant criteria and incorporates a comprehensive and inclusive consultation plan that meets the expectations of the Welsh Government Guidance.

This process is being assured by the Consultation Institute and elements will also be supported by an external organisation to provide further assurance in relation to best practice.

1. Background

It is the Health Board's intention to undertake a consultation on potential service reconfiguration within Hywel Dda.

Ministerial Guidance (issued in March 2011) makes it clear that there are certain responsibilities on the Health Board in undertaking consultations of this nature.

The process for consultation requires a two stage process:

- Stage 1 – Pre-consultation to engage key stakeholders in developing options and plans
- Stage 2 – Formal consultation

This paper describes those responsibilities and provides supporting plans and evidence where appropriate to give assurance that the process is inclusive and meets the guidance issued by the Welsh Government.

2. Stage 1 (Pre-Consultation)

2.1 What is Required

The requirement is for the Health Board to undertake a two stage consultation process where it appears likely that formal consultation should take place.

The first stage of this process is for the Health Board to undertake extensive discussions with all key stakeholders, including:

- Stakeholder Reference Group
- Health Professions Forum
- Partnership Forum
- Community Health Council
- Local Service Boards
- Staff and their representative bodies
- Other key partners as appropriate

The purpose of these discussions is to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation.

Only when the Health Board is satisfied that the first stage has been properly conducted should it proceed to formal consultation.

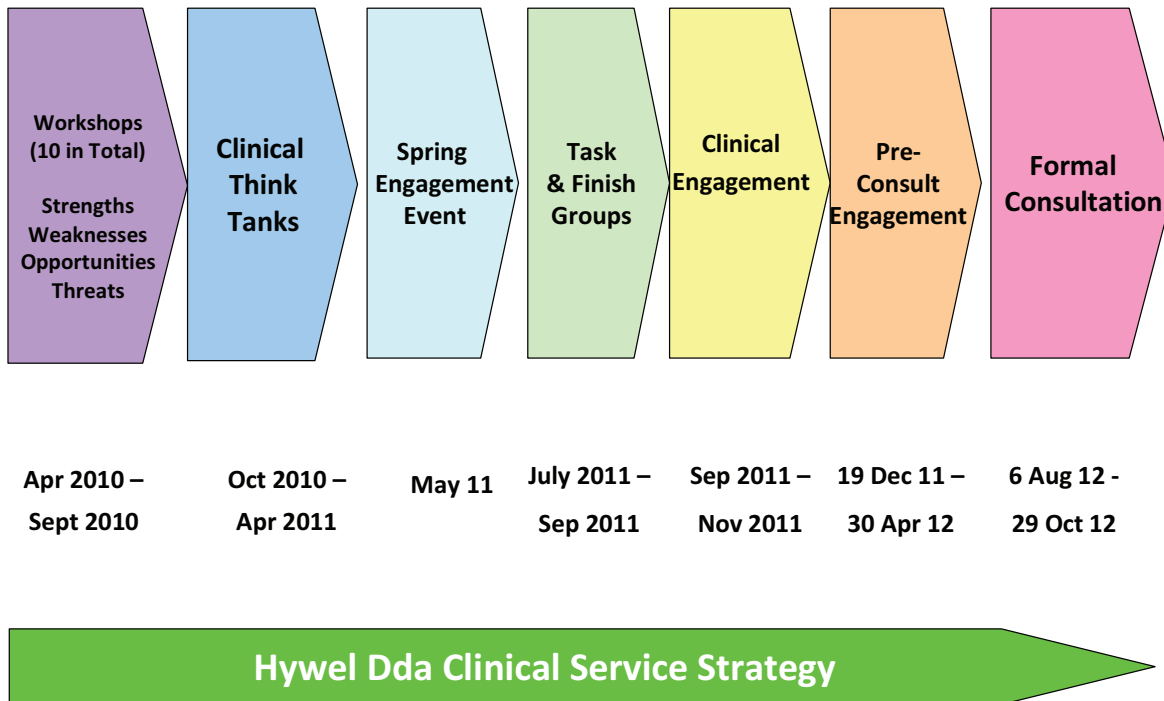
2.2 What Has Been Done

2.2.1 Background

We have undertaken a lengthy process of engagement with our doctors, nurses, therapists and with our partners and stakeholders. We have been clear that any proposals for change in local services must be led and designed by our clinical staff.

2.2.2 Stage 1 - Stakeholder Engagement

The process and timeline adopted is shown below:



i) **The Hywel Dda Five Year Framework – ‘Right Care, Right Place, Right Time... Every Time**

The principles underpinning our clinical change programme were embodied in ‘The Hywel Dda Five Year Framework’ – ‘Right Care, Right Place, Right Time... Every Time’ published in August 2010. This framework was subject to significant staff, public, patients and stakeholder engagement over a six month period, including:

- Distribution to over 1,000 Community Groups with an offer of a presentation by a senior Health Board officer;
- Presentations to all key stakeholder forums including the Stakeholder Reference Group, the Health Professions Forum, the Partnership Forum, the Community Health Council, Local Service Boards, our staff and their representative bodies and a number of other key partners;
- Regular information to staff including Chairman’s Blog, Team Briefs, Staff Newsletters, Staff Bulletin updates and Staff Open Forums across all sites;
- e-Newsletters to stakeholders;
- Themed Intranet and Internet pages with feedback form; and
- Social Networking sites.
- Clinical Engagement

Key elements of this process included:

- Clinical Think Tank Events - in which clinicians led the preliminary development of proposals for the future delivery of key services.
- Clinical Programme Groups – which were responsible for the development of clinical pathways for key services.
- A two day clinical engagement event - which involved a range of doctors, nurses, therapists from the Health Board, general practitioners and our key partners including Social Services and the Third Sector. This event brought together all the discussions and identified some key service areas where change is required and gave recommendations and criteria for evaluating service options.
- Feedback to all staff on outcomes of the Clinical Engagement event.

ii) Your Health Your Future - Listening and Engagement Phase

The discussion document Your Health: Your Future set out the vision for Hywel Dda Health Board, explaining the case for change and the challenges currently faced not only by Hywel Dda Health Board but also by NHS Wales.

During the Listening and Engagement phase on potential service reconfiguration Hywel Dda Health Board set out to hear the views of as many staff, patients, public, stakeholders, organisations and interest groups as possible. As a result, it hoped to offer an inclusive view of the way forward for health services across Hywel Dda Health Board.

This process took place from December 2011 to the end of April 2012. A wide range of activities were undertaken in order to provide opportunities for staff and the public to form their opinions from an informed position and for the Health Board to be able to listen to their views. The information captured provided valuable stakeholder engagement which will assist the development of options for service re-configuration.

The discussion document and associated information was circulated widely to key interest groups and stakeholders. A DVD and case for change leaflet was distributed to households across the three counties and all efforts were made to ensure that all those who wished to, were given the opportunity to offer their views on the issues being explored.

Engagement was carried out through a series of established channels to communicate and engage with stakeholders, staff and citizens:

- **Stakeholders** - examples of activities included:
 - presentations to County Councils, Town and Community Councils,
 - third sector events;
 - one to one meetings with politicians;
 - meetings with interest groups;
 - stakeholder briefings sent out to stakeholders.
- **Staff** - examples of activities included:
 - Staff Roadshows
 - Staff briefings,
 - Focus Groups
 - Team Briefs,

- Staff Newsletters
- Staff Bulletins
- **Citizens** – examples of activities included:
 - leaflet and DVD being distributed to households
 - Twelve “Meet the Health Board” events across the three counties;
 - seven focus groups
 - senior managers attended engagement events organised by neighbouring Health Boards Betsi Cadwaladr and Powys.

The Listening and Engagement process involved extensive efforts to engage with a range of key groups, stakeholders, departments and members of the public through various direct methods as well as the publication and distribution of summary documents and materials.

Opportunities to take part in the Meet the Health Board events were promoted through local press, radio, local NHS premises as well as pharmacies, GP Practices, Libraries etc.

This is believed to represent a very considerable effort on the part of the Health Board to ensure that all individuals in the region had the opportunity to express their views. Every effort was made to ensure that the information was readily available to the public and events were scheduled to maximise participation.

The final elements of the Stage 1 process has been to refine the options taking into account the feedback received and to decide and agree on which questions will be set out in the consultation.

Only when the Health Board is satisfied that the first stage has been properly conducted should it proceed to formal consultation.

iii) **What we heard from ‘Your Health, Your Future’**

The Your Health, Your Future Listening and Engagement phase allowed us to find out what you really think about the healthcare you receive, what works well and what doesn’t. It has been an invaluable tool in helping us produce our plans for change, and in helping us design an efficient, high-quality, value-for-money healthcare system across the Hywel Dda Health Board area.

Throughout the listening and engagement phase over 818 completed questionnaires and 569 submissions (including letters and petitions) were received. Ten main petitions were received; three related to Prince Philip Hospital, (the largest of which was a Petition from SOSSPAN in Llanelli which had over 26,000 signatures) and five referred to Bronglais General Hospital (the largest of which was organised by the Cambrian News and had over 8,000 signatures). In addition, we received additional detailed feedback informed by debate and discussion through the twelve Meet the Health Board Events, seven public focus groups, nine staff focus groups and feedback from over 50 stakeholder meetings.

Below is an overall summary of the outcomes of this exercise. A full report and executive summary on the responses received during the Your Health Your Future Listening and Engagement process is available on Hywel Dda Health Board’s website.

- **Written Responses**
In response to the questionnaire an absolute majority of respondents agree that the Health Board needs to ensure services meet quality and safety standards for patients

(87%). The principle to make the best use of scarce resources was similarly endorsed (82%).

The Health Board's aim to provide 80% of NHS services locally, through integrated primary, community and social care teams working together (73%) was supported as was the aim for service planning to treat the ageing population who suffer from long-term chronic conditions as a priority (82%). The need to improve transport services was endorsed (78%).

Respondent views were divided on the remaining principles, as fewer than half **agree** and more than two fifths **disagree** with specialising some services into fewer, fully equipped centres (45% agree; 41% disagree). The principle of developing specialised services, meaning that some patients will have to travel further for some hospital services, (48% agree; 42% disagree) divided views in a similar manner.

Respondent views on these two principles varied markedly, with less agreement from those living nearer Bronglais or Prince Phillip and more agreement from those living nearer Withybush or Glangwili hospitals. Respondents who live more than 20km from their nearest general hospital are significantly more likely to agree with the principles overall.

Further comments provided through questionnaire analysis and other submissions revealed that, in general, respondents are most concerned about::

- Hospital closures and downgrading (especially with regards to Bronglais Hospital), travel time to get to hospital (both as a patient and a visitor) due to closures and downgrades, and whether transport will be improved and how the costs of implementing any changes will be funded and whether it will impact on patients directly.
- Local access to Women's and children's services, planned care cancellations, timely access to fully resourced A&E departments and the need for additional investment in mental health care and treatment.
- **Focus Groups**
Main points to emerge across the seven public focus groups were that most residents while not discontented with their health services in general, were reluctant to see local hospitals "run down" (an emotional but commonly used phrase). There was considerable support for more community-based care in principle, balanced by fears that community based services are not yet ready to perform effectively without adequate resourcing and widespread concerns about access to GP services both in- and out-of-hours.

The concentration of some medical services raised concerns about travelling times (due to distances and poor roads) particularly for older people and their relatives. Despite this, many participants readily accepted that centres of excellence could deliver greater expertise and resilience for serious conditions: so specialisation in centres of excellence was generally welcomed. This was with the proviso that diagnostics and follow-up care is delivered locally

Many did not always understand the nature of their local services: some were surprised to learn of the limited nature of what they had supposed was a full A&E service at Prince Philip Hospital and local residents were especially concerned with the status of

Prince Philip Hospital and the future of its A&E unit. Participants in Aberystwyth were concerned that Bronglais Hospital has already suffered the loss of some services and felt strongly that its strategic location in relation to Gwynedd and Powys must be taken into account.

In terms of the staff focus groups most of the participants were relatively understanding of the Board's direction of travel and, overall, there was little opposition to the Health Board's main assumptions and principles. The most opposition to the strategic approach was found at Bronglais Hospital; staff felt that the Board's strategy reduced services in the north in favour of those in the south.

In the more senior groups there was considerable support for the need to consider the location of hospital services carefully. There were different views on the location of particular services in the light of the Health Board's principles, but there were some clear conclusions e.g , that breast cancer surgery should continue to be at Prince Philip Hospital, which was universally recognised as a centre of excellence. In contrast, most senior staff were very open-minded about where colorectal cancer should be based as long as the decision was based on to be based upon facts and resources.

There was recognition that the current provision of women and children's services needs to change with some senior staff supporting specialisation in larger centres of excellence and also recommending that travel support for patients and family visitors should be a priority

There were divisions of opinion about the centralisation of mental health services and widespread concerns about the future of Accident and Emergency services generally but much of the discussion of Accident and Emergency services focused on Prince Philip Hospital and generally those staff (at other hospitals) who were aware of the true nature of the current services at Llanelli did not propose enhancing the service but did think that the current status of the so-called Accident and Emergency services should be made clearer to the public.

Generally, staff felt that three major Accident and Emergency centres should be retained on the basis of: local risk, including industry and tourism; travel times on poor roads; and travel costs to patients and the ambulance service.

A full analysis of the feedback was undertaken by ORS on behalf of the Health Board and has been presented separately. The feedback has been studied and used to inform the options to be put forward for consultation and will be used in the future to assist in wider service planning.

The Consultation Document attempts to address the key issues raised and describes work being undertaken to deal with specific issues or describes why suggestions cannot be taken forward.

3. Stage 2 (Formal Consultation)

3.1 What is Required

Welsh Government guidance is explicit on the expectations in relation to both the pre-planning of formal consultation, the management of the consultation process, the need for openness and transparency and the involvement of those who will be affected by service changes.

This section describes how it is intended to meet these requirements.

3.2 Pre-Planning

There are a number of issues to be considered at the outset and before formal consultation commences and on which the Board will need to take assurance of being fulfilled.

These are described below along with a narrative to describe how the Health Board has taken these issues into consideration.

Consideration	Response
<p>What is the respective responsibility of each of the local NHS organisations</p>	<p>This is a Hywel Dda Health Board consultation. It is recognised that some of the potential service change options may have an impact on other Health Boards (eg Powys, Betsi Cadwaladr, ABMU, Cardiff and the Vale) and discussion have been held with neighbouring Health Boards to ensure that the Hywel Dda strategy is consistent with their planning processes.</p> <p>The Health Board is also a member of the South Wales Together for Health Programme where discussions on specialist and tertiary care across the “M4 Corridor” are discussed and agreed.</p> <p>The Hywel Dda plans have been widely discussed with the other members.</p>
<p>Has there been any previous consultation carried out on the same or a previous related or similar issue</p>	<p>A major consultation exercise was undertaken in 2006. “Designed to Deliver: Shaping our acute hospital services in Mid and West Wales ” and which had a potential significant impact on the Hywel Dda area.</p> <p>There were significant objections to the proposals put forward and the programme was halted. However, feedback from the consultation did support the aim for improved primary and community services but made it clear that the expectation would be for these services to be strengthened prior to any changes in acute services.</p> <p>The then Welsh Assembly Government undertook a national consultation on the Rural Health Plan which made the case for improved and better co-ordinated primary and community services. The vision was widely supported.</p> <p>Our recent engagement work has also shown significant support for the vision of more care closer to home.</p>
<p>Who should be consulted on what and how</p>	<p>The scale of the proposals is wide and will have an impact across the three counties.</p> <p>As a result it is intended to hold a full and formal</p>

Consideration	Response
	<p>consultation with the whole population and associated stakeholders adopting best practice as advocated by the Consultation Institute.</p> <p>The consultation is intended to use a variety of methods and channels with the aim of being inclusive and giving our population the opportunity to understand the challenges and potential solutions.</p>
<p>Will these issues affect users of other NHS services in particular those with sensory loss and disabilities</p>	<p>An initial assessment was undertaken in July 2011 and was made available during the Listening and Engagement Phase to determine if the over-arching Health Board Strategy would have a negative or positive impact on any of the target groups with protected characteristics.</p> <p>This assessment has now been refreshed to reflect the options being put forward for consultation and will form part of the consultation materials available to the public.</p> <p>A clearer picture of any specific impact on particular individuals or groups with protected characteristics will emerge during the Formal Public Consultation process. Evidence gathered will continue to inform equality impact process.</p> <p>Once the consultation is completed and the proposals for change agreed, detailed impact assessments will be undertaken as part of the ongoing assurance processes for delivering any approved service changes.</p>
<p>Are there issues affecting other Welsh or English areas</p>	<p>There is likely to be an impact on services provided by other Health Boards (potential repatriation of some services or out-sourcing of specialist services) and these will be discussed as necessary with these organisations.</p> <p>It is not possible to quantify the impact at this time but as pathways are developed following consultation further work will be undertaken.</p>
<p>What resources are needed and available</p>	<p>In terms of the consultation a budget has been agreed and will be used to ensure that there is a robust programme of activities and supporting materials.</p> <p>In terms of resources for taking the strategy forward following consultation and approval of the reconfiguration options, the Health Board is required to deliver services within the resources allocated by Welsh Government. The SWAFF planning process describes savings required both in-year and in future years and will be adapted as implementation commences.</p>

Consideration	Response
	A number of schemes (eg the Virtual Ward) has attracted spend-to-save funding which will allow the Health Board to implement the front end changes in primary and community services so they can be in place before any
How will any conflict/complaints be dealt with	<p>The Health Board has a robust complaints process in place to deal with individual issues.</p> <p>Ministerial Guidance also describes a process for any approved options to be challenged.</p>
How will the outcome feed into the decision making process	<p>The feedback from the consultation will be independently analysed and make widely available.</p> <p>The detail will be considered and the cogency of opinion put forward used to determine if there is sufficient reason to change from the selected options for service change.</p> <p>In the same way that feedback from the engagement phase has been used to influence the consultation document, the Health Board will need to use evidence gathered during the consultation to influence service development and the future strategy.</p> <p>An audit trail of this will be provided through the Strategy and Planning Sub Committee and the Implementation Board structure (approved at the Board meeting in Jan 12).</p>
When and how will decisions be made	It is intended to put recommended options for implementation to the Board by the end of the year.
How will results be fed back to patients, staff and citizens who have been involved, with directly or indirectly.	The analysis of feedback will be undertaken independently by ORS and the results will be published and distributed widely.
Will results be published through the media to inform a wider public	See above
What evaluation of the consultation is going to be undertaken and how	<p>The Health Board is working with the Consultation Institute and it is intended for there to be a full evaluation of the process to determine if it achieved its objectives and if the methodology used was successful.</p> <p>It is also intended to undertake a review of activity 6 – 8 weeks into the consultation to determine if the consultation plan is proving effective.</p>
When will a full equality impact assessment be completed	See above
What is the timetable for both the involvement and	There has been continuous dialogue on the HB's vision since Aug 2010 (see above for details)

Consideration	Response
consultation process	<p>The consultation is intended to run from 6 August – 29 October 2012.</p> <p>A detailed plan accompanies this report.</p>
What is the impact on associated services	<p>The majority of potential service changes have inter-dependencies and these will be fully addressed during the implementation phase with the Implementation Board providing assurance to the Health Board that any impact has been mitigated before a service change is approved.</p>

3.3 Assurance

The formal consultation process - stage 2 - must run for a minimum of 6 weeks subject to the level of engagement undertaken and the level of changes being proposed. There are a number of requirements that need to be met before the Health Board formally enters formal consultation:

- **Consultation Plan**

The Board must satisfy itself that the plan is robust and comprehensive and reflects the nature of changes being proposed and will provide the population the opportunity of engaging in the process and forming their own views with a variety of methods of feedback available to them.

In view of the timing of the consultation and to ensure everyone has the time to consider these options and comment on them the Health Board has made the decision that there will be a 12 week consultation period. The consultation will start on the 6th August 2012 and end on 29th October 2012.

A programme of activities and events to give the population and stakeholders the opportunity to participate in the consultation have been designed and developed and more details are included in the Consultation Plan at Appendix 2. The plan has been developed with the support of the Consultation Institute – an independent organisation recognised as the leaders in consultation methodology.

Every effort has been made to ensure that best practice is adopted and the plan incorporates a wide variety of activities and channels of communications. The Consultation is intended to be inclusive and includes deliberative and open events coupled to a range of feedback mechanisms.

An independent company, ORS (Opinion Research Services) has been engaged to analyse all the feedback received and they will prepare a final report which will be shared widely at the end of the consultation so you are aware of all the views expressed. In addition to this, all organisational and individual responses will be redacted and published on the Hywel Dda Health Board website on a regular basis throughout the consultation period.

- **Assurance Statement for the Consultation Document**

The guidance sets out 16 criteria that the Board must be satisfied are being met before approving the Consultation Document.

The statement on compliance is at Appendix 1.

4. Summary

The aim is to undertake a comprehensive and inclusive consultation that engages the population, gives the population the opportunity to contribute and influence planning and that provides the Health Board with the assurance that guidelines have been met.

The process is one for the whole organisation to contribute to and support.

5. Decisions Required by the Board

Taking into account the evidence presented, the Board is requested to:

- Approve completion of Stage 1 of the consultation process
- Approve the commencement of Stage 2 of the consultation process (formal consultation) for a period of 12 weeks commencing 6 August 2012
- Approve the Consultation Plan
- Approve the Consultation Document

Appendices:

- 1 Assurance Statement (Ministerial Guidance)
- 2 Stage 2 – Consultation Plan
- 3 Your Health; Your Future - Consultation Document

ASSURANCE STATEMENT FOR THE CONSULTATION DOCUMENT

TAKEN FROM MINISTERIAL GUIDANCE FOR ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES (WELSH ASSEMBLY GOVERNMENT 31 MAR 11)

REQUIREMENT	ASSURANCE
Explain why change is necessary and provide clear evidence	The document makes a clear case for change and is supported by technical documents that contain the relevant evidence.
Include a clear vision of the future service	<p>The Health Board's vision has remained unchanged for 18 months and in essence is for 80% of healthcare to be provided in a primary/community care setting, closer to home with acute services that meet the necessary standards available in the most appropriate location to meet the needs of the population.</p> <p>Where acute services cannot meet the relevant standards they should not be provided within Hywel Dda and should be commissioned from specialist or tertiary providers.</p> <p>This vision is clearly articulated within the document.</p>
Explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services	<p>The various options describe the consequences and in all cases the status quo has been considered as an option.</p> <p>All potential options were considered through an options appraisal process which was undertaken with clinical support. There were a number of key criteria agreed at the Clinical Services Summit in May 2011 and the weightings for these criteria were agreed at a second event in September 2011.</p> <p>The options considered and the appraisal process and outcomes are described in more detail in the technical annex speciality by speciality.</p>
Include information on outcomes for patients and service users	The evidence contained within the Technical Annexes indicates improved outcomes against a range of criteria

REQUIREMENT	ASSURANCE
	<p>(eg adoption of standards).</p> <p>Speciality by speciality this will be different (eg reduced mortality, longer survival etc).</p>
<p>In the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model</p>	<p>The theme throughout the document is of an integrated local NHS with primary and community services being the cornerstone and with secondary/acute care outreaching into communities where possible.</p> <p>The vision is for community services to support acute services by wrapping support services around patients in non-hospital environments and preventing emergency admissions or supporting timely discharge if a hospital episode of care could not be avoided.</p>
<p>Set out clearly evidence for any proposal to concentrate services on a single site</p>	<p>The evidence contained within the Technical Annexes analyses the appropriate specialities against the standards and existing research</p>
<p>Include the evidence of support from clinicians for any proposed change</p>	<p>The Technical Annexes describe the process to reach those options that could be clinically supported and operationally delivered and had significant clinical engagement.</p> <p>Section 2.2.2 above describes the clinical engagement in more detail and highlights the process which had clinical engagement</p>
<p>In the case of changes prompted by clinical governance issues, show how these have been tested through independent review</p>	<p>There have been no specific independent reviews of the options being put forward. However, RCS reviews of PPH in 2005 and in 2011 recommended that emergency surgery was delivered from a single Carmarthenshire site and that colo-rectal surgery should not be delivered from PPH respectively.</p> <p>The 2005 RCS review was subsequently the subject of formal consultation before the decision was made to only provide emergency surgery from GGH.</p>

REQUIREMENT	ASSURANCE
	<p>In addition, there has been close involvement throughout the option development process of the Deanery and the National Clinical Forum – and both organisations have indicated support for the proposals being put forward.</p>
<p>Show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli'</p>	<p>See above – all the options considered (including the status quo) were subject to stringent option appraisals with only those options that were safe, sustainable and deliverable put forward for further consideration</p>
<p>Explain any risks and how they will be managed</p>	<p>The document describes – service by service – the key challenges being faced.</p> <p>The Health Board has a detailed Risk Management Strategy and associated Risk Register that is under constant review.</p> <p>Many of the risk already identified would be mitigated by the implementation of the options within the consultation document.</p> <p>In terms of future risk management, the assurance process will ensure that risks are identified and managed during the implementation of any changes approved following consultation</p>
<p>Give a clear picture of the financial implications of the different proposals</p>	<p>The technical annex provides detailed financial estimates and assumptions</p> <p>The main document incorporates a high level financial section that describes the challenges we face and the potential impact of service reconfiguration.</p>
<p>Spell out who will be affected by the proposed changes and how their interests are being protected</p>	<p>The Equality Impact Assessment process is described within the main Consultation Document. As service pathways are developed any potential negative impacts will be considered and mitigated with EQiA forming an element of the gateway assurance/approval process.</p>

REQUIREMENT	ASSURANCE
	<p>In terms of staff, the Health Board will ensure that the All-Wales Organisational Change policy is implemented where necessary. Regular discussions are held with staff-side through the Partnership Forum and any impact on staff mitigated and managed where necessary. The Consultation Document recognises the potential staff impacts and restates the processes the Health Board will adopt.</p>
<p>Explain how any change and benefit will be evaluated after implementation</p>	<p>The Board has approved the formation of an Implementation Board (Jan 12 Board meeting).</p> <p>The structures supporting the IB will have a robust gateway process to follow and this will require services to be evaluated post-implementation</p>
<p>Be available in a range of formats, such as “Easy Read”, large print, Braille and BSL or audio</p>	<p>The documents will be available in a wide range of formats including a short précis, easy read, Welsh, young people’s version and audio.</p> <p>Other formats would be provided on request.</p>
<p>Be signed off by the Board</p>	<p>Approval 6 Aug 12</p>
<p>Set out how sustainable staffing levels are to be achieved</p>	<p>The document addresses the issues of staffing and the impact on the current workforce.</p> <p>A workforce plan is being developed in tandem with the consultation to ensure that sustainable levels are achieved.</p> <p>Many of the options within the document are specific to recruitment and retention issues for clinical staff and the majority specifically address the sustainability issues. Some options are predicated on the ability to recruit and where this is the case alternative options have been put forward.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Hywel Dda
Health Board

**Hywel Dda Health Board
Your Health Your Future
Consulting Our Communities**

**Consultation Plan
Summer 2012**

Consultation Mandate:

The consultation mandate below will define the aims and objectives for the consultation and set out its scope. It should be used as terms of reference for all those involved so we can clearly define the boundaries of the consultation.

This mandate will be agreed with Hywel Dda Health Board and the Consultation Institute. It will be shared with stakeholders to explain the scope of the consultation and what can be expected.

Hywel Dda Health Board, needs to understand the views of local people and their representatives such as:

- Local Authority Officers and Elected Members
- Local Services Boards
- Welsh Ambulance Services Trust
- Neighbouring Health Boards (Betsi Cadwaladr, Abertawe Bro Morgannwg)
- Hywel Dda CHC and neighbouring CHCs including Betsi Cadwaladr, Powys
- Hywel Dda Health Board Staff
- Local authority staff
- Independent Contractors (including care and nursing homes)
- County and Area Based Organisations (e.g. 50+ groups, Resident Associations, Carers Associations, WIs, Merched y Wawr)
- Relevant community and voluntary organisations (including self care / condition specific groups)
- Patient Groups
- Citizens
- Other stakeholders with a material interest in the Health Board's plans.

Specifically during the consultation we will be seeking views on the options for service change which will be required to provide safe, sustainable services across Hywel Dda Health Board.

The findings from this consultation will be utilised by Hywel Dda Health Board to influence the decision making process for future service delivery and design.

Formal consultation will begin on 6th August 2012 and will formally close 12 weeks later on the 29th October 2012. During this time

Hywel Dda Health Board will provide various opportunities and mechanisms for people to comment and a range of events for people to share their comments with the organisation.

By asking for the views of the people we serve, on the ‘Your Health Your Future - Consulting Our Communities’ and the proposals within it we are ensuring that:

- Our local populations have a voice, and are able to share their views, opinions and concerns
- People have a better understanding of existing health services and what we need to do to provide excellent safe services in the future.
- We dispel any myths about changes to services that are or are not taking place
- We maintain relationships with local communities, partners and stakeholders and ensuring we have an effective and continuous dialogue

The stakeholder mapping section outlines the target audience for the consultation, how the consultation will be publicised, the methods used to engage people in the consultation, when this will take place and how the responses will be used by Hywel Dda Health Board.

Stakeholder Analysis

A stakeholder mapping exercise has been undertaken. The process involved identifying all those stakeholders who may be affected by the changes being proposed as part of Your Health Your Future - Consulting Our Communities and then using a power and interest grid to determine the most appropriate methods of engagement for our target audiences. The results of this exercise are included below.

This demonstrates that a core programme of activity will be executed across the local population and their representatives. These will then be enhanced by tailored activity to engage more specific target groups.

OVERVIEW

	LOW POWER		HIGH POWER	
	METHOD OF ENGAGEMENT – PROACTIVE ENGAGEMENT AND SUPPORT, HIGH PRIORITY		METHOD OF ENGAGEMENT – HIGH CAPACITY METHODS, HIGHEST PRIORITY	
HIGH INTEREST	50+ Forums Affected patients Affected staff Brownies, scouts, guides Carers Communities First Disability coalition Federation of WIs Farmers Unions / Young Farmers Clubs Health & Social Care Voluntary Groups (361) Housing Associations Leagues of Friends (DGH and Community) Llanelli residents Local County Councillors (176) Mental Health Service Users Menter Cwm Gwendraeth Mynydd Mawr Hospital League of Friends Nursing Homes/Care Homes One Voice Wales Parents – Family Centres	Patient Groups e.g. MSLC, Outpatients etc Pharmacists Polish & other minority communities Pressure Groups St John’s Ambulance South East Pembrokeshire Health Network Siarad Iechyd/Talking Health members (500) Schools Sports Groups Staff – specialist nurses,... Support Groups (including cardiac, stroke, cancer etc) Tenby Residents Transgender Town & Community Councils (185) Tumble residents Voluntary organisations providing services under SLAs Voluntary Transport Schemes Women’s Aid	AMs Air Ambulance Clinicians CHCs Deanery GPs Leaders and CEOs (Local Authority) Local Service Boards LMC, LDC etc Medical Staff Neighbouring LHBs MPs Social Services Welsh Government Welsh Ambulance Services Trust Welsh Health Estates	
	METHOD OF ENGAGEMENT – ACCESSIBILITY AND INFORMATION PROVISION. WHERE APPROPRIATE TARGETED PUBLICITY		METHOD OF ENGAGEMENT – KEEP INFORMED THROUGHOUT	
LOW INTEREST	Big employers – for staff– Councils, Coastguard, Police, Universities and Colleges, National Library, LNG, Chevron, Trostre, Dairies, Welsh Government, Dairies Dentists Fire Brigade General public General staff Hotels Mentrau Iaith Merched Y Wawr Opticians	Other Voluntary Organisations (904) Police Religious organisations RNLI Tourist attractions – eg Folly Farm, Oakwood, Watersports centre, Tourist camps/outward bound – Urdd camp Llangranog, Pendine, Youth Fora	Media	

High Interest, High Power		
	How	What
GPs	Direct mail	Core programme 1 to include: <ul style="list-style-type: none"> • Access to consultation document electronically, via website and in hard copy • Access to technical document • One to one meetings as appropriate or requested • Presentations to relevant fora • Issuing of regular updates
Local Service Boards	LSB Coordinators	Core programme 1
Clinicians	Through existing staff mechanisms	Core Programme 1plus Staff Briefings
Leaders and CEOs of the following Local Authorities: <ul style="list-style-type: none"> - Carmarthenshire - Ceredigion - Pembrokeshire And the following neighbouring Local Authorities: <ul style="list-style-type: none"> - Gwynedd - Neath Port Talbot - Powys - Swansea 	Email contact	Core programme 1
Social Services Directors x3	Email contact	Core programme 1
Welsh Government	Email to relevant contacts *CEO/Chair to identify	Core programme 1
CHCs	Email	Core programme 1
Welsh Ambulance Services Trust	Email	Core programme 1
Neighbouring LHBs	Email to CEOs	Core programme 1
Air Ambulance	Email	Core programme 1
Deanery	Email	Core programme 1
Welsh Health Estates	Email	Core programme 1
LMC, LDC etc	Email	Core programme 1
MPs	CEO, Chair, Senior Clinicians	Core programme 1 <ul style="list-style-type: none"> - One to one meetings as appropriate or requested - Issuing of regular updates - offer of additional copies of documentation for constituents
AMs	CEO, Chair, Senior Clinicians	Core programme 1 <ul style="list-style-type: none"> - One to one meetings as appropriate or requested - Issuing of regular updates - offer of additional copies of documentation for constituents

High Power, Low Interest		
	How	What
Media	CEO, Chair, Senior Clinicians	Launch media conference Proactive and regular media updates Proactive media handling Special media update as required Editor’s briefings (one off and regular meetings to be determined) Dealing with routine media enquiries

High Interest, Low Power		
	How	What
Health & Social Care Voluntary Groups (361)	CVC contact lists (mainly by e-mail)	Core programme 2 to include: <ul style="list-style-type: none"> • Access to short consultation document • Access to main consultation document • Presentations • Regular updates via dedicated consultation website pages • Regular updates via Stakeholder Briefing • Public facing events • Stakeholder event
Sports Groups	Direct mailing	Access to short consultation document
Nursing Homes/Care Homes	Direct mailing	Access to short consultation document Presentations to regular fora
Parents – Family Centres	Direct mailing	Core programme 2
Federation of WIs (3)	Direct mailing	Core programme 2
Pharmacists	Direct mailing	Access to short consultation document Presentations to regular fora
Voluntary organisations providing services under SLAs	Direct mailing	Core programme 2
Support Groups	Many will receive via CVC lists. Supplement with contacts via Specialist Nurses	Access to short consultation document 2
Local County Councillors (176)	Via contacts in Local Authorities	Core programme 2
Town & Community Councils (185)	Via contacts in Local Authorities	Core programme 2
Affected patients	*needs further work dependent on discussions with external evaluator	Core programme 2 plus <ul style="list-style-type: none"> • Targeted questionnaire • Focus group / Forum to explore key issues
Affected staff	*needs further work dependent on discussions with Workforce and OD	Core programme 2 plus <ul style="list-style-type: none"> • Focus group / Forum to explore key issues • Internal communication methods to be utilised as appropriate
Affected populations	* needs further work dependent on discussions with external evaluator	To be confirmed
Carers	Via Carers Officers to cascade	Core programme 2
St John's Ambulance	Direct Mailing	Access to short consultation document
50+ Forums	Via 50+ Forum Coordinators in each county	Core programme 2
Voluntary Transport Schemes	Via 3 county transport group	Core programme 2
Farmers Unions / Young	Direct mailing	Core programme 2

High Interest, Low Power		
	How	What
Farmers Clubs offices		
Staff – specialist nurses,	Through existing staff mechanisms	Core programme 2 plus <ul style="list-style-type: none"> • Focus group / Forum to explore key issues • Internal communication methods to be utilised as appropriate
Community nurses	Via Heads of Services	Core programme 2 plus <ul style="list-style-type: none"> • Focus group / Forum to explore key issues • Internal communication methods to be utilised as appropriate
Housing Associations	Existing lists / via Housing Departments	Core programme 2
Women's Aid	Direct mailing	Core programme 2
Schools	Via education department to cascade	Core programme 2
Siarad Iechyd/Talking Health members (500)	Direct mailing	Core programme 2 plus SI / TH Newsletters
Brownies, scouts, guides	Direct mailing	Access to short document
Polish & other minority communities	Direct mailing	Core programme 2 plus Focus Groups
Transgender	Direct mailing	Core programme 2 plus Focus Groups
Gypsy/Travellers	Via Jackie Hooper for contacts	Core programme 2 plus Focus Groups Existing mechanisms
Menter Cwm Gwendraeth	Direct mailing	Core programme 2
Disability coalition	Direct mailing	Core programme 2 plus Focus Groups
Communities First	<ul style="list-style-type: none"> • Email to share information with staff • Send copies for public areas 	Core programme 2
Practice Managers	<ul style="list-style-type: none"> • Email to share information with staff • Send copies for waiting rooms 	Core programme 2
Universities and Colleges	To Vice Chancellors/ Principals	Core programme 2

Low Power, Low Interest		
	How	What
General public	Publicity and awareness raising of formal consultation, its purpose and opportunities to participate and comment in the consultation process	<ul style="list-style-type: none"> • Provision of short consultation document on request / via internet • Provision of long consultation document on request / via internet • Internet • Siarad Iechyd / Talking Health • Social Media • Radio slots • Carmarthenshire News • Newspaper advertising • Public facing events (to be determined) • Targeted questionnaire • Focus group work • Documents to be made available in public areas in Health Board premises • Documents to be made available in public areas in non-Health Board premises
General staff	Publicity and awareness raising of formal consultation, its purpose and opportunities to participate and comment in the consultation process	Existing internal staff communication
Police	CEO	General consultation publicity Access to documents on website
Fire Brigade	CEO	General consultation publicity Access to documents on website
Opticians	Direct mail	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Dentists	Direct mail	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Merched Y Wawr	Via Head Office in Aberystwyth / Area Development Officers	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Mentrau Iaith	Direct mail	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Youth Fora	Via Local Authority contacts	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Other Voluntary Organisations (904)	CVC contact lists (mainly by e-mail)	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
RNLI	Direct mail	<ul style="list-style-type: none"> • Provision of short

Low Power, Low Interest		
	How	What
		consultation document <ul style="list-style-type: none"> • Internet
Religious organisations	Direct mail	<ul style="list-style-type: none"> • Provision of short consultation document • Internet
Big employers – for staff– Councils, Coastguard, Police, Universities and Colleges, National Library, LNG, Chevron, Trostre, Dairies, Welsh Government	Direct mail	<ul style="list-style-type: none"> • Provision of short consultation document • Internet

Hywel Dda Health Board

Delivering Your Health Your Future Consultation Plan

Monday August 6 2012 – Monday October 29 2012

Introduction

Hywel Dda Health Board needs to understand the views of staff, stakeholders and the population who use our services, in regards to the future of local healthcare provision. To do this we will use a range of consultation, engagement and communication methods over a 12 week period. This will ensure we can provide safe and sustainable services that improve patient outcomes during the next five years.

Context

Hywel Dda Health Board has a responsibility to provide all the necessary healthcare services for everyone in Carmarthenshire, Ceredigion and Pembrokeshire, and also to improving the health and wellbeing of our population. Healthcare services are also provided to some of the population in Powys, south Gwynedd and West Glamorgan,

We need to change the way we deliver care in order to be safe and sustainable for the future. We undertook Your Health Your Future listening and engagement exercise between 19 Dec 2011 – 30 April 2012 – the size of which has not been seen in Wales before. This has informed the proposals we now need to formally consult on with our staff, stakeholders, patients and general public. This consultation will enable us to discuss the current position, the case for change, the options for healthcare in the future and to listen to the views of our population. We recognise that change can be challenging and want to make sure there is a wide understanding of the issues and possible solutions.

Objectives of the Consultation Plan

- Ensure awareness and information about the consultation reaches a significant percentage of our population, by the close of the consultation exercise.
- Provide a full range of opportunities, taking account of accessibility, in order for staff, stakeholders, patients and the general public to give their views by the close of the consultation exercise.
- Maximise use of innovative engagement and communication tools, such as e-communications, social media and interactive events to effectively engage with staff, stakeholders and patients – so as to be an exemplar for the rest of Wales.

Audience

For the purpose of this Consultation Plan, the key target audiences are divided into the following three broad categories:

- Staff
- Stakeholders
- Patients and general public

The Consultation Plan will be subject to regular updating at intervals as we progress. Please ensure that you are looking at the latest available document when you are reviewing this document.

Consultation Methods Employed and Rationale

Method	Rationale	Reach Opportunity	Resource Implications
Launch of Consultation	The Consultation will be launched at a public board meeting on the 6 th August 2012 in order to formally start the process. Members of the public are welcome to attend the meeting and media requests will be accommodated through a press conference.	Up to 50 directly and the general public via the media coverage	Staff time
Distribution of documentation to staff	The documentation needs to be made available online and in hard copy format across Health Board premises. In any engagement or consultation activity, well informed staff can be supportive and act as ambassadors for the organisation.	Potentially 10,000	Electronic - staff time to upload Hard copy - cost of copies of the documentation and staff time to ensure documentation is accessible
Distribution of documentation to stakeholders, including media and politicians	The documentation needs to be made available online and in hard copy format for all of our stakeholders, including media and politicians	Approx 3,500 (2,000 via third sector mechanisms) (1,500 via Stakeholder	Electronic - staff time to send emails Hard copy - cost

Method	Rationale	Reach Opportunity	Resource Implications
		database) 14 politicians Media: Broadcast viewers up to 280,000 and print readership up to 63,000 for single outlets	of copies of the documentation and staff time fill envelopes and post out Postal costs
Distribution of documentation to SI / TH Members	The documentation needs to be made available on line and in hard copy format for all of our SI / TH Members	Approx 500	Electronic - staff time to send emails Hard copy - cost of copies of the documentation and staff time fill envelopes and post out Postal costs
Distribution of documentation to volunteers	The documentation needs to be made available on line and in hard copy format for all of our volunteers	Approx 400	Electronic - staff time to send emails Hard copy - cost of copies of the

Method	Rationale	Reach Opportunity	Resource Implications
			documentation and staff time fill envelopes and post out Postal costs
Distribution of documentation to Health Board and public facing spaces	<p>Health Board Premises Documentation needs to be accessible at Health Board premises for:</p> <ul style="list-style-type: none"> ▪ patients / relatives outpatients, A&E, clinics etc ▪ patients / relatives on wards ▪ patients / relatives at Community Hospitals, ▪ patients / relatives attending clinics / health centres in the community ▪ patients / relatives attending mental health services ▪ patients / relatives attending learning disability services ▪ investigate the potential use of QR codes to publicise key publications, events etc. <p>Generic Public Spaces Documentation needs to be accessible at Generic Public Spaces for:</p> <ul style="list-style-type: none"> ▪ people at Local Authority Customer Service 	Significant number of population	Hard copy - cost of copies of the documentation and staff time to ensure documentation is accessible Mileage costs for face-to-face delivery and postal costs where necessary

Method	Rationale	Reach Opportunity	Resource Implications
	<p>Areas</p> <ul style="list-style-type: none"> ▪ people attending leisure centres ▪ people attending their local libraries ▪ people attending their GP practice ▪ people attending their dentist ▪ people attending their optician ▪ people attending their local pharmacy ▪ investigate the potential use of QR codes to publicise key publications, events etc. 		
<p>Regular issue of press releases and broadcast interviews through the consultation process</p>	<p>To maintain awareness and providing progress updates of the consultation process through the entire period.</p> <p>All press releases to be translated in order that they can be placed on website, sent to Welsh language media contacts</p>	<p>Media: Broadcast viewers up to 280,000 and print readership up to 63,000 for single outlets</p>	<p>Staff time</p>
<p>Social Media</p>	<p>Regular issue of messages via social media to provide progress updates to the growing followers the health board has.</p> <p>This method also engages with a younger audience who may not be reached by traditional consultation methods.</p>	<p>Approx 320</p>	<p>Staff time Minimal mobile phone charges</p>
<p>Regular issue of stakeholder briefing through</p>	<p>To maintain awareness of the consultation process through the entire period.</p>	<p>Approx 500</p>	<p>Staff time</p>

Method	Rationale	Reach Opportunity	Resource Implications
the consultation process	All stakeholder briefings to be translated		
Staff consultation events	Learning from the listening and engagement exercise, has identified the need for further and more detailed consultation with Health Board staff. It is suggested the events will run from 11am - 7pm and incorporate the following elements: <ul style="list-style-type: none"> ▪ Presentations / Q&A Sessions at advertised times ▪ Exhibition Boards explaining options ▪ 1-2-1 sessions with EDs / Senior Managers / Lead Clinicians 	Approx 1,500	Staff Time Displays Set Up IT equipment PA System Event Support Scribes
County Public Meetings (x3)	Learning from the listening and engagement exercise, has identified the need for a public session which will enable a large number of people to attend and listen to a debate around the key issues of the consultation outside normal working hours	Approx 900	Exec Time Event Hire PA System Independent Chair Simultaneous Translation - Welsh and BSL Event Support Scribes
County Meetings with county council members (x3)	Learning from the listening and engagement exercise, has identified the need for the meetings with Members of County Councils to take place earlier in the consultation process	Approx 181	Exec Time Scribes

Method	Rationale	Reach Opportunity	Resource Implications
County Meetings with town and community councils (x3)	Learning from the listening and engagement exercise, has identified the need for the meetings with Members of Town and Community Councils to take place earlier in the consultation process	Approx 200	Exec Time Event Hire PA System Simultaneous Translation - Welsh Event Support Scribes
County Stakeholder deliberative events	A stakeholder deliberative event will be held in each county. This will enable representatives from organisations / community groups to take part in a facilitated discussion / workshop around the consultation presented by HDHB	Approx 120	Tbc External support Exec Time
Meet the Health Board Events	A series of events will be held across Hywel Dda Health Board. These will focus on the localities and areas and groups identified and will include some of those most affected by the changes proposed within the consultation.	Approx 350 over 7 events	Exec Time Event Hire Event Support Scribes
Staff focus groups	Focus groups are small group discussions that review issues in depth and seek to understand people’s ideas and their reasons for their views in a way that is impossible in questionnaire Focus groups are typically used to supplement statistical information from quantitative surveys and to pursue selected issues in depth in meetings lasting up to	Approx 65	Part of the external evaluator contract

Method	Rationale	Reach Opportunity	Resource Implications
	<p>two hours.</p> <p>These enable staff to share their views in detail</p>		
<p>Telephone questionnaire - Junior Doctors / Middle Grade Doctors</p>	<p>Learning from the listening and engagement exercise, has identified that focus groups were not an effective method to gather the views of this target group. As part of the consultation exercise, the views of this group will be addressed by undertaking telephone questionnaires</p>	<p>Approx 30</p>	<p>Part of the external evaluator contract</p>
<p>Public focus groups</p>	<p>Focus groups are small group discussions that review issues in depth and seek to understand people’s ideas and their reasons for their views in a way that is impossible in questionnaire surveys which have to use standardised questions and response options. Focus groups are typically used to supplement statistical information from quantitative surveys and to pursue selected issues in depth in meetings lasting up to two hours.</p> <p>These may take the approach of either gathering the views of the broad population through telephone random sampling or target specific groups identified as particularly affected by the proposed changes.</p>	<p>Approx 70</p>	<p>Part of the external evaluator contract</p>
<p>Stakeholder presentations - Ad Hoc</p>	<p>Presentations will be given to key stakeholders during the consultation. These will be at the discretion of the Health Board and be linked with</p>	<p>Approx 20</p>	<p>Exec time</p>

Method	Rationale	Reach Opportunity	Resource Implications
	Executive Availability		
Targeted questionnaire	Approximately 5,000 people will be targeted following random sampling to complete a more detailed questionnaire offering a more in-depth look at views regarding the consultation and the options presented.	Approx 1,000 return response	Part of the external evaluator contract

Structure/Process

The Consultation Plan has been broken down below into three phases – Pre-consultation, Consultation and Post-Consultation. In the tables below we outline a schedule of planned activities which will be carried out over the coming months. These activities have been planned to ensure that we provide an opportunity for all members of our communities to find out more about the need for change in the NHS and to then have an opportunity to feedback their views on the proposed options.

The plan will be subject to regular updating at intervals as we progress. There will be a mid –term review of the Consultation Plan in case we have failed to engage with certain groups or members of our communities. The list of planned events is not exhaustive.

Please ensure that you are looking at the latest available document when you are trying to find out what events are happening across the Health Board

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
20-06-12	<p>Clinical Services Strategy Stakeholder event</p> <p>Halliwell Centre Carmarthen</p>	<p>Presentations to key clinical stakeholders inc consultants, GPs, directors, senior managers and the CHC</p> <p>Presentation on:</p> <ul style="list-style-type: none"> • the national case for change • ORS feedback and evaluation of the Listening and Engagement exercise • The proposed Clinical Services Strategy 	Hire of venue	CEO/Chair/ Director Planning/ Andrew Carruthers /ORS	
T-6 weeks (25 June)	<p>Listening and engagement feedback & announcement of intention to consult</p>	<p>On-line resource – to include ORS feedback</p> <p>Staff - issued widely and to include schedule of future events, via:</p> <ul style="list-style-type: none"> - All Staff bulletin / global email - Intranet pages - Staff meetings (partnership, 		Comms Comms Execs, Asst Directors, County Management Teams	

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
28 th June 2012		<p>county)</p> <p>Stakeholders</p> <ul style="list-style-type: none"> • issue stakeholder briefing <p>General public</p> <ul style="list-style-type: none"> • Bilingual press release on Internet and issued to media contacts • radio slot • social media announcements via facebook and twitter <p>Board OD – presentation of the final report from ORS, discussion and agreement of the proposed final options and areas for consultation</p> <p>Consultation document</p>	<p>Finalised documents to be sent to translation to Welsh. Also Braille and Easy Read to be produced.</p>	<p>Comms</p> <p>Comms (YB)</p> <p>Planning/ PPE/Comms</p>	<p>✓</p>

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
		draft and summary received by PPE and Communications Team from planning and copyrighters Edit/proof read			
T-5 weeks (2 July) 5-07-12	6 th July - Meeting with HD CHC	Meeting with representatives of the CHC to discuss the Consultation Plan and to share the consultation document Presentation on the Clinical Services Strategy and options for consultation to the Hywel Dda Health Board Partnership Forum		CHC / PPE / Comms/ Director Corporate Services Director of Planning, Performance and Ops, Director of Corporate Services, Director of Workforce and OD	
T-4 weeks (9 July)	Follow-up PR on listening and engagement period	- case studies from listening and engagement sent bilingually to media contacts and made		Comms	

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
		available online			
T-3 weeks (16 July)	Follow-up PR on listening and engagement period	- case studies from listening and engagement sent bilingually to media contacts and made available online		Comms	
17-07 - 12	Community Health Council Planning event	To consider the ORS feedback, discuss the Consultation document and final options and agree the consultation plan and final options			
17-07-12	Stakeholder Reference Group	To consider the ORS feedback, discuss the Consultation document and final options and agree the consultation plan			
T-2 weeks (23 July)	Preparation of bilingual covering letter and email to be sent to stakeholders	To include covering letter / email to send out documentation to stakeholders and advance notice of meetings to key stakeholders		PPE / Welsh language	
Date tbc	Health Professions Forum	To consider the ORS			

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
	Key stakeholder	feedback, discuss the Consultation document and final options and agree the consultation plan Meetings with AMs/MPs		Chair	
T-1 week (30 July)	Key stakeholder 1-1 briefings	31 July - Chairman meeting with MPs / AMs		Chair	
	Staff	1 August Chairman meeting with MPs / AMs		Chair	
		3 rd August - Ceredigion Partnership Forum		IB	
		3 rd August -Briefing - Ceredigion County Management Team		IB	
		3 rd August - Hospital Medical Staff		IRS / RG	
		3 rd August - MIU Staff		AW / DH	
		3 rd August - Meeting with Asst GMs, Senior Nurse Managers, Ward 1 Senior		MD / AK	

Phase 1 June11 – August 6 2012					
Date	Event / Activity	Method	Resource (cost/staff etc)	By Whom	RAG
	Board papers	Sister Sent (Aug 3) and made available on-line (Aug 6) Launch day materials prepared		JW Comms	

PHASE 2 - 6TH AUGUST - 29TH OCTOBER

Week 1

w/c 6 Aug	Key Stakeholder Activity	Communication with stakeholders as determined by the stakeholder analysis		PPE	
		Hard copies to identified Core Programme 1		PPE	
		Distribution of key documents to Core Programme 2		PPE	
		Distribution to CVC contacts / databases for further cascading		PPE	
	Staff Engagement	6 August - Meeting with Chairs of HDHB Partnership Forum and Local Partnership Fora		JW	
		6 August - MSC (Pembs)		IRS / MD / RG / PK	
		7 August - Managers Briefing, Carmarthen		CM / TP	
		8 August - Community Managers and Team Leaders (Pembs)		SK / KW / AW	
		8 August - Community Care Staff (Pembs)		KT / AK / AW	
		9 August - Mental Health Staff (Pembs)		KT / RG	
		10 August - Surgery & Theatres Staff (Pembs)			

Week 2					
w/c 13 Aug	Key Stakeholder Activity	Core Programme 3 and 4			
	Staff Engagement	<p>Face to face events:(e.g. Roadshows) to be confirmed</p> <p>13th August 11am-2pm 13th August 3pm -7pm Staff Sessions at the Post Graduate Lecture Theatre, PPH</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>		Execs etc All Comms / PPE	
	Public Information	Press release, social media and broadcast interviews - awareness raising		All Comms/PPE	
	Public Facing Event			Comms	

Week 3					
w/c 20 Aug	Key Stakeholder Activity	Ad hoc presentations as requested			
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>20th August - Partnership Forum</p> <p>21st August 11am - 2pm 21st August 3pm - 7pm Staff Sessions at Withybush Conference Centre, Haverfordwest</p> <p>23rd August 11am - 2pm 23rd August 3pm - 7pm Staff Sessions at the Post Graduate Lecture Theatre, BGH</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate 		<p>DoW&OD</p> <p>Execs etc Comms / PPE</p> <p>Execs etc Comms / PPE</p>	

		<p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>		All Comms / PPE	
	Public Information	Press release, social media and broadcast interviews - awareness raising		Comms	
	Public Facing Events	Distribution of documentation to volunteers		PPE/Comms	

Week 4					
w/c 27 Aug	Key Stakeholder Activity	Ad hoc presentations as requested			
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>30th August 11am- 2pm 30th August 3pm - 7pm Staff sessions at the Cambrian Room, GGH</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>		Execs etc All Comms / PPE	
	Public Information	Press release, social media and broadcast interviews - awareness raising		Comms	
	Public Facing Events				

Week 5					
w/c 3 Sept	Key Stakeholder Activity	Ad hoc presentations as requested			
		6 th Ceredigion County Council (Elected Members Event)		Execs / CMT / PPE	
		County Stakeholders Deliberative Event 1(to be externally facilitated)		ORS/WIHSC	
		6 Sept Dyfed Powys LMC		TBC	
		6 Sept GP Locality Leads		TBC	
		7 Sept Ceredigion Locality CHC meeting		CMT	
	Staff Engagement	Face to face events: (e.g. Roadshows) to be confirmed		Execs etc All Comms / PPE	
		3 Sept Medical Staff (Ceredigion)			
		6 Sept CAG			
		Internal Communication			

		<p>channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>			
	<p>Public Information</p>	<p>Press release, social media and broadcast interviews - awareness raising</p>			All Comms / PPE
	<p>Public Facing Events</p>	<p>Provisional - 4 Sept - Public Event – Parc Y Scarlets, Llanelli (Evening event, will be independently facilitated to run from 7.00 pm to 9.00 pm)</p> <p>Provisional - 5 Sept - Public Event – Y Morlan, Aberystwyth (Evening event, will be independently facilitated to run from 7.00 pm to 9.00 pm)</p>			<p>Comms</p> <p>Execs / PPE / Comms</p> <p>Execs / PPE / Comms</p>

Week 6					
w/c 10 Sept	Key Stakeholder Activity	Ad hoc presentations as requested			
		County Stakeholders Deliberative Event 2 (to be externally facilitated)		Execs / County Team / PPE / Comms	
		11 th - Pembrokeshire County Council (Elected Members Event)		Execs / CMT / PPE / Comms	
		11 Sept- Carmarthenshire Locality CHC meeting		CMT	
		12 Sept - - Carmarthenshire County Council (Elected Members) Session		Execs / CMT	
		13 Sept - Pembrokeshire Locality CHC meeting		CMT	
		13 Sept - LMC / LHB Liaison Meeting		MD	

		Provisional - 13 Sept – Town and Community Council Event - Cothi Suite, Halliwell Conference Centre, Carmarthen, 6.30 pm to 8.30 pm		Execs / CMT / PPE	
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>Telephone Questionnaire for Junior Docs / Middle Grades</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>		<p>Execs etc All Comms / PPE</p> <p>TBC</p> <p>All Comms / PPE</p>	

	Public Information	Press release, social media and broadcast interviews - awareness raising Online poll to test knowledge		Comms Comms / PPE	
MID POINT REVIEW					

Week 7					
w/c 17 Sept	Key Stakeholder Activity	Ad hoc presentations as requested			
		County Stakeholders Deliberative Event 3 (to be externally facilitated)			Execs / CMT / PPE
		19 th Carmarthenshire Local Service Board			SV
	Staff Engagement	Face to face events: (e.g. Roadshows) to be confirmed			Execs etc
		20 Sept - Primary Care, Planning, Performance and Delivery			Execs
		20 th Sept – Pembrokeshire Health and Social care Committee			Execs
		Staff Focus Group 1			TBC ORS / PPE / Comms
		Staff Focus Group 2			TBC ORS / PPE / Comms

		<p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>				
	<p>Public Information</p>	<p>Press release, social media and broadcast interviews - awareness raising</p>				All Comms / PPE
	<p>Public Facing Events</p>	<p>Provisional 20 Sept – Public Event -Sir Thomas Picton School, Haverfordwest (Evening Event will be independently facilitated to run from 7.00 pm to 9.00 pm)</p>				Comms Execs / PPE / Comms

Week 8					
w/c 24 Sept	Key Stakeholder Activity	Ad hoc presentations as requested			
		Provisional - 25 Sept – Town and Community Council Event - Llwyncelyn Memorial Hall, Nr Aberaeron, 6.30 pm to 8.30 pm			Execs / CMT / PPE
		Provisional 27 Sept – Town and Community Council Event - Queens Hall, Narberth, 6.30pm to 8.30 pm			Execs / CMT / PPE
	Staff Engagement	Face to face events: (e.g. Roadshows) to be confirmed			Execs etc All Comms / PPE
		26 th September Medical Staff (Ceredigion)			
		Staff Focus Group 3			ORS / PPE Comms
		Staff Focus Group 4			ORS / PPE Comms

		<p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>				
	Public Information	Press release, social media and broadcast interviews - awareness raising				Comms
	Public Facing Events	Targeted Questionnaire				TBC / PPE

Week 9					
w/c 1 Oct	Key Stakeholder Activity	Ad hoc presentations as requested			
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>Staff Focus Group 5</p> <p>Staff Focus Group 6</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>		<p>Execs etc All Comms (/PPE</p> <p>TBC / PPE / Comms</p> <p>TBC / PPE / Comms</p> <p>All Comms / PPE</p>	
	Public Information	Press release, social media		Comms	

	<p>Public Facing Events</p>	<p>and broadcast interviews - awareness raising</p> <p>Public Focus Group 1</p> <p>Public Focus Group 2</p> <p>Provisional - 2 October – Meet the Health Board Event - Burry Port Memorial Hall, 2.00 pm to 8.00 pm</p> <p>Provisional - 4 October – Meet the Health Board Event - Guildhall Cardigan, 2.00 pm to 8.00pm</p>		<p>ORS/ PPE</p> <p>ORS / PPE</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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Week 10					
w/c 8 Oct	Key Stakeholder Activity	Ad hoc presentations as requested			
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>10 Oct LNC</p> <p>Staff Focus Group 7</p> <p>Staff Focus Group 8</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>	•	<p>Execs etc All Comms / PPE</p> <p>ORS / PPE / Comms</p> <p>ORS / PPE / Comms</p> <p>All Comms / PPE</p>	

	<p>Public Information</p> <p>Public Facing Events</p>	<p>Press release, social media and broadcast interviews - awareness raising</p> <p>Public Focus Group 3</p> <p>Public Focus Group 4</p> <p>Provisional 9 October – Meet the Health Board Event - Pontyberem Memorial Hall, 2.00 pm to 8.00pm</p> <p>Provisional 11 October – Meet the Health Board Event - venue Kilgetty</p>		<p>Comms</p> <p>ORS / PPE/ Comms</p> <p>ORS/ PPE / Comms</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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Week 11					
w/c 15 Oct	Key Stakeholder Activity	Ad hoc presentations as requested 15 October - Ceredigion LSB			TBC
	Staff Engagement	<p>Face to face events:(e.g. Roadshows) to be confirmed</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>	•	Execs etc All Comms / PPE	All Comms / PPE
	Public Information	Press release, social media and broadcast interviews -			Comms

	<p>Public Facing Events</p>	<p>awareness raising</p> <p>Public Focus Group 5</p> <p>Public Focus Group 6</p> <p>Provisional - 16 October – Meet the Health Board Event - St Peters Civic Hall, Carmarthen, 2.00 pm to 8.00pm</p> <p>Provisional 18 October – Meet the Health Board Event - Fishguard venue, 2.00 pm to 8.00 pm</p>		<p>ORS / PPE</p> <p>ORS/ PPE</p> <p>Execs / CMT / PPE</p> <p>Execs / CMT / PPE</p>	
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Week 12					
w/c 22 Oct	Key Stakeholder Activity	Ad hoc presentations as requested			
	Staff Engagement	<p>Face to face events: (e.g. Roadshows) to be confirmed</p> <p>Internal Communication channels:</p> <ul style="list-style-type: none"> • methods to be utilised as appropriate <p>Meetings:</p> <ul style="list-style-type: none"> • Key meetings (e.g. TU Partnership Forum) • Local Meetings arranged by Managers within Counties <p>Staff Awareness checking:</p>	•	Execs etc All Comms /PPE	
	Public Information	Press release, social media and broadcast interviews - awareness raising		All Comms / PPE	
	Public Facing Events	Public Focus Group 7 Provisional 22 October – Meet the Health Board Event Aberaeron venue, 2.00 pm to 8.00 pm		Comms	ORS / PPE Execs / CMT / PPE

Phase 3 - Evaluation, Feedback and Consultation				
Timescale	Activity	Method	By Whom	RAG
6 th August 2012 - 29 th October 2012	Formal Consultation (likely to be 12 weeks)	Consultation Plan to outline key activities during this period		
November - December 2012	Analysis of consultation feedback by successful tendering company	Interim and final reports to be supplied to eh HB on an ongoing basis		
December 2012	Consideration of feedback for paper on final decisions			
December 2012	Board approval	Board Meeting		
December 2012	Formal notification to WG, AMs, MPs and Local Councils (para 42)	Letter / Email		
December 2012	Formal notice in Media advising of outcome of consultation (para 42)	Public notice		
December 2012	Feedback to staff and stakeholders (Para 44)	Via website and existing communication methods		

Hywel Dda Health Baord - Listening and Engagement exercise – Dec –April 2012

Staff Engagement and Communication Activity for Staff at PPH				
Staff Events/Groups		Method(s)	Leads (if relevant)	Reach
All the below are in addition to meetings held locally by managers of specific services with their staff and teams.				
19/12/11	Launch of engagement period announced		Chair Chief Executive Board Director –Clinical Services	
	Intranet	Documents and DVD live on Intranet and Internet with details on how to feed back		Circa 10,000
	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000
03/01/12	Briefing Event – Senior Managers	Briefing Event held for Senior Managers		50+
ongoing	Chairman's Blog	Ongoing via Intranet (link issued weekly via Hywel Dda Today global email)	Chair	No. of Hits: 1395 Dec 1478 Jan 1495 Feb 1129 Mar 1314 Apr
13/01/12	Roadshow – Prince Philip	Presentation, question and answer session	<ul style="list-style-type: none"> • 1 Independent Member • 6 Executive Directors (inc 2 senior clinicians) • 6 County Management Team (inc 3 senior clinicians) 	200+ staff
16/01/12	Carmarthenshire Partnership Forum	Presentation, question and answer session		17
17/01/12	Culture Steering Group	Presentation, question and answer session		14
	Three Counties Partnership Forum	Presentation, question and answer session		28

24/01/12	Healthcare Professionals Forum	Presentation, question and answer session		10
26/01/12	Health Board meeting	Chairman's Update to Board		30+
w/c 30/01/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000 staff
01/02/12	GP Clinical Think Tank (Carmarthenshire GPs)	Presentation, question and answer session	Chair 3 Executive Directors 2 County Management Team	16
02/02/12	Stakeholder Reference Group / Health Professional Forum / CAAG	Event		36
w/c 06/02/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy Circa 10,000 staff electronic
07/02/12	Therapies and Health Sciences Formal Forum			
14/02/12	11.30am - 6.30pm Meet the Health Board Drop in Session, Selwyn Samuel Centre, Llanelli	Drop in session to review exhibition boards in addition to Q&A sessions	5 Executive Directors 2 Independent Members 3 County Management Team 2 Assistant Directors	549 public (inc a number of staff members)
16/02/12	12.00pm - 7.00pm Meet the Health Board Drop In Session Llandybie Memorial Hall, Llandybie	Drop in session to review exhibition boards and one to one discussions with senior health board staff	1 Executive Director 2 Independent Members 4 County Management Team 2 Assistant Directors	30
17/02/12	Roadshow – Prince Philip	Additional event arranged to accommodate staff unable to attend first 20	2 Independent Members 3 Executive Directors (inc 1 clinical director) 3 County Management Team	20
w/c 20/02/12	Stakeholder Briefing	Stakeholder Briefing issued via email to		

		wide range of stakeholders, including staff <ul style="list-style-type: none"> • Internet • Intranet (staff) • Local Media • AM/MPs • CHC Members Stakeholder Reference Group • Healthcare Professionals Forum • Third Sector contacts 		Circa 10,000 10+ Approx 50 20 12
21/02/12	HDHB Partnership Forum	Meeting		Approx 25
05/03/12	MSK Outpatients Departments (Llanelli)	Meeting		
w/c 19/03/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff <ul style="list-style-type: none"> • Internet • Intranet (staff) • Local Media • AM/MPs • CHC Members Stakeholder Reference Group • Healthcare Professionals Forum • Third Sector contacts 		Circa 10,000 10+ Approx 50 20+ 12
w/c 19/03/12	Payslip message	Payslip message to all staff Approx 10,000 staff		Circa 10,000
22/03/12	Staff Focus Group (Prince Philip)	Focus Group 7 members of staff (band 7)		Focus Group 7 members of staff (band 7)
w/c 26/03/12	Team Brief	Team Brief issued for all staff via Hywel Dda Today global email (for face to face cascade via managers)		Circa 10,000
30/03/12	Mental Health Clinical Services Strategy Workshop Event,	Workshop to discuss the Mental Health Clinical Services Strategy		

	Halliwel, Carmarthen			
w/c 09/04/12	Hywel's Voice Staff Newsletter	Bilingual staff newsletter, issued electronically and limited paper versions across sites		2200 hard copy Circa 10,000 staff electronic
16/04/12	Therapies and Health Sciences Formal Forum	Meeting		
w/c 23/04/12	Stakeholder Briefing	Stakeholder Briefing issued via email to wide range of stakeholders, including staff <ul style="list-style-type: none"> • Internet • Intranet (staff) • Local Media • AM/MPs • CHC Members • Stakeholder Reference Group • Healthcare Professionals Forum • GPs • Third Sector contacts 		Circa 10,000 10+ Approx 50 20+ 12 59
27/04/12	Staff Focus Group (Prince Philip)	Band 8+ Staff Focus Group		7 members of staff

Agenda Item 3.11

P-04-400 NICE Quality Standard in Mental Health

Petition wording:

We urge the National Assembly for Wales to urge the Welsh Government to adopt and implement the NICE quality standard for service user experience in adult mental health in its entirety.

We hope with this petition to put the humanity of the person as the focus of mental health. This requires changes in the services, treatment and interventions currently used in Wales. Following two training sessions organised by Sefyll at the Senedd to inform mental health service users of the scope and powers of the Welsh Assembly and Government, a group of us attended a further meeting with the Petitions Clerk to word this petition. As the Welsh Government is currently reviewing the ADULT MENTAL HEALTH ACTION PLAN FOR WALES, this is an opportunity to make a difference by influencing and raising awareness of mental health issues to Assembly Members and Ministers. The NICE Standards (2011–2013) www.nice.org.uk/guidance have been developed for the NHS and social care sectors in England – they are not applicable in Wales – but are illustrations of best practice: Putting the service user experience at the centre of all treatment and interventions. Making staff in mental health services accountable for their actions. The NICE guidelines are already in practice in England. In total there are 15 Quality Statements. The following two are illustrations of the overall ethos and approach: “People using mental health services, and their families and carers feel they are treated with empathy, dignity and respect”. Quality Statement 2 “People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision making”. Quality Statement 11. In addition to this e-petition, a paper version is available on request. Please contact us at the following e-mail address: MHPetition2012@gmail.com. If you can help in any way with this campaign, please also contact us at the above email address. To view all 15 quality standards go to: <http://publications.nice.org.uk/service-user-experience-in-adult-mental-health-improving-the-experience-of-care-for-people-using-cg136/quality-statements>.

Petition raised by: Action for Mental Health

Date petition first considered by Committee: 19 June 2012

Number of signatures: approx. 200

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-400
Ein cyf/Our ref MB-LG-4765-12

William Powell AM
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

14 November 2012

Dear Bill,

Thank you for your letter of the 22 October 2012 regarding issues raised by petitioners about the management and monitoring of the *Together for Mental Health* Delivery Plan, and service users experiences which are of concern to the Committee.

In relation to concerns about the management and monitoring of the Delivery Plan my officials are establishing a new Mental Health National Partnership Board (NPB), which will meet for the first time on Dec 3rd. This new board's specific role is to oversee the delivery and implementation of *Together for Mental Health* and its Delivery plan. The NPB will guide and monitor progress, and facilitate co-ordination of the cross cutting approach required across Welsh Government, Statutory Agencies and Third and Independent Sectors to deliver the actions in the Delivery Plan. The board will advise me on progress, emerging issues and future priorities.

The NPB will review annual progress reports provided by Local Health Boards on implementation of the Delivery Plan priorities in their area, and prepare an annual all-Wales report on progress and next steps

The requirement for a Care and Treatment plan and a Care Co-ordinator is set out in the Measure and is a legal requirement. LHB's and their partners would be open to legal challenge should they not fulfil the legislative requirement. The time scales for allocation of care co-ordinator and care and treatment plans are given in the Code of Practice and 'due regard' must also be given to these.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.lesley.Griffiths@wales.gsi.gov.uk
Printed on 100% recycled paper

We have already started collecting information on the number of people that have a completed Care and Treatment plan on a month by month basis. However we are also plan to be look at the quality of those plans. We are developing service user led outcome measures, as well as service users and care satisfaction scales.

We will be using this data alongside independent research to consider the impact of the Measure on the provision of mental health services in Wales, this "duty to review" within the first 4 years is also written into the Mental Health (Wales) Measure.

Over the next 12 months all service users within secondary mental health services should have been involved in the development of an outcome focused care and treatment plan. The University of Lincoln have developed learning resources with service users and all areas in Wales have been trained in Care and Treatment planning. The Code of Practice focussed on recovery and or maintaining quality of life and we are committed to ensure that the principles of respect and empowerment underpin all our services.



Lesley Griffiths AC / AM

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

Correspondence from Petitioners to Committee, 3 January 2013

To the petition committee, National Assembly for Wales,

Thank you for letting me have a look at the Minister's respond.

As there is no reference to previous letters from the petitioners, I wonder whether she has read them.

The Nice Quality Standards are quite clear and I wonder why the minister is so shy to implement them now.

To rely on the law only can have severe limitations.

She is referring to the care and treatment plans in the Mental Health Measure. Although it is acknowledged that there are many areas of life that need to be considered, In the end it is only a minimum of **one** area required to be implemented in the care plan. That could mean that everything stays as it was, namely insisting only that the drugs have to be taken.

Furthermore, the review of the care plan can be requested by the carer only before the annual review is due and not the patient/ service user, and the carer can be a family member appointed even against the expressed wish of the patient/service user.

In some cases this can program that the service user is hindered in the recovery. As we know, many severe mental health problems have abuse at the root during childhood. More likely than not this happens not by strangers.

Being reminded of the abuse even decades later can lead to regression to being like a child. You may have noticed that this was happening during the hearing of victims in Ireland recently when they were facing the perpetrator after many years.

The adoption of the NICE Quality Standards could ensure that the experiences of the service-users/patients could directly influence the treatment. Thus the service user could be directly empowered by having a voice and not only in principle .

With Kind regards

Guenter Etmuss

Bill Powell AM
Chairman – Petitions Committee
National Assembly for Wales
Cardiff Bay

7th January 2013

Your ref: **P-04-400** **NICE Guidelines** **Action for Mental Health**

Dear Bill

I have had the opportunity to read and consider the latest response from the Minister (Lesley Griffiths) regarding our Petition and subsequent submissions.

I find it hard to express my sense of disappointment – not to mention concern - that this Petition is being taken less than seriously and that we petitioners are being treated with a lack of respect by the Minister and her department. In other words, this is a ministerial “brush off” presumably in the expectation that we will just go away!

I had hoped for better from the Welsh Assembly Government.

I don't see any point in responding to the most recent letter from the Minister as it appears to have very little to do with the issues raised in the Petition or my subsequent reply and information provided following the Minister's first response.

Instead, I would like to reiterate and raise, once more, the following:

The WAG government states as a goal – world excellence in the care of those with mental health issues. Therefore – why not implement gold standards as exemplified through the NICE guidelines?

What – if any – progression has been made in terms of agreeing SLAs with NICE – specifically as regards mental health?

I also would request a response to some of the issues made in my previous letter submitted to the Petitions Committee:

There is now a statutory requirement for service users in secondary services to have a Care and Treatment Plan. What measures or standards apply to the implementation - or failure to implement that particular care plan?

How can the Delivery Plan "support" the Strategy through "effective and (sic) measurements of the strategy outcomes" unless it specifies targets, standards and levels of accountability?

Also – I think it would be informative to have a response to the following issue from my earlier letter:

*“...the support of an independent health advocate is only available upon request and there are very few people employed in this capacity. I also wonder how an "in-patient" can be in "the community" - my belief was that the **right to advocacy** was for those receiving in-patient care whether in a "normal" hospital or in a psychiatric unit. Perhaps the Minister could be asked to clarify this issue.”* (Or admit to a mistake in the response).

Finally, as some of your colleagues (demonstrating both bravery and dignity) have come forward recently to speak about their mental health issues (David Melding, Ken Skates, Eluned Parrott and Bethan Jenkins), it seems particularly ironic that this issue does not attract the importance it merits.

With many thanks for the work of your committee,

Jane Miller Smith
Action for Mental Health Petition Group

Agenda Item 3.12

P-04-413 : Maternity Services in the Cynon Valley

Petition wording:

We the undersigned call upon the National Assembly for Wales to reinstate maternity services in the Cynon valley by completing the Tair Afon birthing centre as originally planned in Ysbyty Cwm Cynon.

Supporting Information:

Ysbyty Cwm Cynon was designed to house a midwife-led birthing centre. Although the space is available at the hospital and much of the work has been completed the decision has been taken not to have the birthing centre. As a consequence the women of the Cynon valley must travel to Prince Charles Hospital, Merthyr Tydfil or opt for a home birth. This withdrawal of services to the people of the Cynon valley is unacceptable.

Petition raised by: Sarah Rachel Gait

Date petition first considered by Committee: 2 October 2012

Number of signatures: 406



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Cwm Taf
Health Board

Your ref/eich cyf:
Our ref/ein cyf:
Date/Dyddiad:
Tel/ffôn:
Fax/ffacs:
Email/ebost:
Dept/adran:

AJW/KAD
23rd November 2012
01443 744803
01443 744800
Allison.Williams4@wales.nhs.uk
Chair & Chief Executive

Mr William Powell AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
CARDIFF CF99 1NA

Dear Mr Powell

Tair Afon Birthing Centre

Thank you for your letter dated the 10th October 2012, in relation to Tair Afon Birth centre at Ysbyty Cwm Cynon. May I firstly confirm that the only maternity services not relocated to Ysbyty Cwm Cynon in April of this year were those relating to the Midwifery led birthing unit. Antenatal services were transferred as planned to the new build.

As stated in your letter the Tair Afon birth centre was planned to move from Aberdare Hospital to the new build within Ysbyty Cwm Cynon when it opened in April 2012. However due to the low numbers of women accessing this service over a number of years a decision was taken to relocate the Tair Afon birth centre on a temporary basis to Prince Charles Hospital. It was proposed that this would provide an opportunity to review the service and how it may be best provided to ensure as many women as possible had an opportunity to access a low risk birthing experience.

An initial six month evaluation of this temporary service has recently been completed and shared with the local Community Health Council which was well received. In general terms it confirms a higher usage of the facilities by Cynon Valley residents than had previously been achieved in the stand alone service in Aberdare. This increase in use resulted in a 22% rise in the number of women intending to give birth within this service.

Qualitative information was also gathered as part of the evaluation process and although the return rate was low the majority of women were satisfied with their care. In respect of the location of service, the responses by women were divided, and indicated that some would have preferred the birth centre to be located within the Cynon Valley, whilst others indicated that they felt it was important that the birth centre was near to the main Obstetric unit at Prince Charles Hospital.

Return Address:

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

Page 120

-2-

As a result of this initial feedback the Community Health Council have requested additional detail in relation to women's views prior to considering this change on a more permanent basis. I would therefore like to confirm that the service will remain under review at the present time whilst further analysis is undertaken.

If however you require any additional information or an update on progress please do not hesitate to contact me.

Yours sincerely



Mrs Allison Williams
Chief Executive/Prif Weithredydd
Cwm Taf Health Board/ Bwrdd Iechyd Cwm Taf

Return Address:

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

P-04-430 : Proposed closure of Tenby Minor Injuries Unit

Petition wording:

We the undersigned strongly object to the proposals in the Hywel Dda Health Board Document Your Health/ Your Future, referring to closure of the Minor Injuries Unit in Tenby. We call on the National Assembly of Wales to ensure the proposals set out in the Hywel Dda Health Board Document are not carried out and that the MIU in Tenby remains open.

Petition raised by: Andrew James Davies

Date petition first considered by Committee: 6 November 2012

Number of signatures: 157 Associated petitions collected over 581 signatures

Agenda Item 3.14

P-04-431 : Against health cuts from the residents of Pembrokeshire

Petition wording:

SWAT (Save Withybush Action Team) have fought for the retention of safe, effective and accessible secondary health care services for the people of Pembrokeshire since 2005.

On behalf of SWAT I call upon the National Assembly for Wales to urge the Welsh Government to ensure that the plans for Secondary Healthcare provision currently being consulted on in the Hywel Dda Health Board area will maintain the present level of services available at Withybush Hospital. The 14000 signatories on the petitions delivered to your office by SWAT do not agree with the preferred option of the Hywel Dda health Board to centralize most inpatient services on the Glangwili site. It is quite clear to the people of Pembrokeshire and elsewhere who have signed these petitions that if centralization of services is required then Withybush should be the preferred site. This would provide an equitable, accessible, safe and sustainable Secondary Healthcare service for the whole of the Hywel Dda Health Board area whereas centralizing services on the Glangwili site would seriously disadvantage the people of Pembrokeshire.

Petition raised by: SWAT (Save Withybush Action Team)

Date petition first considered by Committee: 6 November 2012

Number of signatures: Associated petition collected approximately 14,000 signatures. Of these 14,000 signatures, over 10,000 signatures were collected for a petition which specifically called for the Special Care Baby Unit at Withybush to be saved, and 4,000 signatures for petitions which called for all services at Withybush to be protected.



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Bwrdd Iechyd
Hywel Dda
Health Board

Dyddiad/Date: 19 November 2012
Ein cyf/Our ref:
Gofynnwch am/Please ask for: Emma Crees
Rhif Ffôn /Telephone: 01437 771244
Ffacs/Facsimile: 01437 771222
E-bost/E-mail: Trevor.purt@wales.nhs.uk

William Powell AC/AM
Chair
Petitions Committee
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Powell

Petition: P-04-430/431

Thank you for your letter dated 13 November 2012.

As you are aware, the Health Board has recently concluded a 12 week formal consultation in relation to our future service configuration. The purpose of the consultation was to raise awareness of the challenges facing the NHS at both local and national levels and to put forward potential solutions that meet the requirements of Together for Health, other Welsh Government policy and the requirements of the various professional groups (eg the Royal Colleges and the Welsh Deanery).

In terms of the specific petitions:

- Tenby MIU. The Health Board had previously received a petition when the unit was temporarily closed last winter. The issue at that time was that there was no alternative service provision in place. Our consultation and supporting technical documents clearly articulated the intention to reprovide minor injuries services in a different way and we must balance the provision of an MIU in Tenby against the needs of the A&E Unit in Withybush.

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220
Rhif Ffacs: (01437) 771222

Hywel Dda Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel Nr: (01437) 771220
Fax Nr: (01437) 771222

Cadeirydd / Chairman
Mr Chris Martin
Prif Weithredwr /Chief Executive
Mr Trevor Purt

- Withybush Hospital. The Health Board is well aware of the views from Pembrokeshire residents in relation to Withybush from public meetings held in the county. Once again, the case for change is clearly articulated in the consultation documentation and the preferred options were subject to an appraisal process that directly compared potential Withybush solutions against alternatives. We are in discussions with our medical teams to ensure that we consider the Pembrokeshire petition and appraise these views alongside our declared preferred options.

The options put forward for consideration for consultation were developed following a comprehensive options appraisal process and any alternative solutions will be subject to the same assessment.

It is clear that each service change will potentially be emotive and will attract a wide range of public opinion and it is the Health Board's task to consider all feedback submitted - including these two petitions - in developing the final recommendations for the Board to approve. That process of analysis is underway and will inform the decision-making process.

We are committed to continuing the consultation process in an open and transparent manner and we will feedback to the public and our staff how we reach any of the decisions we make. Any changes the health board supports will need to be sustainable, safe and show improved outcomes for our patients whilst also taking into account the range of views expressed to us.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Trevor Purt', is written over the typed name and title. The signature is stylized with a large loop at the end.

Trevor Purt
Chief Executive

Your Health - Your Future

A Consultation Document of the Hywel Dda Health Board

August 2012

Care Closer to Home – Minor Injury Units

The Hywel Dda Health Board requires the views of the public on its proposals to:

‘Reprovide the Minor Injuries Services at Tenby and South Pembrokeshire Hospitals, to be delivered from GP Practices – with staff redeployed into Withybush Hospital. (once primary care services are in place)

Following a presentation by Hywel Dda Health Board members and ensuing discussions amongst nearly 100 South East Pembrokeshire Community Health Network members, there are a number of key issues that have emerged that bring into question the soundness of the planning process undertaken by the HDHB. These include:

1. GP participation has not been agreed

- Saundersfoot GP practice has indicated its opposition to the proposal. They have stated that the closure of the TCH MIU would be significantly deleterious to the health needs of the local population and indeed the visiting holiday population. Tenby GPs too have said that they share the concerns of the general public over the proposals. How can the Hywel Da Health Board ignore such medical opinions? The doctors have a nationally agreed contract which would have to be renegotiated before any changes could occur.

2. A detrimental effect on Minor Injury Unit opening hours which will be insufficient

- One of the main problems with the proposals is that the opening hours and therefore the available service will be drastically reduced from the 8 am to 10 pm, seven days a week opening that the unit has offered. The proposals for new GP surgery opening hours may include a few hours on a Saturday morning and closure for most of Saturday and the whole of Sunday. This would mean a lack of MIU provision for most of the weekend period, Bank Holidays, which are so busy and important to the local economy and also the evenings.

3. The Health Board has not researched in sufficient detail the effects of the closure on the community of South East Pembrokeshire

The proposed changes would have serious effects, especially considering the social geography of the South East Pembrokeshire area.

- The resident population within 5 miles of Tenby Cottage Hospital is now approaching 20,000 people according to census estimates. This is probably the largest concentration of rural population within the Hywel Dda Health Board area.

- The summer population increases to over 50,000 people as visitors flock to the area. As ours is a National Health Service they too require care whilst in Pembrokeshire. The MIU supports the main industry of our community, which is tourism, and the Health Board plans threaten its prosperity.
 - For most of the weekend period, the nearest minor injury service will be at Withybush Hospital, some 23 miles away, or alternatively at Glangwili Hospital 27 miles away. Of all the towns of Pembrokeshire, according to AA figures, this is the furthest to travel for a hospital service and therefore the Health Board is proposing that largest concentration of rural population in the County travel the furthest for this service. This is ironic considering the Board's aim of bringing; 'Care Closer to Home'.
 - The nature of the population SE Pems is also important to consider. According to the latest census figures available, 25.65% is over 65 years of age: 10.9% report that they are not in good health and 22.3% report a limiting long term illness. It is these people that require a service close to home not involving complicated journeys to a hospital for minor injuries treatment.
 - The problems are compounded when other factors are considered. Car ownership is low. In the two Tenby County Council wards 40.5% and 29.6% are without their own car transport.
 - The transport system is often poor. The bus service from Tenby to Withybush takes 1.5 hours and from Amroth an additional 30 minutes. From Amroth there are only three summer Sunday services and there are no winter services.
 - A single taxi service from Tenby to Withybush costs £40 with £15 an hour waiting time. It could be possible for a hospital visit to cost nearly a £100.
 - In a recent meeting, a Board Medical Director, Mr Robertson Steel, when questioned about such problems, advised the people of this area to buy first aids kits and start saving £20 notes for the fare. Is that the level of service the Hywel Dda Health Board plans for this area?
4. **There will be a detrimental effect on this rural population, (by definition fewer than 10,000 inhabitants) which brings into question the role of the Welsh Government Rural Health Plan**
- These are situations that the WG Rural Health Plan highlights in its report, but the problems do not appear to have influenced the thinking of the Hywel Dda Health Board which appears to be creating a situation where the disadvantaged in society are further being penalised. Is there need for a Strategic Needs Assessment?
5. **The use made of the Tenby Cottage Hospital MIU has not been sufficiently considered**
- The TCH is the busiest minor injuries unit in the Health Board area. In the Technical Paper provided by the Board, are figures for the last full year of operation, 2010-2011, in which 5,324 patients were treated.

- During the enforced closure in 2012, 22.8% of admissions to Withybush A and E came from South Pembrokeshire. Not only is this not an insignificant number, but also it illustrates the numbers forced to make a substantial journey to receive minor injury treatment. According to information provided to the SEPCHN, if the Nurse – Patient ratio be compared in the two bases then the use of the TCH MIU is not inconsiderable.
 - Figure 14 of the technical paper also illustrates the seasonal nature of use of the TCH MIU, with very high figures for the summer months, illustrating once again the importance to the local tourist industry. The question arises as to how the surgeries would cope with this seasonal influx and are there sufficient facilities to cater for them?
 - Moving the service 5 yards from state of the art TCH MIU facilities to a location in the GP surgery that does not have them can only bring a diminished level of service.
- 6. What efforts are being made to train and recruit the large number of Emergency Nurse Practitioners required for this new system?**
- At the beginning of 2012, the south County units were closed because of staffing shortages at Withybush A and E. As well as a consultant shortage, there was a shortage of Emergency Nurse Practitioners, who are specially trained nurses who man the unit. The MIU 's in the south of the County were closed in order for the units' ENP's to support the A and E. Despite assurances that more nurses were to be trained for these positions, there is very little evidence that this has occurred as in its plans the Health Board envisages the nurses to be based at Withybush on a full time basis. In its plans for GP surgeries to undertake minor injury work, there are statements that all surgeries will have trained nurses for this function. Where is the evidence for the training and appointment of these vitally important personnel and what are its timescales?
- 7. The Health Board is wasting its resources by closing the TCH MIU**
- The TCH MIU has up to date facilities based in modern premises. There appear to be no plans to utilise these superb arrangements. In its plans the Health Board emphasises, 'the need to make best use of its resources'. Surely it is failing in a major way in this regard and is guilty of wasting its resources. At the same time the Hywel Dda Health Board states that one of the challenges it faces is that, '...Too many people use our emergency and urgent care departments when they could access more appropriate care through other services'. Surely by closing the TCH MIU this will mean even more people using A and E.
- 8. The HDHB has failed to consider public opinion**
- It was only nine months ago that a petition of 2,500 South East Pembrokeshire signatures was presented to the HDHB protesting at the closure of the MIU and demanding its reopening. This has been totally ignored by the Health Board.
- 9. There is a total lack of flexibility in the Boards planning**

- Why is the Board attempting to enforce one simple model for the whole area it covers? Surely there are different circumstances throughout which demand a more flexible approach. The South East Pembrokeshire and Tenby area is a unique case, which has been described earlier, and which warrants a different form of provision. The impression is given that there are individual Board members blindly tearing apart a successful working system without careful investigation of local needs. It is resulting in a 'Lowest Common Denominator' approach which will seriously damage minor injury provision in this part of the County.
- 10. The proposed new system will bring additional costs and not bring about savings**
- The need for additional facilities and training of specialist staff in the new locations will mean additional costs. It is also very likely that ambulance expenditure will also increase. It seems unlikely there will be savings.

For these reasons the SEPCHN at its recent meeting opposed the proposed plans and demanded retention of the Tenby Cottage Hospital Minor Injury Unit. The proposal, for the reasons outlined, was unacceptable and was to be fought. The retention of the Tenby Cottage Hospital Minor Injury Unit, which performs such a valuable service, is important to our community. The proposals of the Hywel Dda Health Board will mean a marked deterioration in provision for minor injury care.

We, the members of the South East Pembrokeshire Community Health Network demand that this proposal be omitted from the Hywel Dda Health Board Consultative Plan.

With regard to the question in the consultative document, for the reasons that have detailed in this document, the South East Pembrokeshire Community Health Network strongly disagrees with the proposal to transfer the minor injuries service at Tenby Cottage Hospital to local GP surgeries and redeploy the Emergency Nurse Practitioners that work there.

P-04-333 Stop neglect and abandonment of horses and ponies by enforcement of microchipping laws

Petition wording:

The Society for the Welfare of Horses and Ponies has been inundated with calls for assistance from concerned members of the public, horse owners and the Police for horses found abandoned, neglected and injured. Many have been injured from wandering on to the roads causing great risk to Motorists.

None of these horses are microchipped which has been a legal requirement for foals born after July 2009 which means the owners cannot be traced. We call upon the National Assembly for Wales to urge the Welsh Government to ensure effective enforcement of microchipping and Equine passports as laid down in the 2009 Legislation.

Petition raised by: The Society for the Welfare of Horses and Ponies

Date petition first considered by Committee: 11 October 2011

Number of signatures: 2114

P-04-333 Stop neglect and abandonment of horses

Correspondence from Angela Burns

Dear Sarita,

I am sorry to take so long to get back to you. I think there was a bit of confusion on my part because the petitioners are members of the CPG and is therefore aware of the work that we have done on this subject. If I give you a brief update then I hope that will clarify the situation for the Petitions Committee so that you may act on this accordingly.

The CPG on The Horse has been considering the issue of micro chipping as part of a bundle of measures we believe are necessary to support the responsible management of Equines in order to try and eradicate or minimise the appalling effects of Fly Grazed and abandoned horses.

We took evidence from Members of the CPG many of whom are primary movers in Equine welfare in Wales and include Equine Charities, representatives from Trading standards and various councils, representatives from the Police, the British Horse Society, Landowners and Assembly Members amongst others.

Following the evidence gathering I wrote a substantial letter to the Minister for the Environment which covered all aspects of the issues abandoned equines raise and which put forward a number of Recommendations.

I have copied below Recommendation 1 which mentions micro chipping specifically.

Recommendations

Given the commentary above the Cross Party Group for The Horse wishes to strongly recommend to the Welsh Government the following courses of action

Recommendation 1

That the Welsh Government ensures there is a clear Ministerial lead to drive a solution to the issue of Fly Grazing forward. Only a Minister will be able to exert the authority to get the many interests working together and we recommend the setting up of a Task & Finish Group. This group should consider all aspects of equine welfare in wales including the issue of passports & verification, DNA testing, micro chipping, licensing, breeding, education and market drivers.

Since then the Deputy Minister for Rural Affairs has been given the lead on this issue and we have had correspondence with him. On the 20th November the Minister met with members of the CPG to discuss our letters to both him and John Griffiths and to understand how he believes this issue should be tackled.

With regard to Micro chipping he believes that we need to reinforce the use of passports, ensure that the trading standards and Police officers are rigorous in their implementation of the current regulations and ensure that we educate owners. The Minister does not wish to set up a Task & Finish Group as he is keen to use other measures discussed to try and curtail the abandonment of Equines.

The rest of the measures the CPG suggested are being evaluated and there will be movement forward. Following our meeting with the Minister, the CPG was pleased with the update given and the commitments made. We will continue to scrutinise and support the Government to ensure that we do move forward on this.

If there is any further information I can give please do not hesitate to contact me

Kind regards

Angela

Angela Burns AM / AC

Welsh Conservative Member for Carmarthen West and South Pembrokeshire
Aelod y Ceidwadwyr Cymreig dros Gorllewin Caerfyrddin a De Sir Benfro
Shadow Minister for Education
Gweinidog yr Wrthblaid dros Addysg

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Correspondence from Petitioner to Committee, 3 January 2013

Dear Sir/Madam,

Many thanks for your email of 13th December regarding our Petition raised by The Society for The Welfare of Horses and Ponies.

Since delivering this Petition in November 2011 both myself and Mrs. Jenny MacGregor MBE, Chairman of SWHP have been attending meetings of the Cross Party Group for the Horse and are aware of the recent action being taken as outlined in the attachment to your email.

Like many of the other Equine Welfare organisations we are full to capacity but somehow still manage to take in the most desperate cases (as we have done during Christmas from the Cardiff area). There are still, throughout Wales, many hundreds of horses and young foals with no microchip or passport identification which makes tracing the owners an impossible task and whilst we often have a fair idea of ownership this cannot be confirmed without either microchip or passport.

Many horses that are loose or abandoned in badly and inadequately fenced fields escape in search of food and cause a serious risk to human life when they end up on the roads. This is in addition to the sheer neglect caused to these equines some who have already died being left in the fields causing further concern and risk of disease.

We look forward to further and robust progress being made to ensure that the Microchipping and Passport laws are enforced along with additional stringent measures to improve the lives of so many horses in Wales.

Yours faithfully,

Sian Lloyd
The Society for The Welfare of Horses and Ponies

P-04-406 : Against Proposed MCZ zones in North Wales

Petition wording:

We Call upon the Welsh Assembly Government NOT to include any of the six proposed sites within North Wales to become Marine Conservation Zones (MCZ). We say no to Llanbedrog/Pwllheli, Aberdaron/Bardsey Island, Porthdinllaen/Tudweiliog, Aberech/Llanstyndwy, Puffin Island/Beaumaris and North East Menai Strait.

This proposal would have a detrimental effect not only on our fishing industry but also on our tourism and economy. We rely on our coasts for our livings and enjoyment. We strongly oppose all six potential sites.

Petition raised by: Claire Russell Griffiths

Date petition first considered by Committee: 2 July 2012

Number of signatures: 6,501 (an associated Caernarfon Herald petition collected in excess of 180 signatures)

Agenda Item 3.17

P-04-411 : Petition Against Marine Conservation Zones in Pembrokeshire

Petition wording:

I call upon The National Assembly of Wales, to urge the Welsh Government to not include the three proposed Highly Protected Marine Conservation Zones in Pembrokeshire to be designated as no Take Zones for the inshore fishing industry

I believe that the wrong decision has been made in only planning to designate HPMCZ, prohibiting all extractive activities, this decision appears to have been made politically, rather than scientifically which is a key aspect of the MCZ process.

Petition raised by: Stephen De-Waine

Date petition first considered by Committee: 2 October 2012

Number of signatures: 586

John Griffiths AC /AM
Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-411
Ein cyf/Our ref SF/JG3624/12
William Powell AM
Chair Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

15 November 2012

Dear William

Thank you for your letter of 10 October advising that the Petitions Committee has received and considered two petitions relating to the consultation on Marine Conservation Zones. I note that there is a petition of 586 signatures opposing the potential site options in Pembrokeshire and another petition of 298 signatures in support of the approach to highly protected sites.

The consultation exercise generated a high number of detailed responses raising strong and often conflicting views. Earlier this week I announced a period of additional work to reflect on and fully explore the information received to inform how we move ahead with Marine Conservation Zones in Wales. A task and finish team is being created to do this work and it will report to me with its findings in April 2013.

Best wishes

John Griffiths AC / AM
Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development

Agenda Item 3.18

P-04-415 : Support for Designation of Highly Protected Marine Conservation Zones

Petition wording:

We endorse the Welsh Government's policy to designate highly protected MCZs and urge the Government to adhere firmly to that policy. We note the pressures our seas are under, Wales' failure to meet the 2010 biodiversity targets and the robust scientific evidence of the need for much improved marine conservation measures. We acknowledge the strong global evidence for the benefits of highly protected marine protected areas and anticipate comparable benefits to accrue in Wales following designation of HP MCZs. In particular, we request that NAW strongly support Skomer MNR, Wales' only Marine Nature Reserve, which currently enjoys very limited protection, being redesignated as highly protected when it becomes an MCZ on commencement in Wales of the MCZ provisions of the Marine & Coastal Access Act.

We have nowhere in Welsh waters that has been ever been fully protected from direct human impacts. We need highly protected MCZs to: provide marine wildlife with a few places it can exist and thrive unmolested by us – we do this on land, there should not be a lower standard for the sea; enable marine ecosystems to recover from direct human impacts and increase their resilience; protect the marine ecosystem for the goods and services it gives us which we cannot exist without; help us understand the effects of human pressures on the marine environment and better understand what an unimpacted marine ecosystem is like. The purpose of highly protected MCZs is to safeguard and enhance the ecosystems within them, not simply fish and shellfish populations.

Petition raised by: Blaise Bullimore

Date petition first considered by Committee: 2 October 2012

Number of signatures: 298

Correspondence from Petitioner to Committee, 20 December 2012

Dear Sian,

Many thanks for your e-mail.

The only comment I wish to make regarding the Minister's letter to the Committee is that it disregards - or overlooks - the 7500 signature petition in favour of designating the current Skomer MNR as a highly protected MCZ which was presented to Jane Davidson on the passing of the Marine and Coastal Access Act in 2009, and which I resubmitted to John Griffiths in July 2012 (see attached letter). I do not resubmit the petition at this time as the Marine Branch doubtless has two copies on file but I am happy to do so if necessary.

I also take this opportunity of forwarding a further letter to the Minister, copied to William Powell as Chair of the Petitions Committee, concerning the Welsh Fishermen's Association report 'Striking the Balance' submitted as an alternative approach to the Government's highly protected MCZ proposals. This report was referred to by the Welsh Fishermen's Association in their evidence to the Environment and Sustainability Committee's Marine Policy Inquiry where it was discussed by members. I was compelled to write to the Minister as it is fundamentally flawed in several respects and misleading in others but appeared, and still appears, to be taken seriously and accepted without question or evidence for its claims.

I would be grateful if you would forward my comments and copies of the two attached documents to members of the Petitions Committee and would welcome the opportunity to provide any further information that I am able.

Regards,

Blaise Bullimore

John Griffiths
Minister for Environment and Sustainable Development
Welsh Government
5th Floor
Ty Hywel
Pierhead Street
Cardiff Bay CF99-1NA

30 July 2012

Dear Minister,

I have responded to the Welsh Government's consultation on potential site options for Welsh Waters consultation. Nonetheless, I also write to you to express my strong support for the government's policy to designate highly protected Marine Conservation Zones.

The planet's seas, including the Welsh marine environment, are under great pressure and are widely degraded. We are so familiar with the way things are now that we fail to recognise this and unless we explore the historical evidence we don't know what we have lost, or how less healthy our seas are now than they used to be.

Although 36% of Wales's sea is designated as European Marine Sites, these are multiple use areas that are not well enough managed and need far better protection. There is nowhere in Welsh waters that has been ever been fully protected from direct human impacts; even the protection offered by Skomer Marine Nature Reserve, Wales's only MNR, is strictly limited.

We need highly protected MCZs:

- to give marine wildlife at least a few places it can exist and thrive unmolested by people - we do so on land, there shouldn't be a lower standard for the sea;
- to allow parts of the marine environment to recover to a near natural state and to increase its resilience;
- to protect the marine ecosystem for the goods and services it gives us which we cannot exist without;
- to help us understand the effects of human pressures on the marine environment.

Evidence from round the world tells us that highly protected MPAs have disproportionately greater benefit than partial protection. However, we will never be in a position to show this in our own seas without actually designating and appropriately managing some.

It is with genuine regret that I have to complain that the first stage consultation process has been badly misjudged and mishandled. The inaccessible and ambiguous consultation document both unnecessarily alarmed and alienated many people and the government's public

engagement in support of the consultation failed to adequately clarify confusion or clearly answer questions, reconfirmed public suspicions and distrust, and allowed disinformation to thrive.

Having worked for over twenty-five years towards one day seeing the achievement of what are now to be known as HPMCZs I was delighted by the Welsh Government's proposals for MCZs in *Protecting Welsh Seas*. I am therefore devastated that the groundswell of opposition so unnecessarily generated by the misjudged and mishandled process has badly compromised the HPMCZ process.

I particularly welcome Skomer MNR being included in the list of potential sites, though it is unjust that Skomer is considered in the same way as the other potential sites since it has been a statutory Marine Nature Reserve for 22 years. During this time it has been well managed and monitored by a team of professional marine scientists, which I led from 1990 to 2005, and it has been remarkably well safeguarded in spite of the limited legal protection it enjoys.

I am aware that the Milford Haven Port Authority have objected to the Skomer designation on the false premise that it would risk preventing the Port's use of the currently licensed dredge spoil disposal sites, despite the Welsh Government's clear intent to avoid conflict with key government policies and constraints, the explicit identification of Skomer as not presenting any constraints, and in spite of the demonstration by comprehensive tracer studies funded by MHPA of no significant spoil deposition in the Skomer MNR from the current offshore disposal sites.

Wales needs better marine protection and highly protected MCZs need to be one of the key tools. I urge you not to allow the largely misinformed objections to divert you away from your government's policy. To do so, or to do nothing would be an unacceptable option risking increased damage to our marine environment. Instead, I urge government to learn from the errors of this first stage consultation and attempt to rebuild trust and understanding for the promised next stage.

Contrary to comments by the MHPA and others, designating HPMCZs would send a very positive message to business and the public, that Wales cares about its marine environment and is determined to look after and improve it for its intergenerational importance.

I particularly urge that you ensure that Skomer MNR becomes one of the sites to be designated as an HP MCZ and to that end I enclose a copy on CD-ROM of a 7,500 signature petition in support of the Skomer MNR which was first submitted to Jane Davidson in November 2009 at an event to celebrate the passage of the Marine and Coastal Access Act.

Yours sincerely,

Blaise Bullimore

John Griffiths
Minister for Environment and Sustainable Development
Welsh Government
5th Floor
Tŷ Hywel
Cardiff Bay
CF99 1NA

By e-mail to Correspondence.John.Griffiths@Wales.gsi.gov.uk

25 October 2012

Dear Minister,

Marine Conservation Zones – “Striking the Balance”

I strongly support the Government’s Highly Protected Marine Conservation Zone (HPMCZ) policy. However, I am becoming increasingly concerned about the risk it will be abandoned or emasculated in an attempt to appease the fishing industry by over-accommodation of fundamentally flawed proposals detailed in the Welsh Fishermen’s Association response to the MCZ consultation, *Striking the Balance*.

Striking the Balance does contain a number of positive messages and good points, but it is also extremely naïve, appears not to recognize the significant impacts that fishing has had on the marine environment and is unlikely to convince anyone with any real understanding of the Welsh marine environment or the pressures it faces. It is also difficult to take the positives at face value given the fishing industry’s years of resistance to engage with environmental conservation initiatives. Furthermore, there is a question how long the implied promises would be kept if the "threat" of HPMCZs were to go away; such previous experiences as the failed Lyme Bay voluntary co-management initiative suggests they might not last long.

Whilst this is not the place for a detailed critique of the document, I draw your attention to four of the document’s critical failings.

1) *It is predicated on a belief system rather than empirical evidence.* The phrase “WFA believe(s) ...” is used 17 times in the document without substantiation or evidence. Ironically the belief-based proposals are a stark contradiction to the fishing industry’s routine rejection of the empirical scientific evidence for conservation action and MCZs and its demands for ever more conclusive evidence for “proof”.

2) *It is an attempt to reinvent the wheel.* The management approach for the existing Marine Protected Area (MPA) network is already an integrated, multiple-use and ecosystem-based model; an approach required to meet, not least, the requirements of the EC Habitats Directive and the UK Habitat Regulations. HPMCZs are an essential part of the toolbox to deliver this, as is made clear in the recent CCW MPA management review.

The basic marine management model the document proposes and implies as novel is not new; not least it has been a sound principle at the heart of Wales’ European Marine Site management approach for over a decade. Certainly implementation has been a struggle, for many reasons, but in part because the fishing industry has opted to have minimal engagement with it and to argue against management for ecosystem protection.

3) *It is misleading.* Additional to the foregoing, the document misleads by implication. Two examples: the unsubstantiated claims of “serious economic, social and cultural impacts” on fishermen despite the likelihood of medium to longer term fisheries benefits; the systematic use of the term “low impact” in terms of fishing gears is unsubstantiated by evidence yet gives the impression that the gears mentioned, though not specified, are genuinely low impact rather than relatively lower impact than the most destructive fishing techniques.

4) *It promotes putting the fox in charge of the henhouse.* Whilst fishermen should indeed be involved in marine management, so should all users of and stakeholders in the sea. Fishermen should be accorded a role proportionate to the value of their industry, their track records, the impacts of their activities and their expertise. Taking these in turn:

Despite what seems to be a popular belief in the importance of Welsh fisheries, its value is vanishingly small compared to other marine sectors, not least tourism, as is borne out by the figures in the appended e-mail extracts from your Government’s Statistics Unit. Decisions should take this relative level of importance into account, particularly in context of the environmental impacts of fishing.

The track record of the fishing industry in terms of honesty, collaboration, compliance with regulation and forward-looking ecosystem management is, being very generous, questionable; from scallop and cockle fishing infringements and prosecutions to failures to observe voluntary measures in the Skomer Marine Nature Reserve the past performance of the industry is lamentable and does not inspire confidence in its capacity for self-control. Self regulation is demonstrably not a viable option; statutory regulation and enforcement is necessary to ensure compliance by both indigenous and foreign vessels.

There is no evidence that fishermen have either the necessary appropriate environmental management experience or expertise beyond their narrow field of interest, or the awareness of the marine science base. According them a lead position in MPA management would substantially risk further compromising the health of the marine environment and discrimination against other stakeholders.

The marine environment is far more than simply a resource for fishermen. A healthy marine environment is the planet’s life support system which we all have an intergenerational obligation to protect. HPM CZs are needed to begin to make a better contribution to delivering that obligation. I implore you not to allow yourself to be swayed into compromising essential long-term goals, now largely codified by the Marine Strategy Framework Directive, that will benefit all of society just to placate the immediate self-interests of a single small sector.

Yours sincerely,



Blaise Bullimore

cc Dafydd Ellis-Thomas AM, Chair Environment & Sustainability Committee Marine Policy Inquiry

William Powell, AM, Chair Petitions Committee

Paul Davies, AM, Preseli Pembrokeshire

Sent: 02 May 2012 15:02

To: Blaise Bullimore

Subject: RE: Sea fisheries statistics query

Hi Blaise,

There have been changes to the industrial classification system used since I last provided you with those statistics meaning that there has been some loss of detail (and some gains) - importantly fishing GVA is no longer available separately from regional accounts (the official GVA source).

Employment is still available (see table 5 here and it is division 3) - shows that employment in Wales in 2010 was around 400. <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-230519>

GVA, however, is available via the Annual Business Survey - note that it is 'approximate' GVA as it isn't exactly the same as GVA, these figures show that approximate GVA for fishing in Wales in 2008 was £13m and £11m in 2009 (so the numbers look similar to the old regional accounts data). The data are here: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-249334>

Regards

John

Sent: 20 October 2010 08:51

To: Blaise Bullimore

Subject: RE: Sea fisheries statistics enquiry

Blaise,

We have data on the fishing sector for GVA. The latest data shows that in 2007 fishing contributed £13m to Wales'

GVA. <http://www.statswales.wales.gov.uk/TableViewer/tableView.aspx?ReportId=262>

We don't have any data that is published for employment in the fishing sector (as it is often grouped together with agriculture). I have had a look at the underlying data for this table on workplace

employment (<http://www.statswales.wales.gov.uk/TableViewer/tableView.aspx?ReportId=10928>) which shows that of the 42,000 in agriculture and fishing, around 500 jobs were in fishing in 2008.

Regards

John.

P-04-419 : Wind Farm Moratorium

Petition wording:

We call upon the National Assembly for Wales to ask the Welsh Government for a moratorium on wind farm and wind turbine developments for which it has devolved responsibility. The moratorium will be used as a period of reflection, during which time a cross party committee will be convened to examine the effects of operation of wind turbines upon the health, social well-being, property value, effects on tourism, and the local economy within 15Km of installations.

We ask that the all party committee be allowed to commission independent research on the devolved issues of Health, Social Well Being and Tourism with respect to wind turbines, and to agree a set of standards for devolved wind energy, which will prioritise the care of local environment, amenity land, habitat and nature.

We also ask that all devolved wind turbine installations be subject to the approval of a local (5Km) referendum.

This petition excludes wind power controlled by National Infrastructure Directorate.

Petition raised by: James Shepherd Foster

Date petition first considered by Committee: 2 October 2012

Number of signatures: 1332

John Griffiths AC / AM
Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref: P-04-419
Ein cyf/Our ref: SF/JG/3711/12

William Powell AC / AM

National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

21 November 2012

Dear William,

Thank you for your letter, of the 10 October, regarding a Petition relating to wind energy development. As your query primarily concerns a planning issue, which is part of my portfolio, I am responding.

I am of the opinion that Planning Policy Wales and Technical Advice Note 8: Planning for Renewable Energy continue to provide an appropriate framework for the strategic planning of all forms of renewable energy in Wales.

Local planning authorities consider onshore proposals up to 50MW under Town and Country Planning legislation. Applications over 50MW are not devolved and are processed by the National Infrastructure Directorate, within the Planning Inspectorate, and decisions on such schemes in Wales are taken by UK Ministers.

It is noted that the Petition excludes wind energy applications controlled by the National Infrastructure Directorate, which is responsible for determining a large proportion of wind farm applications in Wales, and as such the proposal would have limited effect.

The Welsh Government accepts that the introduction of new, often very large, structures into the open countryside needs careful consideration to minimise the impact on the environment and local communities. However, the need for wind turbines is established through a global environmental imperative and is a key part of meeting the Welsh Government's renewable energy production aspiration and UK and European targets on renewable energy.

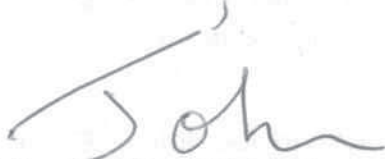
All wind farm proposals in Wales are subject to a strict planning process, addressing environmental, visual, noise and community impacts. Projects not meeting planning requirements should be refused consent.

An Environmental Impact Assessment may be required when a wind farm development involves more than two turbines or the hub height of any turbine (or height of any other structure) exceeds 15 metres. An Environmental Impact Assessment should consider the environmental consequences of the total development by virtue of factors such as its nature, size or location. Environmental Impact Assessments are a means of drawing together, in a systematic way, an assessment of a project's likely significant environmental effects. This helps to ensure that the importance of the predicted effects, and the scope for reducing them, are properly understood before a decision is made. I therefore believe that the planning system includes sufficient safeguards to consider the environmental consequences of wind farm development.

The public, and other relevant stakeholders, have the opportunity to be involved in the preparation of Local Development Plans and as such can have a say in the future development and use of land in their area. The views of the local community should also be taken into account in the decision-making process. It is however for the local planning authority, taking into account any relevant views on planning matters, to determine the planning application on its planning merits.

I therefore do not accept this Petition's proposals to suspend all planning applications for wind energy developments, to enable the examination of the effects of wind turbines, and for wind energy planning applications to be determined by a referendum.

Yours



John Griffiths AC / AM

Gweinidog yr Amgylchedd a Datblygu Cynaliadwy
Minister for Environment and Sustainable Development

Galar ecology volunteer group

Committed to the Conservation and Reclamation of the Ecology and Biodiversity of Wales

Chair: André Jacob Treasurer: Sylvia Maskelyn Secretary: Patricia Shepherd Foster

Attention Mr. William Powell – Chair Petitions Committee

Reference Petition P 04 419 Moratorium on Wind Turbines

Dear Mr Powell,

The clerks to the Petitions Committee have forwarded the letter from the Minister for Environment and Sustainable Development John Griffiths AC/AM, with regard to the above petition, to which I am making a direct reply, and will forward it to you, to pass to Mr. Griffiths if you feel it appropriate.

With regard to the petition itself we asked for a Moratorium on Wind Turbines because it was felt that developments are proceeding when aspects of the planning process are not clear, and fall short of good practise. In addition, there are aspects of development applications which, while being important to acceptability, are because of inherited rulings from DECC not considered by planning. Also, an increasing number of single turbine applications, which are not examined as rigorously as Wind Farms are being submitted, affecting local communities. Therefore, we asked that the Moratorium should be enforced, until a fair and comprehensive planning system, with regard to Wind Turbines is in place, or where applicable retrospective operation of matters arising is allowed. We would ask the petitions committee to allow us to make submissions on the following items

(A) This petition is not asking for the cancellation, or substantive variation of the Strategic Search Areas set out under TAN 8, but we are asking that developments in technology are acknowledged and become conditions of acceptance of a development, rather than at the choice or whim of the developer, in much the same way as building control regulations operates the standard for a housing development.

In order that the committee may evaluate the need for this type of planning variation we would like to submit evidence to the committee of an area where technological advance has exposed a weakness in the planning system; for this we have chosen **Site Monitoring for Wind Shear and the Distance Between Turbines.** In practise addressing this and other subjects, suitable for standardisation, would speed up the planning process because areas for debate and contention would be replaced with a compliance list, based on best practise.

(B) During the past twelve months we have monitored council planning meetings in Carmarthen and Powys, with regard to single turbine applications. The consensus is that the councillors judging these applications do not have a full and accurate picture on which to pass judgement, either positively or negatively. We are preparing a report which we would like to submit to the petitions committee, the conclusions of which could be applicable across Wales. Please note, this is not a castigation of the councils named, we are looking to make the present system more comprehensive and open.

(C) One of the most contentious issues on wind farm developments is the community fund offered by the developer, to local communities. The value of this finance varies between sites, and is fraught with difficulties. Accepting any individual payment affects the rights of families under ETSU R 97, a fact known to developers, but not to the general public. It is basically unfair to expect members of the public or stakeholders to undertake negotiations on this minefield. At

the moment nPower talk in terms of a price per installed MW, as you might expect that offered is far too low, but this could be a basis for equitable payment for all. We would like to present proposals to the petitions committee on how we see this finance being negotiated, and administered.

- (D) We would like the committee to look at our full submission with regard to the European Noise Directive 2002-49-EC. This important directive is enormously important to the protection of some rural areas, and we feel needs to be addressed prior to any development commencing. The Environment Agency Wales have been designated the competent authority for this European Directive and is fully devolved.
- (E) We would also ask that our submission with regard to back up energy required to make wind energy suitable as base load for the National Grid be examined and a clear statement by the Minister as to where, and what form this energy source will take.
- (F) Local Development Plans, which are, (as the Minister comments in his letter), the place where the public and stakeholders can influence devolved Wind Power. In practise these are ratified by WAG who control the speed of ratification, which is far too long. We also ask that, if there is an imperative, placed on local authorities, with regard to TAN 8, then in the interests of open and Devolved Government all WAG correspondence to CC's with regard to applications is available to the public, as part of the consultation process.

We look forward to presenting these submissions within the time frame the committee advises us on.

Yours Sincerely

James Shepherd Foster

Chief Petitioner and Technical Advisor To Galar Community Volunteers

Galar ecology volunteer group

Committed to the Conservation and Reclamation of the Ecology and Biodiversity of Wales

Chair: André Jacob Treasurer: Sylvia Maskelyn Secretary: Patricia Shepherd Foster

For the attention of the Minister for the Environment and Sustainable Development John Griffiths AC/AM

03 January 2013

Dear Mr. Griffiths,

Petition P-04-419

Thank you for your response to our petition, reference as above, for which I was chief petitioner, I am also Technical Advisor for the largely Carmarthen based volunteer group, as per the letter heading. This response is my own, as the petitions committee asked me to exercise confidentiality, until your letter appeared on the Assembly website.

I would like to comment on your response and further describe our intentions when putting this petition forward.

1. The second para. of your letter refers to **TAN 8 and Planning Policy Wales**. It was never our intention in this petition to seek alteration of these in any fashion. This ambition was visited by another petition over a year ago and there are time limits within the Petition structure which disallows revisiting a subject within a time frame, and I can assure you there is no intention of a backdoor subversion of the rules. Personally speaking, as a retired engineer, the TAN 8 final report on Strategic Search Area G by Arrup is an excellent and easily understood guide to fitting wind turbines into the landscape, with least impact; my arguments against TAN 8 are what it does not contain, or address; and the geographic limitation of the Town and Country Planning Act. Of the four conditions planning addresses, (your para 6), TAN 8 is restricted to visual impact, beyond paying lip service to the others. Even the geographic locations were not picked by Arrup, but chosen to suit politics, not best science. Having EIA's written by the developer means he writes his own rules, within a very loose and unsatisfactory structure. Finally, of course, is that TAN 8 should be binding on the developer, which it never is.
2. In para 4, you say this petition would have a **limited effect**, because it excludes those developments which come under the auspices of the National Infrastructure Directorate. This raises three points, the first is that the Petitions Committee can only examine matters on which WAG has devolved power, which excludes all those developments examined and controlled by NID. Secondly the Secretary of State for Wales has said TAN 8 rulings would be complied with. I would agree that this is not a cast iron guarantee, and as Carwyn Jones has said, NID could propose areas outside TAN 8 for wind farms, but on the other hand I believe the Silk Commission Energy has, "no options are closed to expansion of the existing TAN 8 programme" as well. Thirdly, of course, you have yourself produced a budget for examining ways of speeding up the planning process, through a consultation company. This by definition, can only be aimed at those devolved developments on which you have influence. So I would suggest that 'limited effect' does not apply in this case
3. In para 5 you claim the need for wind turbines is established through a **Global Environmental Imperative**. In fact this was only an aspiration of some Global Economies and directly opposed by others, and the statement confuses wind turbines with renewable energy. Wales,

and the UK could meet its European commitments on renewable energy without further onshore wind turbines, using these devices is a direct choice of the UK Government. You have never published a target of how much devolved onshore wind your Government is aiming to produce, and from how many turbines, so the part Welsh Government will play has yet to be determined . I could and have written pages on this subject, but it has little to do with this petition, however, given this opportunity I would advise you that Kyoto failed both scientifically and politically because of poor science and the politics of self interest. It remains that climate change requires action by Economies worldwide, but the inadequate world response and the West's refusal to accept its responsibilities in scientific and technological development will combine to produce a dangerous Global environmental vacuum.

With regard to the items we would like the committee to consider and examine are:-

- European Noise Directive (END) 2002/49/EC This was ratified in 2002 and all the work required in agglomerations has been undertaken, mapped and is in use, providing the people within these areas, this very important protection. The work, as required in rural areas, has never been undertaken. We are petitioning to have this work completed and examined prior to wind farm installation and operation. It requires that the Environment Agency Wales, (the designated authority), produce a methodology for monitoring noise in open country, and when that methodology is deemed acceptable by the END committee, carry out such monitoring, providing the CC's with the results, with the objective of preserving rural noise levels, where they are good, (the monitoring methodology and operation open to public and stakeholder participation). It is important that the work is completed prior to wind farm installation, because in SSA G for example the noise of construction phase could be present for up to five years, and any operational noise present after that. This may appear to be an unacceptable delay to wind farm developments, but I would point out that this directive was ratified three years before TAN 8 and has been waiting for action for over ten years. 2002/49/EC is compatible, in its entirety with the World Health Organisation aspirations, and modern medical thinking on society stress within expanding populations and agglomerations. We are hoping the committee will recommend that we move to compliance before the installation of further wind farms, which will subvert the aspirations of 2000/49/EC in rural areas.
- The LDP's you mention, as being the public and stakeholders interface with the local development of their areas, (para 8 of your letter), it true to an extent in theory, in practise, however, consultation is limited by knowledge of what is being considered and when, and the general public have little knowledge of how they can participate. We are asking the committee to examine evidence on how LDP's affect wind farms, how effective they are in interface with the public, and the speed of implementation.
- Further to this, in para 8, your last sentence would be applauded, were it not for "taking into account any relevant views on planning matters", which I presume is the WAG imperative on CC's. We are asking the committee to recommend that this be published, so it is open to challenge at the planning stage, in the interest of open Government. Further if the imperative infringes individual and community

human rights, it should be clear where pursuit of justice can be sought through either the UK or European courts.

- We are also asking the petitions committee to examine the case for, (not judge the validity) of some measures which could be adopted as a Welsh standard. This would actually speed planning, as they would be dropped as areas of contention and be a requirement to comply. (Similar to building regulations). There is a devolved precedent for this in Scotland. (Scottish Heritage rules, also widely adopted in England and Wales). We have also monitored planning on single turbine applications and believe the standard of information available to councillors could be much improved. We are seeking to put our suggestions for improvement before the committee, so they can hopefully recommend the need for a review of measures which will clarify applications.
- Perhaps one of the most contentious areas concerns the community fund provision. There are moves in England to adopt some type of regularity to this and it is certainly the case that it is required in Wales. We hope to persuade the planning committee that these funds should be regulated, and not dependant on the developer's whim, and that all community funds should be adequate and available to all communities, based on right and not the ability of communities to negotiate. These funds should be able to fund compensation to properties affected by onshore wind generation. This type of compensation is available in other EU countries, and is being examined in other member states. DECC advises individuals to take legal action, but this is an abdication of responsibility of both Westminster and Welsh Assembly Government, and is a cynical response based upon the average individual being unable to finance legal expense, without possibility of recompense.

The measures for which we are petitioning are required to be fair to rural communities. Individual approach on these matters has been unsuccessful, or unresolved. CCW EA (Wales) and the Forestry Commission in particular are unhelpful, and many of the points require direct action by WAG Ministers. We have asked for the moratorium until these matters are resolved, because more and more applications are coming to fruition without the possibility of retrospective action. The amount of unresolved problems indicate to us that the tardiness and refusal to address problems by Government Agencies is a tactical response, delaying the day when perfectly legitimate concerns are addressed, and rural communities are at the heart of decisions, in a true reflection of devolved governance.

Yours Sincerely

James Shepherd Foster

Chief Petitioner of the Moratorium Petition P 04 419

P-04-414 : Welsh Jobs

Petition wording:

We, the undersigned, call on the Welsh Assembly to urge the Welsh Government to encourage employers relocating to Wales, or opening new facilities and outlets here, to recruit and, where necessary, train local staff.

Supporting information:

There are examples from around Wales of new jobs being taken by, in some instances, entire workforces brought in from outside Wales. A mutually accepted definition of a 'key worker' could help avoid these situations. It should be restricted to specialised posts for which the required skills or qualifications are not available locally and could not be acquired by locals from a short period of training. Otherwise politicians, media and others trumpeting 'new jobs', when these are effectively denied to Welsh people is, at best, misleading.

Petition raised by: Royston Jones

Date petition first considered by Committee: 2 October 2012

Number of signatures: 65

Edwina Hart MBE OStJ AC / AM
Y Gweinidog Busnes, Menter, Technoleg a Gwyddoniaeth
Minister for Business, Enterprise, Technology and Science



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-414
Ein cyf/Our ref EH/06850/12

William Powell AM
Chair
Petitions Committee

committeebusiness@Wales.gsi.gov.uk

24th October 2012

Dear William,

Thank you for your letter of 10 October providing me with details of petition P-04-414 concerning employers relocating to Wales, or opening new facilities and outlets to recruit and, where necessary, train local staff

Job creation and retention is our main concern in creating a sustainable Welsh economy for the people and businesses of Wales. The Welsh Government is committed to providing a fair society free from discrimination, with strong communities and expanding the opportunities for people to enter employment within the private and public sectors.

While we actively encourage any company we have dealings with to employ a local workforce, and are able to assist in providing skills for an existing workforce, for those entering employment and supporting employers to recruit, we have an obligation to comply with European Union law on the single market and the free movement of goods, services, capital and labour.

The free movement of workers within the European Union, and internationally is a non-devolved matter. The UK Government Department responsible for these matters is the Department for Work and Pensions who can be contacted at: Department for Work and Pensions, Caxton House, Tothill Street, London SW1H 9DA.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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