

Agenda – Petitions Committee

Meeting Venue: REMOTE

For further information contact:

Committee Room 3 – Tŷ Hywel

Gareth Price – Committee Clerk

Meeting date: 24 January 2022

0300 200 6565

Meeting time: 14.00

Petitions@senedd.wales

1 Introduction, apologies, substitutions and declarations of interest

(Pages 1 – 26)

2 New Petitions

2.1 P-06-1226 Remove barriers to entry to Social Work and encourage parity of esteem between Social Care and Health

(Pages 27 – 34)

2.2 P-06-1227 To get a specialist mental health mother and baby unit in North Wales

(Pages 35 – 47)

2.3 P-06-1233 Repeal Coronavirus Regulations and end all Covid-19 restrictions

(Pages 48 – 52)

2.4 P-06-1236 Women should be regularly screened with a blood test called CA125 to detect for ovarian cancer

(Pages 53 – 58)

2.5 P-06-1237 Look at using Teacher Assessed Grades for learners unable to sit November GCSE exams as a result of a positive COVID test. Ensure fairer arrangements are in place for the May exams.

(Pages 59 – 66)

2.6 P-06-1238 Ban Polystyrene and other single use plastics!

(Pages 67 – 72)

3 Updates to previous petitions

3.1 P-05-949 SAVE COWBRIDGE OLD GIRLS' SCHOOL FROM DEMOLITION

(Pages 73 – 74)



- 3.2 P-06-1160 Require local Welsh exam centres to accept home-educated students for public exams
(Pages 75 – 77)
- 3.3 P-06-1197 Heart screenings free for all 11-35 year olds who represent their school or county in sport
(Pages 78 – 83)
- 3.4 P-06-1207 Start referring to Welsh cities and towns by their Welsh names
(Pages 84 – 88)
- 3.5 P-06-1217 Open Long Covid one stop medical hubs / clinics
(Pages 89 – 95)
- 3.6 P-06-1208 New laws to protect rare red squirrels from habitat loss which causes population decline
(Pages 96 – 100)
- 3.7 P-06-1183 Implement a 20MPH speed limit 100 metres either side of the new pedestrian crossing in Glan Conwy
(Pages 101 – 104)
- 4 Motion under Standing Order 17.42(ix) to resolve to exclude the public from item 5 of the meeting**
- 5 Review of the committee timetable and committee remits**
(Pages 105 – 113)

Document is Restricted

Remove barriers to entry to social work

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR21/1434-2

Petition Number: P-06-1226

Petition title: Remove barriers to entry to Social Work and encourage parity of esteem between Social Care and Health.

Text of petition: The current Welsh Government policy is placing unnecessary hardships onto would-be social workers. Currently, social worker Masters students are prohibited from obtaining a student loan and social care bursary concurrently.

We call on the Welsh Parliament to request the Welsh Government to encourage and support social work students from all backgrounds, remove barriers to the profession, and develop a greater parity of esteem between the Health and Social care workforce.



1. Background

Social Care Wales (SCW) manages the social work bursary scheme for students studying approved undergraduate degree or Master's degree courses in social work in Wales. SCW has published guidance on the social work bursary scheme for the academic year 2021 to 2022 and the SCW website also provides information on funding for social work students.

The Student Finance Wales website gives information on finance for postgraduate Master's courses and states that a person cannot get postgraduate Master's finance if they are receiving funding from a social work bursary. It also states a person cannot get postgraduate Master's finance if they're eligible to receive an NHS bursary.

The background information to the petition states the following:

Social Work MA [Masters] students are prohibited from obtaining a student loan and social care bursary concurrently. This results in a deficit of several thousand pounds with no support for accommodation, food, utility bills, car, and general living costs for over two years.

This places immense pressures on the future workforce and acts as a barrier to the profession. WG supports our NHS colleagues with grants to pay tuition fees in full, in addition to granting access to living costs bursaries or paid a salary. Many NHS students received the Covid payment when SW [social work] students were excluded. This is despite SW students managing caseloads in the thousands throughout Wales during the pandemic.

The lack of parity of esteem between Social & Health care is epitomised by the differential treatment among Welsh students. WG announced a record funding of £227m for the education and training of the NHS workforce. Less than 0.2% of that sum would rectify the difficulties facing SW masters students in Wales.

2. Welsh Government action

In a letter to the Committee dated 14 December 2021, the Deputy Minister for Social Services notes that the Welsh Government is committed to working towards parity of esteem between the social care and health workforces and is taking steps to improve the working conditions of social care workers and to professionalise the sector through registration.

SCW is leading the development of a social work Workforce Plan which, the Deputy Minister states, will include looking at what changes could be made to support people to train as social workers in Wales, including in relation to the bursary. This is one of the early actions being taken forward under the joint Health Education and Improvement Wales (HEIW) and SCW [Health and Social Care Workforce Strategy](#). It is expected that the draft workforce plan will be available in 2022.

The Deputy Minister acknowledges that a discrepancy in the regulations governing student funding has prevented postgraduate students who have chosen to accept the social work bursary from accessing some student loans.

The Deputy Minister goes on to say that the Welsh Government has been working with the Student Loans Company to look at how changes could be made to the regulations to allow postgraduates access to additional funding support through Student Finance Wales. When finalised, these changes would mean that eligible students will be able to seek an additional reduced loan from Student Finance Wales, the same as undergraduate students.

However, the Deputy Minister highlights that this will require some amendment to the eligibility criteria set out in regulations, which is a process that is still being worked through, and due to the timescales for introducing such regulations, any changes would not come into force until the 2022/23 academic year.

3. Welsh Parliament action

On [4 November 2021](#), HEIW and SCW gave evidence to the Health and Social Care Committee about their joint strategy, [A Healthier Wales: our workforce strategy for health and social care](#) that was published in October 2020.

The [written evidence](#) provided to the Health and Social Care Committee by HEIW and SCW states that in areas of acute workforce shortages, work has started on

workforce plans for key occupations recognised in the actions within the Strategy, including social work.

Page 10 of the written evidence notes that a review of social work education and funding is in place, recognising the immediate recruitment pressures in social work. This will present findings as to the supply and demand for social work and the challenges faced, with comparisons made to other UK nations and other professional pathways in Wales i.e. health and education.

HEIW and SCW state that they are making 'best use of' the ongoing TrainWorkLive (HEIW) and WeCare (SCW) recruitment campaigns, and highlight a new health and care careers 'virtual village' - Tregyrfa/Careersville.

To inform the evidence session with HEIW and SCW, the Health and Social Care Committee ran an open consultation between 25 August and 8 October 2021. In some of the responses received, the lack of parity between pay and terms/conditions for social care and health staff was highlighted as a concern.

HEIW and SCW say in their written evidence to the Committee that they are working to increase parity between health and care staff, as well as within the care sector itself.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1226
Ein cyf/Our ref JMSS/10572/21

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
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CF99 1SN

14 December 2021

Dear Jack,

Thank you for your letter of 5 November as Chair of the Petitions Committee to the Minister for Health and Social Services, Eluned Morgan MS, which outlined the petition from Cardiff University Social Work Masters Cohort. The petition called for the removal of barriers to entry to social work and encouraging parity of esteem between social care and health. I am responding as the Minister responsible for social services.

We are committed to working towards parity of esteem between the social care and health workforces and are taking steps to improve the working conditions of social care workers and to professionalise the sector through registration.

Social Care Wales is leading the development of a social work Workforce Plan, which will include looking at what changes could be made to support people to train as social workers in Wales, including in relation to the bursary. This is one of the early actions being taken forward under the joint HEIW and SCW "Health and Social Care Workforce Strategy." It is expected that the draft workforce plan will be available in the New Year.

With regard to the specific issue raised on postgraduate funding for social workers, a discrepancy in the regulations governing student funding has prevented postgraduate students who have chosen to accept the social work bursary from accessing some student loans. We have been working with the Student Loans Company to look at how we might make changes to the regulations to allow postgraduates access to additional funding support through Student Finance Wales. When finalised, these changes would mean that eligible students will be able to seek an additional reduced loan from Student Finance Wales (SFW) like undergraduate students. However, this will require some amendment to the eligibility criteria set out in regulations, a process which is still being worked through,

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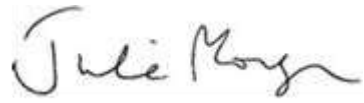
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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

and due to the timescales for introducing such regulations, any changes would not come into force until the 2022/23 academic year.

I hope this is of assistance.

Yours sincerely,

A handwritten signature in black ink that reads "Julie Morgan". The signature is written in a cursive style with a large initial 'J'.

Julie Morgan AS/MS

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

P-06-1226 Remove barriers to entry to Social Work and encourage parity of esteem between Social Care and Health, Briefing Document – Petitioners to Committee, 17.01.22

Briefing document for the Petition's Committee from the MASW Bursary Campaign

The current Situation

The current workforce is an ageing one, with over 50% of the workforce over the age of 45 and 24% over 55¹. The average social worker in Wales is white, female, and 46. The female to male ratio is 5-1, 88% are white British, and 3% have a disability². The need to recruit new social workers is imperative. The most recent data shows over the two years between 2018-2020, 516 students entered the register, over a third at 154 being MA students.³ However, 20% of students left the register, with the majority citing personal and health reasons.⁴

The social work MA is a two-year full-time course; however, most students are forced to work part-time alongside a full-time course due to a lack of financial support. However, health students have historically and continue to benefit from enhanced levels of financial support. For example, our health colleagues benefit from a record £227,000,000 support for education and training.⁵ It isn't easy to ascertain exact figures, but a rough estimate would suggest NHS students receive five times the level of support as their social worker colleagues.

A typical NHS student will receive a bursary in the region of £33,000-£40,000 depending on household income. There is access to custom maintenance loans for students receiving the lower amount. Few NHS students qualify with significant debt, except for possible accommodation fees.

A typical social worker undergraduate receives a bursary for £7,500. They are expected to take on a student loan for tuition fees and maintenance loans to survive. A typical social worker undergraduate will qualify with more than £40,000 in debt.

Social work MA students receive a significant bursary of £13,000; however, this fails to cover tuition fees. There are Welsh Government regulations⁶ that prohibit MA students from accessing student finance and a bursary concurrently, even though NHS and undergraduates do. These regulations force social workers and their families into hardship and act as a real barrier

What needs to change?

1. Amend the regulations that exclude MA students from accessing financial support.
2. An equivalence of bursary between Social Care Wales bursary and the NHS (Wales) bursary to ensure parity is more than just words - it is not parity to require social work students to qualify with £40,000-£50,000 in debt to undertake a public health service role.
3. Ensure changes happen in a timely manner, to support the future social work workforce.

¹ Social Worker Workforce Planning 2019 (ADSS/SCW/WLGA)

² Social Care Wales- Social Worker Fact Sheet 2020

³ Fact sheet (SCW) Social work students on the Register 2019&2020

⁴ Fact sheet (SCW) Social work students on the Register 2019&2020

⁵ Record funding of £227m announced to expand NHS Wales workforce- WG Press Release 07/12/20

⁶ The Education (Student Support)(Post Graduate Master Degrees (Wales) Regs 2019



Specialist mental health mother and baby unit in north Wales

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR21/1434-3

Petition Number: P-06-1227

Petition title: To get a specialist mental health mother and baby unit in north Wales.

Text of petition: A mother and baby unit is needed in north Wales so that families don't have to travel to England and for this service to be available in the Welsh language. This is an essential mental health service needed for north Wales.



1. Background

The perinatal period begins at the start of pregnancy and runs until the end of the first year after a baby is born. Perinatal mental health is about the psychological and emotional health and wellbeing of pregnant women and their children, their partners and their families. During pregnancy and after the birth of a child, women are at a higher risk of experiencing mental health problems.

Perinatal mental health problems are defined by a spectrum of mental health issues, including anxiety, depression and postnatal psychotic disorders which have their onset during pregnancy or the first year after a baby's birth.

While treatment is just as effective for women in the perinatal period as at other times, perinatal mental ill health is associated with a heightened need for prompt and effective care. This is because a mental health problem during the perinatal period not only has the potential to adversely affect the mother, but also has lasting consequences for the developing child. Linked to this, the separation of mother and infant can have serious effects on the mother and infant relationship and can be difficult to reverse.

Mother and baby units (MBUs) are specialist psychiatric wards in hospitals to which women with severe perinatal mental health issues can be admitted with their babies. MBUs provide treatment and support for women with perinatal mental health problems while also supporting them in developing parenting skills and bonding with their babies.

2. Welsh Parliament action

The Fifth Senedd's Children, Young People and Education Committee (CYPE) held an inquiry into perinatal mental health in 2017. The aim of the inquiry was to consider how perinatal mental health services were provided and how the Welsh Government could improve services for mothers, babies, fathers and families.

At the time of the Committee's inquiry being undertaken, there was no MBU provision in Wales following the closure of a unit in Cardiff in 2013. Women who required inpatient treatment for perinatal mental health problems were either admitted to acute mental health wards without their babies or had to travel to an MBU in England.

The Committee's **report** on its inquiry was published in October 2017 and set out the evidence it heard on the need for an MBU in Wales and also made recommendations including the following:

Recommendation 6. That the Welsh Government, based on the evidence received, establish an MBU in south Wales, commissioned and funded on a national basis to provide all-Wales services, staffed adequately in terms of numbers and disciplines, and to act as a central hub of knowledge and evidence-based learning for perinatal mental health services in Wales.

Recommendation 7. That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.

The Welsh Government accepted both of these recommendations.

A new six-bed interim MBU based at Tonna Hospital in Swansea Bay University Health Board opened to patients in April 2021.

Updates on progress for north Wales patients

Following the publication of its report, the CYPE Committee received **regular updates** from the Welsh Government on progress relating to perinatal mental health services.

Most recently, on **7 October 2021**, the Sixth Senedd's CYPE Committee held a general scrutiny session with the Minister for Health and Social Services, Deputy Minister for Social Services and Deputy Minister for Mental Health and Wellbeing.

During the **meeting**, the Deputy Minister for Mental Health and Wellbeing noted that work was continuing on the provision of an MBU for north Wales, that she was 'very much committed to'.

Following the general scrutiny session on 7 October, the CYPE Committee wrote to the Deputy Minister for Mental Health and Wellbeing asking for further information. In relation to an MBU in north Wales, the **letter** raises the

Committee's concern that women and babies in north Wales still need to travel significant distances to access specialist inpatient support. The Committee notes the statement from the Deputy Minister that work is continuing to ensure that provision is made available for mothers who live in north Wales and asked for more details on the options and timeframe for this.

The Deputy Minister for Mental Health and Wellbeing replied to the Committee's letter on 22 November 2021. In her letter, the Deputy Minister explains that discussions are being held with NHS England to develop the option of a joint eight-bed MBU which would offer provision for women from north Wales. The rationale for pursuing a joint eight-bed unit is based on demand modelling undertaken by the Welsh Health Specialised Services Committee (WHSSC), which has been refreshed recently, and to provide a sustainable service provision for women in north Wales. The Deputy Minister stated that a further update on this work and the timeframe for implementation would be provided shortly.

The CYPE Committee also wrote to the Deputy Minister for Mental Health and Wellbeing on 17 December 2021 asking for regular six-monthly updates on perinatal mental health services.

3. Welsh Government action

In the letter to the Petitions Committee dated 14 December 2021, the Deputy Minister for Mental Health and Wellbeing states that the Welsh Government has committed to ensuring that MBU provision is made available for mothers living in north Wales and that she has had regular updates on this and recently met with the leads from WHSSC to discuss this development.

The letter explains that the modelling undertaken in Wales has evidenced that there is not enough demand for a standalone unit in north Wales. The Welsh Government has therefore been working collaboratively with NHS England to develop a joint unit in north west England which will be accessible from north Wales. It is stated that there continues to be 'significant engagement' between Betsi Cadwaladr University Health Board, WHSSC and NHS England regarding the development of this new unit.

The Deputy Minister goes on to say that she has asked for this work to be taken forward with 'real urgency and pace' and she will continue to receive regular updates. The Deputy Minister notes that she has offered her support to officials in the collaboration with NHS England in order to ensure that this is driven forward

at pace. It is also confirmed in the letter that the Welsh Government is working with the provider to support the Welsh language needs of Welsh patients when developing the unit.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1227
Ein cyf/Our ref LN/10341/21
Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

14 December 2021

Dear Jack,

Thank you for your letter of 5 November about a petition to establish a specialist mental health mother and baby unit in North Wales.

The Welsh Government has committed to ensuring that mother and baby unit (MBU) provision is made available for mothers who live in North Wales. We recognise the importance for new mothers being able to get the specialist support they need for themselves and their babies closer to home. Having virtually visited the MBU in Swansea earlier this year, I have seen the important impact it can make. In my role as Deputy Minister for Mental Health and Wellbeing, I have asked for and had regular updates on this and I have recently met with the leads from the Welsh Health Specialised Services Committee (WHSSC) to discuss this development.

The modelling undertaken in Wales has evidenced that we do not have enough demand to have a standalone unit in North Wales. Therefore we have been working collaboratively with NHS England to develop a joint unit in North West England which will be accessible from North Wales. There continues to be significant engagement between Betsi Cadwaladr University Health Board, the Welsh Health Specialised Services Committee and NHS England regarding the development of this new unit.

I have asked for this work to be taken forward with real urgency and pace. I will continue to receive very regular updates from officials and recently met with WHSCC again to drive this work forward. I have also offered my support to officials in the collaboration with NHS England in order to ensure that this is driven forward at pace.

I can also confirm we are working with the provider to support the Welsh language needs of our patients when developing the unit.

Yours sincerely,

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Lynne Neagle

Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

P-06-1227 To get a specialist mental health mother and baby unit in North Wales, Correspondence – Petitioner to Committee, 13.01.22

Dear Committee,

The reason I started this petition was to get a Mother and baby unit in North Wales and to make a difference for mothers and families in North Wales following my experience. This is a very much needed service needed covering Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd, Isle of Anglesey, and potentially areas of Mid Wales Powys and Ceredigion. In my opinion this is a very large area and a big demand with the population in all of these counties. With 1 in 5 women experiencing difficulties with their mental health during and after pregnancy this shows the demand that is needed for treatment and potential hospitalisation for mothers.

It's good to hear that the Welsh Government is committed to ensure a Mother and Baby provision for mothers who live in North Wales and the importance of this service and specialist support the mothers need for themselves and their babies close to home and their support network of family and friends. But the possible unit going to be located in North West England is disappointing which means that there will be only one Mother and baby unit still in Wales located in Swansea, and the impact and importance of this service is evident in Swansea and the surrounding area. This means that mothers with their baby and family and friends will still have a distance to travel to North West England covering all of North Wales counties and possible mid Wales counties, also with not considering the need for the service in North West England which would mean that the beds in a unit would be quickly filled with a mix of English and Welsh patients with possible England patients given priority.

From looking at the MBU units in the UK there is a national shortage of beds already so mothers are already travelling around the UK away from their families and friends. It is very important to have loved ones close when in crisis which I have been through myself and my main reason for starting this petition with my experience of a hard time for me and my family and distance was a strain on us all and for me needing my family in an emergency situation was very traumatic and I'm sure that many families go through this also and is a huge stress for all involved. This would mean also that the English Government would need the funding from the Welsh Government for the cost of care of a Welsh patient in an English hospital.

I am also worried that the service being available in Welsh in an English hospital and whether this promise will be kept, with my experience is very important and I believe it is essential for a Welsh speaking individual in a crisis situation where I prefer my first language at times of mental health situations especially when I'm talking about my true feelings and needs at this time. I'm sure that other individuals in my situation would prefer to speak Welsh as well.

In my personal situation if we decide to have any more children, I was advised by doctors in Manchester to go to a unit before a second baby is born so they can observe my health on the later half of the pregnancy. With me being high risk with having bipolar the risks involved were known in my first pregnancy and I was under perinatal care which didn't go to plan as the care coordinators were off sick and no other professionals were available so it shows that a unit is in desperate need in the area. There is room on half of the Ablett ward at Ysbyty Glan Clwyd, Bodelwyddan known as Tawel Fan. This has not been used for a

number of years. Without this service in North Wales a great strain is added to families involved and also a great strain is put on the MBU units in the location which has a bed (if available). To be sent to a unit somewhere in England the baby would be born in an English hospital. We and others would prefer to be in a Welsh hospital for a Welsh birth certificate and i'm sure this is understandable for our Welsh heritage and preference of a birthplace. I'm sure anyone who lives in Wales in this situation would prefer to be in Wales so with the only a Mother and baby unit in Swansea, South Wales this would not be a option for North and Mid Wales families due to distance.

So in conclusion there is a urgent need for a Mother and baby unit in North Wales for many families and I would not like to see other families go through the difficulties which we did in 2019. I hope that 2022 will be a year of charge for Perinatal Mental Health Care in North Wales, and as I mentioned above the lack of beds across the UK which I believe the UK Government needs to ensure more beds for mothers in crisis at a time of need due to mental health complications during and after pregnancy giving support and high standards of care at a difficult time for mothers and their families. It appears obvious that the care isn't and hasn't been in place for a number of decades and that is why you can't see enough evidence for demand to have a standalone unit in North Wales. To say that, why is there a unit in Swansea, that may as well have been placed in Bristol!!

I have had lots of support and messages and individuals backing me and sharing stories while I was sharing the petition on Facebook and Instragram. Also having media attention and coverage BBC Wales, S4C, BBC radio Wales, Radio Cymru, Free press Denbighshire, Daily Post North Wales and recently ITV Wales all of who are supporting me and I'm still in contact with and are waiting for your response to this petition. And backing of MP'S and three charities NSPCC, APP (Action on Postpartum Psychosis) and Ftww (Fair Treatment for the women of Wales) who are very supportive of this petition and also agree with me in the points that I have raised in this email and the petition itself.

So I please ask you the Committee to think and understand my reasons for starting this petition and all the points in this email and consider for this to go to the Senedd for the discussion it deserves.

Kind regards,

Mother and Baby Unit Briefing

A joint briefing for the Petitions Committee on why it is vital for there to be an accessible mother and baby unit (MBU) for families in North Wales.

Overview:

Today, on the 3rd of December 2021, the Senedd petitionⁱ by Nia Foulkes to get a MBU in North Wales comes to a close. As organisations, and informed by the views of many families - we know that it's crucial that women affected by severe perinatal mental health problems have access to a specialist MBU close to home. It's not acceptable that acutely unwell women are being admitted to MBU's far from home or are receiving treatment in an inpatient adult psychiatric ward without their babies, at a time that is so crucial for bonding and attachment.

It has been four years since the Welsh Government committed to considering options for inpatient support for women in North Walesⁱⁱ, but this provision has not yet been established. Without this specialist support, women lives are being put at risk. Action on Postpartum Psychosis (APP), NSPCC Cymru/Wales, the Maternal Mental Health Alliance (MMHA) and the Royal College of Psychiatrists Wales call on the Petitions Committee to press Welsh Government for action on delivering an MBU in North Wales.

A MOTHER & BABY UNIT IS VITAL FOR FAMILIES IN NORTH WALES

"I live in North Wales, and I was separated from my daughter and treated in a general psychiatric hospital when I was ill with postpartum psychosis. This was incredibly traumatic for me and my family and it took me a long time to recover."

Sally



What is an MBU?

MBU's are specialist, in-patient units for women who experience severe mental health problemsⁱⁱⁱ in pregnancy, or within a year after birth. MBU's are designed and resourced to offer specialist treatment to mums for their mental health difficulties, while also supporting them to meet the physical and emotional needs of their infants and to develop healthy relationships^{iv}. They are specifically designed to keep mothers and babies together.

Why are MBU's needed?

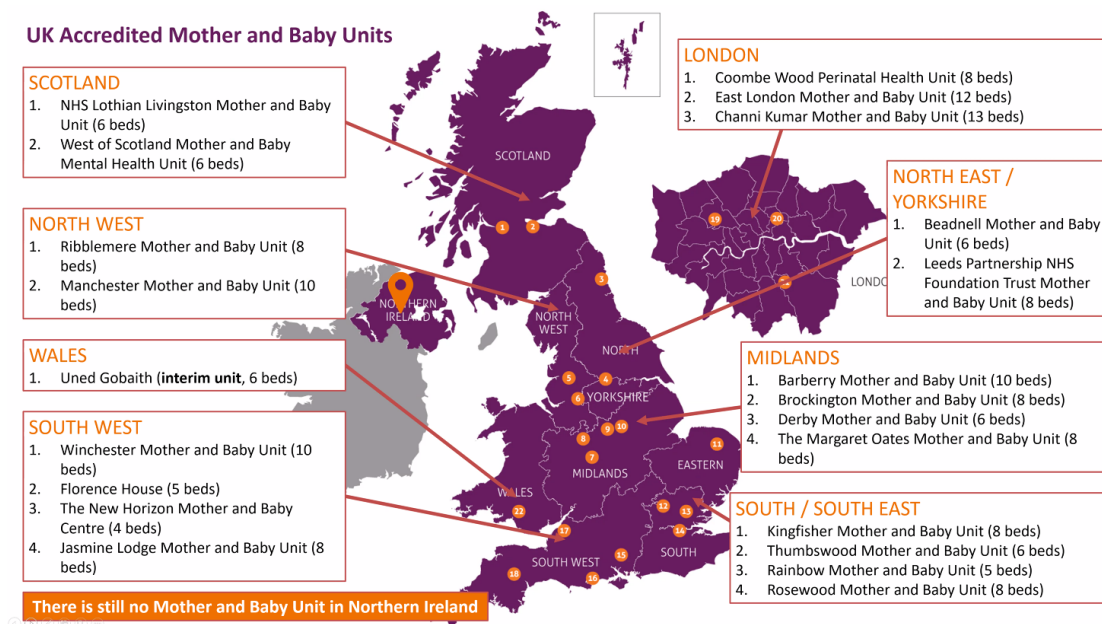
As many as 1 in 4 women can develop mental health problems during pregnancy or within the first year after having a baby (known as the perinatal period). For every 1000 mums, about 2-4 will need admission to hospital for a severe perinatal mental health problem^v. It is nationally recommended that this is to an MBU^{vi}.

If perinatal mental health problems are not identified early and the right support put in place, it can have devastating consequences on the mental and physical health of women, their children, partners and significant others. The new Saving Lives, Improving Mothers' Care (2021) report shows that maternal suicide continues to be a leading cause of direct deaths in the year after pregnancy^{vii}. With 18% of the

women dying by suicide. The report found that 67% of these suicides could possibly have been prevented if there had been improvements in care. Severe perinatal mental health problems can also make it harder for parents to provide the sensitive and responsive care that babies need, potentially affecting the child’s emotional, social and cognitive development^{viii}. This is why it is so important that women and families can access the right kind of support, at the right time, wherever they live in Wales.

MBU Provision

Service provision remains fragmented, with 22 MBU’s throughout the UK, including the newly opened interim unit in South Wales^{ix}. There is currently no accessible MBU for women and families in North Wales.



Current Plans

In 2017, Welsh Government committed to considering options for inpatient support for women in North Wales^x, as part of their response to the Children, Young People and Education Committee inquiry into perinatal mental health^{xi}. While we welcome Welsh Government’s commitment to prioritising MBU provision in North Wales^{xii} and the ongoing work between the Welsh Health Specialist Services Committee and NHS England to develop an eight-bed mother and baby unit for women in North Wales^{xiii}, we are concerned that this is taking too long, and plans are still too vague.

Our Calls

APP, NSPCC Cymru/Wales, MMHA and the Royal College of Psychiatrists Wales call on the Petitions Committee to press Welsh Government for action on delivering MBU provision for families from North Wales. We feel it would be helpful for the Petitions Committee to scrutinise the current status of the MBU for North Wales, explore challenges to progress and press the Welsh Government for a timeline about when decisions will be made and when this provision will be available for mothers and babies. As organisations, we have also raised the need for scrutiny around an

accessible unit for families in North Wales in our joint response to the Children, Young People & Education Committee consultations on priorities for the Sixth Senedd. We feel that addressing these questions within a joint Senedd Debate with the Children, Young People & Education Committee would be particularly helpful.

Questions for Welsh Government:

- Can the Welsh Government provide detail on the current status of the work to develop MBU provision for families in North Wales?
- Can the Welsh Government shed light on what the current challenges or barriers are to progressing the development of the MBU for North Wales?
- Can the Welsh Government give an anticipated timescale for the work that needs to be carried out to develop the MBU for North Wales?
- When does the Welsh Government anticipate MBU provision for families in North Wales being opened?
- How are women and families with lived experience from North Wales being consulted/involved in the service design of the unit?
- Can the Welsh Government provide detail on how Welsh language provision be provided within the unit?

Contact Details

We would be pleased to talk to the Committee in person about this petition and the areas we have outlined in this letter if that would be helpful. If you have any further questions, please don't hesitate to contact us:

Dr. Sarah Witcombe-Hayes
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And Wales Coordinator, Maternal Mental Health Alliance
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Dr. Jessica Heron
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ⁱ See: [To get a specialist mental health mother and baby unit in North Wales. - Petitions \(senedd.wales\)](#)

ⁱⁱ See [gen-ld11290-e.pdf \(senedd.wales\)](#) – Recommendation 7

ⁱⁱⁱ This can include postpartum psychosis, bipolar affective disorder, schizophrenia, and other psychotic illnesses, severe depression or anxiety disorders.

^{iv} For more information on MBU's, see Royal College of Psychiatrists (2018) [Mother and Baby Units \(MBUs\)](#)

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- ^v Royal College of Psychiatrists (2015) Perinatal mental health services: Recommendations for the provision of services for childbearing women. College Report CR197
- ^{vi} NICE Antenatal and postnatal mental health: clinical management and service guidance. Clinical guideline [CG192] Published date: December 2014 Last updated: Feb 2020 [Overview | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE](#)
- ^{vii} Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J. J (Eds.) (2021) [Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19](#) MBRRACE-UK
- ^{viii} See Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., and Pariante, C. M (2014) Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384: 1800–1819; Sutter-Dalley, A. L., Murraray, L., Dequae-Merchadou, L., Glatigny-Dalley, E., Bourgeois, M.L., and Verdoux H. A (2011) A prospective longitudinal study of the impact of early postnatal vs. chronic maternal depressive symptoms on child development. *European Psychiatry*, 26(8): 484-489
- ^{ix} For more information, see MMHA (2021) [Accredited Mother and Baby Units](#)
- ^x See [gen-ld11290-e.pdf \(senedd.wales\)](#) – Recommendation 7
- ^{xi} Children, Young People and Education Committee (2018) [Perinatal mental health in Wales](#)
- ^{xii} See for example the response from the Deputy Minister for Mental Health and Wellbeing to written question WQ83645 (e), Tabled on 20/10/2021. [Written Question - WQ83645 - Welsh Parliament \(senedd.wales\)](#); [Children, Young People, and Education Committee 07/10/2021 - Welsh Parliament \(senedd.wales\)](#) point 115. [Plenary 12/10/2021 - Welsh Parliament \(senedd.wales\)](#) point 103
- ^{xiii} See for example the response from the Deputy Minister for Mental Health and Wellbeing to written question WQ83647 (e) Tabled on 20/10/2021. [Written Question - WQ83647 - Welsh Parliament \(senedd.wales\)](#)

P-06-1233 Repeal Coronavirus Regulations and end all Covid-19 restrictions

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR211626-2

Petition Number: P-06-1233

Petition title: Repeal Coronavirus Regulations and end all Covid-19 restrictions

Text of petition:

Abolish all Covid restrictions, restore civil liberties & social freedoms and increase focus on education, guidance, advice and best practices.

Allow freedom of choice in favour of mental health: Those who wish to isolate at home may do so freely; as may those who wish to return to normal life..

1. Background: The regulations

Since March 2020, the Welsh Government has made health protection regulations under the Public Health (Control of Disease) Act 1984 to manage the impact of the pandemic. The regulations have been frequently amended to reflect changes in the development of the pandemic.



The current regulations set out the rules at the four levels set out in the [Welsh Government Coronavirus Control Plan](#), from a requirement to stay at home at level four to restrictions on gatherings and events at level four. They also set rules that apply at all alert levels, including requiring people to wear face coverings in certain situations and places.

The Welsh Government has generally made the health protection regulations using the urgency procedure set out in [Section 45R](#) of the Act. This procedure enables regulations to be made without a draft being laid before and approved by the Senedd, if the person making the regulations makes a declaration that they are ‘of the opinion that, by reason of urgency, it is necessary’ to do this. Such regulations must be [approved by the Senedd](#) within 28 days (subject to certain extensions). The Senedd has not voted to reject any health protection regulations during the pandemic.

2. Revoking the regulations

The Welsh Government would be able to revoke the health protection regulations by making secondary legislation under the Public Health (Control of Disease) Act 1984.

The regulations are made on a temporary basis. At the time of writing, the expiry date of the regulations is 25 February 2022.

The regulations also require the Welsh Government to review the need for the restrictions and requirements that they impose, and whether they are proportionate to what the Welsh Ministers seek to achieve by them, every 21 days.

3. Welsh Government response

The Minister for Health and Social Services responded to the petition on 15 December, when Wales was at alert level 0.

In the response, the Minister recognises that some measures to respond to the pandemic have been ‘very challenging’, but says they have been necessary to prevent the spread of the virus, save lives and protect the NHS.

The Minister states that the Welsh Government’s 21-day reviews of the regulations include ‘balancing the direct harms arising from coronavirus with the wider social, economic and wellbeing impact of measures’.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1233
Ein cyf/Our ref EM/14343/21

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
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CF99 1SN

15 December 2021

Dear Jack,

Thank you for your letter dated 25 November in relation to the petition from Lauren M calling for an end to all Coronavirus protections.

I fully recognise some of the measures put in response to coronavirus have been very challenging for people and business across Wales. These have been necessary however to prevent the spread of this terrible virus, save lives and protect our NHS.

Coronavirus has not gone away. Vaccination has helped to weaken the link between infections, serious illness and hospitalisations but it has not broken the link. This is against a background of increased urgent and emergency pressures in health and social care services, comparable to those normally experienced during the most difficult periods of winter.

In the last few weeks we have seen the emergence of the new omicron variant. This is another serious development in the pandemic and one we are taking seriously. We hope this new variant will not result in further measures. The current rules will be kept under review as we learn more about omicron and how far it has spread in Wales.

The updated Coronavirus Control Plan published in October sets out our approach to the pandemic over the autumn and winter. It sets out our continued focus on vaccination as our most effective defence. We are urgently expanding the vaccination programme in Wales, in line with the latest JCVI advice and in response to the omicron variant, making boosters available to all adults.

Wales currently remains at alert level zero. These are the lowest level of measures in place since the pandemic began.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

There are no legal limits on the number of people who can meet, including in private homes, public places or at events. In addition all businesses and premises may open.

However, we have not yet reached a position where we can remove all protections and – in line with the latest scientific and public health advice – we are keeping some key rules in place in law. In these respects collective responsibility is needed rather than personal choice.

- Businesses, employers and other organisations must continue to undertake a specific coronavirus risk assessment and take reasonable measures to minimise exposure to, and the spread of, coronavirus.
- Everyone must continue to self-isolate for 10 days if they test positive for COVID-19. If you are a close contact of someone who has tested positive and you are aged 18 or over and not fully vaccinated, you must also self-isolate for 10 days. All contacts of a confirmed or suspected omicron case must self-isolate for 10 days, whether they are vaccinated or not.
- Adults and children aged 11 and over must continue to wear face-coverings in indoor public places, with the exception of hospitality settings such as restaurants, pubs, cafes or nightclubs.
- The NHS Covid Pass is compulsory to prove you are vaccinated or have tested negative to gain entry to large events, nightclubs, cinemas, theatres and concert halls.

The Coronavirus Regulations in Wales must be reviewed every 21 days to ensure they remain necessary, proportionate and effective. This includes balancing the direct harms arising from coronavirus with the wider social, economic and wellbeing impact of measures. The Regulations are currently scheduled to expire on the 25 February.

I am clear the measures in place remain necessary if we are collectively going to keep Wales safe.

Yours sincerely,



Eluned Morgan AS/MS

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

P-06-1236 Women should be regularly screened with a blood test called CA125 to detect for ovarian cancer

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR21/1626

Petition Number: [P-06-1236](#)

Petition title: Women should be regularly screened with a blood test called CA125 to detect for ovarian cancer

Text of petition:

Women should be regularly screened with a blood test called CA125 to detect for ovarian cancer

My Mother has recently been diagnosed with primary ovarian cancer and secondary in her peritoneum. If women were regularly screened with the blood test CA125 they would be able to detect early signs like they screen for cervical cancer and mammograms for breast cancer. Ovarian cancer is quite a silent cancer and when women get any symptoms it is usually more advanced. Being detected early would get women treated quicker and prevent deaths.



1. Background

About ovarian cancer

Statistics published by Cancer Research UK show that:

- ovarian cancer is the 6th most common cancer in females in the UK, accounting for 4% of all new cancer cases in females (2016-2018). There were an average of 375 new cases per year in Wales (between 2016-18);
- ovarian cancer is the 6th most common cause of cancer death in females in the UK, accounting for 5% of all cancer deaths in females (2018). In Wales there were 224 deaths from ovarian cancer in 2018;
- 71.7% of females survive ovarian cancer for at least one year, this falls to 42.6% surviving for five years or more.

The symptoms of ovarian cancer can be vague and similar to other - more common and less serious - conditions. This can make it difficult to diagnose early, before the cancer has spread. As with other cancers, early diagnosis is linked to better outcomes. According to Cancer Research UK:

More than 9 in 10 women diagnosed with ovarian cancer at its earliest stage survive their disease for at least 5 years. This falls to just over 1 in 10 women when ovarian cancer is diagnosed at the most advanced stage.

Macmillan Cancer Support also provides further information and support for people affected by ovarian cancer.

Population screening for ovarian cancer is not currently recommended by the UK National Screening Committee (UKNSC), which provides independent, expert advice to ministers and the NHS in all four UK countries.

Previous petition on ovarian cancer screening

A petition on this issue was first considered by the Fourth Assembly Petitions Committee in 2016 - P-04-668 Support Yearly Screening for Ovarian Cancer (CA125 blood test). The petition called for:

- a national screening programme to be introduced for women aged over 50, using the CA125 blood test;
- increased awareness of ovarian cancer and its symptoms among General Practitioners (GPs) and other health professionals;
- increased public awareness of ovarian cancer/symptoms.

The Fifth Assembly Petitions Committee published a report on its consideration of the petition in February 2017. This said that:

On balance, whilst the petitioner provided powerful evidence of the importance of early diagnosis and treatment of ovarian cancer, we recognise that current evidence does not support the introduction of a population screening programme, using either the CA125 blood test or an alternative method.

The Committee's report highlighted the views of cancer charities, who did not support the introduction of a national screening programme for ovarian cancer, as the evidence to date did not show that it would reduce deaths from ovarian cancer. The report said:

We believe that the current situation was succinctly summarised in the evidence submitted by Ovarian Cancer Action:

“Screening tests can have a range of unintended consequences from anxiety to unnecessary surgery in extreme cases. We believe that currently testing levels of CA125 is not yet specific or accurate enough to risk being used as a national screening tool. Funding would be better spend at this time on a national symptoms public awareness campaign.”

The Committee's report also drew attention to the ongoing UKCTOCS trial looking at general population screening for ovarian cancer (see further information below). It recommended that the Welsh Government should keep the situation under close review, and give detailed consideration to any new evidence in relation to a national screening programme.

The Petitions Committee's report was debated in Plenary in March 2017.

UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS)

The trial began in 2001. Its main aim was to see establish whether either a CA125 blood test or a transvaginal ultrasound scan were accurate enough to use as a screening test. Long term results were published in 2021.

The trial team did not recommend that either the CA125 blood test or a transvaginal ultrasound scan should be used as screening tests for ovarian cancer. They concluded that screening for ovarian cancer using either of these methods did not help people live longer.

2. Welsh Government response

The Welsh Government's response to the Committee states that women with symptoms of suspected cancer, or at high risk of ovarian cancer, should be investigated in line with guidance from the National Institute for Health and Care Excellence (NICE).

The current guidance indicates that a CA125 blood test should be performed on women with symptoms of ovarian cancer to guide whether there is a need for a follow-up ultrasound. However, this is for the investigation of clinically suspected cancer and not as part of a routine population screening programme, as the current test is not accurate enough for this purpose.

It says that all population-based, asymptomatic screening programmes are based on the best available evidence and subject to regular review, referring to the role of the UK National Screening Committee (UKNSC). As noted earlier, the UKNSC does not currently recommend population screening for ovarian cancer. The Welsh Government says:

Should the UKNSC change its recommendation, the Welsh Government will consider how this can be implemented in Wales.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref P-06-1236
Ein cyf/Our ref EM/14336/21

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

14 December 2021

Dear Jack,

PETITION P-06-1236 – WOMEN SHOULD BE REGULARLY SCREENED WITH A BLOOD TEST CALLED CA125 TO DETECT FOR OVARIAN CANCER

Thank you for your letter of 25 November.

The Welsh Government would like as many cancers as possible to be detected at earlier, more treatable stages and we expect primary care to investigate women with symptoms of suspected cancer, or at high risk of ovarian cancer, in line with guidance from the National Institute for Health and Care Excellence (NICE).

The current guidance indicates that a CA125 blood test should be performed on women with symptoms of ovarian cancer to guide whether there is a need for a follow-up ultrasound. However, this is for the investigation of clinically suspected cancer and not as part of a routine population screening programme, as the current test is not accurate enough for this purpose. We continue to encourage women to seek prompt advice from their primary care teams if they have symptoms suggestive of cancer.

All population-based, asymptomatic screening programmes are developed and delivered using the best available evidence and are subject to regular review. The UK National Screening Committee (UKNSC) provides independent, expert advice to all UK Ministers on screening and does not currently recommend screening for ovarian cancer.

The UKNSC considered screening for ovarian cancer in 2017. The committee looked at clinical trial data from the United Kingdom Collaborative Trial of Ovarian Cancer Screening

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(UKCTOCS) trial where women were screened for ovarian cancer. In this trial screening did not reduce the number of women who had died from ovarian cancer. The trial will continue to follow the women who were screened and the committee agreed to review longer term results when they are published. Should the UKNSC change its recommendation, the Welsh Government will consider how this can be implemented in Wales.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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

Teacher Assessed Grades for learners unable to sit November GCSE

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR22/1626

Petition Number: P-06-1237

Petition title: Look at using Teacher Assessed Grades for learners unable to sit November GCSE exams as a result of a positive COVID test. Ensure fairer arrangements are in place for the May exams

Text of petition: My son in Year 11 had fully prepared to sit his GCSE Numeracy exams on 2nd and 4th of November. On October 31st he did a Lateral flow test as advised by the Welsh Government. This was positive, followed by a positive PCR test. This meant he could not sit his exams despite being fully prepared by the school for them at this time. He should not be - and neither should others who have Covid - be disadvantaged by the pandemic. They have had to work so hard to get to this point.

E-mails from exam board and Welsh Government not being supportive at all.



1. Summer 2021 Examinations

On 10 November 2020, Kirsty Williams, then Minister for Education, announced that there would be no end of year examinations in 2021. On 20 January 2021, she announced that learners would have their GCSE, AS and A level qualifications awarded through a Centre Determined Grade model. This meant that grades would be determined by schools and colleges (centres) based on their assessment of learners' work. Centres used a range of evidence, including non-exam assessments, mock exams and classwork, to judge a pupil's "demonstrated attainment" and award them an appropriate grade.

2. November examinations

GCSE examinations in November 2021 proceeded as usual pre-pandemic. November exams are generally taken by those who are resitting GCSEs in order to obtain a better grade. There are also 'early entry' candidates who may take some exams before the end of the school year. These candidates have an opportunity to sit the exam again in the summer examination series.

A limited number of subjects are available in the November series compared to the summer series. In November 2021, reformed GCSEs in Mathematics, Mathematics – Numeracy, English Language and Welsh Language were taken by learners in Wales.

3. Summer 2022

In March 2021, Qualifications Wales announced that there would be exams in summer 2022. They said that the assessment requirements for WJEC GCSE, AS and A levels, Skills Challenge Certificate qualifications would be adapted to reduce the impact of lost face-to-face teaching and learning time during the pandemic. Qualifications Wales have also said that if there are further substantial periods of disruption that results in the cancellation of future exam series, contingency arrangements will be put in place.

4. Students who are ill on the day of an exam

The Joint Council for Qualifications (a membership organisation comprising the eight largest providers of qualifications in the UK) have published a guide to the

special consideration process (September 2020). Special consideration is a post-examination adjustment to a candidate's mark or grade. This is to reflect temporary illness, temporary injury or some other event outside of the candidate's control at the time of the assessment. It is applied when the issue or event has had, or is reasonably likely to have had, a material effect on a candidate's ability to take an assessment or demonstrate their normal level of attainment in an assessment.

The Minister's letter states that no specific contingency arrangements (such as the use of centre determined grades, which the petition calls for) were put in place in the event that learners could not sit their scheduled exams in November due to COVID-related reasons. The Minister says that to expect schools to do this would have disproportionately affected the teaching and learning time available. He also pointed to the fact that pupils due to take their exams early in November have another opportunity to taken them in the summer.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Ein cyf/Our ref JMEWL/11751/21

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
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CF99 1SN

22 December 2021

Dear Jack,

Thank you for your letter of 25 November drawing my attention to Petition P-06-1237 entitled *“Look at using Teacher Assessed Grades for learners unable to sit November GCSE exams as a result of a positive COVID test. Ensure fairer arrangements are in place for May exams”*.

I would like to reassure you that I recognise learners are having to continue to adapt to the challenges caused by the pandemic and have already had a very difficult year as a result of this. I am continuing to keep a close eye on the public health situation and the experience of learners and teachers in schools. I have asked my officials to closely monitor the attendance data of learners and to continue to talk to the education sector to understand the level of disruption for learners, particularly those in examination cohorts, and how this might be mitigated.

In response to the petition, it might be helpful to firstly set out the purpose of the November exam series and then to offer an overview of the comprehensive funding package I recently announced to support learners in qualifications years during this academic year.

The November exam series provides an opportunity for learners who want to re-sit exams to improve their grades from a previous exam series. It also provides learners with an opportunity to take a small number of exams early, with another opportunity to take them in the summer. Whilst I appreciate that this may be a cause of disappointment, this is why there no specific contingency arrangements were put in place for learners like the petitioner’s son. I understand this may be disappointing or worrying for learners who unfortunately tested positive during this period and were therefore unable to sit their exams during the November series. However, expecting schools and colleges to prepare learners for and run the November series whilst also delivering contingency arrangements for those unable to sit their exams would have disproportionately affected teaching and learning time available.

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

As you will be aware, Qualifications Wales has confirmed it is planning to run an exam series in summer 2022 and this is still the case. Adaptations have been made to subject specifications to reduce assessment content ([WJEC summer 2022 Adaptations](#)) to reflect disruption to teaching and learning. The summer exam timetable has also been carefully planned to build in contingency, with papers for the same subject spaced 10 days apart to maximise opportunities for learners to complete their assessments.

To complement this adapted exam series and support the learners taking their qualifications in 2022, my recent [statement](#) confirmed a comprehensive package of support to the value of £24m. This package of support will ensure every young person in qualifications years will be able to access practical support or advice to help them prepare for exams and next steps, whether that be in education, training or employment.

As I detailed within my statement, I believe exams are the fairest way to provide qualifications, particularly in the wider UK context where it is essential that our young people are on a level playing field with their counterparts in other parts of the UK in relation to university admissions. Importantly, exams are primarily scheduled at the end of the school year which increases the time for learning and preparation. I do understand that some learners may feel anxious at the prospect of sitting formal exams for the first time next summer. In addition to the wide range of [resources](#) that have been developed by WJEC to support learning and preparation for exams, including knowledge organisers, blended learning and exam walk-throughs, as part of this package of support, £7.5m will be provided to schools to enable extra support for learners in exam years, with additional teaching time and resources. The funding will help schools respond to the disruption seen since September which has been caused by self-isolation of staff and learners.

I am also aware that there are learners whose attendance has dropped during the pandemic and will be providing more than £7m to support Year 11 learners who have low attendance to help them complete their GCSEs or to help them reach the next stage in their education. Alongside this, there will also be attendance support for learners in other years and additional help for children and young people who have suffered trauma or have a mental health issue.

This support package also provides further education colleges and sixth forms with £9.5m to support young people with their transition into the next stage of their education or career and for activities such as taster sessions into vocational careers and open days, as well as a continuation of the University Ready hub in partnership with the Open University and universities in Wales. This is a resource which was developed last year to support learners' preparation for university to enable successful transition to their next steps, it brings together a wealth of materials that will help students heading to university for the first time to get '[University Ready](#)' – the first hub of its kind in the UK.

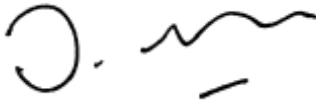
Learning from previous experience and acknowledging the continued unpredictable nature of the pandemic, we must also have contingency arrangements in place. Qualifications Wales has confirmed that centre-determined grades will be the contingency arrangements and has provided advice to schools and colleges about steps that can be taken now to prepare for the published [contingency arrangements](#) should the public health situation mean that exams cannot be held in the summer. These steps will enable schools and colleges to make use of assessments that are already planned as part of their teaching and learning programme – should they subsequently be needed to support the contingency

arrangements. This guidance has been created following careful reflection and drawing on the lessons learnt from the last academic year which will hopefully avoid the over assessment of learners and additional work faced by teachers, schools and colleges, which was a heavy burden in summer 2021.

I would like to finish by reassuring your constituent and the Petition Committee that learner well-being and progression continues to be my key priorities and I will be continuing to work closely with partners across the education sector, to consider what further support can be provided to learners in preparing for their qualifications and ensuring they have the knowledge, skills and confidence to progress.

I hope the Petitions Committee finds the above helpful in offering additional context to the November exam series and also an overview of some of the work which is being undertaken during these challenging times to support learners in qualifications years. Thank you once again for drawing this petition to my attention.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a wavy line and a short horizontal stroke.

Jeremy Miles AS/MS

Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

P-06-1237 Look at using Teacher Assessed Grades for learners unable to sit November GCSE exams as a result of a positive COVID test. Ensure fairer arrangements are in place for the May exams, Correspondence – Petitioner to Committee, 13.01.22

Response to JMEWL1175 in regards to P-06-1237

Thank you for the very thorough response, linked to relevant documentation. The response details all the adaptations that have been made to courses for GCSE as well as all the money being granted to schools to support learners. However, as I work in the secondary education sector, I can see first-hand that at present all of this funding is having very little to no impact on learners and the effects of Covid disrupted schooling. The response details that officials are talking to the education sector. There are very few staff/learners/parents who I speak to who think running examinations is fair this year. While I appreciate that in a 'normal' year, examinations are the fairest way to put our learners on an even playing field, this year has still been far from it.

Officials are said to be monitoring attendance of learners and teachers. How closely is this happening? Due to my son isolating, then one member of staff who teaches him isolating, followed by going straight into a mock exam series, there is one subject he has not had a lesson in since before October half term – another half a term with no teaching. How many other learners has this happened to? For those who have contracted Covid and had staff having to isolate, they are again at a disadvantage.

The response clearly explains the purpose of the November exam series – mainly for learners to resit if they wanted to improve grades from the previous year. However, as stated, it also allows some learners early entry. This was the case for my son's school. The fact there were no contingency plans in place shows no understanding of how schools adapt POLs (Programmes of Learning) and teaching to support and prepare learners for these exam series. It shows a complete lack of understanding as to how different schools in Wales prepare for exams across the year. Those unable to sit due to Covid have just been told they can resit in the summer. This already places them at a disadvantage as POLs have been rearranged to shift focus back to other exams that will be sat for the first time by the majority of learners. There will also be a shift in grading for summer 2022 – moving back towards pre-covid boundaries, again not allowing a level playing field for those unable to sit in November because of Covid (Qualification Wales letter 13/1/22). Learners

having to sit for the first time due to Covid will be treated differently to if they had been able to sit in November in terms of grading.

I am very aware of the course adaptations that have taken place to support learners taking GCSEs. However, in some subjects NEAs have been removed, adding extra pressure to the written exams. Unfortunately, this is now the case in four of my son's chosen subjects. In some courses, namely triple sciences, they have removed the practical NEA aspect while changing none of the course content for this year. Surely removing some of the course content and keeping the practical NEA would have been more beneficial to learners, allowing them to at least enter the exam with some marks behind them.

I appreciate the resources that have been developed by WJEC but how can you guarantee schools will be using these? Most subjects are still concerned that they will not cover course content. The money being pledged for this year group is unfortunately too late to have enough impact.

While I have seen the exam timetable for Summer 2022 and understand why exams have been spaced out to allow for any isolation periods, how can you guarantee learners won't suffer longer if they do test positive for Covid in the exam series. What contingency plans are in place for those? They will not have a chance to resit. The spacing out doesn't allow for learners to chunk their work and revision for specific exams. While it keeps them on a level playing field against peers this year, how can they be compared to learners in other years when entering the work and looking at grades on CVs?

On a personal note, since the disappointment of being unable to sit his exam, I have watched my able, laid back son turn into a shell of a boy who needed to be picked up off the bathroom floor over Christmas after suffering a severe panic attack. When speaking to the doctor the following day all he could talk about was the pressure he is feeling this year – a story that is being relayed by many, many learners. Today, (13/1) he watched as his friends opened their results and rejoiced. Tonight, we are trying to pick up the pieces again and trying to keep him motivated. These are the stories the officials need to be listening to and reporting back as this is the real impact of Covid. Money will not fix this in such a short space of time.

Ban Polystyrene and Other Single Use Plastic

Y Pwyllgor Deisebau | 24 Ionawr 2022
Petitions Committee | 24 January 2022

Reference: SR21/1626/7

Petition Number: P-06-1238

Petition title: Ban Polystyrene and other single use plastics

Text of petition: On the 3rd July 2021 the European Union have banned a range of single use plastics including polystyrene, plastic cutlery, plastic plates, straws, cups and even plastic earbuds. There is a complete ban across all 27 member states. I think Wales should follow in their footsteps and we should ban these items too.

Many takeaways in Wales still use 100s of polystyrene containers daily because they are the cheapest option.

Please support this.

Additional Details:

Polystyrene cannot be recycled and has catastrophic effects on the environment; it is also toxic when left in the environment.



1. Background

It's widely recognised that there are significant environmental issues from the use and inappropriate disposal of single-use plastic items such as take away food containers. During the Marine Conservation Society's [2021 Great British Beach Clean](#), 75% of all litter collected was plastic or polystyrene.

A 2018 Welsh Government commissioned report, [Options for Extended Producer Responsibility in Wales](#), estimated 'around 950 tonnes of takeaway food packaging waste are generated in Wales each year'. It estimated 'only 8.5% is recycled'. It continued:

We estimate that takeaway food packaging waste (which includes expanded polystyrene (EPS) containers) accounts for 1.6% of litter by weight on the ground and in litter bins, but accounts for a larger proportion overall by volume.

One of the most problematic non-recyclable materials is expanded polystyrene (EPS) or foam polystyrene. It is exceptionally lightweight and a good insulator, so is effective for keeping food warm. [Keep Wales Tidy](#) states that, as well as being not commonly recycled, it:

- is light and easily transported by wind and water;
- breaks into small pieces making it difficult to clean; and
- stays in the environment for a very long time.

Action outside of Wales

The EU [Directive on Single-Use Plastics](#) came into force in 2019. From July 2021 certain single-use plastics are banned from Member States market.

In May 2019, the then Environment Secretary Michael Gove [confirmed a ban on plastic straws, drinks stirrers, and plastic-stemmed cotton buds](#) in England from April 2020. This was delayed due to the Covid-19 pandemic, but came into [force in October 2020](#).

2. Welsh Government action

On 18 March 2020 the previous Welsh Government [announced its intention](#) to ban plastic straws, cutlery, polystyrene food and drink containers and a range of

other single use plastic items. A [consultation on proposals to reduce single use plastic in Wales](#) took place in 2020. Responses are currently being reviewed.

The Welsh Government's [Programme for Government](#) reiterated its intention to legislate to abolish commonly littered single use plastics.

In March 2021 the Welsh Government published its circular economy strategy, [Beyond Recycling](#), which includes a headline action to “phase out unnecessary single-use items, especially plastic”. It also says that the Welsh Government will develop options for a tax or charge on disposable plastic cups and food containers.

The Welsh Government [is delivering](#) a number of Beyond Recycling's commitments through the UK [Environment Act 2021](#). Including provisions relating to [Extended Producer Responsibility](#) and a [Deposit Return Scheme](#) for drinks containers.

In response to this petition, the Minister for Climate Change, Julie James MS reiterated the Welsh Government's “ambition to abolish the use of the most commonly littered single use plastics” and highlighted the above consultation.

The Minister draws attention to the introduction of the *Internal Market Act 2020* which has “complicated matters”, referring to [uncertainties about the practicalities of a ban](#), as any single-use plastics banned in Wales but permitted or imported into the rest of the UK could still be sold in Wales. Raising [questions over the effect](#) of ban on Welsh businesses.

The [Minster highlighted](#) the “ongoing legal challenge” [to the Climate Change, Environment and Infrastructure Committee](#), clarifying that the Welsh Government is able to “ban the use of plastics in Wales, but not the sale of them”. The Minister described the position as “a nonsense”, and said there is an “ongoing conversation” on the matter. However, in response to this petition the Minister states:

...we are taking all necessary steps to introduce legislation as quickly as possible within this Senedd term, to bring forward the single use plastic bans.

3. Welsh Parliament action

The Fifth Senedd's Petition Committee considered a number of petitions aimed at reducing plastic waste, including:

- [P-05-874 Ban the sale of goods packaged in single use plastics on Transport for Wales services](#).
- [P-05-750 For single use items: introduce a Deposit Return System for drink containers and make fast food containers and utensils compostable;](#)
- [P-05-829 Ban Single Use Plastic Items in Wales;](#)
- [P-05-847 Create water fountains in the centre of cities and towns to eliminate plastic waste;](#) and
- [P-05-803 Our natural world is being poisoned by single use plastics...it's time to introduce a tax!.](#)

In June 2019, the then Climate Change, Environment and Rural Affairs (CCERA) Committee published its [report](#) following its [inquiry into reducing plastic waste](#). This included the recommendation:

The Welsh Government should explore the potential for introducing Welsh legislation to reduce plastic waste and pollution, based on the model for emissions reduction in the Environment (Wales) Act 2016.

The Welsh Government accepted this recommendation and [stated](#) it is:

... committed to implementing a range of legislative measures to help reduce, ban or restrict the sale of a number of commonly littered single use plastic items including cotton buds, cups for beverages and plastic straws.

On [9 December 2021](#), the Chair of the Climate Change, Environment and Infrastructure Committee [wrote](#) to the Minister requesting an update on progress made by the Welsh Government in taking forward proposals to ban single use plastic items.

[Littering and plastic waste](#) was one of three main issues looked at by the last [Welsh Youth Parliament](#) (WYP). It [published its report in November 2020](#) and made a number of recommendations, including that the Welsh Government should “take significant action quickly to end the production of single-use plastics”.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that

these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref JJ/12208/21

Jack Sargeant MS
Chair - Petitions committee

petitions@senedd.wales

14 December 2021

Dear Jack,

Thank you for your letter of the 25 November regarding Nafisa Derradji's petition to ban polystyrene and other single use plastics.

We are committed to delivering our ambition to abolish the use of the most commonly littered single use plastics in Wales and consulted on our proposals last year. This includes banning or restricting single use plastic cutlery, plates and polystyrene food and drink containers: <https://gov.wales/reducing-single-use-plastic-wales>.

While the introduction last December of the United Kingdom Internal Market Act 2020 has complicated matters, we are taking all necessary steps to introduce legislation as quickly as possible within this Senedd term, to bring forward the single use plastic bans.

Yours sincerely,

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 3.1

P-05-949 SAVE COWBRIDGE OLD GIRLS' SCHOOL FROM DEMOLITION

This petition was submitted by Sara Pedersen having collected 2,080 signatures online and 3,442 on paper (not final), a total of 5,522 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to protect the former Intermediate School for Girls' in Cowbridge, Vale of Glamorgan. This was the first intermediate school to be built specifically for the education of girls in Wales (and England) and is the subject of a planning application for demolition. Failure to protect it will lead to the loss of a nationally important historic asset.

Opened in 1896, Cowbridge was the first girls' intermediate school to be built in Wales (and England) as a result of the Welsh Intermediate Education Act of 1889, a pivotal moment in Welsh History. Amid its contemporaries, Cowbridge was highly unusual in including accommodation for boarders from the outset and largely funded by a local philanthropist.

The original character of the school survives to a very high degree, both internally and externally, including the original hall and staircase. Only 5 comparable (of 95) schools are listed across Wales. A survey of them all confirms that Cowbridge survives to an equivalent degree to some and a better degree than others.

The architect, Robert Williams, was a pioneer of his time and renowned for being a radical, prominent advocate of building conservation, national pioneer of social housing, promoter of the Welsh School of Architecture and proponent for the publication of building literature in the Welsh language. He later went on to work in London and then Egypt for the Davies Bryan family, where many of his buildings still stand and are nationally protected.

In summary, the former Cowbridge Intermediate School for Girls' survives as a prominent and attractive testimony to a pivotal moment in Welsh history and the equal opportunities afforded to underprivileged girls of the time. We urge the Welsh Government, as custodians of our heritage, to protect this building either through listing or the provision of additional social housing funding to allow its conversion.

Additional Information

Reference: Scourfield (2019). FORMER COWBRIDGE COMPREHENSIVE SCHOOL, ABERTHIN ROAD, COWBRIDGE – AN HISTORICAL AND ARCHITECTURAL APPRAISAL.

Assembly Constituency and Region

- Vale of Glamorgan
- South Wales Central

Agenda Item 3.2

P-06-1160 Require local Welsh exam centres to accept home-educated students for public exams

This petition was submitted by Claire Woolley, having collected a total of 393 signatures.

Text of Petition:

Home-educated students need guaranteed access to suitable local examination centres at affordable prices, enabling them to have the same rights and access to qualifications as every other child in Wales.

Senedd Constituency and Region

- Carmarthen West and South Pembrokeshire
- Mid and West Wales

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-06-1160
Ein cyf/Our ref JMEWL/11851/21

Jack Sargeant MS
Chair - Petitions committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

17 December 2021

Dear Jack,

Thank you for your letter of 3 December regarding petition P-05-1160 (Require local Welsh exam centres to accept home-educated students for public exams).

Work on new proposals for elective home education (EHE) previously paused in 2020, has re-commenced and my officials are engaging closely with local authorities to assist in their preparation and implementation. As part of this work, a sub-group will meet in early 2022 tasked with identifying and developing best practice, in providing suitable help and support, to benefit all EHE families in Wales. This sub-group will also consider access to qualifications and examinations as part of its remit. I will ask my officials to ensure that the Committee be informed on the outcome of this work.

As announced by Qualifications Wales in March, we expect exams to take place in 2022. With this in mind, as in previous exam years, private candidates should start thinking about contacting centres to work with. We are advising candidates to do this as soon as possible as the deadline for centres to make entries to WJEC is **Monday 21 February 2022**.

Centres are being encouraged to allow private candidates to register with them in the usual way. If candidates are unable to find a centre, they should speak with their Local Authority Home Education Officer for advice. If any reasonable adjustments are required, the learner should raise these with the Centre/Home Education Officer at this time.

Should the public health situation make the scheduled 2022 exam series no longer possible, contingency arrangements have been prepared and will apply. The overarching contingency plans can be viewed on the [Qualifications Wales website](#).

Where a private candidate wishes to be entered for qualifications which are not regulated by Qualifications Wales, the appropriate awarding body / regulator would need to clarify their arrangements. The Department for Education in England has agreed the approach that will

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

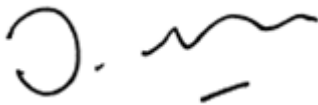
be taken for private candidates in this instance (e.g. those taking AQA, OCR, Eduqas or Pearson qualifications) and published [a letter to private candidates](#) outlining their plans.

With regard to fees, as has been the case for previous exam year, most private candidates pay the entry fee for their qualification and an additional charge for the centre to administer that entry. Should contingency arrangements become necessary, the entry arrangements for private candidates would be reviewed to ensure an alternative assessment approach did not create additional barriers for private candidates.

With our intention to build more positive and effective partnerships with EHE families, we are providing local authorities in Wales with £1.7m this year to support EHE. It is for individual local authorities to decide how they use the funding to support EHE in their area, in line with ensuring the limited resources are used to best effect and in line with their statutory responsibilities. In some cases, parents/carers have accessed this funding to assist with the costs of qualifications and examinations.

I hope that you find this information useful.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

Agenda Item 3.3

P-06-1197 Heart screenings free for all 11-35 year olds who represent their school or county in sport

This petition was submitted by Sharon Owen, having collected a total of 3,092 signatures.

Text of Petition:

12 people under the age of 35 die suddenly every week in the UK, from a heart condition that could have been detected with a heart screening. 80% of these deaths show no prior symptoms.

Cardiac arrest has a 7% survival rate. Since making heart screenings compulsory in Italy for all sports players, sudden cardiac death has decreased by 89%.

Owen Morris, 13, died suddenly during rugby training in Cardiff from an undiagnosed heart condition that may have been picked up in a screening.

Additional Information:

1/300 heart screenings pick up a potentially life threatening issue which can then be managed or treated.

Owen Morris' story: <https://www.walesonline.co.uk/news/local-news/friends-family-welsh-schoolboy-who-7361218>

Chris Morse, 33, was immediately sent to hospital after a heart screening "It will take a matter of minutes and could undoubtedly save your life, as I am sure it did for me." Chris' story can be found here:

<https://www.bbc.co.uk/news/uk-wales-50635370>

Ben McDonald, 25, suffered a fatal cardiac arrest at the Cardiff Half Marathon. Ben's mum, Ruth McDonald, wants people in Wales to have access to free heart screenings to help prevent sudden cardiac death.

Here at Calon Heart Screening Wales we have to charge for heart screenings. However, we want funding from the government to be able to provide free heart screenings for those aged 11-35 who take part in sport for their school, county or country. See more about our charity here:

www.heartscreening.wales.

Senedd Constituency and Region

- Cardiff West
- South Wales Central



Eich cyf/Your ref P-06-1197
Ein cyf/Our ref EM/14177/21

Jack Sargeant MS
Chair - Petitions committee

20 December 2021

Dear Jack,

Thank you for your letter of 19 November about the Petition P-06-1197 about the introduction of a heart screening programme for all 11 to 35-year-olds in Wales who represent their school or county in sport. I noted the petitioner's further comments on this issue.

As I said in my previous response, population screening programmes are recommended by the UK National Screening Committee (UK NSC) on the basis of evidence that they can save lives through early risk identification. However, this is balanced against their potential to do harm by identifying risk factors that would never otherwise develop into a serious condition or complication, leading to unwarranted health anxiety or exclusion from physical exercise. Screening programmes may have false negative results, so do not guarantee protection.

Receiving a low-risk result does not prevent the person from developing the condition at a later date. Population screening programmes should only be offered where there is robust, high-quality evidence that screening will do more good than harm.

Screening to prevent Sudden Cardiac Death (SCD) in 12 to 39-year-olds has been considered by the UK NSC and for these reasons is not recommended and, therefore, cardiac screening is not provided in the UK.

It is also important to note not all organisations support universal cardiac screening, as misleading screening results can have potentially damaging consequences for healthy athletes and their families such as overtreatment and misdiagnosis which can follow athletes throughout their lives.

Although whole-population screening is not shown to be beneficial, families of individuals with SCD should be offered individual clinical assessments to assess their risk. This is

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

'cascade' case-finding in a higher-risk population rather than whole-population asymptomatic screening. Additionally, young people who have symptoms or concerns, particularly if they are very physically active, should speak to their GP who will be able to advise them as appropriate.

There is an option offered by the Medical Research Council (MRC) for the funding of longitudinal cohort studies – where the applying academics will need to make the case. The MRC would need to be contacted directly for more information.

<https://mrc.ukri.org/about/our-structure/strategy-board-overview-groups/population-health-sciences-group/longitudinal-population-studies-strategic-advisory-panel/>

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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



**CALON HEART SCREENING AND
DEFIBRILLATORS WALES**

Sgrinio'r Galon a Diffibrilwyr

THE HEART CHARITY FOR WALES

ELUSEN Y GALON DROS GYRMU

Charity No 1193404

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Mob [REDACTED]

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12th January 2022

Deputy Clerk
Petitions Committee
Welsh Parliament

Dear Deputy Clerk

P-06-1197 – Heart Screening Programme / Calon Hearts

Thank you for your email of 7th January, enclosing the letter from Eluned Morgan AS/MS, Minister for Health and Social Services, in response to our letter stating our case in support of the introduction of a heart-screening programme for all 11 to 35 yr olds in Wales who represent their school or county in sport.

In the Minister's letter, she reiterated what she said in her previous response and did not respond to the points we subsequently made.

Referring to those points, we dispute the Minister's conclusion to our petition by saying that "heart-screening should not be introduced as misleading screening results can have potentially damaging consequences for healthy athletes and their families as over-treatment and misdiagnosis which can follow athletes throughout their lives".

We would challenge this statement and other points made, on the following grounds:

- We reiterate: of 269 sudden deaths in young people, 49 occurred in competitive athletes with **undiagnosed heart conditions**.
- It is important to note that heart-screening has been compulsory in all teenagers and adults competing in athletic sports in Italy since 1982. Many other European countries offer similar cardiac screening, including France, Greece, Spain, Luxembourg, Sweden, Germany and Poland. Wales and the UK lacks sadly behind here. It would be good to see Wales taking the UK lead in this.
- Based on our current ECG heart-screening sessions, we found that 1 in 4 screenings revealed the need for further investigation with an Echo Cardiogram. Even accepting a percentage of false positives, we consider these odds are too high to ignore. Identifying the need for further investigation leads to long-term reassurance on minor issues which beats any short-term stress. More importantly, where it does reveal more worrying conditions, consider the alternative had it

not been picked up. To say that the small things might “haunt” an athlete through their lives is no consideration; it is clearly better to know.

- We are not saying that heart-screening should be compulsory for all, we are asking for it to be an option for young people who play sport.
- We would further challenge the Minister’s reasons for the dismissal of heart-screening to avoid anxiety, which would be similar as saying that, for instance, breast or bowel-screening would cause anxiety.
- All screening is subject to misdiagnosis and error, including breast screening, bowel screening, etc, including covid testing. This is no reason for not implementing.
- It is unlikely that a young sports-playing person, without any symptoms, would visit a GP and ask for heart-screening. In any case, it is not currently possible to have heart-screening from a GP on request, unless an individual has symptoms. However, it is likely that, were screening offered in a school, sports club or community centre, a young person would choose to be screened as a simple routine procedure.

In conclusion, whatever the source of advice, the Welsh Government has the responsibility for decisions on services and we urge the Minister and other members to take on board our concerns and reconsider an unwillingness either to challenge UK Screenings with those concerns and get a satisfactory answer, or to take them into consideration and weigh them against UK Screening advice. Please also note, the UK Screening advice is different in the case of young adults from that given for the whole population.

It would be good to see Wales taking the lead in the UK on this issue.

May we take this opportunity of thanking the Minister and other Members for their time in considering this matter. We look forward to and hope for a positive outcome.

Yours sincerely

Sharon Owen

Sharon Owen
Charity Director

Agenda Item 3.4

P-06-1207 Start referring to Welsh cities and towns by their Welsh names

This petition was submitted by Madison Lorraine, having collected a total of 108 signatures.

Text of Petition:

The Senedd, and other bodies, should start using Welsh terms if they want to successfully increase the use of the Welsh language, they must set an example to others. Instead of referring to Caerdydd by its English given name, 'Cardiff', use its Welsh name instead. After all, speaking Welsh in Wales is no longer a crime – is it not?

“Do as I say, not as I do” it's time to lead by example.

Senedd Constituency and Region

- Pontypridd
- South Wales Central



Via e-mail to:
petitions@senedd.wales

07/12/2021

Dear Chair

Petition P-06-1207: Start referring to Welsh cities and towns by their Welsh names

Thank you very much for contacting me to seek my views on this petition and to enquire about the work my office is undertaking in this field. The accuracy and rigour of the research brief (Reference: SR21/1044-8) which supported members in discussing the petition is to be commended. It is a fair reflection of the current situation and conveys the richness and complexity of the place-names of Wales.

The brief also stresses that the Senedd has had to consider several petitions concerning place-names in recent years: a sure sign of the public interest in the field. It also suggests that more needs to be achieved, despite the hard work and considerable efforts of my office and other partners over recent years. This need has compelled the Government to commit in its programme for government to 'act to protect Welsh language place names'.

In his letter of 11 October, the Minister sets out the Government's practice of dividing this multifaceted subject into three parts to facilitate discussion: 1) Names of cities, towns and villages; 2) Historical and geographical names; and 3) House names. The work of my office relates primarily to the first category, namely the names of Welsh settlements. I will therefore concentrate on this category although I will also have some comments to make on the other categories identified.

Names of cities, towns and villages in Wales

You will, of course, be aware of the Welsh Language Commissioner's expertise in the field of Welsh place-names and our responsibility to recommend the standard forms of settlement names to organisations and individuals. We have a panel of experts on place-names and the orthography of the Welsh language to assist us in this work, and the panel's recommendations are published in the [List of Standardised Welsh Place-names](#). The panel uses the [Guidelines for Standardising Place-names in Wales](#) to guide its decisions and also considers the meaning, history and origin of the place-names and their current usage in formulating its recommendations.

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Siambrau'r Farchnad
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Caerdydd CF10 1AT

Welsh Language Commissioner
Market Chambers
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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg

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Correspondence welcomed in Welsh and English

It must be emphasised that these efforts to standardise place-names are not a *recent* development. Standardising place-names has been undertaken for decades in Wales. A formal mechanism was created within the Welsh Office to advise public bodies in the early 1970s, and following devolution responsibility was transferred to the Assembly for a short period before the Welsh Language Board was invited to undertake the advisory service in 2001. This responsibility was later transferred to the Welsh Language Commissioner when the office was established in 2012.

It must also be emphasised that the panel is not tasked with coining or creating *new* forms, but rather it is required to *recommend* a standard form from amongst several competing forms. Sometimes there are two (or more) forms of a name in circulation, with one considered to be a 'Welsh' name and the other an 'English' name, despite deriving from the Welsh language (e.g. Taf/Taff). In such cases the panel often recommends adopting a single standard form, with preference given to the standard Welsh form. In his letter to you the Minister endorses this approach and notes that it 'makes sense to adhere to the Welsh spelling'. This would be an obvious way of promoting the Welsh language, in accordance with the petitioner's ambition, and removing unnecessary dual forms.

There is no naming authority in Wales. Local authorities decide how they spell names on signage and in their publications. They are also responsible for uploading address data to national gazetteers which form the basis of other agencies' mapping products and address data. Very often, local authorities also have the most up-to-date information about local usage and residents' opinions. We therefore consult and cooperate closely with local authorities across Wales to ensure that local views and information are considered as part of the standardisation process.

Joel James MS referred during the committee's discussion to his personal experience in the case of one name in Rhondda Cynon Taf where there was local disagreement about whether Efailisaf should be spelled one word or two words, Efail Isaf. It is an excellent example of how a place-name and its spelling can elicit very emotional responses and there is a real danger that debates regarding how names should be spelt may create unnecessary division in communities. This clearly demonstrates the benefit of standardisation: having a specialist, external body to settle an argument and offer guidance is a valuable service to organisations.

Unfortunately, the Commissioner's recommendations have no statutory force. There is no law to protect the names of the cities, towns and villages of Wales or to incentivise public organisations to follow the advice of the Place-names Standardisation Panel. This is in stark contrast to the practice in Ireland, for example, where official names are protected by statute. In our view, establishing a system where public organisations in Wales are expected to adopt the standard forms recommended by the Commissioner would transform the current situation. It would lead to a situation where standard Welsh forms would be adopted and promoted and this, in turn, would reduce confusion, duplication and inconsistency in mapping data and references. It would also save the time and resources of local authorities who currently have to deal with a situation of uncertainty and disagreement about what forms they should use.

Historical, geographical and street and house names

To date, the Commissioner's work in this area has focused on the names of settlements, mainly due to capacity considerations. However, we see clear potential to apply our expertise to related areas and have recently agreed to work with the Snowdonia National Park on a pilot project to standardise the geographical names (rivers, lakes, mountains) within the National Park and produce standardisation guidelines to support their work.

Since the List of Historic Place Names was established almost five years ago my officials have been working with officials from Cadw and the Royal Commission on the Ancient and Historical Monuments of Wales to promote that list alongside our list of standard forms to local authority officers to support the naming of streets and new developments. The List of Historic Place Names is a valuable source of historic names which may be resurrected to name new developments and the Commissioner offers an advisory service to local authority officers who would like guidance on how best to spell these names in modern Welsh.

One of my officials has also recently been invited to be a member of a Task and Finish Group which will review the current provision and assess the success of the List in fulfilling the Welsh Government's statutory duty to compile and maintain a list of historic place-names in Wales. The Group intends to produce a report by the end of March 2022 which will make recommendations on how the work should be developed in the future.

Education and resources

In their letter dated 2 November 2021, the petitioner touches on the potential of the curriculum to foster pupils' pride in our rich linguistic, historical and literary heritage. There is no doubt that Welsh place-names provide a key to understanding aspects of this heritage. To this end there is a need to support academic studies in Welsh toponymy and to nurture experts who will be able to explain and interpret these names in an entertaining and engaging way for future generations. The public also needs easy access to information about place names, their origin, meaning and pronunciation.

There is value in highlighting again here the excellent provision they have in Ireland to promote the use of Irish names: Logainm.ie. A resource of this kind would provide an appropriate platform for Welsh names and serve to educate people on their meaning and importance, as well as providing practical guidance to users on how to pronounce these names in Welsh.

The petition in question highlights a desire to promote Welsh forms. It should be emphasised that the Commissioner does not consider that names which originate from languages other than Welsh should be ignored or displaced. Indeed, the Commissioner also offers advice to organisations on the standard spellings of these names. It is fair to note, however, that Welsh names are often less prominent or well-known than forms or names used in English. It would be possible for the Senedd and Welsh Government to take steps to promote the standard Welsh forms of Welsh place-names without this being at the expense of, or posing a threat to, names originating from other languages. There are practical methods of doing this, such as noting the Welsh form alongside the English name in English publications, for example.



As noted at the outset Welsh place-names is a rich, complex and multifaceted field. It is impossible to do justice with all aspects of the discussion in a letter of this kind. I would therefore be more than happy to respond to further questions on specific topics or to come and discuss with the committee if that would be helpful to you.

All the best with the work of considering this petition.

Yours sincerely,

Aled Roberts
Welsh Language Commissioner

Agenda Item 3.5

P-06-1217 Open Long Covid one stop medical hubs / clinics

This petition was submitted by Lawson Webb, having collected a total of 1,214 signatures.

Text of Petition:

There are 1,000s of people suffering from long covid who are not getting any medical help. We feel ignored and helpless. Our lives have been decimated.

Senedd Constituency and Region

- Pontypridd
- South Wales Central



Eich cyf/Your ref P-06-1217
Ein cyf/Our ref EM/14657/21

Jack Sargeant MS
Chair - Petitions Committee

6 January 2022

Dear Jack,

Thank you for your further letter of 8 December regarding petition no. P-06-1217 about opening one-stop medical hubs and clinics for people with Long COVID.

In accordance with NICE guidelines, every health board in Wales has developed integrated, multidisciplinary rehabilitation services for people with Long COVID. These services provide an integrated assessment of both physical and mental health symptoms and difficulties and a treatment programme or advice as required. Local, integrated referral pathways between primary and community care and diagnostic investigations, rehabilitation services, specialist services and specialist mental health services are in place across Wales for people who require them. The integrated primary and community care services are led by general medical practitioners and secondary care services are led by a doctor or consultant with the relevant skills.

NICE guidelines also recommend the sharing of knowledge, skills and training between services to help practitioners in the community provide assessments and interventions. The NHS in Wales has a Long COVID Community of Practice group, which includes leads from every health board working together to standardise care and share knowledge and learning. In addition, the Institute of Clinical Science and Technology (ICST) have developed and rolled out a Long COVID digital guideline to provide education, training and summarise new research to help health professionals in Wales increase their expertise and skill in treating Long COVID.

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

As mentioned in my previous letter sent to you in October, over the summer I announced a £5m package to support the Adferiad (Recovery) Programme, which supports those experiencing ongoing effects from a COVID-19 infection. My officials were asked to review this programme on a six monthly basis and we are expecting to receive reports from health boards on their long COVID services early in the new year. We have also asked health boards to provide their recommendations for future service delivery, as it remains key that our services can change and adapt based on learning from experience and the latest research and evaluation.

The role of research is critical in shaping new treatments and therapies, as well as improving services for those suffering from Long COVID. Through Health and Care Research Wales, Welsh Government is working closely with UK research funders, namely the National Institute of Health Research (NIHR) and UK Research and Innovation (UKRI), who have during 2020 and 2021 funded 19 studies on Long COVID including immunological studies, evaluations of therapies and self-help tools. In November 2021, all researchers of the 19 studies met to share information of the research underway, and NIHR and devolved nations were present. The outputs will be shared with UK policy and practice colleagues over 2022-23.

I hope you find this information helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

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

**P-06-1217 Open Long Covid one stop medical hubs / clinics, Correspondence –
Petitioner to Committee, 17.01.22**

In accordance with NICE guidelines, every health board in Wales has developed integrated, multidisciplinary rehabilitation services for people with Long COVID. These services provide an integrated assessment of both physical and mental health symptoms and difficulties and a treatment programme or advice as required. Local, integrated referral pathways between primary and community care and diagnostic investigations, rehabilitation services, specialist services and specialist mental health services are in place across Wales for people who require them. The integrated primary and community care services are led by general medical practitioners and secondary care services are led by a doctor or consultant with the relevant skills.

This is contrary to the experience of LongCovid patients across Wales. Many LongCovid patients in Wales have experienced being passed from pillar to post, between numerous disparate Consultants, if lucky to be referred from primary care, which is inefficient, causes delays and unnecessary distress and confusion, especially for patients who frequently suffer from brain fog, fatigue and exhaustion. A precious few have experienced the benefits of being seen by a single medical Consultant with extensive clinical experience and practice of dealing with LongCovid, through whom their diagnoses of serious complications have been made rapidly and their secondary care has been expedited by Consultant-to-Consultant referrals in a most efficient manner. In addition, this provision of satisfactory care has resulted in a significant improvement in their mental health such that support for that in the primary sector has been unnecessary, resulting in significant savings to the NHS in time and resources. In accordance with NICE guidelines there should be

medical Consultant-led services, i.e. LongCovid clinics, in Wales, as provided in England, but there are not. Welsh Government policy is that such clinics are NOT to be supported and no reasonable explanation has been forthcoming. In addition, the GPs on which this has been foisted are insufficiently skilled and experienced to deal with the frequently complex, complicated, multisystem and serious complications of LongCovid, such as cardiovascular, respiratory and thromboembolic disease, as BMA Wales has pointed out to Welsh Government. This is not compatible with the basics of quality, is not patient centred and patient safety is at risk.

NICE guidelines also recommend the sharing of knowledge, skills and training between services to help practitioners in the community provide assessments and interventions. The NHS in Wales has a Long COVID Community of Practice group, which includes leads from every health board working together to standardise care and share knowledge and learning. In addition, the Institute of Clinical Science and Technology (ICST) have developed and rolled out a Long COVID digital guideline to provide education, training and summarise new research to help health professionals in Wales increase their expertise and skill in treating Long COVID.

As mentioned in my previous letter sent to you in October, over the summer I announced a £5m package to support the Adferiad (Recovery) Programme, which supports those experiencing ongoing effects from a COVID-19 infection.

The £5m is not dedicated to Long Covid, it is also intended to support individuals who have specific needs as a result of the impacts of the pandemic. Even if this amount was solely used for those affected by Long Covid it would provide approximately £86 per sufferer when divided by the 58,000 in Wales affected which is the ONS's latest estimate. Around 20% of

those seen in the only medical Consultant-led clinic that operates, under duress, in C&VUHB, require extensive and complex diagnostic procedures costing hundreds/thousands of £, so this amount does not match the need. For example, one patient has required three brain scans, full lung function and cardiovascular tests, numerous clinic appointments, plus various prescriptions for medicines over more than a year, which comes to more than £3,000 and counting.

My officials were asked to review this programme on a six monthly basis and we are expecting to receive reports from health boards on their long COVID services early in the new year. *Are they, or anyone in Government, receiving any feedback from the patients themselves, let alone e.g. PROMS from the Health Boards (which cannot be relied upon alone unless verified by the National Audit Office), regarding these services, so feedback on output not input? It is the almost universal experience of those who have availed themselves of these services that they are woefully inadequate. Many have had to source services outside of Wales and/or in the private sector, or participate in research studies in England that provide clinical reports, e.g. COVERSCAN in Oxford (see below).*

We have also asked health boards to provide their recommendations for future service delivery, as it remains key that our services can change and adapt based on learning from experience and the latest research and evaluation. *Will these recommendations be made available by the Health Boards to their patients? Patient involvement is crucial in the development of services.*

The role of research is critical in shaping new treatments and therapies, as well as improving services for those suffering from Long COVID. Through Health and Care Research Wales, Welsh Government is working closely with UK research funders, namely the National

Institute of Health Research (NIHR) and UK Research and Innovation (UKRI), who have during 2020 and 2021 funded 19 studies on Long COVID including immunological studies, evaluations of therapies and self-help tools. In November 2021, all researchers of the 19 studies met to share information of the research underway, and NIHR and devolved nations were present. The outputs will be shared with UK policy and practice colleagues over 2022/23. *Research is absolutely critical, but this fails to address the fact that such studies are not being made available to patients in Wales, precisely because Wales doesn't have the centralised Long Covid consultant led clinics to manage these, so patients in Wales are unable to contribute to studies designed (and in part funded by Wales) to help their own diagnosis and recovery.*

Agenda Item 3.6

P-06-1208 New laws to protect rare red squirrels from habitat loss which causes population decline

This petition was submitted by Craig Shuttleworth, having collected a total of 10,555 signatures.

Text of Petition:

It's illegal to kill or injure a red squirrel. Yet a forest containing them is not protected and can be cut down.

Although a felling licence is required to fell woodland, these licences cannot be refused even if they cause habitat loss and red squirrel population decline.

State owned forests do not require a licence but are managed under Plans which last 10 years or more. They don't have to annually assess the cumulative impact of felling on red squirrel populations.

This must change.

Additional Information:

Rare red squirrels are threatened by outdated 1960s tree felling law:

<https://www.independent.co.uk/climate-change/news/red-squirrels-rare-woodland-wildlife-british-outdated-tree-felling-a8665491.html>

<https://nation.cymru/opinion/wales-should-follow-scotlands-lead-in-protecting-the-red-squirrels-habitat/>

Even in Welsh Government owned forests managed by Natural Resources Wales, the agency clear-fells habitat without assessing the impact on squirrel populations. On Anglesey, NRW has spent £0 in 10 years to monitor red squirrels. They have no idea of the effect of repeated tree felling on populations and are continuing to fell habitat regardless:

<https://www.thenational.wales/news/19304998.expert-raps-nrw-felling-red-squirrel-habitat/>

Welsh Government say tackling global deforestation is 'vital' to prevent 'decline of our biodiversity' yet their forest regulator destroys forest habitat here without assessing impact on red squirrels.

<https://www.bbc.co.uk/news/uk-wales-56185205>.

Senedd Constituency and Region

- Arfon
- North Wales

P-06-1208 New laws to protect rare red squirrels from habitat loss which causes population decline, Correspondence – Petitioner to Committee, 12.01.22

Dr Craig Shuttleworth

School of Natural Science
Bangor University

12/1/22

Dear Mr Sergeant

Re: Minister's Response Ref: JJ/11403/21 to Petition P-06-1208 'New laws to protect rare red squirrels from habitat loss which causes population decline'.

May I first take the opportunity to thank you and the members of the Petitions Committee for inviting me to provide a response to the Minister's letter of 1st October 2021 in regard to P-06-1208.

My petition can be partitioned into two elements relating to forest management:

(1) Replacing 1967 Forestry Act so that tree felling licences can include enforceable 'wildlife conservation' conditions;

(2) Evolving NRW management of state forests where tree felling licences are not required and instead 10 year plans are put in place.

I note that the Minister's letter pre-dates the Senedd Plenary debate of 8th December and the associated subsequent statements made by the Minister and the contributions of other AMs too.

Outdated tree felling laws

The Senedd plenary debate was a fabulous example of cross party support for a pressing wildlife conservation issue. The Minister was clear in her statement that the current legislative tools are not sufficient to deliver robust wildlife conservation in Wales and although the red squirrel was the petition poster-boy, a legislative change will benefit plants, fungi, invertebrates, birds and other rare mammals such as dormice and bats. Advisory species guidance notes and FSC Woodland Standards are not in themselves enough to protect habitat and it is great to see this weakness now being recognised. The Senedd have made addressing the biodiversity crisis a key commitment and the debate contributors all reflected this in their heart-felt statements.

I was contacted afterwards by many of the petition signatories who were overjoyed with the debate outcomes. Like myself, they are delighted that 1960s tree felling laws face being axed.

Since the debate, I have been invited by Welsh Government officials to take part in a subgroup to look in more detail at the way the future tree-felling legislative powers might be shaped and applied within the Agriculture (Wales) Bill and the texts in the forthcoming White paper - Scotland already has robust powers in place and their approach provides a valuable case-study.

I would like to thank the Welsh Government for this opportunity.

NRW management of state forests

I firmly believe that state forest management should be dynamic and that fixed ten year (+) plans are simply too inflexible to reflect the shifting patterns of wildlife population abundance and distribution. Local biological record centre data are insufficient as a way of assessing abundance as records will reflect geographical accessibility and also human recreational land use intensity – e.g. if few people visit an area then there will not be many wildlife sighting records submitted to the record centre relative to popular locations. The databases are therefore not a systematic survey and are not claimed to be. In 2018, whilst relying solely on local record centre data, NRW issued a licence for tree felling at Bodafon on Anglesey and stated that no red squirrels were present. The site was in fact the home of the highest density of red squirrels on the island and NRW had survey data internally but inter-departmental silo working meant that the forestry licence team were unaware:

<https://www.dailypost.co.uk/news/north-wales-news/tree-felling-programme-halted-amid-14953139>

I suspect that NRW like the idea of using record centres because it is seen as straightforward, a simplicity that buffers procedural working in the face of any staff turnover. However, it can be a weak approach especially in the context that NGO led 'Anglesey red squirrel conservation' has been underway for 25 years and the volunteer group leading activity on the ground has a wealth of local data and knowledge.

An additional point to stress is that NRW will liberally cherry pick elements of 10 year plans to do and which elements to ignore. Of course no stakeholder commenting on a plan at the earlier historical 'draft consultation' stage would be able to predict what would be done and what would not be. The lack of ongoing wildlife population census data doesn't help here because it means population status remains opaque in the face of what was done and what was not. This means the implications of NRW delivery and management choice once again can't be assessed.

The Minister wrote, *'it is important to appreciate that in sustainably managing a working forest to deliver multiple benefits within a wide variety of constraints, a holistic approach balancing competing demands must be taken.'* Although in general this is very true, in the context of red squirrels on Anglesey, NRW have ignored squirrel conservation and sadly refuse to accept any responsibility for their approach let alone to critically review and learn lessons.

If I might evidence:

The agency had spent £0 in a decade on monitoring Anglesey populations and thus did not have any idea of numbers or population distribution, nor of the impact of management on residual populations. In state forests, they have cleared extensive areas of trees to 'expose' geological features, cut wide rides between woodland blocks to fragment the habitat, over thinned forest canopy and failed to address a massive short-fall in the agreed scale of under planting of stands with tree species to provide future seed and food supplies for red squirrel. All of these 'interventions' were decisions conducted blind with respect to red squirrel conservation needs because the agency had no population monitoring assessments: in short it is impossible to integrate red squirrel with other multi-objectives if there are no survey data.

The NRW 'approach' has continued even after the Minister wrote on 1st Oct 2020 and mentioned a contract that has been issued to survey populations in 2022 within Anglesey state forests. The associated monitoring report is not due until spring 2022 and yet inexplicably whilst the ink was still wet on the contract, NRW started a 'consultation' on 'new forest plans' for Pentraeth forest with

comments to be in by early December 2021... Once again, management plans are being created in the absence of red squirrel population data and before commissioned monitoring has been completed. I am sure that committee members will agree that the NRW approach here can hardly be considered as 'holistic'.

Whilst North West NRW takes a *laissez faire* or 'devil may care attitude', in north east Wales, within Clocaenog forest, NRW are the epitome of integrated multi-objective forest management. Here, the agency fully supports volunteers, provides annual funds for red squirrel monitoring, equipment, land access and training opportunities. In 2020, I was contracted by NRW to review Clocaenog red squirrel conservation work at Clocaenog including a red squirrel release programme operating there. NRW brought in an independent facilitator to engage with local people and used feedback to revise working conservation protocols. Coincidentally at the same time, NRW in north west undertook 'public consultation' on Anglesey asking local people how happy open habitats made them feel and whether they wanted areas of Newborough forest clear-felled. No mention in the consultation was made about red squirrel being present in the forest.

The difference between north-east and north-west NRW approach to red squirrel is stark and quite inexplicable. The Minister's letter seeks that, '*good communication can continue so that mutual agreement on woodland management can take place.*' Nobody could disagree with that ethos, although I suspect the Minister is unaware that in 2020, NRW stated in response to direct questions from red squirrel conservationists that there was only a proposed thinning of a small area of Newborough planned for 2020 - it later became apparent that the agency had marketed and sold two large felling operations at Cefni and Pentreath along with the sale of the Newborough standing crop. This type of *fait accompli* is hardly 'mutual agreement'. It was followed by the NRW 'consultation' on further forest removal I mentioned above.

I would like to thank the Minister and Welsh Government for recognising the need to make legislative change and congratulate all those Senedd members who supported better protection of rare forest wildlife. I would also welcome if the petition committee were to consider writing to the Minister seeking ways in which NRW might recalibrate their approach to red squirrel conservation on Anglesey in the light of their exemplar in north east Wales at Clocaenog.

Kind regards

Dr Craig Shuttleworth

Agenda Item 3.7

P-06-1183 Implement a 20MPH speed limit 100 metres either side of the new pedestrian crossing in Glan Conwy

This petition was submitted by Daniel Worsley, having collected a total of 85 signatures.

Text of Petition:

Thanks to the Minister for Transport, Glan Conwy now has a much needed pedestrian crossing and recent road improvements have increased visibility, however, many residents are concerned about the speed of vehicles which over a 2 week period were recorded by North and Mid Wales Trunk Road Agent (NMWTA) averaging 32.8 MPH. The crossing is used by school children and adults to reach a bus stop and local sporting facilities as well as part of a cycle route. There have been many media reports of near misses and vehicles failing to stop.

Additional Information:

A particular worry is that children might believe they are safe and step or run out on to the crossing without looking. The busy summer tourist season will increase the peril as visitors will be unfamiliar with the road as well as possibly being distracted admiring local scenery.

In conclusion the petitioners wish to make the case that 30MPH is too fast for the prevailing road conditions and request that the Minister considers lowering the speed limit to 20MPH in proximity to the crossing.

Collision with a pedestrian at 30MPH has a 25% chance of a fatality and 2.5% at 20MPH or 10 times safer!

A 200 metre length at 20MPH would only add a few seconds to a traveller's journey time whilst dramatically improving safety and importantly help remove parents' anxieties.

Senedd Constituency and Region

- Aberconwy
- North Wales

Jack Sargeant MS
Chair of the Petitions Committee
Senedd Cymru
Cardiff Bay
CF99 1NA

 **01492 576065**

 cllr.charlie.mccoubrey@conwy.gov.uk

Eich Cyf / Your Ref:

Dyddiad / Date: 06/01/2022

petitions@senedd.wales

Dear Mr Sargeant MS

Petition P-06-1183 Implement a 20MPH speed limit 100 metres either side of the new pedestrian crossing in Glan Conwy

Thank you for your letter dated 8 December 2021 regarding the new pedestrian crossing on the A470 in Glan Conwy. The A470 is a trunk road for which the Welsh Government is the Highway Authority. Conwy County Borough Council does not have the remit or authority to install slow signs or other traffic calming measures on a trunk road.

Yours sincerely



Cllr. Charlie McCoubrey
Council Leader

P-06-1183 Implement a 20MPH speed limit 100 metres either side of the new pedestrian crossing in Glan Conwy, Correspondence – Glan Conwy Community Council to Committee, 10.01.22

Dear Committee Members,

We are very pleased with the outcome of our petition to the Senedd. In particular that Jack Sargeant MS, Chair of the Petitions Committee, took the trouble to see for himself the nature of our concerns. However, having seen Conwy CBC's response, is it not the responsibility of the N&MW Trunk Road Agency rather than Conwy County Council to facilitate the siting of signage and other safety measures on the A470 trunk road? Our Community Council is prepared to cover the costs of any measures that are approved by the agency.

Would you please inform the agency of your decision?

All the Best Daniel Worsley (Councillor)

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