

Petitions Committee

Meeting Venue:
North Wales – Prestatyn High School

Meeting date:
11 November 2013

Meeting time:
09:45

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

Draft

1 Introduction, apologies and substitutions

2 New petitions (9.45 – 9.55)

- 2.1 P-04-510 Public inquiry into the Breckman case in Carmarthenshire (Page 1)
- 2.2 P-04-511 Support for children and young people participation standards (Page 2)
- 2.3 P-04-512 Stop the "Staff reduction proposals" at the Cardiff and Vale University Health Board (Page 3)
- 2.4 P-04-513 Save the Wrexham/Barmouth X94 bus service (Page 4)

3 Updates to previous petitions (9.55 – 10.15)

Health

The following five petitions will be considered together

- 3.1 P-04-367 Save our Hospital Services (Page 5)
- 3.2 P-04-394 Save our Services – Prince Philip Hospital (Page 6)
- 3.3 P-04-430 Proposed closure of Tenby Minor Injuries Unit (Page 7)
- 3.4 P-04-431 Against Health Cuts from the Residents of Pembrokeshire (Page 8)

- 3.5 P-04-455 Save Prince Phillip Hospital A&E (Pages 9 - 55)
- 3.6 P-04-408 Child and Adolescent Eating Disorder Service (Page 56)
- 3.7 P-04-460 Lives not Airports (Pages 57 - 60)
- 3.8 P-04-492 Diagnosis of autism in children (Pages 61 - 65)

Education

- 3.9 P-04-481 Close the Gap for deaf pupils in Wales (Pages 66 - 79)
- 3.10 P-04-488 The right to decide: an end to the compulsory study of Welsh to GCSE (Pages 80 - 140)
- 3.11 P-04-498 To get Wales educated (Pages 141 - 143)
- 3.12 P-04-499 Kick Start The Welsh Language Curriculum (Pages 144 - 146)

Culture and Sport

- 3.13 P-04-335 The Establishment of a Welsh Cricket Team (Page 147)

Housing and Regeneration

- 3.14 P-04-472 Make the MTAN law (Pages 148 - 150)

Evidence Sessions

- 4 P-04-466 Medical Emergency – Preventing the introduction of a poorer Health Service for North Wales (10.15 – 11.00)** (Page 151)

Mike Parry, Lead Petitioner

Councillor Anwen Davies, Gwynedd Council

Dr Delyth Davies (Rtd)

- 5 P-04-479 Tywyn Memorial Hospital X-ray & Minor Injuries Unit Petition (10.15 – 11.00)** (Page 152)

Brian Mintoft, Lead Petitioner

Diane Tucker, Petitioner

Two minute silence

6 P-04-343 Prevent the destruction of amenities on common land – Anglesey 11.02 – 11.30 (Page 153)

Mr Tom Pollock, Lead Petitioner

Dr Karen Pollock, Petitioner

Councillor Lewis Davies, Petitioner

7 P-04-496 Through Schools (11.30 – 11.45) (Pages 154 - 156)

Dawn Docx, Lead Petitioner

Anna Gresty, St Brigid's Action Group

Discussion of evidence gathering

8 P-04-432 Stop the Army Recruiting in Schools (11.45 – 12.00) (Pages 157 - 159)

Agenda Item 2.1

P-04-510 Public inquiry into the Breckman case in Carmarthenshire

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to establish a public inquiry into the maladministration of Carmarthenshire County Council's planning department regarding the case of Mr. and Mrs Breckman of Maes Y Bont, Carmarthenshire.

Petition raised by: Alan Evans

Date petition first considered by Committee: 11 November 2013

Number of signatures: 63

P-04-511 Support for children and young people participation standards

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to provide support for the National Children and Young People's Participation Standards for Wales self-assessment process.

Additional Information:

The Participation standards were launched in 2007 after being developed by the Participation Unit. There are seven participation standards which are Information, It's your choice, No Discrimination, Respect, You get something out of it, Feedback and Improving how we work. The participation unit then developed a national standards kite - mark scheme based around the standards. The aim of the kite-mark was that the organisations would complete a self assessment and once it was complete a team of young inspectors would come and inspect the evidence the organisation had to see if they were up to the national standards. If they were seen as achieving they would be awarded the National Participation Standards Kit-mark. However the participation unit now no longer exists which means that's any organisation which does a self assessment now can only achieve a county level kite-mark which means that there is no national recognition and also there is no team co-coordinating the young inspectors.

Petition raised by: Powys Youth Forum

Date petition first considered by Committee: 11 November 2013

Number of signatures: 39

Agenda Item 2.3

P-04-512 Stop the "Staff reduction proposals" at the Cardiff and Vale University Health Board

Petition wording:

We the undersigned wish to register our dismay and disapproval at the announcement of the Section 188 redundancy notice issued at the Cardiff and Vale University Health Board and the resulting staff reduction proposals.

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

- oppose and stop these draconian cuts;
- ensure that patient safety and quality of service is improved, not cut further; and
- support and campaign for proper funding of the NHS.

Petition raised by: Howard Barr

Date petition first considered by Committee: 11 November 2013

Number of signatures: 654

P-04-513 Save the Wrexham/Barmouth X94 bus service

Petition wording:

Arriva Buses has announced that they will cut the X94 service which links the towns of Barmouth, Dolgellau, Bala, Corwen, Llangollen and Wrexham and 5 other bus services on December 21st this year. All of these bus services connect communities across Wales from north to south and east to west. We call on the Welsh Government to investigate how cutting these bus services might be avoided and what is the best way of securing and promoting national bus services that link the regions of Wales, especially where there is no equivalent railway service.

Petition raised by: Karen Dunford

Date petition first considered by Committee: 11 November 2013

Number of signatures: 465

Agenda Item 3.1

P-04-367 Save our Hospital Services

Petition wording:

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

Petition raised by: Rhydwyn Ifan

Date petition first considered by Committee: 28 February 2012

Number of signatures: Approximately 9,000 signatures

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

Petition wording:

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

Petition raised by: Prince Philip Action Network

Date petition first considered by Committee: 29 May 2012

Number of signatures: 24,000 (approximately)

Agenda Item 3.3

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

Petition wording:

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

Petition raised by: Andrew James Davies

Date petition first considered by Committee: 6 November 2012

Number of signatures: 157 Associated petitions collected over 581 signatures

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

Petition wording:

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

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

Petition raised by: SWAT (Save Withybush Action Team)

Date petition first considered by Committee: 6 November 2012

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

Agenda Item 3.5

P-04-455 : Save Prince Phillip Hospital A&E

Petition wording:

Hywel Dda Health Board is planning to downgrade or close A&E services at Prince Philip Hospital. This is an essential service for Llanelli and the surrounding communities and the community needs to act to save our A&E. Please sign this Petition to prevent the closure of this essential service, and to ensure lives are not put at risk.

Petition raised by: Angharad Howells

Date petition first considered by Committee: 29 January 2013

Number of signatures: 1038

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-367/394/430/455
Ein cyf/Our ref MD/01080/13

William Powell AM

committeebusiness@Wales.gsi.gov.uk

4 June 2013

Der William

Thank you for your letter of 24 May regarding Hywel Dda Health Board's proposals for changes to services in Mid & West Wales.

As you are aware, Hywel Dda Community Health Council referred elements of the Health Board's proposals to me for determination on 19 April, including those relating to emergency care at Prince Philip Hospital and neonatal provision in the area.

I am minded to ask the Chief Medical Officer for Wales to convene an expert Scrutiny Panel to provide me with detailed advice and recommendations on the matters in question. Once I am satisfied I have all of the relevant evidence and appropriate advice on the issues referred, I will make final decisions, having considered matters thoroughly and carefully.

Best wishes
Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

**The Scrutiny Panel Report on service change proposals regarding neonatal services
in relation to Glangwili Hospital, Carmarthen and
Withybush Hospital, Haverfordwest**

September 2013

Professor Neena Modi: Expert member for Neonatal Services

Dr Jim Wardrope: Expert member for Emergency Care

Dr David Salter: Retired former Deputy Chief Medical Officer for Wales

The Panel would like to preface this advice by stating that the configuration of neonatal services cannot be determined in the absence of clear and definite plans for obstetric and midwifery services in the Hywel Dda area, including Bronglais Hospital, Ceredigion as well as at Glangwili Hospital, Carmarthen, and Withybush Hospital, Haverfordwest. Our advice to the Minister is to seek confirmation from Hywel Dda Local Health Board of the maternity (obstetric and midwifery) plans that will be implemented before reaching a conclusion on the configuration of neonatal services.

Short summary of recommendations

- 1. The Panel supports the development of services to look after new-born babies who require what is known as transitional care, in all obstetric units in Hywel Dda. This is care that is more than healthy babies need but not as much as babies needing special care. The mother continues to provide most of her baby's needs but there is support from a midwife who needs no specialist neonatal training. Examples include babies requiring treatments that can be administered on a post-natal ward, such as antibiotics or phototherapy for jaundice.**
- 2. The Panel supports the development of 24 hour emergency resuscitation and stabilisation services at all obstetric and midwifery units. This means that staff will need to be trained and skilled in the resuscitation of newborn babies that require immediate support at birth, and in stabilising their condition so that they can be transferred safely to specialised neonatal units for more complex care.**
- 3. The Panel supports the development of a Level 2 neonatal unit at Glangwili Hospital. This means that; babies born in other obstetric and midwifery units in Hywel Dda, requiring more complex but not the most complex or surgical care, can be looked after within the Hywel Dda area; reducing travelling for parents. This decision, however, can only be made when a final decision is made on which hospitals in Hywel Dda provide what type of obstetric and midwifery care.**
- 4. The development of a high risk obstetric unit at Glangwili Hospital would mean that many of the babies born there would need more complex care than can be provided in a Level 2 neonatal unit. This would mean they would need to be transferred to a Level 3 (Neonatal Intensive Care Unit). This carries more risk than transferring the babies' mother before giving birth to an obstetric unit where more complex care for the newborn is available. For this reason, the Panel rejects this proposal.**
- 5. The Panel accepts the proposal for how newborn babies needing high dependency care will be looked after. Following their initial care at delivery, including resuscitation and stabilisation, a clearly defined plan must be in place for their transfer to a neonatal unit able to provide high dependency care. This is called a service specification for a pathway of care.**
- 6. The care of mothers and babies is very closely interrelated. For this reason the Panel recommends that there is a clear description of the sort of midwifery or obstetric care that will be provided in the future in Glangwili, Withybush and Bronglais Hospitals before final decisions are made in relation to newborn services.**

List of key recommendations set out in relation to the proposals of the Hywel Dda Health Board and the counter-proposals of the Community Health Council.

1. *“There should be well developed transitional care services at each obstetric unit” (Local Health Board)*

Recommendation: Accept, with the proviso that there is clarification of the model to be developed and reassurances are provided that midwifery staffing and training will be adequate to support transitional care.

2. *“There should be clear and robust stabilisation and resuscitation services at Withybush, Bronglais and Glangwili Hospitals” (Local Health Board)*

Recommendation: Accept, with the proviso that the process for ensuring prompt, safe transfer to a centre able to provide an appropriate level of care, should the baby require on-going higher intensity support, is made explicit, the pathway of care clearly defined, and resuscitation and stabilisation is provided by staff trained and skilled in the required competences.

3. *“To aspire to achieve a Level 2 neonatal service in Glangwili Hospital, whilst acknowledging this is unlikely with the present availability of trainee doctors” (Local Health Board)*

Recommendation: The non-availability or limited availability of trainee doctors does not preclude the delivery of a Level 2 neonatal service as alternative models exist; the development of a Level 2 neonatal service should not be aspirational but is essential if obstetric services are to be maintained at Glangwili Hospital.

4. *“To develop an obstetric unit at Glangwili Hospital, also managing the highest risk births, recognising the requirement of safe and sustainable services” (Local Health Board)*

Recommendation: Reject, as the development of a high risk obstetric unit, i.e. a unit providing care for women whose babies have a high likelihood of requiring high dependency or intensive care is unsafe without concurrent provision of neonatal high dependency/intensive care facilities.

5. *“To develop a paediatric high dependency unit co-located with the neonatal unit at Glangwili Hospital” (Local Health Board)*

Recommendation: The decision regarding the development of a co-located paediatric high dependency unit should be made in conjunction with final decisions around neonatal services.

6. *“To develop a service specification for high dependency neonatal care in Hywel Dda with clear pathways to Level 2 and Level 3 units” (Local Health Board)*

Recommendation: Accept, noting that the service specification will be dependent on the outcomes of proposals 3, 4, 5, and 7.

7. *“Retain obstetric services at Withybush and Bronglais Hospitals” (Local Health Board)*

Recommendation: Seek clarification of the nature of the proposed “obstetric services”.

8. “The Community Health Council does not support the proposal to develop a Level 2 neonatal unit at Glangwili Hospital and would seek a strengthening and enhancement of the existing service model across hospitals in the Hywel Dda area and the Special Care Baby Units therein”

Recommendations: These are based upon the goal of providing Hywel Dda residents with safe, sustainable, modern, equitable, and family-centred newborn care.

8.1 Strong justification for the centralisation of neonatal care is provided by the need for equitable access to trained specialists with up-to-date skills working in fully equipped centres; the provision of neonatal special care facilities across all Hywel Dda hospitals is neither safe nor sustainable given the low volume of patient throughput

8.2 The development of a Level 2 Neonatal Unit at Glangwili, if accompanied by appropriate changes in obstetric services, a collaborative approach to deliver medical cover across the Health Board, and the establishment of clear pathways of care, offers opportunity for improved efficiency, safety, sustainability, and equity in the delivery of neonatal services to all Hywel Dda residents

8.3 As maternity and neonatal services are closely interrelated, the appointment of obstetric and midwifery leads to work with the Hywel Dda paediatric lead would facilitate clear and effective decision making and enhancement of collaborative working

8.4 A 24 hour neonatal transport service would further strengthen neonatal care especially if combined with other innovative support for rural paediatricians through the Welsh Neonatal Network

1 Background

The Wales Audit Office Report “*A Picture of Public Services*” (2011) identified that transformational change was essential if public services were to deliver improved services for the people of Wales. The Welsh Government report “*Together for Health: A Five Year Vision for the NHS in Wales*” (November 2011) set out the challenges facing the NHS, namely rising demand, increasing patient expectations, financial constraint and recruitment difficulties. To meet this challenge, every Local Health Board in Wales was required to set out its plans for creating sustainable services for all communities with service change processes taken forward in accordance with the requirements of the “*Guidance for Engagement and Consultation on Changes to Health Services*”. Hywel Dda Local Health Board published its proposal for changes to health services in Mid and West Wales “*Your Health Your Future*” in January 2013. Two elements of the Hywel Dda Health Board’s proposals were referred by Hywel Dda Community Health Council to the Welsh Health Minister for determination. In accordance with the “*Referrals from Community Health Councils Guidance*”, the Minister for Health and Social Services established a Service Change Scrutiny Panel to provide expert advice to assist him in making his determination.

2 Information considered

A face-to-face meeting was held on August 15th 2013 with members of Hywel Dda Health Board and Hywel Dda Community Health Council (Appendix 2). Face-to-face and telephone discussions were held with members of the Welsh Health Services Specialised Services Committee and the Neonatal Network (Appendix 2). A list of documents received, and documents referenced are listed at Appendix 3. A large number of documents provide a description of neonatal and maternity services in Wales and set out national standards and specifications. It is not intended to duplicate this material.

3 Neonatal care

3.1 General description

Neonatal services provide care for babies that have needs over and above normal care requirements. Approximately 10% of babies have “over and above” needs, and 1% require the highest level of support (intensive care). Babies requiring intensive care are the most unwell or unstable and have the greatest needs in relation to staff skills and staff to patient ratios. At least some period of intensive care is usually required for extremely preterm babies, born less than 28 weeks gestation. This is also not infrequently needed by more mature babies with a variety of conditions, such as severe infections, neurological conditions, and congenital malformations. High dependency care is provided for babies who require highly skilled staff but where the ratio of nurse to patient is less than intensive care. Special care is provided for babies who require additional care but do not require either Intensive or High Dependency care. A list of the care processes that define a Special Care Day, High Dependency Care Day, Intensive Care Day and Transitional Care (BAPM 2011), is provided at appendix 4.

3.2 Categories of Neonatal Units

The terminology of Neonatal Unit categories can be inconsistent and confusing. The Department of Health Toolkit for High Quality Neonatal Services (October 2009) categorises these as Special Care Unit (SCU) (also known as Special Care Baby Unit,

SCBU, or Level 1 Neonatal Unit), Local Neonatal Unit (LNU) (also known as High Dependency Unit or Level 2 Neonatal Unit), and Neonatal Intensive Care Unit (NICU) (also known as Level 3 Neonatal Unit).

SCUs primarily provide special care for their local population and a stabilisation facility for babies who need to be transferred to a NICU for intensive or high dependency care. LNU provide all categories of neonatal care for their local population except for the sickest babies requiring complex or longer-term intensive care who are transferred to a NICU. The majority of babies over 27 weeks of gestation will usually receive their full care, including short periods of intensive care, within their LNU. Neonatal care is family centred and facilities required include parent accommodation, private and comfortable breastfeeding/expressing facilities and privacy for confidential conversations.

NICUs are sited alongside specialist obstetric and feto-maternal medicine services, and provide the whole range of medical neonatal care for their local population, along with additional care for babies and their families referred from the neonatal network. NICUs receive input from a range of specialists allied to medicine, including dietitians, physiotherapists, occupational therapists, and speech and language therapists. Many NICUs are co-located with neonatal surgery services and other specialised services. Medical staff in a NICU should have no clinical responsibilities outside the neonatal and maternity services. Standards must also be met for the proportion of nursing staff holding a post registration qualification in specialised neonatal care.

3.3 Organisation of neonatal services

There is a growing body of evidence, nationally and internationally, that indicates that care for very preterm babies and other more mature sick babies requiring highly specialist care including prolonged intensive support, should be concentrated in relatively few centres, as this is associated with reduced mortality and morbidity. In this model the delivery of a baby, in whom a need for additional care is anticipated, takes place in a specialist centre (i.e. the mother is booked to receive her care in a specialist centre, or be transferred there prior to delivery; so-called “in-utero transfer”). Where delivery of a very preterm or sick baby occurs unexpectedly, transfer to a specialist centre takes place as rapidly as is possible and safe. Once the intensity of support required has reduced, the aim is to transfer the baby to a neonatal unit closer to home, to receive on-going care and preparation for discharge. This pattern of organisation of neonatal services aims to ensure that:

- babies receive high quality, expert care in accordance with their needs delivered by a full complement of highly and appropriately skilled and trained staff
- babies receive care in a location appropriate to their needs, with low intensity care provided closest to home
- staff maintain their skills and expertise by treating sufficient numbers of cases;
- care is family-centred
- pathways of care across institutional boundaries are clear
- health-care staff deliver care collaboratively to serve the needs of patients across institutional boundaries
- efficiencies are gained in relation to in the purchase and maintenance of expensive equipment, provision of appropriate facilities for parents and families, and support services from professions allied to medicine (e.g. dietitians, counsellors, physiotherapists)

The “*All Wales Neonatal Standards for Children and Young People’s Specialised Healthcare Services*” (2008) includes standards for neonatal specialised care.

3.4 Current neonatal services in Hywel Dda Health Board

3.4.1 Geography

Hywel Dda is a large, predominantly rural community with many roads that are single carriage-way and/or readily compromised by bad weather. Travel distances and approximate times between Withybush and Glangwili are 30 miles and 40min, Bronglais and Withybush 65 miles and 1h 40min, Bronglais and Glangwili 50 miles and 1h 25min.

3.4.2 Obstetric services

The number of annual births is low, at around 500 at Bronglais, 1200 at Withybush, and 1600 at Glangwili. Each of the three hospitals is described as having a consultant led obstetric service.

3.4.3 Neonatal services

Bronglais has a neonatal “stabilisation” facility, and Withybush and Glangwili have Special Care Baby Units. None of the hospitals has a dedicated neonatal rota, i.e. neonatal care is provided by doctors also providing paediatric care.

3.4.4 Neonatal transfer services

CHANTS (Cymru inter-Hospital Acute Neonatal Transfer Service), the neonatal transport service for South Wales became operational in January 2011, replacing the day time ad hoc neonatal transport service provided by South Wales neonatal units. The service operates from 8am to 8pm and is run from each of the three tertiary neonatal units in South Wales, Cardiff, Newport and Swansea, working one week in three in rotation. Out of hours, an ad hoc service continues, relying on the goodwill and availability of the medical and nursing staff and an emergency ambulance and driver.

4 Hywel Dda Health Board proposals

The Hywel Dda Health Board sets out the case for change primarily in respect of:

4.1 Workforce issues

- Inability to recruit to meet Royal College of Obstetricians and Gynaecologists guidance on consultant cover on labour wards
- Difficulties in recruiting medical staff to maintain paediatric rota cover on all 3 sites, Glangwili, Withybush, and Bronglais
- Inability to achieve European Working Time Directive and British Association of Perinatal Medicine compliant rotas

4.2 Training issues

- The Welsh Deanery has said that trainees will not be allowed to work in units where the delivery rate is less than 2500, as they would gain insufficient experience

- The Welsh Deanery has required that, from March 2014, all paediatric trainees will have to work on one site to deliver their on-call commitment
- In order to maintain status as a training provider in paediatrics, and obstetrics and gynaecology, the obstetric units must have a sufficient number of births to meet curriculum requirements for training, and it will no longer be possible to include trainees in on-call rotas at both Glangwili and Withybush.

4.3 Geographical issues

Glangwili is located within a relatively short drive from Swansea. It was considered likely that should the Glangwili obstetric service close, many women currently delivering there would choose to go to Swansea, i.e. there would be no substantial increase in the number of deliveries at Withybush and the 2500 per annum requirement to maintain training provider status would not be met.

5 Comment and recommendations relating to the Hywel Dda Health Board proposals

Each of the key Hywel Dda Health Board proposals as they relate to neonatal services is discussed in turn.

5.1 Proposal: *“Ensuring there are well developed transitional care services at each obstetric unit”*

5.1.1 Comment: There is no definition provided by the Health Board of the term *“transitional care service”*. The British Association of Perinatal Medicine considers this can usually be delivered in two service models, within a dedicated transitional care ward or within a postnatal ward. In either case the mother is resident with her baby and provides care with support from a midwife/healthcare professional who needs no specialist neonatal training. Examples include babies requiring treatments that can be administered on a postnatal ward, such as antibiotics or phototherapy.

This provision of transitional care services at each obstetric unit recognises that babies may need minor additional care that can be safely administered without admission to a neonatal unit. It is in keeping with the principle of family centred care, and reduces the separation of mother and baby, and the pressure upon neonatal unit cots.

5.1.2 Recommendation: Accept, with the proviso that there is clarification of the model to be developed and reassurances are provided that midwifery staffing and training will be adequate to support transitional care.

5.2 Proposal: To develop *“clear and robust stabilisation and resuscitation services at Withybush, Bronglais and Glangwili Hospitals”*

5.2.1 Comment: The birth of a baby requiring resuscitation can occur unexpectedly. Stabilisation and transfer to a centre able to provide an appropriate level of care should then take place as soon as it is safe and practicable should the

baby require on-going higher intensity support. These services are essential for all hospitals where babies are born.

5.2.2 Recommendation: Accept, with the proviso that the process for ensuring prompt, safe transfer to a centre able to provide an appropriate level of care, should the baby require on-going higher intensity support, is made explicit, the pathway of care clearly defined, and resuscitation and stabilisation provided by staff trained and skilled in the required competences.

5.3 Proposal: *“to aspire to achieve a Level 2 neonatal service in Glangwili Hospital, whilst acknowledging this is unlikely with the present availability of trainee doctors”*

5.3.1 Comment: The non-availability or limited availability of trainee doctors does not preclude the delivery of a Level 2 neonatal service. Alternative models include consultant and/or post Certificate of Completion of Training non-consultant/SAS (Staff Grade, Specialty Doctors and Associate Specialists) delivered services (RCPCH 2012).

5.3.2 Recommendation: See section 7 below for detailed discussion; the development of a Level 2 neonatal service should not be aspirational but is essential if obstetric services are to be maintained at Glangwili Hospital.

5.4 Proposal: *“develop an obstetric unit at Glangwili Hospital also managing the highest risk births, recognising the requirement of safe and sustainable services”*

5.4.1 Comment: The delivery of “highest risk births” requires that there is adequate provision for the care of these babies. Unless otherwise specified the phrase “highest risk births” would normally be taken to include babies with complex conditions or otherwise with a high likelihood of requiring high dependency or intensive care. This proposal requires clarification.

5.4.2 Recommendation: Reject, as the development of a high risk obstetric unit, i.e. a unit providing care for women whose babies have a high likelihood of requiring high dependency or intensive care, is unsafe without concurrent provision of neonatal high dependency/intensive care facilities.

5.5 Proposal: *“develop a paediatric high dependency unit co-located with the neonatal unit at Glangwili Hospital”*

5.5.1 Comment: Paediatric services are out-with the scope of this report. The implications of co-locating paediatric high dependency and neonatal care would depend upon the volume of paediatric need, the decision regarding the level and volume of neonatal care, and the ability to recruit and retain an appropriately skilled workforce.

5.5.2 Recommendation: The decision regarding the development of a co-located paediatric high dependency unit should be made in conjunction with final decisions around neonatal services.

5.6 Proposal: To develop “*a service specification for high dependency neonatal care in Hywel Dda with clear pathways to Level 2 and Level 3 units*”

5.6.1 Comment: Babies that require high dependency care and intensive care are currently transferred between Hywel Dda hospitals (for example from Bronglais to Withybush, and from Withybush to Glangwili) and to other hospitals in South Wales (for example to Singleton and University Hospital of Wales). These are inconsistent and sometimes inappropriate patient flows, and indicate the need for a service specification defining clear, consistent pathways to Level 2 and Level 3 neonatal units.

5.6.2 Recommendation: Accept, noting that the service specification will be dependent on the outcomes of proposals 5.3, 5.4, 5.5, and 5.7.

5.7 Proposal: “*retain obstetric services at Withybush and Bronglais Hospitals*”

5.7.1 Comment: Obstetric and midwifery services are outside the scope of this report. It must be noted, however, that retention of a full consultant obstetric service would necessitate retention of neonatal units equipped and staffed to deliver special care at Withybush and Bronglais. NICE Guidance (2007) states that obstetric units must provide direct access to “obstetricians, anaesthetists, neonatologists and other specialist care” hence there are other wider implications. There are approximately 1300 and 500 births per annum at Withybush and Bronglais respectively; the number of days of special care provided per annum is approximately 1000 at Withybush and unknown at Bronglais; in 2011/12 one hundred and fifteen babies received special care at Withybush and two at Bronglais. Given this low patient volume the likelihood of recruiting and retaining appropriately trained and skilled medical staff and maintaining expertise is poor, and would be cause for concern in relation to sustained delivery of a safe service.

5.7.2 Recommendation: The nature of the proposed “obstetric services” requires clarification.

6 Hywel Dda Community Health Council concerns and proposals

6.1 Meeting with members of the Community Health Council

The genuine anxiety of members of the Hywel Dda Community Health Council was evident and appeared to relate to a perception of down-grading of services as a consequence of the service reconfiguration. They acknowledged the planning blight that has ensued as a consequence of the referral and they recognise the difficulties in staff recruitment with the deskilling that arises from insufficient patient contact that forms part of the Health Board’s justification for service reconfiguration. They expressed major concern regarding patient transport

between hospitals, drawing attention to roads that are often closed by accidents or poor weather conditions.

Members of the Community Health Council referred to a need for an “enhanced rural model”, an “opportunity to be innovative” and acceptance of the need for alternative models of working, recommending closer working with specialist staff at tertiary centres and consideration of, for example, General Practitioner Specialists. They acknowledged that the population expressed a distinct preference to deliver in Swansea, i.e. that travelling this distance in non-emergency situations was not an issue. Medically qualified members of the Community Health Council expressed preferences for retention of traditional organisational models.

6.2 Community Health Council proposals

The Community Health Council does not support the proposal to develop a Level 2 neonatal unit at Glangwili Hospital stating “*we remain of the opinion that such a development and large capital investment is unjustified given the statistics which reveal that only a very small volume of patients would require such a facility. We also believe that inadequate recognition has been given to the close proximity of ABMU LHB’s Morriston Hospital*”. “*The CHC would seek a strengthening and enhancement of the existing service model across all four hospitals in the Hywel Dda area and the Special Care Baby Units therein and recommend that this should be the preferred model for the LHB; this is not the status quo but a bolstering and a much improved networking of the existing separate facilities at each hospital.*”

7 Comment and recommendations relating to the Community Health Council proposals

7.1 Interdependencies

7.1.1 Obstetric services

Obstetric services are outside the scope of this report and it is noted that the proposal to establish a “complex obstetric unit” in Glangwili was not referred to the Minister. However healthcare for mothers and babies is self-evidently closely inter-related. The low number of less than 3500 deliveries across Bronglais (~500), Withybush (~1200) and Glangwili Hospitals (~1600) is particularly relevant to newborn care. From a neonatal perspective the provision of a full consultant maternity service brings with it the requirement for a fully staffed and equipped neonatal unit. Newborn needs can be accommodated, without need for a neonatal unit, if a low-risk maternity service provided through a midwifery led unit, is accompanied by emergency medical obstetric cover, staff trained in newborn resuscitation and stabilisation, and clearly defined pathways for in-utero and postnatal transfers. There is consistent evidence from around the world that the regionalisation of services for low-risk deliveries and the centralisation of high risk deliveries are effective in reducing neonatal deaths (Moster et al 2001; Heller et al 2002; Merlo et al 2005; Hallsworth et al 2007; de Jonge et al, 2009). From a neonatal perspective centralisation of consultant maternity services in a single centre in Hywel Dda would provide improved patient throughput, enable centralisation of neonatal services, facilitate stable and improved staffing,

maintenance of staff skills, more efficient resource utilisation, and would benefit infant care and outcomes.

7.1.2 Other specialist services

The proposal to develop a “two-site” model for paediatrics was not referred to the Minister. However there are other important dependencies in health care; preterm or sick infants frequently require specialist multidisciplinary follow-up care and a mother considered to have a high risk pregnancy may require specialised care herself. Clearly a full range of specialist services for mothers, babies and children, cannot be delivered at every location where babies are born. We agree with the Community Health Council’s desire to see a strengthening and enhancement of services across all hospitals with much improved networking in Hywel Dda. We note an innovative approach implemented for some paediatric specialities that involves collaborative working in a unified model of service delivery across the Hywel Dda Health Board. We commend this model for delivery of consultant level obstetric and neonatal on-call and day-time cover through a shared rota across the Health Board. Further development of such models to include for example, “consultant of the week” responsibilities for neonatal care located at a single site, would have multiple benefits. The establishment of the Welsh Neonatal Network offers further opportunity for collaborative working across neonatal and obstetric units in Wales.

7.1.3 Recommendation

Decisions regarding neonatal services cannot be made without clarity in relation to obstetric and midwifery services, and pathways of care to specialised services; we suggest that the appointment of obstetric and midwifery leads to work with the Hywel Dda paediatric lead would facilitate clear and effective decision making and strengthened collaborative service delivery.

7.2 Safety and sustainability

7.2.1 Staffing

Specialist care is provided by doctors, nurses, and “professions allied to medicine” that have had expert training. They are few in number, highly skilled, and require continued use of these skills to maintain them. Even if funds were available to establish teams of specialists at every site where babies are born, it is unlikely that there would be sufficient numbers of skilled, trained staff available to recruit, and even if recruitment were possible, their skills would inevitably rapidly be compromised through lack of sufficient patient throughput.

7.2.2 Equipment

Specialist equipment is expensive, requires skilled maintenance, and defined replacement programmes. Even if funds were available to fully equip multiple neonatal units across Hywel Dda, the costs of replacement and maintenance by skilled personnel would be unsustainable.

7.2.3 Recommendation

Strong justification for the centralisation of neonatal care is provided by the need for equitable access to care delivered by trained specialists with up-to-date skills in appropriately equipped centres; the provision of neonatal special care facilities across all Hywel Dda hospitals is neither safe nor sustainable.

7.3 A network model

7.3.1 Equity, co-ordination, and collaboration

In the vast majority of cases, pregnancy and birth are normal physiological processes, requiring skilled midwifery care, but not necessarily medical care. Mothers at high risk of delivering a baby with “over and above” needs should do so at a location with appropriate on-site facilities. However predicting pregnancy outcome can be extremely difficult and obstetric and neonatal emergencies may occur rapidly and without warning. There is no universally accepted definition of “low risk”, though guidance from NICE is available (2007) and every mother is entitled to a positive birth experience, care at or as close to home as possible and confidence that she and her baby will have rapid access to specialist care should this be needed. These aims may at first sight involve tensions but the benefits of a network model of care have been acknowledged in Wales and around the world as the most effective and efficient means of providing every mother and baby with equitable access to highly specialised care in an appropriately staffed and equipped facility when needed, with care close to home when not needed. Without defined pathways of care, the delivery of care for a sick baby all too often becomes a lottery.

7.3.2 Neonatal transfer service

Integral to a networked arrangement is an appropriately resourced system for 24 hour ambulance transfers for mothers and babies, and good general transport links. The Welsh Neonatal Network was asked to undertake a costed appraisal exercise for 24 hour neonatal transport services across Wales, but the outcome of this is unknown. Given the rurality of Hywel Dda, the reliable availability of immediate advice and support for a local paediatrician faced with the unexpected emergency delivery of a critically ill newborn baby would be an important advance.

7.3.3 Recommendation

A 24 hour neonatal transport service would strengthen neonatal care and should be established without further delay. We recommend also that consideration is given to establishing other consistent support for rural paediatricians through the Welsh Neonatal Network; for example emergency telephone consultation with a consultant at a Level 3/Neonatal Intensive Care Unit, and a rapid response team able to travel in advance of an ambulance team to provide immediate on-site assistance.

7.4 Volume of neonatal care requirement

7.4.1 Special Care and High Dependency Care

The number of Special Care days provided by each of Withybush and Glangwili Hospitals is in the region of 1000 per annum; this is about half the average provided by Special Care Units (Level 1 Neonatal Units) nationally. In 2012 Singleton provided 475 days of Special Care to babies born to mother's resident in Hywel Dda (Carmarthenshire 409; Pembrokeshire 35; Ceredigion 31).

Withybush and Glangwili provide approximately 120 and 180 days of High Dependency Care per annum respectively. In 2012 Singleton provided 274 days of High Dependency Care to babies born to mothers' resident in Hywel Dda (Carmarthenshire 174; Pembrokeshire 74; Ceredigion 26). Taking into account that the number of High Dependency Care days delivered to Hywel Dda mothers elsewhere in Wales is unknown and that unmet high dependency need cannot readily be quantified (e.g. babies that might have benefited from parenteral nutrition or non-invasive respiratory support but did not receive this), a **conservative** estimate is that babies born to Hywel Dda residents have a total High Dependency Care requirement of around 600 days per annum. This approximates to the average number of High Dependency Care days provided by Local Neonatal Units (Level 2 Neonatal Units/High Dependency Units) nationally.

7.4.2 The case for development of a Level 2 Neonatal Unit at Glangwili

The volume of Special Care provided at each of Withybush and Glangwili is half the national average provided by Level 1 neonatal units. Clinical expertise, a key determinant of quality of care and outcomes, is maintained by high volume patient throughput. High patient volume is associated with better outcomes across a wide range of health care procedures and conditions, including neonatal care (Halm et al, 2002). Providing neonatal Special Care at one site would better enable staff to retain skills and grow experience and would ensure more efficient use of resources. There is also sufficient requirement for neonatal High Dependency Care among Hywel Dda residents to justify the development of a Level 2 neonatal unit. Neonatal Intensive Care in South Wales is provided in Swansea, Cardiff, and Newport. Bristol provides neonatal cardiac/surgical care. Hence the flow of increasing intensity of care is from west to east. This, in conjunction with the close proximity of Singleton (and Morriston Hospital), are arguments in favour of developing a neonatal unit able to provide the Special Care and High Dependency Care needs of the Hywel Dda population at Glangwili Hospital.

7.4.3 Recommendation: The development of a Level 2 Neonatal Unit at Glangwili, if accompanied by appropriate changes in obstetric services, and a collaborative approach to deliver medical cover across the Health Board, offers opportunity for improved efficiency, safety, sustainability, and equity in the delivery of neonatal services.

7.5 Strengthening newborn services

7.5.1 The need for change

Healthcare has always evolved to better meet the needs of patients, and improve outcomes and patient experience; for example rapid discharge within a few days

of Caesarean section delivery is now the norm, in contrast to hospital stays of a week or more previously. The introduction of managed clinical networks in England has been accompanied by measurable benefit (Gale et al 2012). There is compelling evidence of the benefits to patients of concentrating specialised services in fewer centres (Academy of Medical Royal Colleges 2013; Royal College of Physicians 2012; Royal College of Obstetricians and Gynaecologists 2011); for example the London Stroke Strategy involving replacing 32 stroke units with 8 highly specialised units, has led to a reduction in deaths and costs. All neonatal units in Wales now utilise a common electronic patient management system that offers opportunity to make avail of up-to-date information on patient volume, care requirements, and evaluate the impact of change upon patient outcomes so that services may continue to evolve.

7.5.2 Communicating the rationale for change

Change is often unsettling and it is recognised that communities often view alterations in the way in which healthcare is delivered with suspicion. The personal concerns of professionals at the perceived loss of a service are also powerful obstacles to change. This is reflected in public protest and clinical dissent at aspects of the Hywel Dda Health Board proposals. Though sometimes difficult to communicate that a sick patient needs to get to the hospital that can provide the best care, not to the hospital that it is closest, it is crucial that this is achieved. It is also essential that achieving integrated, networked care for mothers and babies is neither presented nor viewed as a downgrading of services, and is recognised as a modernisation of services.

7.5.3 Recommendation

Community Health Councils and others representing the public interest would benefit from access to independent professional advice, up-to-date evidence, and reliable health data.

8 Concluding remarks

The Welsh Neonatal Standards (2008) were developed following recognition that previously “*these services were being delivered in an ad hoc and fragmented way*”. The Standards, the CHANTS neonatal transport service, the establishment of a Welsh Neonatal Network, and the introduction of a real-time electronic patient management system for use in day-to-day clinical care, have been major improvements to neonatal care in Wales. Elements of fragmentation persist; for example it is noted that Level 2 neonatal care (High Dependency Care) provided out-with a NICU, does not fall within the remit of the Welsh Specialised Services Committee, nor does responsibility for neonatal Special Care. However the progress made demonstrates that with clinical leadership, effective public engagement, political will, and honesty in conveying to the public the benefits of change to improved patient care, outcomes and experience, reconfiguration can deliver modern, effective, efficient neonatal services for the people of South Wales.

Appendix 1

Scrutiny Panel Terms of Reference

1. Taking account of relevant national standards, sustainability, best practice and the Welsh Government policy context set out above, to examine the proposals for service change put forward by Hywel Dda Health Board; and the objections and alternative proposals put forward by Hywel Dda Community Health Council for:
 - A&E services at Prince Philip Hospital in Llanelli; and
 - Neonatal services, specifically in relation to Glangwili (Carmarthen) and Withybush (Haverfordwest) Hospitals.
2. To provide detailed advice and recommendations to the Minister for Health and Social Services on whether the Health Board's proposals should proceed, or be modified to take account of the Community Health Council's objections and alternative proposals.

Appendix 2

Meeting with Hywel Dda Health Board, 14th August 2013

Trevor Purt	CEO
Sian-Marie James	Vice Chair
Kathryn Davies	Director of Planning, Strategic Integration, Therapies and Health Sciences
Paul Williams	Assistant Director of Strategic Planning
Sian Lewis	Consultant Haematologist & Assistant Director of Clinical Services

Meeting with Community Health Council 15th August 2013

Tony Wales	Chair
Gabrielle Heathcoat	Deputy Chair
Ashley Warlow	Chief Officer
Sam Dentten	Deputy Chief Officer
Helen Pinnell-Williams	Secretary
Ray Hine	
Paul Hinge	
Ruth Howells	Retired Consultant Obstetrician
Peter Milewski	
Pamela Parsons	
John Philips	
Chris Slader	
Janet Waymont	

Additional face-to-face meetings, telephone discussions, and written submissions

Daniel Phillips	Director of Planning, Welsh Health Specialised Services Committee
Siddartha Sen	Consultant Neonatologist, Welsh Neonatal Network
Heather Payne	Maternal and Child Health Lead, Welsh Government
Jean Mathes	Consultant Neonatologist, Singleton Hospital
Simon Fountain-Polley	Consultant Paediatrician, Bronglais Hospital and Clinical Programme Director for Women's and Children's Health, Hywel Dda Local Health Board
Martin Simmonds	Consultant Paediatrician Withybush Hospital,
Kevin Tribble	General Manager, Child and Adolescent Health, Withybush Hospital
Julie Wall	Assistant Head of Midwifery, Pembrokeshire
Annette John	Staff Nurse, Withybush Hospital
Gustavo vas Falco	Consultant Paediatrician, Withybush Hospital
Danniela Secan	Consultant Paediatrician, Glangwili Hospital
Julie Young	Sister Glangwili Hospital,
Margaret Hood	Midwife Glangwili Hospital,
Meinir Davies	Staff Nurse Glangwili Hospital

Appendix 3

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Appendix 4

Definitions (British Association of Perinatal Medicine, 2011)

Intensive Care Day

- Any day where a baby receives any form of mechanical respiratory support via a tracheal tube
- BOTH non-invasive ventilation (e.g. nasal CPAP, SIPAP, BIPAP, vapotherm) and Parenteral Nutrition
- Day of surgery (including laser therapy for ROP)
- Day of death
- Any day receiving any of the following
 - umbilical arterial line
 - umbilical venous line
 - peripheral arterial line
 - insulin infusion
 - chest drain
 - exchange transfusion
 - therapeutic hypothermia
 - prostaglandin infusion
 - replegle tube
 - epidural catheter
 - silo for gastroschisis
 - external ventricular drain
 - dialysis (any type)

High Dependency Care Day

Any day where a baby does not fulfil the criteria for intensive care where any of the following apply:

- any day where a baby receives any form of non-invasive respiratory support
- (eg nasal CPAP, SIPAP, BIPAP, HHFNC)
- any day receiving any of the following:
 - parenteral nutrition
 - continuous infusion of drugs (except prostaglandin &/or insulin)
 - presence of a central venous or percutaneous long line
 - presence of a tracheostomy
 - presence of a urethral or suprapubic catheter
 - presence of trans-anastomotic tube following oesophageal atresia repair
 - presence of a nasopharyngeal airway/nasal stent
 - observation of seizures/cerebral function monitoring
 - barrier nursing
 - ventricular tap

Special Care Day

Any day where a baby does not fulfil the criteria for intensive or high dependency care and requires any of the following:

- oxygen by nasal cannula
- feeding by nasogastric, jejunal tube or gastrostomy

- continuous physiological monitoring (excluding apnoea monitors only)
- care of a stoma
- presence of intravenous cannula
- receiving phototherapy
- special observation of physiological variables at least 4 hourly

Transitional Care Day

This can be delivered in two service models, within a dedicated transitional care ward or within a postnatal ward. In either case the mother must be resident with her baby and providing care. Care above that needed normally is provided by the mother with support from a midwife/healthcare professional who needs no specialist neonatal training. Examples include low birth-weight babies, babies who are on a stable reducing programme of opiate withdrawal for Neonatal Abstinence Syndrome and babies requiring a specific treatment that can be administered on a post-natal ward, such as antibiotics or phototherapy.

The Scrutiny Panel Report
On Proposed Service Change Proposals

At

Prince Phillip Hospital, Llanelli

September 2013

Professor Neena Modi: Expert member for Neonatal Services

Dr Jim Wardrope: Expert member for Emergency Care

Dr David Salter: Retired former Deputy Chief Medical Officer for Wales

Summary of Main Recommendation

In the Panel's opinion the development of an Emergency Nurse Practitioner led and General Practitioner supported (ENP+GP) model would best serve the people of Llanelli.

If the panel's recommendations are accepted then this would mean:

- **The hospital would continue to treat most of the patients that go to PPH at present.**
- **The ENP+GP unit would deal with the less serious illnesses and injuries but would be supported by the medical doctors and anaesthetists if patients with more serious conditions arrived unexpectedly.**
- **Patients sent to PPH by their GPs as emergency admissions would be seen directly by specialist medical teams without having to go through A&E and may start their treatment sooner than they would under the existing system.**
- **Patients requiring care by an out of hours general practitioner would be seen in the same unit.**

1. Replacement of the Emergency Department Service at Prince Phillip Hospital (PPH).

- The panel strongly support the case for replacement of the “A&E” service at PPH. The case for such a change is supported by the Local Health Board (LHB) and the Community Health Council (CHC).
- As PPH will not have an A&E department, signage should be changed to indicate the scope of the unit. The Panel was not requested to advise on the naming of the new facility. We believe that the naming of such units is subject to discussions across Wales. We advise that the name should make it clear to the public the type of medical and surgical conditions which it can treat. In the meantime, names such as Urgent Care Centre, Urgent primary care and minor injury unit or Urgent GP and minor injury unit are names which could be applied to the type of unit the Panel recommends.
- Traffic signs indicating the “A&E” unit should be removed or replaced.

2. Safety and benefits of the Emergency Nurse Practitioner (ENP) +General Practitioner (GP) model

- This model is safe and has many other advantages that work towards NHS Wales’ plan of greater use of primary and community care.
- Medical support for the ENPs would result in fewer patients being sent to other hospitals or other departments within PPH and more patients being treated at a single visit.
- Such a model would be able to deal with most of the current workload, given that this is heavily skewed to the treatment of more minor conditions.
- There would be more likelihood of dealing with more patients with more complicated medical needs, such as those with alcohol and drug problems (the overnight GP service already deals with such patients).
- Local GPs working alongside hospital colleagues would improve the way they work together, with better working between community and hospital care.
- It would present a major opportunity for GP training in urgent care giving Hywel Dda Local Health Board a GP workforce with the ability to deal with more complicated urgent medical and surgical problems that occur in primary care and reducing the need to send some patients for hospital care. It would support better screening of the elderly who may be frail and suffering falls, for conditions that can be treated to reduce the recurrence of falls.
- Better co-operation between the Out of Hours service and the new Department would be increased.
- Close working with the similar service provided at Singleton Hospital would be of benefit and possibly increase the opportunities for training and increase the number of doctors available to work in either unit.
- Discussions with the Postgraduate Deanery (responsible for the training of qualified doctors) would highlight these training opportunities and aid the ability to employ doctors in urgent care in the future.

In the Panel’s opinion the development of an ENP led and GP supported (ENP+GP) model would best serve the people of Llanelli and reduce the risks of major increases in patients being sent other units. It would best serve the main strategy of greater emphasis

on primary care and better working between hospital and community services. It presents huge opportunities for training and development of GPs to help Hywel Dda LHB provide better community care in the future.

3. Safety and benefits of the Emergency Nurse Practitioner model.

- This model is probably safe but there would be significant limitations on the type of cases that could be handled at PPH alone.
- There would almost certainly be an increase in patients being sent to other hospitals and departments within PPH and there is a risk of a significant increase in patients sent to Morriston Hospital and or an increase in transfers to Glangwili Hospital.
- A major increase in patients sent to already stretched emergency departments would result in a deterioration of quality not only for Llanelli residents but for existing users of services at other hospitals.
- Increased transfer to Glangwili would also cause transport problems for patients discharged after treatment at Glangwili.
- There would be a need for more support from medicine for more patients with difficult problems such as alcohol and drug abuse. These problems are already part of the work done by the acute medicine department but this would increase.

In the Panel's opinion many of the added advantages of the ENP+GP model would be lost and does not support this option over the ENP+GP model.

4. Out of Hours Service

- The barrier between the Out of Hours Centre and the existing "A&E" department is artificial. Patient in the "A&E" needing GP care have to telephone to obtain an appointment in the Unit across the same corridor. This seems contrary to good patient care and efficient use of resource. The reasons for such barriers should be explored and ways found that remove barriers to patient care introduced.

There should be an easy means for patients to go from one department to the other.

5. Access to primary care/ GP hospital referrals.

- There were many comments especially from the CHC about patients' poor access to their GPs in some areas, resulting in increased Emergency Department (ED) attendance. The CHC was planning a survey of patients attending the ED to provide evidence of the magnitude of such problems. This is a worrying finding and likely to be a significant bar to the LHB strategy of greater use of community services. Some patients referred for urgent or emergency admission to hospital are directed through the existing "A&E" rather than seeing doctors from specialist departments first. This can lead to delays in starting the most appropriate care.

If the CHC survey confirms problems with access to primary care, then action should be taken to remove such barriers. Patients referred by their GP to specialties should not have to go through the ED unless there were systems in place to assess such patients with a view to preventing admission.

Technical Documents Supporting the Advice and Recommendations

Context and Rationale

Hywel Dda Local Health Board (HD LHB) has carried out a consultation on the re-organisation of ED services in West Wales. Part of that plan was to replace the current part time ED with a Local Accident Unit (LAU). The Community Health Council had considered these plans but had asked that the LAU which would be mainly nurse led, should have GP support and be named an Urgent Care Centre (UCC).

The decision had been referred to the Minister for Health of the Welsh Assembly by the CHC. The Minister has sought external advice on the proposals by the LHB and the CHC by means of a Scrutiny Panel.

Current Emergency Department Services in West Wales

The current provision of services is well described in the supporting documents, provided by the LHB and the CHC. West Wales presents challenges for Emergency Care provision due to the large distances and relatively poor transport links in a rural setting. There are currently three Type 1 EDs providing 24 hour care and one Type 2 department at Prince Philip Hospital (PPH) Llanelli. It is the future of PPH that is the subject of this Scrutiny.

Services at PPH

- The ED is staffed by Emergency Medicine doctors 8am to 10 pm seven days per week and overnight the department is staffed by GPs with a special interest in A&E.
- The department sees 30,000 new patients per year with 3,000 ambulance attendances and a 10% admission rate. There are a number of protocols in place that divert ambulances with general surgical conditions, children, major trauma and other conditions to other hospitals.
- The ED is supported by acute medicine, imaging and laboratory services. There is a small ITU/HDU. There are fracture clinics during the week and elective orthopaedics on site. There is no general surgery or paediatrics on site.
- There is a co-located Out of (OOH) facility run from the Fracture Clinic next to the ED. However there is no common triage mechanisms and there are artificial barriers to access that prevent primary care patients moving easily from the ED to OOH.

Case for change

- The EDs in the area are struggling to maintain staffing, a problem in Emergency Medicine (EM) throughout the whole of the UK. However with only two substantive EM consultants, no EM middle grade trainees and a few substantive non consultant middle grade doctors, the Emergency Medicine staffing in Hywel Dda is severely stretched and is very far removed from any current guidelines for staffing A&E departments. The maintenance of the service is highly dependent on the hard work and good will of a few individuals. The situation should

be regarded as a major clinical and organisational risk. There is no prospect of improvement in this situation in the medium or longer term with the current need to staff 4 A&E departments. This is not sustainable, desirable or safe.

- Problems in EDs have been widely publicised and NHS England is undertaking a whole systems review to try and address the issue. The staffing issue in Wales is even more acute.
- Advances in treatment of some conditions have led to concentration of specialist services with patients travelling far longer distances to receive better care.
- The back-up services available at PPH, while capable of sustaining a safe ED taking selective ambulance patients, is not ideal. The department does not function as an ED at night.

National Standards and Welsh Government Policy

- NHS Wales has set out its five year vision in “Together for Health”. The main policy direction is better access to primary care and better local services. Services must be put on a strong basis to ensure long term sustainability while keeping services as local as possible. It acknowledges the challenges of staffing in some specialties and financial pressures.
- The College of Emergency Medicine (CEM) sets out standards for ED staffing. There should be a consultant in Emergency Medicine available at all times and a doctor of ST4 level or above in the department at all times. HD LHB fails to meet these standards in its EDs. The national workforce problem is not going to improve in the foreseeable future. All avenues have been tried to solve this problem including the recruitment of overseas doctors.
- If HD LHB is to provide a safe ED network then there is an overwhelming case for concentrating resources in fewer units.
- The pattern of work and case mix in PPH ED is not ideal to support Emergency Medicine training.

Sustainability

- There is strong evidence that the current ED framework in Hywel Dda is not sustainable. PPH is not an ED at night. Other departments struggle to provide safe staffing. In order to try and provide a long term sustainable ED network hard decisions need to be made.

Best practice

- It appears that many of the best clinical practice decisions have been made with centralisation of services for heart attack, major trauma, general surgery and paediatrics. This has left PPH with the bare minimum of clinical support for the ED. While the support is within CEM guidelines, it is not the ideal configuration for support services.
- Staffing problems will mean that it is impossible to provide an up to date EM service and the case mix is far from ideal for EM training.

HD LHB proposals

- The proposal is to continue an acute medical take with a medical receiving unit (currently the model at night) and an Emergency Nurse Practitioner led minor injury unit (or Local Accident Unit).

Results of the consultation process

- There appears to have been a large consultation process with staff, the general public and the CHC.
- There also appears to be general support for change and that the current model is not sustainable but there are a number of important documented objections that need to be considered.
- The main counter proposal by the CHC is that the ED should be replaced with an “Urgent Care Centre” that would have 24 hour GP support.
- Acute physicians at PPH have expressed their main concerns as that with a nurse led model, they, as physicians, would be asked to provide support out-with their competence in the areas of paediatrics, orthopaedics and general surgery. There are also concerns about the care needed by patients brought by the police.
- Local primary care (LMC) agrees that the current situation at PPH is not sustainable. They have reservations about a nurse practitioner led unit but also about capacity in primary care to take up increased community care.
- The National Clinical Forum of leading clinicians agrees that the situation in Hywel Dda is not sustainable. They think that even greater consolidation of services would provide a more sustainable solution.

Developments subsequent to the consultation

- PPH clinicians, local primary care and PPH management have engaged in an exercise to explore the type of services that would replace the “A&E” Service at PPH. They have set up five work streams to provide options for consideration.
- These work streams include forward thinking plans for the development of services. Perhaps those for acute medicine and for the management of the frail elderly are most advanced. Given the highly selective nature of the current workload, these plans will probably provide a safe and sustainable solution for the acute medical patients attending PPH from cardiac arrest to ambulatory care for medical conditions. The work on the care of the frail elderly patient has the potential to improve care for this very important group of patients.
- There are two models offered for the care of minor illness and minor injury. One is staffed only by emergency nurses practitioners (ENP), the other uses the same ENP model augmented by a GP with special interest in urgent care (ENP+GP). The ENP+GP model seemingly has been introduced with great success at Singleton Hospital in Swansea. In Singleton they apparently have no problem in recruiting GPs to staff the model.
- While a full impact analysis is not complete on these two models, it is clear that the acute physicians continue to be concerned about the safety and effectiveness of the ENP model and clinical opinion is firmly behind the ENP+GP model. The ENPs the Panel met voiced

a clear preference for the ENP+GP model; they think this would make them more effective.

General points made by CHC members, at their meeting with the Panel

- Hywel Dda is a large and largely rural community with poor transport links and long transport times
- Bronglais Hospital is isolated and serves a large area to the north and is thus strategically important.
- Llanelli is more of an urban area with stronger links to Swansea both culturally and in terms of transport and referral patterns.
- The use of data and statistics by the LHB including population health needs assessment was either poor or missing completely.
- There was a perception that the LHB was advertising locum posts rather than substantive posts.
- There was agreement that new ways of working were going to be required, “creative solutions that would tackle rurality”.

Issues specific to PPH made by CHC members

- The CHC acknowledged that professional opinion had stated that the current situation was not sustainable.
- The CHC preferred model was for an “Urgent Care Centre” with ENPs working with doctor support 24/7. The reasons for this model were provided in the referral documents and are noted above.
- The model of the GP unit at Singleton hospital was said to be successful.
- There were significant issues about the transfer of patients to Glangwili Hospital. If these patients were discharged in the evening and at night, there could be major problems with transport home as the public transport links were not good.
- There were concerns expressed about capacity at Glangwili and Morriston A&E.
- There was an opinion that the hospital had been built with public subscription and that the population will always go to the hospital.
- There were a number of demographic reasons why PPH should continue to provide a doctor led service, including high levels of deprivation, a high immigrant population, high drug and substance misuse, the proximity of the police cells, and a different culture between Llanelli and Carmarthen.
- The CHC had been assured that any solution would be clinically led.
- There was a comment that the signs to an A&E department were potentially misleading, especially to visitors.
- There were a number of comments that access to primary care was poor in some areas leading to increased ED visits. Also there was some evidence that GP emergency admissions had to go through the “A&E” department.
- The Panel was careful to clarify that the CHC agreed the model of care that had been suggested. They confirmed that they are proposing an acute medical receiving unit and an Urgent Care Centre with ENP and GPs working 24 hours per day. They agreed this model was not an A&E department.

Conclusions

The College of Emergency Medicine has a position statement on reconfiguration of services and how these should be judged. Dr Wardrope has adapted these tests to apply to the local situation.

- 1. Safe, effective and accessible delivery of emergency care must lie at the heart of all decision making in reconfiguration.**

Opinion

- Either the ENP or ENP+GP model would provide safe health care.
- The ENP model would probably provide less effective and less accessible healthcare with more patients being transferred to other services.
- The ENP+GP model is likely to lessen the need for transfer and lessen the impact on already stretched EDs especially at Morriston.
- The acute physicians have voiced concern about the ENP model in that they would be asked to provide clinical advice for orthopaedics, paediatrics and O&G. There are the plans for PPH that the orthopaedic presence will actually be enhanced. Major trauma will be taken to Morriston Hospital and moderate isolated limb injury would again be taken by ambulance to other Emergency Medicine departments.
- The Nurse Practitioner will be well trained in the management of minor trauma and able to recognise the need for transfer. There will be orthopaedic doctors on site who should be able to provide occasional orthopaedic advice
- There may be a vanishingly small number of patients that walk in with an injury that needs immediate intervention. There should be sufficient orthopaedic and anaesthetic back up and it is hard to see why acute medicine should be involved.
- Regarding the care of a sick child, there are already systems in place to provide anaesthetic support (with the staff updated in the care of children). The aim would be to stabilise and transfer to more appropriate care. Children with minor illness may need referral to either GP services or to another ED.
- The same would apply to general surgical patients.
- There are issues surrounding the care of patients with alcohol or drug intoxication. PPH has a work stream looking at the care of such patients. The details are not yet finalised but given adequate resource, planning and training it should be possible to deal with these patients effectively. Indeed there are opportunities to improve the on-going care of these patients.

- 2. Commissioners must fully understand the complexity of the emergency care case mix and its distribution over a 24 hour period.**

There is evidence the commissioners understand the case mix although the CHC voiced concerns about some of the statistics and a health needs assessment.

3. The competencies and skillsets of the clinical decision makers in the emergency care system must be considered before any reconfiguration proposals are allowed to proceed.

Opinion

- The commissioners have considered the skills required of nurse practitioners but perhaps overestimate the confidence of the ENPs to handle some conditions without medical support.
- The numbers of ENPs trained/ in training is currently not sufficient to run a 24/7 service.
- There are already a number of GPs working at nights that have very significant experience of ED work. These numbers will have to grow if the ENP+GP model is accepted. Experience at Singleton Hospital indicates that there is no shortage of GPs willing to undertake such work. However recruitment, training and CPD of these GPs will require careful planning.

4. Close collaboration with local clinical experts are vital in any discussions.

Local experts in Emergency Medicine, Acute Medicine have been actively involved as have GPs. The views of the clinicians who will have a direct role in service delivery are very important.

5. Any proposed models for care delivery must be clinically led.

The ENP+GP model has significant clinical support by the acute physicians, the ENPs and it is believed, local primary care.

The ENP model has some support from EM.

6. The training and education of the emergency care workforce must lie at the heart of the service to help optimise the quality of care delivered

Training and education of the ENPs is being given prominence.

The ENP+GP model gives a golden opportunity to provide a novel and effective learning environment for GP trainees. This has the potential to increase the long term sustainability of urgent care workforce in Hywel Dda.

7. A high quality clinical governance and risk management programme must be built into any proposed reconfiguration with a set of metrics that can be shared between all relevant stakeholders to ensure the pursuit of excellence in emergency care.

It is not entirely clear what the clinical governance arrangements are going to be. Until the final model is decided this will be difficult and the management team are very aware of the need for this infrastructure.

8. The unit must have a cohesive 24/7 support service structure from key specialties and services including acute medicine, intensive care/anaesthesia, diagnostic imaging and appropriate laboratory services.

PPH has the services required to support a selective emergency medical take.

9. Ideally paediatrics, general surgery and orthopaedics should also be on site. If they are not, then safe care pathways with robust governance processes linked to corporate responsibilities must be in place for the management and safe transfer of patients.

The PPH management team seem very aware of these issues and already procedures are in place to deal with general surgical, paediatric and orthopaedic patients. These systems will have to be reviewed before service change.

10. Detailed modelling of the potential impact of any reconfiguration proposal on the local population and healthcare economy is vital.

The impact assessment and modelling of patient flows is work in progress. It is likely that the ENP+GP service would not result in major changes in patient flows. The frailty work and the acute medical plans could expedite patient care in some instances and may prevent admissions.

The ENP model may result in significant onward referral to other services. This could have significant impact on Morriston hospital. An increase in patient attendances at Morriston could have a major impact on the safety of patients, not only of those from HD area but also those from other Health Boards.

Appendix 1

Terms of reference

The following Terms of Reference for the Scrutiny Panel have been agreed:

Taking account of relevant national standards, sustainability, best practice and the Welsh Government policy context set out above, to examine the proposals for service change put forward by Hywel Dda Health Board; and the objections and alternative proposals put forward by Hywel Dda Community Health Council for:

- A&E services at Prince Philip Hospital in Llanelli; and
- Neonatal services, specifically in relation to Glangwili (Carmarthen) and Withybush (Haverfordwest) Hospitals.

To provide detailed advice and recommendations to the Minister for Health and Social Services on whether the Health Board's proposals should proceed, or be modified to take account of the Community Health Council's objections and alternative proposals.

Appendix 2

Documents examined

Together for Health

College of Emergency Medicine Standards for Reconfiguration of Services

College of Emergency Medicine: The Way Ahead

Changing Care and Improving Quality

Key submission: A&E service in Prince Philip Hospital Llanelli- Hywel Dda Health Board

Supporting information in relation to the Hywel Dda Community Health Council Referral

Document: A&E Department at Prince Philip Hospital

National Clinical Forum Response

Appendix 3

Meetings with Hywel Dda Health Board and with representatives from PPH Hospital

Trevor Purt - CEO

Sian-Marie James - Vice Chair

Kathryn Davies - Director of Planning, Strategic Integration, Therapies and Health Sciences

Paul Williams - Assistant Director of Strategic Planning

Dr Sian Lewis - Consultant Haematologist & Assistant Director of Clinical Services

Jeremy Williams - Consultant, Emergency Medicine

Sharon Burford - Project Manager, Planning Dept & Primary Care Out of Hours Manager

Mansell Bennett - Programme Manager, PPH Unscheduled Care Programme

Dr Robbie Ghosal - Consultant Respiratory Physician & Lead for Acute Medicine Work stream

Dr Granville Morris - Consultant Gerontologist and Lead for Frailty Work stream

Dr David Samuels - Clinical Leadership Fellow & Lead for Substance Abuse and Mental Health Work stream

Ann Marie Lewis - ENP, PPH

Laura Parkinson - ENP, PPH

Meeting with Community Health Council 15th August

Tony Wales - Chair

Gabrielle Heathcoat - Deputy Chair

Ashley Warlow - Chief Officer

Sam Dentten - Deputy Chief Officer

Helen Pinnell Williams - Secretary

Ray Hine

Paul Hinge

Ruth Howells

Peter Milewski

Pamela Parsons

John Philips

Chris Slader

Janet Waymont

**P-04-394 Save our Services - Prince Philip Action Group -
Correspondence from the petitioner to the Clerking team, 30.10.2013**

Sosppan welcomes the opportunity to respond in respect of the petition presented on behalf of the people of Llanelli.

Sosppan clearly recognises that events have moved on since the petition was presented and also that the Health Minister's decision is for a Nurse Led/Doctor supported unit at Prince Philip, which is NOT what Sosppan seeks.

Sosppan is of the opinion that the petition should remain active.

Judicial Review proceedings are in place and this has now been widened to include the Minister. Sosppan is of the opinion that ONLY a DOCTOR led emergency service at Prince Philip Hospital is acceptable.

V.B Hitchman(Chairman) 30-10-2013.

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Clerk to the Council/Financial Officer : Clerc i'r Cyngor/Trvysorvd

30th August 2013

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

Dear Mr. Powell

Thank you for your recent attendance at a meeting in Tenby to discuss your committee's continued consideration of our recent petition regarding the Hywel Dda Health Board's (LHB) proposals to close the minor injuries unit (MIU) at Tenby Cottage Hospital and transfer its services to local GP practices.

As you will be aware I submitted the petition on behalf of both Tenby Town Council, and the South East Pembrokeshire Health Network. However, since my original submission, Tenby Town Council has broadened the engagement to include all the county councillors and community councils in the south east Pembrokeshire area as we all speak with one voice in opposition to the proposal in the Hywel Dda Local Health Board consultation Your Health Your Future to close Tenby Minor Injuries Unit in favour of a re-provision of service via the local GP practices.

The MIU provides a valuable, and much valued service not only to residents (approximately 20,000 within a five mile radius of Tenby) but also to visitors during the summer months when the population of the area increases to over 50,000. We fear that the services current provided cannot be adequately replicated by the Health Board's plan. When asked by the Town Council during last year's consultation exercise, both Tenby and Saundersfoot GP practices shared these concerns, a position that we believe remains unchanged.

Originally, the Community Health Council (CHC) was minded to include the proposed closure of the MIU in its referral of a number of issues within the Your Health Your Future proposals to be called in for review by Mr. Mark Drakeford, Minister for Health and Social Services.

However, at the 11th hour the CHC decided to withdraw this element from their referral on the proviso that a satisfactory arrangement for the re-provision of withdrawn services be agreed between the Hywel Dda Health Board and the local GP practices.

Through our AMs, and direct correspondence we have requested a meeting with Mr Drakeford, but he has declined feeling that this is 'a matter for local resolution rather than Ministerial determination' as the matter has not been formally referred to him.

He understands that the LHB is discussing the replacement MIU services with the local GPs. However, from our discussions with the GP practices in Tenby and Saundersfoot, we are given to understand that they are no further forward in reaching an agreement than when the Your health Your Future consultation began.

Mrs. Sue Lewis, of the LHB, kindly attended a recent meeting involving local town, county and community councillors and GPs from Tenby Surgery where the MIU, and the possibilities of creating a community health hub at Tenby Cottage Hospital were discussed.

One thing that became apparent at the meeting was that the local GPs did not feel that the Health Board fully understood the vastly different requirements for health provision in a main tourist area like Tenby and south east Pembrokeshire. (I enclose a copy of the minutes of that meeting for your consideration).

We were concerned to learn that at the time of our meeting only two meetings had been held with local GPs and are further concerned to learn that the CHC has had no communication from the local GP practices, even though the LHB state they are in discussion. One of our County Councillors has lodged a Freedom of Information request regarding the level of consultation between the LHB and the GPs and is awaiting a response.

Both we, and Mr. Drakeford, are aware that there is also an issue over provision of service at the MIU over weekends and Bank Holidays when the GPs do not normally work. In an effort to resolve this the LHB have piloted a scheme between 18th July and 7th September whereby this service has been provided by a third party (in this instance the Red Cross).

We are again extremely concerned as to how the LHB organised this pilot scheme. We believe the CHC were only aware that the pilot was going to be undertaken on the last day of submission of tenders for the scheme and were informed via a third party that the contract had been agreed and the scheme would actually commence.

The CHC were successful in reaching an agreement with the LHB that the MIU's Emergency Nurse Practitioners (ENPs) remain in situ to oversee the pilot (to ensure that the Red Cross were able to deal with all the types of injuries that presented at the MIU). However, this agreement was subject to a 'mid-term review' and, after four weeks, the ENPs were withdrawn by the LHB and relocated to the A&E department of Witybush Hospital. We understand that this decision was taken not only because the LHB

considered that the Red Cross cover was adequate but due to manpower shortages at Withybush.

Although the pilot scheme still has one week to run, we would be interested to see a complete evaluation by the LHB including the effect on patients and a full financial comparison between the two modes of service.

It was also revealed at our meeting involving the local Tenby practice that the GPs, as part of their consultations with the Health Board over future provision of services, had asked the Board if they could research models of provision in other mainly tourist areas in the United Kingdom with particular reference to Minor Injuries. Newquay in Cornwall was cited as an example.

Tenby Town Council wrote to Mr. Purt, Chief Executive of the Hywel Dda Health Board on 12th June 2013 asking if this modelling exercise is being undertaken and, if so, if the results could be made available to us once completed. To date we have received no information and we would be interested to learn if the LHB has indeed commenced this research and prepared evidence of models and costings as promised.

The LHB has repeatedly given assurances that the MIU in Tenby will not close until the current levels of service are replicated by an alternative provider, and that the level of weekend and Bank Holiday provision (via ENPs) will resume at the conclusion of the pilot scheme. We are content to accept these reassurances at the moment but would stress that the preferred option throughout our area is that the MIU remains open throughout the year and staffing provision be maintained at its present level through the ENPs.

Yours sincerely



Mr. Andrew Davies

FINANCIAL OFFICER/CLERK TO THE COUNCIL

REPORT OF THE MEETING BETWEEN COUNTY, TOWN, NEIGHBOURING COMMUNITY COUNCILLORS WITH MRS S LEWIS HYWEL DDA COUNTY DIRECTOR FOR PEMBROKESHIRE - PROVISION FOR TENBY COTTAGE HOSPITAL SITE, GAS LANE HELD 31ST MAY 2013

PRESENT

Councillor M Evans	Pembrokeshire County Councillor (Tenby South)
Councillor P Baker	Pembrokeshire County Councillor (Saundersfoot)
Councillor J Preston	Pembrokeshire County Councillor (St Mary's Out Liberty)
Councillor T Brinsdon	Pembrokeshire County Councillor (Amroth)
Councillor J Williams	Pembrokeshire County Councillor (East Williamston)
Councillor B Cleevly	Saundersfoot Community Council
Councillor C Thomas	Tenby Town Council
Councillor L Blackhall	Tenby Town Council
Mrs S Lewis	Hywel Dda County Director for Pembrokeshire
Dr I Grifffiths	Tenby GP
Dr D Kelly	Tenby GP
Mr M Thomas	SEPCHN
Mr A. Davies	Clerk to Tenby Town Council/Financial Officer
Mrs L Hensman	Assistant Clerk

1. APOLOGIES

Apologies received from County Councillor M Williams, Tenby North Ward, Councillor T Hallett, Councillor Mrs S Lane, Councillor Mrs T Rossiter and Councillor Mrs C Brown.

County Councillor M Evans took the Chair explaining there was no formal agenda; however he took the opportunity to thank everyone for giving their time to discuss the provision for Tenby Cottage Hospital, Gas Lane, Tenby and update any progress in relation to the proposed closure of Tenby MIU.

Following discussion on the present situation relating to Tenby MIU, Mrs Lewis reiterated on behalf of the Hywel Dda Health Board that they stand by the statement 'no changes will be made to Minor Injury cover in Tenby until suitable alternative provision of services have been put in place', adding unfortunately nothing further can be discussed or progressed forward on this matter until the Welsh Assembly Health Minister Mark Drakeford returns his report, following it being referred to him by the Community Health Council. Hywel Dda Health Board has been pressing the Welsh Assembly for a response so they can progress and develop the future provision of services as documented in the proposals, however they are still waiting.

Councillors all expressed how strongly they felt that Hywel Dda Health Board still failed to fully appreciate the pressures placed on local health provision not only by the large influx of holiday makers during the summer months but also by the limited transportation network, the large percentage of people who do not have access to their own vehicle and the large elderly population within south east Pembrokeshire.

Mrs Lewis explained that the Health Board had held several meetings with the Local Doctors Surgeries and now they are looking into creating a 'models of provision' for Tenby by reviewing models of similar tourist destinations where the population increased dramatically,

giving examples like Newquay in Cornwall. The doctors responded saying they were prepared to recommence negotiations on alternative provision of care once the Minister's decision was known and when documentation of alternative models with costings are provided.

Discussion took place in relation to options available to utilise the present Tenby Cottage Hospital in Gas Lane as the community health hub for south east Pembrokeshire. It was outlined that many of the facilities highlighted including Consultant led Surgical, Medical, Orthopaedic and Gynaecology Clinics, Dentistry, Ophthalmology, Podiatry, Family Planning and In patient beds used to be present at the old cottage hospital site and gradually they were withdrawn due mainly to staff shortages at the main hospital, resulting in minimal services remaining like at present. Therefore it was felt developing the services that are missing in the community will be providing the same services under a different title and these services were well used and reduced anxiety and stress for the local residents needs in relation to transportation issues. Mrs Lewis stressed that the Health Board were fully committed to looking at the services that could be provided at the new site and said it would be illogical for them not to look at utilising such a fairly new, purpose built building and she denied that the Health Board were considering disposing of the building.

In conclusion Mrs Lewis reaffirmed that, following the Health Minister's decision, she would be happy to meet with Councillors round the table again to look at services that are currently operated from the building and what additional services could be introduced.

All present at the meeting welcomed the commitment made by the Health Board but felt it was still important to ensure that Tenby MIU services were retained in the area at present levels.

Plan of Action

1).To write and invite Mr Drakeford, Welsh Minister for Health , to visit Tenby enabling him to gain a better understanding of the needs of the area prior to making his final decision on the Hywel Dda Health Boards proposal.

**P-04-431 Against Health Cuts from the Residents of
Pembrokeshire – Correspondence from the petitioner to the
Chair, 30.10.2013**

**Dr Chris Overton
Consultant Obstetrician & Gynaecologist
Withybush DGH
Chairman SWAT
30th October 2013**

**Mr William Powell AM
Chairman Petitions Committee
Welsh Government**

Ref: P-04-367/394/430/455

Dear Mr Powell

I am writing to you as part of our ongoing petition to save ALL services at Withybush Hospital and in particular to respond to the Scrutiny Panel report on Neonatal services in West Wales.

May I first say that I have to applaud the way that the Health Board focused everyone's attention onto the loss of neonatal services at Withybush DGH.

In their document of proposals released on 15 January 2013 it was promised that Consultant Obstetrics and Consultant Paediatrics would be retained at Withybush DGH. An uproar then ensued over the proposed closure of SCBU at Withybush and the aspirational development of a level 2 Neonatal unit at Glangwili. This eventually led to the CHC's referral and the Health Minister's decision to ask for a Scrutiny Panel to look into the proposals for neonatal services.

Below is the preface to their report.

“The Panel would like to preface this advice by stating that the configuration of neonatal services cannot be determined in the absence of clear and definite plans for obstetric and midwifery services in the Hywel

Dda area, including Bronglais Hospital, Ceredigion as well as at Glangwili Hospital, Carmarthen, and Withybush Hospital, Haverfordwest. Our advice to the Minister is to seek confirmation from Hywel Dda Local Health Board of the maternity (obstetric and midwifery) plans that will be implemented before reaching a conclusion on the configuration of neonatal services.”

Whilst much has been made of the one paragraph suggesting that a level 2 neonatal unit at Glangwili can be supported the rest of the document makes it quite clear that the Health Board have misled the public, the CHC, the Health Minister and indeed the Welsh Government. This has led to the wrong group of experts on the Scrutiny panel being asked the wrong question.

They make it quite clear on many occasions throughout the document that the Obstetric and Paediatric plans were beyond their remit and yet were integral to any service change model. There were no Obstetric and Paediatric plans available to the panel in the Health Board proposals save the vague promises which I have already alluded to and which the panel obviously found incongruous with the development of a level 2 neonatal unit and the transfer of high risk Obstetrics to one site.

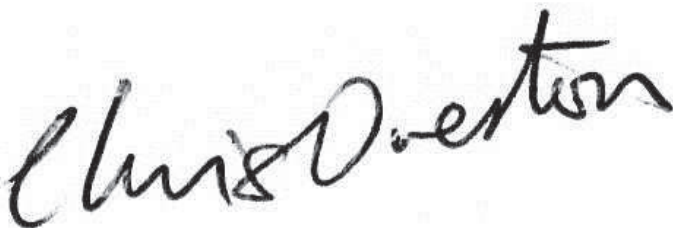
Even now as you are reading this letter and discussing the Scrutiny panel report in your meeting on 11 November there will be groups of doctors and midwives discussing what kind of Obstetric and Paediatric services there can be at each site. A deadline has been set and the pressure is on to come up with something palatable to the Health Minister and the Welsh Government. Of particular difficulty is the arrangement for Paediatrics which in the small print of the 15 January proposals acknowledged that it might be impossible to support Paediatrics at two sites in the South of Hywel Dda.

“However, if recruitment problems mitigate against safe and sustainable acute Paediatric services in both Glangwili and Withybush Hospitals, the Board is asked to approve to locate a single service in Glangwili Hospital for the South of Hywel Dda”

There is in fact a serious issue developing already in the Paediatric rotas at Withybush DGH as a direct result of management interference and obstruction in appointing to various unfilled posts. The management I am sure will say that they have been trying very hard to recruit but this is simply not true. Following a recent advert 18 applications were received for middle tier doctors in Paediatrics which was whittled down to a shortlist of 8 of which 4 interviewed and 2 were appointed. The Paediatric Lead (not based in Withybush and did not take part in the process of appointment at any stage) has stopped one of the two appointees from taking up post for no good reason. The consultants are having to work unsafely without middle grade support during some shifts each week. There is a lack of desire by management to find a solution to an unfilled consultant post of almost one year's duration even though the Consultants at Withybush have a solution and a Consultant colleague from a distant hospital who is keen to transfer to Withybush.

In April 2014 the Health Board will be transferring all trainee grade doctors to Glangwili and unless a suitable number of non training grade doctors are employed by the health board in advance of this date there could be a catastrophe affecting the provision of care for children, women and newborns due to poor planning by Hywel Dda management and a sudden, almost overnight removal of Paediatric rotas at Withybush. Pregnant women and sick children will have to go to Glangwili which as yet does not have any increased capacity in Maternity, Paediatrics or Neonatal cots. I know that this is probably digressing but this could actually be as big a problem as that which has been reported in the press about the Staffordshire hospital failings.

Yours sincerely

A handwritten signature in black ink that reads "Chris Oeston". The signature is written in a cursive, slightly slanted style.

Chris Overton
Chairman SWAT

P-04-408 : Child and Adolescent Eating Disorder Service

Petition wording:

We call on the National Assembly for Wales to urge the Welsh Government to fund the Child and Adolescent Eating Disorder Service in Wales to the same degree as the Adult Eating Disorder Service in Wales.

It has come to my attention that there is a disparity in funding between Adult Services and Child and Adolescent Services as regards funding for Eating Disorder Treatment. At the present time Adult Eating Disorder Services receive £1 million per year from the Welsh Assembly, as well as 4 specialist trained provider groups.

Sadly research points to the fact that Eating Disorders, especially Anorexia Nervosa, are predominantly first experienced around puberty. Historically puberty was around 12-15, however, puberty is becoming younger and therefore statistics are beginning to show the prevalence of Anorexia Nervosa starting at younger ages is apparent. Bulimia Nervosa is generally a disease with an onset age of 18-25, however as with Anorexia this may differ from person to person. The fact that in both disorders, and indeed all diagnosable Eating Disorders, early intervention is the key to a quick recovery, therefore preventing long term financial implications for the WAG, makes this plea more pertinent.

I therefore implore the Assembly to consider this a priority for debate and to mend this disparity by giving equal finances and services to the Child and Adolescent Eating Disorder service in Wales as already given to Adult EDS.'

Petition raised by: Helen Missen

Date petition first considered by Committee: 17 July 2012

Number of signatures: 246

Agenda Item 3.7

P-04-460 Lives not Airports

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to consider the following.

Procedures currently in place that decide case by case the delivery of specialised medicines to patients through the Welsh Health Special Services Committee (WHSSC) are fundamentally flawed, damaging and extremely distressing to patients. New protocols and procedures are now required as a matter of urgency...The Welsh Government must review the whole procedure of allocating specialised medicines to patients. The system needs to be made far simpler to navigate. Doctors must have more say in the decision making process as they are the best judge of a 'patients' needs. Alternative ways to fund medicines, such as negotiating with manufacturers more realistic pricing structures and the possibility of individual short term free trials should be looked at.

Supporting Information:

Further details of the problems we see and our proposals are as follows...

1. When the WHSSC assess a requested drug the recommendations from the All Wales Medicines Strategy Group (AWMSG) should be no more than 18 months old. This is due to the fact those that are years old do not have a reliable bench mark. Reliable data for all medicines improve day by day as case studies multiply. The WHSSC should have the right to request an up to date review from the AWMSG and this should be carried out as a matter of urgency.
2. When the WHSSC declines a request for a medicine an appeals process is then initiated in which the patient, doctors or an advocate can be present but none are allowed to speak. This must not continue therefore the WHSSC should by law be required to hear the case with the full participation of the patient, doctors or advocate.
3. In many cases patients are extremely ill, alone and vulnerable. It should be a priority to make sure such patients have an advocate to help them through the procedures in place for the funding of medicines. Doctors have large case loads so are unable to give extra time to patients.
4. A review of the actual costs of specialized medicines that have been refused and the subsequent hospital admissions, alternative treatment costs should be carried out. This would be beneficial to determine the true costs of specialized medicines to the tax payers.

5. The WHSSC should have the power to grant a medicine if the medical teams have concluded that all other treatments have failed and that the said medicine in their opinion has a chance to benefit the patient.

6. The WHSSC should be given the option to at least give a patient a trial run with a drug to ascertain if a positive result could be expected.

Petition raised by: Jeremy Derl-Davis

Date petition first considered by Committee: 19 March 2013

Number of signatures: 51



GIG
CYMRU
NHS
WELSH

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

20
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Recorded Delivery

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

Friday 19th July 2013

Dear William

Re: Failure to respond to request for information

Please accept my apologies for the delay you experience in receiving the information requested by the Petitions Committee.

I acknowledge that our internal procedures for responding to enquiries failed in this instance and therefore have instructed an internal review be undertaken into the reasons for the delay in providing a response and will ensure that lessons are learnt and where appropriate action taken to resolve the issues highlighted.

I hope this provides you with reassurance that we are taking action to address the issues identified.

Yours sincerely

Mr Stephen Harrhy
Interim Director of Specialised and Tertiary Services

Welsh Health Specialised Services Committee
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Caerphilly
CF83 3ED

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
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Chair/Cadeirydd: *Professor Mike Harmer*

Interim Director of Specialised and Tertiary Services/Cyfarwyddwr Dros Dro y Gwasanaethau Arbenigol a Thrydyddol: *Mr Stephen Harrhy*

P-04-460 Lives not Airports – Correspondence from the petitioner to the Chair, 02.10.2013

LIVES NOT AIRPORTS Petition A response to your letter dated 26th June 2013

Members of the Petitions Committee in December 2009 a 29 year old woman was given a stark reminder of how fragile life can be when diagnosed with a large brain tumour. From that moment to this a myriad of red tape, governmental bodies and procedures have precluded the use of a proven highly specialized drug that has a real possibility to increase the quality and substantially prolong her life. Our petition /campaign is not about this particular case, more it is designed to eliminate uncertainty, fear and above all deliver required treatments to those who desperately need them.

Why is this happening? many patients I have spoken with over the last few years have asked...The answer is simple “money”. The AWMSG has the remit to look at and make recommendations as to the distribution of rare drugs that have no recommendation from NICE. This said as in the case of Kaldeco the Welsh Government has and can overturn negative recommendations. If you were to be cynical the Kaldeco affair could be seen as a highly popular government intervention that avoided a massive public backlash.

I will not go over our petitions aims as they are well known to you I will only suggest that it has to be the right of any patient in Wales to be sure that their clinicians’ recommendations will be acted on when they have clearly stated there are no alternative treatments. All licensed treatments must be available to people without the need for endless paperwork and twists and turns. If this is seen as an open ended money drain it is worth looking at the costs of not treating patients. Twenty four hours hospital care is very expensive and in many cases is the end result of not delivering the right treatment.

Sometimes in politics the right decision is hard to make but as I have found in the stories of many frightened, vulnerable and desperate patients, this state of affairs does not belong and has no place in our society. Rapid action is needed now as a day to some can be a lifetime to others.

On a more personal note I find it very difficult to watch my 33 year old wife slowly deteriorate and lose hope. If as may be the case, if not rapidly treated, she loses her fight my reactions will be even swifter and highly public as we do not want this situation continuing for other patients and their families.

I hope you will keep me informed as to the next steps and invite me to give evidence at the earliest opportunity.

I thank you all for your hard work and consideration.

Jeremy Derl-Davis

Agenda Item 3.8

P-04-492 Diagnosis of autism in children

Petition wording:

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

- ensure timely diagnosis for children with Autism Spectrum Disorder [ASD], regardless of where they live, so that children with autism can be supported and lead fulfilled lives; and
- review implementation of and ensure compliance with the NICE guidelines on recognition, referral and diagnosis of children and young people on the autism spectrum as part of the Welsh Government's refresh of its ASD Strategic Action Plan.

Supporting information:

Diagnosing can be a critical milestone for people with autism. For children, it can help ensure that the right support is put in place from an early age.

Diagnosing autism can be difficult because autism is complex condition that affects each person in a different way. We therefore support the view that a number of different specialists should be part of the process to ensure a correct diagnosis.

However a timely diagnosis is vital in order to minimise anxiety and stress for children with autism and their families. The Deputy Minister for Social Services supports this view and in response to a question from Rebecca Evans AM said: 'I fully recognise the importance of receiving a timely diagnosis.' We also know that early intervention for children with autism is crucial in their educational, emotional and social development and for their longer-term health.

While there are good examples of diagnostic and assessments services in Wales, we are very concerned that not everyone can access a timely diagnosis and that not every area is following the NICE guidelines on recognition, referral and diagnosis of children and young people on the autism spectrum.

Our experience in Pembrokeshire has been particularly difficult, with some members of the branch waiting up to seven years for a diagnostic assessment. This lengthy wait for diagnosis is having a huge impact on families across Pembrokeshire.

We have tried on several occasions to engage with Hywel Dda Local Health Board. We have also met with local AMs Paul Davies and Angela Burns outlining our concerns. Paul Davies has written to Hywel Dda Health Board

urging them to meet with the branch. We are still waiting for the Health Board to act on that request.

One of the branch members has 'waited over six years for my one son to get a diagnosis. Now I'm waiting for the other it's been about two years and it fills me with dread.'

We want to ensure timely diagnosis for all children with an Autism Spectrum Disorder across Wales so that they can be supported appropriately to lead fulfilled lives.

About autism

Autism is a lifelong developmental disability that affects the way a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that, while all people with autism share three main areas of difficulty, their condition will affect them in different ways. The three main areas of difficulty are:

- Difficulty with social interaction. This includes recognising and understanding other people's feelings and managing their own. Not understanding how to interact with other people can make it hard to form friendships;
- Difficulty with social communication. This includes using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice; and
- Difficulty with social imagination. This includes the ability to understand and predict other people's intentions and behaviour and to imagine situations outside of their own routine. This can be accompanied by a narrow repetitive range of activities.

Some people with autism are able to live relatively independent lives but others may need a lifetime of specialist support. People with autism may also experience some form of sensory sensitivity or under-sensitivity, for example to sounds touch, tastes, smells, light or colours. Asperger syndrome is a form of autism.

Research has shown that 1 in 100 people have autism. By applying the 1 in 100 figure we estimate that over 30,000 people in Wales have autism. Together with their families, they make up over 100,000 people whose lives are touched by autism every single day.

About the NAS and Pembrokeshire Branch

The National Autistic Society Cymru [NAS Cymru] is Wales' only member-led charity for people affected by autism. The National Autistic Society was founded in 1962 by a group of parents who were passionate about ensuring a better future for their children. In Wales, since 1994, we have been

providing local support, services and actively campaigning so that people with autism get to lead the life they choose.

NAS Cymru believes that the right support at the right time makes an enormous difference to the lives of those affected by autism and we are committed to ensuring that their voices are heard.

Across Wales we have over 900 members and 11 local branches including the one in Pembrokeshire. Launched on the 1st April 2011, the branch is for parents of children with autism to provide a network of support for people connected through autism living in Pembrokeshire and surrounding areas. The branch meets on a regular basis holding formal and informal events, as well as campaigning and fundraising locally.

Petition raised by: National Autistic Society Pembrokeshire Branch

Date petition first considered by Committee: 18 June 2013

Number of signatures: 902

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref: P-04-492
Ein cyf/Our ref: GT/00621/13
William Powell AM
Chair, Petitions Committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

16 October 2013

Dear William,

Thank you for your letter of 3 October responding to mine of 17 August about diagnosis of ASD in children. I read the letter you received from the petitioners, the NAS Pembrokeshire Branch with interest and recognise the importance of addressing their concerns about the need to ensure there is timely access to high quality diagnostic services in every area of Wales.

I am happy to write to all Health Boards in Wales seeking information on how long children have to wait for an ASD diagnosis in their area and on their application of the NICE guidelines on ASD diagnosis in children. I will ensure that the information provided informs the work of the ASD Stakeholder Advisory Group which held its first meeting last month. I am pleased that the National Autistic Society Cymru is represented on that Group.

I have tasked my officials with following up Hywel Dda's progress on the implementation of their action plan to address the waiting list in Pembrokeshire and will write to you with an update on this in February 2014 as requested.

Yours Sincerely

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

The National Autistic Society Cymru
Pembrokeshire Branch
C/O 6&7 Village Way
Greenmeadow Springs Business Park
Cardiff
CF15 7NE
25 October 2013

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

Dear William Powell

The Pembrokeshire branch of the National Autistic Society Cymru [NAS Cymru] welcomes the 16 October 2013 response from the Deputy Minister for Social Services and her recognition of the importance of a timely diagnosis of autism in every area of Wales.

We are extremely pleased that the Deputy Minister will write to all of the Health Boards in Wales to:

- obtain information from them on how long children have to wait for a diagnosis of autism; and
- on their implementation of the NICE guidelines on diagnosis of autism for children.

We note the Deputy Minister's intention that the information provided will inform the work of the ASD Stakeholder Advisory, of which NAS Cymru is a member. We also ask that the Deputy Minister shares that information directly with the Petitions Committee and makes it publically available.

We welcome the fact that the Deputy Minister's officials will monitor implementation of Hywel Dda's action plan to address the waiting list in Pembrokeshire and that she will share that information with the Petitions Committee in February 2014. We would be grateful for the Petitions Committee to ensure that NAS Pembrokeshire branch is kept abreast of progress on the action plan.

We look forward to hearing the Committee's response

Kind regards

Lisa Phillips
NAS Pembrokeshire branch



Accept difference. Not indifference.

P-04-481 Close the Gap for deaf pupils in Wales

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to develop a national strategy to Close the Gap in educational attainment between deaf pupils and their peers.

The National Deaf Children's Society (NDCS) Cymru presents this petition today as it is both Deaf Awareness Week and two years since 55 AMs pledged to take action to Close the Gap for deaf pupils.

Still, Welsh Government statistics demonstrate significant attainment gaps between deaf pupils and their peers. In 2012, deaf pupils were 26% less likely to achieve 5 GCSEs at A*-C, and 41% less likely to achieve A*-C passes in core subjects English/Welsh, Maths and Science.

Our video petition asks the experts (deaf pupils themselves) what matters most. They told us:

- We need appropriate support in school and college
- We need all classrooms to have good acoustics
- Some of us use sign language. Help us encourage our hearing peers and teachers to learn sign.
- We need more teachers and pupils to be deaf aware.

Too many deaf pupils are facing barriers in these areas. A national strategy is needed to address the barriers and Close the Gap!

Additional Information

Our video petition and an accompanying report can be downloaded at www.ndcs.org.uk/ClosetheGapWales

The video petition was produced with the help of eight deaf young people outlines the four things that they feel are most important to deaf pupils at school and college.

The accompanying report outlines the barriers that many deaf pupils in Wales are facing in these areas. It also makes suggestions on how a strategy could help to overcome these barriers.

Petition raised by: NDCS

Date petition first considered by Committee: 14 May 2013



Eich cyf/Your ref P-04-481
Ein cyf/Our ref LA/01456/13

William Powell AM

committeebusiness@Wales.gsi.gov.uk

12 June 2013

Dear William,

Thank you for your letter of 22 May bringing to my attention the National Deaf Children's Society (NDCS) Cymru's Petition.

The Welsh Government is committed to meeting the educational needs of all hearing impaired learners so that they reach their full potential. As Minister for Education and Skills, I am keen to ensure that our schools are best placed to meet the need of these learners, However Local Authorities have the legal responsibility to ensure that these learners receive the suitable educational provision that is required.

I have out below the steps that the Welsh Government is taking to address the issues you have brought to my attention:

Sufficient numbers of trained professionals to support the needs of Wales' young deaf population

A mandatory qualification for Teachers of the Deaf can be obtained from the University of South Wales. The Welsh Government has worked closely with the University of South Wales to ensure this course is made available to those wanting to work with learners with sensory impairments.

From 2006-2009, the Welsh Government provided additional funding of £192,000 to enrol 24 teachers onto this Postgraduate Diploma - 12 for Hearing Impairment and 12 for Visual Impairment.

I am aware of the continued demand for this provision, and my officials are currently considering workforce planning across all Special Educational Needs (SEN), which will of course include those providing specialist services for hearing impaired children.

The Welsh Government is developing the Masters in Educational Practice which will be made available to Newly Qualified Teachers (NQTs). This qualification will be delivered regionally across Wales in alliance with Cardiff, Aberystwyth and Bangor Universities. Cardiff University however will have the accreditation of the Masters. The programme will include a module on additional learning needs (ALN).

The Impact of the Additional Learning Needs Reforms

Through our plans for SEN Reform, the Welsh Government is proposing to replace the statutory framework for the assessment and planning of provision for children and young people with SEN with a simpler, more person-centred system. This approach takes account of the fact that all children and young people, including those with hearing impairment, have individual needs.

A key proposal for SEN Reform is to introduce an Individual Development Plan (IDP) planning process to replace the existing assessment system that includes statementing. Our aim is to actively involve parents and the child/young persons in the process. The IDP should improve early prevention and intervention systems and extend the age range to cover all learners from birth to their 25th birthday.

Provision Pathways are proposed for SEN reform and will be part of the consultation response document which we hope to publish before the Autumn. Further discussions with key stakeholders to develop the proposals in more detail are ongoing. A further consultation is then planned for later in 2013.

The Welsh Government is developing proposals taking place to improve transition from school to college. This issue and others will be given careful consideration as we determine how best to monitor and safeguard learner interests. The Welsh Government is assisted by a Post-16 ALN Development and Implementation Group made up of key stakeholder representatives which includes the National Deaf Children's Society (NDCS).

Ensuring that educational establishments comply with acoustic standards

Working with the NDCS Cymru, the Welsh Government included, for school capital projects, the requirement that there must be a pre-completion test to demonstrate that the building is compliant with the acoustic standards as set out in Building Bulletin 93 (BB93); this will continue to be a requirement of future contracts including the 21st Century Schools programme.

The encouragement and accessibility of BSL classes

The Welsh Government recognises the important role that both teachers and their fellow pupils play in the educational and social development of hearing impaired learners. The ability to communicate affectively with others is essential. I am aware of courses available to those wishing to learn signing such as British Sign Language (BSL).

As part of the workforce planning exercise across all SEN that I have referred to, we may require a more highly skilled workforce. We will also look for examples of best practice that can be used to encourage people to undertake the appropriate training, and we will work closely with third sector organisations including the NDCS Cymru to help inform this area of work.

Improving deaf awareness with both teachers and pupils

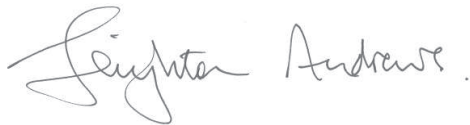
Through our proposals for SEN Reform and the wider agenda of improved professional development for teaching staff, we aim to raise awareness and understanding of SEN within the classroom. We recognise that good quality teaching will ensure that a range of teaching approaches are deployed to meet the diverse range of pupils' needs.

Another of the proposals in our consultation was to introduce training for school Special Educational Needs Co-ordinators (SENco) in Wales. Through the SEN Reform Pilot Projects in Cardiff and Newport, work has been undertaken on defining the role of the SENco and developing an accredited course. Further discussions with key stakeholders, including the Headteacher Focus Group set up through the Pilot Projects, will develop future SENco training.

There is no specific basic deaf awareness training but all trainees and qualified teachers are aware of the legal requirements relating to SEN (ALN) and disability and the rationale for the inclusion of those with SEN and disabilities in mainstream education. This includes an understanding of the graduated framework of identification, assessment and intervention set out in the SEN Code of Practice for Wales; the kinds of provision that might be made through school action, school action plus, or through a statement of special educational needs; and the role of the class or subject teacher within this framework.

In order to seek advice, trainees and qualified teachers are aware of the role of the SENco, and how an Individual Education Plan (IEP) is used as a planning and teaching tool. They know how to access the advice they need to support the needs of learners with SEN and disabilities, and are aware of the sources of advice available to them outside school.

I hope this information is useful.

A handwritten signature in cursive script that reads "Leighton Andrews".

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



30th July 2013

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

Dear Mr Powell

P-04-481 – Petition from NDCS

Thank you for your correspondence of 10th July 2013 seeking views on the petition as referenced above.

Governors Wales believes that every child in every school has the right to an education to meet their needs, in order for them to reach their full potential and they should not face any barriers to learning.

The then-Minister of Education and Skills' response outlines the position to date in relation to the areas raised in the petition.

Although Local Authorities have responsibility to ensure that suitable educational provision is provided, the role of individual schools and partnership working with the relevant shareholders is crucial, as well as awareness raising and improved accessibility. Governors Wales would be happy to place any relevant information on our website: www.governorswales.org.uk to assist Governors and schools etc. In conjunction with Local Authorities and regional consortia, we organise several regional conferences for governors across Wales and would be willing to display any relevant material on this area, as well as invite the delivery of presentations on SEN (ALN).

Please do not hesitate to contact me if you have any queries concerning the above.

Yours sincerely

Jane Morris
DIRECTOR

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P-04-481 Close the Gap for deaf pupils in Wales- Correspondence from the Action on Hearing Loss Cymru to Chair, 13.08.2013

Dear William,

Thank you for inviting Action on Hearing Loss Cymru to comment on NDCS Cymru's *Close the Gap* petition, which is being considered by the Petitions Committee.

It is clear that deaf children in Wales are facing barriers in education. Indeed, Welsh Government statistics reveal significant attainment gaps between deaf pupils and their peers at every Key Stage.

Action on Hearing Loss Cymru believes it is imperative that people who are deaf and hard of hearing are afforded equality of opportunity and that they are best placed to tell us about the issues that matter most to them. Since NDCS Cymru's petition has been created with the help of deaf children and young people, I am keen to offer my support.

The petition highlights the importance of ensuring that deaf pupils across Wales are able to access appropriate specialist support. I understand that the Ministerial response to this petition commits to including hearing impaired support within a wider workforce planning review, which is a great step forward. However, as commented by NDCS Cymru, I would also welcome assurances that action will be taken to address any identified gaps within the availability and skill set of specialist support staff for deaf pupils as a result of this exercise.

I would also endorse NDCS Cymru's calls for a wider national strategy to address the multitude of barriers that deaf children and young people face in education. In particular:

- Specific deaf awareness training is required for key education professionals, including teachers and SENCOs. The vast majority of deaf pupils in Wales attend mainstream schools and, without appropriate awareness, school staff cannot communicate effectively with deaf pupils.
- Taking action to improve deaf awareness among hearing pupils would also help to create an inclusive atmosphere in schools.
- Action on Hearing Loss Cymru has endorsed NDCS Cymru's *Sounds Good* campaign for good acoustics in school, college and nursery buildings. We support calls for stronger building regulations and improved awareness of how existing school buildings could improve their acoustic settings.
- Action on Hearing Loss Cymru would also welcome increased opportunities for families of deaf children, pupils and teachers to learn BSL.

- Action on Hearing Loss Cymru agrees with NDCS Cymru that Estyn has a role to play in ensuring the attainment gap is reduced for deaf pupils and would welcome further consideration of how Estyn inspections take account of support for deaf learners.
- The development of a clear provision pathway for deaf children and young people would help to ensure that deaf pupils are able to access the support they need.

I am also aware that NDCS Cymru's petition expresses concerns around the ongoing Additional Learning Needs (ALN) Review and changes to support for ALN students in a post-16 setting. I would like to take this opportunity to reiterate the importance of ensuring that these reforms take account of the needs of learners who are deaf and hard of hearing.

I hope that this letter proves useful in your further discussions of the petition.

Yours sincerely,

Richard Williams
Director/Cyfarwyddwr
Action on Hearing Loss Cymru

Our Ref/Ein Cyf:
Your Ref/Eich Cyf:
Date/Dyddiad:
Please ask for/Gofynnwch am:
Direct line/Llinell uniongyrchol:
Email/Ebost:

ST/NA/JD
26th September 2013
Steve Thomas
029 2046 8610
steve.thomas@wlga.gov.uk



Petition's Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear William,

National Deaf Children's Society (NDCS) Cymru Petition

Thank you for your letter date 10th July requesting evidence from the WLGA on the National Deaf Children's Society (NDCS) Cymru's Petition. The WLGA is pleased to be able to respond to the petition.

The outcomes, wellbeing and educational attainment of all children are of paramount importance to local government in Wales demonstrated by the commitment of local authority leaders to make education their number one priority. The WLGA is committed to working with Welsh Government and local authorities to ensure that educational outcomes for all children and young people continue to improve.

Local authorities work with schools to implement the policies of Welsh Government at a local level and to work towards ensuring the needs of all learners are met. Schools must work with their partners locally, regionally and nationally to achieve this.

The skill and expertise of professionals within a school setting is essential and strong leadership is imperative. Efforts to attract the best leaders and practitioners to support deaf children, and those with additional learning needs, should be thought through as part of any strategy or policy development to support improved outcomes for these learners.

The WLGA welcomes the Welsh Government's investment in 2006-2009 of additional funding to enrol 24 teachers onto the Postgraduate Diploma for hearing impairment and visual impairment. Continued investment in qualifications and training is welcomed to ensure that schools have the best teachers qualified to work with every child or young person and to meet the individual needs of deaf children and young people.

Steve Thomas CBE
Chief Executive
Prif Weithredwr

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Cymdeithas Llywodraeth
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www.wlga.gov.uk

It is also important for a school to promote an environment of inclusivity. The use of British Sign Language throughout a school can help to ensure that the child or young person with a hearing impairment feels an integral part of the school. The WLGA would advocate the use of BSL within a school, where appropriate, and would support a school who decided to encourage staff and pupils to learn.

The WLGA has been working closely with Welsh Government on the development of the Additional Learning Needs (ALN) reforms. The WLGA welcomes the direction of change to a more person centred approach, recognising the individual needs of every child. Local authorities across Wales have been involved in the piloting of the new approach, including the Individual Development Plan (IDP). Following the reforms parents and children should be more integral to the planning process and feel more confident in ensuring their voices are heard. The ALN reforms should have an impact on the educational outcomes of all children and young people including those with a hearing impairment.

Training for newly qualified teachers and training for all teachers includes awareness of additional learning needs, the role of the Special Educational Needs Co-ordinators (SENco) and the Individual Education Plan (IEP). It is important that ALN and specific needs of children and young people are part of all teachers training.

In addition the WLGA recognises the importance of ensuring school buildings support learning for all children and young people and are fit for purpose. The WLGA continues to support local authorities to improve the school building stock in Wales as part of the 21st Century Schools Programme. These changes include ensuring that where possible, buildings are compliant with recognised acoustic standards. This will not always be possible in older school buildings but the WLGA recognises that this is something that is important to learners with hearing impairments and, where possible, these changes should be made.

There are examples of local authorities working collectively to improve outcomes for children and young people with additional learning needs, including hearing impairment. The Gwent Hearing Impairment (HI) Service operates in Torfaen (lead authority), Caerphilly, Newport, Monmouthshire and Blaenau Gwent. The service assists all children and young people, with an identified hearing loss, to achieve their maximum potential and acquire skills for life. A child or young person may be referred via health or schools. After referral a member of the HI service team will visit the parents and the school to decide on appropriate support.

The service works directly with approximately 100 children or young people at any given time, either on a daily, weekly or termly basis, within the school. There are 14 members of staff working across the five local authorities' areas who also offer advice to schools on communication skills, language development and the management of hearing impaired children. The HI service also provides guidance and support to families.

The HI service provides deaf awareness training in schools for staff. The service can also provide radio aids and sound field amplification systems.

The WLGA supports joint working where it adds value. The skills that are needed to appropriately meet the needs of the children and young people with a hearing impairment are specialised making a regional solution, such as the Gwent HI, the most effective

approach. Services such as the Gwent HI service ensure that as many families as possible can receive the support of professionals and raise awareness within schools of the issues facing children and young people with a hearing impairment.

The Gwent HI service also collects data on children and young people with a hearing impairment. Although this can be very beneficial for the development of services, it can also be quite difficult to collect. The data collection is based on the children and young people who are supported by the services or access the services. Across the 5 local authorities this is approximately 1000 children and young people.

Furthermore, this work is underlined by a commitment to equality and a recognition of the statutory responsibilities placed on schools under the general and specific equality duties. WLGA is working with local authorities and their schools to support them in meeting these requirements which will help to develop and formalise the equality work being undertaken within a school setting. Progress on equality work should therefore help to make schools fairer and more inclusive environments where children and young people with protected characteristics are not disadvantaged.

The WLGA acknowledges that there are many challenges that deaf pupils face and that deaf pupils are currently not achieving as highly as their peers. The WLGA continues to support local authorities at a local and regional level to improve services within schools for all children and young people. Petitions such as these are vitally important in raising important issues that matter to children and young people themselves. It is important through partnership working and through reforms such as the ALN reforms that the voice of the child and young person is not lost and that the attainment gap is closed.

The WLGA would be happy to discuss this further if necessary.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Steve Thomas', written in a cursive style.

Steve Thomas CBE
Chief Executive

ANN JONES AM/AC
Vale of Clwyd / Dyffryn Clwyd

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



William Powell AM
Chair of the Petitions Committee
National Assembly for Wales

30th September 2013

Dear William

RE: P-04-481

Thank you for your letter with regards to the above petition.

As Chair of the Cross Party Group on Deaf Issues, the attainment gap between deaf pupils and their hearing peers is a matter of great concern. I am fully supportive of the petition before you.

I am particularly concerned that deaf pupils are 41% less likely than their peers to gain A*-C's in English/Welsh, Maths and Science. It is absolutely vital that all young people are at least, qualified to GCSE level in these core subjects. It is my opinion that any strategy to close the gap in educational attainment must focus on the core subjects and then look at closing the gap in all subjects more widely. As is widely accepted, young people without these key qualifications are disadvantaged in continuing their education and in the job market.

I fully support the evidence given to you so far and what the petitioners have called for. It is important that there is appropriate support for deaf pupils such as schools employing teaching assistants who can use British Sign Language (BSL). I acknowledge that schools will have tight budgets at the present moment in time, but one-on-one support is a lifeline for many deaf children. Reasonable adjustments for deaf children in lessons could be made – ie. Additional support and time for deaf children when completing English/Welsh speaking and listening assessments.

Good acoustics are important for children with partial hearing loss and in schools with older buildings where acoustics maybe poor, make it much harder for children to learn. In any new school construction or refurbishment, classrooms should be assessed for the quality of its acoustics.

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Many deaf children suffer from lack of confidence and often feel isolated from their peers. In discussions I have had with children who are deaf, the use of some sign language (basic phrases) by teachers and their peers are greatly appreciated as they see it as people making an effort to communicate with them. I believe teachers and some chosen peers should be offered basic BSL courses as a number of children have told me that they would find this very reassuring.

Another element that needs to be considered is that pupils are receiving an adequate level of pastoral care. Due to the heightened risk of isolation and loneliness, it is important that pastoral staff take extra care to ensure that pupils are coping with their academic work and are playing a full part in school life. Deaf pupils can also be at a greater risk of being affected by bullying, and I believe that this must be monitored closely by pastoral staff.

Finally, the gap in educational attainment between deaf children and their hearing peers should be of great concern to all across the education sector. Deafness is not a learning disability. The attainment gap is not one that is endemic and with additional support, reasonable adjustments and proper planning, there is absolutely no reason that an attainment gap exists.

I look forward to seeing the committee's consideration of the petition.

A handwritten signature in black ink, appearing to be 'Ann Jones', with a stylized flourish at the end.

Ann Jones AM
Chair of the Cross Party Group on Deaf Issues

**P-04-481 Close the Gap for deaf pupils in Wales -
Correspondence from the petitioner to the Chair, 29.10.2013**

Kayleigh

NDCS Cymru welcomes the overwhelming support for the Close the Gap petition from the WLGA, Governors Wales, Action on Hearing Loss Cymru and the Chair of the Cross Party Group on Deaf Issues. NDCS Cymru is particularly pleased to see that the WLGA endorses the call that Additional Learning Needs are part of all teachers training.

NDCS Cymru looks forward to hearing the outcome of the discussion on the 11th November.

Thanks

Elin

P-04-488 The right to decide an end to the compulsory study of Welsh to GCSE

Petition wording:

We the undersigned call on the National Assembly for Wales to urge the Welsh Government to change the policy which makes it compulsory for pupils in English medium secondary schools in the Principality to study Welsh to GCSE level. This should be a matter of choice for the pupils and their parents.

Petition raised by: David Fitzpatrick

Date petition first considered by Committee: 18 June 2013

Number of signatures: 51



Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE	One language for all: A review of Welsh second language at key Stages 3 and 4
DATE	27 September 2013
BY	Carwyn Jones AM, First Minister and Huw Lewis AM, Minister for Education and Skills

In July 2012, an independent Review Group, chaired by Professor Sioned Davies, was established to advise on improving Welsh second language provision at Key Stages 3 and 4. The main objective of the Group was to consider what changes should be made to enable more learners to use the language outside the classroom, in their communities and in future employment.

“One language for all”, published today

(<http://wales.gov.uk/topics/educationandskills/publications/wagreviews/one-lanuage-for-all/?lang=en>), reflects the findings of the Group’s work. We very much welcome this report, which makes a number of important recommendations. We will now take time to reflect on the recommendations in the context of the wider review of assessment and the National Curriculum, and work being taken forward in response to the review of qualifications and the discussion on the future of the Welsh language. We will respond in full to all these recommendations in due course.

In the meantime, we would like to express our gratitude to Professor Sioned Davies and the following Members of the Review Group for all their work in producing the report and the recommendations:

- **Professor Sioned Davies, Chair** – Head of School of Welsh, Cardiff University.
- **Aled Evans** - Director of Education, Leisure & Lifelong Learning, Neath Port Talbot County Borough Council.
- **Aled Loader** - Head of Welsh Department, St Joseph's RC High School, Newport.
- **Elaine Senior** - Independent Adviser Welsh Adult Learning.
- **Elen Roberts** - Welsh in Education Support Team Leader, Education Achievement Service for South East Wales
- **Eleri Jones** - Headteacher, Ysgol Brynhyfryd, Ruthin.
- **Shoned Wyn Jones** - Head of Welsh and Modern Languages Faculty, Ysgol John Bright, Llandudno.
- **Susan Gwyer-Roberts** - Headteacher, Caldicot School, Monmouthshire.



Llywodraeth Cymru
Welsh Government

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One language for all

Review of Welsh second language at Key Stages 3 and 4

Report and recommendations

September 2013

One language for all

Audience Welsh and Welsh second language practitioners; learners in Key Stages 3 and 4; parents/carers; local authorities; education consortia; initial teacher training centres; awarding organisations; the Welsh Language Commissioner; university schools of Welsh; and other stakeholders and partners involved in the field.

Overview In July 2012, the Minister for Education and Skills established a group to review Welsh second language at Key Stages 3 and 4. The main objective of the group was to consider what changes should be made to the teaching and assessment of the subject to enable more learners to use the language in the workplace, community and with their families. This document summarises the Review Group's findings and recommendations.

Further information Enquiries about this document should be directed to:
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Additional copies This document is available on the Welsh Government website at www.wales.gov.uk/educationandskills

Related documents *Welsh-medium Education Strategy* (Welsh Assembly Government, 2010); *A living language: a language for living – Welsh Language Strategy 2012–17* (Welsh Government, 2012).

This document is also available in Welsh.

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Foreword

It is undeniably the eleventh hour for Welsh second language. Although there are many wonderful teachers working in the field, and some individual examples of exemplary teaching, Estyn reports show that the overall standard has fallen annually; in fact, pupil attainment levels are lower than in any other subject. Had this been said of Mathematics, or English, a revolution would undoubtedly have ensued. But low attainment in Welsh second language has been accepted as the norm. If we are serious about developing Welsh speakers, and about seeing the Welsh language thrive, a change of direction is urgently required before it is too late.

Aside from developing future Welsh speakers, we also have an obligation to the young people in our schools who are trying to learn the language. According to the evidence, this is a very tedious experience for large numbers of them – they do not regard the subject as being relevant or of any value to them. They are not confident enough to use Welsh outside the classroom – the opportunities to do so are actually very limited – and there is no incentive therefore to learn the language.

Welsh second language is a statutory subject in the National Curriculum. It became a compulsory subject for all pupils at Key Stages 1, 2 and 3 in 1990, and compulsory at Key Stage 4 nine years later. However, it is not a core subject and does not therefore have the same status as subjects such as Welsh first language and English. At Key Stage 4, schools register pupils for the full course or short course GCSE examination (or an equivalent NVQ qualification); register pupils for an entry level qualification; or chose not to register pupils for any Welsh language examination. The statistics reveal all: in 2012, 27.4% of pupils were entered for the full course second language GCSE, 35.3% for the short course second language GCSE, and 15.4% for the first language GCSE; but 21.9% of pupils in Wales did not sit any Welsh language examination.

We are totally convinced that fundamental changes have to be made to increase the number of Welsh speakers and develop a bilingual workforce for the future, but most importantly to give every child in Wales a real opportunity to become fluent in Welsh and to reap all the benefits of fluency.

The Group has reviewed the provision and received evidence verbally and in writing from institutions, teachers, parents and, more importantly, from pupils themselves. There was also an opportunity to question and talk to experts in the field. Evidence was received regarding good practice, along with examples of notable success in several schools and of teachers' commitment to the subject. The picture is certainly not bleak in every respect. Wales has some extremely effective second language teachers, who are thoroughly conscientious and always go the extra mile – they are champions of Welsh within their schools who lead on all matters relating to the Welsh language. However, evidence was also received on how to improve the provision. Some specific themes emerged which we have used as a basis for our recommendations: the status of the subject; the nature of the curriculum and progression; assessment; teaching and learning; resources; the workforce, and informal learning. We addressed the controversial idea of a language continuum, and this led us to suggest that the Literacy Framework for

Welsh be developed as a basis for one continuum of learning Welsh in all schools – this would result in the term ‘second language’ itself being removed. The importance of developing the use of Welsh as a medium in English-medium secondary schools was also discussed. However, the most important recommendation of all is the necessity for the subject to be accorded the same status as core subjects in schools; with equal status in the National Curriculum and the same prominence in performance measures, we can bring about the change that is essential if we are serious about creating Welsh speakers.

It is important, of course, that Welsh second language is not discussed in isolation and that it is seen in a wider context that includes learning the language in Welsh-medium and bilingual schools, and the Welsh for Adults sector. Key Stages 3 and 4 do not take place in isolation either – they are founded on Key Stage 2 and the Foundation Phase and we must ensure that these foundations are solid. The success of the subject at Key Stage 4 in turn affects the number of pupils studying A level Welsh and Welsh as a degree subject, and those numbers are crucial if we want to develop teachers who have the appropriate linguistic and academic skills.

The future of Welsh and Welsh culture is wholly dependent on transmitting the language to our young people. And not only that: they have to want to *use* the language every day if it is to be a viable language, a language that is spoken confidently at the end of the twenty first century. If this review’s recommendations are implemented, the years ahead will undoubtedly be challenging. But they will also be very exciting as we meet that challenge and realise the vision of putting Welsh at the core of the educational and personal development of every pupil in Wales.

Professor Sioned Davies
Chair, Welsh Second Language Review Group
September 2013

Section 1: Introduction and context

Introduction

- 1.1 Welsh, including Welsh second language, is a statutory subject in the Curriculum for Wales. Following the Education Reform Act of 1988, Welsh became compulsory for every pupil at Key Stages 1, 2 and 3 in 1990 and from September 1999, Welsh became compulsory at Key Stage 4. The introduction of the Foundation Phase for 3 to 7 year olds in Wales from 2008 has also meant that children in English-medium settings and schools are coming into contact with the Welsh language at an earlier age due to the Welsh Language Development Area of Learning, an additional requirement for these specific settings and schools. Whilst these changes have led to more learners learning Welsh in English-medium schools, the number of learners reaching a level where the language can be used beyond the classroom is low.
- 1.2 Estyn reports for several years have indicated that there is less good practice in the learning of Welsh as a second language compared with other subjects. The main reason given for this at Key Stage 2 is that teachers are not confident enough and lack the knowledge to teach Welsh to an appropriate level. At secondary level, there are insufficient opportunities for pupils to improve their ability to use Welsh other than in Welsh lessons.
- 1.3 The Welsh Government's Welsh-medium Education Strategy, which was published in 2010, sets out the Government's vision of having an education and training system that ensures an increase in the number of pupils learning Welsh in schools in Wales, so that they are able to use Welsh with their families and in the community and workplace. The Strategy contains specific objectives to address low standards in Welsh second language.
- 1.4 On 30 April 2012 the then Minister for Education and Skills agreed an action plan to address poor standards and attainment in Welsh second language education. Within the action plan there was a specific objective to review Welsh second language assessment and qualifications. This review was to include:
 - identifying opportunities for raising the status of Welsh second language as a subject and removing barriers at a local, regional and national level;
 - reviewing Welsh second language qualifications at Key Stage 4 and Key Stage 5;
 - considering the implications of discontinuing the GCSE Welsh second language short courses; and
 - giving further consideration to the feasibility of introducing a Welsh language continuum.
- 1.5 On 17 July 2012, the then Minister for Education and Skills announced that he would establish the Group to review Welsh second language at

Key Stages 3 and 4 and Terms of Reference were published for the work (Appendix 1). The Review Group's membership was also published (Appendix 2) and work began in October 2012.

- 1.6 The Group has since gathered evidence from a range of institutions and individuals including teachers, pupils and experts in Welsh second language education. The Group has also invited evidence from organisations with an interest in the field. Further information about the Group's course of action can be found in Section 2 of this report.
- 1.7 The Group's work has intensified following the results of the 2011 Census. Between 2001 and 2011, there was a decrease in the number and proportion of people aged 3 and over able to speak Welsh in Wales. The decrease was due to demographic changes in the population, migration and to changes in people's skills between the two Censuses. Despite an increase in the size of the population, the number of Welsh speakers fell from 582,000 in 2001 to 562,000 in 2011. Differences between 2001 and 2011 varied by age group – with considerable increases for younger children (aged 3-4), a slight increase for adults aged 20-44, and decreases for other age groups. These results present Welsh second language education with a challenge to ensure that more children learning Welsh as a second language develop their skills sufficiently so that they are confident enough to use, and indicate their ability to use, the language after leaving school.
- 1.8 Another factor to consider following the Census is that many of those counted as Welsh speakers, especially in the 3-16 age range, have been entered by their parents and have learned Welsh as a second language. Therefore, it is likely that their involvement with the language, and their level of fluency, is limited compared with children receiving a Welsh-medium education. Without improvement in the efficiency of Welsh second language education, many of these speakers will not continue to make use, and indicate their use, of the language in future.

Policy context

- 1.9 It is important to set out the Welsh second language context from the perspective of the Government's Language Strategy, *A Living Language: A Language for Living*, which was launched in 2012. The strategy sets out the vision of increasing the number of people who both speak and use the language, and of increasing people's confidence and fluency in the language.
- 1.10 The Welsh-medium Education Strategy, which had already been published in 2010, contributes to making *A Living Language: A Language for Living* a reality with a number of the objectives in both Strategies interlocking, specifically:
Strategic aim 3: To ensure that all learners develop their Welsh-language skills to their full potential and encourage sound linguistic progression from one phase of education and training to the next;

Strategic aim 4: To ensure a planned Welsh-medium education workforce that provides sufficient numbers of practitioners for all phases of education and training, with high-quality Welsh language skills and competence in teaching methodologies;

Strategic aim 5: To improve the central support mechanisms for Welsh-medium education and training.

- 1.11 Literacy and numeracy are embedded in all subjects across the curriculum, and to support all teachers to become teachers of literacy and numeracy, a National Literacy and Numeracy Framework (LNF) has been introduced. The LNF will be a statutory requirement of the curriculum for pupils from Reception to Year 9, from September 2013 onwards. Teachers will be required to undertake annual assessments of pupils' progress in meeting the expectations set out in the LNF, and report these to parents.
- 1.12 Alongside the LNF, reading and numeracy tests have been introduced for pupils in Year 2 to Year 9. These tests will provide further evidence about pupils' level of attainment, in addition to the assessments undertaken by teachers.
- 1.13 Taken together these two developments represent a significant change to the assessment arrangements in schools in Wales. The Minister for Education and Skills has therefore established a Review Group to consider assessment arrangements and the national curriculum in Wales and make recommendations on any changes needed to ensure that the LNF and the tests form part of a coherent approach. The review will respond to concerns about the reliability of teacher assessment highlighted by Estyn, consider whether standards/levels of attainment contained within our curriculum are sufficiently stretching and explore the impact of changing assessment on the wider curriculum.
- 1.14 The review of assessment and the curriculum in Wales will consider in particular the use and usefulness of the current approach to level descriptions and attainment targets, the most appropriate modes of assessment, how assessment data is used, and the timing of the assessments that are undertaken and which subjects it is necessary to assess. The aim is to streamline and simplify the assessment arrangements.
- 1.15 The first phase of the review of assessment arrangements and the curriculum in Wales will be completed by September 2013. This will include evidence gathering, consultation with key stakeholders and experts, and analysis, all of which will culminate in a report. The Welsh Second Language Review Group has received regular updates on this wider review to ensure that the recommendations of the two groups do not conflict.
- 1.16 An independent report by Robert Hill, *The future delivery of education services in Wales*¹, published June 2013, stated that 'pupils are making

¹ <http://wales.gov.uk/consultations/education/future-delivery-of-education-services-in-wales/?lang=en>

excellent progress in acquiring Welsh second language skills in fewer than one in ten primary schools. The effect of this poor achievement on the secondary sector cannot be over emphasised'. The Hill report makes specific recommendations for this Group to consider aimed at improving attainment in Welsh second language and those recommendations are referred to in the body of this report.

Background

- 1.17 As indicated above, Welsh is a statutory subject in the Curriculum for Wales, and is compulsory for all pupils up to the age of 16. Learners take either Welsh first language or Welsh second language. Welsh second language is a foundation subject while Welsh first language, English, Mathematics and Science are core subjects in the curriculum (and contribute to the Core Subject Indicators). As with every other subject in the curriculum, the amount of time allocated to studying the subject is a matter to be determined locally by schools.
- 1.18 Although the study of Welsh or Welsh second language as a subject is compulsory, making a decision on a particular qualification is a matter for schools and is done at a local level. However, the Welsh subject Order states that there should be appropriate assessment and accreditation available to all learners.
- 1.19 At Key Stage 4, GCSE Welsh second language full course or short course can be taken and there is a choice of two syllabi for each: Welsh second language and applied Welsh second language. However, one in three learners do not gain any qualification in Welsh second language and many learners take the GCSE short course where attainment is low.
- 1.20 Section 3 of this report will provide further details on the current position and will explore the factors influencing standards in the subject.

Section 2: The Group's vision and course of action

The Review Group's vision

2.1 A number of evaluations and reports weighing up the successes and indeed failures of the second language sector have been produced over the years, but this is the first time an external, independent Group has been established to consider and provide recommendations on how to improve standards in Welsh second language education.

2.2 At the review's inception it was important to have clear terms of reference and also to agree an evidence-taking process that would add information, judgement and perspective. The terms of reference were determined by the Minister for Education and Skills, and specifically, the Group was asked to consider:

- how to provide a positive learning experience for Welsh second language learners in English-medium schools;
- how to raise the status of Welsh second language as a subject and remove barriers at a local, regional and national level;
- whether qualifications (currently available and/or other possible forms of accreditation) are a lever or a barrier with regard to developing transferable Welsh language skills;
- how best to develop learners' Welsh language skills so that they are able to transfer their skills and use the language in the workplace, community and family; and
- how to address workforce planning issues to ensure that all secondary schools have the resources and capacity to provide quality Welsh second language provision.

2.3 At the Review Group's inaugural meeting, a discussion was held on the vision of every Group member for Welsh second language. It was agreed that the long-term aim is to raise standards and to enable more learners to use Welsh at work and in the community in future. To achieve this aim, it was agreed that the following issues would need to be prioritised:

- ensure that pupils see a point to learning the language and that pupils' confidence to use the language is an important factor;
- increase the opportunities for pupils to use the language in the community, and make increased use of technology to promote the language;
- consider whether compelling pupils to learn the language is a barrier to some and whether the subject is too academic, highbrow and dry;
- look at the language continuum and consider how to improve successful transition from one key stage to another in order to ensure progression and to avoid too much repetition of linguistic patterns;
- ensure that all pupils have the same opportunities to succeed, as the provision in terms of time is inconsistent at present;

- revise the syllabus to give teachers flexibility. It was agreed that pupils' attainment, confidence and enjoyment would increase given an opportunity to explore more relevant topics;
- ensure a high quality workforce and the importance of training; and
- raise the status of the subject and ensure strong leadership within schools and local authorities.

2.4 The terms of reference and the Group's vision for Welsh second language have formed the basis for all discussions. They have also been of assistance in considering the evidence and in reaching conclusions that will lead to recommendations later in the report.

Course of action and response to the review

2.5 The review began in October 2012. At the inaugural meeting a discussion was held on the Review Group members' vision for the field, as noted above, and also on courses of action. Members were given an opportunity to declare interests which might interfere with the Review Group's work, and this register was constantly updated as the work progressed. It was also agreed that the Review Group would need to adhere to Nolan principles; confidentiality and transparency were specifically discussed. It was also agreed that the Review Group would operate through the medium of Welsh and would meet at locations across Wales as necessary.

2.6 At the initial meeting it was agreed that evidence would need to be taken verbally or in writing from the following groups:

- pupils;
- teachers;
- parents;
- WJEC;
- Estyn;
- teacher training centres;
- Welsh for Adults centres;
- Mentrau Iaith;
- the Urdd; and
- individuals or organisations with an interest in the field.

2.7 It was also agreed that the Group would adopt various courses of action, and during the review period the following was done:

- focus groups were held with 82 pupils and with 31 parents;
- 27 individuals came to represent 17 organisations to present evidence to the Review Group (see Appendix 3); 33 written responses were received from a range of individuals and organisations (see Appendix 4);
- 38 responses were received to an online questionnaire for Welsh and Welsh second language Post Graduate Certificate in Education (PGCE) students and teachers who completed the course in 2010-2012 (see Appendix 5);

- the review was informed through a call for evidence on the Welsh Government website; and
- an article on the review featured in a Dysg newsletter.

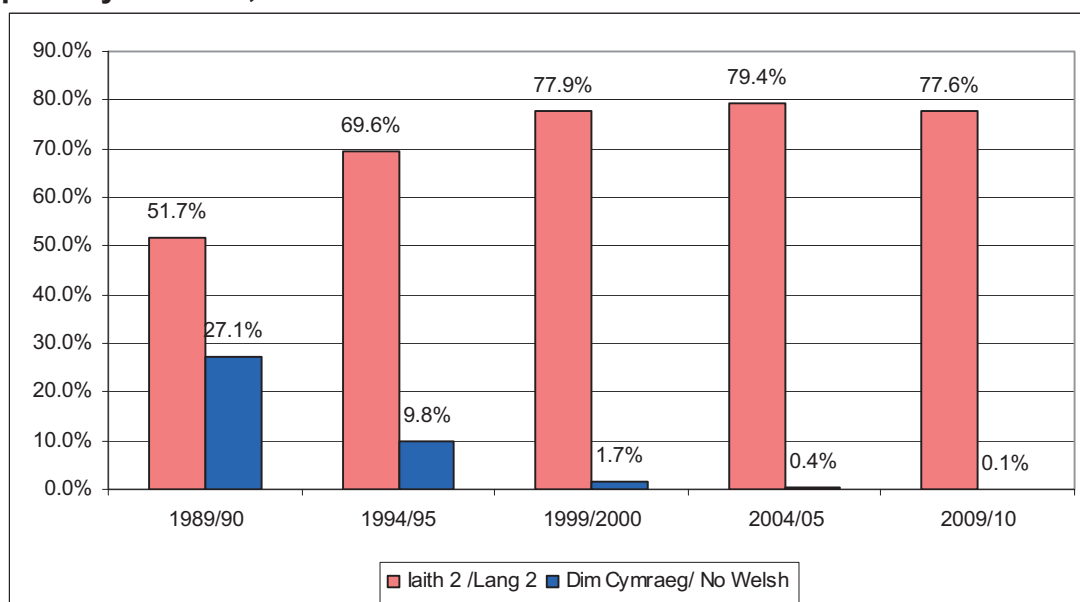
2.8 The Review Group also received and discussed a number of research reports completed in recent years, a full list of which can be found in Appendix 6.

Section 3: The current position

The pupils

- 3.1 Approximately 80% of pupils in Wales are taught Welsh second language. Following the introduction of the National Curriculum for Wales in 1990, there was a 20% increase in the number of pupils being taught Welsh second language. The percentage increased further in 1999/2000 and has remained relatively consistent since then. Table 1 shows the percentage of pupils being taught Welsh second language in primary schools over a 20-year period.

Table 1: Percentage of pupils learning Welsh second language in primary schools, 1989/90 – 2009/10

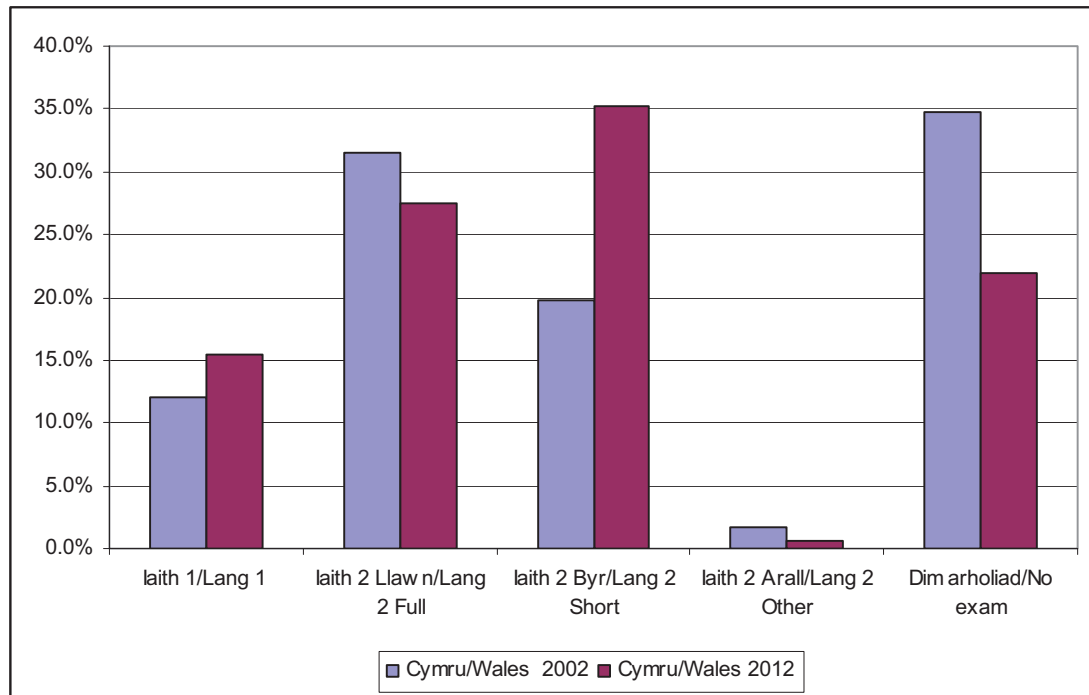


Source: PLASC²

- 3.2 Table 2 shows the percentage of pupils studying Welsh and Welsh second language GCSE exams over a decade. In 2012, approximately 60% of pupils studied Welsh second language at Key Stage 4 and gained either a full course or short course GCSE, compared to 50% in 2002. Although the percentage of pupils who do not sit an exam has reduced over the ten year period, there has been a sharp increase in the percentage of pupils who study the short course Welsh second language GCSE, with the percentage studying the full course GCSE reducing by approximately 5%. The GCSE full and short course will be discussed further in this section of the report.

² Pupil Level Annual School Census

Table 2: Percentage of pupils studying Welsh and Welsh second language GCSE Exams, 2002 - 2012



Source: Welsh Exam Database

Curriculum and assessment

3.3 Welsh second language is a foundation subject within the National Curriculum for Wales. Welsh Language Development is a required Area of Learning in the Foundation Phase and Welsh second language is a requirement at Key Stages 2, 3 and 4. Welsh second language is also taught at Key Stage 5 where, like all other subjects, it is optional. This section of the report will give an overview of current provision and attainment in Welsh second language from the Foundation Phase to Key Stage 5.

The Foundation Phase

3.4 The Foundation Phase is the statutory curriculum for all 3 to 7 years old children in Wales in both maintained and non-maintained settings. Welsh Language Development is one of the seven Areas of Learning in the Foundation Phase Framework for Children's Learning. This Area of Learning is only delivered in schools and settings where English is the main medium of communication.

3.5 The Foundation Phase's Welsh Language Development Area of Learning seeks to develop learners' familiarity with Welsh sufficiently to encourage further language learning and positive attitudes towards Welsh. Young children in the Foundation Phase in English-medium settings and schools learn Welsh through play and active learning, as well as story and structured activities.

- 3.6 In the Minister's annual remit letter to Estyn for 2011-2012, Estyn was requested to:
- report on the implementation of the Welsh Language Development Area of Learning in the Foundation Phase in schools and non-maintained settings; and
 - highlight examples of best practice.

The report³, published in January 2013, found that:

"In the majority of English-medium schools inspected during 2010-2012, most children make suitable progress in speaking and listening to Welsh in the Foundation Phase, particularly during whole-group sessions. Children have a positive attitude towards learning Welsh. Their speaking and listening skills are developing well but reading and writing are generally underdeveloped in the Foundation Phase".

However, the report also noted that:

"in a minority of schools staff do not devote enough time to teaching Welsh... Practitioners do not practise and repeat new Welsh words regularly or offer children enough opportunities to practise their Welsh... Generally, when practitioners' own Welsh is fluent, children's progress in learning Welsh is better. These practitioners use Welsh consistently across all areas of learning. Where there are no confident Welsh-speaking practitioners in a school or setting, the use of Welsh by staff is usually more limited. This means that children hear less Welsh and have less opportunity to practise it."

- 3.7 The Welsh Government is currently supporting the continuing need for a good quality workforce that is able to deliver the Foundation Phase in both Welsh and English through a number of training programmes. The Sabbaticals Scheme provides 5-week and 12-week courses to practitioners in maintained English-medium settings to develop their Welsh-language skills; a new contract has recently been awarded to deliver basic Welsh-language courses to early years practitioners in non-maintained settings; and Cam wrth Gam continues to train candidates to achieve Level 3 in Children's Care Learning and Development through work based placements in early years settings/schools.
- 3.8 Schools are not currently required to record individual children's progress in Welsh Language Development and there is no formal assessment data available at school, local authority or national level. This means that there is no way to track children's progress in Welsh from the beginning of their education to the end of the Foundation Phase and onwards to Key Stage 2. One of Estyn's recommendations for the Welsh Government is to:

³ <http://www.estyn.gov.uk/english/docViewer/264782.7/welsh-language-development-in-the-foundation-phase-january-2013/?navmap=30.163>

“review whether the Foundation Phase Outcomes Indicator should capture children’s progress in Welsh Language Development.”

This is currently being considered as part of existing evaluation and review arrangements. Decisions about changes to end of Foundation Phase assessment will be made in the light of the outcomes of this evaluation and the curriculum and assessment review, in addition to the findings of the Estyn report.

Key Stage 2

- 3.9 The ‘Welsh in the national curriculum for Wales’⁴ document contains the programmes of study for Key Stages 2, 3 and 4, together with attainment targets and level descriptions. In order to fulfil statutory requirements, end of key stage teacher assessment are undertaken for Welsh second language, and reported to parents.
- 3.10 It is optional for schools to provide details of teacher assessments in Welsh second language to the Welsh Government. In 2012, data for 25,082 pupils from an eligible cohort of 25,519 (98.3%) was provided, compared to 25,592 pupils from an eligible cohort of 26,155 (97.8%) in 2011.
- 3.11 Table 3 shows the percentage of pupils achieving the expected level (Level 4 or above) in Welsh second language at the end of Key Stage 2 from 2010, when the assessments were introduced, to 2012. Although the percentage of pupils achieving Level 4 or above has increased over the past two years, the percentage still remains relatively low compared to 85.2% of pupils gaining Level 4 or above in English and 84% of pupils gaining Level 4 or above in Welsh in 2012.

Table 3: Key Stage 2 non-core teacher assessments: Percentage of pupils achieving Level 4 or above 2010 – 2012

	2010	2011	2012
All pupils	35.4%	51.4%	61.6%
Boys	30.4%	45.2%	55.1%
Girls	40.8%	58.1%	68.6%

Source: National Data Collection

- 3.12 The Welsh Government commissioned Key Stage 2/3 external moderation in 2010, which concluded in 2012. Clusters of schools presented Welsh second language profiles for moderation, and in the final report, the chief moderator noted:

“It is clear that the moderation process is still in development across clusters as the evidence from the cluster programme of work provided shows some variation... In an extensive number of cases there was inconsistency in the

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<http://wales.gov.uk/topics/educationandskills/schoolshome/curriculuminwales/arevisedcurriculumforwales/nationalcurriculum/welshnc/?lang=en>

understanding of the standard across key stages where it was obvious that the best-fit judgement was not a cluster agreement.”

The report provides examples of best practice for cluster moderation and suggestions for improving teaching and learning, for example:

“There were examples of oral work where the learners had memorised work provided in writing, word for word. It was therefore very difficult to consider this type of task as evidence for Oracy as it is the memory rather than oracy skills which are being assessed in such cases. Memorising written work is not appropriate evidence of Oracy.”

- 3.13 The year-on-year increase in the percentage of pupils achieving Level 4 or above, could be as a result of improved moderation of teacher assessments. However, as the chief moderator concluded, *“clusters are reminded that cluster moderation is a statutory requirement”* and *“clusters should continue to work together in future in order to strengthen cluster contact across key stages, in line with the statutory order. This will ensure an agreed understanding of the level characteristics and of the best-fit, leading to a more effective transition. It will also ensure good practice in terms of learning and teaching methodology and task setting.”*
- 3.14 Including Welsh second language with the core subjects for Key Stage 2/3 cluster moderation has been a positive step in improving the subject’s status. Insisting that the requirements are the same for Welsh second language and the core subjects during future moderation will help to raise expectations and, in the long term, should raise attainment in Welsh second language.

Key Stage 3

- 3.15 The percentage of pupils achieving Level 5+ in Welsh second language at the end of Key Stage 3 has increased steadily over the last 6 years, as outlined in Table 4.

Table 4: Percentage of pupils achieving Level 5+ in Welsh second language at the end of Key Stage 3, 2007 - 2012

	2007	2008	2009	2010	2011	2012
All Pupils	50.6	54.1	56	59.4	64.6	68.2
Boys	40.9	44.3	46.4	50.1	55.2	58.9
Girls	61	64.3	66.1	69.3	74.9	78.4

Source: National Data Collection

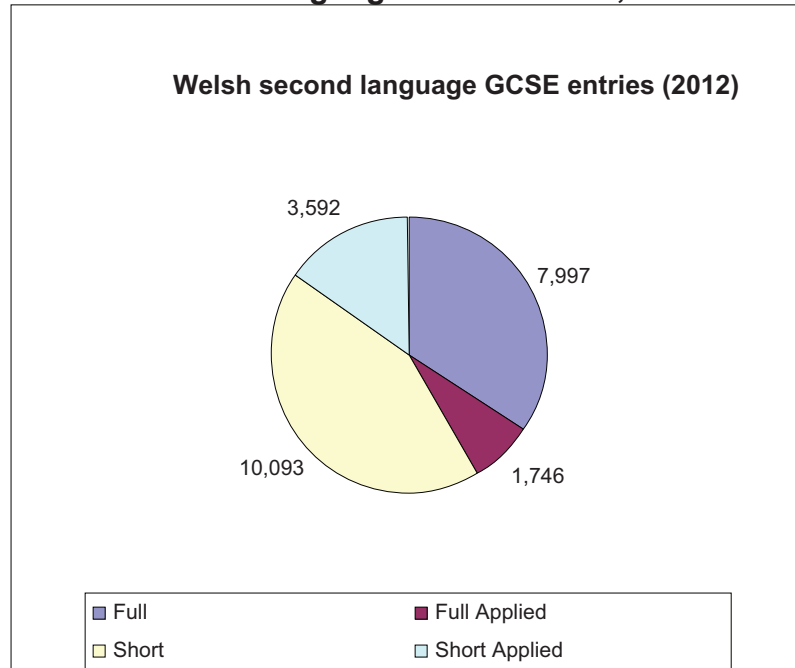
However, the percentage of pupils achieving the expected level (Level 5 or above) in 2012 was lower in Welsh second language than any other subject at 68.2%. The percentage achieving the expected level in modern foreign languages (MFL) in 2012 was 74.5%. There is no obvious reason why learners should achieve higher levels in MFL than Welsh second language as language skills and level descriptions in the subject Orders are comparable. In addition, in most cases learners begin learning Welsh second language earlier in their school career than MFL.

- 3.16 In 2012 girls performed better than boys in all non-core subjects. However, the gap was greatest in Welsh second language (19.5 percentage points). There has been no improvement in this gap between girls and boys' performance in the past six years.

Key Stage 4

- 3.17 At Key Stage 4, pupils can study either a short or full course Welsh second language GCSE, and there is a choice of a general or an applied course. The short course and full course require pupils to reach the same standards in Welsh; the short course has less breadth with fewer contexts in which the language must be used.
- 3.18 There continues to be more candidates entered for GCSE Welsh second language short course than full course, as illustrated in Diagram 1. A minority of schools enter all learners for GCSE Welsh second language full course. In some schools Welsh second language full course is offered as an option subject and those pupils not opting for full course Welsh second language are obliged to follow the short course. In other schools all learners follow the short course. This compulsory aspect may account for poor attainment. The evidence received during this review outlined some of the reasons for the increase in entries for the short course, and include:
- offering the short course rather than full course may be seen as one way to gain time on the timetable as schools are looking to offer a wider range of options (e.g. vocational / Welsh Baccalaureate); and
 - the limited number of specialist Welsh second language teachers makes offering full course GCSE to more pupils in more schools a challenge.
- 3.19 As outlined in paragraph 3.15, Welsh second language is the worst performing subject at Key Stage 3, with only 68.2% of pupils achieving the expected level (Level 5 or above). Poor attainment levels continue at Key Stage 4. Table 5 shows that there is a notable difference in the percentage of candidates achieving A*-C in the full course compared with the short course; 24 percentage points in 2012. Girls continue to outperform boys in 2012 with 19.5 percentage point difference between boys and girls achieving A*-C in the full course and 20.3 percentage points in the short course.

Diagram 1: Welsh second language GCSE entries, 2012



Source: Welsh Government

Table 5: Percentage of pupils gaining A*-C GCSE Welsh second language, 2007 - 2012

A*-C	2007	2008	2009	2010	2011	2012
Full Course						
Male	60.8	60.8	59.9	62.4	61.3	62.8
Female	78.1	77.5	78.8	80.6	79.8	82.3
All Candidates	70.4	70.2	70.3	72.7	71.6	73.6
Short Course						
Male	36.3	34.4	35.1	38	36.9	39.4
Female	57.8	54.5	53.9	57.7	56.9	59.7
All Candidates	47.3	44.5	44.6	47.7	46.8	49.6

Source: Joint Council for Qualifications

3.20 Low attainment compared with other subjects and the gap between boys and girls' attainment are issues that have been apparent in Welsh second language for a long time and have, regrettably, been accepted as the norm. In 2007, Estyn carried out an evaluation of the Welsh second language GCSE short course⁵. The report concluded that "Only a very few pupils who follow the GCSE Welsh second language short course make good progress towards becoming fluent Welsh speakers." Less contact time for the short course (as little as an hour per fortnight in some schools) can often mean lower achievement for individuals as languages need to be practised regularly in order for learners to gain fluency.

⁵ <http://www.estyn.gov.uk/english/docViewer/172563.3/an-evaluation-of-the-gcse-welsh-second-language-short-course-october-2007/?navmap=30,163>,

3.21 In recent years, vocational language units have been made available through some awarding organisations. The units are free-standing and have been accredited on to the Credit and Qualification Framework for Wales (CQFW). The units are based on the individual skills of Speaking, Reading, Understanding Spoken Welsh and Writing. As these units are relatively new, the take-up of the units is quite low, and it is too early to gauge the strengths and weaknesses of the units.

A level

3.22 Welsh second language is offered as an A level or AS level in many schools across Wales. According to the WJEC specification, the course aims to develop candidates' communication skills, in both written and spoken Welsh. It is intended to develop their ability to use language imaginatively. Broad reading is encouraged as well as thorough learning of specific literary works. The ability to respond to literature and contemporary multimedia cultural materials is promoted in order to gain an appreciation of Wales's cultural heritage.

3.23 The successful implementation of the Welsh-medium Education Strategy needs a sufficient supply of university graduates in Welsh, coming from a pool of learners who have studied A level Welsh. There is a specific target to increase the total A level Welsh (second language) entries as a percentage of full and short course GCSE Welsh (second language) entries, two years earlier.

3.24 However, the percentage of learners moving on to study Welsh at A level has decreased over the past 4 years. One possible reason for this is that the choice of subjects available in post-16 provision has increased considerably in recent years.

Table 6: Total A level Welsh (second language) entries as a percentage of full and short course GCSE Welsh (second language) entries, two years earlier

	2009	2010	2011	2012
Indicator	3.0%	2.4%	2.5%	2.4%
Number	595	496	558	556

Source: WJEC data

3.25 During 2012, the Coleg Cymraeg Cenedlaethol undertook research with pupils, university students and practitioners to understand the reasons why there is a decline in the number of pupils choosing Welsh second language at A level. The research concluded that there was insufficient information provided to pupils in schools promoting Welsh second language as a subject that can be studied at degree level. Pupils therefore did not progress to studying the subject at A level. It was also suggested that the requirement to study literature before language skills had been sufficiently developed deterred pupils from continuing to study the subject. The lack of opportunities to use the language outside the classroom, which would help them in their studies, was also a factor.

Issues and challenges

- 3.26 Estyn has commented regularly on the poor standards in the teaching and learning of Welsh second language. In the 2011-12 Annual Report⁶ Estyn concluded that *“In most schools, provision for Welsh second language is good in the Foundation Phase. In key stage 2, provision is less well developed.”* In secondary schools *“Standards in Welsh second language are good in a few schools and improving in a majority of them. They are particularly strong in those schools where standards are excellent overall. However, Welsh second language is an important area for improvement in around a fifth of schools.”*
- 3.27 There are a number of issues to address to improve standards in Welsh second language. These issues have been raised in a number of various reports over the past few years, and include the following:
- pupils do not continue to develop their Welsh skills well enough on transition to Key Stages 2 and 3;
 - the time allocated to teaching the subject is not sufficient, and in some schools, the allocation is as little as one hour a fortnight;
 - many teachers in primary schools lack confidence and ability to teach Welsh second language;
 - too many pupils who follow the short course are entered for the foundation tier though they are capable of gaining A*-B grades which can not be achieved in the foundation tier;
 - in most schools, there are not enough opportunities for pupils to hear and practise using the language beyond formal Welsh lessons;
 - in too many secondary schools, the subject is taught by non-specialist teachers who lack a thorough understanding of second language teaching methodology; and
 - pupils are not confident to use the language.
- 3.28 The challenge now is to address these issues and ensure that Welsh second language is transformed into a high-performing subject, which enables pupils to use the language.

⁶ <http://www.estyn.gov.uk/english/annual-report/annual-report-2011-2012/>

Section 4: The proposed changes

The need to improve standards and attainment

- 4.1 As previously noted in Section 1 of this report, Welsh / Welsh second language is a statutory subject in the Curriculum for Wales. Welsh became compulsory for every pupil at Key Stages 1, 2 and 3 in 1990 and compulsory at Key Stage 4 from September 1999. The Foundation Phase, which has replaced Key Stage 1 in Wales, includes Welsh Language Development as an Area of Learning for English-medium settings and schools.
- 4.2 As outlined in Section 2 of this report, the Review Group's vision for Welsh second language is to raise standards to enable more learners to use the language in future employment and in the community and to ensure that pupils understand the social and historical context of the language. This vision supports one of the wider policy aims of the Welsh Government, which is to see the Welsh language thrive. To achieve this aim, there is a need to ensure a steady flow of Welsh speakers coming through the education system and using the language in their everyday lives. At present, evidence strongly suggests that pupils who have followed the Welsh second language curriculum are not able to use their language skills outside the classroom for a number of reasons. This section of the report discusses these reasons in more detail and proposes changes to the current system of teaching and learning Welsh second language, with the aim of enabling pupils to use their Welsh language skills. How success will be measured is a matter which will need careful consideration when planning the implementation of any changes.
- 4.3 The Review Group recognises that in order to improve standards and attainment we can not consider Key Stages 3 and 4 in isolation. Research shows that children who acquire another language in their early years are more likely to become proficient in the language. Therefore, although this Group's main focus is Key Stages 3 and 4, we must consider this in the context of earlier learning in the Foundation Phase and at Key Stage 2 and also the transition between each stage of learning. In parallel to the Review Group's work, a steering group has been discussing the key factors for the successful delivery of Welsh second language at Key Stage 2 and has made recommendations to the Review Group, which support and reinforce this Group's recommendations.

Status

- 4.4 The evidence and comments received from stakeholders consistently linked the status and value of Welsh second language as a curriculum subject and how Welsh second language is perceived by local authorities, schools, pupils and parents with pupils' success in language acquisition. The potential for future success in developing learners who have the skills to use

the Welsh language outside the classroom was considered to be dependent upon raising the status of the subject.

- 4.5 It is worth noting that the teachers who contributed to the review agreed that the attitude of parents towards the subject has changed over recent years, with the majority now supportive of their children learning Welsh, and with the subject becoming an accepted part of the education system in Wales. There are some parental concerns regarding the teaching of the full course versus the short course and the expected fluency of their children. These will be covered in more detail later in this section of the report.
- 4.6 The vast majority of evidence received supported the teaching of Welsh second language as a statutory subject within the curriculum in Wales. One exception to this was an online petition on the National Assembly for Wales website which wanted an end to the compulsory study of Welsh at Key Stage 4. Other evidence suggested that some parents considered having Welsh as a mandatory subject was counter-productive and that pupils who see the subject as compulsory do not engage in the same way as they would if they did it through choice. This was a minority view, and the vast majority of evidence supported the continuation of the current requirement for the subject to be mandatory.
- 4.7 The Review Group did consider making Welsh second language optional at Key Stage 4, while maintaining the statutory requirement up to and including Key Stage 3. However, the Group agreed that it is crucial for pupils to continue to learn and practise the language to achieve the aim of enabling more learners to use the language. Evidence received from both parents and pupils in focus groups suggested that the majority considered that the ability to speak Welsh was advantageous both for future employment and in gaining an appreciation of Welsh identity.

*“It opens doors. No door is shut to you if you can speak Welsh”
“If you can speak Welsh, there are more job opportunities.”*

This view was reiterated in the vast majority of evidence received. The Group also agreed that removing the requirement would be a step back in terms of the progress made in some schools, and that the focus should be on ensuring that the curriculum is fit for purpose and that all schools can raise standards in the subject.

Recommendation 1

Welsh Government to ensure that Welsh second language continues to be a statutory subject within the National Curriculum and continues to be a compulsory subject for all pupils in Wales until the end of Key Stage 4.

- 4.8 As previously discussed in Section 3 of the report, Welsh second language is not a core subject in the National Curriculum for Wales. Although teachers are required to make statutory teacher assessments for each eligible learner at Key Stages 2 and 3, attainment in Welsh second language does not

contribute to the core subject indicator⁷. The vast majority of evidence received as part of this review suggests that, as a consequence, the subject is not given sufficient status. The Review Group concluded that the status of the subject would only be improved if attainment in Welsh second language, both in formal qualifications such as GCSE and end of key stage assessments, is included in school performance measures, ensuring that the subject has the same prominence as Welsh (first language) and English.

- 4.9 Schools and local authorities would have to consider the impact of this change and put strategies in place to raise standards. The framework to plan, implement and monitor these strategies is already in place through the Welsh in Education Strategic Plans (WESPs) as a result of the School Standards and Organisation (Wales) Act 2013. The purpose of the WESP is to outline how local authorities will improve the planning for Welsh-medium education and the teaching of Welsh and subjects through the medium of Welsh. Each local authority is required to submit a WESP to the Welsh Government for approval and monitoring. The WESP, which will become statutory from April 2014, sets out local authority plans to develop and improve Welsh-medium and Welsh-language education, and includes specific targets which take into account the local linguistic context which will naturally influence teaching and learning.

Recommendation 2

Welsh Government to give equal status to Welsh second language within the National Curriculum, ensuring that the subject has the same prominence as the core subjects in performance measures.

- 4.10 Estyn has reported that leadership with regards to the Welsh language within schools is weak in some English-medium settings. Hand in hand with performance data, Estyn has a key role to play in judging how an individual school is performing and how the school is perceived by pupils and parents.
- 4.11 There are examples of schools whose performance was judged by Estyn as being excellent while standards and attainment in Welsh second language were poor according to the data. In such instances, the Review Group believes that Estyn should, as a minimum, include recommendations for improving standards of Welsh second language to ensure that head teachers, senior management and governors take steps to address the issues, such as:
- allocating sufficient time within the curriculum for Welsh second language;
 - the introduction of specific support schemes such as intensive language courses; and
 - the use of teaching/language assistants.

⁷ At Key Stages 2 and 3 it is defined as achieving the expected level in both Maths and Science and either English or Welsh (first language). At Key Stage 4 it is defined as achieving a level 2 qualification at grade A*-C in both Maths and Science and either English or Welsh (first language).

The Group believes that Estyn should not award 'Excellent' to a school when standards and attainment in Welsh second language are very poor.

- 4.12 Evidence from pupils also suggests that schools make a concerted effort to use Welsh around the school during inspections, which again would distort the picture giving Estyn opportunity to praise the school for activity which was not reflected in attainment data.

Recommendation 3

Estyn to show more clearly how standards in Welsh second language contribute to the general judgement for the whole school, and to include recommendations for improvement where applicable.

- 4.13 It became apparent in the evidence that some pupils do not understand the benefits of learning the language and do not have an understanding of the wider context of the language, both historically, culturally and politically. Evidence received from heads of Welsh departments suggested that it is essential for pupils to have an awareness of the critical role of the Welsh language in the development of Welsh national identity, and of the historical underpinning of contemporary Welsh society to ensure that they understand why they are learning the language. The evidence states that:

“Children made better and earlier progress when they had an understanding of the linguistic context rather than learning in a vacuum. “

- 4.14 The consultation document on the review of the *Cwrciwlwm Cymreig*⁸ stated that the implementation of what is known as the *Cwricwlwm Cymreig* should not be limited to history in future, but should continue to have a much wider application across children and young people's learning. The Group agreed with this view and believes that a cross-curricular approach to the *Cwricwlwm Cymreig* should help pupils develop a better understanding of the context of the language.

- 4.15 Further evidence from parents and pupils suggests that youngsters would be more inclined to learn Welsh if they understood the relevance of the language to their every day lives.

“Pupils need to understand why they are learning the language so that they become connected to the subject.”

This is also supported by the recent Beaufort Research⁹ report on the behaviour, attitudes and aspirations of Welsh speakers in terms of their use of Welsh in a range of everyday settings:

“At the heart of what drove positive behaviours and perceptions was a sense of identity with the Welsh language at a number of different levels:

⁸ Part of the national curriculum for Wales which reflects the culture, environment, economy and history of Wales, and the influences which have shaped the country of today.

⁹ <http://cymru.gov.uk/topics/welshlanguage/research/exploring-welsh-lang-in-daily-lives/?skip=1&lang=en>

personal, family, community, national identity and heritage. This link between language and identity not only spread out from the personal through to national but also spanned the past, present and future.”

Recommendation 4

Welsh Government to make the social and historical context of Wales and the Welsh language an integral part of the curriculum across all subjects so that pupils gain an understanding of the context of the language and understand the contribution of the language to Wales and to being Welsh.

- 4.16 It was also suggested in the evidence that there was a general lack of promotion of the Welsh language and the value of the language as a skill in future employment. School leaders, teachers, pupils and parents need to understand that the ability to speak Welsh could lead to improved employability. On completion of the labour market intelligence research, which is currently being undertaken to determine the Welsh language needs of employers, the Welsh Government in collaboration with the Welsh Language Commissioner and Careers Wales should take steps to promote Welsh as a skill for the workplace.
- 4.17 Pupils, as they are learning the language and considering future employment, need to be aware that there are opportunities to use the language and the benefits of having Welsh language skills at all levels of competence. Some posts might only require oral skills while others might require competence in the four skills; speaking, listening, reading and writing. It needs to be emphasised, by all involved in career advice, that the skill level is relevant to the post and situation.

Recommendation 5

Welsh Government, in collaboration with the Welsh Language Commissioner, Careers Wales and school career advisors should promote Welsh as a skill for the workplace.

Curriculum and progression

- 4.18 When considering Welsh second language in the curriculum and approaches which could evoke change in standards and attainment, it is essential not to look at secondary education in isolation but rather to consider progression in language acquisition from the Foundation Phase right through to Key Stage 4 and beyond and also transition at each stage.
- 4.19 The Welsh in the national curriculum for Wales¹⁰ document includes the programmes of study for Welsh and Welsh second language. With regard to Welsh second language, the document states that pupils during

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<http://wales.gov.uk/topics/educationandskills/schoolshome/curriculuminwales/arevisedcurriculumforwales/nationalcurriculum/welshnc/?lang=en>

Key Stage 4 should be given opportunities to build on their previous learning, and, as a part of their oracy skills, should be given opportunities to use language accurately, clearly and confidently:

- using words and patterns suitable for the situation;
- identifying the differences between the spoken language in different areas and of written language;
- considering the ways in which formal and informal language varies according to its context and purpose; and
- developing accuracy by:
 - a. using verb forms (tense and person)
 - b. forming negative sentences
 - c. using prepositions
 - d. using mutations
 - e. differentiating between similar words
 - f. using noun gender.

4.20 In a series of focus groups held with parents the majority noted that they expect that their children should be able to hold basic conversations in Welsh by the time they leave school. Although the current curriculum should enable pupils to communicate in a variety of situations, there is concern that pupils do not develop these skills sufficiently.

4.21 The recent introduction of the National Literacy and Numeracy Framework¹¹ has been generally welcomed by schools and parents as it sets out clearly the expectations for learners in terms of developing oracy, reading and writing skills in English and Welsh (first language). The Group discussed the merits of expanding the Welsh element of the framework to include Welsh second language. The evidence also pointed towards this approach as it would provide a well-defined basis for the curriculum and set clear expectations for pupils, parents and teachers. This approach could see the Welsh second language curriculum evolve into a language acquisition model where learners improve their Welsh through hearing and speaking the language, improve their vocabulary, spelling and grammar through wider reading and refine writing skills in a similar way to their English literacy development. A dual literacy or triple literacy approach (including a modern foreign language in the model) could have a positive effect on both pupils' literacy and on their Welsh second language skills.

4.22 One of the key themes in the evidence received is that further consideration should be given to developing a language continuum for the purposes of curriculum planning and delivery and recording attainment. It would facilitate a system of progression across all phases of learning and would also have the advantage of providing learners, parents and employers with a clear definition of the skill levels achieved by pupils. Developing such a continuum would mean that all pupils in Wales would follow the same programme of study and could be assessed against one framework.

¹¹ <http://learning.wales.gov.uk/resources/nlnf/?lang=en>

- 4.23 The possibility of measuring pupils' ability in Welsh along a linguistic continuum has been a matter of discussion for a number of years. It has been subject to various research and feasibility studies. However, no conclusion has been reached on its introduction mainly due its potential complexity. There are a number of factors which would need to be considered in developing a continuum, not least that it would be difficult for pupils in English-medium schools to achieve the same linguistic level as pupils in Welsh-medium or bilingual schools in the present system as they have much less contact with the language.
- 4.24 The Review Group has considered this matter carefully and believes that there is an opportunity to revise the curriculum and to build on the National Literacy Framework to create one continuum of learning for Welsh which would include expectations for pupils learning Welsh in Welsh-medium, bilingual and English-medium schools. Research would be needed in order to map Welsh second language acquisition milestones in comparison to the expected levels of Welsh literacy for each year group. Careful planning would then be required to establish expected levels of competence for pupils currently learning Welsh second language in English-medium schools and clear information would need to be provided to parents.
- 4.25 Additional initial language acquisition targets would be required for pupils whose first experience of Welsh is at an English-medium school at the start of compulsory education at age 5, and for those who come from outside Wales at a later stage in their education. The expectations may also need to be adapted in order to acknowledge the complexities of second language acquisition. It can be challenging to assess attainment in a second language as initially learners learn words, phrases and sentences by heart and this work will have few grammatical mistakes. As pupils progress they begin to structure their own responses and it can appear that they have taken a backward step as there may be mistakes in language patterns where previously there were none. Research will be needed to ensure that expectations are realistic and attainable for Welsh learners in English-medium schools. When developing the new framework, the Welsh Government should also consider international research and best practice in the teaching of Welsh second language, Welsh for Adults, modern foreign languages and other minority languages such as Basque.
- 4.26 When changes are made to the curriculum, there must also be a clear focus on progression post-16 including providing routes for language progression and opportunities for pupils to use and study the language further.

Recommendation 6

Welsh Government to revise the Welsh programme of study, over a three to five year period, and use the National Literacy Framework for Welsh as a basis for a revised curriculum to include:

- one continuum of learning for Welsh with clear expectations for pupils learning Welsh in English-medium, bilingual and Welsh-medium settings; and
- guidance, support materials and training.

As a consequence the Welsh second language element of the Welsh programme of study would be removed along with the term Welsh second language.

- 4.27 Progression from one key stage to the next can be a challenge in many subjects, especially at the transition from primary to secondary. Evidence from heads of Welsh departments in secondary schools stated that the level of proficiency amongst pupils transferring from primary schools varied significantly with a tendency for teachers in year 7 to start again with the basics when learning the language rather than building on skills already developed at primary school. Although steps have been taken to improve transition from primary to secondary, with examples of some secondary schools working closely with their feeder primary schools, there is further work to be done to share good practice and ensure that all schools have effective transition arrangements in place for Welsh second language.
- 4.28 This is further evidenced by both parents and pupils who suggested that children lose interest after transferring from primary school and that the Welsh second language curriculum fails to ensure the progress and momentum required to sustain pupils' enthusiasm and eagerness to learn.
- 4.29 The national Key Stage 2/3 cluster moderation (pilot 2010-11; national moderation 2011-2012) succeeded in raising the status of Welsh second language as a subject and facilitated the transition between key stages. As a result, in the best clusters there is improved communication between schools, better understanding of National Curriculum level descriptions and more consistent awarding of National Curriculum attainment target levels for Welsh second language.
- 4.30 The Group received evidence which emphasised the need for the Key Stage 2/3 cluster moderation to continue to ensure that secondary schools have a better understanding of pupils' attainment levels which would then enable pupils to continue to build on their skills on transfer to secondary school. The moderation meetings are a vehicle to share good practice and resources and, where appropriate, facilitate the setting of pupils according to ability for Welsh second language in secondary schools.

Recommendation 7

Local authorities and regional consortia to facilitate Key Stage 2/3 Welsh second language cluster moderation to ensure that secondary teachers are fully informed of pupils' previous learning so that pupils have the opportunity to build on their skills and knowledge on transfer to secondary school.

- 4.31 Hand in hand with the issues of progression from primary to secondary schools; this key period also provides opportunities for learners to transfer from one learning medium to another and as a result transfer from following the Welsh first language to the Welsh second language programme of study. Improving rates of linguistic progression between phases of Education is a key aim of the Welsh-medium Education Strategy to ensure that learners continue to develop their language skills. When learners transfer from one learning medium to another, the school performance data

for Welsh second language becomes distorted, with more positive outcomes for pupils in English-medium schools who followed the Welsh first language programme of study at primary school. The majority of these individuals are not given sufficient opportunities to build on and develop their Welsh language skills.

- 4.32 Introducing one framework which provides a continuum of learning Welsh for all pupils, with clearly defined outcomes (as noted in recommendation 6) could facilitate progression from one key stage to the next. The framework could also help teachers in English-medium schools to assess and set targets for individuals who have previously been taught through the medium of Welsh to ensure that they build on their language skills and continue to make progress. Consideration would need to be given to supporting primary schools where teachers may have limited Welsh language skills themselves and also to supporting non-specialist Welsh second language teachers at Key Stages 3 and 4. The Welsh Government would need to provide clear guidance on this and ensure the availability of appropriate support and training through the local authority and regional consortia and also through links between Welsh-medium, bilingual and English-medium schools where appropriate.

Recommendation 8

Welsh Government to develop clear guidance on progression from one key stage to the next to ensure that learners continue to develop their skills if they transfer from a Welsh-medium to an English-medium school.

- 4.33 As noted in Section 3, improving progression into A level is a key aim of the Welsh-medium Education Strategy. As part of their WESPs local authorities, when planning provision, need to ensure that A level provision is delivered in sufficient locations across Wales. In addition to geographic and financial implications common to all subjects, there are additional issues when considering the provision for Welsh second language. Pupils who plan to study Welsh second language in Year 12 at their secondary school (where they are familiar with the teaching staff and other pupils) may choose not to continue with the subject if they have to attend a different school or college, due to the confidence needed to use a second language in a new environment. Conversely, in some cases, the change of setting may be the impetus needed for the learner to become a fluent Welsh speaker. Remote learning must also be used carefully in the context of language learning as hearing and speaking the language regularly is essential.

Recommendation 9

Local authorities, as part of their Welsh in Education Strategic Plans, to ensure that appropriate A level Welsh second language provision is available in sufficient locations across Wales.

Assessment

4.34 Pupils are assessed in Welsh second language at the end of Key Stages 2 and 3. At Key Stage 4 it is the norm that pupils are entered for either the full or short course GCSE, although, as with other subjects, this is not mandatory. Data in section 3 of the report shows that attainment at Key Stages 2 and 3 is improving. However, at Key Stage 4 the number of pupils being entered for the GCSE full courses, where attainment is higher, is declining.

4.35 As repeatedly noted in the evidence, completion of the current Welsh second language GCSE does not ensure that pupils are sufficiently prepared and able to use the language outside of school. In the focus groups held with pupils, it was made clear that they wanted to be able to hold everyday conversations:

By the end of GCSE we could talk about recycling! We could just talk about the given topics.

4.36 The applied GCSE qualification¹² has emphasis on developing skills to *make use of the language for effective and appropriate communication in everyday lives and/or in occupational situations*. This qualification should solve some of the issues regarding the relevance of GCSE Welsh second language to pupils with its emphasis on more every day use of language. However, take-up of this qualification remains low, and having the option of two qualifications could dilute the resources available to teach the subject. While new GCSE (or equivalent) qualifications are being development, good practice in the teaching and learning of the applied GCSE should be shared and the Welsh Government should work with WJEC, regional consortia and local authorities to promote the applied course to Welsh teachers, pupils and parents, particularly in schools where attainment in Welsh second language is low.

4.37 The GCSE short course has been the subject of great criticism over the years. Section 3 of this report refers to the Estyn evaluation in 2007. One of the recommendations of this report was that the Welsh Government should consider phasing out the short GCSE course when the staffing capacity and quality of teaching are good enough to sustain delivery of the full GCSE course to increased numbers of pupils. However, the short course is still delivered across Wales, and the Group was concerned that the number of pupils entered for the short course has increased. The opinion of parents and pupils in the focus groups regarding whether or not the full course GCSE should be the standard qualification, with the removal of the short course, was divided although the response from teachers was overwhelmingly towards abolishing the current short course.

¹² <http://www.wjec.co.uk/index.php?subject=210&level=15>

- 4.38 However, as the Group has recommended developing a continuum of learning Welsh, the level descriptions and qualifications will need to be reviewed and revised. One set of level descriptions would need to be developed for Welsh with defined expectations for learners in Welsh-medium, bilingual and English-medium schools. These level descriptions would be used as for teacher assessments at Key Stages 2 and 3. At Key Stage 4, the Group agrees that two full GCSEs (or equivalent) should be available to distinguish between pupils who learn in English-medium schools from pupils who learn in Welsh-medium or bilingual schools. Consideration should be given to developing a dual award whereby pupils in English-medium schools would receive an additional grade to show what comparative grade they would have achieved in the Welsh (first language) examination. This would not only assist employers to understand the difference in Welsh-language skill levels, but could also support the Welsh Government aim to ensure that learners who have received Welsh-medium education in primary schools continue to progress on transfer to secondary school. However, dual accreditation would need very careful consideration and implementation to ensure that it is not counter-productive.
- 4.39 Alongside the Literacy Framework, reading tests for English and Welsh (first language) have been made statutory in Wales. The Review Group believes that all schools should apply a national Welsh language reading test to all eligible 8-14 year old pupils. This would mean that English-medium, bilingual and Welsh-medium settings would have to administer reading tests in Welsh and English. Given the implications for staff training and curriculum planning, a sufficient lead-in time would be essential prior to implementation. This would also support the objective of improving the status of the subject.

Recommendation 10

Welsh Government, within a three to five year timetable, to:

- develop new level descriptions with the revised programme of study for Welsh and produce guidance for schools which includes defined expectations for learners in Welsh-medium, bilingual and English-medium schools;
- develop a new full GCSE (or equivalent) qualification based on the revised curriculum; and
- remove the short course GCSE.

In addition, consideration should be given to the introduction of a Welsh reading test for 8-14-year-old pupils in English-medium settings.

Prior to the new arrangements becoming operational, training would be necessary to equip teachers and to inform them of the new requirements. New national teaching resources would also be required to coincide with the developments.

- 4.40 One constant criticism of the assessment process in the evidence is that learners are able to learn passages which they can replicate in an assessment situation. This was also reiterated in evidence received by teachers; that due to time constraints they taught to an assessment or

exam, which means that the pupils are not confident to use Welsh in other contexts.

- 4.41 The evidence suggested that the contextual nature of the Welsh second language GCSE¹³ can be a hindrance as it stipulates a number of contexts that pupils are required to study, and as a result, some learners become disengaged. Although it is acknowledged that a language needs to be taught within different contexts, especially to develop vocabulary, the Group agreed with the evidence that indicated that more emphasis should be given to developing language patterns and their use across various everyday contexts. This is reiterated by teachers, head teachers and local authority Welsh in Education Officers who suggest strongly that the teaching of language patterns and how these patterns can be transferred to everyday situations should be the priority and that there should be a concerted effort to move away from teaching traditional contexts which may not facilitate the use of Welsh outside the classroom.
- 4.42 Evidence received on the teaching of modern foreign languages in Wales also repeated some of the comments regarding the teaching of themes or contexts. In order to better develop language it is preferable to concentrate on words and patterns which can be replicated in everyday situations.

Recommendation 11

When developing the new GCSE (or equivalent) qualification, awarding organisations should ensure that:

- the syllabus is not too reliant on contexts or themes;
- the new assessment procedures have more appropriate controlled assessments; and
- that opportunities to recite or re-write prepared responses in oral and written assessments are avoided / minimised so that learners are encouraged to prepare in a way that will be beneficial when using the Welsh language beyond the classroom on completion of the qualification.

- 4.43 As there is no statutory requirement for post-16 provision, A level provision is predominately based on the awarding organisations' specifications. Following the introduction of a language continuum and revised qualifications, the A level specification would need to be revisited to ensure progression from GCSE. The Group agrees that the A level qualification should have an emphasis on developing oral skills, whilst also providing opportunities for pupils to develop their writing skills.

¹³ **Welsh Second Language GCSE contexts:** holidays, leisure time, sports, alcohol, drugs and smoking, fashion/shopping, the environment, Welsh celebrities, keeping fit and healthy, cinema/film, family and friends, pop music, the home, charity/part-time work, the weekend, an area, the media, Welsh culture, technology, Wales' celebrations, myself, school experiences, special events
Welsh Second Language Applied GCSE contexts: the world around us; the world of work; the future; the use of the Welsh language

4.44 One of the recommendations made in the National Assembly for Wales Enterprise and Learning Committee's report¹⁴ on the teaching and acquisition of Welsh as a second language in 2010 was that:

“the Welsh Government explore ways to implement an accredited Welsh language course in post-16 education, with more focus on using Welsh as a vocational skill.”

4.45 The Hill report also recommended that this Review Group consider the *role that Welsh language skills should play in the Welsh Baccalaureate, including whether or not functional skills in Welsh should form part of the core requirement.*

4.46 The Group believes that compulsory language modules should be developed for all post-16 learners, to be included in the Welsh Baccalaureate, which build on Welsh second language skills and knowledge acquired at Key Stages 3 and 4. The modules would enable learners to continue to develop their language skills in preparation for further and higher education and the workplace.

Recommendation 12

Post-16 qualifications to be revised to include:

- an A level qualification with an emphasis on developing oral language skills suitable for the workplace; and
- compulsory language modules to be included as part of the Welsh Baccalaureate qualification.

Teaching and learning

4.47 Teachers in Wales can use various methods and teaching styles to deliver the curriculum, in response to pupil needs, or based on their prior training. Welsh Government and teacher training providers do not prescribe one specific pedagogy for the teaching of Welsh second language. The underpinning philosophy has varied across the years from a structured grammar based approach to a more communicative approach. By now teachers settle on methods which draw from each of these strands. In most primary schools, the majority of teachers follow the school or the local authority's scheme of work, and are dependent on training and advice from local authority advisors on how to deliver the scheme of work. In secondary schools, the majority of Welsh second language teachers are specialists and have, therefore, received some training in Welsh second language methodologies.

4.48 As noted above (4.41), the Group believes that it is preferable for pupils to learn a variety of patterns and vocabulary which can be used in various

¹⁴ http://www.assemblywales.org/bus-home/bus-third-assembly/bus-committees/bus-committees-scrutiny-committees/bus-committees-third-els-home/bus-committees-third-els-report/el_3_-10-r08.htm

situations and practised regularly rather restricting learning to a prescribed list of contexts. In the focus groups, pupils noted that they dislike the repetitive nature of the teaching and that they tend to study topics that are not relevant to everyday life.

We do the same topics every year.... It's repetitive.

- 4.49 The Group agrees that research is needed to establish which are the most appropriate and effective methodologies for successful second language acquisition. The Welsh Government would need to consider commissioning specific Welsh second language research in addition to drawing on international research and best practice in second language acquisition and considering research and best practice in Wales. Based on this, the Welsh Government would need to develop and disseminate guidance for practitioners and work with the Initial Teacher Training (ITT) providers and local authority and regional consortia advisors to deliver training to practitioners.

Recommendation 13

Welsh Government, in partnership with regional consortia, local authorities and ITT centres to provide guidance and training for teachers on the most effective language teaching methods based on research and best practice.

- 4.50 The evidence strongly suggests that one key factor affecting the teaching and learning of Welsh second language in the secondary sector is the time allocated to the subject on the school timetable, that is, pupils' level of exposure to the language. As with all other subjects in the curriculum, the amount of time given to its study is a matter for local determination by schools. However, research and the evidence indicate that in some secondary schools, Welsh second language is taught for as little as an hour a fortnight. This could be due to budgetary constraints or lack of senior management support for the subject. This combined with few opportunities to hear the language outside the classroom results in a situation which is not conducive to language acquisition.

Recommendation 14

Welsh Government to produce clear guidelines for schools on the time pupils need to learn and practise the language in order to make good progress in Welsh second language, to include examples of best practice. Welsh Government to ensure that local authorities audit, record and report on the time allocated for Welsh second language through the WESPs.

- 4.51 In their evidence, teachers suggested that there is a need for learners to have exposure to the language every day to make a significant difference to their achievement. This could either be through more regular time allocated to the subject or through its use in other school activities such as during registration, recreational or sporting activities.
- 4.52 The Group also received evidence that supported the use of Welsh across the curriculum. This could be in the form of using incidental language or/and

teaching elements of the curriculum through the medium of Welsh. This approach would require full support and commitment from all departments and clear leadership and training to ensure that standards in all subjects are maintained.

- 4.53 Successful methods of language teaching in Wales and other countries include more learning through the medium of the target language and more teaching time, especially in the primary sector. In the Welsh-medium primary sector in Wales, immersion methods are used, and pupils have a high-level exposure to the language through an increasingly Welsh-only experience. In particular, this entails the curriculum being taught wholly through the medium of Welsh (except for English lessons). This method has proved successful and there are valuable lessons to be learnt and considered.
- 4.54 Although the remit of the Group does not specifically include the teaching and learning of Welsh second language in the Foundation Phase and Key Stage 2, the influence and success of teaching Welsh second language in the primary sector has a direct affect on achievement in Key Stages 3 and 4. Further development of Welsh across the curriculum, by sharing current good practice and building on the experiences of two clusters currently working to extend the use of Welsh as a medium of instruction at Key Stage 2 in English-medium schools¹⁵, provides an opportunity to increase standards over time in all key stages.

Recommendation 15

Welsh Government should:

- develop best practice guidance on using incidental Welsh in school activities and using Welsh across the curriculum based on the pilot project to extend the use of Welsh as a medium of instruction in English-medium primary schools; and
- set targets to increase the use of Welsh-medium learning across the curriculum, based on best practice, in English-medium schools.

- 4.55 The Review Group received evidence from the late immersion centres in north and mid Wales. The main aim of the centres is to provide an intensive Welsh-language course for learners that will enable them to integrate into a Welsh or bilingual school. The Group was impressed by the progress that pupils can make following a short period at one of the centres, and believes that there are lessons to be learnt from the centres. The Group also learnt about the late immersion projects that are operational in a number of secondary Welsh-medium schools in Wales. The aim is to provide a late entry point into Welsh-medium education, whereby pupils in year 6 receive an intensive period of Welsh-language learning, and on transfer to secondary school continue to receive additional language tuition and support to follow their subjects through the medium of Welsh. There are a number of opportunities for providing intensive periods of Welsh language learning in primary and secondary schools, and these should be considered and trialled, based on identified best practice.

¹⁵ This is a Programme for Government commitment.

Recommendation 16

Welsh Government to build on best practice and work with local authorities, regional consortia and schools to trial intensive periods of Welsh language learning in primary and secondary schools.

- 4.56 Another constraint in the teaching and learning of Welsh is class sizes. Teaching to large class numbers is the norm with class sizes of 30+ not uncommon in secondary schools. The Review Group received evidence from the Welsh for Adults sector which is fortunate to have smaller class sizes of approximately 8-12 learners providing a more favourable environment for language acquisition.
- 4.57 Class sizes are particularly an issue when oral tasks and assessments are undertaken. Completing individual assessments of all pupils in a class takes a significant proportion of time away from actual teaching activity. There is also no practical satisfactory way of encouraging meaningful and sustained dialogue during lessons in a class of 30+ pupils. In order to develop oral skills, alternative and innovative ways to practise and encourage the use of oral skills are required. There are examples of best practice whereby teaching/language assistants are used to facilitate oral tasks; however, this happens in a minority of schools.
- 4.58 Another factor which can contribute to providing the best environment for language acquisition is ensuring that pupils are in classes with pupils of a similar ability. Some secondary schools set pupils according to ability in year 7. However, in some schools this is not done until year 10, or not at all. This can result in fewer opportunities for more able and talented pupils to develop their Welsh-language skills, and pupils who require more support can be left lacking in confidence. Conversely, setting pupils too early can result in low expectations for pupils in lower sets. Some pupils, having been placed in a low set, will lose confidence and motivation and will be reluctant to learn. It is worth noting that best practice for English as an additional language pupils is not to place them in a low set despite initial difficulty they may have accessing the curriculum. Pupils arriving in a school in Wales with no Welsh may likewise benefit from the enthusiasm and motivation experienced in a higher set for Welsh second language. There is a lack of consistency and guidance on the best practice that should be adopted regarding grouping pupils for Welsh second language; further research is required to determine the best classroom arrangements for successful language acquisition.

Recommendation 17

Based on best practice and individual circumstances, schools to:

- plan to ensure that the best teaching environment for successful language acquisition is provided to take account of both class sizes and pupil ability; and
- to consider using teaching/language assistants who have appropriate Welsh-language skills to support oral tasks.

Resources

- 4.59 The Enterprise and Learning Committee recommended that Welsh Government should:

“explore opportunities for further investment into and promotion of more varied Welsh language teaching materials for learners at primary and secondary levels, particularly provision for internet based and Information Technology based learning material”.

The shortage of quality Welsh second language teaching and learning resources was also a constant theme in the evidence received by the Review Group from teachers, head teachers and stakeholders.

“It is hard to find engaging and appropriate resources to support Welsh language teaching. Many of the resources currently available in schools are outdated, do not provide sufficient challenge, and were designed to support older schemes of work.”

- 4.60 There is also strong evidence that there is considerable duplication in the production of teaching resources and a general reluctance to share these materials at a national level. Although the introduction of Hwb¹⁶ is welcomed, there is a requirement to improve its Welsh second language content and make the content more accessible to users.

“Teachers of Welsh Second Language are constantly producing their own resources to reflect curriculum and specification changes. This constant need to produce resources is a drain on secondary Welsh teachers’ energy and their focus on the delivery of high quality lessons.”

- 4.61 The Group believes that there is a need for a more co-ordinated approach to developing teaching resources to reduce duplication. There is no clear reason why teachers are constantly developing their own resources rather than sharing and planning the development of resources at a regional or national level. In a period of reducing budgets and more pressures on teachers, there should be a concerted effort to remove duplication and ensure that the funding is targeted towards developing more national online resources which can be tailored to meet local needs.

Recommendation 18

Welsh Government in partnership with regional consortia to establish a national group of practitioners and regional consortia advisors with an expertise in Welsh second language to develop resources for dissemination and sharing via Hwb, with the aim of reducing duplication.

- 4.62 A comparison was often made to the teaching of modern foreign languages where it was considered that there were better and more resources available. Although the Welsh Government commissions national teaching

¹⁶ <https://hwb.wales.gov.uk/Home/Pages/Home.aspx>

and learning materials for Welsh second language to plug the gap on the open market, the Group agrees that more interactive resources, audio / DVD content are required to engage and stimulate the learners.

Recommendation 19

Welsh Government should continue to commission appropriate high quality national teaching resources which will be available for teachers through Hwb.

The workforce

- 4.63 The quality of teaching is absolutely critical to ensure a positive learning experience. Without this positive experience, the chance of achieving successful attainment levels diminishes. Ensuring a high quality Welsh second language workforce is therefore crucial.
- 4.64 As previously noted, the majority of teachers teaching Welsh second language in primary schools are not language specialists. The Welsh Government's Sabbatical Scheme offers Welsh-language and methodology training for teachers and teaching assistants who need to improve their confidence and language skills to teach and support the teaching of Welsh second language in English-medium settings as part of the National Curriculum. There are also higher-level courses to improve the confidence and language skills of practitioners in Welsh-medium and bilingual settings. All evidence which mentioned the Sabbatical Scheme was complimentary with regards to its objectives and delivery but there remained some concerns. The willingness of schools to release teachers to attend the course was one concern, especially as the course is intensive and up to three months in duration. The location of the intensive courses also caused some issues which might dissuade some teachers from attending and there is a general consensus that the methodology content of the courses needs to be strengthened.
- 4.65 In line with recommendations made previously by the Enterprise and Learning Committee, the Welsh Government should consider how local authorities, schools and Welsh departments identify Welsh second language teachers who will benefit from further training; how teachers are encouraged to enrol; and how best to provide support and advice to schools and teachers on managing resources to accommodate teachers' absence for training purposes.
- 4.66 In addition, the Welsh Government's Welsh in Education Grant provides funding to regional consortia to undertake a range of activities aimed at achieving the outcomes of the Welsh-medium Education Strategy. A significant proportion of the activities funded by the grant are currently targeted at supporting the delivery of Welsh second language in the primary sector. The activities, which are mainly offered by Athrawon Bro/Welsh in Education Officers, are aimed at improving the Welsh language and

methodology skills of teachers and support staff in English-medium primary schools.

- 4.67 The majority of teachers in secondary schools are specialist language teachers. However, not all secondary schools have a workforce which includes teachers who are fully qualified and competent to teach the subject either due to budgetary constraints or the inability to recruit specialist teachers. There are cases where teachers are teaching the subject only because they can speak Welsh, often with limited or no knowledge of language acquisition, pedagogy or the necessary linguistic skills. Recommendation 13 already highlights the need to develop guidance and training for teachers on language teaching methods based on research and best practice. This Group strongly believes that this needs to be addressed urgently and targeted at non-specialist teachers in the first instance.
- 4.68 Achieving this objective will require a range of strategies as the additional Welsh second language teachers of the future will not only be newly qualified teachers but existing experienced teachers. The Hill report recommends the use of immersion groups and secondments to Welsh-medium schools to boost the language skills of teachers teaching Welsh as a second language. This could be useful to help teachers, who have learned Welsh and have good language skills but who are lacking in confidence, make the transition to fluency. However, language acquisition methodology in Welsh-medium and English-medium settings are different and so methodology training would need separate consideration. Intensive courses, similar to the proven delivery model of the Sabbatical Scheme could be an option to up-skill these experienced teachers amongst others. In addition the development of these teachers and existing Welsh second language teachers by identifying and promoting best practice at both regional and national level will ensure that all teachers are kept informed of proven successful teaching methods and resources that have a meaningful and positive effect on outcomes.

Recommendation 20

Welsh Government, in partnership with regional consortia to develop a national, regional and local training strategy to provide continuous professional development training to practitioners, to include:

- training for secondary teachers who have not specialised in teaching Welsh second language;
- language and methodology training through the Sabbatical Scheme;
- opportunities for teachers to observe high quality lessons; and
- dissemination of best practice including through Lead Practitioner Schools.

It should be ensured that teachers are released by schools to attend training with the support of the head teacher and senior management.

- 4.69 In addition to ensuring the quality of teaching, the number of specialist language teachers needs to be increased. The Welsh Government is currently conducting an audit of the language skills of practitioners in all sectors. The aim is to use the data to inform workforce planning and other

policy developments, such as initial teacher training and continuous professional development. The successful implementation of the recommendations of this review will be dependent on a high quality workforce. Therefore, on the basis of the audit results, the Welsh Government should take steps to ensure that every primary and secondary school has sufficient numbers of teachers qualified to teach Welsh and that it is a requirement for schools to ensure that all teachers of Welsh second language have received appropriate methodology training and are therefore competent to teach the subject.

Recommendation 21

Welsh Government to take steps to ensure that every primary and secondary school has sufficient numbers of teachers qualified and able to teach Welsh.

- 4.70 The long term success of Welsh second language will be dependent on the recruitment and training, in sufficient numbers, of enthusiastic and competent Welsh second language teachers. Improving initial teacher training and promoting teaching Welsh as a career is therefore crucial. There are incentives available to study a Welsh as a PGCE subject, and these incentives have been crucial to attract students. However, the Group received data on the declining number of pupils studying Welsh at A level and progressing to study Welsh at degree level. The Group strongly believes, therefore, that efforts to promote teaching Welsh as a career should be coupled with efforts to increase the number of pupils studying Welsh at A level and degree level.

Recommendation 22

Welsh Government in partnership with stakeholders to promote Welsh as a subject at A level and degree level and the teaching of Welsh second language as a potential career. In addition, Welsh Government to continue to offer incentives to ensure that more students consider studying Welsh as a PGCE subject.

- 4.71 The Review Group agreed that it was important to hear the views of newly qualified secondary teachers, as they represent the future. The majority of the sample of recently qualified teachers surveyed suggested that they would have liked to receive more training on Welsh second language methodology during their courses. In other evidence received, one Welsh second language teacher noted:

“Providing more training on the process behind acquiring a language would be highly beneficial to most teachers.

Another commented on the use of experienced teachers to support new and inexperienced Welsh second language teachers;

“There are some excellent second language practitioners and their skills should be fully utilised to provide an example to others, for example organising observed lessons and being involved in the development of resources.”

- 4.72 A review of initial teacher training is currently being undertaken. This is an opportunity to influence the content of the secondary PGCE and the support provided to students when on placement at a school, including ensuring more focus on the teaching methodology.
- 4.73 With regards to primary teachers, the evidence suggested that the language content of the primary PGCE and BA Education courses should also be reviewed to strengthen the Welsh language and methodology content. It was also suggested that all primary and secondary teachers should receive training in language awareness and the use of incidental Welsh as part of initial training or early professional development to ensure that they understand the history and context of the language.

Recommendation 23

Initial Teacher Training centres to review all PGCE and BA Education courses to:

- strengthen the second language methodology training element of the secondary Welsh course based on research and best practice;
- strengthen the Welsh tuition and Welsh second language teaching methodology training received as a part of the primary course based on research and best practice; and
- include Welsh language awareness and an introduction to incidental Welsh in all courses.

Informal learning

- 4.74 One of the biggest challenges is to promote the use of the Welsh language by children and young people outside the classroom, in social activities and in the community to ensure that they practise and use their skills. The Enterprise and Learning Committee quoted written evidence which stated:

“that proficiency is at its lowest amongst those pupils with very little contact with the language outside the classroom.”

This is a significant challenge for all involved in the teaching and learning of Welsh second language in schools, along with other partners promoting the use of the Welsh language in informal situations. Parents agreed that opportunities to use Welsh outside the classroom were essential to achieve fluency.

- 4.75 The evidence suggested that teachers of Welsh on the whole are given responsibility for the promotion of Welsh within the whole school, the success of which is dependent on the goodwill of the staff in Welsh departments. Informal activities outside of the classroom and outside school hours also tends falls to the departments. The Review Group agrees that responsibility for developing Welsh across the school should be shared. There are examples of good practice where schools have established cross-departmental groups. This good practice needs to be disseminated. In addition, the responsibility for informal activities outside school hours, such

as weekend visits to Llangrannog, should be shared, especially with heads of year.

- 4.76 In evidence, parents often referred frequently to the lack of opportunities to hear and use Welsh outside the classroom and school. Linked with this, one group of parents suggested the possibility of twinning with a school in a different part of Wales to provide this opportunity. This suggestion was repeated by a student in one focus group. However, becoming active in the Welsh community in their own area of Wales could be more beneficial to learners. Although it may be a challenge in some areas, visits to shows and taking part in Urdd/Menter Iaith activities should be possible in most part of Wales.
- 4.77 Organisations such as the Urdd and Menter Iaith both contributed to the review and provided evidence of activities available for Welsh second language pupils. Both organisations have an important role to play in providing opportunities to use the Welsh language outside the classroom, both within schools and within the community, especially in areas of Wales where the language is not as prevalent in the community. There are issues of capacity and funding for these organisations. However, there is potential for improvements in the contribution and the impact that these organisations and others can have. The Welsh Government in partnership with the Urdd is currently involved in two innovative Welsh second language projects. Urdd development officers are supporting pupils in 15 English-medium schools across Wales in establishing and maintaining activities or projects which offer an opportunity to practise and use Welsh informally outside Welsh lessons. The Welsh Government is also funding residential courses, run by the Urdd and based at its residential centre at Glan-llyn, aimed at improving the confidence and standard of Welsh of learners who plan to study Welsh second language post-16.
- 4.78 Organisations funded by the Welsh Government, which can contribute to informal Welsh language learning activities, should plan strategically how these services are delivered and how the benefits can be maximised. Areas of best practice should be highlighted and replicated throughout Wales. This is not only relevant to the secondary sector but could have significant benefits to the primary sector, especially in English-medium settings where the opportunities to hear Welsh outside the classroom are minimal. Schools should also take a more proactive and systematic role in planning and sourcing these opportunities.
- 4.79 Coupled with informal activities, there is a need for pupils to have more contact with the Welsh language through other means, such as social media platforms and service providers. This ties in with the aim of the Welsh Language Strategy and the work of the Welsh Language Commissioner, and was a theme in the recent *Iaith Fyw: dweud eich dweud* consultation. The Group agrees that more needs to be done in this respect.

Recommendation 24

Informal opportunities to use and practise language skills are essential to reinforce school-based learning and the responsibility needs to be shared by a number of stakeholders, and as a minimum should include:

- opportunities for pupils to use Welsh and to hear the language being used outside the classroom, within the school setting. This should be a whole-school initiative and not the sole responsibility of the Welsh departments and teachers;
- more opportunities for pupils in English-medium settings to use and hear Welsh outside of school. Welsh Government, by funding organisations such as the Mentrau Iaith and the Urdd, should facilitate this; and
- more opportunities to access Welsh-language services, especially digital services so that pupils are encouraged to use of the language.

Conclusions

- 4.80 The Group was asked at the onset of this process to give advice to the Minister and officials on improving Welsh second language provision at Key Stages 3 and 4; the aim is to influence change that will result in more learners being able to use the language outside the classroom in their communities and in future employment. The changes required to facilitate this improvement have to be supported throughout the whole Welsh education system; success is dependent on individual teachers being supported by their departments, schools and local authorities; and Welsh Government, at a national level, has a key role in implementing changes to the curriculum and assessment arrangements and in providing training to facilitate the changes.
- 4.81 In this report, the Group presents a set of recommendations to be considered, some of which are linked and would need to be implemented in tandem. Some recommendations can be implemented within a short timescale; others require planning and should be introduced over time. The key factor that cannot be overemphasized is the requirement for the subject to receive the same status as the core subjects within schools, have equal status within the national curriculum and the same prominence in performance measures. Once this is achieved, many of the improvements required will either be a necessity or will be a natural progression resulting from the enhanced status.
- 4.82 The cost implications of the recommendations have not been considered in this report, but the consensus view is that the key recommendations should be implemented from within existing budgets at a national, regional and local authority level.
- 4.83 Welsh Government's vision is to see the Welsh language thrive in Wales; the opportunity to be part of this vision has to be available to all. Ensuring that the teaching of the Welsh language is successful in our schools gives our children and young people this opportunity.

4.84 Two key dates and announcements stand out in Welsh second language education; 1990, when it became a statutory subject at Key Stages 1, 2 and 3 and 1999 when Welsh second language became statutory up to Key Stage 4. A third key milestone is required to elevate the teaching of Welsh throughout Wales. Ensuring equal status and making improvements to the curriculum, assessment and the teaching and learning of the subject should lead to ensuring that more pupils are able to use the language in their everyday lives in the future. This report and its recommendations provide a blueprint to achieve this vision.

Appendix 1: Welsh Second Language at Key Stages 3 and 4 Review Group terms of reference

1. Objective

To consider what changes should be made to the teaching and assessment of Welsh second language at Key Stages 3 and 4 to enable more learners to use the language in future employment and in the community.

2. Remit

The Group will be required to consider the following:

- how to provide a positive learning experience for Welsh second language learners in English-medium schools;
- how to raise the status of Welsh second language as a subject and remove barriers at a local, regional and national level;
- whether qualifications (currently available and/or other possible forms of accreditation) are a lever or a barrier with regard to developing transferable Welsh language skills;
- how best to develop learners' Welsh language skills so that they are able to transfer their skills and use the language in the work place, community and family; and
- how to address workforce planning issues to ensure that all secondary schools have the resources and capacity to provide quality Welsh second language provision.

Discussion papers will be prepared by relevant officers and will be circulated to members around one week in advance of meetings.

The Group will be required to receive expert evidence from a number of stakeholders, and will include the following:

- Estyn
- Academic experts in language acquisition / bilingualism
- WJEC

The Chair may invite other stakeholders to attend meetings as deemed appropriate.

3. Timetable

The review will commence in September 2012 and will conclude in September 2013 following submission of a report and recommendations to the Minister for Education and Skills.

Appendix 2: Members of the Welsh Second Language at Key Stages 3 and 4 Review Group

Professor Sioned Davies – Chair

Head of School of Welsh, Cardiff University.

Aled Evans

Director of Education, Leisure & Lifelong Learning, Neath Port Talbot County Borough Council.

Aled Loader

Head of Welsh Department, St Joseph's RC High School, Newport.

Elaine Senior

Independent Adviser, Welsh for Adults.

Elen Roberts

Welsh in Education Support Team Leader, Education Achievement Service for South East Wales.

Eleri Jones

Headteacher, Ysgol Brynhyfryd, Ruthin.

Shoned Wyn Jones

Head of Welsh and Modern Languages Faculty, Ysgol John Bright, Llandudno.

Susan Gwyer Roberts

Headteacher, Caldicot School, Monmouthshire. Represented by Ann Davies, Head of Welsh Department, Caldicot School in two meetings.

Appendix 3: Organisations who presented evidence

	ORGANISATION	NAME	TITLE	DATE
1	Estyn	Meilyr Rowlands	Strategic Director	23 October 2012
2.	Coleg Cymraeg Cenedlaethol	Dr Rhiannon Heledd Williams	Welsh Development Officer	4 December 2012
3.	Welsh Government	David Heath	Assessment & Curriculum Review Project Manager	4 December 2012
4.	Welsh Government	Dr Dylan Vaughan Jones	Head of General Qualifications Development	4 December 2012
5.	WJEC	Gareth Pierce Siân Llewelyn Jones	Chief Executive Subject Officer	4 December 2012
6.	Caldicot School	Ann Davies	Head of Welsh Department	18 February 2013
7.	Gwynedd Secondary Language Centre	Carys Lake	Head	18 February 2013
8	Ceredigion Language Centre	Dr Rhodri Llwyd Morgan Meinir Ebbsworth Gwenyth Owens Anwen Jones	Assistant Director, Education & Community Services Department, Ceredigion County Council School Improvement Officer Athrawon Bro Service Manager Athrawes Fro	18 February 2013
9	St Teilo's Church in Wales High School	Martin Gwynedd	Head of Welsh Department	15 March 2013
10	CILT Cymru	Ceri James Ellie Jones	Director Project Manager – 'Routes into Languages Cymru'	15 March 2013
11	Cardiff High School	Lona Evans	Head of Welsh Department	15 March 2013
12	School of Education, Cardiff Metropolitan University	Marian Sweet	Leader of Secondary PGCE Welsh	15 March 2013
13	Welsh Government	Christopher Owen Martin Austin Alex Clewett	Head of HWB Team Digital Leader Digital Leader	29 April 2013

	ORGANISATION	NAME	TITLE	DATE
14	North Wales Welsh for Adults Centre	Ifor Gruffydd Elwyn Hughes	Director Deputy Director	29 April 2013
15	School of Education, Bangor University	Dr Gwyn Lewis	Director of Teaching and Learning	29 April 2013
16	Welsh Second Language KS2 Steering Group	Enfys Thomas	Chair	29 April 2013
17	Cymdeithas yr Iaith Gymraeg	Ffred Ffrancis Colin Nosworthy Ioan Talfryn	Education Group Chair Communications and Assembly Liaison Officer Popeth Cymraeg Chief Executive	6 September 2013

Appendix 4: Written responses received

	NAME AND/OR ORGANISATION
1	Cymdeithas Ysgolion dros Addysg Gymraeg (CYDAG)
2	Nigel D. Binding, Head of Welsh Department, Penyrheol Comprehensive School, Gorseinon
3	Merlyn Cooper
4	John Davies, Head of Lifelong Learning, Wrexham County Borough Council
5	Llinos Davies
6	Bethan Edwards
7	Education Achievement Service for South East Wales
8	Education Group, Cymdeithas yr Iaith Gymraeg
9	Lona Evans, Head of Welsh Department, Cardiff High School
10	General Teaching Council for Wales
11	Christine Gwilliam, Head of Languages Faculty, Cantonian High School, Cardiff
12	Martin Gwynedd, Head of Welsh Department, St Teilo's Church in Wales High School, Cardiff
13	Meryl Hendry
14	Alun Pari Huws
15	Meri Huws, Welsh Language Commissioner
16	iNet Wales, North Wales Student Steering Group
17	iNet Wales, South Wales Student Steering Group
18	Efa Gruffudd Jones, Chief Executive, Urdd Gobaith Cymru
19	Emyr Prys Jones
20	Gareth Jones, Secretary, ASCL Cymru
21	Jo Knell, Independent Consultant
22	Members of Denbighshire Welsh in Education Young People's Consultation Forum
23	Mentrau Iaith Cymru
24	Steven Monk, Head of Welsh Department, Welshpool High School
25	National Union of Teachers Wales (UCAC)
26	Dafydd Roberts, head of department and teacher in field of Welsh second language
27	Ioan Talfryn, Popeth Cymraeg Ltd Chief Executive
28	Les Taylor, teacher, parent and learner of Welsh
29	Rachel Thomas, Key Stage 2 teacher
30	Iago ap Steffan
31	Jan Townsend
32	Welsh Advisory Team in Denbighshire
33	Welsh Department, Fitzalan High School, Cardiff

Appendix 5: Welsh Second Language Review Group questionnaire

In July 2012, the Welsh Government's Minister for Education and Skills announced his intention to establish a Group to review Welsh Second Language at Key Stages 3 and 4. The Group's aim is to consider what changes should be made to the teaching and assessment of Welsh Second Language to enable more learners to use Welsh in the workplace and community in future. The Group will report and provide recommendations to the Minister by September 2013.

As part of the review the Group has a number of considerations, including how a positive learning experience can be provided for Welsh Second Language learners, how to raise the status of the subject, the suitability of the qualifications, how best to develop learners' Welsh language skills and how to plan the workforce to ensure sufficient resources and capacity in schools. This questionnaire is designed to gather information about the teacher training courses, and targets students who are about to complete the Welsh and Welsh Second Language PGCE course as well as qualified teachers who completed the training course in 2010, 2011 and 2012.

The results will be used solely for the purpose of this review and all responses will be treated confidentially. Respondents will not be identified in the report or recommendations.

For further details, please e-mail us: addysg.gymraeg@cymru.gsi.gov.uk

1. Are you:

- a student who is currently undertaking a Welsh/Welsh Second Language PGCE course?
- a teacher who completed the training course in 2010, 2011 or 2012?

Students

2. Have you secured a post yet?

- Yes
- No

3. When looking for a teaching post, were you/are you looking specifically for a post to teach:

- Welsh as a first language
- Welsh Second Language
- No preference

4. You are about to complete the course. Are you confident that you are adequately trained and equipped for a career as a teacher of Welsh **first language**?

- Yes
- Partly

- No
- Not sure
- Not applicable

5. Are you confident that you are adequately trained and equipped for a career as a teacher of Welsh **Second Language**?

- Yes
- Partly
- No
- Not sure
- Not applicable

6. In your opinion, is there a need to develop or improve elements of the PGCE course to better equip you to teach Welsh Second Language?

- Yes. If yes, please give details.
- No
- Not sure

7. Is there any additional training you would like to have received on the PGCE course?

- Yes. If yes, please give details.
- No
- Not sure

8. Were there enough Welsh and Welsh Second Language resources to assist you whilst undertaking the PGCE course?

- Yes
- No. If no, please indicate what type of resources would have been useful.
- Not sure

9. To what extent did you receive training on how to raise the status of Welsh amongst pupils?

- A lot of training
- Some training
- No training

10. To what extent did you receive training on how to convey language awareness to pupils?

- A lot of training
- Some training
- No training

11. To what extent did you receive training on how to encourage use of Welsh outside the classroom?

- A lot of training
- Some training
- No training

12. Do you have any further comments about the training you received on the PGCE course?

Teachers

13. In which county/local authority do you work?

14. How easy was it to secure a post?

- Very easy
- Easy
- Difficult
- Very difficult

Please add any comments here.

15. Do you teach Welsh Second Language?

- Yes
- No
- Sometimes

16. When looking for a teaching post, were you looking specifically for a post to teach:

- Welsh as a first language
- Welsh Second Language
- No preference

17. In which year did you complete the PGCE course?

- 2010
- 2011
- 2012

18. What was your opinion of the content of the PGCE course in relation to teaching Welsh Second Language?

19. In retrospect, after a few years of teaching, is there a need to develop or improve elements of the PGCE course to better equip teachers to teach Welsh Second Language?

- Yes. If yes, please give details.
- No

20. Is there any additional training you would like to have received as part of the PGCE course?

- Yes. If yes, please give details.
- No

21. Are there enough Welsh Second Language resources to support your teaching of the subject?

- Yes
- No. If no, please indicate what type of resources would be useful.
- Not applicable

22. In light of your early experience as a teacher of Welsh/Welsh Second Language, to what extent does the Welsh Department take responsibility for raising the status of Welsh within the school?

- Wholly responsible
- Has some responsibility/shares responsibility with other departments
- No responsibility
- Not sure

23. To what extent does the Welsh Department take responsibility for conveying language awareness to pupils?

- Wholly responsible
- Has some responsibility/shares responsibility with other departments
- No responsibility
- Not sure

24. To what extent does the Welsh Department take responsibility for encouraging pupils to use Welsh outside the classroom?

- Wholly responsible
- Has some responsibility/shares responsibility with other departments
- No responsibility
- Not sure

25. Do you have any further comments that you wish to share about the training provided to Welsh Second Language teachers?

Everyone

26. Do you believe that prospective Welsh teachers and prospective Welsh Second Language teachers should be trained separately?

- Yes
- No
- Not sure

Please add any comments here.

27. Do you have any general comments that you wish to submit to the Review Group about the teaching of Welsh as a Second Language? (e.g. your views on the content of courses, on assessment, on the intensity of the teaching, on pupils' response etc).

End

Thank you for completing the questionnaire.

Appendix 6: Research reports and other reference documents

Beaufort research (July 2013): *Exploring Welsh speakers' language use in their daily lives*

<http://www.beaufortresearch.co.uk/index.php/site/exploringwelshspeakers/>

Enterprise and Learning Committee (September 2010) *The teaching and acquisition of Welsh as a second language*, National Assembly for Wales:

http://www.assemblywales.org/the_teaching_and_acquisition_of_welsh_as_a_second_language_-_e-2.pdf

Estyn (October 2007) *An Evaluation of the GCSE Welsh second language short course*, Estyn: Cardiff.

Gruffudd, H., Meek, E., Stevens, C. (August 2004), *The Movement of Pupils between Welsh and Second-Language Welsh (final report: abridge version)*, Llais y Lli.

Lewis, W.G. (2010), *Welsh Second Language in the National Curriculum - the case of teaching Welsh in English-medium schools*, used as evidence by the National Assembly's Enterprise and Learning Committee for their report 'The teaching and acquisition of Welsh as a second language'.

Lewis, W.G. (2011), 'Addysg Ddwyieithog yn yr unfed ganrif ar hugain: adolygu'r cyd-destun rhyngwladol', in *Gwerddon, Rhif 7* (ed. Williams, I.) (pp. 66-88):

[http://www.gwerddon.org/en/media/main/gwerddon/rhifynnau/Gwerddon_07-\(terfynol\).pdf](http://www.gwerddon.org/en/media/main/gwerddon/rhifynnau/Gwerddon_07-(terfynol).pdf)

Lewis, W.G. & Maelor, G. (Secondary Welsh PGCE Tutors), *Llawlyfr Cymraeg 2012-13, Tystysgrif Addysg i Raddedigion*, North and Mid Wales Centre of Teacher Education.

Petition P-04-488 - *The right to decide: an end to the compulsory study of Welsh to GCSE*:

<http://www.senedd.assemblywales.org/mglIssueHistoryHome.aspx?IId=6795&Opt=0>

Robert Hill Consulting (2013), *Future delivery of education services in Wales*, Welsh Government.

Welsh Government (2011), *Supporting triple literacy: Language learning in Key Stage 2 and Key Stage 3*

<http://learning.wales.gov.uk/resources/supportlit/?jsessionid=CC6F433B6C4AE450B2CA5236126F94E2?lang=en>

Welsh Government (2012), *Welsh Second Language Action Plan*, <http://wales.gov.uk/topics/educationandskills/publications/guidance/welshactionplan/?skip=1&lang=en>.

Welsh Assembly Government; Northern Ireland Council for the Curriculum, Examinations and Assessment; and the Qualifications and Curriculum Authority (October 2007) *GCSE subject criteria in Welsh Second Language (final version)*, Welsh Assembly Government.

Appendix 7: Acknowledgements

On behalf of the Review Group, I would like to thank all those who assisted us in the completion of this work. Evidence was received, both verbally and in writing, from a wide range of individuals, who were all keen to offer information and comments. We are particularly grateful to the teachers and pupils who shared their experiences with us – they are, after all, the ones with the best understanding of what actually takes place in the classroom.

Our thanks are also due to Awen Penri, Richard Evans and Siwan Davies from Welsh Government for their help, advice and organisational support. We as a Group have benefitted immensely from their experience and have appreciated their professionalism.

Lastly, I would like to thank the other members of the Group for facilitating my job as Chair. It has been a real pleasure to work with them to develop clear recommendations for the future, so that every pupil has the best possible opportunity to learn Welsh and, more importantly, to use it with confidence and enjoy the experience.

Professor Sioned Davies
Chair

P-04-488 The right to decide: an end to the compulsory study of Welsh to GCSE – Correspondence from the petitioner to the Chair, 26.10.2013

Dear Ms Driscoll,

1. Many thanks for the email, the attachments and a further opportunity to support my case. I have made a careful study of 'One Language for All' (henceforth 'the Report') in which my petition is noted at para 4.6. By way of information, I am not a fluent Welsh speaker, though I can get by in the colloquial Welsh of the South Wales valleys. By profession I am a practising barrister and a former civil servant, with no political affiliations.

2. I do not think I could be criticised for dishonesty if I paraphrased the Report thus:

The authors believe the most significant defining characteristic of the Welsh is the language. They note the language is in decline and relate how, in 1990, the study of the Welsh language in English medium schools was made compulsory to a certain level. These efforts have proved unsuccessful in promoting the acceptance and use of the language among most students, who are not enthusiastic for their studies and who question the relevance to their futures.. The authors' solution, in short, is more of the same, but much stronger, in particular, making Welsh a core subject in assessing the quality of a school. At the same time the authors envisage making the study of Welsh more attractive by increasing the need to use the language in Welsh life.

3. My aim by this note is to support my petition, but this may best be achieved by an honest critique of the reasoning in the Report. I have no small amount of experience of writing reports for government, so I know something of what I write. As with the policy I object to, it seems to me that the Report disregards choice and turns its back on obvious evidence that should have guided it. Speaking Welsh, it seems to the authors, is all, and the Welsh monoglot majority are ignored, made invisible even. The driver for my petition is my strong preference for choice, so akin to democracy itself, and a hatred of compulsion. I love my country, but it seems to me that, rather than seducing Welsh youth to a noble cause, they are being kidnapped!

4. It is apparent from the methodology described in para 2.5 of the Report that all the authors are Welsh speakers. It is also apparent that they devised a consultation that was not a tool to unearth important truths, but which truths the introduction to the Report alludes to, see the second para of the Foreword. The students, it seems, are broadly unenthusiastic to the present regime. Para 4.6 is important; it marshals the material, but does not describe in any detail what the 'majority of the evidence' is. Myself, I also think the phrase is grammatically inapt. There is little description of the gathering and analysis of materials that would be consistent with any government report that I have contributed to or reviewed. An obvious source of evidence would have been a significant sample of students, say one thousand, in proportion to those who took the short and core courses, together with a similar sample in the last year of study. The questions to be asked: Did (or do) you enjoy the study? Did (do) you feel it relevant to your life plans? Did (do) you propose to continue to study Welsh in the future? If this had revealed strong antipathy then another solution to the problem would need to be surfaced and the study would have done its job. The failure of the authors to employ a sound methodology leaves any policy decision or legislative initiative made on its findings susceptible to judicial review. This is not wild speculation: I refer the Welsh Government to the recent challenges to the Digital Economy Act.

.5. For the sake of completeness , might I also add that the recommendations made in the Report will be resource hungry and very difficult to achieve. Where will the large numbers of inspiring Welsh teachers to be found? The Report also risks a backlash if the Senedd without more accepts the passionate views expressed by Professor Davies, which I presume are shared by the other authors. Is the future of Welsh culture wholly dependent on transmitting the language to our young people? What happened to Dylan Thomas, Augustus John, Aneurin Bevan, Richard Burton, Prof Eddie Bowen or Stanley Baker? Do we also ignore Neil Kinnock, Shirley Bassey, Joe Calzaghe, Catherine Zeta Jones, Prof Sreve Jones, Anthony Hopkins, John Humphreys, Michael Sheen and so many other Welsh greats who did not need the language to make our people proud to be Welsh?

6. For me, the Welsh qualities that shine so strongly ,above all, are a deep sense of fair play, a love of truth and an abundance of intelligent wit. With these same qualities the Welsh became masters of the English language and are undiminished by its use. That said, I wish the language cause well, but you cannot beat hwyl into people!

Hope this reaches you before Monday the 31st of October 2013.

David Fitzpatrick

Agenda Item 3.11

P-04-498 To get Wales Educated

Petition wording:

We the undersigned call on the Welsh Government to encourage children from primary school age to stay in education to university level.

Petition raised by: Matthew Hopkins

Date petition first considered by Committee: 24 September 2013

Number of signatures: 12

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-498
Ein cyf/Our ref HL/01475/13

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
CF99 1NA

17 October 2013

committeebusiness@Wales.gsi.gov.uk

Dear William

Thank you for your letter of 3 October concerning Petition No P-04-498.

As you are already aware, the educational attainment, training and employability of all our children and young people remain key priorities for the Welsh Government. We are committed to focusing on the most effective interventions to increase the numbers of young people who are positively engaged with education and who can progress successfully to further education or training and subsequently sustained employment.

That is why on 1 October, the Deputy Minister for Skills and Technology launched the Youth Engagement and Progression Framework Implementation Plan setting out clearly our expectations for youth engagement and progression on the delivery chain in Wales at a local, regional and national level. The implementation plan gives local authorities a key strategic leadership role, in their local area, working closely with Careers Wales, wider Youth Services, schools, providers and other partners to develop plans for implementation of the Youth Engagement & Progression Framework.

At the heart of the Framework there are two new actions. The first is the offer of a lead worker within a relevant organisation who can provide continuity of support and contact for the most at risk young people. This will help ensure that their support is delivered in a co-ordinated way as they move through school, further education or training, and on to employment.

The second is the development of a proactive and positive Youth Guarantee to ensure that every young person has access to a suitable place in learning post 16. The Youth Guarantee will be offered across a number of local authority areas in Wales for the first time in September 2014, to be rolled out fully by September 2015 and will be classed as the offer, acceptance and commencement of:

- A place on a full or part-time course in school, college, with an independent provider, or traineeship or apprenticeship place;
- Training to at least Level 2 during employment.

In Wales, we have made a decision not to raise the participation age by default, as we appreciate that further or higher education may not suit every young person. If a young person wishes to work rather than study at age 16, then they are able to do so. However, if they choose to continue on to further or higher education, then the most equitable student finance system we've ever had for our Welsh students will ensure that they are able to study anywhere in the UK without worrying about higher levels of debt.

I hope you find this useful in responding to the petitioners.

Yours sincerely



Huw Lewis AC / AM

Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

P-04-499 Kick Start The Welsh Language Curriculum

Petition wording:

We the undersigned call upon the National Assembly for Wales to urge the Welsh Government to change the Welsh Language Curriculum in Secondary Schools; in order to encourage the Welsh Language to be used in a conversational manner rather than teaching Cymraeg to pass an examination.

Additional information : We as pupils in a Secondary School in Wales believe that the current system for teaching Welsh does not encourage long term learning for real life use outside of school. We believe that the current focus on passing an exam does not address the use of real welsh effectively and most people leave school and forget most of what they have learnt during their five years of Secondary Education. We want the assembly to address the issue of life long welsh language learning in English medium Secondary Schools in order to keep the Welsh language alive all across the Country. We believe that this change needs to be made soon before irreversible damage is done and Welsh becomes a language for road signs and the museums.

Petition raised by: Eva Bowers and Lauren Davies

Date petition first considered by Committee: 24 September 2013

Number of signatures: 19

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-499
Ein cyf/Our ref HL/01474/13

William Powell AM
AM for Mid & West Wales
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

15 October 2013

committeebusiness@Wales.gsi.gov.uk

Dear William

Thank you for your letter dated 3 October regarding the petition to change the Welsh second language curriculum in English-medium secondary schools.

I am aware that the current approach to Welsh second language is unsatisfactory and does not enable pupils to use Welsh beyond the classroom, in the workplace or the community.

The document *Welsh in the National Curriculum for Wales*:

<http://wales.gov.uk/docs/dcells/publications/111025welshen.pdf> includes the current Programme of Study for Welsh second language at Key Stages 2, 3 and 4. Sufficient flexibility should exist within the curriculum to meet the needs of learners with regard to teaching and learning conversational Welsh. This document also states that learners of all abilities should have access to appropriate assessment and accreditation.

However, Estyn reports for several years have indicated that there is less good practice in Welsh second language than in other subjects. A group was established in September 2012 to review the provision of Welsh second language at Key Stages 3 and 4. The final report of the group, published on 27 September 2013,

(<http://wales.gov.uk/topics/educationandskills/publications/wagreviews/one-lanuage-for-all/?lang=en>) highlighted several barriers to the teaching and learning of Welsh and included a number of recommendations for the Welsh Government to consider.

We will now take time to reflect on the recommendations in the context of the wider review of assessment and the National Curriculum, work being taken forward in response to the review of qualifications and the discussion on the future of the Welsh language. We will respond in full to all these recommendations in due course.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Huw Lewis', written in a light blue or grey ink.

Huw Lewis AC / AM

Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

Agenda Item 3.13

P-04-335 The Establishment of a Welsh Cricket Team

Petition wording

We call upon the National Assembly for Wales to urge the Welsh Government to support the establishment of a Welsh international cricket team.

Petition raised by: Matthew Richard Bumford

Date petition first considered by Committee: 11 October 2011

Number of signatures: 187

Supporting information:

Whereas Scotland and Ireland gained associate membership of the International Cricket Council (ICC) and went on to compete in World Cups, Wales has failed to do so. In fact, no Welsh player has played international cricket for over five years as a result of being affiliated to the England Cricket Board. Recently the England and Wales cricket team played several "home" games in the capital of Wales, although no Welsh players were present. It would be unacceptable in other sports, like rugby, for a team comprised entirely of non-Welsh people, playing under a non-Welsh flag, with the badge of another country on their chest, to ostensibly play a "home" game in the Welsh capital. This would simply not be acceptable for other sports and should not be so for cricket. The current arrangements do not foster the game of cricket in Wales and are to its detriment because there is a lack of opportunity for Welsh cricketers to play at the highest level. At present Wales is completely unrepresented in international cricket and this must change with the establishment of an Welsh international cricket team.

P-04-472 Make the MTAN law

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to make the MTAN Guidance Notes, notably those relating to a 500 metre buffer zone around open cast workings, mandatory in planning law for Wales.

Additional information:

On 20th January 2009, Jane Davidson, the Minister for the Environment, introduced newly published Coal Minerals Technical Advice guidance Notes (MTAN) for Wales, and stated: “.. the Coal MTAN will fulfil the pledges (in 2008) to introduce Health Impact Assessments for coal applications, together with buffer zones, and with an emphasis on working closely with local communities. It reaffirms the commitment (in 2008) to a 500m buffer zone.” In 2009 the Welsh Government did not have the power to make its planning guidelines law. It does now.

Petition raised by: Dr John Cox

Date petition first considered by Committee: 16 April 2013

Number of signatures: 680. Associated petition collected 330 signatures.

P-04-472 Make the MTAN law - Correspondence from the petitioner to the Clerking team, 30.10.2013

Dear Stephen and Kayleigh,

Thank you for your consideration of my request contained in my earlier email of 24th October and in today's telephone call. I hope this matter can be considered at the next meeting.

The factual situation with respect to the Minister appearing before the committee is that he is being advised not to do so before he has made a decision in respect to the Varteg Hill Appeal. He could, at any time in the past six months, have dismissed the Appeal by confirming that he took the view that the MTAN guidance should be given greater weight (than whatever the Inspector has written in his still unpublished report) but, to date, little progress has been made along the lines suggested by his predecessor as Minister.

As petitioners, we never understood the relevance of Varteg Hill - it is not mentioned in our petition. In reality, the relevance of the petition is to the Planning Bill shortly to be debated in the National Assembly. Nonetheless, we were comfortable with the postponement from July and heartened when the First Minister confirmed that the Minister for Planning would give his evidence at your meeting in October.

Now that it has been revealed that the Minister is obliged by law to reopen the public consultation (only if he is minded to approve the Appeal), it seems he may not appear before the committee in 2013. This, effectively, leaves the Petitions Committee in limbo and means that it cannot reach a conclusion before the Planning Bill is debated. So I am writing to ask that the committee consider reaching conclusions on our petition sooner rather than later as, to be of any value, we would like its input to go to the debate on the forthcoming Planning Bill.

The delay has a wider implications for the credibility of the Petitions Committee. By definition, a petition implies that lay people wish to influence some aspect of government policy - in this case to strengthen a government policy that already exists on paper but appears to have been ignored by a Planning Inspector. If such a petition can be delayed (and effectively dismissed) by the unwillingness of a Minister to answer general questions from the committee about the MTAN (clearly it would be improper to question the Minister specifically about Varteg Hill), it devalues the whole point of having a Petitions Committee.

So I would be grateful if the committee were to consider coming to at least an interim conclusion about our petition as such - possibly leaving open the option of a revised opinion after one day having the opportunity to quiz the Minister and Planning Inspector. I think it quite intolerable that a petition signed by more than 1000 can be sidelined in this casual manner.

Alternatively, maybe the Minister simply wants an assurance that specific questions about the Varteg Hill will be ruled out of order? Can you ask?

Sincerely,

John COX (Dr)

Agenda Item 4

P-04-466 Medical Emergency – Preventing the introduction of a poorer Health Service for North Wales

Petition wording:

We the undersigned call on the National Assembly for Wales to urge the Welsh Government to ensure that the proposals contained within the Betsi Cadwalader University Health Board consultation- Health Care in North Wales is Changing does not result in poorer health provision and unnecessary deaths and suffering.

The proposals will have a detrimental effect on most areas of health provision and emergency services and in no way can the proposals be an improvement as is intimated. Already experiencing meltdown, the Health Service in Wales will head towards collapse, if these proposals are implemented in their present form

The current BCUHB consultation proposals in relation to Health Care in North Wales appear to be detrimental to general health provision and the safety of our communities. Accessibility, X-ray provision, Minor Injuries, Mental Health, the Ambulance Services, the Out of Hours service and the ability of GP's to deliver an integrated service are going to be particularly hard hit by the proposals - as they are diametrically at odds with the Welsh Govt's vision in relation to the documents Together for Health, Setting the Direction, and Delivering Emergency Care Services - it appears also to be at odds with the Compact announced by the Health Minister on the 25th of September 2012.

Petition raised by: Mike Parry

Petition first considered by Committee: 19 March 2013

Number of signatures: 306

P-04-479 Tywyn Memorial Hospital X-ray & Minor Injuries Unit Petition

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to stop the withdrawal of X-ray facilities & the reduction in provision of services by the Minor Injuries Unit as a matter of urgency.

Petition raised by: Tywyn & District Health Care Action Group

Date petition first considered by Committee: 14 May 2013

Number of signatures: 4486

Agenda Item 6

P-04-343 Prevent the destruction of amenities on common land – Anglesey

Petition wording

We call upon the Welsh Government to examine ways to prevent the destruction of amenities on common land, including for example the Marian Common in Llangoed, Ynys Môn.

Petition raised by: JE Futter

Petition first considered by Committee: 15 November 2011

Number of signatures: 156

P-04-496 Through Schools

Petition wording:

We call upon the National Assembly for Wales to urge the Welsh Government to introduce guidance for local education authorities on school mergers and closures involving all-through schools (ie schools which provide primary, secondary and post 16 education on the same site).

We ask such guidance to:

- prevent the creation of dual/multi site schools, involving all-through schools, where school sites are more than 10 miles travelling distance apart;
- prevent the creation of dual/multi site schools, involving all-through schools, as a precursor to relocation to a new single site school, unless the new single site school is able to provide an all-through education;
- recognise parental and learner preference for all-through schools and require local authorities to meet demand for such schools where demand is sufficient;
- promote the establishment and continuation of all-through schools in Wales;
- ensure that no learners, as result of a school closure or merger involving an all-through school, should be forced to travel for more than 45 minutes to access suitable alternative education provision.

Petition raised by: Dawn Dox

Date petition first considered by Committee: 24 September 2013

Number of signatures: 10

Huw Lewis AC / AM
Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-496
Ein cyf/Our ref HL/01458/13

William Powell AM
Chair Petitions committee
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

15 October 2013

committeebusiness@Wales.gsi.gov.uk

Dear William

Thank you for your letter of 3 October in connection with petition P-04-496. You have asked for my views on the petition.

Guidance to local authorities on matters relating to school organisation proposals, including school mergers and closures, can be found in the School Organisation Code ('the Code'), which was issued in July this year. Section 1 of the Code sets out in detail the factors that those preparing and approving/determining proposals should take into account. Quality and standards of education are given paramount importance but other factors include ensuring, wherever possible, that the balance of provision reflects the balance of demand for schools of a particular type, and home to school journey times.

However, statutory responsibility for the planning and supply of school places rests with local authorities and it is they who determine what pattern of school provision meets the specific needs of their areas. Consequently, the Welsh Government does not seek to promote one type of school over another nor instruct local authorities as to how school provision should be structured. These are issues best determined at the local level in accordance with local needs and circumstances. The Code also provides that proposals for change must be subject to consultation with all those affected.

I am satisfied that the new Code already provides sufficient guidance on the factors that underpin school organisation and I see no reason why further guidance is necessary in relation to proposals involving the establishment of new multi-site schools or those offering both primary and secondary education ('all-through schools'). Furthermore, whilst I recognise that all-through schools can be an effective way of delivering education, for the reasons given above, I do not think it appropriate for the Welsh Government to actively promote their establishment and continuation over the establishment and continuation of other types of schools.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Huw Lewis'.

Huw Lewis AC / AM

Y Gweinidog Addysg a Sgiliau
Minister for Education and Skills

Agenda Item 8

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

Petition wording:

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

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

Petition raised by: The Fellowship of Reconciliation

Date petition first considered by Committee: 6 November 2012

Number of signatures: 374 Associated petition collected approximately 700 signatures



Ministry
of Defence

THE RT HON MARK FRANCOIS MP
MINISTER OF STATE FOR DEFENCE PERSONNEL, WELFARE AND VETERANS

MINISTRY OF DEFENCE
FLOOR 5 ZONE B MAIN BUILDING
WHITEHALL LONDON SW1A 2HB

Telephone: 020 7218 9000 (Switchboard)

MSU 4/4/2/11/CC

30 September 2013

Dear Mr Powell,

Thank you for your letter of 17 July (Ref: P-04-432) regarding the Department's engagement with schools and recruiting.

The Armed Forces do not 'recruit' in schools. No pupil or school student is ever 'signed-up' or otherwise makes a commitment to become a recruit into the Armed Forces during the course of any school visit by our representatives. Armed Forces teams, however, do undertake visits to many state and private schools across the UK, but only at the specific invitation of the schools and colleges themselves.

The purpose of these visits, agreed with the schools beforehand, range from raising awareness of the Armed Forces and their place in a democratic society, to practical sessions (aligned with the National Curriculum) designed to enhance teamwork, communications and STEM (Science, Technology, Engineering and Mathematics) skills, as well as building interest in the Services and, in some cases, explaining the wide range of careers available. The latter visits support the schools' own careers programmes and offer advice on Service careers.

We do not record performance indicators for all of our education activities. However, research carried out in June and July 2013¹ for the Army shows across a sample of 303 educational establishments² from the state and independent sector, 74% felt that the Army provided impartial careers advice. Of those who felt that the Army might not be impartial in their advice 61% felt that they would still invite the Army in to provide careers presentations.

¹ EdComs Careers Advice Landscape - Summary of online and tele-depth research dated Jul 13

² 3% (9) of the sample were from Wales

William Powell AC/AM
The National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

We firmly believe that young people should be informed about available career options and opportunities – the more information our teams can give a young person about life in the Armed Forces, the better informed he or she will be. Those who do express an interest in a possible career in the Armed Forces are advised to make contact with either an Armed Forces Careers Office or our Forces careers websites to follow up their interest. Any potential recruit under the age of 18 is accepted only if the formal consent of their parent or guardian is obtained as an essential pre-condition.

I hope this clarifies the position.

Yours ever,

A handwritten signature in blue ink, appearing to read 'Mark Francois', written in a cursive style.

THE RT HON MARK FRANCOIS MP