

Public Accounts Committee

Meeting Venue:
Committee Room 3 – Senedd

Meeting date:
Tuesday, 21 April 2015

Meeting time:
09.00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Michael Kay
Committee Clerk
0300 200 6565
SeneddPAC@Assembly.Wales

Agenda

1 Introductions, apologies and substitutions (09.00)

2 Papers to note (09.00) (Pages 1 – 3)

National Framework for Continuing NHS Healthcare: Letter from the Chief Executive of Betsi Cadwaladr University Health Board (16 March 2015) (Page 4)

Inquiry into value for money of Motorway and Trunk Road Investment: Letter from the Highways Agency (24 March 2015) (Pages 5 – 6)

Inquiry into value for money of Motorway and Trunk Road Investment: Letter from the Auditor General for Wales (26 March 2015) (Pages 7 – 11)

Welsh Government Annual Report on Grants Management : Letter from the

Permanent Secretary, Welsh Government (26 March 2015) (Pages 12 – 17)

Glastir: Letter from the RSPB (26 March 2015) (Pages 18 – 19)

Scrutiny of Commissioners' Accounts 2013–14: Letter from the Welsh Language Commissioner (26 March 2015) (Pages 20 – 25)

Covering Teachers' Absence: Letter from Director of Education and Skills (13 April 2015) (Pages 26 – 34)

Inquiry into value for money of Motorway and Trunk Road Investment: Additional information from North and Mid Wales Trunk Roads Agent (Pages 35 – 40)

from North and Mid Wales Trunk Roads Agent Investment: Additional information from South Wales Trunk Roads Agent (Pages 41 – 44)

Governance Arrangements at Betsi Cadwaladr University Health Board: Letter from the Board Chair (13 April 2015) (Pages 45 – 117)

Inquiry into value for money of Motorway and Trunk Road Investment: Letter from Welsh Ambulance Services NHS Trust (Pages 118 – 119)

3 Inquiry into value for money of Motorway and Trunk Road Investment: Evidence Session 5 (09.05–10.00) (Pages 120 – 163)

PAC(4)–10–15 paper 1

PAC(4)–10–15 paper 2

PAC(4)–10–15 paper 3

Research Brief

James Price – Director General, Business, Enterprise, Technology and Science, Welsh Government

Sheena Hague – Deputy Director, Network Management, Welsh Government
Andy Falleyrn – Deputy Director, Infrastructure Delivery, Welsh Government

4 Managing Early Departures: Evidence Session 1 (10.00–10.40) (Pages 164 – 172)
Research Brief

Jeremy Patterson – Chief Executive, Powys County Council
David Powell – Strategic Director, Powys County Council
Tony Wilkins - Director of Human Resources, Rhondda Cynon Taf County Borough Council
Barrie Davies - Director of Financial Services, Rhondda Cynon Taf County Borough Council

5 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business: (10.40)
Items 6, 7 & 8

6 Inquiry into value for money of Motorway and Trunk Road Investment: Consideration of evidence received (10.40–10.45)

7 Managing Early Departures: Consideration of evidence received (10.45–10.50)

8 Governance Arrangements at Betsi Cadwaladr University Health Board: Consideration of evidence received (10:50–11:00)

Public Accounts Committee

Meeting Venue: **Committee Room 3 – Senedd**

Meeting date: **Tuesday, 24 March 2015**

Meeting time: **09.00 – 10.59**

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Wales



This meeting can be viewed on [Senedd TV](http://senedd.tv/en/2610) at:
<http://senedd.tv/en/2610>

Concise Minutes:

Assembly Members:

Darren Millar AM (Chair)
Jocelyn Davies AM
William Graham AM
Mike Hedges AM
Sandy Mewies AM
Julie Morgan AM
Jenny Rathbone AM
Aled Roberts AM

Witnesses:

Peter Higson, BCUHB
Geoff Lang, Betsi Cadwaladr University Health Board
Trevor Purt, BCUHB
Dave Cooil, North & Mid Wales Trunk Road Agent
Ian Hughes, North & Mid Wales Trunk Road Agent
Richard Jones, South Wales Trunk Road Agent
Gareth Nutt, South Wales Trunk Road Agent

Committee Staff:

Michael Kay (Clerk)
Leanne Hatcher (Second Clerk)
Tanwen Summers (Deputy Clerk)
Andrew Minnis (Researcher)
Joanest Varney-Jackson (Legal Adviser)

1 Introductions, apologies and substitutions

1.1 The Chair welcomed Members to the meeting.

1.2 There were no apologies.

2 Papers to note

2.1 The papers were noted.

3 Inquiry into value for money of Motorway and Trunk Road Investment: Evidence Session 4

3.1 The Committee took evidence from South Wales Trunk Road Agent and North & Mid Wales Trunk Road Agent on its inquiry into value for money of Motorway and Trunk Road investment. The Trunk Road Agents agreed to provide the Committee with further information on the co-ordination of maintenance and improvement of motorways and trunk roads with local roads and the number of years your budget allocation has been confirmed later than 1 April.

4 Governance arrangements at Betsi Cadwaladr University Health Board: Evidence session 1

4.1 The Committee took evidence from Betsi Cadwaladr University Health Board on its Governance arrangements.

4.2 Dr Higson agreed to provide further information on:

- the trail of discussions by the Board on Ysbyty Glan Clwyd including issues around recruitment;
- 'Well North';
- communications in relation to Ysbyty Glan Clwyd, in particular the brochure;
- the training of Board members; and
- performance indicators.

5 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

5.1 The motion was agreed.

6 Inquiry into value for money of Motorway and Trunk Road Investment: Discussion of evidence

6.1 The Committee discussed the evidenced received.

Agenda Item 2.1



CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Ein cyf / Our ref: 3640/AH

Eich cyf / Your ref:

☎: ext 01248 384910

Gofynnwch am / Ask for: Linda Hughes

Ffacs / Fax:

E-bost / Email: Linda.Hughes@wales.nhs.uk

Dyddiad / Date: 16th March 2015

Dear Darren,

RE: Public Accounts Committee Meeting 3rd February 2015

Further to your letter dated 3rd March requesting further information, I can advise the committee of the following;

1. The Health Board has not employed staff specifically to deal with retrospective CHC claims. The Health Board took the view that retrospective claims would best be managed by Powys Teaching Local Health Board, which is the current practice.
2. No additional staff have been employed to deal with current retrospective claims. This is kept under review. As part of an internal re-organisation of management structures in the Health Board we will be reviewing our overall CHC capacity, including the impact of retrospectives. This will be completed by the end of June.

Yours sincerely

Professor Trevor Purt
Chief Executive

Agenda Item 2.2



Safe roads, reliable journeys, informed travellers

From: Nick Wells
Directorate Services Team
Network Delivery & Development
Floor 9
The Cube
199 Wharfside Street
Birmingham B1 1RN

Tel: 0121 678 8416
Email: nick.wells@highways.gsi.gov.uk

24 March 2015

Darren Millar AM
Committee Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Darren Millar,

INQUIRY INTO VALUE FOR MONEY OF MOTORWAY AND TRUNK ROAD INVESTMENT

Thank you for your letter of 11 March 2015 addressed to Highways England.

Your letter has been seen by Graham Dalton, Chief Executive, and other members of his Executive team who read with interest the terms of your forthcoming inquiry. They have asked me to respond on their behalf.

Responding to the information you are seeking at this stage, the strategic case for changing the structure of the Highways Agency and providing greater certainty of funding was made by Alan Cook (then Chairman of the Highways Agency) in his report [‘A fresh start for the Strategic Road Network’](#) published in November 2011. Alan Cook’s approach was to improve service and efficiency - and his recommendations were put to the government for consideration.

These considerations were subsequently set out in [‘Investing in Britain’s Future’](#) published by HM Treasury in June 2013, which described the scale of plans for national infrastructure investment through to 2020/21. This report included confirmation that the Highways Agency would be transformed in to a publicly-owned corporation to deliver a substantial increase in efficient capital investment - with associated certainty and flexibility of funding.

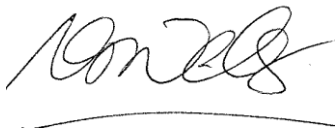
More detailed arguments as to the benefits of this change and capital investment plans were set out in ['Action for Roads'](#) published the following month by the Department for Transport.

After the Infrastructure Bill received Royal Assent earlier this year, the Minister of State for Transport announced on 12 March 2015 the formal appointment of Highways England as the strategic highways company responsible for England's strategic road network with effect from 1 April 2015.

Graham Dalton or Colin Matthews (Chairman) would be happy to attend an evidence session of the Committee's inquiry if you would find that helpful.

In the meantime, please contact me if you would like any further information.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Nick Wells', with a horizontal line underneath it.

Nick Wells

Directorate Services Team Leader
Network Delivery & Development

24 Heol y Gadeirlan / Cathedral Road
Caerdydd / Cardiff CF11 9LJ
Ffôn / Tel: 029 20 320500
E-bost / Email: info@wao.gov.uk
www.wao.gov.uk

Mr Darren Millar AM
Chair of the Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Date: 26 March 2015
Our ref: HVT/2300/fgb
Page: 1 of 3

Dear Darren

WELSH GOVERNMENT LAND ACQUISITIONS – M4 RELIEF ROAD

On 10 November 2014 you emailed me regarding the M4 relief road. The review has taken longer than Wales Audit Office staff had anticipated due in part to the time taken to clarify and understand some of the underlying data, but I am now able to respond substantively.

In your email you asked me to consider undertaking a value for money review of the land acquisitions along the 'black route'; and the decision making process regarding the route of a future M4 relief road.

I have determined not to undertake a value for money review of the land acquisitions, or to review the decision making process regarding the route. Part of my reasoning for not reviewing these areas is the Public Accounts Committee's current inquiry into the value for money of motorway and trunk road investment, which affords the Committee the opportunity to explore some of these issues with the Welsh Government directly, whether specifically in relation to the M4 or more generally.

However, as advised to you in my letter of 26 February 2015, the financial audit team for the Welsh Government has looked into this issue with regard to the Welsh Government's accounting records, and I am now able to respond to you with their findings.

Firstly, I would like to confirm that:

- In 1995 the then Welsh Office announced the then preferred route for the relief road and served a statutory notice (known as a 'TR111'). The statutory notice invokes statutory blight rules.
- The statutory notice remains extant although, as I am sure you know, since 1995 aspects of the route have undergone further consideration and public consultation.

- More recently, the Welsh Government's options have included routes classified as the 'black', 'red' and 'purple' routes. After public consultation between 23 September 2013 and 16 December 2013 on these routes, on 16 July 2014 the Welsh Government announced the black route as the preferred option. The financial audit review considered any acquisitions that are situated along all three routes.

I can confirm my understanding that:

- Between October 1980 and March 2013 the Welsh Government (or predecessor bodies) acquired 22 acquisitions, details of which are appended to this letter. Most of these properties were acquired before devolution and some were acquired before the 1995 statutory notice. Such properties were therefore inherited by the Welsh Government from predecessor bodies.
- You will note from the appendix that the value of these 22 acquisitions is some £24 million. You will also note that seven of the 22 properties have been sold for a total sales price of some £2 million and a collective profit (against the purchase price paid) of some £83,000. The Welsh Government therefore currently owns 15 of the 22 acquisitions.
- The Welsh Government is in the process of finalising the acquisition of two domestic properties along the route, which its officials expect to complete soon. These properties are not included within the appended properties as they are not yet acquired.
- In terms of the overall cost of the relief road, the *Welsh Government's Wales Infrastructure Investment Plan [Project Pipeline Update December 2014]* sets out a total planned investment of £1 billion.

Turning briefly to the application process for blight, my understanding is that at the stage of considering whether to accept an application for a blight purchase [** see the link below*]:

- The Welsh Government instructs the Valuation Office Agency (VOA) to consider the valuation impact of a road scheme on the individual property, in order to determine the devaluation percentage and to comment on whether the property has been marketed at a fair value. This process is a 'desk based' valuation exercise undertaken by the VOA at that stage.

[*https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402894/Your_property_and_blight_4.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402894/Your_property_and_blight_4.pdf)

- If the blight application is accepted, the Welsh Government then instructs the VOA to negotiate with the seller's agent a fair open market value for the property (based on a 'no scheme world'). This process takes into consideration an internal inspection and building survey results.

I hope that you find this reply helpful. I have not asked Wales Audit Office staff to undertake any further audit work on the relief road, beyond the audit work that they plan to undertake as part of the audit of the Welsh Government's 2014 15 Consolidated Resource Account

Yours sincerely



HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

Enc: Appendix: M4 Relief Road Properties

APPENDIX: M4 RELIEF ROAD - PROPERTIES

| APPENDIX: M4 RELIEF ROAD - PROPERTIES | | | | | |
|--|-----------------------------------|---|--|------------------|---|
| Description of property | Price paid/ Valuation (1) £ | Date of acquisition (if known) | Reason for acquisition/inherited (3) | Sale price £ | Surplus/ (deficit) on sale (4) £ |
| Longhouse Farm, Coedkernew | 720,000 | 13/11/2006 | Re TR111 | - | - |
| Land at the Stud Farm | 315,000 | 27/01/2000 | Re TR111 | 450,000 | 135,000 |
| Undy House, Undy, Magor | 660,000 | 17/08/2007 | Re TR111 | - | - |
| Woodland House, Magor | 1,107,000 | 02/08/2007 | Re TR111 | - | - |
| Old Cottage, Knollbury, Magor | 130,000 | 31/03/1995 | Re TR111 | - | - |
| Horseshoe Cottage, Knollbury, Magor | 132,500 | 16/01/1998 | Re TR111 | - | - |
| Barecroft House, Barecroft Common, Magor | 158,500 | 10/05/1996 | Re TR111 | - | - |
| Cae-Glas and the Annex, Nash Road, Newport | 300,000 | 20/12/2006 | Re TR111 | - | - |
| Greenfield House, Nash Road, Newport | 300,000 | 23/03/2007 | Re TR111 | - | - |
| Berry Hill Farm ² | 1,050,000 (1) | 29/11/1996 | Inherited | - | - |
| Wentloog, Newport ² | 30,000 (1) | 27/03/1997 | Inherited | - | - |
| Queensway Meadows (including Tatton Farm), Newport | 2,170,000 (1) | 13-Oct-1980, 5-Jan-1981, 31-Mar-1981, 5-Jan-1982, 31-Mar-1994 & 31-Mar-2000 | Inherited | - | - |
| Site at Marshfield | 6,250 | 27/03/1997 | Inherited | - | - |
| Former LG site, includes Hynix & P&T ² | 13,000,000 (1) | 30/09/2004 | Other | - | - |
| Land south of the former LG site | 4,100,000 (1) | Unknown (2) | Other | - | - |
| Lower Lakes Farm, Nash | 170,000 | 31/01/1995 | Re TR111 | 135,000 | -35,000 |
| Pye Corner House, Nash | 120,000 | 17/04/1996 | Re TR111 | 178,000 | 58,000 |
| Ysgwbor Newydd, Coedkernew | 220,000 | 05/09/1996 | Re TR111 | 361,000 | 141,000 |
| Moorbarn House, Nash | 192,500 | 16/12/1996 | Re TR111 | 167,000 | -25,500 |
| The Maerdy, Coedkernew | 680,000 | 23/04/2003 | Re TR111 | 605,000 | -75,000 |
| Rose Cottage, Undy | 360,000 | 28/05/2010 | Re TR111 | 244,735 | -115,265 |
| Land at Traston Road | 500,000 | 28/03/2013 | Other | - | - |
| Total | 24,173,000 | | | 2,140,735 | 83,235 |

Footnotes:

- 1 The domestic dwellings acquired are disclosed at the price paid. The other properties acquired, including those inherited from predecessor bodies, are set out at their current valuation; information regarding the price paid was not available at the time of the audit review.
- 2 Confirmation is still being sought from the Welsh Government regarding the date of acquisition of the former LG site and associated properties.
- 3 There are three reasons for acquisition:
 - Re TR111 - an application received from seller for blight/ discretionary purchase relating to previous M4 Relief Road;
 - Inherited - property inherited from predecessor body; and
 - Other - property which Welsh Government has confirmed was acquired for economic development purposes.
- 4 Surplus / deficit against the purchase price.

Agenda Item 2.4



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair of the Public Accounts Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Darren,

26th March 2015

Public Accounts Committee – Grants Management Annual Report – Action Points from Meeting 10 March 2015

I am grateful to the Public Accounts Committee for its continued interest in our Annual Report on Grants Management and the improvements that have been implemented. At the PAC meeting on Tuesday 10 March, I agreed to follow up on a number of points that were raised and these are set out below.

1. Potential losses that are outstanding as a result of organisations that are in liquidation (Annex A);
2. The number of complaints from the third sector about the way grants have been administered and the occasions where three months' notice in advance of the termination of a contract was not given, including the number of cases in the sample audit and the levels of non-compliance within that sample (Annex B);
3. The 35 grants ended in 2013/14 (Annex C);
4. Whether Local Authorities are responding individually to the grant training that has been put in place (Annex D); and
5. The £22 million of hypothecated grant funding to the NHS (Annex E).

Please let me know if you need further clarification on these or any other points raised.

Yn eiddo,
Derek

Annex A - Potential losses that are outstanding as a result of organisations that are in liquidation

As at March 2015, the total value of potential losses logged with liquidators and/or administrators which are yet to be settled is approximately £15 million. The potential losses relates to a total of 78 organisations; of which 39 are associated with claims of less than £50,000. These potential losses cover a five year period from August 2009 to March 2015. The time between logging a claim with an administrator and the loss being settled or being written off can be significant, often owing to the complexity of the organisation being closed. The final position for actual losses in 2014/15 will be published in the Welsh Government's Annual Accounts. For the 2013/14 financial year £1.6m was reported (claims abandoned).

A large proportion of the potential losses are private sector grants which have to comply with European State Aid rules. Under the General Block Exemption funding for regional aid, the Welsh Government has to ensure that grant recipients retain funded assets for up to five years after the last payment has been made. If a business fails then, under these State Aid rules, the Welsh Government has to try to claw back the grant. Potential losses can be identified and claimed against an organisation even after a project has been successfully delivered and the Welsh Government is no longer funding the organisation.

Annex B - The number of complaints from the Third Sector about the way grants have been administered and the occasions where three months' notice in advance of the termination of a contract was not given, including the number of cases in the sample audit and the levels of non-compliance within that sample

There were no formal complaints to the Funding and Compliance Committee of the Third Sector Partnership Council during the 2013/14 financial year. In line with the publication of the new Third Sector Scheme and Code of Practice for Funding the Third Sector in January 2014, a more proactive stance was taken to assess the impact of the Code on funding practices within the Welsh Government.

The Welsh Government's Third Sector Unit has worked in close partnership with the Grants Centre of Excellence and grant managers to consider the impact of the new Code and its Principles in respect of funding awards for 2014/15. The main aim was to consider the impact of Principle IV of the Code (Timely Decisions) and whether any apparent non-compliance was reasonable and exceptional. This included consideration of Principle III (early and constructive dialogue).

All Welsh Government grant managers were contacted at least twice in Autumn 2014 to draw their attention to the Code of Practice and, in particular, to ensure they were aware of the need to confirm arrangements for 2015/16 prior to January 2015. They were asked to report any issues or concerns relating to the Code of Practice and subsequently to confirm that the arrangements for which they were responsible were compliant with the Code.

The financial year 2014/15 was the first year in which this more proactive approach has been taken. This targeted monitoring activity was supplemented with general promotion of the Code of Practice, including notices on the Welsh Government Intranet, and an ongoing programme of training for officials working with Third Sector organisations which highlights the Code of Practice and its Principles.

As part of the compliance exercise all Deputy Directors within the Welsh Government, Working Group members (1 representative from each Department) and all grant managers were emailed requesting confirmation of compliance of any grant schemes for which they are responsible. In total the compliance exercise was sent to more than 370 officials. In addition to the email communication an article was also published on the Welsh Government's internal intranet site.

Six grant schemes were identified where Principle IV had not been successfully applied. In all these instances communication (Principle III) with the grant recipients was ongoing. There were no formal complaints in respect of any of these instances.

Annex C - The 35 grants ended in 2013/14

Within the Annual Report on Grants Management, the number of grant programmes reported for 2012/13 is 435 and for 2013/14 is 400. The number of active grant schemes at any one time can vary as schemes end or new ones begun. The difference between the 2012/13 and 2013/14 figures are the net number of schemes as determined at the end of each financial year. Therefore, the number of grant schemes that were closed, combined with other grants or transferred into unhypothecated grants such as RSG for 2012/13 is 79. Meanwhile 44 new schemes were introduced in 2013/14 which offsets against some of the grants closed.

The table below details the grants closed in 2012/13 and the new grants opened in 2013/14, the difference being a net decrease of grants of 35.

| Grants Schemes Ended 2012/13 | | New Grant Schemes 2013/14 |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Intra Wales Air Service PSO | Pedagogy Champions | Comm Transport Ass'ion Core Funding |
| Local Transport Service | PHIP | Blaenau Gwent EFFECT Project |
| Rogerstone to Newport Express Bus | Skills Competitions Wales 2012 | Prince's Trust Enterprise Programme |
| E-Business Convergence Element 2 | Broadcasting/Community Council Web | CSR Small Business Seed Funding |
| Technium EU Grants | Council Tax Reduction Scheme | Flood Fund Grant Scheme to LAs |
| City Strategy Funding for HOVP | Fred Keenor Statue Fund | Partnership for Growth Man Fund |
| Section 10 Property Grants | Special Summer Olympics Wales | RBF Tourism |
| Regeneration Investment Grant | Countryside Council Grant in Aid | AM&M Small Growth Fund |
| Property Development Grant | Enhancing Recycling | Highway Improvement Grant St Athan |
| Section 10 Property Grants | Forestry Commission for Wales GIA | Centrally Controlled RBF |
| Town Improvement Grants | Grants for LA Projects | Wales Renewable Energy Producers |
| Urban Investment Grant | LEQ Improvement Projects | SCORE Cymru |
| Incubation Support Scheme | Pontbren Research | No Cold Calling Zones |
| Community Learning Adults | Regional Access Capital Fund | Discretionary Assistance Fund |
| Further Education | Sustainable Dev Fund - AONBs (CCW) | Discretionary Housing Payments |
| Sixth Form Funding to LEAs | Waste - SCIF | Learning in Digital Wales Grant |
| Work Based Learning | Autism Strategy | Promoting PDG Best Practice |
| Drug Intervention Programme | Excess Treatment Costs | Policy Observatory |
| FRS Organisational Development | Health Research & Development Proj | EY Childcare& Play Workforce Survey |
| Citizens Advice Cymru Adviceline | Health Training Dissemination | Numeracy Employer Engagement |
| Criminal Records Unit | Mental Health Services | Mentor&Network sup for headteachers |
| Russell Commission | MHS LA Resettlement | Welsh Lang Technology&Digital Media |
| Save the Children Pilot | MH Supporting People Disabilities | LSA For Midwives Funding |
| Volunteering in Wales | Play Sufficiency Assessments | Regional Collaboration FUnd |
| Welsh Social Enterprise Coalition | Social Service Improvement Agency | Scrutiny Development Fund |
| Mortgage Rescue Scheme | Health Challenge Wales Marketing | WS AD Centre of Excellence |
| Social Housing BME Activities | Health Protection Agency | WS Constructing Excellence Wales |
| Supporting People Grant | National Biological Standards Board | PAPBRO |
| Advisory Centre for Education | Sunbed Regulations Grant | Maximising ECO |
| Appetite for Life Grant-WGLA | Walking the WAY to Health | WS EcoDesign |
| Bangor Incredible Years Cymru | Making the Connections Dev Fund | Local Environmental Quality |
| Primary School Free Breakfast | Public Services Reform | Welsh Fishermans Association |
| Jamie Baulch Academy Programme | Hay EU Project | WPPO Project Pre-Payment Contributi |
| NACE | Natural Resources Wales Fisheries | WPPO Procurement Support AD |
| Parenting Grants | Save the Children Fund - ELRHA | WPPO Procurement Support Residual |
| School Counselling | | First Steps Package |
| SPECIAL EDUCATION NEEDS SPECIAL SCH | | National Adoption Service Funding |
| TRANSITION KEY WORKING-ESF FUNDING | | Supporting Sustainable Social Svs |
| Mergers and Collaboration Fund | | Support for Thalidomide Survivors |
| Higher Level Appren. Framework Pro | | Let's Walk Cymru |
| Colleges Wales EU LLp Co-ordination | | Rhyl Fit for Work |
| Skills Development | | PONT |
| Heads of the Valley | | Size of Wales |
| Youth Work Training Grant | | Wales for Africa Health Links |

Annex D - Whether local authorities are responding individually to the grant training that has been put in place

A range of training has been provided to Local Authorities relating to grants management by Wales Audit Office (WAO), the Welsh Government and the Chartered Institute of Public Finance and Accountancy (CIPFA).

The WAO and the Welsh Government collaborated to provide 5 sessions across Wales focussed on the Welsh Government's expectations of Local Authorities in receipt of grant funding. Approximately 200 staff attended with all Local Authorities represented.

The Welsh Local Government Association funded CIPFA to provide 6 training courses across Wales on Good Practice in Grant Funding. The grants courses were aimed at staff responsible for developing or managing grant-funding programmes that involve distribution of funds to external organisations, with a particular focus on discretionary grants. CIPFA reported that approximately 80 staff attended the courses representing 14 Local Authorities. However, there is a potential issue as to whether the central registration system used by CIPFA captured all those who attended as numbers on the day were higher than expected. More courses on associated topics such as fraud are planned for the future.

All the training provided was well received and the feedback from sessions has been positive.

Annex E - The £22 million of hypothecated grant funding to the NHS

The vast majority of funding to the NHS is through unhypothecated grant in aid, which includes elements of funding which are ring fenced for specific priorities. The specific hypothecated grant funding to the NHS totalled £22m in 2013/14 and is detailed below:

| Scheme Name | Description | £m |
|---------------------------------------|---|---------------|
| Provider support | National Institute for Social Care and Health Research Funding grants to NHS organisations for research and development activity. | 17.204 |
| NHS Wales Shared Services Partnership | Department for Local Government and Communities funding to support the training of health visitors as part of the Flying Start Programme. | 2.260 |
| Children First Development Grant | Grant funding to Hywel Dda University Health Board relates to the Mid & West Consortium for the Integrated Family Support Service (IFSS). This programme supports families where parental substance misuse results in there being concerns for the welfare of the children. | 0.850 |
| Core Funding Innovation Grant | Department for Economy Science and Transport Innovation grants to LHBs in Wales for small business research and digital innovation | 0.620 |
| Other schemes | Schemes individually less than £0.5m | 0.863 |
| | Total | 21.797 |

It should be noted that the Welsh Government continues to improve the categorisation of grant funding, which includes identifying hypothecated funding. Therefore, following the implementation of these improvements these figures may change.

Agenda Item 2.5



Living
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RECEIVED
26 MAR 2015

RSPB Cymru

Darren Miller AM
Chair of the Public Accounts Committee
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Darren,

RSPB Cymru would like to congratulate the Committee on its inquiry into Glastir. We believe that the recommendations, if fully implemented, will make a significant contribution towards improving the effectiveness of the scheme in securing greater change in management at participating farms, tackling poor practice and securing better value for money for taxpayers.

Welsh Government maintains that Glastir is its main tool for achieving environmental enhancements in the wider countryside, essential if Wales is to meet its targets for water, climate change and halting the loss of nature. As such we welcome the recommendation that Welsh Government should ensure participation in Glastir Advanced provides genuine improvement in agri-environmental practices and enhancements of the natural environment, and does not merely reinforce existing practice.

We also welcome the recommendation that Welsh Government should report back to the Committee by autumn 2015 on the challenging, but realistic, targets it has set for the uptake of Glastir, including the budgets to which the targets are aligned.

As Glastir is Welsh Government's main means of achieving environmental restoration and protection within the farmed landscape we ask that the Committee extends its consideration of targets beyond scheme uptake and to request that Welsh Government provides details on the extent of change that Glastir is expected to achieve e.g. how much will the scheme contribute to the delivery of Water Framework Directive targets and halting the declines of farmland wildlife?

This approach would be in line with recommendations in the Auditor General for Wales report on Glastir (September 2014) which stated that:

"The Welsh Government should review its targets for Glastir to ensure an adequate evidence base to support each target, and to ensure that the targets are challenging yet achievable, affordable and **reflect the scale of change the Welsh Government is expecting the scheme to deliver.**"

Pencadlys Cymru

Ty Sutherland
Pont y Castell
Heol Ddwyreiniol y Bont-faen
Caerdydd
CF11 9AB

Wales Headquarters

Sutherland House
Castlebridge
Cowbridge Road East
Cardiff
CF11 9AB

Ffôn/tel 029 2035 3000
Ffacs/fax 029 2035 3017

rspb.org.uk



Mae'r RSPB yn aelodi o BirdLife International, partneriaeth o gyffwrdd cadiwraeth sy'n gweithio i sicrhau cartref i fyd natur o amgylch y byd.
The RSPB is a member of BirdLife International, a partnership of conservation organisations working to give nature a home around the world.

The EU's recent response to the Welsh Government's submission of the 2014-2020 Welsh Rural Development Plan¹ also highlights the need for Welsh Government to quantify the scale of environmental improvement, including benefits for nature that the RDP will make. Observations from Europe include:

"It should be clarified to what extent the RDP will help fulfil the obligations and goals of Natura 2000", and

"In relation to the EU biodiversity strategy, Wales has targets and outcomes to which the RDP can contribute. There is an opportunity to include elements for the promotion of biodiversity in the Forestry Management Plans (FMPs), and accordingly bring about a measurable improvement in the conservation status of species and habitats that depend on or are affected by forestry, in the provision of related ecosystem services. The Welsh authorities are invited to provide more detail on how the FMPs will contribute to the targets of the biodiversity strategy".

Finally, I would like to thank the Committee for the opportunity to participate in the inquiry and to offer any further assistance that RSPB Cymru can provide in this matter.

Yours sincerely



Arfon Williams

Countryside Manager RSPB Cymru

¹ Observations on the Rural Development Programme 2014-2020 "UK Wales – Rural Development Programme"
CCI.2014UK06RDRP004



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Darren Millar AC
Cadeirydd
Y Pwyllgor Cyfrifon Cyhoeddus
Cynulliad Cenedlaethol Cymru
Caerdydd
CF99 1NA

23/03/2015

Annwyl *Darren*,

Craffu ar Gyfrifon ar gyfer 2013-14

Diolch am eich llythyr dyddiedig 20/03/2015 ynghyd a'ch gwahoddiad i ymateb i'r argymhellion yn yr adroddiad sy'n berthnasol i Gomisiynydd y Gymraeg. Derbyniwyd yr adroddiad dan embargo, y diwrnod cyn ei gyhoeddi, ar 06/03/2015.

Yn gyntaf hoffwn godi eich sylw ar gamgymeriad ffeithiol yn yr adroddiad ar dudalen 9 paragraff 10; lle nodir bod gan Gomisiynydd y Gymraeg gyllideb o £4.3m. Yn y paragraff cyntaf o'r cyfrifon "Crynodeb ariannol, cymdeithasol ac amgylcheddol 2013-14" datgelir mai £4.1m oedd y cyllid a ddyrannwyd gan Weinidogion Cymru ar gyfer y flwyddyn ariannol 2013-14. Roedd y gwariant ar gyfer y flwyddyn hon yn £4.3m fel y nodir yn y Datganiad Gwariant Net Cynhwysfawr.

Er mwyn osgoi camgymeriadau tebyg yn y dyfodol a fyddai'n bosib dosbarthu fersiwn drafft o'r adroddiad er mwyn gwirio a chywiro unrhyw faterion ffeithiol, cyn cyhoeddi'r adroddiad?

Comisiynydd y Gymraeg
Siambrau'r Farchnad
5-7 Heol Eglwys Fair
Caerdydd CF10 1AT

0845 6033 221
post@comisiynyddygybraeg.org
Croesewir gohebiaeth yn y Gymraeg a'r Saesneg

comisiynyddygybraeg.org

Welsh Language Commissioner
Market Chambers
5-7 St Mary Street
Cardiff CF10 1AT

0845 6033 221
post@welshlanguagecommissioner.org
Correspondence welcomed in Welsh and English

welshlanguagecommissioner.org



I ymateb i'r argymhellion yn yr adroddiad, mae pedwar ohonynt yn berthnasol i Gomisiynydd y Gymraeg.

Argymhelliad 3: gweithio'n effeithlon a chydweithredu

Cynhelir cyfarfodydd rheolaidd rhwng y Comisiynwyr i drafod materion perthnasol. Hefyd mae fy swyddogion yn mynychu cyfarfodydd chwarterol o grŵp y "Cyfarwyddwyr Cyllid ac Adnoddau CNLC", a'r is-grwpiau Cyllid, Adnoddau Dynol a Thechnoleg Gwybodaeth. Mae'r fforymau hyn yn ddefnyddiol rannu gwybodaeth, arfer da a chydweithredu. Yn ogystal â chyfarfodydd ffurfiol mae'r swyddogion yn defnyddio cysylltiadau yn y rhwydweithiau hyn i hwyluso cydweithredu a rhannu gwybodaeth a syniadau.

Argymhelliad 5: cyfrifoldebau sydd wedi eu dirprwyo

Yn unol ag adrannau 12 a 13 Mesur y Gymraeg (Cymru) 2011, penodwyd dirprwy Gomisiynydd. Mae'r dirprwy Gomisiynydd yn gweithredu swyddogaethau'r Comisiynydd yn ystod cyfnod gwyliau, salwch neu unrhyw adeg arall ar gais y Comisiynydd, fel y nodir yn natganiad llywodraethiant Adroddiad Blynyddol 2013-14.

Hefyd nodir yn yr Adroddiad Blynyddol bod y Tîm Rheoli, sy'n "cael ei gadeirio gan y Comisiynydd ac yn cynnwys yr holl gyfarwyddwyr, yn rheoli holl swyddogaethau a gweithgareddau'r Comisiynydd. Y Tîm Rheoli sy'n gyfrifol am arwain, cytuno a chyflawni gweledigaeth strategol y Comisiynydd, polisïau a gwasanaethau i'r cyhoedd a rhanddeiliaid eraill. Mae cylch gorchwyl y Tîm Rheoli wedi ei gyhoeddi ar wefan y Comisiynydd."

Argymhelliad 8: lefel a defnydd y gronfa wrth gefn

Cafod datganiad ynglŷn â lefel y gronfa wrth gefn, defnydd o'r gronfa a sut y daethpwyd i'r casgliad hwn ei nodi yn Adroddiad Blynyddol 2013-14 ac yn yr Amcangyfrif ar gyfer 2015-16. Rwyf wedi derbyn a gweithredu'r argymhelliad yn barod, a bydd y drefn yma yn parhau.



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Argymhelliad 9: cyflwyno gwybodaeth sy'n hawdd i'w ddeall

Rwyf yn ymwybodol o adroddiad Prif Ysgrifennydd y Trysorlys "*Simplifying and streamlining statutory annual report and accounts*" a gyhoeddwyd ym mis Gorffennaf 2014, i'w fabwysiadu ar gyfer adroddiadau blynyddol a chyfrifon 2015-16. Fel y nodir yng nghrynodeb gweithredol yr adroddiad y nod yw "cwrdd ag anghenion y defnyddwyr yn well" drwy "integreiddio'r tair elfen o berfformiad, atebolrwydd a'r datganiadau ariannol".

Mae fy swyddogion wedi bod yn ystyried goblygiadau'r adroddiad, wedi cynnal cyfarfodydd gyda'r tîm o Swyddfa Archwilio Cymru, rhannu syniadau gyda Chomisiynwyr eraill, gan ddod i gasgliadau ynglŷn â sut bydd yr Adroddiad Blynyddol yn cael ei newid a'i ddiwygio i ymateb i ofynion yr adroddiad. Y bwriad yw mabwysiadu'r argymhellion ar gyfer y flwyddyn ariannol 2014-15, sef blwyddyn yn gynnar, a datblygu hyn yn bellach ar gyfer 2015-16.

Yr eiddoch yn gywir,

Meri Huws
Comisiynydd y Gymraeg

Copi:

Michael Kay
Clerc

By virtue of paragraph(s) ix of Standing Order 17.42

Document is Restricted

Agenda Item 2.7

Owen Evans

Cyfarwyddwr Cyffredinol • Director General

Yr Adran Addysg a Sgiliau
Department for Education and Skills



Llywodraeth Cymru
Welsh Government

13 April 2015

Mr Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales

Dear Darren,

In response to your letter dated 16 March 2015 please see below further information on the implementation of the Welsh Government's commitments/actions following the publication of the Public Accounts Committee report *Covering Teachers' Absence*.

I would like to reiterate that the quality of supply teachers and how they are effectively utilised in supporting the education of our young people is important to the department. As such, we have set stretching but realistic targets to address the Committee's concerns and recommendations that align with our reform programme under Qualified for Life, including: the New Deal; Professor Donaldson's recommendations on Curriculum and Assessment Arrangements in *Successful Futures*; and Professor Furlong's report on the Future of Initial Teacher Education and Training in Wales – *Teaching Tomorrow's Teachers*.

In raising standards in education in Wales it is vital that our expectations for improvement extend to the entire teaching workforce. We will expect those who provide cover to be able to deliver against our priorities and ambitions for our young children and to be able to access development opportunities. There is a responsibility on the part of the employer and the employee themselves to ensure that they keep up to speed with good classroom practice.

Recommendation 1

The Committee recommends that the Welsh Government captures and disseminates relevant and reliable data on teachers' absence from the classroom to enable a more robust monitoring of occurrences of, and the reasons for, absence.

The responsibility for monitoring and evaluating the reasons for absence, and associated costs, rests with the schools and employers.

The Welsh Government does, however, collect and publish data at an all Wales level on teacher absence annually and from June 2016, to help enable any potential issues or trends to be identified, we will publish this data at local authority level. This data will be available to form part of the people management monitoring, reviewing and challenge process within local authorities and consortia.



The *National Model for Regional Working – Revitalising People Management in Schools* published in April 2015 provides a people management framework for the delivery of specialist HR functions. This document builds on the requirements set out in the *National Model for Regional Working (Guidance document 126/2014)* and underlines the responsibilities on schools, local authorities and consortia to collect, analyse and report on data to improve school performance.

To further support this and as recommended by the Committee, guidance will be published (*Effective Management of School Workforce Attendance*) in July 2015 for September 2015 implementation (see recommendation 7 for detailed timescales for delivery). The guidance will set out the responsibilities of local authorities and consortia in relation to school data collection, dissemination and analysis as well as the responsibilities for head teachers and governors in providing data and responding to issues.

Additionally from September 2015 all schools are legally required to have a School Development Plan (SDP)¹ in place. The Guidance on School Development Plans (Guidance document 155/2014) refers to the importance of performance and contextual data to inform the plan and to set targets for the school. School workforce absence information is an example of the ‘quantitative data’ to be utilised for schools to identify and address their strengths and needs. The guidance also refers to schools accessing benchmarking data so that they can compare themselves against both the best performing schools and those within their family of schools. This will be reiterated in the guidance document *Effective Management of School Workforce Attendance*. The SDP will provide a focus for engagement within schools and challenge advisers will advise and support schools in identifying and implementing the actions necessary to bring about improvements on a range of data, including teacher absence data.

Welsh Government will regularly review this data with the HR Directors Network and the WLGA.

Target date: Stakeholder engagement underway; guidance to be published in July 2015 and implemented in schools in September 2015.

Recommendation 2

The Committee recommends that the Welsh Government conducts an evaluation of the effectiveness of training delivery and reports back to the Committee by January 2015. This evaluation should include the impact of different forms of training delivery on teacher absences from the classroom.

A review of training and professional learning instigated by the Welsh Government during the period January to July 2014 has been carried out (a copy of the report was provided in our correspondence dated 23 February 2015). In addition, an analysis of the evaluation forms collated at these training events show that the majority have been rated good or excellent.

Guidance on the best practice approaches that should be considered when organising training events for teachers will be included in the *Effective Management of School Workforce Attendance* document to be published for all key stakeholders in July 2015 (being developed as part of recommendation 7). This will include ensuring the Welsh Government and its partners considers the range of delivery options when providing learning opportunities to the school workforce to ensure that the impact of teacher absence from the classroom forms part of the decision making process.

¹ Education (School Development Plans) (Wales) Regulations 2014

On the 18th March 2014 the Minister for Education Skills announced a ‘New Deal for the Education Workforce’ which offers all education practitioners, including supply teachers, in Wales an entitlement to access world class professional learning opportunities to develop their practice through their career. Underpinning *New Deal* is embedding professional learning activities within schools but also providing access to learning opportunities through online professional learning materials and resources. This provides a more flexible and effective approach for all teachers to develop and will contribute to improving teacher standards whilst reducing teacher absence from the classroom for training purposes.

Target date: Initial analysis complete; guidance to be published in July 2015 and implemented in schools in September 2015.

Recommendation 3

The Committee recommends that the Welsh Government amend regulations to make it a requirement for at least one member of each governing body to be designated to lead on HR matters and that such members are suitably trained to fulfil this role.

This recommendation was rejected in the Welsh Government’s response to the Committee (June 2014) as the regulations (The Government of Maintained Schools (Wales) Regulations 2005) specify that an individual governor cannot be required to be a designated lead for a specific issue.

Additionally, as the Minister explained in his follow up response (August 2014), governors are volunteers and HR and staffing matters are a significant responsibility, often of a statutory nature and as such are normally delegated to committees rather than an individual governor. Given the complexity often involved in HR and staffing matters a single governor, in our view, would be unlikely to want to be responsible for dealing with such sensitive matters as they would not have the confidence, knowledge and experience. There are also risks in attaching such responsibilities to a single person.

However, there is already existing provision within the regulations for governing bodies to delegate functions to a committee or to decide by choice to delegate certain functions to an individual.

Target date: Not applicable.

Recommendation 4

The Committee recommends that the Welsh Government reviews the training (eg: through the National Professional Qualification for Headship/ first year mentoring) provided to head teachers to ensure that there is a greater emphasis on managing classroom absences. This focus on managing absence should also be incorporated into the Continuing Professional Development for head teachers.

It may be helpful to note that the National Professional Qualification for Headship (NPQH), which is provided as an example in the Committee’s recommendation, is not a training course – it is an assessment process to judge whether or not a practitioner is able to demonstrate that they meet the Leadership Standards in full. It is therefore the Leadership Standards that form the basis of the assessment and I can confirm they already include standards related to managing the school, which include managing staffing issues.

However this is an area where further policy development is underway. The professional standards frameworks for education practitioners in schools and further education institutions are currently being reviewed to reflect the findings of a number of independent

reports commissioned by the Welsh Government, including the Donaldson Report and the Furlong Review. A timetable for delivery is set out below:

| | |
|---|-----------------------------|
| Revised standards developed, supported by programme of engagement with stakeholders | March – August 2015 |
| Formal 12 week public consultation commences | September 2015 |
| Revised standards published | January 2016 |
| Schools and colleges build familiarity with new standards | February – August 2016 |
| Standards become mandatory for existing practitioners | September 2016 |
| ITET Centres re-validate courses based on new standards | February 2016 – August 2017 |
| New standards become mandatory for entrants to ITET courses | September 2017 |

These new standards will therefore influence training provision for all levels of teachers and managing school staffing will need to be effectively captured in the revised standards.

Target date: To be complete by September 2017 (as per above timetable)

Recommendation 5

The Committee recommends that the Welsh Government, in collaboration with local authorities, ensures that when HR services are procured by schools from local authorities, service level agreements are strengthened to ensure that head teachers and governors receive sufficient HR support as well as appropriate training and guidance, to enable HR matters related to supply staff to be managed appropriately.

The *National Model for Regional Working – Revitalising People Management in Schools* published in April 2015 provides a people management framework for the delivery of specialist HR functions. This document builds on the requirements set out in the *National Model for Regional Working (Guidance document 126/2014)*. The document sets out the requirement for consortia business plans to detail how local authority HR support will be provided to schools. It also outlines the responsibilities of local authorities and consortia in delivering HR support and services. The document explicitly references the requirement for local authorities to deliver HR support and advisory services to schools under a Service Level Agreement. The guidance sets out the requirement for schools, and governing bodies, to take part in training and development programmes to assist them to meet their people management responsibilities.

Business plans in relation to HR provision for schools will be monitored through the annual Ministerial review and challenge events with each consortium. Where HR issues have an adverse effect on school improvement we will collectively analyse causes and identify suitable interventions.

Target date: First round of consortia review and challenge events autumn 2015

Recommendation 6

The Committee recommends that the Welsh Government:

- a) Outlines how it expects Estyn to inspect and report on cover arrangements**
- b) Alters the guidance for Estyn inspections by September 2014 to explicitly require inspectors to examine cover arrangements**
- c) Provides the Committee with clear evidence that this approach is working and any actions they intend to take to address and shortcomings in this approach by September 2015**

We request that an update on the details of the changes to guidance and early indications of how the revised approach is working be provided to the Committee by January 2015.

As outlined in the Minister's letter a proposal to conduct a thematic review into cover arrangements and how the guidance (in recommendation 7) was being adopted went forward for consideration by an evaluation panel in October 2014. A number of competitive bids were submitted and it was determined that the guidance would not have had time to bed in sufficiently for a review to be valuable on this timescale (2015/16). This is not, however, to say that we do not agree with the need to investigate the impact. It was concluded that to defer this thematic review by at least one year would provide opportunity for the new guidance to be fully developed and embedded (for a whole academic year) before the study takes place. It was further suggested that the study should have a focus and that it may specifically consider the effect of long term absence on primary schools.

As for altering the guidance for school inspections this would be a function for Estyn, an independent body, to undertake. However, their process of risk based school inspections would lead them to follow such lines of enquiry if their pre-inspection preparation identified this as an issue.

Target date: October 2015 for a thematic review bid to be considered for 2016/17

Recommendation 7

The Committee recommends that the Welsh Government publishes a timetable for disseminating guidance on the effective management of cover and a plan for evaluating this guidance. The Committee would expect an update on this work by January 2015

The draft guidance for effective management of workforce absence, which is being developed with local authority partners and school practitioners, has been discussed at the School Practitioners Panel and further discussions are due to take place with trade union partners and employers this month. The timetable for its development, consultation (informal) and publication is:

| | |
|------------------|---|
| March 2015 | Commenced drafting guidance document |
| March/April 2015 | Key Stakeholder Consultation e.g. School Practitioners Panel (23/3 and 8/6) Union Partners (14/4) HR Directors Network (21/4) ADEW (date tbc) |
| June/July 2015 | Document agreed and published |
| July 2015 | Communication campaign to publicise new guidance |
| September 2015 | Implemented in schools |

The plan for evaluating the guidance has been set out above in recommendation 6. A thematic review to evaluate the guidance will be considered for the Estyn remit in 2016/17. If, however, absence is identified as an issue by Estyn within their pre inspection

preparation for a school they will, as stated above, follow up this issue in their inspection visit.

We will also work with the WLGA and the HR Directors' network and the ADEW HR Officers network to informally monitor its effectiveness on an ongoing basis.

Target date: Guidance published in July 2015, implemented in schools in September 2015 and evaluated in 2016/17.

Recommendation 8

The Committee recommends that the Welsh Government evaluates its policies such as the development of different forms of training and Continuing Professional Development that rely less on teachers being absent from the classroom and the demands of the regional consortia on schools, and considers the impact these have had on cover requirements. We request that the outcome of the evaluation be reported to the Committee by January 2015.

The Welsh Government accepts and supports the principle that teachers need to be present in the classroom more often, even when undertaking professional development. It cannot however, guarantee that all such development can be delivered in this way. The move towards a self improving system, which started with the refocussing of the Regional Consortia just over a year ago, advocates sharing best practice within the classroom and teachers learning and developing 'on the job' supported by each other. Additionally Estyn supports this process of peer to peer support, review and learning from each other and looks favourably upon this practice in its inspections.

Guidance on the best practice approaches that should be considered when organising training events for teachers will be included in the *Effective Management of School Workforce Attendance* document to be published for all key stakeholders in July 2015 (being developed as part of recommendation 7). This will include ensuring that the Welsh Government and its partners considers the range of delivery options when providing learning opportunities to the school workforce, to ensure that the impact of teacher absence from the classroom forms part of the decision making process.

As previously mentioned *New Deal* aims to embed professional learning activities within all schools, providing a more flexible and effective approach for all teachers to develop. It will contribute to improving teacher standards whilst reducing teacher absence from the classroom for training purposes.

Target date: Guidance to be published in July 2015, implemented in schools in September 2015.

Recommendation 9

The Committee recommends that the Welsh Government takes steps to ensure that school and local authority Continuing Professional Development be available to supply teachers, and ensures it develops an effective mechanism for communication these opportunities to supply teachers.

New regulations for School Development Plans, introduced in September 2014, specify that schools set out in their development plans how they intend to develop their staff including those temporarily placed at the school. These plans were voluntary for the first year but will be compulsory from September 2015.

The *Effective Management of School Workforce Attendance* document (recommendation 7) will set out the requirements on schools, local authorities and consortia to ensure that, where possible, their training sessions will involve supply teachers working in their school.

The guidance document will also include exemplar material on information to be provided to supply teachers working in a school, this will recommend providing information on *Dysg* and the *New Deal* to improve dissemination of information on training opportunities to supply teachers. Currently, we have been able to identify over 1,400 supply teachers who now as a result of our contact with them receive the *Dysg* newsletter. It includes a range of information regarding Welsh Government policies, training and development events and other relevant information for the education workforce and is distributed fortnightly.

We want to ensure that the Professional Learning Model which is being developed as part of the *New Deal* takes account of how all teachers, including supply teachers, can access the model and benefit from CPD in the same way.

Target date: Regulations introduced September 2014, compulsory from September 2015 with ongoing monitoring

Recommendation 10

The Committee recommends that the Welsh Government works with representatives from WLGA, Supply Agencies and schools in developing the specification for retendering of the Framework contract for school supply staff, to include a requirement for supply staff to have access to Continuing Professional Development and to determine arrangements to recover from the supply agencies any additional costs for Continuing Professional Development for supply staff.

The National Procurement Service recently retendered for the Framework contract for school supply staff. The specification included a requirement for bidders to provide an explanation on how they would ensure 'training and Continuous Professional Development is provided to their temporary workforce'. The successful supplier, New Directions, was announced on 8 April. Within their tender documentation New Directions outlined how they would ensure all temporary workers receive relevant training and CPD, and how they will monitor this. The successful tenderer provided specific evidence in their bid on training it provides for its members on safeguarding, classroom management and conflict and behaviour management, through the Team Teach programmes.

Target date: Tender process complete and the new contract will come in to effect from 1st August 2015.

Recommendation 11 and 12

11 - The Committee recommends that the Welsh government includes the costs and take up of the Masters in Educational Practice in its evaluation of the programmes
12 – We also recommend that an evaluation of the mentor element of the Masters in Education Practice programme is undertaken before the end of 2014 to address concerns that it may not be delivering value for money. The evaluation should include consideration of the utilisation of retired teachers as mentors and the impact of the extraction of experienced teachers from the classrooms to be engaged as mentors.

The discontinuation of the existing Masters in Educational Practice (MEP) means that undertaking the form of evaluation originally envisaged in recommendation 11 and 12 of your report is no longer appropriate.

A new MEP is currently in development. Having taken into consideration a range of comments from the cohort of trainees on the initial programme and from senior practitioners, including those who were supporting the trainees, the new MEP will be available to a wider audience and over a less restrictive timescale. The final specification and model of delivery is being finalised and will be implemented in September 2016. The new MEP will be open to any practitioner who is registered with the Education Workforce Council.

Target date: Not applicable.

Recommendation 13

The Committee recommends that the Welsh Government collects further information on the extent and cost of covering teachers' absence. We recommend that the Welsh Government publishes a timetable and plan for gathering this information and provides detail on how value for money will be monitored and evaluated.

In response to recommendations 1, 8 and 10 we have outlined activity that the Welsh Government will undertake to monitor when and why teachers are absent from the classroom. To fully monitor the cost and value for money of the use of supply teachers to cover teacher absence across all schools in Wales (approx. 1580) would be an onerous burden requiring significant resource. However, the Welsh Government is exploring proportionate mechanisms and processes to be able to evaluate and monitor value for money and to explore potential efficiencies with Regional Consortia and local authorities.

Target date; Collect and publish sickness absence data by local authority by June 2016

Recommendation 14

The Committee recommends that the Welsh Government's proposed guidance clearly addresses the identified safeguarding issues for temporary staff and that the Welsh Government develops an effective mechanism to check that the guidance is being followed. The Commission should be provided with an update on this by January 2015.

New statutory guidance on arrangements for keeping children safe in education, *Keeping learners safe*, was published in January 2015. This guidance sets out the requirements for the local authority and the governing body of a school to operate safe recruitment procedures and make sure that appropriate checks are carried out on new staff working with children.

The Welsh Government expects all local authorities and schools in Wales to comply with statutory arrangements, including those put in place through the Disclosure and Barring Service.

Effective Management of School Workforce Attendance (recommendation 7) will refer to *Keeping Learners Safe* and set out the safeguarding requirements for schools, local authorities and supply agencies, re-enforcing the messages to supply teachers. Schools will be advised to provide information to supply teachers before they enter the school which will include details on the schools safeguarding policy and individual contacts for these issues.

The Welsh Government will continue to support all education providers to ensure that they have effective systems in place to promote safe practice. Central monitoring arrangements covering individual aspects of the guidance, would be prohibitive.

Target date: Complete January 2015

I hope the above information provides the Committee with the clarification required and we again thank you for your consideration of this significant area of education.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Owen', followed by a period.

Owen Evans



Asiant Cefnffyrdd Gogledd a Chanolbarth Cymru North & Mid Wales Trunk Road Agent

NMWTRA Supporting Information to Public Accounts Committee

A55 Road Works Coordination for Noise Fence Construction at Abergele, January – March 2015

Further to NMWTRA's attendance at the Public Accounts Committee Oral Evidence Session on 24th March 2015, the following timeline indicates the programming requirements and the Streetworks coordination process for delivery of the A55 west bound Noise Mitigation Project at Abergele. It must be noted that due to the nature of the A55, any traffic management will inevitably cause some levels of disruption, however NMWTRA and its contractors takes every practicable measure to minimise disruption as far as possible.

In summary, the key issues relating to the timing and coordination of the works are as follows:

- A Ministerial commitment was given to the Clwyd West AM to construct the noise fence during the 2014/15 financial year following representation from local residents regarding noise levels;
- Works at Foryd Road Bridge were initially due for completion by 27th October 2014 ahead of the planned construction of the noise fence;
- Funding was not made available to the Agent for construction of the noise fence until 11th December 2014;
- The noise fence construction was included within the quarterly Streetworks Coordination meeting held by Conwy County Borough Council on 3rd December 2014 with no adverse comments raised;
- Statutory periods for the implementation of the required Temporary Traffic Regulation Order, after funding was made available, dictated that the earliest start on site would be 4th January 2015 for preliminary site clearance works;
- Statutory processes under the New Roads & Street Works Act 1991 and Welsh Government (WG) embargo periods have been complied with by NMWTRA, WG and the local authorities;
- Construction works were instructed by WG for completion before 31st March;
- All works programming on the A55 including the noise fence project was necessarily agreed with Welsh Government given the relationship with the A55 Resilience projects.

In addition the following comments apply:

1. Foryd Road Bridge is approximately 4 miles away from the A55 noise fence works.
2. The closure of the Foryd Road Bridge and its approved diversion route did not involve the diversion of any traffic onto the A55 and therefore did not impact on A55 traffic flows.

3. The implementation of a lane 1 westbound closure on the A55 to construct the Noise Fence did not impact on the works or associated diversion at Foryd Road Bridge. There was no impact on A55 eastbound traffic as both lanes remained open throughout the works.
4. The Foryd Road Bridge project was delayed and caused that scheme to be undertaken in the same time period as the A55 Noise Fence Construction.
5. NMWTRA/WG planned the construction of the Noise Fence taking into account the prevailing roadspace and funding constraints.
6. There was no constraint applied to the A55 noise reduction scheme by the County Streetworks Authorities.
7. Note that weekly roadworks bulletins are provided to WG.

A55 W/B at Abergele - Noise Fence Construction 2014/15 Timeline

| Date | Timeline Action | Comment |
|--------------------|---|--|
| 22/04/2013 | Ministerial Commitment to Clwyd West Assembly Member for construction of Noise Fences at Abergele | This representation and subsequent commitment arose due to numerous complaints from local residents about excessive noise levels. |
| 19/11/2013 | Further Ministerial response to Clwyd West AM following a request for an update on construction programme | Ministerial commitment to construct A55 westbound noise fence in 2014 "as soon as roadspace allows" |
| 07/01/2014 | NMWTRA Bid submitted for continued Noise Fence design and construction programme during 2014/15, in accordance with the Ministerial commitment. | NMWTRA bid included £450k for construction of Abergele W/B fence and £100k for A55 J27 E/B on slip noise fence in accordance with 2013 Ministerial commitments |
| 01/04/2014 | Initial WG allocation of £250k for Noise fences during 2014/15 financial year | Funding allocation from WG insufficient to meet estimated construction costs and Ministerial commitment. |
| 03/06/2014 | NMWTRA budget allocation reduced by WG (£3M Capital reduction) | Allocations reduced across all budget headings. |
| 16/06/2014 | WG/NMWTRA reduced noise fence budget allocation to £50k | With insufficient funding initially allocated to progress the project in line with Ministerial commitment and a requirement to reduce overall capital budget by £3M, the Noise Fence budget was reduced to £50k in order to continue with design only. Due to level of funding there is no WG commitment to construction phase at this time. |
| June - Aug. | Detailed design of Noise fence progressed. | - |

| Date | Timeline Action | Comment |
|------------|--|--|
| 18/07/2014 | A55 Summer Embargo Starts | Night-time works permissible - Noise fence construction deemed to be unsuitable for night time working due in part to proximity of properties and level of noise likely to be created during unsociable hours. |
| 01/09/2014 | A55 Summer Embargo ends | |
| 22/09/2014 | WG indicate £250k allocation for Noise Fence construction | Still insufficient allocation to commit to a construction contract for the noise fence at Abergele in line with Ministerial commitment |
| 03/10/2014 | Tender Start Date for Foryd Bridge Works (Denbighshire CC Works) | Initial works period was programmed by DCC for 4/10/14 to 27/10/14 |
| 08/10/2014 | Email from WG to NMWTRA instructing that construction of the W/B A55 Noise Fence at Abergele must be constructed during the 2014/15 Financial Year with instruction to prepare tender documentation and procure the works for a construction start in early January - WG emphasised the need to complete construction in the shortest achievable timescale to mitigate disruption. | NMWTRA instructed their Consultant to progress in accordance with this instruction and ensure completion of construction by 31st March 2015. Funding for construction phase not allocated at this stage but WG acknowledged budgetary requirement. |
| Oct. 2014 | NMWTRA A55 Route Management programmed Noise Fence works for February / March due to other committed works on A55 (Conwy Tunnel Refurbishment and A55 Resilience Project) to minimise concurrent road works – Both of these other schemes were also Ministerial Commitments) | Works on A55 for Tunnel Refurbishment and Resilience projects significantly reduced road space availability. At this stage no clash with DCC Foryd Road Bridge Scheme. |
| 10/11/2014 | Consultant issues construction programme options to identify least disruptive method of constructing the Noise Fence | Agreed 5 day working, 07:00 - 21:00 with Lane 1 closure west bound only. Traffic management removed each Friday by 14:00 and reinstated each following Sunday evening to avoid peak traffic flows. |
| 13/11/2014 | Temporary Traffic Order Notice (TON) issued following discussions with Conwy CCB Streetworks - TON to be effective in February 2015 | Forms part of ongoing liaison with CCBC as Streetworks Authority. |
| 02/12/2014 | DCC Streetwork coordination meeting | DCC notify a provisional revised start date of approx. 16th Feb 2015 for Foryd Bridge Works due to technical design issues -Streetworks notification not submitted at this stage due to uncertainty of start date. |

| Date | Timeline Action | Comment |
|------------|--|---|
| 02/12/2014 | Conwy CBC Streetworks Coordination meeting - schedules of planned works distributed on 2nd December, including NMWTRA's A55 Noise fence construction and Works in Abergele. Meeting held on 3rd December. Schedules of all proposed works were considered and accepted by the Streetworks Authority without comment. | Meeting attended by NMWTRA representative. Schedules copied to WG. Noise fence scheme committed for Streetworks purposes at this stage. Foryd Bridge still uncertain with no Streetworks commitment at this stage. Wales & West works to gas main in Abergele town centre also notified at this stage. CCBC undertaking coordination as Streetworks Authority |
| 11/12/2014 | WG approved £550k funding for construction of Noise Fence | Sufficient funding now confirmed for Noise Fence construction at Abergele in accordance with Ministerial commitment for completion by end of financial year. WG instruction to proceed with construction phase. |
| 12/12/2014 | Proposed Noise Fence Construction included within Conwy CBC Streetworks Bulletin | Bulletin distributed to Traffic Wales. |
| Dec. 2014 | NMWTRA procures Noise Fence construction contract through established Contractor Framework | Use of Framework allows for rapid procurement. |
| Dec. 2014 | Additional site clearance works identified to permit noise fence construction - TON Amended for earliest start date. | TON dates amended to allow January 2015 start - Earliest date achievable was 4th Jan 2015 due to WG statutory procedures for processing Temporary Traffic Regulation Order |
| Dec. 2014 | Site clearance works agreed with Conwy CBC Streetworks for Early Jan - Feb. Works required full closure of W/B on-slip at J23a. Main A55 carriageway not affected. | The A55 works during this period of time were programmed not to impact on utility works in Abergele Town Centre |
| 19/12/2014 | A55 Christmas embargo starts | Night-time works permissible - Noise fence construction deemed to be unsuitable for night time working due in part to the close proximity of properties and the level of noise likely to be created during unsociable hours. |
| 02/01/2015 | A55 Christmas embargo ends | |
| 06/01/2015 | Site clearance works undertaken for a period of 3 weeks | Works undertaken off-peak (09:00 - 15:00) with TM removed each day to reopen carriageway. West bound carriageway only affected by Traffic Management |
| 06/01/2015 | Noise Fence Construction Contract awarded to Framework Contractor. | Contract start date set as 2nd February - 3 week period allowed for contractor mobilisation. |
| Feb. 2015 | Noise Fence construction delayed by 2 weeks due to proximity of ongoing A55 Resilience project Traffic Management. This was by agreement with WG. | Construction delayed to reduce number of concurrent schemes on A55. No Traffic Management installed for noise fence construction at this stage. |

| Date | Timeline Action | Comment |
|---------------------------------|--|---|
| 12/02/2015 | Part N Streetworks notification for Noise Fence Construction submitted via Gwynedd CC (on behalf of NMWTRA) for notification to relevant Streetwork Authorities. This confirms the committed contract start date as 16/02/2015. No adverse comment or formal response received from Streetworks Authorities regarding start date, duration or proximity of other programmed works. | Information shared between Streetwork Authorities. Part N notice forms element of statutory process to confirm works immediately prior to start. Updated notice submitted on a weekly basis throughout the construction period. |
| 16/02/2015 | Noise fence construction commences. WG instruction to delay the installation of traffic management until after peak morning traffic flows. | Neither Foryd Road Bridge nor Abergele town centre works on site at this stage. |
| 22/02/2015 | Foryd Road Bridge works start on site - bridge closed | DCC diversion route plan for Foryd Bridge work did not require any traffic to be directed onto the A55 thus both A55 Noise Fence and Foryd Road Bridge Schemes were not in direct conflict. |
| 23/02/2015 to 27/03/2015 | Wales & West gas main works – Chapel Street, Abergele. Dates taken from CCBC Streetworks bulletin (12/12/2014) | NMWTRA not sighted on any subsequent notifications in relation to the Abergele town centre works. Dates assumed to be correct. |
| 27/03/2015 | Noise fence construction completed | Scheme completed within programme ahead of Easter embargo. There are no planned daytime traffic management on the A55 ahead of the summer embargo in July. There may be emergency reactive works as required. |

| Financial Year | Date of Initial Budget | Details | Capital | Revenue | Other | Total |
|----------------|------------------------|--|------------|------------|---------|------------|
| 2015/16 | 30.03.15 | Provisional Allocation Email from Nina Ley to Dave Cooil | 25,311,900 | 14,954,740 | | 40,266,640 |
| | | | | | | |
| 2014/15 | 02.04.14 | Provisional allocations Email from Richard Morgan to Dave Cooil | 26,324,730 | 19,282,000 | | 45,606,730 |
| 2014/15 | 03.06.14 | Budet Reduction | 23,279,900 | 19,282,000 | | 42,561,900 |
| 2014/15 | 16.12.14 | Additional funding email to Dave Cooil from Gareth Day | 26,009,900 | 19,282,000 | | 45,291,900 |
| 2014/15 | 19.02.15 | Additional funding RTSR scheme email to Mark Mcnamara from Gareth Day | 26,309,900 | 19,282,000 | | 45,591,900 |
| | | | | | | |
| 2013/14 | 13.03.13 | Email from Richard Morgan to Tom Brown | 21,885,500 | 19,178,000 | | 41,063,500 |
| 2013/14 | 08.05.13 | Budet Reduction Email Richard Morgan re MM/SR schemes | 21,096,910 | 19,178,000 | | 40,274,910 |
| 2013/14 | 28.01.14 | Additional funding email to Ian Hughes from Rob Webster | 26,827,370 | 19,178,000 | | 46,005,370 |
| | | | | | | |
| 2012/13 | 22.03.12 | Initial Allocation Email from Ian Davies to Tom Brown | 26,218,000 | 16,850,000 | - | 43,068,000 |
| 2012/13 | 21.06.12 | Budget Reduction email from Ian Davies | 22,057,000 | 15,190,000 | - | 37,247,000 |
| 2012/13 | 12.12.12 | Additional funding email to Tom Brown from Ian Davies | 26,720,000 | 18,190,000 | 975,000 | 44,910,000 |
| 2012/13 | 16.01.13 | Further additional funding | 27,625,000 | 18,190,000 | 975,000 | 45,815,000 |
| | | | | | | |
| 2011/12 | 14.04.11 | TWIS approvals as at 31/03/11 | 17,127,670 | 10,300,000 | | 27,427,670 |
| 2011/12 | 07.07.11 | Revised allocation by Email from Ian Davies (confirmed in letter 03/08/11) | 17,215,000 | 10,564,000 | | 27,779,000 |
| 2011/12 | 29.11.11 | Addition Funding Email from Rob Webster | 20,055,000 | 11,864,000 | | 31,919,000 |
| 2011/12 | 01.03.12 | Additional late Funding | 21,085,000 | 11,864,000 | | 32,949,000 |

South Wales Trunk Road Agent

Managing and Improving
Motorways and Trunk Roads
through South Wales



Agenda Item 2.9 Asiant Cefnffyrdd De Cymru

Rheoli a Gwella'r Traffyrdd
a'r Cefnffyrdd yn Ne
Cymru

National Assembly for Wales Public Account Committee Inquiry into Value for Money of Motorway and Trunk Road Investment

South Wales Trunk Road Agent
Additional Questions following Oral evidence

8th April 2015



National Assembly for Wales Public Accounts Committee: Inquiry into Value for Money of Motorway and Trunk Road Investment

South Wales Trunk Road Agent- Additional Questions: Written response 8th April 2015

1. During this Assembly term, have you had any year when you haven't known by the 1st April what the indicative budget will be for that year?

1.1 The following table provides dates during the current assembly term when initial budget allocation was provided to the South Wales Trunk Road Agent.

| Financial Year | Date of Initial Budget | Details |
|----------------|------------------------|---|
| 2015/16 | 27.03.15 | Email confirmation from Nina Ley to Richard Jones |
| 2014/15 | 02.04.14 | Email confirmation from Richard Morgan to Richard Jones |
| 2013/14 | 13.03.13 | Email confirmation from Richard Morgan to Richard Jones |
| 2012/13 | 22.03.12 | Email confirmation from Ian Davies to Richard Jones |
| 2011/12 | 14.04.11 | TWIS approval although Some early allocations were provided in February |

2. Response to the question raised by Mr Mike Hedges AM in relation to the level of coordination between Swansea CC, SWTRA and Welsh Water in relation to work undertaken by Welsh Water on the A48 in Morriston.

2.1 In relation to the query raised by Mr Hedges AM, SWTRA have reviewed details of the period between January 2015 and March 2015 and have not been able to trace records of correspondence or complaints regarding congestion due to conflicting works on the M4 and the A48 at Morriston, however should information in relation to specific dates be available this would enable us to investigate further.

2.2 Legislation exists (NRSWA 1991, Traffic Management Act 2004 and Coordination Code of Practice (Wales 2008)) which require Street Authorities to coordinate work and for statutory undertakers to cooperate in the process with the view to do all reasonably practicable to manage its road effectively with a view to keeping traffic moving.

2.3 The South Wales Trunk Road Agent is designated as Street Authority for the Motorway and trunk road network on behalf of

National Assembly for Wales Public Accounts Committee: Inquiry into Value for Money of Motorway and Trunk Road Investment

South Wales Trunk Road Agent- Additional Questions: Written response 8th April 2015

Welsh Government and the designated Street Authority for the A48 is Swansea CC.

- 2.4 The coordination meeting is a forum to discuss any works which are deemed to have the potential to cause a conflict or disruption based on pre-submitted schedule of planned works. Should clashes be identified from the schedule the meeting's primary focus is for the parties concerned to discuss opportunities for either rescheduling or restricting works to periods of lighter traffic flows e.g. night time/off peak working or during school holidays.
- 2.5 The M4 is designated as traffic sensitive between junction 43 and 45 which means that planned and cyclic maintenance is restricted to night time only. Any planned maintenance on the M4 or trunk road network requiring road closures and subsequent diversion of traffic onto local roads is coordinated in advance with the local authorities and other stakeholders at these meetings where they are also cross referenced against the coordination schedules to identify any potential conflicts.
- 2.6 The coordination meeting for the Swansea, Neath Port Talbot and Bridgend Areas for the period up to April 2015 was held on the 22nd of September 2014.
- 2.7 SWTRA had no planned maintenance which could cause localised disruption scheduled for that period and therefore a nil response was submitted in advance of the meeting.
- 2.8 The Dwr Cymru Welsh Water sewer renewal works at Morryston were submitted as part of the coordination schedule to the meeting but no clashes with SWTRA or Swansea work were identified. In discussion between all parties no specific concerns were identified as the works were considered to be sufficiently far enough from the motorway.
- 2.9 We are aware that one incident occurred on the Swansea network in the vicinity Llanlilwen road following a traffic signal failure relating to minor works. Whilst this incident did cause congestion for a short period until the fault was addressed we feel that this was not a result of the failure in the coordination process.

National Assembly for Wales Public Accounts Committee: Inquiry into Value for Money of Motorway and Trunk Road Investment

South Wales Trunk Road Agent- Additional Questions: Written response 8th April 2015

Richard Jones BSc(Hons) C.Eng C Mgr C.Env FICE FCIHT FCMI,

Head of Service - South Wales Trunk Road Agent, Unit 12 Llandarcy House,
The Courtyard, Llandarcy, Neath SA10 6EJ



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Agenda Item 2.10
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, LL57 2PW

Claire Griffiths
Deputy Clerk
Public Accounts Committee
Chamber & Committee Service
National Assembly for Wales
Cardiff

Ein cyf / Our ref: GLP/LJ

☎: 01248 384290

Gofynnwch am / Ask for: Chairman's Office

Ebost / email peter.higson@wales.nhs.uk

Dyddiad / Date: 13th April 2015

Dear Ms Griffiths

During our session giving evidence to the Public Accounts Committee on 24th March 2015 we agreed to submit a series of updates to the Committee and I am pleased to be able to provide these as follows:

❖ **The trail of discussions by the health board relating to Ysbyty Glan Clwyd Obstetrics & Gynaecology, including issues around recruitment:**

The context for these comments was concern from members of the Public Accounts Committee that the serious concerns regarding this service had emerged rapidly and had not been visible at the Board level.

During the Committee session we referred to the fact that there had been a long standing trail of discussions within the Board and its sub-committees regarding the challenges facing Obstetric and Gynaecology services in Ysbyty Glan Clwyd. This included referencing this matter on the Board's Corporate Risk register which is reviewed in our public Board sessions and is published routinely as part of our Board papers.

Reporting of concerns and the management responses to these concerns was taking place regularly throughout 2013 within our Workforce and Organisational Development Committee and our Quality and Safety Committee. Due to the nature of the concerns and links to a small number of staff these discussions were held in confidence initially. In October 2013 the risk associated with the provision of maternity services in Glan Clwyd was added to the Board's Corporate Risk Register along with mitigating actions which were in place to address these risks. This entry has remained in the risk register since that date, reflecting the ongoing concern at Board level and the oversight of management response that was in place.

In February 2014 the Board's Quality and Safety Committee received a paper in its public session detailing the background to the concerns within this service and setting out what actions were ongoing to secure better engagement from the Consultant staff. The Committee continued to monitor progress in relation to these concerns, receiving updates from the Clinical Programme Group and considering indicators of quality and safety for services across North Wales.



The Board received reports from the Quality and Safety Committee on these concerns and received the minutes of this Committee's meetings in public session throughout 2014. During the autumn of 2014, in addition to reviewing this risk in public session the Board had discussions "in Committee" regarding the need to address the risks in the service if they could not be reduced by other means. In February 2015 the Board received the paper which proposed the urgent service change.

The Board established an Implementation Group, with an independent Chair to oversee this work and determined that a series of "gateway" checks should be made prior to the service being changed. In the intervening period an alternative proposition has been received from some of the Consultants in Glan Clwyd and this is being assessed for viability, safety and sustainability alongside the Board's original proposition. The Board will meet on 20th April to make a formal decision regarding the outcome of this assessment and the "gateway" reviews.

❖ **Well North**

During our evidence session we made reference to the work we are initiating in areas of North Wales to reduce health inequalities. The Health Board is planning a systematic approach to improving the health of the poorest fastest, through a place-based health inequalities program. This is outlined in our Annual Operating Plan for 2015/16 in the Prevention and Health Improvement and Primary and Community Services sections. We are currently identifying the communities to focus on, and will be working with Public Health Wales to develop a plan for multi agency engagement, multi-faceted interventions and evaluation of impact. We are taking learning from the Inverse Care Law programs in two Welsh Health Boards and the Well North and Well London approaches, among others to define our approach.

❖ **Communications in relation to Ysbyty Glan Clwyd, in particular the brochure:**

During our evidence session there was considerable discussion regarding the communication which had taken place with staff and stakeholders regarding the proposed change and the leaflet which was produced for expectant mothers. Given the concern over this aspect of the Board's actions I thought it helpful to set out in some detail the communications which did take place around the time of the Board discussion, and importantly those which have continued since.

Members of the Health Board's executive leadership team briefed senior colleagues across the service in the days ahead of the Board meeting on February 10th. These briefings were carried out on a confidential basis and it was made clear that no action would be taken, and no decision was made until the Board had had the opportunity to discuss and agree on a course of action at its meeting held in public. Issues relating to the obstetric service had been well known to staff in the Clinical Programme Group (CPG) and it was clinicians from within the CPG that recommended the interim suspension of Consultant led obstetric services at Ysbyty Glan Clwyd, which was endorsed by the Board's Clinical Executive Directors.



Significant communications activity has taken place since the decision was taken by the Board, including:

- ❖ A range of staff communications including messages from the Chief Executive on a weekly basis to keep colleagues updated with facts and developments. Regular drop-in sessions have been held for staff across all three district general hospital sites, with all questions raised and responses provided published on a dedicated intranet hub.
- ❖ A range of materials have also been developed as part of an information campaign for the public. These include a Birthplace Choices leaflet for mothers-to-be which is provided to women during midwife appointments. This is also available in an easy read version. The approach taken in producing this leaflet has been endorsed by the Royal College of Midwives in Wales as an excellent publication. The Health Board has been approached by midwives in Northern Ireland seeking to produce their own version based on this approach.
- ❖ The Health Board is producing a comprehensive information toolkit which includes factsheets on Neonatal Care in North Wales, support for transport costs and a maternity services information sheet; the completed toolkit will be provided to all mums-to-be during their initial booking meeting with their midwife;
- ❖ A dedicated external bilingual web hub has been established, with comprehensive Frequently Asked Questions, supporting information and evidence <http://www.wales.nhs.uk/sitesplus/861/page/77408>. This is being developed on an ongoing basis;
- ❖ A North Wales Midwives Facebook page has been developed to showcase the work of midwives. This is supported by multimedia content such as photos and videos of Midwifery-Led Units and interviews with midwives, including the Executive Director of Nursing and Midwifery;
- ❖ A series of online web chats have been hosted by clinicians from the Health Board, encouraging members of the public to ask questions;
- ❖ Questions from users of social media – namely Facebook and Twitter – are also being responded to as appropriate
- ❖ A series of public drop-in sessions spread across numerous locations in North Wales have also been arranged, supported by information stands and the materials described above. These have been widely advertised, in the media and through posters across hospital sites and in communities;
- ❖ Members of the Health Board's executive team attended the public meeting at St Asaph Cathedral on Thursday 12th March to answer questions and address concerns



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- ❖ Stakeholders including AMs, MPs, GPs, the Community Health Council, Local Authorities and Community Voluntary Services receive a weekly newsletter update from the Chief Executive on the preparations for the interim changes;

As will be seen from the above there is a significant amount of communication work ongoing regarding the proposed changes. This is seen as a key priority for the Health Board to ensure that mothers-to-be are given up to date information, and our staff and stakeholders are aware of the changes which are proposed and the way services will be delivered.

This emphasis upon communication will continue during the coming months and will focus upon service delivery as well as the plans which will be progressed to re-instate services in Glan Clwyd should changes be made.

With specific regard to the brochure which was issued shortly after the Board made its decision, this was considered to be a very important document to inform mothers-to-be regarding the implication of the Board's decision for their birth choices. The booklet was prepared in order to clearly outline birthplace options and to provide reassurance to mothers-to-be. It was designed to be handed to expectant mothers by community midwives during appointments.

The timing of the booklet's production was designed in order to be ready for a decision from the Board and initiate public communications accordingly. Draft text based on the contents of the Board paper of 10th February was sent to the printing company on Monday 9th February in anticipation of a decision by the Board, however there was no commitment to produce the document at this stage. Had the Board agreed not to act, the work with the printer to design and typeset the leaflet would have ceased. The final proof of the booklet was agreed and signed off on the afternoon of the 12th February, in line with the Board's decision and copies of the booklet were delivered to the Health Board on 16th February for distribution to Community Midwife Teams.

We believe that this proactive preparatory work to be able to communicate quickly to mothers-to-be and allow our staff to engage in positive discussions with them regarding choices was an essential communication activity around the Board's decision.

An updated version of the leaflet is currently being drafted to include additional information for mothers-to-be and will be available in April.

- ❖ **The Training of Board Members:** An externally facilitated Board Development programme has been in place for more than 12 months and is ongoing. This is focused on improving the effectiveness and performance of the Board as a whole as well as the individual contribution from Board Members. I have attached a summary note of the dates, topics covered and attendance of Board members as requested by the Committee.



- ❖ **Performance Indicators:** In my introductory comments I made reference to the improvements we have been making to our reporting of performance within the Board. This work started during 2014-15, and a new performance framework was put in place for the Board. This has been revised and updated further following the appointment of our new Chief Operating Officer and its refinement continues. Importantly this performance framework draws together a number of local indicators as well as those which reflect performance against national targets. It covers matters of safety and quality in addition to traditional organisational performance targets. This gives the Board a broader view of the performance of the organisation and allows focus upon areas where improvement is expected.

The design of the performance report has been influenced by standards adopted elsewhere including the Good Governance Institute and board reports from other organisations in Wales and NHS England. A Board Development session took place on 30th October 2014, to enable Board Members to debate the future design and content of Board Reports to allow a preferred style and content determined. A copy of the current report is attached with this response for information.

- ❖ **Management of Capital Schemes:** Following our attendance the Chairman of the Committee asked that I provide an update regarding the Board's arrangements for managing its capital programme and resource. The Committee will be aware that capital is one of the areas where the Board has been subject to intervention from Welsh Government.

A number of changes were made to the way capital expenditure was managed and reported during 2014/15 to ensure that systems were robust and reliable. This was supported by reviews from NHS Wales Specialist Services Internal Audit. These audit studies continue and have reported improvements in the governance and management of capital programmes.

In addition, the Board commissioned Capita to undertake a review of its arrangements for managing capital. Capita have now reported and the Board is amending its governance and management processes to reflect the recommendations made. Capita are also working with the Board to produce a new guidance manual for "managing capital" within the Board. This will cover areas of business case preparation, scheme management and benefits realization. This will be implemented along with the changes to governance arrangements during quarter 1 of 2015/16.



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I trust that the further information above, and the attachments with this letter will provide sufficient additional information for the Committee on the issues raised. If there is anything further that would be helpful please do not hesitate to contact me.

Yours sincerely

Dr Peter Higson
CHAIRMAN

Attachments:

- Attendance at Board Development 2014
- Attendance at Board Development 2015
- Integrated Quality and Performance Report – Board Meeting April 2015

| | | P Higson | M Hanson | K McDono | C Tillson | H Owen Jones | H Stevens | HM Davies | J Dean | M W Jones | E Roberts | J R Malone | T Purt | N Bradsha | B Evans | A Hopkins | A Jones | J M Jones | G Lang | G Lewis Pa | T Lynch | M Olsen | M Makin | C Wright | S Baxter | R Favager | I Mitchell | A Thomas | V Babu | N Stubbins | |
|----------|--|----------|-----------|----------|-----------|--------------|-----------|-----------|--------|-----------|-----------|------------|----------|-----------|---------|-----------|---------|-----------|--------|------------|---------|---------|---------|----------|----------|-----------|------------|----------|--------|------------|--|
| Date | Topic | Chair | ViceChair | IM | IM | IM | IM | IM | IM | IM | IM | IM | CEO | Exec | Exec | Exec | Exec | Exec | Exec | Director | Exec | Exec | Exec | Exec | Exec | Exec | HPF | Ass Dir | SRG | Assoc Mbr | |
| 7.2.14 | Quality Improvement Strategy 3 Year Plan - Sustainable Clinical Services | Y | Y | Y | Y | Y | apols | apols | Y | Y | Y | | | apols | apols | Y | Y | Y | Y | apols | Y | | | | | | | Y | Y | | |
| 17.4.14 | Risk Appetite (John Bullivant) Culture and Change (Paul Walker) Follow on, feedback and diagnosis | Y | apols | apols | apols | Y | apols | Y | Y | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | Y | | apols | Y | | | | apols | Y | | |
| 22.5.14 | Root cause analysis of key areas of concern Behaviours to improve board effectiveness (Paul Walker) | apols | Y | Y | Y | apols | Y | apols | Y | Y | Y | apols | | | apols | apols | Y | Y | Y | apols | apols | | Y | | | | | N | N | | |
| 19.6.14 | Board realignment, renewal and change (Paul Walker) | Y | Y | Y | Y | Y | apols | apols | Y | Y | Y | Y | Y (part) | | Y | Y | Y | Y | apols | Y | apols | | Y | | | | Y | apols | Y | | |
| 17.7.14 | Board realignment, renewal and change (Paul Walker) | Y | Y | Y | Y | Y | apols | Y | Y | Y | Y | Y | Y | | apols | Y | Y | Y | Y | Y | apols | | Y | | | | Y | apols | Y | | |
| 21.8.14 | Paul Walker session (Board Vision work, RCA work, Board styles/behaviours - Effective challenge, giving and receiving feedback between Board members, lean and innovative working techniques) | Y | Y | apols | Y | Y | apols | Y | apols | Y | Y | apols | apols | | | y (part) | apols | apols | Y | Y | apols | | y | | apols | Y | y | apols | | | |
| 15.9.14 | John Bullivant Good Governance Session | Y | Y | Y | apols | Y | apols | Y | Y | Y | Y | apols | Y | | | apols | Y | Y | Y | Y | apols | | Y | | Y | Y | Y | Y | | | |
| 18.9.14 | Paul Walker session (Session with the Chief Executive - first 100 days, Leading Change and a practical tool for the Board - Kotter Model, Board Vision, Board styles/behaviours - Constructive challenge) | Y | Y | Y | apols | apols | apols | Y | Y | A | Y (part) | apols | Y | | | Y | Y | Y | Y | Y | apols | | Y | | Y | Y | Y | Y | Y | Apols | |
| 23.10.14 | Paul Walker session (Session with the Chairman - first year in post, Board leadership and culture, Board vision (Charter) work, Board styles/behaviours - constructive challenge, Giving and receiving feedback between Board members) | Y | apols | Y | Y | apols | Y | Y | Y | apols | apols | apols | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y | Y | apols | Y | Y | Y | |
| 30.10.14 | 3 Year Plan Performance Management | Y | Y | Y | apols | apols | Y | N | Y | Y | apols | N | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y | Y | Y | apols | N | PART | |
| 27.11.14 | Paul Walker Session (Board operating model, Board leadership and culture, Giving and receiving feedback between Board members) | Y | Y | Y | Y | Y | apols | apols | Y | Y | apols | apols | Part | | | Part | Y | Y | Apols | Y | | Part | Part | | | Part | apols | | | Y | |
| 18.12.14 | Paul Walker Session (Board leadership and culture; Board operating model); Giving and receiving feedback between Board members) | Y | Y | Y | Y | Apols | N | Y | Y | Y | Y | N | Y | | | Apols | Y | Y | Y | Y | Y | | Y | Y | Y | Y | Y | Y | | Y | |

| | |
|--|---|
| <p>Board Paper</p> <p>Item 15/87</p> <p>Date of meeting 14 April 2015</p> <p>Date of Paper 20 March 2015</p> |  <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p> |
|--|---|

| | | |
|--------------------------------------|--|---|
| Title: | Integrated Quality and Performance Report | |
| Author: | Jill Newman, Assistant Director of Improvement & Business Support Richard Gillett, Head of Performance Assurance & Business Intelligence | |
| Responsible Director: | Morag Olsen, Chief Operating Officer | |
| Summary of Key Issues: | <p>This paper outlines the key performance and quality issues. They cover all seven domains of the national framework.</p> <p>The report notes achievement. This report includes a number of local indicators which will be monitored and developed upon in the coming months.</p> <p>In relation to Timely Care, the report contains a description of the actions being taken to reduce long waiting times for treatment to achieve the March 2015 target. It also notes the unscheduled care agenda in depth.</p> <p>The report notes the staff sickness rates and the actions being taken by the Workforce and Organisational Development departments to improve attendance. The report also briefly describes the financial position, however this is described in more depth in the Finance Report.</p> | |
| Action Required By Board: | To: | |
| | Note | X |
| | Endorse | |
| | Ratify | |
| Key Impacts: | Approve | |
| | <i>(Please provide a short summary against all that apply)</i> | |
| | Corporate Objective | Provides the Board with an overview of delivery against key performance metrics |
| | Finance | Integrates finance and service delivery |
| | Quality Impact Assessment | Integrates quality and performance metrics |
| Standards for Health Services | Includes aspects from Health Care Standards | |

| | |
|---|---|
| in Wales | |
| Equalities, Diversity & Human Rights | Applies equally to all patients covered by the metrics |
| Risk & Assurance | The report is prepared with the latest validated performance data available. The exception report include actions being taken to improve performance and mitigate against risk to delivery. |

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board Board Coversheet v5.0 October 2014



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University Health Board

Integrated Quality & Performance Report 2014/15

Pack Page 55

Performance to the end of February 2015

Health Board



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University Health Board

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| | 2.2 | <i>Safe Care</i> |
| | 2.3 | <i>Effective Care</i> |
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Foreword

This report reflects our Health Board's performance against key government and local targets. We will further enhance this report over the coming months to provide a richer picture of our performance. The report contains actions to address any performance failings and so provides greater assurance of achievement going forward.

We are presenting performance using the framework against which NHS Wales is measured. It outlines what people can expect from the NHS within the seven domains of; Staying Healthy, Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care and NHS Staff and Resources. We are receiving early indication of changes proposed to the measures for 2015-2016, a number of which are running in shadow form at present. Once confirmed these will be included within the report.

In addition to the national standards, we have included other measures which either the Board have requested visibility of or the executive team wish to inform the Board about. These are local indicators and are integrated into the most relevant domain of the report, however the allocation is preliminary and may change in the future. We benchmark our performance against the rest of Wales using the most recent data available. However, this is not always the same month as displayed. A benchmark report is available from the Office of the Chief Operating Officer.

Introductory Reports

Each local indicator will have an Introductory report that gives the context of the indicator.

Exception Reports

Exception reports are included where performance is either below the required standard or the Board and/or committee require sight of the actions being taken to maintain or improve performance. After we have achieved an indicator for three consecutive months, it will be stood down from exception reporting.

Sub-Committees

Two sub-committees of the Board, Quality, Safety and Experience and Finance & Performance, also receive sections of this report.

Status Guide and Legend

Status

On the following page, we report the overall escalation status of the Health Board. This uses the Welsh Government's status levels. The status level of each indicator is graded from zero to four, with four being of most concern.

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| | | |
|-------|-------------|---|
| 0 | Level 0 – | local delivery of all targets and /or within trajectory |
| 1 | Level 1 – | failure to deliver achieve or deliver one target or deliverable |
| 2 | Level 2 – | continued failure to achieve or maintain one or more key deliverables |
| 3 | Level 3 – | continued failure to maintain an agreed improvement trajectory |
| 4 | Level 4 – | continued failure to improve performance or failure to engage with the national process |
| 80.0% | Cross-hatch | Cross-hatch background. Where the background is cross-hatched this figure is the provisional , unvalidated position. |
| - | No Target | No target level or the trajectory has not been set. The relevant executive director has been asked to set the target level. |

Legend

This report uses trend arrows. They show if the position has become **better** or **worse** than the previous month. Readers are asked to note that this is different compared to the first version of the report.

- ↑ The value is better than the previous month
- The value is the same as the previous month
- ↓ The value is worse than the previous month

1 Executive Summary: Key Priority Areas

Below is a summary of the Health Board's performance in key areas for the current month, the movement from the previous month and the year to date (YTD) position using the national scoring methodology. Exception reports are included in section 2 in all areas where performance has dipped below standard or provision of assurance to maintain the standard is required.

| | | | | Mth | YTD | Overall | | | | | | |
|---|-------------------------------------|---|-------------------------|--|------------------------|-----------------------|--------------------------|-------------------|--------------|---|---|---|
| BCU | | In Month Welsh Government Escalation Level = 4 | | YTD Welsh Government Escalation Level = 4 | | 4 | | | | | | |
| Quality, Safety & Experience | Staying Healthy | Chronic Conditions | Flu Vaccinations | Childhood Vaccinations | Smoking Cessation | Childhood Obesity | 3 | 2 | 2 | | | |
| | Safe Care | DTOC | Pressure Sores | C.Difficile | MRSA | Patient Safety Alerts | Patient Safety Responses | Serious Incidents | Never Events | 3 | 4 | 4 |
| | Effective Care | Crude Mortality | RAMI | Data Quality | High Blood Pressure | | | | 2 | 2 | 2 | |
| Finance & Performance | Dignified Care | Postponed Procedures | | | | | 4 | 4 | 4 | | | |
| | Individual Care | Mental Health Ass'sment | Mental Health Treatment | Care & Treatment Plans | Mental Health Advocacy | | | | 0 | 0 | 0 | |
| | Timely Care | GP Access | Referral to Treatment | Diagnostic Waits | Emergency Department | Ambulance | Cancer | Dental | Stroke | 4 | 4 | 4 |
| | Use of Staff & Resources | Sickness Rate | Appraisals | Finance | | | | 4 | 4 | 4 | | |

1 Executive Summary: Local Indicators

Below is a summary of the Health Board's local indicators grouped into the national domains. In future months, as performances are measured against local targets, this summary will develop to summarise the performance.

BCU Local Indicators

Pack Page 60 of 70
 Quality Experience

Staying Healthy

Safe Care

- Complaints within 2 days
- Complaints within 30 days
- Complaints within 6 months
- Ward Quality Audit
- Hand Hygiene
- Ward Staffing Levels
- Ward Staffing Skill mix

Effective Care

- Nutrition Score
- Elective Admission no procedure
- % Procedures as Daycase
- BADS 18 Performance

Dignified Care

- Inpatient Cancellations
- Outpatient Cancellations

Individual Care

- "I Want Great Care" Scoring

Timely Care

- Follow up waiting list
- Follow Up Waiting List 25-50%
- Follow Up Waiting List 50-100%
- Follow Up Waiting List over 100%
- Therapy Waits 14 weeks
- Out of Hours Urgent within 20 minutes
- Out of Hours non-urgent within 60 minutes
- Admission of Day of Surgery

Use of Staff & Resources

- PADR (non-medical)
- CARE referral Rate
- Agency and Locum Spend
- Vacancy Rate
- Average LOS (Elective)
- % Workforce Change
- Mandatory Training
- Staff Turnover

Finance & Performance

2 Staying Healthy Overview – National Measures

Staying Healthy

Chronic Conditions

Flu Vaccinations

Childhood Vaccinations

Smoking Cessation

Childhood Obesity

3

2

2

| Staying Healthy | | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|--|-------------------|--------|---------|---------|-------|----------|---------|-------|-------|-----------------|
| Number of emergency admissions for basket of 8 chronic conditions per 100,000 population | | No | Sep-14 | Reduce | - | - | 1,103 | 1,062 | | ↑ | 2nd |
| Number of emergency readmissions for basket of 8 chronic conditions per 100,000 | | No | Sep-14 | Reduce | - | - | 176 | 169 | | ↑ | 3rd |
| % uptake of the influenza vaccine in the following groups: | Over 65s | No | Feb-15 | 75% | 71% | 70.1% | 69.6% | 70.1% | 72% | ↑ | 1st |
| | Under 65s in at risk groups | Yes | Feb-15 | 75% | 54% | 51.4% | 50.7% | 51.4% | 54% | ↑ | 2nd |
| % uptake of the influenza vaccine in the following groups: | Pregnant women | Yes | Feb-15 | 75% | 50% | 46.2% | 46.3% | 46.2% | 51% | ↓ | 1st |
| | Healthcare workers | Yes | Feb-15 | 50% | 41% | 50.1% | 50.1% | 50.1% | 50.1% | → | 5th |
| % uptake of the childhood vaccines up to the age of 4: | 5 in 1 age 1 | No | Sep-14 | 95% | 97% | - | 96.9% | 95.3% | | ↓ | 3rd |
| | Men C age 2 | No | Sep-14 | 95% | 98% | - | 97.6% | 96.6% | | ↓ | 4th |
| | MMR1 age 2 | No | Sep-14 | 95% | 97% | - | 96.3% | 95.1% | | ↓ | 4th |
| | PCV age 2 | No | Sep-14 | 95% | 97% | - | 96.3% | 95.3% | | ↓ | 2nd |
| | Hib MenC Booster age 2 | Yes | Sep-14 | 95% | 97% | - | 95.6% | 94.8% | | ↓ | 3rd |
| % estimated LHB smoking population treated by NHS smoking cessation services | | Yes | Dec-14 | 5.0% | 3.9% | 2.4% | 2.2% | 2.4% | 3.40% | ↑ | 1st |
| % smokers treated by NHS smoking cessation CO-validated as successful | | Yes | Dec-14 | 40% | 37% | 32% | 32.3% | 31.5% | <40% | ↓ | 6th |
| % of reception class children (aged 4/5) classified as overweight or obese | | No | Mar-13 | Reduce | - | - | . | 26.4% | | - | 4th |
| New | % of GP Practices that are set up to use My Health On-Line (MHOL) | | Yes | Jan-15 | 100% | - | . | 96.5% | 98% | - | 7th |
| New | Of those practices set up to use MHOL, % who are offering appointment bookings | | No | Jan-15 | Improve | - | - | . | 20.0% | - | 4th |
| New | Of those practices set up to use MHOL, % who are offering repeat prescriptions | | No | Jan-15 | Improve | - | - | . | 34.5% | - | 4th |

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2.1 Staying Healthy: Exception Report

| Staying Healthy | | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-----------------------------|-------------------|--------|---------|---------|-------|----------|---------|-------|-------|-----------------|
| % uptake of the influenza vaccine in the following groups: | Over 65s | No | Feb-15 | 75% | 71% | 70.1% | 69.6% | 70.1% | 72% | ↑ | 1st |
| | Under 65s in at risk groups | Yes | Feb-15 | 75% | 54% | 51.4% | 50.7% | 51.4% | 54% | ↑ | 2nd |
| % uptake of the influenza vaccine in Under 65s in pregnant women | | Yes | Feb-15 | 75% | 50% | 46.2% | 46.3% | 46.2% | 51.0% | ↓ | 1st |

Over 65s and At Risk Under 65s:

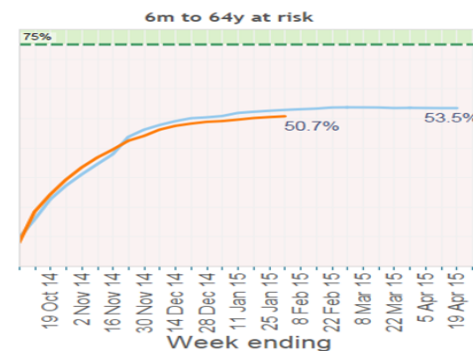
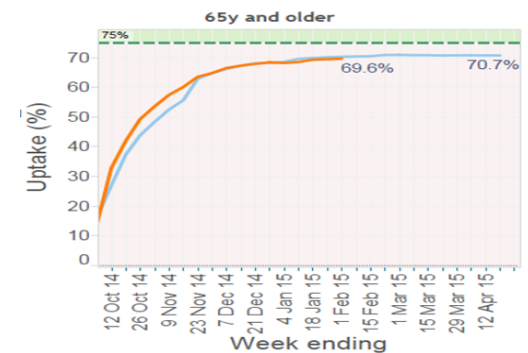
Every year, more people become eligible, so GPs have to work even harder just to reach the same %. This year, **136,273** people over 65 or in one of the at risk groups have been vaccinated so far.

Plans are being developed for next year including visits to low uptake GP practices and information is being sent to cluster leads about low uptake practices in their area. Engagement and supportive visits have commenced with 'new' practice managers. Practices have been made aware of the Chief Medical Officer letter about flu vaccine ordering for next year.

Year 7 flu vaccine data has now been sent to GP practices for inputting onto the child record so that the vaccination data will be captured in national reports.

A Flu report is in development for the current campaign and will include identified actions for next year that target the unvaccinated.

Pregnant women Since the last report, some local data quality issues about the coding for pregnant women have emerged which are being investigated. The Health Board has recently completed the Point of Delivery audit which measures the Flu vaccination coverage of women giving birth, audit to be published before the end of April 2015.



flu season

2014-15
2013-14

2.1 Staying Healthy: Exception Report

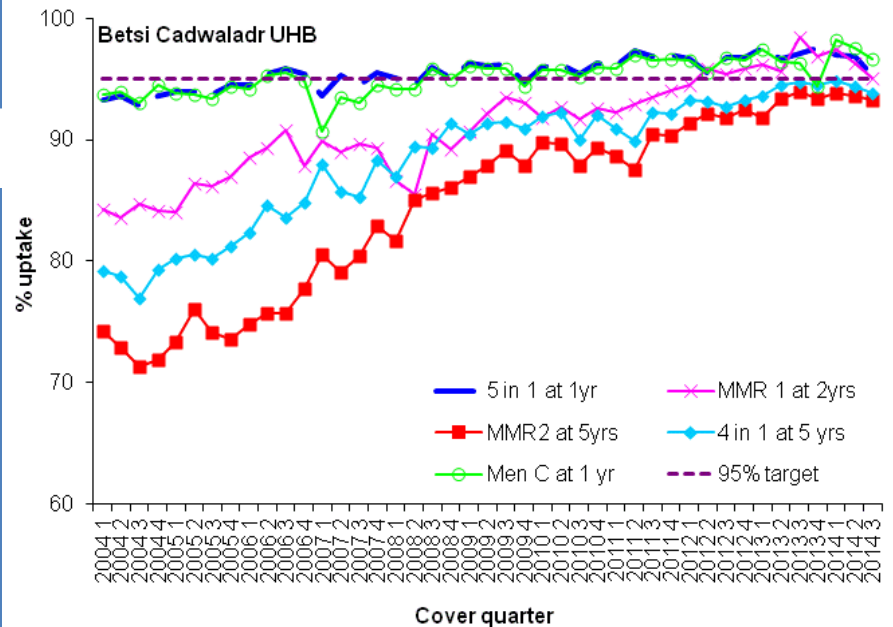
| Staying Healthy | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % uptake of the childhood vaccines up to the age of 4: Hib MenC Booster age 2 | Yes | Sep-14 | 95% | 97% | - | 95.6% | 94.8% | | ↓ | 3rd |

Investigations are ongoing into data quality issues with which the Health Board are assisting. The implementation of procedures to follow up unvaccinated children continue.

Public Health Wales are currently working with Health Boards to audit the data quality of the immunisation uptake reported in the COVER 112 report.

Men C Booster Age 2

Children that have missed their vaccines at 1 year, 2 years and 4 years and including the HIB/Men C vaccine by 2 years are identified and followed up and supported or reminded to attend their GP practice for their child's appointment. Where indicated home immunisation is offered.



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2.1 Staying Healthy: Exception Report

| Staying Healthy | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|------|----------|---------|-------|-------|-----------------|
| % estimated LHB smoking population treated by NHS smoking cessation services | Yes | Dec-14 | 5.0% | 3.9% | 2.4% | 2.2% | 2.4% | 3.40% | ↑ | 1st |

Performance Context:

Decreased performance in December; this is in line with seasonal trends and an increase is expected in January

Key Actions for Improvement (update for March 2015):

Increase service provision

- Work ongoing on both Maternal and Secondary Care Cessation Service Business Cases, in line with 3 yr plan commitments
- Smoking Cessation Local Enhanced Service with General Practices sign up now at 65 GP practices

Marketing & Increase recruitment

- Secondary Care: Payslip messages sent to all BCU staff in February promoting smoking cessation services (led by YGC Tobacco Group)
- Use of insight from social marketing produce innovative 'Girls with Dreams' and 'Quit for Them, Quit for You' campaigns in Wrexham with roll-out to other N Wales counties – early success noted in first 7 days with 183 smokers requesting support to quit via Facebook

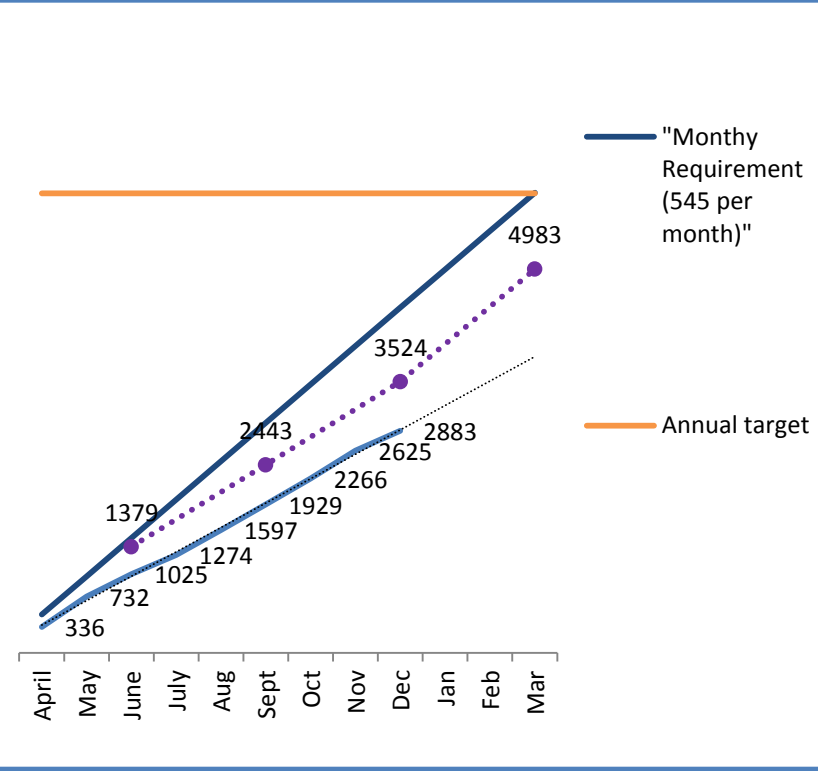
Leadership

- Hosting ASH Wales conference in St Asaph, focussing on broader tobacco control: preventing young people from starting to smoke (link to poverty of aspiration), smoke free public spaces (#sharetheair), and tackling illicit tobacco

Service quality

- Initiation of joint service evaluation project for Pharmacy and Stop Smoking Wales, including collating feedback from 150 former service users, staff delivering the services, and a Mental Wellbeing Impact Assessment. Project due to be completed end April with final report & recommendations for improvement

Monthly trajectory figures for number of smokers needing to be treated to meet the Tier 1 target of 5% of treated smokers, 2014/15



2.1 Staying Healthy: Exception Report

| Staying Healthy | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|------|-------|-----------------|
| % smokers treated by NHS smoking cessation CO-validated as successful | Yes | Dec-14 | 40% | 37% | 32% | 32.3% | 31.5% | <40% | ↓ | 6th |

Key Actions for Improvement:

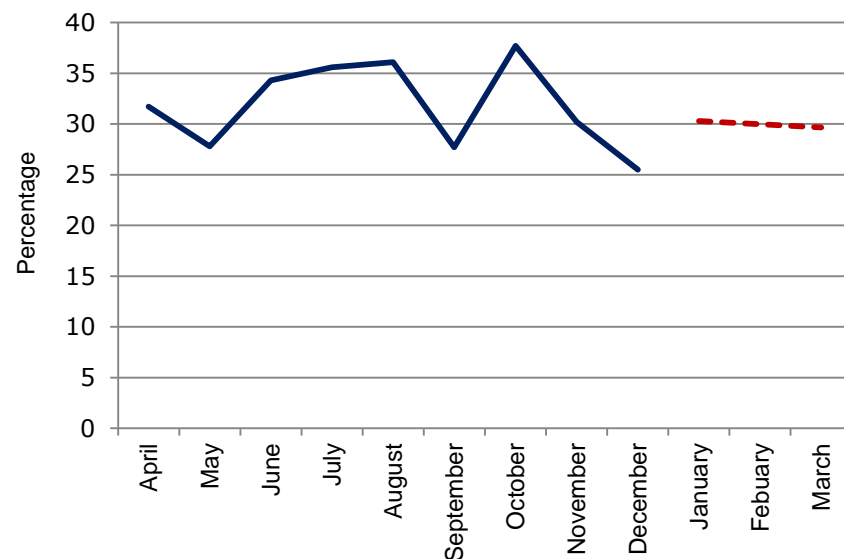
Review service quality: Initiation of joint service evaluation project for Pharmacy and Stop Smoking Wales, including collating feedback from 150 former service users, staff delivering the services, and a Mental Wellbeing Impact Assessment. Project due to be completed end April (draft report end March)

Continue delivery of training in Brief Intervention to frontline staff in BCU and partner organisations to ensure that clients are referred when they are motivated to quit, and that referral pathways are clear and relevant to specific settings

Provision of Carbon Monoxide Monitors to frontline healthcare staff delivering smoking cessation services, including the Local Enhanced Service - improving % quit via GP in house services is a priority due to the low performance achieved to date since the launch of the LES (see data on the right)

Please note: This target is a simple measure of the quality of the service provided, and there is wide variation across service providers and across areas. It is affected by case mix, as some people (particularly those living in more deprived areas, facing challenging circumstances) experience greater difficulty in giving up.

%CO Validated at 4 Weeks



Performance Context:

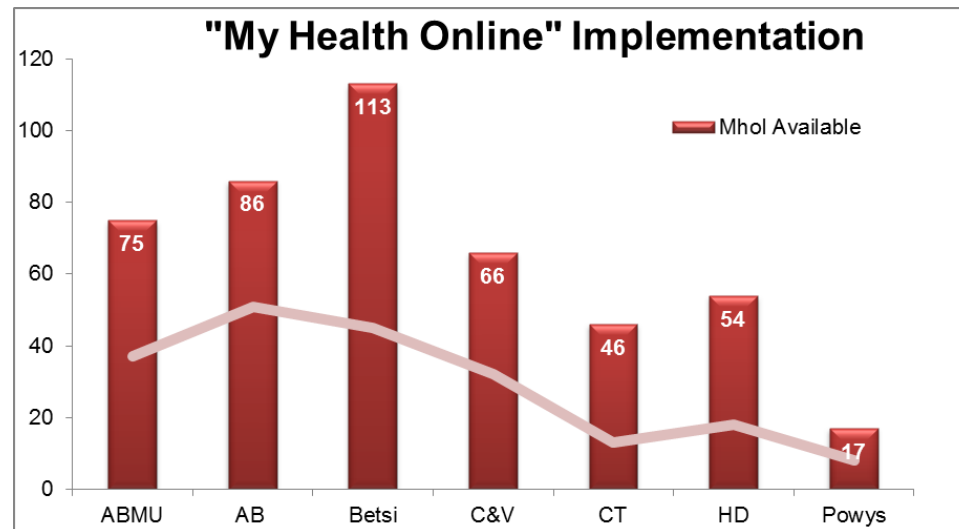
SSW clinics are going to be re-scheduled for December 2015 in order to reduce disruption (and subsequent impact on performance) to quit attempts during the Christmas holidays. The respective %CO validated quit rates at 4 weeks of the individual services in December 2014 were:

- SSW at 28.9%
- PL3 at 31.4%
- Primary Care LES at 10.7%

2.1 Staying Healthy: Introductory Report

| | Staying Healthy | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | % of GP Practices that are set up to use My Health On-Line (MHOL) | Yes | Jan-15 | 100% | - | - | . | 96.5% | 98% | - | 7th |
| New | Of those practices set up to use MHOL, % who are offering appointment bookings | No | Jan-15 | Improve | - | - | . | 20.0% | | - | 4th |
| New | Of those practices set up to use MHOL, % who are offering repeat prescriptions | No | Jan-15 | Improve | - | - | . | 34.5% | | - | 4th |

This is the first month these new indicators are presented in the Integrated Quality & Performance report. There are no national targets for this indicator. Local standards will be set by the Director of Primary Care, and reported by exception in future reports. The three indicators are to (i) rollout the software "My Health Online" which will enable patients to (ii) book appointments online and (iii) take up repeat prescriptions online. The rollout of software is progressing well, with 96.5% of practices switched on. 100% of practices will be switched on by July 2015.



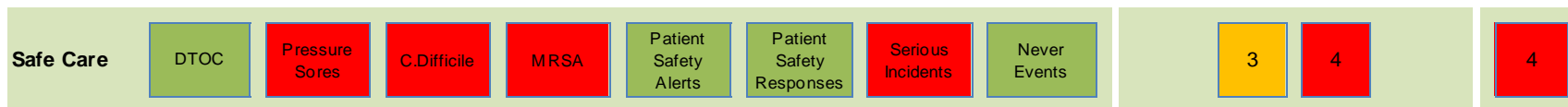
Booking Appointments online

There are currently 20% of practices in North Wales offering appointments online. The use and benefits of online bookings are discussed with practices as part of the migration to their new clinical system and will be raised during the quality assurance visit cycle. Where training and support is required, the National Wales Informatics Service will provide further training to support practices in transition.

Offering repeat prescriptions online

Those practices which have implemented online prescriptions are reporting positive feedback and better patient experience. As with online appointments, discussions with practices will be taking place during the quality assurance visit cycle.

2.2 Safe Care Overview – National Measures



| Safe Care | | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|----------------------------|-------------------|--------|---------|-------------|--------|----------|---------|-----|-------|-----------------|
| Delayed transfers of Care per 10,000 LHB population, Rolling 12 months (all providers) | Mental Health | No | Feb-15 | Reduce | 2.7 | 2.59 | 2.6 | 2.59 | | ↑ | 3rd |
| | Non Mental Health aged >65 | Yes | Feb-15 | Reduce | 129.5 | 142.4 | 142.1 | 142.4 | | ↓ | 1st |
| Number of healthcare acquired pressure sores in a hospital setting | | Yes | Feb-15 | Reduce | 42 | 424 | 47 | 38 | 26 | ↑ | 7th |
| Number of cases of C.difficile per 100,000 of the population | | Yes | Feb-15 | 31.00 | - | - | 58.61 | 57.96 | | ↑ | 6th |
| Number of cases of MRSA bacteremias per 100,000 of the population | | Yes | Feb-15 | 2.6 | - | - | 4.83 | 4.74 | | ↑ | 4th |
| % compliance with patient safety solutions - alerts | | No | Dec-14 | Improve | - | 87.50% | 93.8% | 93.8% | | → | 3rd |
| % compliance with patient safety alerts - rapid response notices | | No | Dec-14 | Improve | - | 78.90% | 92.1% | 92.1% | | → | 6th |
| Number of new serious incidents | | Yes | Feb-15 | Reduce | 240 | - | 43 | 39 | 30 | ↑ | 7th |
| Number of new never events | | No | Feb-15 | Reduce | - | - | 0 | 0 | 0 | → | 1st |

The domains above are monitored at the Quality, Safety & Experience committee.

An exception report is included for indicators which are not achieving the standard.

The exception reports are contained in the following sections.

2.2 Safe Care Overview – Local Measures

| | Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|---|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| New | % of complaints acknowledged within 2 working days | No | Feb-15 | Improve | - | | 86.7% | 83.6% | - | - | - |
| New | % of complaints closed within 30 working days | No | Jan-15 | Improve | - | | 19.6% | 21.3% | - | - | - |
| New | % of complaints closed within 6 months | No | Oct-14 | Improve | - | | 46.3% | 47.0% | - | - | - |
| New | Ward Quality Audit | Yes | Feb-15 | Improve | - | | 90.0% | 91.0% | - | - | - |
| New | Hand Hygiene Rates | No | Feb-15 | Improve | - | | 96.6% | 94.2% | - | - | - |
| New | Ward Staffing Levels Fill Rate (Med & Surg Acute) | No | Feb-15 | Improve | - | | 88.0% | 88.0% | - | - | - |
| New | Ward Staffing Skill Mix Ratio (Registered : Unregistered, Med & Surg Acute) | No | Feb-15 | Improve | - | | 68 : 32 | 67 : 33 | - | - | - |

This summary slide provides new indicators which have been agreed by the executive directors within this report. Where new indicators are introduced, and a lead for the indicator has been identified, an **introductory report** is included.

2.2 Safe Care: Exception Report

| Safe Care | | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|----------------------------|-------------------|--------|---------|-------------|-------|----------|---------|-----|-------|-----------------|
| Delayed transfers of Care per 10,000 LHB population, Rolling 12 months (all providers) | Mental Health | No | Feb-15 | Reduce | 2.7 | 2.59 | 2.6 | 2.59 | | ↑ | 3rd |
| | Non Mental Health aged >65 | Yes | Feb-15 | Reduce | 129.5 | 142.4 | 142.1 | 142.4 | | ↓ | 1st |

Delays are for all BCUHB residents at all welsh providers, however the information provided below only applies to tBCU provided beds.

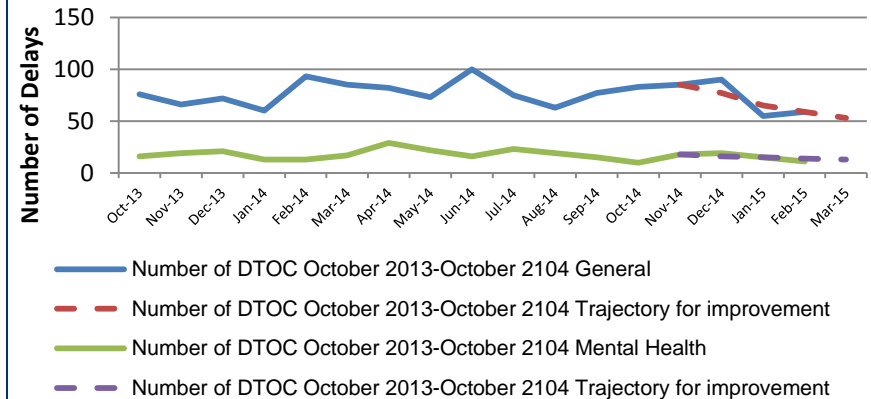
Position

There were 59 non mental health and 11 mental health Delayed Transfers of Care during February. The number of Bed days were 2286 for non mental health and 1323 for mental health delays.

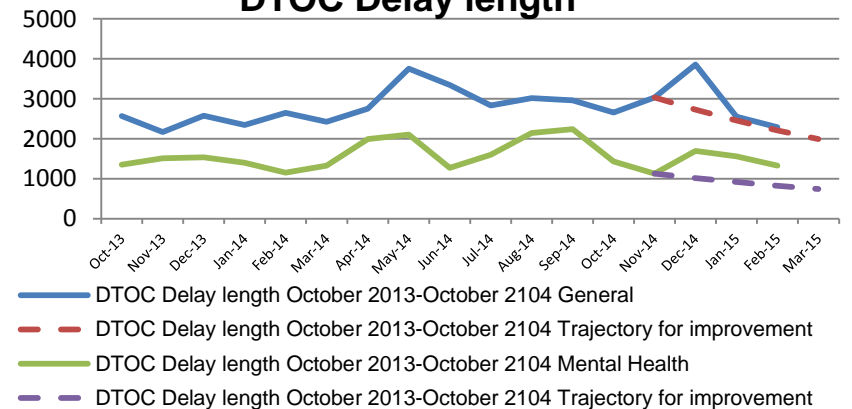
Improvement actions:

- Predicted Date of Discharge is being refreshed and will be rolled out across the Health Board during the next six months.
- The non elective average length of stay Project Management Office is developing a "what good discharge planning looks like" training package which will be delivered to all wards across the Health Board.
- The recently approved updated discharge policy is being implemented across the Health Board which includes clearer information for patients and their families about discharge planning and patient choice in relation to care home placement.

Number of DTOC

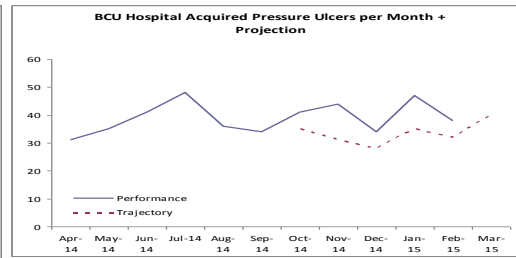
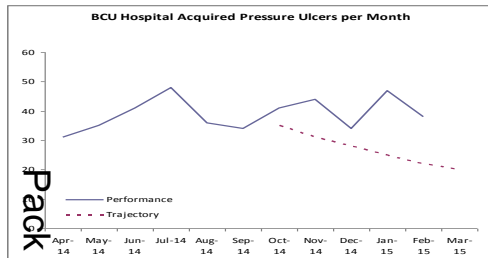


DTOC Delay length



2.2 Safe Care: Exception Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| Number of healthcare acquired pressure sores in a hospital setting | Yes | Feb-15 | Reduce | 42 | 424 | 47 | 38 | 26 | ↑ | 7th |



Position
 Total number of Hospital Acquired Pressure Ulcers (HAPU) recorded Feb 2015 = 38, a decrease from previous month.

Grading
 Of the 38 recorded: 1 was classified as grade 3 for which root cause analysis is undertaken to determine factors contributing to HAPU development, actions and learning required locally. The remaining 37 HAPU occurring in February were grade 1 or 2.

Actions being taken
 The ward to board audits score for tissue viability demonstrates sustained improvement with the overall score having increased from 83% in August 2014 to 90% in December 2014. Trends by area continue to be determined weekly by the Tissue Viability team which is circulated for discussion at local Patient Safety Groups and Matrons meetings. Time lines to complete RCA's have been implemented and actions agreed. Overall scrutiny continues to be in place via Area Associate Chief of Staff Nursing supported by locality Governance Teams .

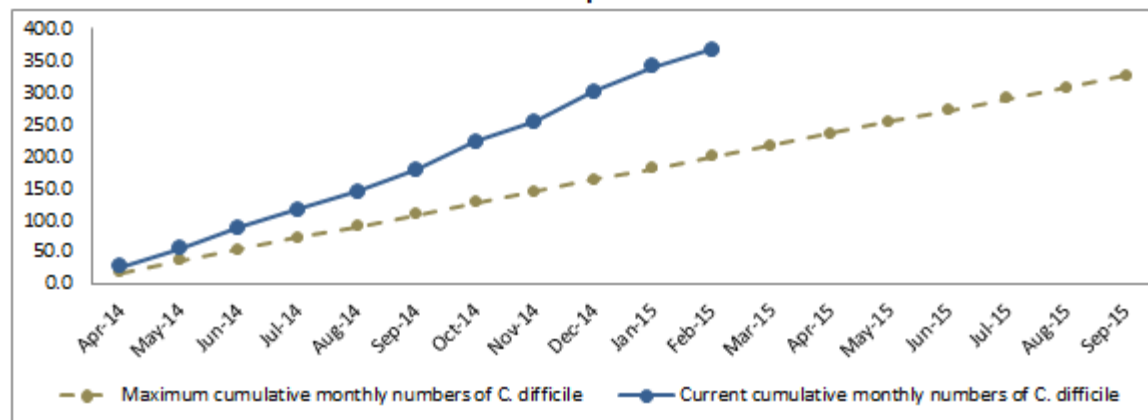
An audit of foam mattresses across the acute hospitals is underway, with Wrexham and Glan Clwyd having been completed and Bangor scheduled for the 18th March. A capital bid has been submitted for replacement foam mattresses.

Tissue Viability teams continue to offer educational programmes and Link Nurse study days which include emphasis on documentation and report writing.

2.2 Safe Care: Exception Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| Number of cases of C.difficile per 100,000 of the population | Yes | Feb-15 | 31.00 | - | - | 58.61 | 57.96 | | ↑ | 6th |

Chart 1. Betsi Cadwaladr University Health Board maximum cumulative monthly numbers of C. difficile to achieve the 18 month (Apr 14 to Sep 15) target and current cumulative monthly numbers for Apr 14 to Feb 15



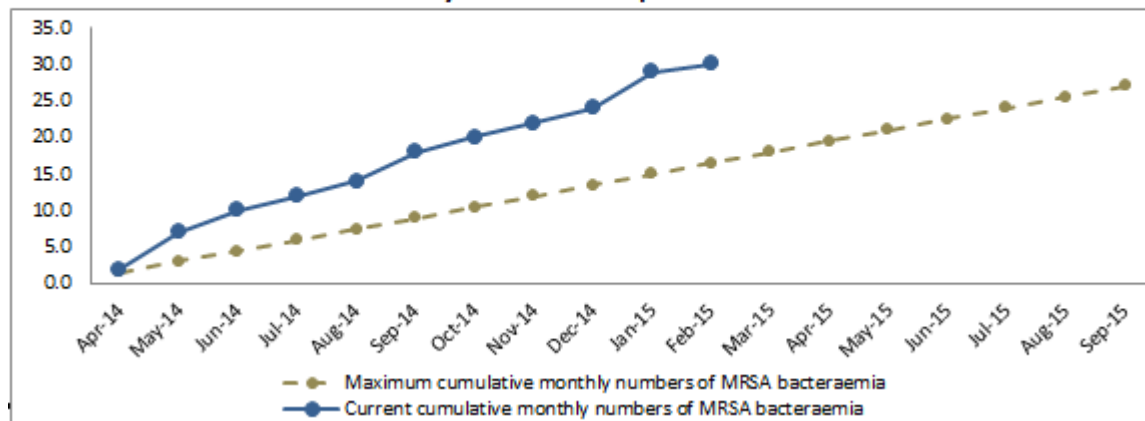
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- Total number of new cases in February 2015 has reduced; 27 cases across BCUHB demonstrating improved performance compared with the past 4 months. Of these only 6 are recorded on the Ysbyty Glan Clwyd site, confirming that the rise seen in December 2014 has ceased.
- The Board has in place an approved Strategic Framework and Infection Prevention Improvement Programme. These set out the projects and work programmes that together will bring about the step-change improvements in performance needed to achieve very low rates of infection.
- Focus remains on hand hygiene, isolation, antimicrobial prescribing and cleanliness standards.

2.2 Safe Care: Exception Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| Number of cases of MRSA bacteremias per 100,000 of the population | Yes | Feb-15 | 2.6 | - | - | 4.83 | 4.74 | | ↑ | 4th |

Chart 1. Betsi Cadwaladr University Health Board maximum cumulative monthly numbers of MRSA bacteraemia to achieve the 18 month (Apr 14 to Sep 15) target and current cumulative monthly numbers for Apr 14 to Feb 15



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BCUHB recorded a single case of MRSA bacteraemia in February 2015.

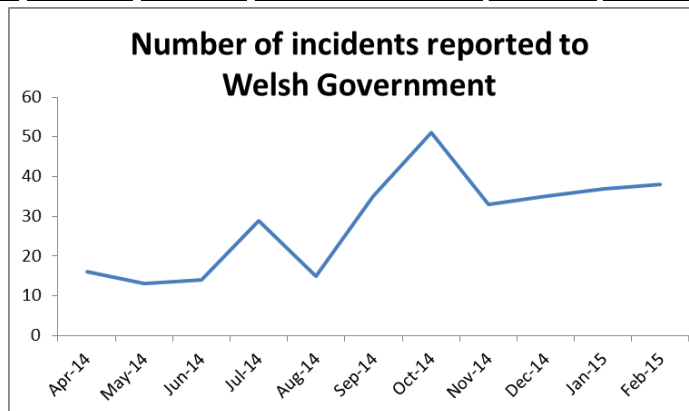
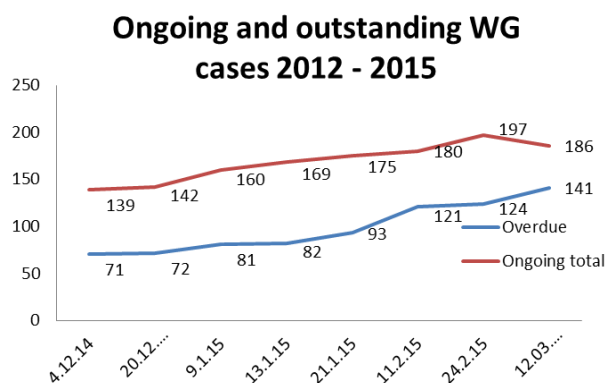
The detailed improvement plan (described in detail at the December 2014 meeting) is being progressed. This will require support for increased laboratory screening from Public Health Wales.

Current focus remains on:

- Improving compliance with the care bundles for IV devices, with monthly monitoring and feedback in place down to individual ward level.
- Reviewing the aseptic non-touch technique programme, ready for a major re-launch to improve practice.
- Developing effective protocols for initiation of decolonisation when patients are found to be positive with MRSA.

2.2 Safe Care: Exception Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---------------------------------|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| Number of new serious incidents | Yes | Feb-15 | Reduce | 240 | - | 43 | 39 | 30 | ↑ | 7th |



Position

Serious incidents are investigated by the Clinical Programme Group, supported by the Corporate Investigation team to reflect on the learning and emerging trends and themes for Quality Improvement.

Actions being taken

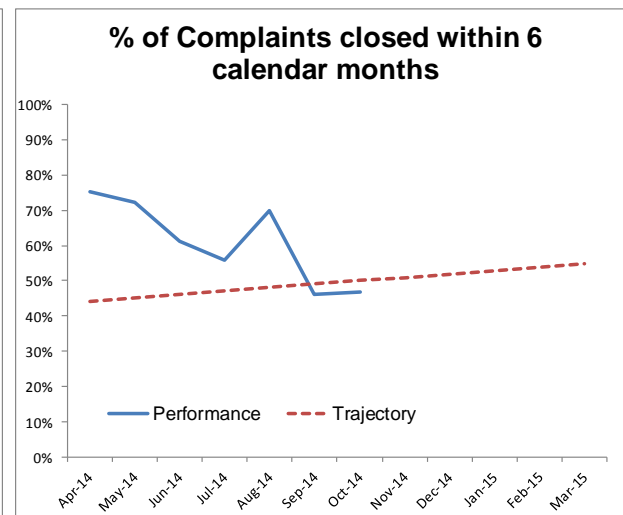
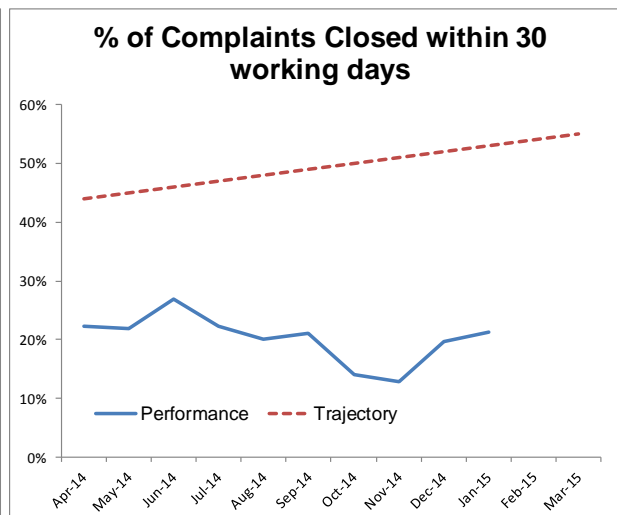
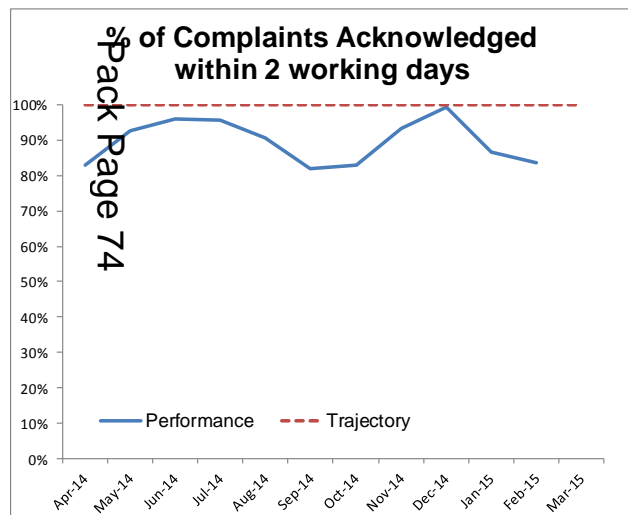
Work is on-going within the Health Board to continually strengthen the investigation and management of all incidents, and to ensure that lessons learnt are identified, acted upon and shared. Serious incidents are investigated by the Clinical Programme Group, supported by the Corporate Investigation team to reflect on the learning and emerging trends and themes for Quality Improvement. The Health Board encourages the reporting of incidents to improve quality and safety.

Lessons Learned

Monitoring focus on the themes and trends identified through incident reporting and ensuring lessons are learnt and improvements implemented to prevent the reoccurrence of incidents. The performance monitoring for all Concerns is now done through the CPG performance meetings. CPGs are expected to provide assurance regarding the good management of incidents and provide improvement plans to address poor performance.

2.2 Safe Care: Introductory Report - Complaints

| | Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|--|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| New | % of complaints acknowledged within 2 working days | No | Feb-15 | Improve | - | | 86.7% | 83.6% | - | - | - |
| New | % of complaints closed within 30 working days | No | Jan-15 | Improve | - | | 19.6% | 21.3% | - | - | - |
| New | % of complaints closed within 6 months | No | Oct-14 | Improve | - | | 46.3% | 47.0% | - | - | - |



- The number of concerns being received by the Health Board continues to rise
- There are interim plans being put in place to resolve cases open beyond the agreed time scales whilst revising processes to manage all new concerns received.
- The Senior Investigation Managers continue to drive the pace of closures with CPG/site teams, by both the performance management meetings and individual CPG/site sessions
- The regulations state all concerns should aim to be resolved with 30 working days. However if this is not possible (for more complex cases) a response must be sent within 6 months – those cases assessed as falling within the ‘more complex’ category are measured against a 6 month target.

2.2 Safe Care: Introductory Report Ward Staffing

| | Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|---|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| New | Ward Staffing Levels Fill Rate (Med & Surg Acute) | No | Feb-15 | Improve | - | | 88.0% | 88.0% | - | - | - |
| New | Ward Staffing Skill Mix Ratio (Registered : Unregistered, Med & Surg Acute) | No | Feb-15 | Improve | - | | 68 : 32 | 67 : 33 | - | - | - |

This report provides the position for nurse staffing within wards and acute departments for Acute and Community Hospitals (roster period 25th January – 21st February 2015)

The percentage of filled versus unfilled includes substantive and bank nurses but excludes agency nurses. The 12% average unfilled roster is therefore not a true reflection of nurse staffing levels.

For February 2015 the nursing agencies filled 74% of shifts requested, therefore this would increase the overall staffing levels to meet clinical need. Future reports aim to include agency nurses once systems are aligned to enable this.

The ratio of registered nurses to unregistered nurses across the three areas meets the Royal College of Nursing guidance of a 65% to 35% skill mix. In community hospitals skill mix is generally 50 : 50 registered to unregistered skill mix.

Nurse staffing is assessed daily at clinical site meetings with staff redeployed according to staffing gaps and clinical priority. Other mitigation includes bed reduction which is not captured in this report. Recruitment to substantive and bank posts continues.

| 25th Jan - 21st Feb roster | Filled Roster % | Unfilled Roster % | Registered Skill Mix % | Un-Registered Skill Mix % |
|----------------------------|-----------------|-------------------|------------------------|---------------------------|
| Total Central Average | 89% | 11% | 68% | 32% |
| Total East Average | 89% | 11% | 68% | 32% |
| Total West Average | 85% | 15% | 67% | 33% |
| Total BCU Average | 88% | 12% | 67% | 33% |

| 28th Dec - 24th Jan roster | Filled Roster % | Unfilled Roster % | Registered Skill Mix % | Un-Registered Skill Mix % |
|----------------------------|-----------------|-------------------|------------------------|---------------------------|
| Total Central Average | 90% | 10% | 68% | 32% |
| Total East Average | 89% | 11% | 68% | 32% |
| Total West Average | 84% | 16% | 67% | 33% |
| Total BCU Average | 88% | 12% | 68% | 32% |

2.2 Safe Care: Introductory Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|------------------------|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| New Hand Hygeine Rates | No | Feb-15 | Improve | - | | 96.6% | 94.2% | - | - | - |

This indicator demonstrates the percentage compliance with hand hygiene using the World Health Organisation (WHO) 5 moments: before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings.

Definition of the measure – by using the Lewisham Tool to audit if all staff disciplines working in patient areas have adequately decontaminated their hands, in accordance with the requirements of the WHO 5 moments. This is undertaken for a minimum period of 20 minutes (or until at least 10 opportunities are observed) across all clinical areas at least once a month.

Relevance of measure - to improve quality of patient care and to prevent harm and infection.

Baseline – the baseline reported enable the LHB to be aware of the scale of the opportunity for improvement and to monitor the benefit realisation from actions being taken to improve performance

Establishment of extent of improvement expected – commentary on how a trajectory for improvement will be developed and reported against in future months with exception reports created for periods in which the trajectory for improvement are not delivered.

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2.2 Safe Care: Introductory Report

| Safe Care | Exception Report? | Month | Achieve | Mar 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|------------------------|-------------------|--------|---------|-------------|-----|----------|---------|-----|-------|-----------------|
| New Ward Quality Audit | Yes | Feb-15 | Improve | - | | 90.0% | 91.0% | - | ↑ | - |

Description of the measure

Monthly Quality audits of a pre-agreed number of care delivery standards commenced in April 2014. The Quality audit utilises 11 themes using 66 questions overall which provide a level of detail on clinical assessments and care planning against national standards.

Definition of the measure – To provide an indication of the quality and safety of inpatient care (excluding emergency departments, paediatrics, critical care and maternity). This should not be confused with the Fundamentals of Care annual audit, which uses similar themes but does not extract as much detail. The methodology utilises a review of 10 sets of case notes on every ward, every month and includes the 3 acute hospital wards and all the Community Hospitals.

The information is analysed and fed back to the ward managers and Matrons to pick up on key areas for improvement, if and when those are required. It provides Board members an opportunity to review the overall percentage score for each of the 11 measures/themes and then drill down to site specific information and then ward specific information to see where and if specific wards have a range of Indicators which indicates concerns about care provision.

The standard response to the monthly information is that ward managers will discuss the outcome and areas for improvement and agree the actions to improve the standard of care within any of the 11 clinical themes. Matrons and senior nurses can then provide the supervisory overview of improvements and support the improvements required and provide the positive feedback when improvements are made.

For Board members the Quality Dashboard provides an opportunity to review the overall dashboard within the body of this report and to identify if progress is being made on specific clinical outcome scores. It would also enable Board members to scrutinise specific areas of concern if those improvements are not being seen. The methodology for compliance is currently set at a consistent % standard (currently under review) and would not expect to vary. The Board would expect to review the key themes which are not meeting the standard and variance reporting would be provided on those clinical themes which are below 85%

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2.3 Overview & Areas of Escalation: Effective Care



| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|-------------------|---------|---------|-------|----------|---------|-------|-------|-----------------|
| Crude Mortality - rolling 12 months | No | Jan-15 | Reduce | 1.90% | 1.9% | 1.8% | 1.9% | | ↓ | 3rd |
| Risk Adjusted Mortality Index 2013 - RAMI rolling 12 months | No | Sep-14 | Reduce | 107 | 106 | 106 | 106 | | → | 5th |
| % valid principle diagnosis code 3 months after episode end date - monthly | Yes | Oct-14 | 95% | 98.8% | 85.9% | 60.6% | 64.1% | 95% | ↑ | 6th |
| % valid principle diagnosis code 3 months after episode end date - rolling 12 months | Yes | 12 mths to Oct-14 | 98% | 98.7% | 85.9% | 88.1% | 85.9% | 98% | ↓ | 5th |
| % people aged 45+ who have a GP record of blood pressure measurement in the last 5yrs | No | 2013/14 | Improve | 88.2% | - | - | 88.2% | 88.3% | - | 3rd |

New

The indicators above are monitored at the Quality, Safety & Experience committee.

An exception report is included for indicators which are not achieving the standard.

2.3 Effective Care Overview – Local Measures

| | Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | % of Nutrition Score Completed and Action Taken within 24 hrs of admission | No | Feb-15 | Improve | | - | - | - | - | - | - |
| New | Efficiencies: Patient admitted but procedures not carried out | No | Dec-14 | Improve | | - | 3.3% | 3.1% | - | - | - |
| New | Efficiencies: % Procedures as Daycase | No | Dec-14 | Improve | | - | 77.3% | 78.8% | - | - | - |
| New | British Association of Day Surgery (BADs) basket of 18 procedures performed within the guideline length of stay | No | Dec-14 | Improve | | - | 88.9% | 91.4% | - | - | - |

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The indicators above are monitored at the Quality, Safety & Experience committee.

An exception report is included for indicators which are not achieving the standard.

2.3 Effective Care: Exception Report

| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|-------------------|---------|---------|-------|----------|---------|-----|-------|-----------------|
| % valid principle diagnosis code 3 months after episode end date - monthly | Yes | Oct-14 | 95% | 98.8% | 85.9% | 60.6% | 64.1% | - | ↑ | 6th |
| % valid principle diagnosis code 3 months after episode end date - rolling 12 months | Yes | 12 mths to Oct-14 | 98% | 98.7% | 85.9% | 88.1% | 85.9% | 98% | ↓ | 5th |

Coding completeness 3 months after episode end date for the month of October 14 was 64.1% against a target of 95% showing early signs of improvement.

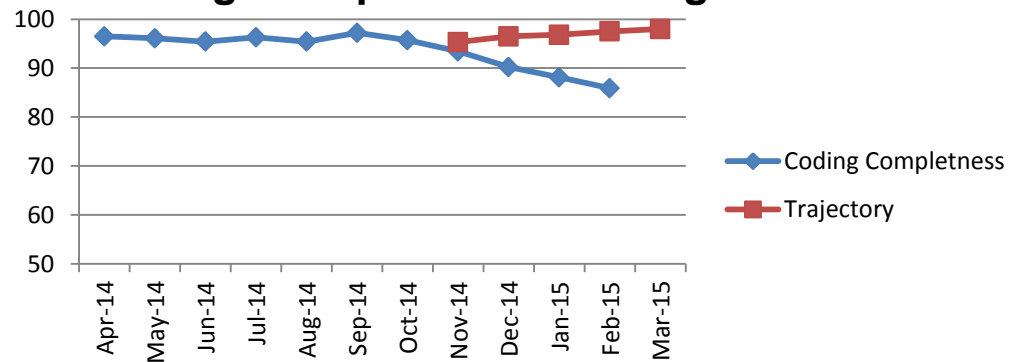
The rolling 12 month completeness for the month of October 14 was 85.9% against a target of 98%.

Agency coders are scheduled to begin work at the end of March to assist in the recovery of coding completion.

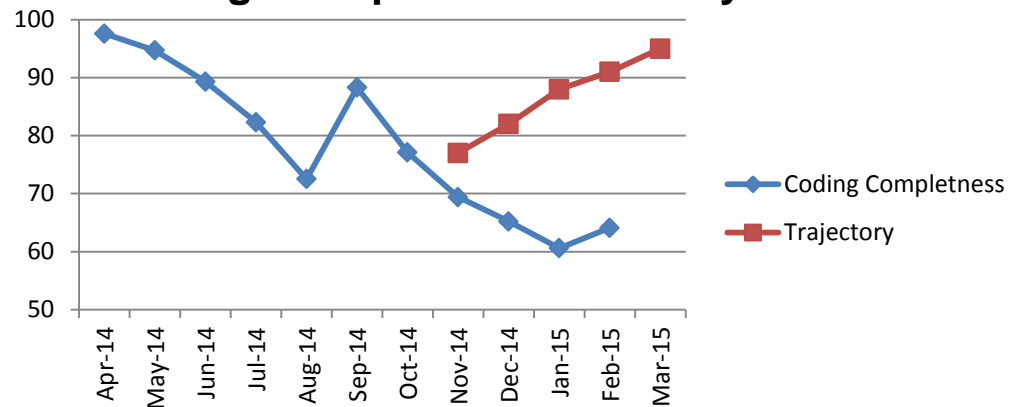
The department is also in the process of recruiting to fill further vacancies following the retirement of experienced staff in the East.

The return of staff members from long term sickness absence and maternity leave will also assist the department in again reaching both targets.

Coding Completeness Rolling 12 Months



Coding Completeness Monthly



2.3 Effective Care: Introductory Report

| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % of Nutrition Score Completed and Action Taken within 24 hrs of admission | No | Feb-15 | Improve | | - | - | - | - | - | - |

Proposed Description of measure – A nationally defined standard of record keeping and assessment has been agreed nationally and is currently reviewed within the ward Quality audits. The percentage compliance of the nutritional score is established within the Quality Improvement Strategy and will remain a constant standard.

Definition - The current methodology to ascertain whether the agreed Nutritional Risk Assessment tool is completed within 24 hours of admission to the clinical area, and that any action required has been carried out; is defined through the monthly ward quality audits

Relevance - every patient admitted into hospital must have a nutritional risk assessment undertaken within 24 hours of admission, to improve the nutritional care and support they receive, and reduce harm caused by poor nutrition.

Considerations :

Any actions required with regard to poor compliance with completing the nutritional assessment and score will be picked up within the ward Quality audits and any ward incident investigations and the variances to that will be recorded within the Integrated Quality performance report under the ward quality audits template.

It is therefore suggested that this is a duplication of reporting and suggest that we do not utilise this to demonstrate effective care and instead utilise the wider Quality ward audits and identify the key areas of concern arising from those dashboards which relate to effective care.

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2.3 Effective Care: Introductory Report

| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New Efficiencies: Patient admitted but procedures not carried out | No | Dec-14 | Improve | | - | 3.3% | 3.1% | - | ↑ | - |

This indicator applies to all elective inpatients and day cases and gives the rate at which the elective admission does not result in a procedure

Definition:

The measure uses a specific diagnosis code in the spell to identify qualifying admissions.

Rationale:

A number of patients are admitted as an elective inpatient or day case but do not undergo an operative procedure; e.g. patients who are unfit for surgery. There is a need for improved commitment to pre-operative assessment, planned bed management and better access to diagnostics.

2.3 Effective Care: Introductory Report

| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New Efficiencies: % Procedures as Daycase | No | Dec-14 | Improve | | - | 77.3% | 78.8% | - | ↑ | - |

Rationale: This measure underpins commitment to improved performance against the Short Stay Surgery Basket of Procedures and is supported by the Wales Audi Office report '*Making better use of Day Surgery in Wales*' (2006) which advocates the use of short stay surgery resources across a wide range of procedures

Description: This indicator looks at the rate of procedures that are carried out as a Daycase

Definition: Day surgery patients are those that require full operating theatre facilities and /or a general anaesthetic. Day case surgery promotes speedier recovery for patients, reduced risk of cancellation, and reduced risk of hospital acquired infection.

Improved service delivery through increased theatre utilisation (reduced cancelled ops due to no beds), lower waiting times.

2.3 Effective Care: Introductory Report

| Effective Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New British Association of Day Surgery (BADS) basket of 18 procedures performed within the guideline length of stay | No | Dec-14 | Improve | | - | 88.9% | 91.4% | - | ↑ | - |

This indicator follows a basket of 18 procedures defined by the British Association of Day Surgery and the rate of those procedures carried out within a given time frame

Rationale: The 18 procedures have been selected on the basis that relatively high volumes can reasonably be expected to be carried out against the required short stay delivery areas. It is further supported by the Wales Audit Office report '*Making better use of Day Surgery in Wales*' (2006) which advocates the use of short stay surgery resources across a wider range of procedures and provide an incentive / challenge to practitioners to expand their scope.

Day case surgery promotes speedier recovery for patients, reduced risk of cancellation, and reduced risk of hospital acquired infection.

Improved service delivery through increased theatre utilisation (reduced cancelled ops due to no beds), lower waiting times.

2.4 Overview & Areas of Escalation: Dignified Care

Dignified Care

Postponed Procedures

4

4

4

| Dignified Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % procedures postponed on more than one occasion, had procedure <=14 days/earliest | Yes | Jan-15 | Improve | - | - | 9.1% | 42.9% | | ↑ | 3rd |

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The scrutiny for this domain occurs with the Finance & Performance subcommittee.

An exception report is included for indicators which are not achieving the standard.

2.4 Dignified Care – Local Measures

| | Dignified Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | Total Cancellations Inpatient (Clinical and Non-Clinical) | No | Jan-15 | Improve | - | - | 524 | 674 | - | ↓ | - |
| New | Total Cancellations for Consultant and Nurse Led Outpatient appointments | No | Feb-15 | Improve | - | - | 7,107 | 6,457 | - | ↑ | - |

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This summary slide provides new indicators which have been agreed by the executive directors within this report. Where new indicators are introduced, and a lead for the indicator has been identified, an **introductory report** is included.

2.4 Dignified Care: Exception Report

| Dignified Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % procedures postponed on more than one occasion, had procedure <=14 days/earliest | Yes | Jan-15 | Improve | - | - | 9.1% | 42.9% | | ↑ | 3rd |

Despite there being a higher number of patients cancelled in January 2015, a greater number patients who had been cancelled twice, were rebooked within 14 days of their second cancellation, an increase from 9% to 43%. However, the target is that all patients should be booked within 14 days. The escalation process to ensure that cancelled patients are booked in a timely way has been further heightened.

The table below shows the site and specialty where patients were not booked in line with the Welsh Government requirements.

| Patients not booked within 14 days of 2nd Postponement - by specialty | West | Centre | East | BCUHB Total |
|---|------|--------|------|-------------|
| Gynaecology | 2 | 1 | 2 | 5 |
| Urology | 1 | 1 | | 2 |
| Trauma & Orthopaedics | | | 3 | 3 |
| Ophthalmology | | | | |
| Maxillo-Facial Surgery | | | | |
| ENT | | | 2 | 2 |
| General Surgery | 1 | | | 1 |
| Gastroenterology | 3 | | | 3 |
| Radiology | | | | |

2.4 Dignified Care: Introductory Report

| Dignified Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New Total Cancellations Inpatient (Clinical and Non-Clinical) | No | Jan-15 | Improve | - | - | 524 | 674 | - | ↓ | - |

This measure demonstrates the volume of hospital cancellations occurring monthly which includes both clinical and non-clinical.

Examples include:

Clinical – Pre-existing medical condition

Non-Clinical – List over booked

The measure demonstrates the opportunity to make better use of resources through reduction in avoidable cancellations which in turn improves patient experience by avoiding short notice cancellation of TCI/procedure

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2.4 Dignified Care: Introductory Report

| Dignified Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Total Cancellations for Consultant and Nurse Led Outpatient appointments | No | Feb-15 | Improve | - | - | 7,107 | 6,457 | - | ↑ | - |

New

This measure reflects the monthly volume of cancelled outpatient appointments

Definition

This measure includes appointments cancelled by the hospital excluding therapy and diagnostic appointment. The health board has 3 different PAS each of which records cancellations slightly differently making comparisons between the sites difficult and leading to an over-recording of cancellations, due to re-scheduling of appointments being counted as cancellation on some systems. The relevance of the indicator will be to look at a downward trend over time rather than an absolute value.

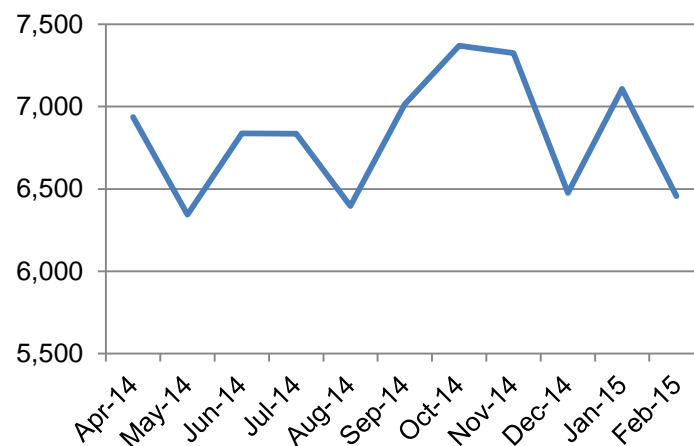
Relevance:

Cancellations are seen as representing poor patient experience and inefficient use of hospital resources.

Expectation

The outpatient program is a key deliverable for the PMO and a trajectory will be developed through their officers.

Total Hospital Cancellations for Outpatient Appointments



2.5 Individual Care – National Measures



| Individual Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|------|----------|---------|------|-------|-----------------|
| % of assessment by the LPMHSS undertaken within 28 days of the date of referral | No | Feb-15 | 80% | 75% | - | 86.2% | 81.6% | 85% | ↓ | 4th |
| % of therapeutic interventions started within 56 days following assessment by LPMHSS | No | Feb-15 | 90% | 71% | - | 94.7% | 97.2% | 90% | ↑ | 3rd |
| % of LHB residents (all ages) to have a valid PCTP completed at the end of each month | No | Jan-15 | 90% | 93% | - | 90.9% | 92.4% | 92% | ↑ | 4th |
| % of hospitals with arrangements to ensure advocacy available to qualifying patients | No | Dec-14 | 100% | 100% | 100% | 100.0% | 100.0% | 100% | → | 1st |

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The scrutiny of this domain occurs through the Finance & Performance sub-committee.

This month, as all of the indicators have been achieved no exception reports are included.

2.5 Individual Care – Local Measures

| Individual Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New "I Want Great Care" initiative | No | Feb-15 | | | - | 4.73 | 4.78 | - | - | - |

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This summary slide provides new indicators which have been agreed by the executive directors within this report. Where new indicators are introduced, and a lead for the indicator has been identified, an **introductory report** is included.

2.6 Timely Care: Introductory Report

| Individual Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New "I Want Great Care" initiative | No | Feb-15 | | | - | 473.0% | 4.78 | - | - | - |

iWantGreatCare is a real-time patient feedback system that covers five areas: dignity / respect, patient involvement, information available to the patient, ward cleanliness and staff.

Patients are given a form and asked to complete it during their hospital stay.

They are then given 6 areas covering the five domains mentioned. The sixth asks how likely they would be to recommend the hospital ward to others.

The score is out of 5.

There is also a free text area where the patient can give verbal feedback which provides a rich source of information.

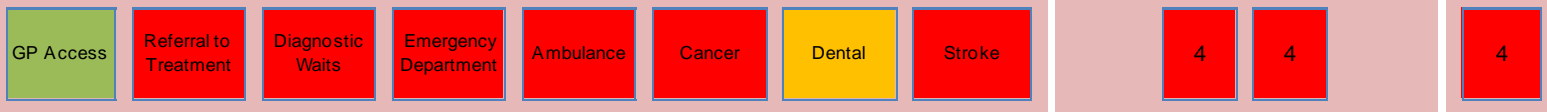
At present the system has only been rolled out on acute wards, maternity wards and the Emergency Department at Wrexham Maelor Hospital.

It is intended that a target be set of at least 4-stars for each clinical area involved.

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2.6 Timely Care Overview – National Measures

Timely Care



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| Timely Care | | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|---|-------------------|--------|---------|---------|-----|----------|---------|-------|-------|-----------------|
| % GP practices | offering appts between 17:00 and 18:30 at least two days a week | No | Dec-14 | Improve | 94% | 94% | 94% | 94% | 98% | → | 5th |
| | open during daily core hours or within 1 hour of daily core hours | No | Dec-14 | Improve | 71% | 71% | 70% | 73% | 89% | ↑ | 6th |
| % of patients waiting less than 26 weeks for treatment - all specialties | | Yes | Feb-15 | 95% | 88% | - | 86% | 87% | 87% | ↑ | 6th |
| Number of 36 week breaches- all specialties | | Yes | Feb-15 | 0 | 2,911 | - | 4,261 | 3,943 | 5,000 | ↑ | 6th |
| % of patient waiting less than 8 weeks for diagnostics | | Yes | Feb-15 | 100% | 80.4% | - | 71.0% | 79.6% | 100% | ↑ | 4th |
| % of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units) | | Yes | Feb-15 | 95% | - | - | 77.1% | 77.7% | 95% | ↑ | 7th |
| Number of patients spending 12 hours or more in A&E | | Yes | Feb-15 | 0 | 2,677 | - | 1,103 | 871 | 0 | ↑ | 7th |
| % of Cat A Ambulance responses within 8 minutes | | Yes | Feb-15 | 65% | - | - | 54.9% | 56.2% | 65% | ↑ | 1st |
| Number of over 1 hour handovers | | Yes | Feb-15 | Reduce | 479 | - | 814 | 766 | 32.8 | ↑ | 6th |
| % of patients referred as non-urgent suspected cancer seen within 31 days | | No | Feb-15 | 98% | - | - | 98.1% | 98.0% | 98% | ↓ | 4th |
| % of patients referred as urgent suspected cancer seen within 62 days | | Yes | Feb-15 | 95% | - | - | 84.3% | 82.5% | 95% | ↓ | 5th |
| Patients treated by an NHS dentist in the last 24 months as a % of the population | | Yes | Feb-15 | Improve | 50.7% | - | 50.35% | 50.37% | 50% | ↑ | 6th |
| Stroke | 1 - First hours bundle | No | Feb-15 | 95% | - | - | 96.0% | 98.6% | 95% | ↑ | 3rd |
| Stroke | 2 - First days bundle | Yes | Feb-15 | 95% | - | - | 86.7% | 89.0% | 95% | ↑ | 4th |
| Stroke | 3 - First 3 days bundle | No | Feb-15 | 95% | - | - | 98.7% | 97.3% | 95% | ↓ | 2nd |
| Stroke | 4 - First 7 days bundle | Yes | Dec-14 | 95% | - | - | 90.7% | 93.8% | 95% | ↑ | 3rd |

The indicators above are monitored at the Finance & Performance committee. Exception reports are included.

2.6 Timely Care Overview – Local Measures

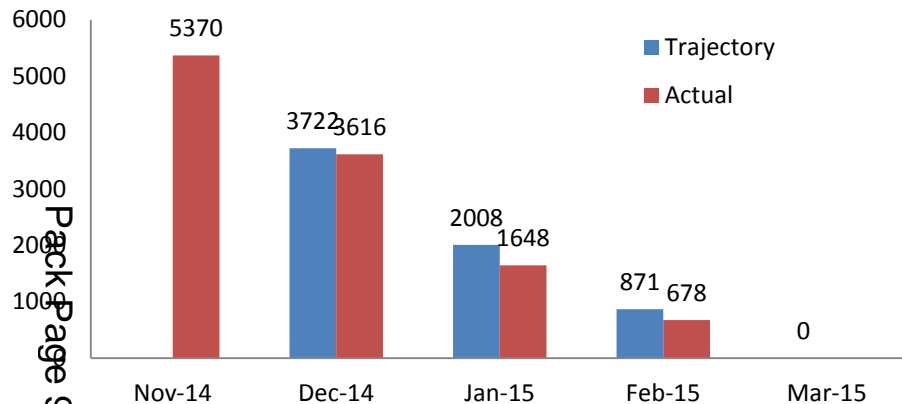
| | Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | All patients overdue on the Follow Up Waiting List | Yes | Feb-15 | Reduce | - | - | 45,756 | 44,299 | - | ↑ | - |
| | Follow Up Waiting List (25-50% overdue) | Yes | Feb-15 | Reduce | - | - | 4,858 | 4,978 | - | ↓ | - |
| | Follow Up Waiting List (50-100% overdue) | Yes | Feb-15 | Reduce | - | - | 6,810 | 6,395 | - | ↑ | - |
| | Follow Up Waiting List (Over 100% overdue) | Yes | Feb-15 | Reduce | - | - | 27,326 | 26,572 | - | ↑ | - |
| New | Therapies Waits Over 14 weeks | Yes | Feb-15 | Reduce | - | - | 4 | 5 | - | - | - |
| New | Out of Hours : Urgents seen within 20 mins | No | Feb-15 | Improve | - | - | 70.2% | 67.2% | - | - | - |
| New | Out of Hours : Non-Urgents seen in 60 mins | No | Feb-15 | Improve | - | - | 75.1% | 72.1% | - | - | - |
| New | Admission on day of surgery | No | Dec-14 | Improve | - | - | 80.5% | 81.0% | - | - | - |

This summary slide provides new indicators which have been agreed by the executive directors within this report. Where new indicators are introduced, and a lead for the indicator has been identified, an **introductory report** is included.

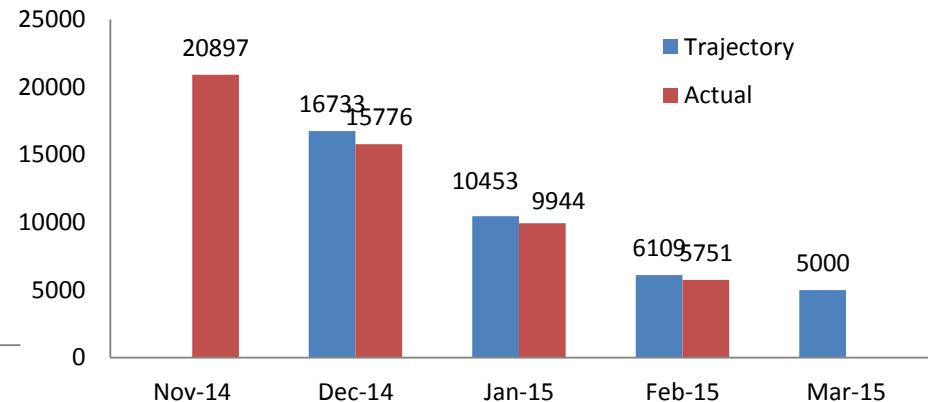
2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-------|-------|-----------------|
| Number of 36 week breaches- all specialties | Yes | Feb-15 | 0 | 2,911 | - | 4,261 | 3,943 | 5,000 | ↑ | 6th |
| % of patients waiting less than 26 weeks for treatment - all specialties | Yes | Feb-15 | 95% | 88% | - | 86% | 87% | 87% | ↑ | 6th |

**Open Pathways
Potential over 52 week patients**



**Open Pathways
Potential over 36 week patients**



- The Referral to Treatment target for March 2015 is that no patient will be waiting over 52 weeks and there will be no more than 5,000 patients waiting over 36 weeks at the end of the financial year.
- The un-validated data as at 1/3/2015 reports a year end position better than trajectory and on target to deliver by 31 March 2015
- There is an individual action plan for every patient currently showing as over 52 weeks at year end and extensive validation is underway to ensure 36 week delivery.
- Trauma and orthopaedics remains the specialty at greatest risk, being challenged again with bed pressures in Wrexham

2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|------|-------|-----------------|
| % of patient waiting less than 8 weeks for diagnostics | Yes | Feb-15 | 100% | 80.4% | - | 71.0% | 79.6% | 100% | ↑ | 4th |

Actions Being Taken

Endoscopy

Endoscopy is now reported as a medium risk for delivery. Urgent escalation has been taken with the Countess of Chester (COCH) who have been commissioned to deliver 495 endoscopies by 31 March 2015. A review of all patients booked dates is being completed at COCH. There is on-going work in Bangor to close the final gap of approximately 50 patients through the utilisation of capacity in YGC.

Radiology

The risk to delivery has decreased within radiology for all modalities. Additional capacity is coming on line in the remaining two weeks of March for MR. All patients are being carefully managed through to year end.

Cystoscopy

Cystoscopy and urodynamics is considered high risk despite the successful outsourcing of 160 patients. Additional plans/capacity are still being sought to mitigate the risk, urodynamic capacity is highly constrained due to the service being provided by a single clinician.

2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % of new patients spend no longer than 4 hours in A&E (inc Minor Injury Units) | Yes | Feb-15 | 95% | - | - | 77.1% | 77.7% | 95% | ↑ | 7th |

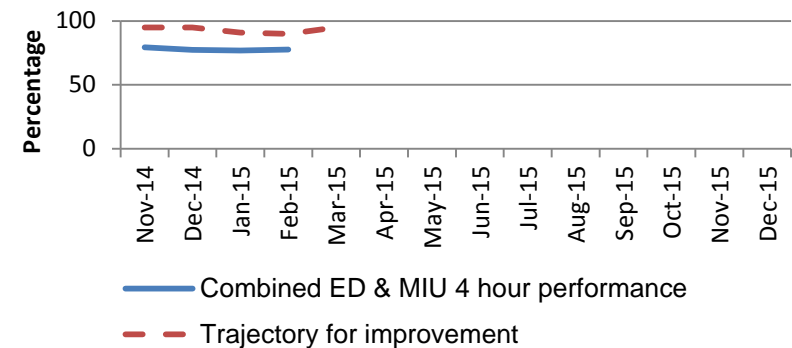
Combined Emergency Department and Minor Injuries Unit 4 hour performance in February was 77.7%. Emergency Department 4 hour performance in February was 72.3%.

Improvement actions:

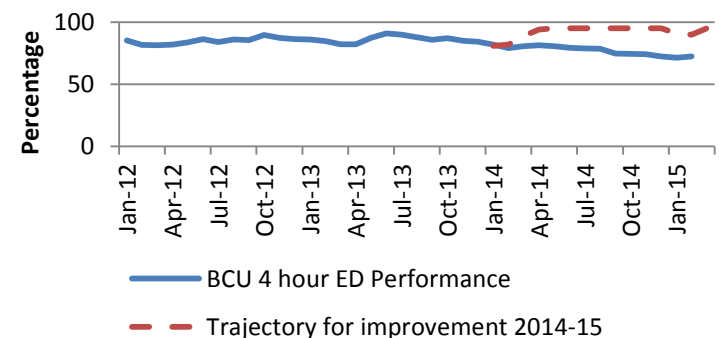
- External review of GP Out of Hours service complete. Final report received and actions to address recommendations are underway.
- Escalation and plus one beds open and sustained during February.
- Implementation of Board Rounds on going. Data collection identifying delays and actions escalated to Matrons and Hospital Management Teams.
- Step down beds utilised in three areas
- Work to reduce frequent attenders at Emergency Department ongoing in three areas
- National Patient Flow Collaborative working well in YG and YGC but further engagement work ongoing in YMW.

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Combined ED and MIU 4 hour performance



BCU 4 hour ED performance



2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Number of patients spending 12 hours or more in A&E | Yes | Feb-15 | 0 | 2,677 | - | 1,103 | 871 | 0 | ↑ | 7th |

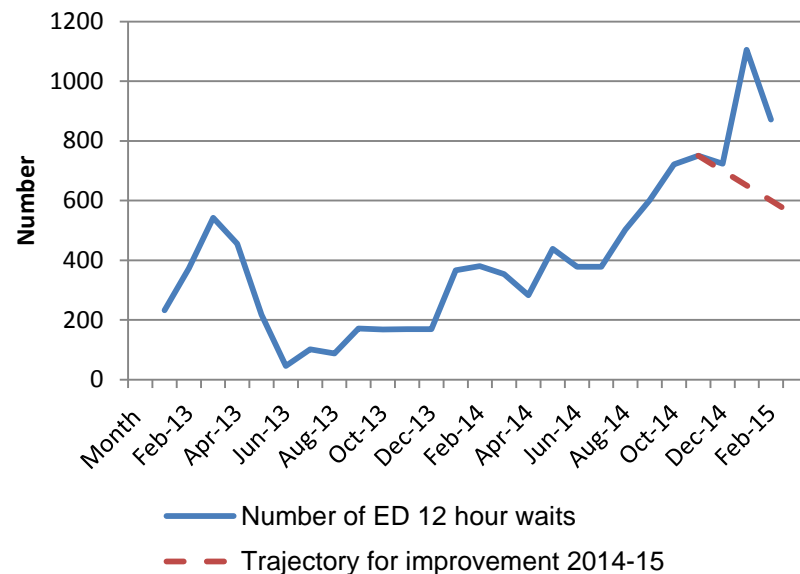
871 Patients waited over 12 hours in an Emergency Department during February.

Improvement actions:

- Review of 10% of case notes of patients who have waited over 12 hours in ED continued with actions for improvement addressed locally.
- External review of GP Out of Hours service complete. Final report received and actions to address recommendations are underway.
- Escalation and plus one beds open and sustained during February.
- Implementation of Board Rounds on going. Data collection identifying delays and actions escalated to Matrons and Hospital Management Teams.
- Step down beds utilised in three areas.
- Work to reduce frequent attenders at Emergency Department ongoing in three areas
- National Patient Flow Collaborative working well in YG and YGC but further engagement work ongoing in YMW.

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ED 12 hour performance



2.6 Timely Care: Exception Report

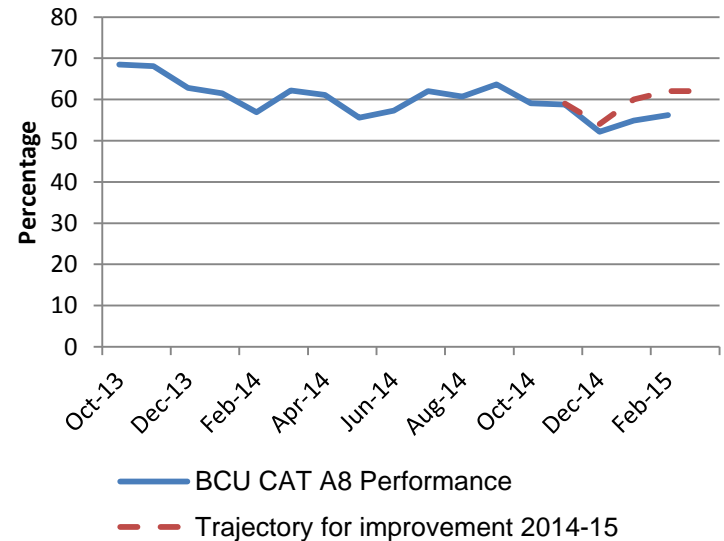
| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % of Cat A Ambulance responses within 8 minutes | Yes | Feb-15 | 65% | - | - | 54.9% | 56.2% | 65% | ↑ | 1st |

Category A ambulance response time in February was 56.2%

- Paramedic Pathfinder being rolled out across North Wales.
 - Revised monthly audit of Ambulance handover implemented during February.
 - All Wales Handover Guidance received and implemented.
- Local ambulance handover and escalation protocols updated.
 Alternatives to conveyance and taxi transport for appropriate patients ongoing.
 Ambulance commissioning monthly meetings monitoring monthly performance.
 Joint BCU/WAST monthly operational meeting ongoing and monitoring all admission avoidance initiatives related to WAST.

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BCU CAT A8 Performance



2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---------------------------------|-------------------|--------|---------|---------|-----|----------|---------|------|-------|-----------------|
| Number of over 1 hour handovers | Yes | Feb-15 | Reduce | 479 | - | 814 | 766 | 32.8 | ↑ | 6th |

During February the number of ambulance handovers greater than 1 hour was 766 and greater than 15 minutes was 2167.

Paramedic Pathfinder being rolled out across North Wales.

Revised monthly audit of Ambulance handover implemented during February.

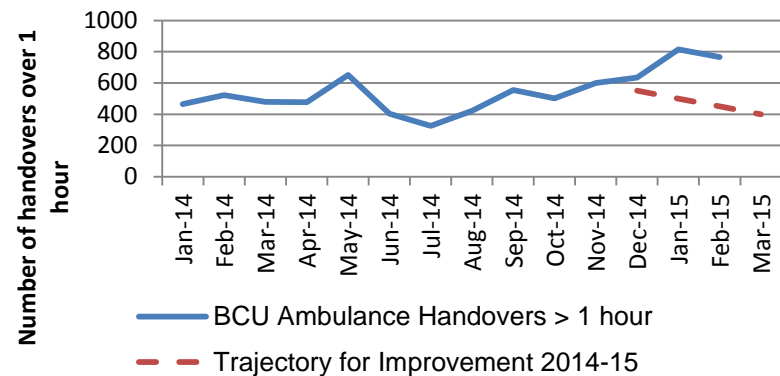
- All Wales Handover Guidance received and implemented. Local ambulance handover and escalation protocols updated.

- Alternatives to conveyance and taxi transport for appropriate patients ongoing.

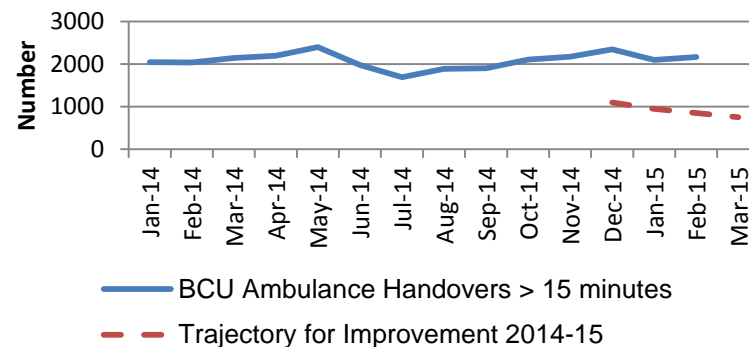
- Ambulance commissioning monthly meetings monitoring monthly performance.

- Joint BCU/WAST monthly operational meeting ongoing and monitoring all admission avoidance initiatives related to WAST

BCU Ambulance Handovers > 1 hour



BCU Ambulance handover > 15 minutes



2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| % of patients referred as urgent suspected cancer seen within 62 days | Yes | Feb-15 | 95% | - | - | 84.3% | 82.5% | 95% | ↓ | 5th |

February – un-validated position 80%; forecast position 82.5%

Actions taken:

Booking and escalation policies amended to ensure all new referrals seen within 10 or 14 days dependent upon tumour site; performance reached 80% during February. Performance dipped in gastro following increased referrals after a Public Health campaign; extra capacity will be in place by March-2015
Additional radiology and endoscopy capacity introduced from December 2014

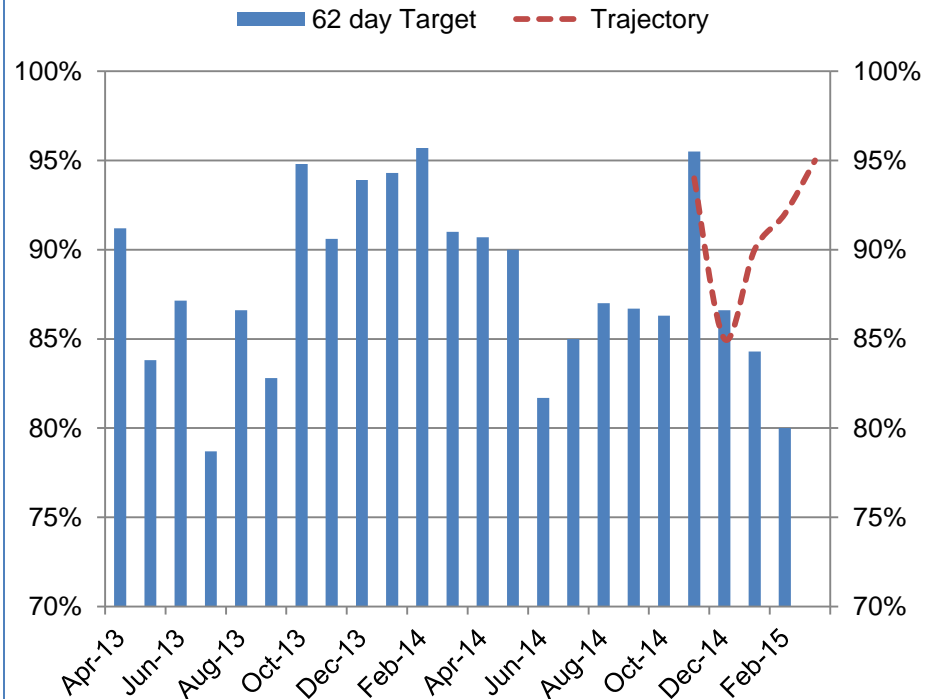
Additional laparoscopic urology surgery contracted from Arrow Park Hospital (effective immediately) and a locum surgeon commenced January 2015

Weekly multi-CPG meeting led by corporate performance lead established to monitor March compliance and instigate remedial actions; additional capacity currently being sought to increase total numbers of cancers treated in month

Revised trajectory:

We expect to improve performance against the urgent suspected cancer (USC) target from March but delivery cannot be guaranteed; current forecast is 88-96%

62 Day Cancer Target (USC) Betsi Cadwaladr University LHB



2.6 Timely Care: Exception Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Patients treated by an NHS dentist in the last 24 months as a % of the population | Yes | Feb-15 | Improve | 50.7% | - | 50.35% | 50.37% | 50% | ↑ | 6th |

Last 3 months performance:

December – 50.39%

January – 50.35%

February – 50.37%

Actions taken:

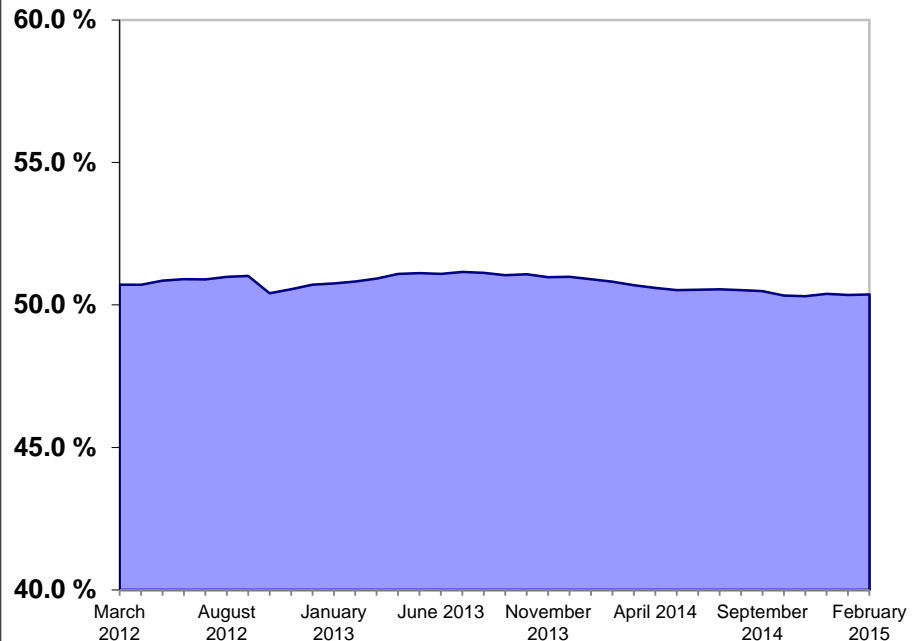
The Primary Care Support Unit routinely works with contractors to ensure that contracted services are delivered as efficiently as possible and patient access to GDS services is optimised within the available budget.

Current funding constraints mean that additional non-recurring activity cannot be commissioned within this financial year. It is therefore unlikely that there will be an improvement in the current trajectory before the year end

Revised trajectory:

We do not expect the current trajectory to improve prior to the end March 2015

Proportion of North Wales Residents Accessing GDS Services



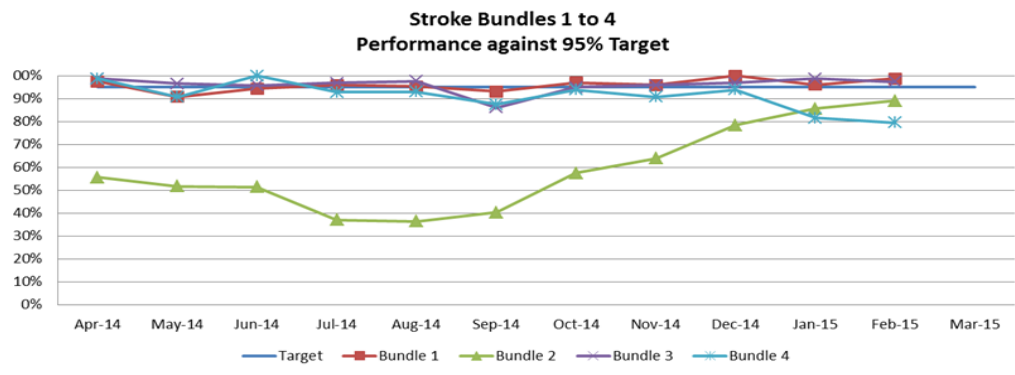
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2.6 Timely Care: Exception Report

| Timely Care | | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-------------|-------------------------|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Stroke | 2 - First days bundle | Yes | Feb-15 | 95% | - | - | 86.7% | 89.0% | 95% | ↑ | 4th |
| Stroke | 4 - First 7 days bundle | Yes | Dec-14 | 95% | - | - | 90.7% | 93.8% | 95% | ↑ | 3rd |

Bundle 2 The chart shows the increase in performance against the Stroke 2 bundle since August 2014.

Bundle 4 is reported 2 months in arrears. The chart shows the currently incomplete position for January and February 2015.



Exception

Bundle 2 contains 5 elements of care which are clinically accepted as contributing to improved patients outcomes if delivered within the first 24 hours of arrival at hospital. The health board has significantly improved its performance against this bundle, with month on month improvement demonstrated since August and is now the best performer within Wales. In February 65 out of the 73 stroke patients received all 5 elements of the bundle within 24 hours. The reasons for the breach of the standard related to access to a dedicated stroke bed directly from ED admission. These patients received all other elements of the bundle within the 24 hours. During February Wrexham site delivered the 95% target. **Bundle 4** data is currently incomplete, with 90 out of 97 records complete. Of those records which are complete, the LHB is meeting over 95% compliance for Bundle 4.

Actions

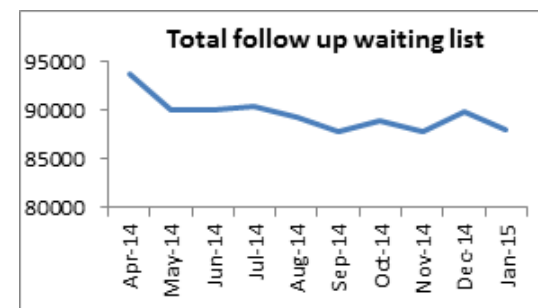
Relevant staff in and out of hours have been reminded of the importance of; (i) the ring-fenced stroke bed, (ii) the escalation process and (iii) the need for recovery plan to re-establish the bed at times of escalation.

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2.6 Timely Care: Introductory Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Follow Up Waiting List (25-50% overdue) | Yes | Feb-15 | Reduce | - | - | 4,858 | 4,978 | - | ↓ | - |
| Follow Up Waiting List (50-100% overdue) | Yes | Feb-15 | Reduce | - | - | 6,810 | 6,395 | - | ↑ | - |
| Follow Up Waiting List (Over 100% overdue) | Yes | Feb-15 | Reduce | - | - | 27,326 | 26,572 | - | ↑ | - |

| Total number of patients waiting for follow-up where there is <u>NO</u> documented target date | Total number of patients waiting for follow-up where there <u>IS</u> a documented target date | Total number of patients waiting for a follow-up who are delayed past their target date | | | | |
|--|---|---|-------------------------|------------------------|-----------------|--------|
| | | 0% up to 25% delay | Over 26 up to 50% delay | Over 50% to 100% delay | Over 100% delay | Total |
| 0 | 44,253 | 3,048 | 2,239 | 3,594 | 17,401 | 26,282 |



The number of patients overdue a follow up outpatient appointment remains a significant challenge to the Health Board. Whilst the numbers of patients overdue has fallen since April 2014 as can be shown in Tables 2 and 3, the pace and volume of reduction is not at the rate that was expected by the Health Board.

- The elimination of the Follow Up Backlog features in the organisations Three Year Plan due to be submitted to the Welsh Government in March 2015. Account of the backlog and the sustainable impact of the additional elective activity requiring follow up activity has been quantified and now features within the demand and capacity planning process of the Health Board. CPGs are developing plans to increase capacity to tackle the backlog in 2015-2016.
- A Hothouse project has been initiated in Urology as a key priority of the Programme Management Office to provide intense support and review of the root causes of the follow up backlog in terms of process, clinical practice and capacity. Additional management support to deliver this programme of work is being identified though the PMO.
- The follow up backlog will be subject to a Welsh Audit Office study during the summer to assess across Wales, Health Board's understanding, quantification of the backlog and the actions being take to eliminate it and manage clinical risk.

2.6 Timely Care: Introductory Report

| Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New Therapies Waits Over 14 weeks | Yes | Feb-15 | Reduce | - | - | 4 | 5 | - | - | - |

This indicator reflects compliance with the Welsh Government expected standard of waiting times for therapy services.

Description:

The present operating standard is 14 weeks from referral to first attendance this measure is recorded in accordance with Welsh Government definitions

Relevance:

Timely access to therapy care is desirable to support patients rehabilitation and reduce risk of conditions becoming chronic.

Expectation

The expectation is that all patients have access to therapy services within 14 weeks, where this is not the case an exception report will be included in

Signature

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2.6 Timely Care: Introductory Report

| | Timely Care | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | Out of Hours : Urgents seen within 20 mins | No | Feb-15 | Improve | - | - | 70.2% | 67.2% | - | - | - |
| New | Out of Hours : Non-Urgents seen in 60 mins | No | Feb-15 | Improve | - | - | 75.1% | 72.1% | - | - | - |

1. Description of measure – this measure demonstrates the volume of patients triaged within the specified Welsh Government target times – split by urgency – Urgent to be triaged within 20 minutes and Routine to be triaged within 60 minutes.

2. Definition of measure – includes all calls made to the north Wales GP Out Of Hours Service.

3. Relevant of measure – demonstrates the number of calls that fail the target, demonstrating an opportunity to review the staffing levels to ensure that they are sufficient in order to meet the required targets.

4. Baseline – the baseline reported enable the LHB to be aware of the scale of the opportunity for improvement and to monitor the benefit realisation from actions being taken to improve performance through identified actions.

5. Establishment of extent of improvement expected – reviews of staffing levels and performance for improvement will be reported against in future months with exception reports created for periods in which the trajectory for improvement are delivered.

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2.6 Timely Care: Introductory Report

| Timely Care | | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-------------|-----------------------------|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | Admission on day of surgery | No | Dec-14 | Improve | - | - | 80.5% | 81.0% | - | - | - |

This indicator gives the rate at which procedures are carried out on the same day as the admission for the elective procedure.

The indicator measures all elective admissions with a procedure, excluding day cases.

Should be the norm, unless clinically or socially determined. Admitting a patient to a bed a days in advance of their operation for non-clinical or social reasons wastes valuable hospital bed capacity and increases costs. This measure promotes the use of more effective pre-operative assessment, bed management and admission initiatives and processes.

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2.7 Staff and Resources Overview – National Measures

Use of Staff & Resources

Sickness Rate

Appraisals

Finance

4

4

4

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|------------|---------|---------|-------|----------|---------|-------|-------|-----------------|
| % staff absence due to sickness (rolling 12mths) | Yes | Jan-15 | 4.55% | 5.48% | 5.22% | 5.47% | 5.50% | 5.49% | ↓ | 2nd |
| % of total medical staff undertaking appraisals | No | Q3 2014/15 | Improve | 68% | 84% | 86% | 76% | | ↓ | 4th |
| Finance - % variance against budget | Yes | Feb-15 | Improve | 0.20% | 2.8% | 1.1% | -0.9% | | ↑ | - |

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The indicators above are monitored at the Finance & Performance committee.

An exception report is included for indicators which are not achieving the standard.

The **statutory duty compliance** including breakeven has been included in addition to the national template.

Other workforce indicators are included in the local indicators.

2.7 Staff & Resources Overview – Local Measures

| | Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-----|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New | PADR (Appraisal for non-medical staff) | No | Jan-15 | | | - | 36.00% | 35.00% | - | - | - |
| New | CARE referral rate | No | Jan-15 | | | - | 47.71% | 48.58% | - | - | - |
| New | Agency & Locum Spend in £000's | No | Jan-15 | | | - | 3,120 | 2,875 | - | - | - |
| New | Vacancy Rate - This measure is under development | No | Jan-15 | | | - | 4.12% | 4.31% | - | - | - |
| New | Average Length of Stay (Elective Admissions) | No | Feb-15 | | | - | 2.72 | 2.91 | - | - | - |
| New | Average Length of Stay (Emergency Admissions) | No | Feb-15 | | | - | 10.24 | 10.74 | - | - | - |
| New | Percentage Workforce Change - This measure is under development | No | Jan-15 | | | - | 0.07% | 0.00% | - | - | - |
| New | Mandatory Training Overall - This measure is under development | No | Feb-15 | | | - | - | - | - | - | - |
| New | Staff Turnover - This measure is under development | No | Feb-15 | | | - | - | - | - | - | - |

Pack Page 109

This summary slide provides new indicators which have been agreed by the executive directors within this report. Where new indicators are introduced, and a lead for the indicator has been identified, an **introductory report** is included.

2.7 Staff and Resources: Exception Report

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-------|----------|---------|-------|-------|-----------------|
| % staff absence due to sickness (rolling 12mths) | Yes | Jan-15 | 4.55% | 5.48% | 5.22% | 5.47% | 5.50% | 5.49% | ↓ | 2nd |

Disappointingly absence levels across the organisation continue to be significantly worse than the target. The year to date rate January 2015 was 5.22% as compared with 5.02% for the same period in 2014. The absence rate for January was 5.50% a slight improvement from the 5.58 % recorded in December.

Areas across the organisation with sickness above 6% included Mental Health 6.66%, Women's 6.14%, Improvement and Business Support 7.13% and Planning including facilities at 6.90%.

Revised sick pay arrangements came into force for staff on salaries above the top of pay band 2 with effect from 1st January 2015. Sick pay for these staff is now based on basic pay only and will exclude unsocial hours premiums. Sickness levels for staff in bands 1 to 6 inclusive are all above the organisations average, however staff in pay band 1 registered absence levels of 8.28% and staff in band 2 experienced absence levels of 7.44%. The occupation groups with the highest level of absence are estates and ancillary staff at 7.30%, additional clinical services (including HCSW) AT 7.37% and nursing and midwifery at 5.98%. As the staff with the highest levels of absence HCSW and ancillary staff on bands 1 and 2 are not affected by these changes it is important that the relevant departments have robust sickness management processes in place.

The number of staff absent each day throughout the month of January varied between 842 and 976, although high the figure is less than the 1019 and 1017 who were off due to sickness on Tuesday 16th and Wednesday 17th December 2014.

The CARE early intervention service for the management of sickness absence continues to experience low levels of referrals. The overall referral rate was 48.58%, however the referrals for surgical CPG were 30.49%, PCSM 32.43%, and Anaesthetics at 31.08%. These levels are considerably worse than the 80% required to make a real difference.

Sickness training continues to be delivered across the organisation. WOD continues to provide targeted support to management teams through coaching, attendance at sickness management meetings and highlighting particular areas of concern and absence trends. Drop in sessions held for matrons have been held in YG for the medicine directorate and have been very well received.

2.7 Staff and Resources: Exception Report

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-------------------------------------|-------------------|--------|---------|---------|------|----------|---------|-----|-------|-----------------|
| Finance - % variance against budget | Yes | Feb-15 | Improve | 0.20% | 2.8% | 1.1% | -0.9% | | ↑ | - |

| Key Target | Target (£'000) | Year to date performance (£'000) | Risk | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|-------------------------------------|------|---|-------|-----------------------|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|---|-----|----|-----|----|------|
| Achievement against Revenue Resource Limit (RRL) Pack Page 111 | 0 | 28,470 | Red | <p>Following the Month 11 financial review, the Health Board's financial position at the end of February 2015 is a cumulative over spend position of £28.5 million compared to £29.4m at the end of January. This is a month on month improvement of £0.9 million.</p> <p>The underlying run-rate, after adjusting for the additional resource allocation of £35M equally across each month, has consistently reduced over each of the last 4 months and is shown in the graph below. The year end forecast positions is £27.5 million overspend (2.2 % variance).</p> <table border="1"> <caption>Monthly Variance (£ Millions)</caption> <thead> <tr> <th>Month</th> <th>Variance (£ Millions)</th> </tr> </thead> <tbody> <tr><td>1</td><td>2.2</td></tr> <tr><td>2</td><td>1.8</td></tr> <tr><td>3</td><td>2.0</td></tr> <tr><td>4</td><td>3.8</td></tr> <tr><td>5</td><td>3.5</td></tr> <tr><td>6</td><td>4.0</td></tr> <tr><td>7</td><td>4.2</td></tr> <tr><td>8</td><td>3.8</td></tr> <tr><td>9</td><td>2.0</td></tr> <tr><td>10</td><td>1.2</td></tr> <tr><td>11</td><td>-0.8</td></tr> </tbody> </table> | Month | Variance (£ Millions) | 1 | 2.2 | 2 | 1.8 | 3 | 2.0 | 4 | 3.8 | 5 | 3.5 | 6 | 4.0 | 7 | 4.2 | 8 | 3.8 | 9 | 2.0 | 10 | 1.2 | 11 | -0.8 |
| Month | Variance (£ Millions) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 4.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 4.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 3.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 2.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 1.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | -0.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Performance against savings (internal target) | 91,715 | 23,599 | Red | <ul style="list-style-type: none"> The current annual saving target is £91.7m (7.5%). £34.65m of cash releasing savings schemes have been identified to date across CPGs and Corporate Departments and £6.35m cost avoidance measures. As at the end of December, £19.5m cash releasing savings have been delivered against planned savings of £23.6m (82.6%) and £4.1m cost avoidance savings against planned savings of £4.6m (89.1%). | | | | | | | | | | | | | | | | | | | | | | | | |

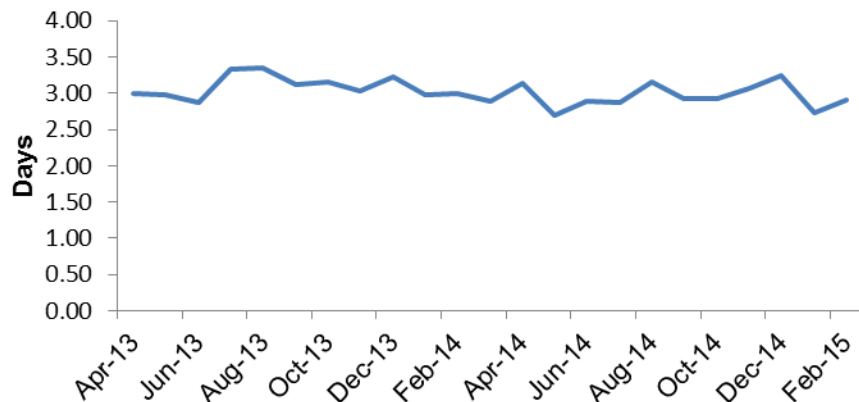
2.7 Staff and Resources: Introductory Report

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|--|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Average Length of Stay (Elective Admissions) | No | Feb-15 | | | - | 2.72 | 2.91 | - | ↓ | - |

This measure uses the average length of stay methodology outlined in the document "Improving Efficiency & Productivity Within Wales". It looks at electively admitted patients discharged in the month and the complete length of stay that the patient experiences, both acute and community stays, across any hospital in the health board.

General Surgery, Orthopaedics, Urology Ear Nose and Throat and Gynaecology admissions are included. Day cases are excluded as are patients discharged with a length of stay greater than 50 days.

BCU Elective Average Length of Stay



2.7 Staff and Resources: Introductory Report

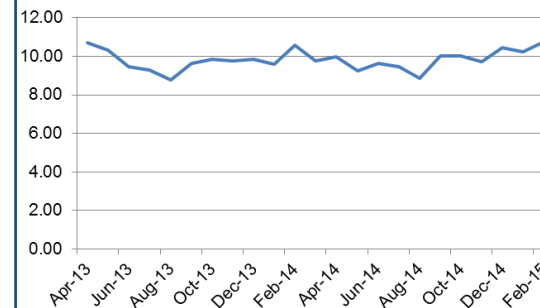
| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| Average Length of Stay (Emergency Admissions) | No | Feb-15 | | | - | 10.24 | 10.74 | - | ↓ | - |

This measure uses the average length of stay (LOS) methodology outlined in the by the Welsh Government document “Improving Efficiency & Productivity Within Wales”. It looks at patients admitted as an emergency (unplanned) who are discharged in the reporting month. The length of stay includes acute episodes of care as well as any community hospital length of stay related to the emergency admission.

All specialties are included with the exception of paediatric, obstetric and mental health also excluded are patients with a length of stay greater than 100 days.

The LOS measure is an indicator of how efficiently patients are managed, for example: treatment / decision making is carried out efficiently and effectively without any avoidable delays such as diagnostic tests or other assessment delays. Monitoring the LOS performance encourages good and safe discharge planning processes to ensure patients are not delayed unnecessarily within hospital environment. Longer lengths of stay increases patient risk of hospital acquired infection as well as reducing the ability of the organisation to respond in a timely manner to new emergency admissions on an on-going daily basis (adversely impacting ED waiting time targets and ambulance handover times).

BCU Emergency Average Length of Stay



2.7 Staff and Resources: Introductory Report

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|---|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New PADR (Appraisal for non-medical staff) | No | Jan-15 | | | - | 36.00% | 35.00% | - | - | - |

Description of measure - Percentage of appraisals that have been completed for non - medical staff

Definition of measure – The total number of non-medical staff who have received a PADR from their manager of the total number of non-medical staff who were due to receive a PADR

Relevance of measure –Staff are required to undertake an annual appraisal (referred to as PADR) to ensure any training needs can be met and objectives agreed to ensure the best possible service can be provided to patients and customers . PADR is informed by the values of the Organisation. By continually developing BCUHB staff to a high standard the standard of service to patients and customers is enhanced.

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2.7 Staff and Resources: Introductory Report

| Staff and Resources | Exception Report? | Month | Achieve | 2013/14 | YTD | Previous | Current | FYF | Trend | Welsh Benchmark |
|-------------------------------|-------------------|--------|---------|---------|-----|----------|---------|-----|-------|-----------------|
| New CARE referral rate | No | Jan-15 | | | - | 47.71% | 48.58% | - | ↑ | - |

Description of measure - Percentage of referrals to CARE and episodes of absence per month.

Definition of measure - This measure demonstrates the number of CARE referrals made by managers in the CPG's in relation to the number of episodes of absence reported into the ESR database per month.

Relevance of measure - Demonstrates the opportunity to provide early support and advice for staff from first day of sickness absence.

Baseline – the baseline reported enable the Health Board to be aware of the scale of the opportunity for improvement and to monitor the benefit realisation from actions taken to improve health through and early intervention system for support and advice when off sick.

Establishment of improvement expected – the Staff Health & Wellbeing group will consider further measures on how engagement of managers can improve referral rates. At a service level each CPG will be required to provide an exception report in which the trajectory for improvement are not delivered.

Pack Page 115

3.0 Activity

April 2014 to January 2015

Pack Page 116

| Activity Type | Internal | | | | External | | | |
|--------------------------|----------------|----------------|---------------|-------------|---------------|---------------|-----------|-------------|
| | Plan | Actual | Diff | % Diff | Plan | Actual | Diff | % Diff |
| Elective Inpatients | 14,542 | 17,120 | 2,578 | 17.7% | 2,957 | 3,059 | 102 | 3.4% |
| Elective Daycases | 24,834 | 22,120 | -2,714 | -10.9% | 5,845 | 5,920 | 75 | 1.3% |
| Emergency Inpatients | 71,418 | 74,567 | 3,149 | 4.4% | | | | |
| Endoscopies | 13,489 | 16,444 | 2,955 | 21.9% | 4,026 | 4,079 | 53 | 1.3% |
| MOPS (Cleansed DC) | 1,899 | 1,614 | -285 | -15.0% | 2,380 | 4,273 | 1,893 | 79.5% |
| Regular Day Attenders | 35,920 | 35,264 | -656 | -1.8% | | | | |
| New Outpatients | 168,323 | 168,254 | -69 | 0.0% | 13,786 | 14,438 | 652 | 4.7% |
| Review Outpatients | 304,967 | 371,217 | 66,250 | 21.7% | 46,864 | 43,732 | -3,132 | -6.7% |
| New ED Attendances | 179,261 | 179,105 | -156 | -0.1% | 6,522 | 6,824 | 302 | 4.6% |
| Follow up ED Attendances | 9,539 | 9,235 | -304 | -3.2% | | | | |
| Unknown | | | | | | | | |
| Grand Total | 824,192 | 894,940 | 70,748 | 8.6% | 82,380 | 82,325 | 55 | 0.1% |

This report was previously presented at the last Board meeting in February.

The table reports activity versus plan and includes internally provided within North Wales and externally provided outside North Wales. Some contracts for North Wales residents are managed by Welsh Health Specialised Services Committee are not shown.

4.0 Appendix A – Further Information

Further detailed information is available :

- Further information is available from the office of the Chief Operating Officer which includes;
 - performance reference tables
 - tolerances for red, amber and green
 - the Welsh benchmark information which we have presented

• Pack Page 117 Further information on our performance can be found online at:

- Our website www.pbc.cymru.nhs.uk
- www.bcu.wales.nhs.uk
- StatsWales www.statswales.wales.gov.uk

- We also post regular updates on what we are doing to improve healthcare services for patients on

 follow @bcuhb



<http://www.facebook.com/bcuhealthboard>

1 APR 2015

Agenda Item 2.11



Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust



Pencadlys Rhanbarthol Ambiwllans a Chanolfan Cyfathrebu Clinigol
Regional Ambulance Headquarters and Clinical Contact Centre
Tŷ Vantage Point / Vantage Point House, Tŷ Coch Way, Cwmbran NP44 7HF
Tel/Ffôn 01633 626262 Fax/Ffacs 01633 626299
www.ambulance.wales.nhs.uk

Our Ref: MC/dmy/PAC-DM-250315

Darren Millar AM
Committee Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

25 March 2015

Dear Mr. Millar,

Inquiry into value for money of Motorway and Trunk Road Investment

Thank you for your letter dated 11 March 2015.

The approach taken by WAST in response to a Road Traffic Collision will be dependent on the nature and severity of the incident however, as an organisation we follow a number of general principles which ensure that we achieve the ultimate aim of saving and preserving life whilst operating in an environment where risk is constantly assessed and mitigated against in order to operate safely.

During their training Emergency Medical Service Operational Staff undergo specific training in partnership with emergency services colleagues regarding attendance and roles and responsibilities at Road Traffic Collisions, a brief example of the type of guidance issued is provided below:

- Park as near to the scene as safety permits – considering access, egress, protecting the scene
- Carry out reconnaissance of the scene and report back to Ambulance Control, notifying Control of any hazards and additional resources required at scene e.g. Police, Fire, Hazardous Area Response Team, National Rail, Highways Authority
- If nature of incident requires – in liaison with other emergency services set up access, egress, parking point, casualty clearing station

- The main responsibilities of the first arriving ambulance at the scene of a major road traffic collision, is to maintain communication with Control and ensure appropriate mobilisation of all subsequent resources required.

On receipt of the update from the responding crew the Ambulance Control then notifies Police and Fire Service colleagues. Ambulance Control does not liaise directly with the Highways Authority as this is a key responsibility of the Police.

Due to the very nature of these types of traumatic incidents the patients survivability is often considered time critical and necessitates swift evacuation to hospital and, in most instances, this occurs prior to the arrival of Highways Authority personnel and prior to any diversionary routes being established.

Whilst we make our resources aware of the diversionary routes and road closures put in place following Road Traffic Collisions we do not record closure times. These closures and diversionary routes do have an impact on normal service delivery, particularly for our resources who are deployed on non emergency type incidents and are therefore unable to utilise lights and sirens en route to non emergency incidents, thereby increasing their normal planned journey time. We recognise the importance of preserving the scene and the requirement to undertake repair works and updates are provided to the Ambulance Control in a timely manner once road closures and diversionary routes are removed.

Following consultation with colleagues responsible for managing the scene of road traffic collisions there is a view that the use of screens could reduce the likelihood of further collisions due to 'rubbernecking' and reduce disruption to traffic following an incident therefore reducing frustration and likelihood of further low speed collisions.

Best Regards



Mike Collins
Director of Operations

cc: Mick Giannasi, Chair

Agenda Item 3

Yr Awdor Busnes, Mentwr, Technoleg a Gwyddoniaeth
Department for Business, Enterprise, Technology and Science

Cyfarwyddwr Cyffredinol • Director General



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair
Public Accounts Committee

13 February 2015

Dear Mr Millar

Thank you for your letter of 14 January regarding the Public Accounts Committee's inquiry into Value for Money of Motorway and Trunk Road Investment.

I have confirmed my attendance at the meeting on 24 March. Please find attached a written evidence paper for the inquiry.

Yours sincerely

James Price



BUDDSODDWYR | INVESTORS
MEWN POBL | IN PEOPLE

Canolfan QED • QED Centre
Y Brif Rodfa • Main Avenue
Trefforest • Treforest
Pontypridd, CF37 5YR

Ffôn • Tel 02920 826646
james.price@wales.gsi.gov.uk
Gwefan • website: www.wales.gov.uk

WALES AUDIT OFFICE REPORT ON MAJOR TRANSPORT PROJECTS

| Recommendation | 2015 Update |
|--|---|
| <u>Information systems and analysis of project performance</u> | |
| <p>Recommendation 1</p> <p>We recommend that the Assembly Government should ensure that the new [management information] system can:</p> <p>a) record information to track the performance of all major transport projects at key stages of their delivery</p> <p>b) incorporate the information needed to facilitate benchmarking project performance against projects in other parts of the UK;</p> <p>record all changes in project costs that occur through the lifecycle of the project, including changes in land costs; and</p> <p>facilitate the analysis and sharing, on an annual basis, of the reasons for cost increases and delays on individual projects across all Assembly Government transport programmes.</p> | <ul style="list-style-type: none"> • The delivery of all major road projects is tracked through a Key Stage Delivery Process. Progression of projects is subject to a review of the Business Case to ensure continued policy fit and a value for money assessment and requires Ministerial sign off. • Information to track the performance of major road projects is recorded in a suite of spreadsheets, with individual projects combined to oversee the delivery of the roads programme. This suite of spreadsheets is subject to review to reduce complexity and ensure accuracy of management information. An Integrated Road Information System (IRIS) is now operational, we will explore ways of integrating with this system. • Projects are benchmarked against industry wide data when budgets are reviewed at key stage boundaries. The procurement of all transport projects is subject to EU compliant competitive tendering process. |
| <u>Project and contract management</u> | |
| <p>Recommendation 2</p> <p>We recommend that the Assembly Government takes action to ensure that:</p> <p>a) gateway reviews become custom and practice for all current and future major projects;</p> <p>b) all major transport projects completed since the</p> | <ul style="list-style-type: none"> • Gateway Reviews (Assurance Reviews) are a mandatory element within the key stage process and are conducted at critical stages of the projects lifecycle on all major projects, in general accordance with the OGC gateway process. • Fifteen major transport projects have been completed since 2006. Five of these schemes have been complete for approximately 18 months or less. Post Opening Project Evaluations (POPE) for these five schemes are underway or programmed to commence shortly. |

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| Recommendation | 2015 Update |
|--|--|
| <p>end of 2006 are subject to a benefits realisation review; and</p> <p>c) benefits realisation reviews are started within 12 to 18 months of the completion of the main construction works.</p> | <ul style="list-style-type: none"> • Of the remaining ten schemes, full benefits realisation assessments have been completed or are ongoing as part of the Post Opening Project Evaluation review. The only exception to this is the A465 Section 1, where current construction work on the adjoining Sections 2 & 3 would affect any results obtained. This review will therefore be finalised once the other two sections have been completed. • The content of the POPE reviews undertaken is based on Highways Agency guidelines and is in the process of being included within Transport Division's Procedures Guidance. • An evaluation of the Wider Economic Benefits and impact on Cross Cutting Themes (Equality & Diversity, Tackling Poverty and Social Exclusion) will be completed on the A465 Section 3 project once it is open to traffic (12 months & 5 years post-opening) • We have also introduced the 'Community Benefit Measurement Toolkit' which has been compiled in line with the guidance 'Delivering Maximum Value for the Welsh Pound -2014'. It is a mandatory requirement that this toolkit is populated for all our schemes to track the direct contribution they make to the local and national economy during delivery. This information is recorded quarterly. • In addition, on the A465 dualling schemes we are working with Cardiff Business School to produce a socio-economic dashboard of information which quantifies the indirect effects to the local and Welsh economy of the spend on the project during delivery Contractors involved in these schemes provide the relevant information and it is intended that this work will: <ul style="list-style-type: none"> ○ Facilitate reporting of the longer term legacies for the Heads of the Valleys economy, ○ Show how the construction elements of the projects lead to socio-economic benefits in surrounding local authority areas, in particular highlighting economic effects linked to local purchasing, and the spending of wage incomes in the area. |

| Recommendation | 2015 Update |
|---|--|
| | <ul style="list-style-type: none"> ○ Chart the local development of skills and training as part of the road building projects ○ Explore how the managing contractors work with the local community through the construction process, and identify how best practice feeds through to softer social and economic outcomes. |
| <p>Recommendation 3</p> <p>We recommend that the Assembly Government should encourage the use of a common set of key performance indicators across all major transport projects in Wales and, in doing so:</p> <p>a) ensure that contractors are clear about the way in which the key performance indicator system gives credit for the delivery of projects earlier or at lower cost than planned, while ensuring that quality is not compromised;</p> <p>b) for projects under its direct control, quality assure the performance indicator scores given by the independent project manager (employer’s agent); and</p> <p>c) share and analyse information on contractor performance to help identify and address common areas of underperformance.</p> | <ul style="list-style-type: none"> ● Maintenance of a common set of KPIs through an extranet platform has been operated on WG major road projects for a number of years, to monitor performance and influence procurement. This system has been reviewed in order to reduce complexity and improve transparency. ● As a result, a new Key Performance Indicator (KPI) system with a set of evidence-based, standardised KPIs to monitor and track the performance of consultants and contractors during schemes has been developed. This system is currently being piloted on the A465 dualling schemes, and will be rolled out on all future WG major road projects. ● The KPIs have been developed with input from contractors and consultants and through research of the metrics used by as Constructing Excellence (Wales), Highways Agency, CEEQUAL, Considerate Constructors Scheme and other soft Welsh Government KPIs. ● The KPI assessment is conducted quarterly at meetings between the Employer’s Agent and Contractor. ● Account of the KPI data will continue to be part of the selection process for suppliers of future projects. ● The new KPI system is due to be presented to the Civil Engineering Contractors Association (CECA) Wales and the Association of Consulting Engineers (ACE). |
| <p>Recommendation 4</p> <p>We recommend that the Assembly Government develops and communicates to local authorities</p> | <ul style="list-style-type: none"> ● With the exception of legacy road schemes where there are outstanding land issues, there will be no further major local authority transport projects funded by Welsh Government through the Transport Grant process. |

| Recommendation | 2015 Update |
|--|--|
| <p>detailed guidance that sets out its expectations and general good practice in the planning and delivery of major transport projects. Particular issues highlighted by our examination which might be addressed in any new guidance include:</p> <p>a) the use of appropriate inflation indices, construction material cost indices and optimism bias when estimating project costs;</p> <p>b) the use of project risk registers, encouraging the public sector employer and construction contractor to agree and maintain a joint risk register</p> <p>c) advice on the use of different types of contractual models;</p> <p>d) the use of key performance indicators;</p> <p>e) expectations in terms of local project management arrangements; and</p> <p>f) how the scope of the processes set out in Welsh Transport Planning and Appraisal Guidance and gateway reviews guidance relate to each other.</p> | <ul style="list-style-type: none"> Given that the Transport Grant-funded programme has ended, new guidance for local authorities in relation to major transport projects has not been produced. Learning from our management of trunk road schemes to transport grant schemes by allocating a project engineer to all local authority major road projects to advise on delivery and project management as well as overseeing financial control. Detailed Regional Transport Consortia Grant Delivery Plan Guidelines set out our expectations in relation to risk management, and project management. The Welsh Transport Planning and Appraisal Guidance is being reviewed so that it can be applied appropriately not only to major schemes but also to packages of small schemes and to minor projects. |
| <u>Working with utility companies</u> | |
| <p>Recommendation 5:</p> <p>We recommend that the Assembly Government engages with local government and the utility companies to develop some clearly agreed principles in terms of how they should work together throughout the lifecycle of major transport projects. Options that the Assembly Government could</p> | <ul style="list-style-type: none"> We are a member of the Welsh Highways Authorities & Utilities Committee and, through that Committee, we are developing a Streetworks Strategy. The Streetworks Strategy will set out an agreed approach to a range of issues including effective management of utilities work. This is currently in draft and will go out for consultation in Spring 2015, prior to Ministerial approval. Co-ordination has also taken place via the Trunk Road Agents attending regional HAUC Co-ordination meetings. |

| Recommendation | 2015 Update |
|---|--|
| <p>explore include:</p> <p>a) developing a more formal memorandum of understanding with utility companies, for example to include provision for the regular monthly reporting of actual and forecast costs and timescales of utilities work during the construction phase;</p> <p>b) working with the UK Government's Department for Transport to update the existing good practice guide to managing works in the street to refer more explicitly to the delivery of major transport projects;</p> <p>whether there is scope, particularly within an Early Contractor Involvement approach, for the construction contractor to undertake more preparatory work on behalf of utility companies; and</p> <p>if necessary, the scope for a change in the supporting legislation (the New Roads and Street Works Act 1991 and the Street Works - Sharing the Cost of Works [Wales] Regulations 2005) to place a greater onus on utility companies to deliver their work in a way that is cost-effective and timely from the perspective of the public sector employer.</p> | <ul style="list-style-type: none"> • We have revised our standard contract documents to transfer the programme risk of the statutory undertaker performance to the contractor as they are best placed to manage the risk. • We participate in a number of UK expert groups, for example the UK Network Operators Group and the UK Network Management Board, which provide an opportunity to share good practice. • We encourage our contractors where possible to undertake the civil elements of necessary diversion work on behalf of utility companies but cannot compel them to do so. There are issues around where liability for the work sits between the utility company and the contractor and both are often reluctant for the work to be completed in this way. • We do not propose to make any legislative change at the current time. |

| Recommendation | 2015 Update |
|---|--|
| <u>Overseeing the delivery of local authority managed projects</u> | |
| <p>Recommendation 6:</p> <p>We recommend that, towards the end of 2011-12, the Assembly Government should commission a review to provide an early check of the effectiveness of its arrangements for overseeing the delivery of the regional transport plans.</p> | <ul style="list-style-type: none"> In response to the Report, work was undertaken which led to a strengthening of the oversight of delivery of Regional Transport Plans. Key Performance Indicators were introduced to measure performance associated with the delivery of the Regional Transport Plans and to drive improvements. These were reviewed on a quarterly basis. Since April 2014, funding to support transport improvements has been directed through local authorities. The processes adopted with the Regional Transport Consortia have informed the management processes adopted for the new funding arrangement. A subsequent Internal Audit exercise gave the grant processes full assurance. |
| <p>Recommendation 7:</p> <p>We recommend that the Assembly Government should examine whether the technical capacity it employs is being deployed to best effect between the management of trunk road projects and the Assembly Government's oversight of local authority managed projects. In doing so, the Assembly Government should consider the risks and benefits of delegating more responsibility for managing trunk road projects to the employer's agent.</p> | <ul style="list-style-type: none"> All major road schemes being delivered through the Transport Grant process are now open to traffic. Resources have been allocated to assist local authorities to manage the remaining issues arising from these improvements. In the main, these relate to land matters. The Transport Grant programme is no longer open to new applications. |

THE APPROACH TO DELIVERY OF MAJOR TRUNK ROAD PROJECTS

Current investment priorities for the trunk road and motorway network are identified in the National Transport Plan

The Infrastructure Delivery Division (IDD) of the Transport Department plans and delivers those investment priorities. The investment priorities are developed into project-specific objectives.

Retention of a project within the programme is subject to review at key milestones to ensure the project's business case continues to justify the future expenditure.

KSA/ Approval process

The delivery of Welsh Government major road projects follows a linear Key Stage Approval (KSA) process providing the financial approval framework for the projects covering option appraisal, design, the statutory process, construction and aftercare. Project progression is dependent upon a stage gate review and Ministerial approval. The Key Stage approvals process also includes a series of gateway reviews.

Project Procurement

Procurement of all major motorway and trunk roads projects follow European procedures and adopt the Engineering Construction Contract (ECC).

The majority of motorway and trunk road projects use of the Early Contractor Involvement (ECI) form of Contract.

The ECI approach requires the appointment of a contractor to undertake Key Stages 3 and 4, and on satisfactory completion of this work then undertake Key Stage 6

(a). Part 1 (KS3 & 4) involves the use of the NEC3 Professional Services Contract - Option C (Target Cost) for Key Stage 3 and Option E (Cost reimbursement) for Key Stage 4 - to undertake development of the route design, associated environmental impact assessments and successful completion of the Statutory Process.

(b) Part 2 (Key Stage 6) involves the detailed design, construction and aftercare of the project using the NEC3 Engineering Construction Contract (ECC) Option C (Target Cost) for KS6.

Contracts are let under competitive free market conditions ensuring competitive rates are submitted in pursuit of the optimum Value for Money. The tendered sum (Initial Target Cost) forms the basis of the KS6 (construction) Target Cost which is developed and refined as the scheme progresses through the design and Statutory Process.

There is a hold point in the contract between Parts 1 & 2 which enables the Welsh Government (or the contractor) to terminate the contract without penalty should the Welsh Government considers that the scheme no longer demonstrates Value for Money.

Value for Money

Welsh Government utilises the approach recommended by the *HM Treasury Green Book on Appraisal and Evaluation in Central Government* to ensure best value is achieved. The approach is implemented on major infrastructure projects by Transport Department's *Value for Money Manual* to ensure projects make the most efficient use of capital resources, allows consideration of whole life costs and delivers the scheme objectives in the most efficient manner.

Risk Management

Effective identification and management of risk is a key aspect in the management of the final costs and programme of the project, and a core component in the choice of the ECI procurement route.

Risks are considered throughout the development of the project and the risk profile forms a key component of the Key Stage Approval process.

Key Performance Indicators

We have recently developed a new system with a set of evidence-based standardised KPIs to monitor and track the performance of consultants and contractors during schemes and to facilitate future procurement. This system is successfully being used on the A465 Heads of the Valleys Dualling scheme and will be rolled out on to all future major road projects.

The new KPIs have been established with input from contractors and consultants involved on the A465 Dualling schemes as well as consideration of existing scoring metrics from other relevant sources

This has resulted in a set of KPIs which are simple, transparent, based on the following criteria for evaluation:

- Client Satisfaction – Service
- Client Satisfaction – Product
- Stakeholder and Community Engagement
- Management of Programme and Cost
- Health and Safety Performance
- Environmental Performance.

Evaluation

Completed projects are evaluated as follows:

Design Effectiveness Review to consider the technical engineering and environmental design of the scheme.

Cost Reconciliation Report which identifies changes and reasons between the Target Cost established at the start of construction and the final Target Cost and out-turn costs at the end of construction.

Post Opening Project Evaluation (POPE) Report to consider how well the project has met the scheme objectives.

Wider economic benefits of our road schemes has been introduced and reports have been submitted for the A40 Penblewin – Slebech Park scheme and are underway for the A465 Heads of the Valley Dualling project. This will consider the wider economic benefits of the scheme in accordance with the Economic Activity and Location Impacts (EALI) assessment within the WelTag transport appraisal methodology.

The assessment will consider aspects such as:

- Agglomeration effects
- Land and Property Impacts
- Accessibility to Employment opportunities
- Accessibility to key public services such as Leisure, Health & Education.
- Impacts on existing businesses and potential for inward investment.

MAJOR TRUNK ROAD PROJECTS

The table outlines cost of schemes delivered since the Wales Audit Office Report into Major Transport Projects in January 2011. Also included is the M4 Widening Scheme that, although completed prior to 2011, has a revised updated out-turn cost figure to that reported back in Jan 2011.

The total out-turn cost of schemes delivered was £559.5million, with the anticipated cost at the start of KS6 being £549.5million. This is an increase of approximately £10 million or 1.82%. These figures exclude the A465 Section 2 and Section 5/6 schemes that have only recently commenced construction or have yet to reach that point.

| Project and current status | Estimated Cost at KSA 3 (£M) | Estimated cost at Construction contract award – KSA6 (£m) | Estimated/final out-turn cost (£m) | Comments |
|---|------------------------------|---|------------------------------------|---|
| M4 widening Castleton to Coryton Completed Jan 2010 | 81.5 (Nov 2002) | 99.3 (Feb 2007) | 95.8 (Mar 2010) | |
| A40 St Clears to Haverfordwest (a) A40 Penblewin to Slebech Park Completed Mar 2011 | 27.6 (Ma 2005) | 40.5 (Dec 2008) | 41.4 | Increase in cost from KSA3 as a result of inflation, unexpected 14 month delay caused by the special assembly procedures that were invoked by the County Council's continuing objections and instructed additional work and accepted additional costs resulting from design standard changes. |
| A470 Penloyn to Tan Lan, Llanrwst Completed Apr 2011 | Not prepared | 6.4 (Oct 2008) | 5.8 | |
| A483 Four Crosses Relief Road Completed Jul 2011 | 4.1 (at KSA4) (Oct 2006) | 6.48 (Jan 2010) | 6.67 | Increase in cost as a result of unforeseen archaeology uncovered during construction. |
| A487 Porthmadog, Minffordd and Tremadog Completed Oct 2011 | 26.4 (Mar 1994) | 60.1 (Dec 2009) A figure of 53.7 was previously reported but this excluded inflation. | 55.5 | |

| Project and current status | Estimated Cost at KSA 3 (£M) | Estimated cost at Construction contract award – KSA6 (£m) | Estimated/final out-turn cost (£m) | Comments |
|--|--|---|---|---|
| A470 Cwmbach to Newbridge Completed Dec 2011 | 25 (Nov 2005) | 50.9 (Feb 2010) | 50.4 | |
| A487 Glandyfi Completed Jun 2013 | Not prepared | 14.97 | 19.95 | Increase in cost due to unforeseen ground conditions resulting in additional works/delays. Network Rail imposed design changes during construction causing significant disruption to the programme. Delays also associated with Statutory Undertakers. |
| A4810 Steelworks Access Road Completed Sep 2013 | Not prepared | 18.75 (Nov 2011) | 24.95 (Sep 2013) | Increase in cost as a result of inflation, an increase in scope and delays with statutory undertaker diversions. |
| A470 Maes yr Helmau to Cross Foxes Completed Oct 2013 | 7.9 (2004) | 11.33 | 12.25 | Increase in cost as a result of a delayed award of contract (due to statutory procedures) affected construction programme resulting in delays. |
| A470 Gelligemlyn, Ganllwyd Completed April 2014 | 7.3 (Nov 2007) | 8.61 | 10.7 | Increase in cost as a result of unforeseen ground conditions resulting in design changes and additional costs/prolonged programme and presence on nesting Barn Owl on the site delayed programme. |
| A477 St Clears to Red Roses Completed April 2014 | 41.6 (Nov 2006) | 64.4 (Jan 2012) | 72.1 (Jul 2014) | Increase in costs from KSA3 to start of KSA6 as a result of land cost increases, inflation and an increase in scope. Increase of final out-turn cost as a result of Unchartered Archaeology of National importance, Extreme weather, Unforeseen costs for high pressure Gas Main crossing works where there was an historic failure of the utility company to protect the line against future works. |
| A465 Abergavenny to Hirwaun - Section 3 Tregar to Brynmawr Under construction – Due for completion Summer 2015 | 43.8 (Nov 2000) Historic 148.4 KSA3 (Aug 2009) | 167.8 KSA6 (Nov 2012) | 163.97 Estimated out-turn as of Jan 15 | |

| Project and current status | Estimated Cost at KSA 3 (£M) | Estimated cost at Construction contract award – KSA6 (£m) | Estimated/final out-turn cost (£m) | Comments |
|--|---|---|---------------------------------------|--|
| | (167.2 when uplifted using inflation indices to the start of construction date - Nov 12) | | | |
| A465 Abergavenny to Hirwaun Section 2 Brynmawr to Gilwern Under construction. Start on site Dec 14, due to be completed summer 18 | 66.2 (Nov 2000) Historic 186.3 KSA3 (Aug 2010) (221 when uplifted using inflation indices to the start of construction date - Dec 14) | 223.2 KSA6 (Dec 14) | 223.2 Estimated out-turn as of Jan 15 | Increase in cost from KSA3 to start of KSA6 due to recommendations put forward by the Inspector during the Public Inquiry. |
| A465 Abergavenny to Hirwaun Section 5 Dowlais to A470 | 47.5 (Nov 00) Historic 165 (Out-turn cost at Nov 11 prices – this is the latest detailed estimate) | | | Estimates based on schemes being delivered individually using conventional delivery and funding. Schemes combined to be delivered as a single revenue-funded Public Private Partnership (PPP) using a Non-Profit Divided (NPD) model. |
| A465 Abergavenny to Hirwaun Section 6 A470 to Hirwaun | 53.5 (Nov 00) Historic 167.5 (Out-turn cost at 2011 prices - this is the latest detailed estimate) | | | |

Transport Grant Projects

| Project & current status | Cost on entry to the Transport Grant programme | 2004-05 (£m) | 2005-06 (£m) | 2006-07 (£m) | 2007-08 (£m) | 2008-09 (£m) | 2009-10 (£m) | 2010-11 (£m) | 2011-12 (£m) | 2012-13 (£m) | 2013-14 (£m) | 2014-15 Estimated cost |
|---|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------------------|
| Ceredigion Link Road – Stage 1 Completed October 2009 | 25.9 | 28.8 | 30.1 | 31.1 | 34 | 48.1 | 43 | 43 | 43 | - | - | - |
| Port Talbot Peripheral Distributor Road – Stage 2 Completed October 2013 | 66 | 68.2 | 73.1 | 72.9 | 97.9 | 107.8 | 115.3 | 115.3 | 108.7 | 111 | 111 | 111 |
| Improved Access to Wrexham Industrial Estate Sections 1 & 2 combined Section 2 completed July 2012 Section 1 completed September 2002 | 17.8 | - | 28.9 | 29.3 | 35 | 40.2 | 40 | 40 | 40 | 35.6 | 35.5 | 35.5 |

ORIGINAL BUDGETED COSTS AND ACTUAL OUTTURN COSTS FOR TRUNK ROAD MAINTENANCE AND IMPROVEMENT SCHEMES DELIVERED SINCE 2011

The table below provides a high level breakdown of capital and revenue expenditure delivered on Welsh Motorways and Trunk Roads on maintenance and improvement schemes in 2011/12 and 2012/13:

| Financial Year | Capital Allocation | Capital Spend | Variance |
|----------------|--------------------|----------------|----------|
| 2011/12 | £70,581,512.97 | £68,711,269.68 | -2.7% |
| 2012/13 | £65,090,753.62 | £65,070,507.62 | 0.0% |

| Financial Year | Revenue Allocation | Revenue Spend | Variance |
|----------------|--------------------|----------------|----------|
| 2011/12 | £44,380,975.67 | £46,605,565.54 | +5.0% |
| 2012/13 | £43,813,636.50 | £44,392,889.00 | +1.3% |

The financial records for both years were independently audited by the Wales Audit Office (WAO) on behalf of the Welsh Government. No qualifications were raised by WAO in either year. There were 977 schemes in 2011/12 and 830 schemes in 2012/13 at either a study, design or construction stage.

Variance

Reasons for the expenditure variances include:

- Detailed design and specification changes
- Unforeseen works
- Weather
- Third party discussions or Statutory Undertaker issues
- Budget constraints and programming issues
- Environmental issues
- Increase in land costs or failed negotiations
- Changes to design standards
- Statutory process and consultation delays
- Inflation increases

Improvement

Improvement initiatives currently being progressed include:

- Challenge scheme delivery methods, programme, durations and costs
- Use of a collaboration portal tool (now in place) whereby Welsh Government project sponsors can constantly interrogate project progress scheme by scheme

ROUTINE MAINTENANCE AND IMPROVEMENT OF THE TRUNK ROAD NETWORK

Routine Maintenance

The routine inspection and maintenance of the network is carried out in accordance with the Welsh Government's specification 'Trunk Road Maintenance Manual' (TRMM). This identifies basic service requirements for service providers engaged in delivering routine, adverse weather and emergency response activities. It specifies frequencies for the inspection and maintenance for the range of assets necessary to keep the highway safe and serviceable and preserve its value.

Capital Maintenance (Renewal) and Minor Improvements

The capital maintenance and minor improvement of the network is carried out through the implementation of annual programmes of work (major carriageway maintenance, skid resistance schemes, highway structure maintenance and upgrades).

Prioritisation:

The schemes in each programme are prioritised on the basis of set criteria that ensure the Welsh Ministers' statutory duty to maintain network safety is met, the serviceability of the existing asset maintained at minimum whole life cost whilst improvements support delivery of the Welsh Government's strategic objectives.

Planning:

Programmes of work on the network are carefully planned to maximise cost effectiveness and minimise disruption. Where possible work is combined to minimise cost. Works are scheduled to avoid peak periods and carried out overnight where possible. From 1st April 2015 the planning function will take place wholly within Welsh Government with the transfer in of planning staff from both agents.

The Condition of the Network and Expenditure on Maintenance

The condition of the network is kept under constant review through safety and detailed inspection programmes and annual machine based surveys which record the surface and structural condition of the carriageway. The results of the latter are reported annually in the Welsh Government's Statistical Bulletin – "Road Lengths and Conditions". The latest Bulletin can be access through the following link:
<http://wales.gov.uk/statistics-and-research/road-lengths-conditions/?lang=en>

Asset management/ investment plans for all network assets are kept under continual review with the overall objective of maintaining the asset at minimum whole life cost. Our approach is being continually improved by the phased introduction of the new Integrated Road Information System (IRIS). Though challenging to deliver with over 20 functional areas to develop, it will provide us with one of the UK's first fully integrated road asset management system.

TRUNK ROAD AGENTS

Over the last 10 years the arrangements put in place to maintain and upgrade the trunk roads in Wales have been subject to a number of step changes, each with the aim of improving the quality of the service provided to the people of Wales and Value for Money. Since 2002 there have been a number of reviews and consultations that has seen the number trunk road agents reduced firstly from eight to three and later from three to two which is the current arrangement.

These changes have produced some savings both in terms of the management and service delivery through reducing duplication and streamlining delivery. Despite these changes, however, the Welsh Government is of the view that more can be achieved and this was confirmed by an EC Harris audit in 2013. The audit team had concerns over the transparency of the contractual relationship with the partnering authorities and the visibility of their costs and was not able to provide assurance that the arrangements are delivering Value for Money.

A review of the management arrangements for the network was announced on 4 June 2014. The review considered a number of alternative delivery models, including where the interface between the Welsh Government, the Managing Agents and the Service Delivery Partners should best lie. The likely performance was assessed against 5 key objectives contributing to the overall aim of stimulating **jobs and growth** in the Welsh economy: control; accountability; agility; value for money; and deliverability. These objectives align with key principles in the Welsh Public Procurement Policy (WPPP). The key outcomes from that review, as contained in the Minister's Statement of November 2014, are:

1. That greater direction and control over the service would be achieved by locating all planning staff within the Welsh Government. All eligible staff (approximately 20) involved in the planning of works will transfer to the Welsh Government under TUPE regulations from the 1st April 2015.
2. The Minister challenged the two existing Trunk Road Agents, working with their local authority supply chain partners, to demonstrate substantial savings. The evidence of these savings to be delivered by April 2015 and then be subject to an independent audit

Since the announcement, we have been working closely with the Agents and have established structures and processes that will both support and challenge the TRAs in seeking to meet the Minister's request. Regular meetings between senior Welsh Government and TRA staff have been established at which the key areas where savings might be made, the principles underlying the changes required and the level of evidence likely to be required to support the savings claimed are all discussed.

PRIVATE FINANCE INITIATIVES – ROAD PROJECTS

Past/Existing

The Design, Build, Finance and Operate (DBFO) concession operates and maintains the 32km A55 trunk road running from Llandegai (A55 J11) to Holyhead UK Highways A55 Ltd (UKH) is the concessionaire. The concession commenced on 16 Dec 1998 and is scheduled to end on 16 Dec 2028.

The contract includes the management and maintenance responsibilities for two major listed structures, Britannia Bridge (costs shared with Network Rail) and Menai Suspension Bridge.

The annual costs are currently in the region of £17M but vary, based on a number of factors including traffic flows, RPI, GDP and contract factors.

An investigation was carried out by the National Audit Office subsequent to construction of the road and they reported on 16 February 2005. The NAO concluded in its report that the structure of the Contract was reasonable and reflected industry best practice at the time of the procurement.

Planned

In May 2014 the Welsh Government committed to a resource funded programme of investment to support the delivery of Programme for Government commitments and the Wales Infrastructure Investment Plan (WIIP).

One of the (WIIP) pipeline of projects to be delivered by this mechanism is the completion of the A465 Heads of the Valleys Dualling Project by constructing the two remaining sections between Dowlais Top and Hirwaun.

Background on the Non-Profit Distribution (NPD) form of procurement

Delivering the project using a PPP/PFI would mean the construction of the dualling of the 16km of the A465 between Dowlais and Hirwaun by a private contractor and the operation and maintenance by the same company of a length of the A465 trunk road up to the end of an agreed concession period generally a minimum of 30 years.

The NPD procurement model retains the characteristics of private finance projects such as risk allocation, whole-life costing, performance-based payments, and a single-point delivery system. However NPD is considered to offer enhanced benefits over traditional PFI by limiting the potential financial return to be made by investors with any surpluses created by the Project Company beyond a capped market rate can be reinvested in the public sector.

The use of NPD for this project would, along with the Velindre, Specialist Cancer Care Facility and 21st Century Schools, be the first schemes in Wales to adopt this procurement route.



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

20 March 2015

Dear Mr Millar

Please find attached further information as requested by you in your email of 16th March. I am sorry for the delay in providing this.

I am looking forward to discussing some of these matters with the Committee next month.

I note that some of the issues that the Committee wish to cover could have a strong policy component. My attendance at Committee however can only cover factual information and an explanation of how policy is applied in practice.

Yours sincerely



James Price



Welsh Government

Information requested by PAC for 17/03/15

Summary of compensation claims from road users resulting from the condition of the network

| Financial Year | Claims received | Denied | Settled | Ongoing | Value of settled claims |
|----------------|-----------------|--------|---------|---------|-------------------------|
| 2013/14 | 94 | 89 | 5 | 0 | £233,654.65 |
| 2012/13 | 97 | 86 | 11 | 0 | £24,595.88 |
| 2011/12 | 84 | 77 | 7 | 0 | £689,803.94 |
| 2010/11 | 89 | 81 | 8 | 0 | £207,470.24 |
| 2009/10 | 138 | 114 | 24 | 0 | £1,529,197.75 |
| 2008/09 | 58 | 36 | 22 | 0 | £211,750.71 |

Welsh Government

Information Requested by PAC for 17/03/15

Agents Summary Capital and Revenue Out-turn Expenditure from 2008 onwards -

Breakdown of of expenditure into revenue and capital and whether maintenance or improvement

| 2013/14 | North & Mid £ | South £ | Totals £ |
|------------------------------------|-------------------|-------------------|--------------------|
| Network Ops Maintenance | 25,822,042 | 22,384,359 | 48,206,401 |
| Network Ops Improvement | 3,503,639 | 6,615,138 | 10,118,777 |
| Total Capital Out Turn Cost | 29,325,681 | 28,999,497 | 58,325,178 |
| Network Routine Maintenance | 21,389,635 | 21,311,337 | 42,700,972 |
| Total Revenue Out Turn Cost | 21,389,635 | 21,311,337 | 42,700,972 |
| Total Out Turn Cost | 50,715,316 | 50,310,834 | 101,026,150 |

| 2012/13 | North and Mid £ | South £ | Totals £ |
|------------------------------------|--------------------|-------------------|-------------------|
| Network Ops Maintenance | 25,778,619 | 20,328,388 | 46,107,007 |
| Network Ops Improvement | 5,202,764 | 5,451,665 | 10,654,429 |
| Total Capital Out Turn Cost | 30,981,383 | 25,780,053 | 56,761,436 |
| Network Routine Maintenance | 20,039,084 | 18,797,825 | 38,836,909 |
| Total Revenue Out Turn Cost | 20,039,084 | 18,797,825 | 38,836,909 |
| Total Out Turn Cost | 51,020,467 | 44,577,878 | 95,598,345 |

| 2011/12 | North £ | Mid £ | South £ | Totals £ |
|------------------------------------|-------------------|-------------------|-------------------|--------------------|
| Network Ops Maintenance | 20,139,010 | 9,488,759 | 20,219,231 | 49,847,000 |
| Network Ops Improvement | 3,546,324 | 1,824,393 | 6,331,053 | 11,701,770 |
| Total Capital Out Turn Cost | 23,685,334 | 11,313,152 | 26,550,284 | 61,548,770 |
| Network Routine Maintenance | 12,344,353 | 5,930,893 | 21,422,208 | 39,697,454 |
| Total Revenue Out Turn Cost | 12,344,353 | 5,930,893 | 21,422,208 | 39,697,454 |
| Total Out Turn Cost | 36,029,687 | 17,244,045 | 47,972,492 | 101,246,224 |

| 2010/11 | North £ | Mid £ | South £ | Totals £ |
|------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Network Ops Maintenance | 14,447,087 | 10,412,267 | 19,069,045 | 43,928,399 |
| Network Ops Improvement | 2,162,920 | 1,128,094 | 5,293,516 | 8,584,530 |
| Total Capital Out Turn Cost | 16,610,007 | 11,540,361 | 24,362,561 | 52,512,929 |
| Network Routine Maintenance | 10,923,784 | 5,910,789 | 21,877,755 | 38,712,328 |
| Total Revenue Out Turn Cost | 10,923,784 | 5,910,789 | 21,877,755 | 38,712,328 |
| Total Out Turn Cost | 27,533,791 | 17,451,150 | 46,240,316 | 91,225,257 |

| 2009/10 | North £ | Mid £ | South £ | Totals £ |
|------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Network Ops Maintenance | 18,142,338 | 8,245,216 | 20,563,585 | 46,951,139 |
| Network Ops Improvement | 5,762,320 | 1,282,965 | 5,980,496 | 13,025,781 |
| Total Capital Out Turn Cost | 23,904,658 | 9,528,181 | 26,544,081 | 59,976,920 |
| Network Routine Maintenance | 7,853,011 | 5,998,159 | 16,378,104 | 30,229,274 |
| Total Revenue Out Turn Cost | 7,853,011 | 5,998,159 | 16,378,104 | 30,229,274 |
| Total Out Turn Cost | 31,757,669 | 15,526,340 | 42,922,185 | 90,206,194 |

| 2008/09 | North £ | Mid £ | South £ | Totals £ |
|------------------------------------|-------------------|-------------------|-------------------|-------------------|
| Network Ops Maintenance | 16,959,110 | 4,984,584 | 11,955,452 | 33,899,146 |
| Network Ops Improvement | 3,154,614 | 2,080,108 | 4,925,912 | 10,160,634 |
| Total Capital Out Turn Cost | 20,113,724 | 7,064,692 | 16,881,364 | 44,059,780 |
| Network Routine Maintenance | 7,959,417 | 6,675,759 | 15,150,124 | 29,785,300 |
| Total Revenue Out Turn Cost | 7,959,417 | 6,675,759 | 15,150,124 | 29,785,300 |
| Total Out Turn Cost | 28,073,141 | 13,740,451 | 32,031,488 | 73,845,080 |

Welsh Government

Information requested for PAC for 17/03/15

Details of Trunk Road Agents work programmes and future budgets -

Capital Works Programme Agent Bids 2015/16 (currently subject to evaluation by WG)

| Name | Bid in IRIS 15/16 | Bid in IRIS 15/16 |
|---|-------------------|-------------------|
| | £ | £ |
| | SWTRA | NMWTRA |
| Preliminary Investigation | 200,000 | 135,000 |
| Asset Management | 2,360,000 | 643,000 |
| Bulk Purchase of Equipment | 250,000 | 0 |
| Capital TRMM | 3,600,000 | 8,297,900 |
| CAT 2 Defects | 2,000,000 | 2,000,000 |
| Core Costs (Capital) | 2,865,266 | 3,200,000 |
| Property Maintenance & Upgrade | 880,000 | 120,000 |
| Drainage | 688,000 | 2,187,000 |
| Highway Structures Capital Renewals | 5,480,875 | 5,404,600 |
| Highway Structures Management Improvement | 575,000 | 9,025,000 |
| Noise Reduction | 430,000 | 993,000 |
| Lighting Renewals | 2,851,000 | 1,891,500 |
| Lighting Comms. & Signals Capital | 1,435,000 | 940,000 |
| Local Safety Schemes | 666,910 | 542,000 |
| Safe Routes to Trunk Road Schools | In development | In development |
| Community Safety Programme | In development | 420,750 |
| Preventative Treatment Programme | 2,850,442 | 20,927,150 |
| Major Maintenance & Renewals | 10,970,000 | 4,335,600 |
| Skid Resistance Measures | 1,416,800 | 1,825,800 |
| Making Better Use (MBU) Schemes | 94,000 | In development |
| Pinch Point | 400,000 | |
| Upgrade | 916,500 | 2,320,500 |
| Safety Fencing | 0 | 2,939,500 |
| Small Schemes | 301,000 | 1,485,500 |
| Walking & Cycling Schemes | 765,000 | 1,152,500 |
| Tunnel Programme | 2,185,000 | 547,800 |
| Highway Structural Renewals | 2,570,000 | 359,100 |
| Climate Change/ Resilience & Carbon Reduction | 913,000 | 165,200 |
| Soft Estate | 2,858,000 | 385,000 |
| Air Quality | 5,940,000 | In development |
| Capital Strategic Salt | N/A | 650,000 |
| A55 tunnels | N/A | 5,797,100 |
| A55 Safe havens | N/A | 1,530,000 |
| Britannia Bridge | 250,000 | |
| Dyfi bridge | | 75,000 |
| | | |
| TOTAL 15/16 BID | 56,461,793 | 80,545,500 |

Welsh Government

Information requested for PAC for 17/03/15

Details of Trunk Road Agents work programmes and future budgets – indicative 2015/16 budget

The Network Management indicative budgets for all works and contracts 2015/16 are

- **Revenue £56.574m**
- **Capital £67.1m**

| SWTRA | | |
|--------------------------------------|--|--------------------------|
| Scheme Type | Description | Bid |
| NETWORK ROUTINE MAINTENANCE | Audit Commission Fees | £5,000 |
| | Bridge Maintenance | £626,319 |
| | Horticultural Maintenance | £705,049 |
| | Lighting Maintenance | £2,138,071 |
| | Maintenance of Depots | £50,000 |
| | Roads Routine Current | £9,211,586 |
| | Winter Maintenance | £3,000,000 |
| | Tunnel Maintenance | £280,817 |
| | Street Lighting Energy | £1,760,000 |
| | Tunnel Energy | £170,000 |
| | ITS Energy | £330,000 |
| | CORE COSTS REVENUE | Management Fees & Claims |
| NETWORK SURVEYS & ENGINEERING ADVICE | Engineering Advice | £50,000 |
| TRAFFIC OFFICERS | South Wales Traffic Officers | £1,080,000 |
| Total | | £21,317,019 |
| NMWTRA | | |
| NETWORK ROUTINE MAINTENANCE | Bridge Maintenance | £1,908,000 |
| | Horticultural Maintenance | £1,170,000 |
| | Lighting: Maintenance | £1,851,000 |
| | Roads Winter Maintenance | £3,750,000 |
| | Roads Routine Current | £6,205,000 |
| | Tunnel Maintenance | £729,000 |
| | Lighting: Energy - Street Lighting | £1,400,000 |
| | Lighting: Traffic Signal Maintenance | £98,000 |
| | Lighting: Illuminated Sign Maintenance | £128,500 |
| | Lighting: Energy - Tunnels | £280,000 |
| | Lighting: Energy - ITS UMS | £400,000 |
| | CORE COSTS REVENUE | Management Fees & Claims |
| North Wales Control Room | | £470,000 |
| TRAFFIC OFFICERS | Network Emergency Response Unit | £480,000 |
| | North Wales Traffic Officers | £1,180,000 |
| Total | | £22,312,500 |

Adran yr Economi, Gwyddoniaeth a Thrafnidiaeth
Department for Economy, Science and Transport

Cyfarwyddwr Cyffredinol • Director General



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair – Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

7 April 2015

Dear Mr Millar

Value for Money of Motorway and Trunk Road Investments

Further to my letter of 20 March, I am pleased to provide in the attached paper our responses to the outstanding requests for additional information sought by your Committee ahead of its meeting on 21 April.

Yours sincerely

James Price



PUBLIC ACCOUNTS COMMITTEE: VALUE FOR MONEY OF MOTORWAY AND TRUNK ROAD INVESTMENT.

Response to further Questions

Question 1: Information on major trunk road schemes currently under construction, including costs at KSA3, KSA6, latest cost estimate and the current stage of developments (i.e. where it is in the key stage process) and the current estimated final outturn cost and timings.

Please see the attached table at Annex 1.

Information on any future planned major trunk road schemes and the Welsh Government's approach to prioritisation of future schemes in the context of its published budget.

Please see the attached table at Annex 2.

The draft National Transport Plan details a number of schemes and interventions that we propose to take forward. The consultation on the draft plan closed on 11 March and a final draft National Plan will be published later in the Spring following consideration of the responses received. The final Plan will detail the schemes and projects we will be taking forward through a "delivery schedule".

We have a very clear focus on ensuring value for money and driving efficiency. Assessment of the value for money provided by transport schemes involves evaluating the social, environmental and economic impacts.

The Welsh Government follows an evidence based approach for understanding the performance of the transport system, assessing the need for intervention and considering the social, environmental and economic impacts of our plans for the transport system.. These provide consistent and comparable information across the whole of Wales for the transport system and guide our interventions

The general principles that informing our approach are set out in a) to d) below:

- a. The case for any intervention or specific project proposed should be backed by clear evidence of an issue(s) that needs to be addressed and evidence that the intervention or project will actually be effective in addressing that issue(s).
- b. A project will only be progressed if it supported by a viable business case. That business case should be proportionate to the level of investment involved and must be properly validated.
- c. Where a evaluation or other evidence suggests an intervention or project is not being delivered effectively and / or will not deliver the anticipated benefits, this will be investigated and the intervention or project halted if that is the most appropriate and cost effective solution.

PUBLIC ACCOUNTS COMMITTEE: VALUE FOR MONEY OF MOTORWAY AND TRUNK ROAD INVESTMENT.

Response to further Questions

- d. All projects will be evaluated and the benefits delivered recorded and tested against the businesses case.

Any procurement undertaken adheres to the Wales Procurement Policy Statement, including delivering community benefits.

Consideration given to freight handling issues, consolidation centres and reserved lanes for freight.

The Minister for Economy, Science & Transport convened the Freight Task & Finish Group in 2013 to advise on key freight challenges facing Wales and interventions that should be prioritised by the Welsh Government.

The group comprised key industry experts and representatives, including the Freight Transport Association, the Road Haulage Association, Rail Freight Operators and ports and its remit covered all freight modes. The group recognised the need to support a substantive modal shift from road to rail in Wales and that an increase in the number and type of distribution and consolidation centres in Wales was necessary for this to make commercial sense.

The group reported in Spring 2014 with 24 recommendations.

<http://gov.wales/topics/transport/freight/wales-freight-group/?lang=en>

Breakdown costs of Traffic Wales.

Please see the attached table at Annex 3.

Financial status of major trunk road schemes currently under construction

| Scheme Name | Construction Start | Current Anticipated Completion | Estimated Cost at KSA 3 (£M) | Estimated cost at Construction contract award – KSA6 (£m) | Estimated/final out-turn cost (£m) |
|---|---------------------------|---------------------------------------|---|--|---|
| A465 Heads of the Valleys Dualling – Section 3 Brynmawr to Tredegar | 05/01/12 | 31/08/15 | 43.8 (Nov 2000) Historic 148.4 KSA3 (Aug 2009) (167.2 when uplifted using inflation indices to contract award date - Nov 12) | 167.8 KSA6 (Nov 2012) | 163.97 Estimated out-turn as of March 15 |
| A465 Heads of the Valleys Dualling – Section 2 Gilwern to Brynmawr | 19/12/14 | 31/07/18 | 66.2 (Nov 2000) Historic 186.3 KSA3 (Aug 2010) (221 when uplifted using inflation indices to the contract award date - Dec 14) | 223.2 KSA6 (Dec 14) | 223.2 Estimated out-turn as of March 15 |

| <i>Design Contract in Place</i> | | | |
|---|----------------------------|-----------------------------------|---|
| Scheme | Draft NTP Programme | Anticipated Start of Works | Total Expenditure Profile at Current Base Price (incl VAT) |
| A483/A489 Newtown Bypass | Short Term | 2015 | £87 million |
| M4 Corridor around Newport | Short Term | 2018 | * |
| Eastern Bay Link: Queensgate to Ocean Way, Cardiff | Short Term | Autumn 2015 | £47.7 million |
| A487 Caernarfon to Bontnewydd Bypass | Short Term | Late 2016 | £113 million |
| M4 Junction 28 Tredegar Park Improvements | Short Term | Late 2015 | £18.95 million |
| <i>Identified in NTP - No Contract currently in place</i> | | | |
| Scheme | Draft NTP Programme | Anticipated Start of Works | Total Expenditure Profile at Current Base Price (incl VAT) |
| M4 Brynglas Tunnel Safety Improvements | Short Term | Autumn 2015 | £40 million |
| Improvements to Five Mile Lane, VoG | Short Term | Summer 2016 | £26.5 million |
| Improvements to the A40 Llanddewi Velfrey to Penblewin | Medium Term | Nov/Dec 2017 | £57.1 million |
| A55 Abergwynnregyn to Tai'r Meibion Improvements | Short Term | Late 2017 | £15.5 million |
| A55 Junctions 15 and 16 | Short Term | Mar-2018 | ** |
| A483 Llandeilo Bypass | Medium Term | Spring 2019 (subject to funding) | - |
| A487 Dyfi Bridge | Short Term | Nov/Dec 2016 (assuming no PI) | £22.3 million |
| A494/A55/A548 Deeside Corridor | Short/Medium Term | Autumn 2019 | £206.3 million |
| A483 Pant to Llanymynech & A458 Buttington Cross to Wollason Cross [^] | Long Term | - | £45 million (Buttington only) |
| A465 Sections 5 & 6 ["] | Medium Term | Nov/Dec 2018 | £332.5 million |

* Design work currently being developed. Price will be determined by various aspects.

[^]Cross Border Schemes No Preferred Routes

["]PPP Funded

** Final junction options to be developed and selected which will determine final price.

Welsh Government

Information Requested by PAC for 27/03/15

WTTTC Summary Capital and Revenue Out-turn Expenditure from 2008 onwards

Breakdown costs of Traffic Wales

| 2013/14 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 1,197,226 |
| Network Ops Improvement | 12,067,447 |
| Total Capital Out Turn Cost | 13,264,673 |
| Network Routine Maintenance | 5,731,703 |
| Total Revenue Out Turn Cost | 5,731,703 |
| Total Out Turn Cost | 18,996,376 |

| 2012/13 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 2,111,075 |
| Network Ops Improvement | 8,386,378 |
| Total Capital Out Turn Cost | 10,497,453 |
| Network Routine Maintenance | 5,555,980 |
| Total Revenue Out Turn Cost | 5,555,980 |
| Total Out Turn Cost | 16,053,433 |

| 2011/12 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 2,144,700 |
| Network Ops Improvement | 5,404,947 |
| Total Capital Out Turn Cost | 7,549,647 |
| Network Routine Maintenance | 6,908,110 |
| Total Revenue Out Turn Cost | 6,908,110 |
| Total Out Turn Cost | 14,457,757 |

| 2010/11 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 951,734 |
| Network Ops Improvement | 7,242,304 |
| Total Capital Out Turn Cost | 8,194,038 |
| Network Routine Maintenance | 7,600,306 |
| Total Revenue Out Turn Cost | 7,600,306 |
| Total Out Turn Cost | 15,794,344 |

| 2009/10 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 2,191,282 |
| Network Ops Improvement | 8,659,050 |
| Total Capital Out Turn Cost | 10,850,332 |
| Network Routine Maintenance | 7,639,734 |
| Total Revenue Out Turn Cost | 7,639,734 |
| Total Out Turn Cost | 18,490,066 |

| 2008/09 | WTTTC Totals £ |
|------------------------------------|-------------------|
| Network Ops Maintenance | 650,295 |
| Network Ops Improvement | 3,238,668 |
| Total Capital Out Turn Cost | 3,888,963 |
| Network Routine Maintenance | 6,501,805 |
| Total Revenue Out Turn Cost | 6,501,805 |
| Total Out Turn Cost | 10,390,768 |

Note.

Figures are not comparable due to

a) capital - tunnel work on A55 and variable speed limit on M4

b) revenue - change in contract in 2011 where some functions moved between Agents and Traffic Wales

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Agenda Item 4

By virtue of paragraph(s) ix of Standing Order 17.42

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