

## **Agenda – Health and Social Care Committee**

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Meeting Venue:	For further information contact:
Committee room 5, Tŷ Hywel and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 12 July 2023	0300 200 6565
Meeting time: 09.00	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### **Private pre-meeting**

(09.00–09.30)

#### **1 Introductions, apologies, substitutions, and declarations of interest**

(09.30)

#### **2 NHS waiting times: evidence session with health bodies**

(09.30–11.00)

(Pages 1 – 14)

Darren Hughes, Director, Welsh NHS Confederation

Matthew Temby, Director of Planned and Specialist Care, Cardiff and Vale

University Health Board

Paul Mears, Chief Executive, Cwm Taf Morgannwg Health Board

Research brief

Paper 1 – Welsh NHS Confederation

#### **3 Papers to note**

(11.00)

##### **3.1 Letter from the Finance Committee to the Minister for Finance and Local Government regarding documentation accompanying the Welsh Government's draft budget**

(Pages 15 – 17)



- 3.2 Letter from the Deputy Minister for Social Services regarding the Social Care Fair Work Forum and the Expert Group on a national care service**  
(Pages 18 – 20)
- 3.3 Letter from the Minister for Health and Social Services regarding the Health Service Procurement (Wales) Bill**  
(Pages 21 – 26)
- 3.4 Letter to the Minister for Health and Social Services regarding NHS waiting times**  
(Pages 27 – 29)
- 3.5 Letter from ACE Hub Wales and Traumatic Stress Wales regarding the National Trauma–Informed Framework for Wales**  
(Pages 30 – 32)
- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public for the remainder of the meeting**  
(11.00)
- 5 NHS waiting times: consideration of evidence**  
(11.00–11.15)
- 6 Evaluation of the Social Services and Wellbeing (Wales) Act 2014 : draft letter**  
(11.15–11.30) (Pages 33 – 40)

Paper 2 – draft letter

Document is Restricted



	The Welsh NHS Confederation submission to the Health and Social Care Committee on NHS waiting times
<b>Contact:</b>	[REDACTED]
<b>Date:</b>	3 July 2023

## Introduction

1. The Welsh NHS Confederation (WNHSC) welcomes the opportunity to provide evidence to the Health and Social Care Committee on its latest monitoring report on NHS waiting times.
2. The WNHSC represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our Members. We also host NHS Wales Employers.
3. The NHS continues to experience the most challenging period in its history. The pandemic severely reduced the service's productivity and the significant waits for planned care are having a damaging effect on patient's lives.
4. To effectively tackle this issue, it is important to understand the nature of the challenge is complex and multi-faceted, converging to create a difficult environment in which the service must operate. Support will be needed to address a number of long-standing issues which have severely limited the capability of the NHS to deliver on Welsh Government targets.
5. Some of these issues include: the on-going impact of COVID on services; the impact of emergency demand on key resources and facilities; the state of the NHS estate; limited short-term funding; pressures across social care; and critically, significant workforce recruitment and development challenges.

## Challenges

### Workforce

6. Workforce is the number one limiting factor for NHS capacity and its ability to care for people awaiting treatment in a timely manner. Welsh Government targets still require support to ensure the correct workforce is in place and investment is needed to continue to drive up the number of students and trainees across professional groups. While previous investment in training new NHS staff has been welcomed, without the provision of a long-term, sustainable funding plan to recruit and train NHS and social care staff, these issues will continue for years to come.
7. Staff morale must also be considered within any discussion around waiting times. Staff have been hard-hit by the pandemic, the cost-of-living crisis and the increasing pressure on services. They must be supported to rest and recover and maintain their own health and wellbeing, but this does create challenges when addressing the backlog at pace.

8. Whilst recruitment efforts are important, engaging, developing and supporting current staff to aid retention is fundamental. The impact of staff morale on retention needs to be considered as staff struggle with moral injury due to the impact of pressures on the care they are able to deliver.

## Social Care

9. Social care services play a crucial role in care pathways – keeping people well for longer outside of hospital and enabling faster, safer discharges home. Therefore, the sector plays a critical part in protecting NHS capacity and its ability to deliver high-quality, safe care.
10. Being unable to discharge patients from hospital has a huge knock-on effect on NHS capacity. This is most visible in both ambulance response times and ambulance handover delays, where they can be seen stacked up outside hospitals, unable to get out to other patients who urgently need their care and causing long waits in emergency departments. This in turn can affect hospitals' ability to carry out scheduled care, such as hip and knee operations.
11. Our briefing, "["It's not just a crisis, it's a national emergency": Addressing the challenges in social care](#)", presented the results of a survey of NHS leaders regarding the impact of social care on the NHS in Wales. Many of the 50+ leaders surveyed said care pressures are driving urgent care demand, with a lack of social care capacity having an impact on their ability to see and care for patients.
12. Therefore, efforts to address the number of people waiting for treatment must consider the role of social care and how it can be supported, through appropriate resource and a sustainable workforce. The work of the National Care Service Expert Group and consideration of a national care service does provide an opportunity to address issues in the sector and improve system wide integration.
13. NHS organisations have been taking steps to mitigate pressures within health and social care, and we have published [a briefing](#) which highlighted these recent actions and initiatives.

## Finance

14. Reducing the number of patients waiting for treatment is one of the key financial challenges currently facing the NHS. It will take a commitment of sustained investment from Welsh Government and must consider all parts of the health and social care system, not just acute hospital settings. For example, mental health, primary and community care services form an ecosystem that helps patients wait well before elective treatment.
15. Financial constraints persist within NHS organisations, making resource prioritisation a continuing challenge. We understand the current budget limitations on the Welsh and UK Governments and believe both the Government and the NHS will need to work together to create more innovative solutions across a streamlined set of priorities.
16. While NHS leaders share the Welsh Government's commitment to boost NHS productivity, the lack of capital funding is a major barrier. The NHS is faced with an ageing estate, which was not designed with current demands in mind. We have called for the Welsh Government to develop a ten-year investment plan for service change to reshape NHS estates and infrastructure, including digital.

## Supporting Patients

### Clinical Need and Waiting Well

17. The Board of CHCs published a national report in November 2020, '[Feeling Forgotten: Hearing from people waiting for NHS care and treatment during the Coronavirus pandemic](#)'. The report revealed that more still needs to be done to help people whose care and treatment has been delayed. The feedback shared identified a number of common themes, including people experiencing physical and mental pain, worsening conditions, employment and income worries, feelings of isolation and loss of trust in service providers. Since the publication of the report, individual Health Boards have undertaken engagement surveys and validation exercises to gather patient views within their area, which address concerns and issues raised with them by patients waiting for treatment.
18. Our members have previously stated that addressing greatest clinical need will not necessarily prioritise those who have waited longest and there will inevitably be a conflict for clinicians to balance clinical need with consideration of length of wait.
19. Due to the current challenges around patient flow and difficulties in social care, and its subsequent impact on the health service, it is essential that as many people as possible are supported in their own community, rather than in a hospital. It will be important that efforts are therefore focused on reducing avoidable hospital admissions. NHS organisations are taking action to incorporate transformational ways of working. In our report '[Bringing Care Closer to Home](#)' we highlighted a number of initiatives that are helping people stay well in their communities and aim to reduce future demand.
20. However, the levels of pressure within the NHS are having an impact on patients, and there is a need to engage the public in an honest dialogue about what the service can deliver to manage expectations and direct people to appropriate services. The WNHSC's briefing, '[Reshaping the relationship between the public and the NHS](#)', expands on this issue.
21. We have also published [a briefing](#) which outlined some of the initiatives to address planned care waiting lists.

## Transforming Services

### Improving services for future generations

22. While providing care for current patients is a key priority for NHS organisations, it is important to consider this issue within a wider debate about future service. Efforts are being made to address waiting times, but the sustainability of the health and care service must also be an active consideration for the benefit of future service users.
23. There are a number of areas of investment which would make a tangible difference in transforming the service and modernising healthcare, such as digital. Through the Welsh Government increasing investment in digital data, technology and opportunity across NHS Wales and benchmarking the level of digital investment against other health systems across the world, it will give staff the best tools for the job and drive transformation of services. Importantly, digital technologies can enable patients to do more to diagnose themselves and manage their condition and recovery; reducing waiting lists and demand for planned care.

24. While innovation within the system will make a difference for future generations, action must also be taken outside of the health service to create sustainable change and reduce the demand for NHS services overall. This will require consideration of the social determinants of health such as inequality.
25. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance report, [‘Mind the gap: what’s stopping change?’](#), addressing the factors that cause ill health in the first place should be a central focus for the UK Government, Welsh Government and local government – a whole a cross-government and public service approach to inequalities is needed.

## Conclusion

26. The NHS in Wales is working tirelessly to care for and treat patients, recognising the serious negative impact the situation is having on their lives. This is a resource-intensive effort, leaving organisations with little space to consider and invest in the long-term shape of the service.
27. Any discussion around the current pressures within the service must therefore consider the impact on what decisions made today will have on the ability of the service to plan in the future and must support the system in creating a balance between short-term need and long-term vision.

Rebecca Evans MS  
Minister for Finance and Local Government

23 June 2023

Dear Rebecca,

### Documentation accompanying the Welsh Government's Draft Budget

In our [report](#) on the scrutiny of the Welsh Government Draft Budget 2023-24, we made the following conclusion:

*“**Conclusion 1.** We welcome the Minister’s willingness to consider ways in which budget documentation can be improved. While we have reflected our views above, the Committee has decided to consult Senedd committees on their experiences of scrutinising this year’s budget documentation and ways in which improvements can be made.”*

A [letter](#) was subsequently issued to Senedd Committee Chairs on 8 March 2023, asking the following question:

*“What improvements would you like to see in the Welsh Government’s Draft Budget documentation and subsequent ministerial written evidence?”*

We received responses from the Chairs of the following committees which have all been published on the Senedd’s website:

- [Climate Change, Environment and Infrastructure Committee \(CCEI\)](#)
- [Health and Social Care Committee \(HSC\)](#)
- [Equality and Social Justice Committee \(ESJ\)](#)
- [Local Government and Housing Committee \(LGH\)](#)
- [Culture, Communication, Welsh Language, Sport and International Relations Committee \(CCWLSIR\)](#)
- [Children, Young People and Education Committee \(CYPE\)](#)
- [Economy, Trade and Rural Affairs Committee \(ETRA\)](#)





The responses identified a number of common themes and areas where improvements could be made to the budget process. These are summarised below:

### Timeliness

As a general point, a number of Committees noted the trend in recent years towards publishing the Draft Budget later in the year, resulting in a truncated budget timetable, has made it challenging to meaningfully assess the impact of the Draft Budget on the policy areas within their remits. Some committees considered this to be a key weakness which significantly hampers the ability of Committees to consider budgetary proposals in detail.

### Transparency

Many Committees felt that the Welsh Government could be more transparent in the way it presents its information in the Draft Budget. In particular, Chairs felt that the impact of budget decisions on policy areas within each Committee's remit should be clearly set out.

This echoes [Recommendation 13](#) in our report on the Draft Budget 2023-24 which called on the Welsh Government to make changes to the way it presents information in documentation published alongside the Draft Budget so that it provides:

- an assessment of the impact of spending decisions across portfolios, including the impact of reprioritisation exercises and clarity on the real terms effect of decisions within portfolios; and
- an assessment of how the Welsh Government's spending decisions are (or are not) supporting preventative measures.

In [response](#), you accepted this recommendation in principle, stating that:

*“While we are committed to improving how we undertake and outline the impacts of our spending decisions, such an approach must be proportionate.*

*We already publish a suite of documents as part of the Draft Budget, which includes individual Ministers' responses to their respective Senedd scrutiny committees, and which provides a more detailed account as to how Draft Budget decisions have impacted on different groups or considered issues such as prevention. The Strategic Integrated Impact Assessment (SIIA) continues to outline the contextual evidence that has supported our spending decisions.*

*We are open to exploring further changes that could be made as part of the work of the Budget Improvement Plan.”*



## Quality of written evidence provided by the Welsh Government

Concerns were also expressed regarding the quality of the evidence provided by the Welsh Government, with some Chairs stating that ministerial submissions were not as comprehensive as previous years. Others also called on Welsh Government departments to respond fully and in detail to each Committee's written request for evidence.

## Responding to recommendations ahead of the Final Budget debate

Finally, a number of Committees were disappointed that the Welsh Government was not able to respond to Draft Budget recommendations sufficiently in advance of the Final Budget debate. Some Committees also felt that the Welsh Government could do more to explain the differences between the Draft and Final Budget ahead of the Final Budget debate.

We welcome your willingness to engage with the Committee on these issues and that you are open to exploring changes to the way that information is presented alongside the Draft Budget.

We therefore ask that these concerns are taken into account ahead of the 2024-25 budget round.

I am copying this letter to the Chairs of the aforementioned Senedd Committees.

Yours sincerely,



Peredur Owen Griffiths MS  
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



# Agenda Item 3.2

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



Llywodraeth Cymru  
Welsh Government

Russell George MS  
Chair  
Health and Social Care Committee  
Welsh Parliament  
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29 June 2023

Dear Russell,

The Minister for Health and Social Services, Deputy Minister for Mental Health and Wellbeing and I [wrote to you](#) on 7 March in response to the Health and Social Care Committee's report titled *Welsh Government draft budget 2023-24*.

Under Recommendation 9 the Committee recommended that Welsh Government should commit to providing six-monthly updates on:

- (1) the work of the Social Care Fair Work Forum, and
- (2) actions taken to progress the recommendations made by the Expert Group on the development of a national care service for Wales.

In line with the Committee's recommendation, we committed to providing the first written updates by the end of June 2023.

I am writing to you today to with an update on these areas, enclosed at Annex A. I hope you find this update helpful and please let me know should the Committee have any further queries. I will write to you again in December 2023 enclosing the next six-monthly update on these areas.

Yours sincerely

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

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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.

**Annex A****Written update on Recommendation 9 areas within Health and Social Care Committee report 'Welsh Government draft budget 2023-24'****1. Update- the work of the Social Care Fair Work Forum****Background**

The Social Care Fair Work Forum was established in September 2020, bringing together government, employers and unions to work in social partnership to look at how the definition of fair work should be applied for social care workers in Wales. Throughout 2022 and through collective partnership discussions, the Forum has continued its work to set out what good working practices and fair work should look like in social care.

**Progress against fair work priorities****A fair reward, recognition and progression opportunities for the Social Care sector.**

In addition to our programme for government commitment to pay social care workers in Wales the Real Living Wage, the Social Care Fair Work Forum has been working in partnership to look at how the working conditions of social care workers can be improved in Wales. This includes the development of a draft Pay and Progression Framework for the social care sector. With a focus on direct-care roles in the first instance, the draft Framework aims to provide more consistent pay, progression and development opportunities by setting out broad bands of roles within social care, aligned with skills, learning and pay levels. The draft Framework is currently being consulted on as part of the Welsh Government's [Rebalancing care and support programme](#). The Forum believes that providing a clear progression route for those in the sector is a vital component of fair work.

**Parity of terms and conditions through collective bargaining.**

A Forum Task and Finish Group has been considering how a unique model of collective bargaining could be developed for the independent social care sector in Wales. This model would ultimately incorporate many Fair Work elements currently being progressed by the Forum. By the Autumn, the Social Care Fair Work Forum will agree and establish its broad principles and vision for collective bargaining and provide a memorandum of understanding for voluntary membership. Due to the complexity, there will be a phased approach to implementation with a voluntary collective bargaining partnership arrangement for social care in Wales to be tested, evaluated and further developed through 2023-24.

Further update on the forums progress and priorities for 2023-24 can be found here [Social Care Fair Work Forum: annual progress update 2023](#)

**2. Actions taken to progress the recommendations made by the Expert Group on the development of a national care service for Wales.****Background**

The Expert Group was established in February 2022 to advise on the shared ambition for a National Care Service, as per the commitment in the Co-operation Agreement with Plaid

Cymru. They subsequently produced a detailed report containing a series of recommendations about how a national care service could be developed.

## Update

The existing Rebalancing Care and Support programme complements many of the findings within the Expert Group, and an update on this work was given via the [Oral Statement of 20 June](#) on national measures to strengthen social care. Specifically, the proposals on the National Framework for the Commissioning of Care and Support in Wales, and those on the National Office for Social Care will be amongst the first building blocks of a National Care Service. The formal consultation on the Rebalancing Care and Support programme launched on 22 May and includes a draft National Framework Code of Practice, proposals relating to the function of the National Office as well as the draft Pay and Progression Framework proposals described above. The consultation is due to conclude on 14 August at which point officials will carefully consider the feedback received before the proposals are finalised.

Alongside the Rebalancing Care and Support programme we are also developing a specific Initial Implementation Plan for the National Care and Support Service (to note this name was a recommendation of the Expert Group). This will include the existing proposals within the Rebalancing Care and Support programme, as well as additional areas in line with the Expert Group's recommendations. We intend to make a further announcement on the Initial Implementation Plan in the near future.

Eluned Morgan AS/MS  
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

Agenda Item 3.3



Llywodraeth Cymru  
Welsh Government

Russell George MS  
Chair, Health and Social Care Committee

Huw Irranca-Davies MS  
Chair, Legislation, Justice and Constitution Committee

Peredur Owen Griffiths MS  
Chair, Finance Committee

30 June 2023

Dear Colleague,

### **The Health Service Procurement (Wales) Bill – Stage 2 and Stage 3 Senedd scrutiny**

I am writing to update you on progress of the Health Service Procurement (Wales) Bill ("HSP Bill"), and to provide additional information to support a number of recommendations or amendments that have been raised by Committee Members when undertaking scrutiny of the Bill.

#### **1. Progress of the Health Service Procurement (Wales) Bill and inter-relation with the UK Government's Procurement Bill.**

Section 2 of the HSP Bill amends the Procurement Act 2023 (currently a Bill in the final stages of parliamentary scrutiny), by inserting a new section to enable the Welsh Ministers to disapply provisions of that Act which would otherwise apply to the procurement of services provided as part of the health service in Wales. Section 3 of the HSP Bill inserts a new section (10A) into the National Health Service (Wales) Act 2006 which allows for alternative provision to be made in respect of the procurement of NHS health services in Wales.

The UK Government's Procurement Bill is only now entering its final stage of scrutiny in the House of Commons and House of Lords. This is taking longer than was originally anticipated when we first sought to introduce the HSP Bill on a fast-tracked timeline back in February this year. Our timeline at that point was based on the original timetable for the Procurement Bill, which would have seen it complete its

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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.

parliamentary scrutiny cycles and receive Royal Assent in late Spring of this year. Whilst there have been slippages, we remained hopeful that it would be completed before Senedd summer recess. However, this now looks highly unlikely and unfortunately this has a knock on effect to the timings and progress of the HSP Bill.

At this point, the final provisions and order of the Procurement Bill are not yet 'settled' and are still subject to changes prior to moving towards Royal Assent. These final stages could in practice take several more weeks and there is no pre-defined date for completion; meaning that a date for a finalised position on the Procurement Bill is as yet unknown.

The Procurement Bill needs to be settled to facilitate a small number of technical numerical amendments to the HSP Bill following changes in the Procurement Bill that have occurred since the introduction of the HSP Bill in February. These relate to the numbering of the disapplication power, as set out above, ensuring it follows immediately after the similar power for Ministers of the Crown in England; and to ensure other consequential amendments are inserted in the correct place and the cross-references are accurate.

Stage 3 proceedings for the HSP Bill are currently scheduled in the Senedd for the 11 July; meaning that the Procurement Bill needs to be settled prior to that date. As it is becoming increasingly unlikely that this will occur by 11 July, I am now proposing that Stage 3 and Stage 4 scrutiny of the HSP Bill are postponed until after the Senedd's summer recess. This will enable sufficient time for the Procurement Bill to be settled and therefore allow accurate reflection of numbering within the HSP Bill prior to any further Senedd scrutiny proceedings taking place.

I am mindful that Members may be disappointed, as am I, with the delayed progress of the HSP Bill particularly in light of agreeing to my request for a fast-track Bill at introduction stage. However, I am sure that they will understand the position and that it is out of our hands; but I maintain that this is the correct approach to ensure the HSP Bill is accurate, prior to completion of the Senedd's scrutiny process.

My officials and I will continue to closely monitor the progress of the Procurement Bill and I will liaise with the Llywydd and Business Committee to agree a revised date for Stage 3 and 4 proceedings after the summer recess.

In the interim, my officials will proceed with tabling the revised Explanatory Memorandum and Explanatory Notes in line with Standing Order 26.28, which requires the documentation to be laid at least 5 working days prior to stage 3 proceedings.

## **2. Additional information in response to recommendations or amendments raised by Committees.**

During Senedd scrutiny of the Bill, I made a commitment to provide a written response to a number of matters raised by the scrutiny committees. This additional information is set out in **Annex A**.

Once again, I would like to take the opportunity to reiterate my thanks to all three Committees for their scrutiny of the Bill and its supporting documentation.

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



## ANNEX A

### ADDITIONAL INFORMATION IN RESPONSE TO RECOMMENDATIONS OR AMENDMENTS - HEALTH SERVICE PROCUREMENT (WALES) BILL.

***1. Recommendation 6 of the Health and Social Care Committee's stage 1 scrutiny report – in relation to ensuring that the implementation, and requirements, of the new health service procurement regime are communicated effectively and accessibly to all relevant stakeholders.***

During the General Principles debate I indicated that I was happy to accept this recommendation. I committed to providing the Committee with further details of how we will achieve effective stakeholder engagement during the implementation of the proposed new health service procurement regime.

My officials will produce a comprehensive stakeholder engagement plan as part of the development of the future regulations, statutory guidance and implementation of the proposed new procurement regime. This plan will build upon the initial stakeholder engagement undertaken to date in the preparation of the Bill and will seek to proactively engage with relevant stakeholders, groups and individuals that will be affected by the implementation of the new health service procurement regime.

It is anticipated that in relation to the operational principles of the future regulations and supporting statutory guidance, the engagement will take the form of 1-2-1 meetings with appropriate stakeholder groups to raise awareness of the proposals. This proactive engagement will be supported by a formal 12-week public consultation on the operational principles following Welsh Government's established public consultation processes.

In relation to the communication of the implementation of the proposed new regime, my officials will work with the relevant authorities to deliver training on the operational requirements of the proposed new regime. It is anticipated that this will be undertaken in partnership with procurement teams in NHS Wales and Welsh local authorities, and rolled out over a number of months, prior to the new regime coming into force. In doing this, my officials are also mindful that there will be a requirement to align with planned training by the Department of Health and Social Care for their proposed Provider Selection Regime and training in relation to the wider procurement reforms under the UK Government's Procurement Bill that will be led by officials in the Welsh Government's Corporate Procurement Division, in partnership with the UK Government's Cabinet Office.

**2. Recommendation 7 from the Health and Social Care Committee's stage 1 scrutiny report and Recommendation 4 from the Finance Committee's stage 1 scrutiny report - in relation to monitoring and reviewing the implementation of the Bill.**

During the General Principles debate I indicated that I was happy to accept the above two recommendations in relation to reviewing the effectiveness of the future new procurement regime and committed to including provisions in the statutory guidance to monitor the effectiveness of the proposed new regime. I also committed to writing to the scrutiny Committees to set out our proposed approach.

At the stage 2 scrutiny committee proceedings, an amendment was brought forward from Gareth Davies MS in the form of Amendment 10 to review the effectiveness of the Act. Whilst I accepted the principle of the amendment proposed, I could not accept the amendment as drafted. The reason for this was twofold – firstly, the amendment as drafted would undertake a review of two provisions that amend two other pieces of legislation and would therefore not be particularly effective in monitoring the effectiveness of the Act. Secondly, we needed to be mindful that any proposed review period needs flexibility to tie in with review periods that the Department of Health and Social Care will implement for their proposed Provider Selection Regime.

Acknowledging the principle of the proposed amendment, during the stage 2 proceedings I offered to work with Gareth Davies MS to find an agreeable solution to include a review provision on the face of the Bill that can be included at Stage 3 scrutiny.

**3. Involvement of service end users with procurement decisions**

At the stage 2 scrutiny committee proceedings, an amendment was brought forward from Rhun ap Iorwerth MS in the form of Amendment 14 in relation to 'ensuring the involvement of persons whom the services or goods are intended to benefit'.

Whilst I recognise the importance of ensuring that health services meet the needs of service users, I could not accept this amendment as I believe that placing a provision on the face of the Bill to consult with service users (which could in theory extend to seeking service users opinions on the award of contracts to individual service providers) will be unworkable in practice and be overly onerous. Such a provision will also duplicate the role of the newly established independent body, Llais, and their role to gather the views and experiences of service users to shape health service delivery in Wales.

Furthermore, Section 15 the Health and Social Care (Quality and Engagement) (Wales) Act 2020 already makes provision to enable Llais (in its role as the Citizen Voice Body) to make representations to 'local authorities and NHS Wales bodies' in relation the provision of health and social care services. This would include representations as to how such services are procured.

Therefore, there is already a statutory mechanism in place to ensure that relevant authorities are made aware of service users' views and must have regard to those views. This is underpinned by the Statutory Guidance on Representations made by The Citizens Voice Body – link to which can be found [here](#).

As not to duplicate the statutory functions of Llais, I will ensure that there is suitable cross references to Llais in the statutory guidance that will accompany the future regulations and implementation of the proposed new health service procurement regime.

**Y Pwyllgor Iechyd a  
Gofal Cymdeithasol****Health and Social Care  
Committee**

Eluned Morgan  
Minister for Health and Social Services  
Welsh Government

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04 July 2023

Dear Eluned

NHS waiting times

Thank you for your letter of **4 April 2023** regarding progress against the recovery targets set out in the Welsh **Government's programme for transforming and modernising planned care and reducing waiting lists in Wales**.

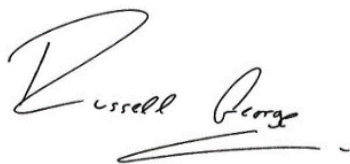
As you will be aware from my letter of **17 February 2023**, while we acknowledge that some progress is being made in tackling NHS waiting times, we did have some concerns that unless activity were increased, the recovery targets would not be met.

At our meeting on 14 June 2023, we considered the March 2023 waiting times data, released in May 2023, against the recovery targets set out in the programme. The data shows that the first two recovery targets have been missed (reducing outpatient waits to below 52 weeks by end of December 2022, and eliminating two year waits in most specialties by March 2023).

This equates to thousands of patients continuing to wait too long for NHS treatment.

We would welcome the opportunity to discuss these issues with you during the autumn term; our officials will be in touch to arrange a suitable date. In the meantime, we would be grateful for a response on the issues outlined in the annex **by 15 August 2023**.

Yours sincerely



Russell George MS  
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

**Annex: NHS waiting times: request for information**

We would be grateful for a response on the following issues **by 15 August 2023**.

### Cancer pathways target

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In March 2023, 53.3% of cancer patients started their first definitive treatment within 62 days of first being suspected with cancer, compared with the interim target of 70% agreed with the Planned Care Improvement and Recovery Team.

1. You said in your letter of 4 April 2023 that “backlog removal is impacting on achievement of [the cancer pathways target] as cancer pathways are reported by closed pathway”. Could you provide further explanation of this, and also outline what is being done to improve performance against the target.

### The seven “exceptionally challenging” specialities

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The seven specialties identified as being “exceptionally challenging”, and therefore outside the scope of the recovery targets two and three, account between them for 27,400 (86%) patient pathways waiting more than two years. These specialities include trauma and orthopaedics, ear, nose and throat (ENT), ophthalmology, general surgery, urology, gynaecology, and oral surgery. We would welcome further information about the way in which these specialties are reflected in Welsh Government reporting.

2. Our understanding is that the seven specialties listed above are excluded from both recovery targets two and three. Could you confirm that this is the case.
3. Could you clarify whether the data reported on previously by Welsh Government included all specialties, including the seven identified as “exceptionally challenging”. If it was previously included, but is now excluded, what steps are you taking to ensure that data is comparable over time.
4. The national picture on the specialties with the longest waits is different by health board. Could you provide information about when, how and why decisions were made to exclude the seven specialties listed above from the recovery targets, and who was involved in the decision-making process.
5. Will the exclusion/inclusion of these different specialties within the targets remain the same, or do you anticipate any changes being made over time. If any changes are made, how will this be communicated, and what steps will be taken to ensure that data remains comparable over time.

6. How will the decisions to exclude the seven specialties impact on what health boards prioritise their efforts on? For example; in BCUHB, gynaecology and ophthalmology aren't in the longest waits (2 years). Their longest wait is for orthodontics. In Hywel Dda, dermatology isn't in the top seven but pain management is.
7. What actions have been taken to prioritise improved waiting times in each of the seven individual specialties that aren't included in the recovery targets? Has any consideration been given to setting individual targets for these seven specialties?

#### Ministerial summits

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In your letter of 4 April 2023 you provided an update on Ministerial summits held in respect of ophthalmology, emergency care, ENT and orthopaedics.

8. We would be grateful if you would commit to sharing a summary of the findings and details of any action plans emerging from such Ministerial summits with us on an ongoing basis. For example, we would be happy to receive an update after each summit has taken place, or a termly update covering any such summits that have taken place during the relevant period.

Russell George MS  
Health and Social Care Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

By email

30<sup>th</sup> June 2023

Dear Russell,

We are writing to you as co-leads of the development and the implementation of the National Trauma-Informed Framework for Wales 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.'

Can we begin by thanking the committee for the important report of its inquiry, 'Connecting the Dots', and for recognising the contribution that the Trauma-informed Framework can make to tackling mental health inequalities in Wales. Dr Hopkins was pleased to attend the committee with the delegation from Public Health Wales to talk about this. We note that recommendation 11 is a specific ask of Welsh Government that '*By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales, and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed*'.

We are aware that the Welsh Government accepted this recommendation, in principle, on the grounds that it could not accept it in full because it was not a Welsh Government framework. We think this is a very important point as the Framework was co-produced with a wide range of organisations, and individuals, with an interest in the promotion, and adoption, of trauma-informed approaches, including those with lived experience of trauma. The overall goal of the Framework, and of all of those who have contributed to its development, and are now contributing to its implementation, is to make Wales a trauma-informed nation.

We met with Deputy Ministers for Social Services, Julie Morgan MS and for Mental Health and Wellbeing, Lynne Neagle MS on the 6<sup>th</sup> June 2023 to discuss progress on the implementation of the Framework, since they helped to launch it last July. We agreed that, as co-leads, we would write to you to set out the plan



for measuring impact and deliverables of the Framework, and to explain how this framework was developed, and how it will be implemented, as a co-produced, co-delivered, all of society approach with people and organisations in Wales.

We were pleased that the Deputy Ministers reiterated their support for the work, including the provision of additional funding for our respective organisations to help support the implementation. Welsh Government officials were members of the Expert Reference Group that supported the development of the framework document and will be integral to the approach we take to implement it.

The Trauma-informed Framework was developed with the support of an Expert Reference Group, made up of people with lived experience, professionals from a range of settings, including mental health clinicians and leaders from third sector organisations. A public consultation was undertaken, by us, on the draft Framework before the final document was launched on July 14<sup>th</sup> 2022.

Since the launch we have begun to develop an implementation approach that retains the key principles of co-production and co-delivery. We held engagement events across Wales in January and February 2023, open to all, to develop an understanding of what is needed, going forward, and as a result a pre-Steering Group was established to support this work. We have also established a virtual hub between our two organisations to provide project support and ensure our Framework implementation work is fully integrated. We have met as a pre-Steering Group to agree what the substantive group will look like and hope to establish a full Steering Group in the next few months. We have also met on a regular basis with Welsh Government officials to discuss the implementation of the framework.

Monitoring and evaluation of the Trauma-informed Framework is something that we have all agreed should be developed at the very start of the implementation programme. ACE Hub Wales and Traumatic Stress Wales have agreed, with the Welsh Government, to develop a robust evaluation framework, which includes deliverables and both qualitative and quantitative measures this year. The Trauma-informed Framework document itself sets out a number of these within each of the four practice levels in the section 'what does good look like' which shows the impact and outcomes for each at an individual, organisation and system wide level.

We are committed to a co-production approach and the monitoring and evaluation framework will be developed in this way. The pre-Steering Group has established a sub group to develop this; starting with a theory of change that will identify the activities and outputs needed to achieve outcomes in the short, medium and longer term. We anticipate that this high level work will be completed by the end of July, which is in line with the timescales the Committee identified.





Other key areas of our evaluation framework will be using a realist approach to evaluate whole-systems or community-based interventions, where circumstances may vary between different settings and implementation of the same intervention may lead to very different outcomes. We will identify data that can already be used to support measures around delivery of training, for example, or outcomes such as reduced sickness absence in the workforce or increased uptake of services. We feel as a group that there is also a need to really capture how the implementation of the framework has made people feel. A trauma-informed approach is something that feels different and there are a number of storytelling methodologies that partners are already using to capture this that it will be important to include. Our shared ambition for the work is to develop a social movement, with a commitment to continuing to learn as we go along, with our communities and practitioners, what is needed to help us to get there. The evaluation process has to be flexible and iterative as we continue to develop our knowledge of what works through pilots, conversations and engagement. We will also continue to look outside of Wales, and to work with our partners outside of Wales, who are also working to understand and evaluate the impact of adopting a trauma-informed approach and will continue to share learning and best practice.

We will send you the evaluation framework approach, once co-developed, to share with the committee and we would be very happy to provide an update on the evaluation framework and implementation work overall, if that would be helpful. We have already agreed to meet with the Deputy Ministers again, later in the year, to provide them with an update on progress on the implementation of the Framework.

We hope that this reassures you that we are prioritising this area of work, and also provides some useful further information as to why this process is a more long term, co-delivered commitment that, by its very nature, takes time to develop.

Yours sincerely,

Dr Joanne Hopkins  
Director of ACE Hub Wales

Professor Jon Bisson,  
Director of Traumatic Stress Wales

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