

Agenda – Petitions Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 30 September 2024

Meeting time: 14.00

For further information contact:

Gareth Price – Committee Clerk

0300 200 6565

Petitions@senedd.wales

1 Introductions, apologies, substitutions and declarations of interest

2 New Petitions

2.1 P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd

(Pages 1 – 10)

2.2 P-06-1435 We're calling on the Welsh Government to commit to implementing targeted lung cancer screening

(Pages 11 – 21)

2.3 P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings

(Pages 22 – 38)

2.4 P-06-1458 Stop the Welsh Government from using Phil Jones Associates (PJA) to review the 20mph scheme

(Pages 39 – 41)

3 Updates to previous petitions

3.1 P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now

(Pages 42 – 49)

3.2 P-06-1409 Cease all further planning for road charging in Wales

(Pages 50 – 54)



3.3 P-06-1428 Stop the flooding in Caenant Terrace, Skewen NOW!
(Pages 55 – 58)

3.4 P-06-1445 Change Land Transaction Tax for First Time Buyers in Wales to be
in line with the UK Government
(Pages 59 – 64)

4 Papers to note

4.1 P-06-1346 Provide free and accessible public transport for under 18s in
Wales to lower carbon emissions and boost growth
(Pages 65 – 68)

4.2 P-06-1335 Welsh Government should take steps to ensure vulnerable adults
without bank cards can pay with cash
(Pages 69 – 78)

**5 Motion under Standing Order 17.42(ix) to resolve to exclude the
public from the meeting for the remainder of today's business:**

Private

6 Discussion on the Committee's Forward Work Programme

Document is Restricted

Petitions Briefing

Y Pwyllgor Deisebau | 30 September 2024
Petitions Committee | 30 Medi 2024

Reference: SR24-8813-1

Petition Number: P-05-1444

Petition title: Women of North Wales have the right to have a Menopause Service/Clinic in Ysbyty Gwynedd.

Text of petition: Not everyone can afford to travel to Wrexham. Not everyone can afford to pay privately to go to a Menopause clinic. Not everyone has the time to go to Wrexham, maybe they care for children and family members etc. Everyone should have the choice. This should be on our doorstep in Ysbyty Gwynedd with more specialist services local to North Wales including regularly updates for GP's, Gynaecologists, practitioners and employers supporting them on Menopause and the benefits of HRT.

The health board expect women to travel to the nearest NHS menopause clinic in Wrexham, as they are cutting back the little support we have in Ysbyty Gwynedd, this is not acceptable and especially in the current financial crisis. We need resource on our doorstep local to us; the health board do not meet the demands of women suffering the ordeal, misery, pain, and discomfort along with all the other symptoms of the Menopause and the impact on their family.

Welsh Government must invest more in menopause resources and services in Wales.



1. Background

Menopause is a natural part of aging that marks the end of a woman's reproductive years. It typically occurs between the ages of 45 and 55, and is diagnosed after 12 months without a menstrual period. Menopause happens when the ovaries stop producing reproductive hormones, particularly estrogen and progesterone. The symptoms before menopause, known as perimenopause, and after, post-menopause, can last for years.

Despite the universality of menopause, the British Menopause Society, Royal College of Obstetricians and Gynaecologists and Society for Endocrinology say there has been a lack of support for women going through this phase. They say many women report a lack of education and their healthcare professionals' lack of adequate training on the menopause.

Fair Treatment for the Women in Wales emphasise that women make up 52% of the population in Wales. At some point in their lives, these women will experience menopause. Public Health Wales report that around 1 in 3 women are either currently going through or have reached the menopause.

In terms of accessing services for menopause in Wales, the majority of women in Wales access advice about menopause-related symptoms, including Hormone Replacement Therapy (HRT) prescriptions, from primary care services. Women with menopause-related symptoms are seen in secondary care in general gynaecology clinics. Specialist menopause clinics are also available in some areas to see women with more complex menopause-related issues, without the need for a referral into secondary care. These are run by menopause specialists.

Welsh Government Initiatives on Menopause

The Welsh Government has been working on a number of initiatives to improve menopause care and support across Wales, including:

- The Welsh Government established the All-Wales Menopause Task and Finish Group in July 2022. This group comprised healthcare professionals, service-user representatives, and Welsh Government officials. Their goal was to address inequitable access to menopause services and provide recommendations for improved care.
- The group published its Final Report in January 2023. The report made a number of recommendations to ensure high standards of menopause

care. This includes raising public awareness, demand-capacity modelling for services, staff training and implementing best practices based on National Institute for Health and Care (NICE) guidelines.

- The Welsh Government has emphasised the importance of menopause in GP training and continuous professional development provided by Health Education and Improvement Wales.

Betsi Cadwaladr University Health Board Menopause Provision

In July 2023, Betsi Cadwaladr University Health Board (BCUHB) launched a Menopause Café. This initiative includes virtual and face-to-face sessions for staff to discuss menopause-related issues. These sessions aim to provide support and raise awareness within the workplace.

2. Welsh Government Action

The Welsh Government provided a response to the Petition on 3 July 2024, stating it recognised that “there are improvements to be made in menopause care, treatment and support and greater consistency in those services across Wales”.

The response refers to the NHS Wales 10-year women’s health plan, which is being developed to deliver the ambitions set out within the Welsh Government’s Quality Statement for Women and Girl’s Health. Further details about the plan are provided in this Senedd Research article, ‘Women’s health needs and the pursuit of equity: the absence of a dedicated plan’.

The Welsh Government clarify that the recommendations made by the All-Wales Menopause Task and Finish Group in their final report will be taken forward as part of the Women’s Health Plan. The Women’s Health Plan is scheduled for publication by December 2024.

Specifically in relation to BCUHB, the response states

All gynaecology consultants across the three hospital sites in North Wales see women with menopause-related symptoms in their general gynaecology clinics.

Specialist menopause clinics are run by the three menopause specialists and they see people with more complex menopause-related issues, such as multiple treatment failures, primary ovarian insufficiency, complex medical problems, high-risk cancer genes or hormone

dependent cancer and testosterone initiation. These clinics are based at Deeside and Wrexham Maelor Hospital. A mix of face-to-face and virtual slots are available based on patient choice. This is in addition to e-advice for women via their GP practice.

3. Welsh Parliament action

There have been questions asked in the Senedd on menopause. For instance,

- Conservative MS Laura Anne Jones shared her personal experience of menopause in May 2024. She called on the Welsh Government to ensure better employment support is available for women experiencing menopause.
- Labour MS Vikki Howells asked the then Health Minister, Eluned Morgan MS about support for women in Wales who are experiencing the menopause in June 2021. Eluned Morgan MS responded that “the Welsh Government takes women’s health, including menopausal concerns, very seriously and expects all health boards to provide a full range of services to women experiencing the menopause in accordance with National Institute for Health and Care Excellence guidance”.

In addition, the Senedd has been proactive in addressing menopause-related issues. On World Menopause Day, the Senedd announced that they are now one of the UK’s leading organisations when it comes to supporting staff who are experiencing menopause. The Senedd Commission became the first organisation in Wales to adopt the BSI’s (British Standards Institution) guidance on menopause and menstruation.

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-06-1444
Ein cyf/Our ref EM/05736/24

Jack Sargeant MS
Chair
Petitions Committee
Senedd Cymru

Petitions@senedd.wales

03 July 2024

Dear Jack,

Thank you for your letter of 23 May on behalf of the Petitions Committee regarding Petition P-06-1444 *Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd*.

Health boards are responsible for delivering services for women in their community. We recognise that there are improvements to be made in menopause care, treatment and support and greater consistency in those services across Wales.

As you will be aware, the NHS is developing a 10-year Women's Health Plan which will detail how it intends to realise the ambitions set out within the Welsh Government's [Quality Statement for Women's and Girls' Health](#). The plan will aim to address existing inequities in provision or barriers to access, taking a life course approach to ensure the provision of good quality health services for women throughout their lifetime.

In July 2022, the Welsh Government established the All-Wales Menopause Task and Finish Group to advise on improvements in equitable access to and standards of menopause care across Wales. The group's final report was published in February 2023 and made a range of recommendations to improve equity, access, quality, staff training, public awareness and research. These will be taken forward as part of the Women's Health Plan.

My officials have contacted Betsi Cadwaladr University Health Board about its menopause service provision. It has confirmed that the majority of women in North Wales access advice about menopause-related symptoms, including HRT prescriptions from primary care services. All gynaecology consultants across the three hospital sites in North Wales see women with menopause-related symptoms in their general gynaecology clinics.

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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.

Specialist menopause clinics are run by the three menopause specialists and they see people with more complex menopause-related issues, such as multiple treatment failures, primary ovarian insufficiency, complex medical problems, high-risk cancer genes or hormone dependent cancer and testosterone initiation. These clinics are based at Deeside and Wrexham Maelor Hospital. A mix of face-to-face and virtual slots are available based on patient choice. This is in addition to e-advice for women via their GP practice.

The health board is reviewing job plans to enable the specialists to increase capacity to respond to demand. It is also exploring pilot virtual sessions with GPs to help provide specialist advice for women, closer to home, without the need for a referral into secondary care.

Yours sincerely,

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

Eluned Morgan AS/MS

Cabinet Secretary for Health and Social Care

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd – Correspondence from the Petitioner to the Committee, 08 September 2024.

Thank you for your email on 3, July 2024, regarding my petition Women have the right to have a Menopause Clinic in North Wales : Ysbyty Gwynedd .

This is a very similar letter that Helen Stevens-Jones Director of Partnerships, Engagement and Communications of Ysbyty Gwynedd sent to Mr Rhun ap Iorwerth AS, 4 February 2024

Eluned Morgan's response is not acceptable and does not address the questions and concerns raised in the petition

She states that "the Health Board are responsible for delivering services for women in their community ", exactly they should, not Wrexham which is not central to North Wales. She states that the Health Board states that majority of women access advice for their menopause from their primary care service. Does she have the stats for this statement by the Health Board? have these women been asked how good was the service they received , did they benefit from the service , where they listen to and heard, did they understand what was said to them, was it explained to them, did they understand , did they feel they had time to talk in depth about what was happening to them, was the service a " great".....amongst many more questions I would ask if I was the Engagement and Communications Director, as this is my role and has been for many years

It is good to read that the Health Board is looking at reviewing job plans, but how quickly and how well will this service be? Will it just be a tick box tokenism service or will it really help and benefit women of North Wales and I hope this will all be based in Ysbyty Gwynedd? I hope so

The Welsh language act 1993, places a duty on every public body providing a service to the public in Wales, how they will provide a service in Welsh to their service users, have they also taken this on board?

I look forward to hearing from you soon
Regards
Delyth

Below you will see highlighted in yellow my response to the letter from Helen Stevens-Jones :

Thank you for your email on 9 February 2024, asking about the development of menopause services at the Health Board.

All of our gynecology consultants across our three hospitals continue to see women and people with menopause-related symptoms in their Gynecology Clinics.

As you state in your email, our Women's Services have recently successfully implemented Specialist Menopause Clinics which are run by our three Consultant Gynecologists who are accredited as menopause specialists by the British Menopause Society. Why can one of these not be set up in Ysbyty Gwynedd, it would not cost much to have a clinic in Bangor YG once a week and will save money travel, are etc for the patients. Wrexham is not central to North Wales patients

These specialist clinics, based in Deeside and Wrexham Maelor Hospital, are for providing specialist menopause advice to patients across North Wales, This is not North Wales, these need to be more central to North Wales, not on the English border with more complex needs such as multiple treatment failures, insufficiency premature ovarian failure, complex medical problems, high risk cancer genes or hormone dependent cancer. Why can they not provide someone who can deal with complex patients in YG? Why make the patients travel .The waiting list for Wrexham is awful. I have been told recently by women the waiting time is 2 years! I have also been informed that the service is awful, several women complaining to me about the treatment and inadequate service in Wrexham, this is not acceptable

Our menopause specialists often hold virtual consultations to avoid the need for patients to travel as we appreciate that traveling to face-to-face consultations can involve a significant journey from some parts of North Wales, and this has been appreciated by the women and their families. How many virtual consultations have they done? Women need the choice and sometimes face to face is a must, virtual does not "show "how the women is, it's doesn't give the human touch which is so needed with the Menopause

Our Women's Services are now taking a number of actions, led by our menopause experts, in order to maintain and expand the service moving forward. These include training medical and nursing colleagues, in primary and secondary care, and educating Women's Services staff and allied health professionals through webinars and teaching sessions. Where are these based? is there a list of where they are for people to access? Yes there are many more training providers offering the well-being of menopause in the work place etc, Menopause Champions etc, there are books and online etc which is fantastic we are speaking more and more about it and not afraid anymore, we are now much more knowledgeablebut these are not the professionals that can offer best advice and treatment

Recently, the Clinical Leader has invited expressions of interest from colleagues in the Central and Western Health Board area to receive training in this subject with the aim of providing services closer to home. How many have replied to this request? also how many speak Welsh as this is just as important to be able to talk in the language of choice, at home being where?

The service is currently re-reviewing job plans for the current specialists to enable them to provide additional face-to-face and virtual consultations across North Wales and is investigating the possibility of a pilot program of virtual sessions with doctors family to review their cases and provide specialist input and advice without the need to refer a patient to secondary care. By when and where? Is this going to be Ysbyty Gwynedd?

As you will appreciate, funding remains a significant challenge in the NHS. However, we are committed to ensuring that we provide accessible, high quality menopause services across North Wales and I hope that my comments provide reassurance that we continue to develop the arrangements to support this. Please feel free to contact me again if you need more information on this. What is being asking for does not require funding, it's a car or train journey once a week or more to Bangor from Wrexham by a consultant

P-06-1435 Targeted lung cancer screening

Y Pwyllgor Deisebau | 30 Medi 2024
Petitions Committee | 30 September 2024

Reference: SR24/8813

Petition Number: [P-06-1435](#)

Petition title: We're calling on the Welsh Government to commit to implementing targeted lung cancer screening

Text of petition:

Lung cancer claims 1,800 lives each year, more than any other cancer in Wales.

This must change.

We can do things to reduce this impact. One of these is targeted lung cancer screening, which would invite people aged 55-74 to be screened if they have a high-risk of lung cancer.

This screening can catch lung cancer at an earlier stage: and can save lives from lung cancer.

By taking 2 minutes to sign, you can aid calls for the Welsh Government to commit to implementing this screening in Wales.

In Wales, almost half of lung cancers are caught at the latest stage. Too many die from lung cancer for this reason.

By screening those most at risk we can detect lung cancer earlier: when survival is highest.

We know this works, as an evaluation of English Targeted Lung Health Checks (a pilot programme) saw:

- 76% of lung cancers caught at an early stage.

Last year, the UK National Screening Committee recommended targeted lung cancer screening to all UK nations, with the provision of stop smoking support. This screening is for people aged 55-74 without symptoms, who hold a high risk of lung cancer (those with a history of smoking). Sadly, only one UK nation (England) has committed to a national rollout of this. This must change.

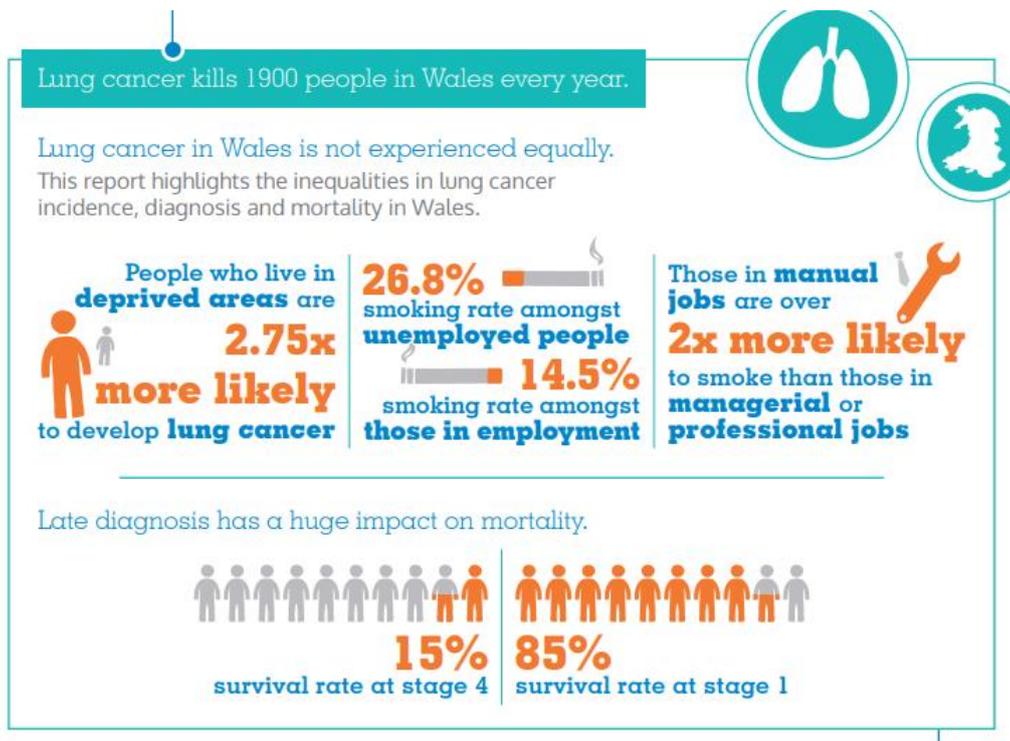


Lung cancer takes a terrible toll on Wales. Targeted lung cancer screening can help reduce this toll, giving more people precious time with family and friends.

1. Background

Lung cancer is the leading cause of cancer-related deaths worldwide. In 2022, there were 1,810 deaths from lung cancer in Wales. It is often diagnosed at an advanced stage when treatment options are limited. Smoking is the most common cause of lung cancer.

People who live in deprived areas of Wales are more likely to develop lung cancer. A 2022 report by Tenovus Cancer Care highlights the inequalities in lung cancer incidence, diagnosis and mortality in Wales:



Approaches to screening in the UK are based on advice by the UK National Screening Committee (UKNSC) (the Scottish Government also takes advice from the Scottish Screening Committee, and the Northern Ireland Executive from the Northern Ireland Screening Committee).

UKNSC says that targeted screening for lung cancer is recommended for people aged 55 to 74 identified as being at high risk of lung cancer. In 2022 it recommended that **the four UK nations should move towards implementation of targeted lung cancer screening** with integrated smoking cessation service provision. It said the Targeted Lung Health Checks (TLHC) programme provides a feasible and effective starting point for implementation in England.

UKNSC recommended that a lung cancer screening task group be set up to help:

- refine the recommendation;
- address implementation challenges;
- determine the optimum protocols and pathway for screening across the UK.

2. Welsh Government action

In July 2023, the Minister for Health and Social Services, Eluned Morgan MS, gave an **update on lung screening in Wales**. She said that the Welsh Government has accepted the UKNSC's recommendation for targeted lung screening in principle, and is considering how this should be delivered in Wales.

We are working with Public Health Wales to explore options on the approach for a national programme for Wales and are keen to learn from the findings of the OP [operational pilot] which is due to commence in the CTMUHB [Cwm Taf Morgannwg University Health Board] area this year. Taking this work forward, we want to engage and include voices and views from people in Wales, charities and all relevant multidisciplinary professionals and service areas. We are also working with Scotland and England to identify the optimal pathway, which has not yet been determined.

The Minister also noted that the UKNSC recommended integrating screening with smoking cessation services.

As the targeted lung cancer screening programme develops, we plan to ensure our smoking cessation services are fully integrated with the screening programme so that we can support more smokers in Wales to be smoke-free.

In her response to the Petitions Committee (3 July 2024), the Cabinet Secretary for Health and Social Care, Eluned Morgan MS, confirmed that a UK task group has been established and that the four UK nations are meeting regularly to share information and learning about how a screening programme can best be implemented. She highlights that none of the UK nations has implemented a lung screening programme as yet, and all are working together to find an optimal delivery model.

The response also provides further information about the work underway in Wales.

Public Health Wales is taking forward scoping work to determine fundamental information about the conditions necessary to implement a programme in Wales, including the resource and workforce requirements and potential impact on health board services. This work will be necessary before a timetable for implementation can be established. The first phase of the scoping work has started and is due to be completed by autumn 2025. The evaluation of the Cwm Taf Morgannwg University Health Board lung screening pilot should also have concluded at this point and will provide valuable learning.

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 n P-06-1435

Ein cyf/Our ref EM/05734/24

Jack Sargeant MS
Chair
Petitions Committee
Senedd Cymru

Petitions@senedd.wales

03 July 2024

Dear Jack Sargeant MS,

Thank you for your letter of 23 May about Petition P-06-1435 calling on the Welsh Government to commit to implementing targeted lung cancer screening.

In June 2022, the UK National Screening Committee (UK NSC) recommended targeted screening for lung cancer for people aged 55 to 74 who are identified as being at high risk of lung cancer. Part of this recommendation was for the four UK nations to move towards implementation of targeted lung cancer screening with integrated smoking cessation service provision and for a lung cancer screening task group be set up to help refine the recommendation, address implementation challenges, and determine the optimum protocols and pathway for screening across the UK.

I can confirm that a UK task group has been established and that the four UK nations are meeting regularly to share information and learning about how a screening programme can best be implemented.

Public Health Wales is taking forward scoping work to determine fundamental information about the conditions necessary to implement a programme in Wales, including the resource and workforce requirements and potential impact on health board services. This work will be necessary before a timetable for implementation can be established. The first phase of the scoping work has started and is due to be completed by autumn 2025. The evaluation of the Cwm Taf Morgannwg University Health Board lung screening pilot should also have concluded at this point and will provide valuable learning.

None of the UK nations has implemented a lung screening programme as yet and all are working together to find an optimal delivery model. The Welsh Government is committed to

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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.

following the advice of the UK NSC and is working on how best to implement a national targeted lung screening programme, as well as smoking cessation support, in Wales.

Yours sincerely,

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

Eluned Morgan AS/MS

Cabinet Secretary for Health and Social Care

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Petitions Committee
Senedd Cymru
Tŷ Hywel
Cardiff Bay
CF99 1SN



9th September 2024

Dear Members of the Petitions Committee,

I would like to express our thanks for the opportunity to contribute to your upcoming discussion on Targeted Lung Cancer Screening.

In light of the Cabinet Secretary's letter, the attached has been submitted to help inform this work.

If you would like anymore information, please do not hesitate to contact myself in the first instance.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Simon Scheeres". The signature is fluid and cursive, with a long horizontal stroke at the end.

Simon Scheeres

Public Affairs Manager (Wales)

Cancer Research UK

What are your thoughts on the attached document?

Background to the petition

Last year, our petition was created by a coalition of charities. This was launched due to the lack of clarity around how the implementation of this screening programme was to progress in Wales. The petition followed on from an open letter to the previous Cabinet Secretary for Health and Social Care, found [here](#). We are delighted that the petition secured over 5,000 signatures, and was able to contribute towards advancing this screening in Wales.

Since the petition, the Welsh Government has launched a welcomed scoping exercise (outlined in the document). Cancer Research UK (CRUK) and Tenovus Cancer Care represent the third sector at this forum, and also reflect the public/patient perspective. CRUK sits on similar groups across the UK, and we are impressed with the project management of this exercise. The group is well-chaired, well-attended, and holds informed progress reports that effectively map developments.

We believe this group puts into practice the Welsh Government's commitment to '[engage](#)' with a range of stakeholders to inform this screening in Wales. We would like to see this engagement continue.

The challenge

Despite the above, we know that launching a national Targeted Lung Cancer Screening programme (TLCS) will present challenges. These challenges will likely include: workforce issues, diagnostic equipment shortages, lack of accurate smoking data, and the impact of stage shift in diagnosis ¹. Wales has the benefit of taking learnings from other nations who are further along in scoping and delivering this screening in their respective health systems (chiefly England). In light of this, we encourage the Welsh Government to be proactive in taking learnings from the UK task group, to mitigate potential barriers for this screening in Wales.

While we mark the urgency of rolling out this screening in Wales, we also recognise the need to ensure that planning is robust. This should staple patient safety, efficiency, value for money; and should ultimately meet the needs of a new screening programme for Wales. Striking the right balance will be key.

Implementing this screening for Wales

Due to our population size, health system structure, and our national smoking cessation services (already embedded within Welsh health boards), Wales has the opportunity to lead in this area of screening. This foundation provides a great opportunity to launch this screening across Wales, following the completion of the scoping work in Autumn 2025.

Since the petition, it is worth noting there has been a positive shift in the Welsh Government's communications around this screening. Initially, the Welsh Government only agreed to this screening '[in principle](#)'. In light of this, it has been positive to see this principle turn into reality via the scoping exercise.

¹ A shift towards diagnosis at stage I & II of lung cancer through screening will likely have a knock-on effect on the health system, potentially changing the types of treatments which might be used.

Does it adequately address the issues that you raised?

While it is positive to see in the document that the Welsh Government is committed to following the UK National Screening Committee's guidance; it would be helpful to hear if this translates to a firm policy commitment towards this screening in Wales. The document outlines positive steps taken, which is encouraging, but a ministerial policy decision is not included. The need for a policy decision on this screening was marked within the current Cancer Improvement Plan for Wales (and was expected in March 2023)².

Do you have further questions in response?

It would be helpful if the Petitions Committee could ask the following questions to the Welsh Government. We are committed to supporting the Welsh Government navigate the below (in terms of providing evidence, policy guidance, and health system insights).

- What outstanding barriers or unanswered questions remain that need to be addressed in order for the Welsh Government to produce a ministerial policy commitment towards a national TLCS programme?
- If a national TLCS programme is launched, will the Welsh Government set itself the ambition for a full rollout to all those who are eligible in Wales (in line with the UK NSC's recommendations)? Or is this to be decided after the scoping exercise?
- How are the Welsh Government planning to understand and ultimately address broader issues that are out of the control of a lung screening programme and its accompanying scoping exercise – e.g. workforce capacity, and IT infrastructure?

Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee?

UK Progress

While the previous Cabinet Secretary is correct in highlighting that 'none of the UK nations has implemented a lung screening programme as yet', this does not mean that other nations are not making considerable headway towards this screening (chiefly England).

In June 2023, the then UK Government's Secretary of State for Health and Social Care, Steve Barclay, announced the [rollout of a new targeted lung cancer screening programme](#) in England.

Within the above, the UK Government highlighted its progress of the initial pilot phase of this screening in England (lung health check programme). It marked:

*'During the initial phase, almost **900,000 people were invited for checks, 375,000 risk assessments made and 200,000 scans were carried out.** More than 2,000 people were detected as having cancer, 76% at an earlier stage compared to 29% in 2019 outside of the programme ³.*

² NHS Wales. 2023. Cancer Improvement Plan for Wales. Available here: [executive.nhs.wales/functions/networks-and-planning/cancer/cancer-improvement-plan-docs/full-plan/](https://www.nhs.uk/england/cancer-improvement-plan-docs/full-plan/)

³ UK Government. 2023. New lung cancer screening roll out to detect cancer sooner. Available from: [New lung cancer screening roll out to detect cancer sooner.](#)

The above translates to almost a million ever-smokers being invited to lung health checks in England, with over 200,000 scans conducted, and a significant number of cancers already found. The above programme is available in many parts of England and lays the foundations for a national screening programme (within England's current phased approach/launch of this screening). NHS England will be [rolling out the programme](#) with a focus on reaching 40% of the eligible population by 2025, and plans to reach 100% coverage by March 2030.

In addition, NHS Scotland are carrying out additional pilots for this screening in Scotland.

We would like to draw the Committee's attention to the progress above, and ask that they consider this in their discussion; and correspondence with the Welsh Government.

In light of the above, it would also be beneficial to consider whether the Welsh Government should swiftly implement this screening once the scoping exercise concludes in Autumn 2025.

Equity of access

We are acutely aware of the disparity in patient access to this screening across the UK. Currently, this screening is only available in certain areas of the UK (predominantly England). With the exception of the operational pilot currently underway in Cwm Taf Morgannwg UHB, this screening is not available in Wales.

Why is this screening important?

Lung cancer takes more lives than any other type of cancer in Wales.

A key driver behind this is late diagnosis, as 72% of Welsh lung cancer patients with a known stage at diagnosis are diagnosed at the latest stage (stages 3 & 4) ⁴. But when lung cancer is caught early there is a better chance of survival, as **87%** of people diagnosed with lung cancer at the earliest stage survive their disease for one year or more. In comparison, only **17%** of those diagnosed at the latest stage survive their disease for one year or more⁵. We have the opportunity to help change this.

Interventions such as targeted lung cancer screening are proven to support earlier diagnosis: when there are more treatment options and outcomes are improved.

UK pilots of this screening have seen 76% of lung cancers diagnosed at an early stage ⁶. Larger international trials have also reported that this screening can diagnose more lung cancers at an earlier stage and can reduce deaths from lung cancer ⁷.

Addressing health inequalities caused by smoking

Lung cancer disproportionately affects people from more deprived communities in Wales. Tobacco is a key driver for this, as in Wales smoking rates are more than three times higher in our most

⁴ Welsh Cancer Intelligence and Surveillance Unit (WCISU). Cancer Incidence in Wales (2019 data). Available from: <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/>

⁵ Welsh Cancer Intelligence and Surveillance Unit (WCISU). Cancer Survival in Wales (2016-2020 data). Available from: <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-reporting-tool-official-statistics/cancer-survival/>

⁶ UK Government.2023. New Lung Cancer Screening roll out to detect cancer sooner. Available from: <https://www.gov.uk/government/news/new-lung-cancer-screening-roll-out-to-detect-cancer-sooner>

⁷ National Lung Screening Trial Research Team. 2011. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. ;365(5):395-409. doi: 10.1056/NEJMoa1102873. Epub 2011 Jun 29. PMID: 21714641; PMCID: PMC4356534. Available from: <https://www.nejm.org/doi/full/10.1056/nejmoa1102873>

deprived communities compared to our least (2022-2023)⁸. This translates to higher rates of smoking-related disease amongst lower socio-economic groups (lung cancer).

This screening would target people with a history of smoking within the UK NSC's screening age bracket (55-74), and would not only signpost to stop smoking services (prevention), but would also invite this cohort to a lung health check (screening).

In implementing the above, we can address long-standing health disparities experienced by certain groups at the highest risk of smoking-related harm in Wales. This is outlined as a priority within the Welsh Government's Smokefree Wales strategy⁹.

⁸ Welsh Government. 2022. Adult lifestyles by area deprivation, 2020-21 onwards. Available from: [Adult lifestyles by area deprivation, 2020-21 onwards \(gov.wales\)](#)

⁹ Welsh Government. 2021. A Smokefree Wales. Available from: [A smoke-free Wales: Our long-term tobacco control strategy \[HTML\] | GOV.WALES](#)

Petitions Briefing

Y Pwyllgor Deisebau | 30 Medi 2024
Petitions Committee | 30 September 2024

Petition Number: P-06-1450

Petition title: Welsh Government to take action to protect people from airborne infections in health care settings

Text of petition:

- Improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- Reintroduce routine mask-wearing in those settings (as per WHO recommendation 20 December 2023), particularly respiratory masks;
- Reintroduce routine Covid testing- it is asymptomatic;
- Ensure staff manuals fully cover preventing airborne infection;
- Provide public health information on the use of respiratory masks and HEPA air filtration against airborne infections.

Infections like Covid, flu, RSV, measles and TB are spread by inhaling tiny airborne aerosols hanging in the air like smoke. Key ways to prevent it are to improve air quality and wear well-fitting respiratory masks. Reinfection increases risk of long-term serious damage potentially for anyone, to brain, heart, immune system, etc. Care workers top the long Covid league. Repeated illness and job loss put avoidable pressure on services. The rate of hospital



acquired Covid infection has been shown to be higher than in the community. Clinically vulnerable people often must use care but cancel essential health appointments. Transmission is often asymptomatic. Covid isn't seasonal. Routine testing is thus essential. There are many tools to protect health. Only one is being used: vaccination – unavailable to many, including some clinically vulnerable people.

1. Background

The petition is calling for several measures to be implemented in health and social care settings in Wales to protect people from airborne infections.

The World Health Organisation (WHO) states that proper ventilation and air filtration can help reduce the concentration of airborne pathogens, potentially lowering the risk of infection.

In a Q&A about ventilation and air conditioning, the WHO explains that ventilation is the process of bringing fresh, outdoor air inside and letting indoor air outside in order to maintain or improve air quality. The risk of getting infections like Covid-19 is increased in crowded and poorly ventilated settings. This is because the virus passes between people through infected respiratory particles in the form of droplets and aerosols. In poorly ventilated spaces, infected aerosols can remain suspended in the air or travel farther than conversational distance. Improving indoor ventilation reduces the risk of the virus spreading indoors.

The WHO published a roadmap to improve and ensure good indoor ventilation in the context of Covid-19. The WHO also continues to recommend mask-wearing in poorly ventilated health and social care settings, irrespective of the local epidemiological situation.

With regard to Covid-19 testing, the Welsh Government and Public Health Wales has updated their guidance on routine testing for Covid-19 to align with other respiratory infectious diseases.

The Public Health Respiratory Framework 2023 to 2024 outlines plans for managing respiratory viruses. It sets out that testing for Covid-19 in a range of

settings is provided but that the routine provision of free Covid-19 lateral flow device tests for the management of outbreaks has come to an end.

Infection Prevention and Control (IPC) measures

Infection Prevention and Control (IPC) measures remain a key component of practice in health and social care settings to reduce transmission of respiratory viruses and norovirus. The Welsh Government **says it is committed to zero tolerance of preventable healthcare associated infections (HCAIs).**

Healthcare settings in Wales are implementing several measures to reduce the spread of airborne infections including:

- **Infection Prevention and Control Measures:** All healthcare staff must be familiar with the principles of Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs) for preventing the spread of infection in healthcare settings.
- **Code of Practice for the Prevention and Control of Healthcare Associated Infections:** This code sets out the need for cleaning services, building and refurbishment, water safety and food hygiene.
- **Transmission-based precautions for the prevention and control of infections:** This document provides guidance on providing hand hygiene supplies and personal protective equipment (PPE), limiting the number of visitors according to local policy, and screening.

The responsibility for ensuring compliance with IPC regulations in health settings in Wales is shared among several entities including health boards, Public Health Wales and non-NHS providers of healthcare. **Healthcare Inspectorate Wales (HIW) is responsible** for ensuring that healthcare providers in Wales meet the minimum necessary IPC arrangements.

- **HIW Annual Report 2021-2022:** The report considered how IPC measures were managed during the pandemic.
- **Investigation of Hospital-Acquired Covid Infections:** The Nosocomial Transmission Group was set up in May 2020 to help prevent infections through learning and publishing a national framework in relation to patient safety incidents of hospital-acquired Covid-19.

Criticisms about the Welsh Government's handling of airborne infections in healthcare settings.

There have been criticisms about the Welsh Government's handling of airborne infections in healthcare settings.

The petitioner, on behalf of the Covid-19 Bereaved Families for Justice Cymru group, wrote a letter to Eluned Morgan MS, the then Minister for Health and Social Services in December 2023 calling for "swift and proactive measures to enhance airborne infection control" in healthcare settings in Wales.

The petitioner also wrote an article in January 2024, criticising the Welsh Government's handling of airborne infections in healthcare settings, pointing out that wards have been closed and visits suspended in hospitals across Wales due to increases in airborne infections. The article also criticised Public Health Wales for its public health messaging.

Welsh Health Protection System Review

In February 2023, Eluned Morgan MS issued a written statement to update Senedd Members on the Welsh Health Protection System Review. The review was commissioned in 2022 to provide recommendations on how the health protection system in Wales can be strengthened.

The report was published in February 2023, however, it did not address health protection arrangements and responses within or related to primary care, nor the infection prevention and control arrangements in health settings

Patient Safety Commissioner

The Welsh Government is also facing criticism for its decision not to appoint an independent Patient Safety Commissioner, a role established in England last year and currently being legislated for in Scotland.

The Welsh Government says it has recently introduced its own legislation and other measures to improve patient safety.

2. Welsh Government action

The Welsh Government provided a response to the Petitions Committee on 8 July stating that:

Air quality in health and social care settings through addressing ventilation, air filtration and sterilisation:

- The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), is working to improve air quality across health and social care settings through effective ventilation and filtration.
- A new Welsh Health Technical Memorandum (WHTM) 03-01 has been issued, providing detailed ventilation recommendations for all healthcare buildings (see Parts A and Part B).
- Every health board and NHS trust in Wales has appointed **Authorised Persons (APs)** for ventilation, ensuring installations, maintenance, and monitoring are completed to a compliant standard.
- **Ventilation Safety Groups (VSG)** are in place at all health boards and NHS trusts in Wales, responsible for ensuring all ventilation systems are designed, installed, tested, and maintained in accordance with the guidance.
- NWSSP-SES provides the services of an **Authorising Engineer-Ventilation (AE-V)**, appointed as an independent advisor by health boards and NHS trusts.
- Work is ongoing with NHS Improvement England (NHSI/E) and the rest of the UK NHS, including representatives from the **Scientific Advisory Group for Emergencies (SAGE)**, to validate the effectiveness of sterilisation, including air High Efficiency Particulate Air (HEPA) filter purification, in healthcare settings.
- The social care sector in Wales has been provided with advisory publications through PHW and the Welsh Government, focusing on infection transmission and the importance of effective ventilation systems.
- Under Section 44 (4) (a) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, providers of regulated

services must ensure premises are “accessible, adequately lit, heated and ventilated”.

Routine mask-wearing:

- PHW’s [Infection Prevention and Control Measures for Acute Respiratory Infections \(ARI\) including COVID-19 for Health and Care Settings](#) provides detailed advice about the appropriate use of face masks in clinical settings.

Routine Covid testing:

- In line with the [Long-term strategy for living safely with Covid-19](#), access to free testing focuses on supporting clinical management of people who are eligible for anti-viral treatments.

Ensure staff manuals fully cover preventing airborne infection:

- The prevention of airborne infections is covered by PHW’s [Infection Prevention and Control Measures for Acute Respiratory Infections \(ARI\) including COVID-19 for Health and Care Settings](#)

Public health information:

- The Welsh Government works closely with PHW about public health information about all communicable diseases, including airborne infections.

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-06-1450
Ein cyf/Our ref EM/05746/24

Jack Sargeant MS
Chair
Petitions Committee
Senedd Cymru

Petitions@senedd.wales

08 July 2024

Dear Jack Sargeant MS,

Thank you for your letter of 24 May on behalf of the Petitions Committee regarding Petition P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings.

I will address each of the specific areas of the petition in turn

Improve air quality in health & social care settings through addressing ventilation, air filtration and sterilisation:

The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection. Some key actions have included:

- The issue of a new Welsh Health Technical Memorandum (WHTM) 03-01 – Specialised Ventilation for Healthcare Buildings Parts A & B which covers design, validation and operational performance. These documents provide detailed ventilation recommendations for all healthcare buildings, including primary and social care.
- Every health board and NHS trust in Wales has appointed Authorised Persons (APs) for ventilation, they ensure installations, maintenance and monitoring is completed to a compliant standard.
- Ventilation Safety Groups (VSG) are in place at all health boards and NHS trusts in Wales. These groups have the responsibility of ensuring all ventilation systems are designed, installed, tested, and maintained in accordance with the guidance.
- NWSSP-SES provides the services of an Authorising Engineer-Ventilation (AE-V) which is appointed as an independent advisor by health boards and NHS trusts to

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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.

undertake assessments of Authorised Persons, audit systems and their associated operational management. The Authorising Engineer is also a member of the Ventilation Safety Group.

- NWSSP-SES engineers undertake full validations on specialist ventilation systems when they are first installed. In addition, they complete critical ventilation plant verifications annually and external contractors are also commissioned to carry out this work which ensures all specialist ventilation systems are covered.

In relation to sterilisation, including air High Efficiency Particulate Air (HEPA) filter purification, work is ongoing with NHS Improvement England NHSI/E and the rest of the UK NHS, including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate its effectiveness in healthcare settings.

The social care sector in Wales has been provided with advisory publications through PHW and the Welsh Government with a focus on infection transmission and clearly referencing the importance of effective ventilation systems to mitigate these risks and improve air quality. Social care settings, such as care homes are people's home and not a clinical environment. The terms 'air filtration' and 'sterilisation' in relation to air quality are only relevant for healthcare settings.

Under Section 44 (4) (a) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 providers of regulated services must ensure premises are "accessible, adequately lit, heated and ventilated". The regulating body, Care Inspectorate Wales, carries out regular inspections of the services and the environment is one of the areas reported on.

Reintroduce routine mask-wearing in those settings (as per WHO recommendation 20 Dec 2023), particularly respiratory masks:

PHW's [Infection Prevention and Control Measures for Acute Respiratory Infections \(ARI\) including COVID-19 for Health and Care Settings - WALES](#) provides detailed advice about the appropriate use of face masks in clinical settings. It states that health and care staff should continue to wear FRSM (type IIR) when working in respiratory care pathways and when clinically caring for people with suspected/confirmed Covid-19 and flu. In all other clinical care areas, universal masking should be applied when there is known or suspected cluster transmission of acute respiratory infection, for example during an incident, outbreak, and/or if a new Covid-19 variant of concern emerges. Universal masking should also be considered in settings where patients are at high risk of infection due to immunosuppression e.g. oncology/haematology. This should be guided by local risk assessment and includes primary and community care staff.

This guidance was reviewed by PHW's infection, prevention and control experts following the emergence of the Covid-19 variant JN.1 and was considered to remain appropriate.

Reintroduce routine Covid testing - it is asymptomatic:

In line with our long-term strategy for living safely with Covid-19, access to free testing focuses on supporting clinical management of people who are eligible for anti-viral treatments. For most people with symptoms of a respiratory infection (including Covid-19, our [Guidance for people with symptoms of a respiratory infection, including Covid-19](#) provides advice on how to manage symptoms and how to prevent onward transmission. As we now have high levels of population immunity to Covid-19, routine testing is no longer considered appropriate. Those who are most vulnerable to serious illness as a result of contracting Covid-19 are still protected through regular vaccinations and access to free testing and treatment.

Ensure staff manuals fully cover preventing airborne infection:

The [NIPCM - Public Health Wales \(nhs.wales\)](https://www.nhs.uk) and [Infection Prevention and Control Measures for Acute Respiratory Infections \(ARI\) including Covid-19 for Health and Care Settings - WALES](#) both cover the prevention of airborne infections.

Provide public health information on the use of respiratory masks & HEPA air filtration against airborne infections:

The Welsh Government works closely with PHW about public health information about all communicable diseases, including airborne infections. Our guidance for the general public on the management of acute respiratory infections includes when consideration of wearing a face mask may be appropriate.

With regards to HEPA air filter purification, work is ongoing with the NHS including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate effectiveness in healthcare settings. Trials on their use within NHS Wales are being undertaken in conjunction with several health boards to validate their effectiveness.

Yours sincerely,



Eluned Morgan AS/MS

Cabinet Secretary for Health and Social Care

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

P-06-1450 Welsh Government to take action to protect people from airborne infections in health care settings – Correspondence from the Petitioner, 23 September 2024

Hi

Thank you for forwarding the letter from the First Minister to Jack Sergeant in response to our petition.

Responses to your questions:

- What are your thoughts on the attached document? [See below](#)
- Does it adequately address the issues that you raised? [No](#)
- Do you have further questions in response? [Yes see below](#)
- Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee?
[See below](#)

Our responses & further questions:

How can Welsh Government state they have a long-term strategy for living safely with Covid when there are nosocomial acquisitions in Wales every week?

When there is still an associated risk of death and morbidity with each case? You may aspire to living safely – but your hospitals are currently unsafe whilst nosocomial Covid transmission happens every week.

For all the actions you intend. By when do you anticipate the number of infections acquired by poor ventilation will be 0?

What are the Welsh Government's nosocomial objectives e.g. nosocomial transmission halved by 2025? The overall goal being 0.

What are your ventilation objectives as the WHTM 03-01 being updated as that per se will take years and not of itself lead to improvement?

Can the Welsh Government provide an overriding statement that poor ventilation in hospitals disseminates airborne pathogens such as SARS-CoV-2, Influenza and RSV.

This statement does not say that specifically.

The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection. Some key actions have included:

What measures are in place to indicate not just that ventilation is working – when commissioned – but when clinical areas are busy?

Can you commit to every clinical area being CO2 tested periodically- very inexpensive- to seek out poorly ventilated areas?

Can you commit that NHS Wales will applying precautionary principle by:

- regularly testing patients and staff for flu, Covid and RSV?
- wearing fit tested FFP2 masks as a minimum where ventilation isn't not up to standard?

Please share your plans to keep the clinically vulnerable safe inc outpatients for the vulnerable?

Over the last 2 weeks in the UK Covid Inquiry a number of witnesses have covered the benefits of clean fresh air in hospitals and health care settings. Will the First Minister & PHW be reviewing their current ventilation plans & mitigations for nosocomial infections in light of these?

Responses to letter - inline in red

Improve air quality in health & social care settings through addressing ventilation, air filtration and sterilisation:

The Welsh Government, with the support of NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) and Public Health Wales (PHW), continues to introduce measures to improve air quality across health and social care. Effective

ventilation and filtration are key to achieving this and by doing so, to mitigate the risks of infection.

Some key actions have included:

- *The issue of a new Welsh Health Technical Memorandum (WHTM) 03-01 –Specialised Ventilation for Healthcare Buildings Parts A & B which covers design, validation and operational performance. These documents provide detailed ventilation recommendations for all healthcare buildings, including primary and social care.*

Which hospital ventilation guidelines are you currently following?

Who has overall responsibility for ventilation and air cleaning in hospitals in Wales?

When were the new WHTM designs published?

How are these being implemented?

When standards are not met (ie with older systems) -what are your mitigation responses, eg CO2 & PM 5 monitoring, extra HEPA filters?

- Every health board and NHS trust in Wales has appointed Authorised Persons (APs) for ventilation, they ensure installations, maintenance and monitoring is completed to a compliant standard.

Is this a new role since Mar 20?

Where are the results published esp compliance, environmental data eg CO2, Pm5 etc and air filtration CADR etc?

- Ventilation Safety Groups (VSG) are in place at all health boards and NHS trusts in Wales. These groups have the responsibility of ensuring all ventilation systems are designed, installed, tested, and maintained in accordance with the guidance.

Our understanding is that VSG groups were already in place in health boards before 2020. Why therefore was there so little good ventilation in hospitals when the pandemic hit?

What have they done since Mar 2020 to improve ventilation?

Are you only compliant with the date that the system was installed?

Are you forward compliant also? eg what is your filtration standard - MERV13 and above?

Could a member of our group be included in minutes from these VSGs?

For the current airborne nosocomial infections, is there an SOP for investigation to determine if the ventilation was poor or a contributory factor?

If so, what action is taken immediately to make it safe?

- NWSSP-SES provides the services of an Authorising Engineer-Ventilation (AE-V) which is appointed as an independent advisor by health boards and NHS trusts to undertake assessments of Authorised Persons, audit systems and their associated operational management. The Authorising Engineer is also a member of the Ventilation Safety Group.

Where are these assessments published?

One doctor in Wales' experience of hospital filtration is that it is all a patchwork quilt with varying stds everywhere. One engineer had a migraine when asked to show him what standard the system was.

Each hospital has hundreds of systems all different, most non compliant except for some laminar flow systems in some theatres - and these were past their sell by date 20+yrs old How is this being addressed?

- NWSSP-SES engineers undertake full validations on specialist ventilation systems when they are first installed. In addition, they complete critical ventilation plant verifications annually and external contractors are also commissioned to carry out this work which ensures all specialist ventilation systems are covered.

Can you provide a report of the current ventilation status by health board and hospital?

Where there are inspections, are systems replaced if they are too old and out of date? We have been formally advised that many do not have any filters in place and they usually mix dirty and clean air for energy performance. How is this being addressed?

In relation to sterilisation, including air High Efficiency Particulate Air (HEPA) filter purification, work is ongoing with NHS Improvement England NHSI/E and the rest of the UK

NHS, including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate its effectiveness in healthcare settings.

How is this being implemented in Wales?

What are the standards eg CADR 9+ MERV13 filters Co2 levels below 600?

By when??

Is it funded?

The social care sector in Wales has been provided with advisory publications through PHW and the Welsh Government with a focus on infection transmission and clearly referencing the importance of effective ventilation systems to mitigate these risks and improve air quality. Social care settings, such as care homes, are people's home and not a clinical environment. The terms 'air filtration' and 'sterilisation' in relation to air quality are only relevant for healthcare settings.

Under Section 44 (4) (a) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 providers of regulated services must ensure

premises are “accessible, adequately lit, heated and ventilated”. The regulating body, Care Inspectorate Wales, carries out regular inspections of the services and the environment is one of the areas reported on.

So far in Module 3 of the UK Covid Inquiry the Group of Welsh Health Bodies, Jean White and Prof Dinah Gould state all confirm that highlights that the main issue with NHSW buildings is lack of ventilation. This contradicts what is said above. How does the FM respond to this?

Reintroduce routine mask-wearing in those settings (as per WHO recommendation 20 Dec 2023), particularly respiratory masks:

PHW’s Infection Prevention and Control Measures for Acute Respiratory Infections (ARI) including COVID-19 for Health and Care Settings - WALES provides detailed advice about the appropriate use of face masks in clinical settings. It states that health and care staff should continue to wear FRSM (type IIR) when working in respiratory care pathways and when clinically caring for people with suspected/confirmed Covid-19 and flu.

Does the First Minister & PHW acknowledge that Covid is airborne and that FRSM masks do not protect the wearer from an airborne virus?

Does she agree that protection of staff & patients is paramount?

Clinical infection rates in hospitals are at a record high as are opportunistic infections. Approx 1 in 3 patients now get a post operative infection.

Does the FM understand that there is a correlation between Covid and overall infection rates and complications in health care settings?

How does the FM explain staff sickness since 2020?

How are you trying to limit staff sickness using preventions?

In all other clinical care areas, universal masking should be applied when there is known or suspected cluster transmission of acute respiratory infection, for example during an incident, outbreak, and/or if a new Covid-19 variant of concern emerges.

Is the definition of universal masking still only an FRSM mask?

Universal masking should also be considered in settings where patients are at high risk of infection due to immunosuppression e.g. oncology/haematology. This should be guided by local risk assessment and includes primary and community care staff

Why only considered?

What is the risk assessment undertaken?

This guidance was reviewed by PHW’s infection, prevention and control experts following the emergence of the Covid-19 variant JN.1 and was considered to remain appropriate.

What evidence do you have that WHO guidelines are incorrect?

Has PHW challenged WHO on these masking guidelines?

Please review the evidence from Prof Clive Beggs, Dr Barry James, Dr Ben Warne, Dr Gee Yen Shin and Professor Dinah Gould (Experts in Infection Prevention and Control)

Reintroduce routine Covid & Flu/RSV testing - it is asymptomatic:

In line with our long-term strategy for living safely with Covid-19, access to free testing focuses on supporting clinical management of people who are eligible for anti-viral treatments.

For most people with symptoms of a respiratory infection (including Covid-19, our Guidance for people with symptoms of a respiratory infection, including Covid-19 provides advice on how to manage symptoms and how to prevent onward transmission.

As we now have high levels of population immunity to Covid-19, routine testing is no longer considered appropriate.

What proof do you have of high levels of immunity?

Those who are most vulnerable to serious illness as a result of contracting Covid-19 are still protected through regular vaccinations and access to free testing and treatment.

If staff are not being tested regularly and not wearing even an FRSM how can you ensure the most vulnerable are being protected?

Since 2020 staff have shorter but more frequent infections which therefore don't trigger a full management review.

This forces presenteeism and further spreads infections amongst staff and patients. It is the staff that maintains infections all year round in hospitals. Can you confirm if Sick leave guidance must be reviewed to reflect this issue?

Ensure staff manuals fully cover preventing airborne infection:

The NIPCM - Public Health Wales (nhs.wales) and Infection Prevention and Control Measures for Acute Respiratory Infections (ARI) including Covid-19 for Health and Care

Settings - WALES both cover the prevention of airborne infections.

Where can we find these guides?

Provide public health information on the use of respiratory masks & HEPA air filtration against airborne infections:

The Welsh Government works closely with PHW about public health information about all communicable diseases, including airborne infections. Our guidance for the general public

on the management of acute respiratory infections includes when consideration of wearing a face mask may be appropriate.

With regards to HEPA air filter purification, work is ongoing with the NHS including representatives from the Scientific Advisory Group for Emergencies (SAGE), to validate

effectiveness in healthcare settings. Trials on their use within NHS Wales are being undertaken in conjunction with several health boards to validate their effectiveness.

Is "with the NHS" NHS England?

Is there anyone representing Wales In SAGE?

When did these trials start?

When do they finish?

Which health boards and hospitals are trailing?

What is the definition of effectiveness?

Why are HEPA filters still being trialled when many other trials have already proved their effectiveness?

We are willing to help, what can you contribute to make this happen.

Thanks

Anna-Louise

Agenda Item 2.4

P-06-1458 Stop the Welsh Government from using Phil Jones Associates (PJA) to review the 20mph scheme

This petition was submitted by Carl W Jones, having collected a total of 724 signatures.

Text of Petition:

PJA were instrumental in advising on the 20mph scheme. They have been long time supporters of the Active Travel / cycling lobby. I believe that asking PJA to review the hugely unpopular scheme is a clear conflict of interest –they cannot provide an unbiased opinion of the negative effects that this is having on motorists and be sympathetic to the huge body of public objection –evidenced by the 467k+ signature petition opposing 20mph. An independent body must review this.

Additional Information:

<https://pja.co.uk/2020/07/16/phil-jones-leads-historic-welsh-20-mph-speed-limit-change/>

<https://petitions.senedd.wales/petitions/245548>

Senedd Constituency and Region

- Gower
- South Wales West



Eich cyf/Your ref: P-06-1458
Ein cyf/Our ref: KSNWT/10284/24

Petitions Committee
petitions@senedd.wales

13 September 2024

Dear Petitions Committee

Thank you for your letter of 5 September regarding Petition P-06-1458 Stop the Welsh Government from using Phil Jones Associates (PJA) to review the 20mph scheme.

PJA submitted a [report](#) in May 2024 and have had no further involvement in reviewing the implementation of the 20mph default speed limit in Wales.

Since April, we have undertaken a National Listening Programme, which has proved to be an incredibly valuable undertaking. This has been a genuine attempt to listen to people to make sure we are getting the right speeds on the right roads. I have met with groups both for and against, including the emergency services, and this feedback has helped shape the [Guidance on Setting 30mph Speed Limits on Restricted Roads and other 20mph roads](#) which was published on 16 July.

The guidance provides a framework to support local highway authorities to make the right decisions for their roads – particularly when those calls are finely balanced. It prioritises 20mph limits where pedestrians and cyclists frequently mix with vehicles unless strong evidence supports that higher speeds are safe.

We will continue to support highway authorities in the implementation phase of assessing roads, making of traffic regulation orders and finally in the implementation of changes on the ground. We acknowledge that it may take several months from September onwards before we see any changes on the ground.

We have tried to make the feedback process as simple as possible and representations can be made to the relevant highway authority, but they will be moving on to the implementation stage this month. Contact details for every local authority in Wales are available on our website at [Give feedback on roads with a 20mph speed limit | GOV.WALES](#). It also includes information on how to provide feedback on trunk roads which are the responsibility of the Welsh Government.

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.

The latest collision [data](#) showed things are moving in the right direction and every casualty reduced makes a real difference. However, we've still got a way to go, and we expect numbers to fluctuate over the next few years as drivers continue to adjust to the new speed. I am confident that by working together and supporting highways authorities to make changes where it is right to do so, we can continue to make 20mph a real success story for Wales.

Further information, including an updated FAQ page, can be found at:
[Introducing 20mph speed limits: frequently asked questions | GOV.WALES](#)
[20mph speed limits | Sub-topic | GOV.WALES](#)

Yours sincerely

A handwritten signature in grey ink, appearing to read 'Ken', with a long, sweeping horizontal stroke above the letters.

Ken Skates AS/MS

Ysgrifennydd y Cabinet dros Trafnidiaeth a Gogledd Cymru
Cabinet Secretary for Transport and North Wales

Agenda Item 3.1

P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now

This petition was submitted by Jane Eleanor Seddon Barraclough, having collected, 1,314 signatures online and 4,214 signatures on paper, making for a total of 5,528 signatures.

Text of Petition:

We are devastated by Betsi Cadwaladr's decision to 'temporarily' close the inpatient ward at Tywyn Hospital. We want it reopened now.

The action to close this ward without any consultation or notice is premeditated and lacks transparency; it is a misappropriation of our community's public service.

Please show us support by signing the petition. Diolch am eich cefnogaeth.

Additional Information:

Staff and patients were told on Thursday that they would be moved to Dolgellau hospital by Tuesday.

No notice, no consultation, no discussion, no rationale.

If staff didn't want to move to Dolgellau they would not have a job. Tywyn is a new hospital which has excellent equipment and facilities. Our hospital has superb staff working there. Our relatives and friends have been provided with the best possible care you could wish for.

The health board have said that it is unable to recruit sufficient staff to fill posts. We want to see what evidence the health board have to show that they ever actively recruited staff for our hospital.

This hospital is a vital resource in our community. Please support our cause.

Senedd Constituency and Region

- Dwyfor Meirionnydd
- Mid and West Wales



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

Block 5, Carlton Court, St Asaph Business
Park, St Asaph, LL17 0JG

Jack Sargeant, MS
Chair- Petitions Committee,
Welsh Parliament,
Cardiff Bay,
Cardiff.
CF99 1SN

Ein cyf / Our ref: CS/EG (CE24/0891)

☎: 01745 448788 ext 6382

Gofynnwch am / Ask for: Emma Hughes

E-bost / Email: emma.hughes19@wales.nhs.uk

Dyddiad / Date: 15th August 2024

Dear Jack,

RE: Petition P-06-1350 Re-open Dyfi Ward at Tywyn Hospital

The committee has asked for an update regarding the following;

1. Given the progress made with recruitment, members now seek confirmation of when we can expect to receive a date for the re-opening of Dyfi Ward.

We are pleased that progress has been made in terms of recruitment in a geographical area where it is generally difficult to attract health professionals. Two internationally educated nurses have been successfully recruited to posts at Tywyn Hospital and both have completed the required competencies to practice as registered nurses in the UK. A further two internationally educated nurses had been appointed and are currently working in a supernumerary capacity within Dolgellau Hospital pending confirmation that they have completed the necessary competencies to practice independently and gained Nursing and Midwifery Council registration. All appointed staff must be competent and able to practice independently in line with UK Government Regulations.

We are duty bound to have safe level of staffing to ensure patient safety, quality and standards of care, in line with the Nurse Staffing Levels (Wales) Act (Sept,2016.) Whilst we have made progress with recruitment, we continue to find that the current model within Tywyn Hospital and Dyfi inpatient ward is a real challenge to sustain with the required number of nursing staff with the right level of experience and qualifications. Most recently we have had the challenge of backfilling 12 months maternity leave absence at ward manager level and until we fill this cover and all appointed nurses achieve their competencies and registration, we unfortunately remain unable to provide an expected date for the re-opening of Dyfi inpatient ward.

We continue to be committed to working with the residents, local stakeholders and representatives of Tywyn to find ways to adapt our models of care and develop a sustainable service model for Tywyn and the surrounding area. Further to open meetings and workshops, where key themes were identified, the intention is now to do some further intensive work in small groups to agree actions to address areas such as recruitment and retention, provision of care closer to home, health and wellbeing promotion.

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW

Page 69 www.bcu.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

In the meantime, the Health Board has increased work in the community, enabling patients to be cared for at home where possible. This has been very well received by the patient and families in receipt of the care and the local population now very much appreciate the range of services the hospital is able to provide. For the very small numbers of patients needing more intensive care, the additional beds at Dolgellau have been available and will continue to operate alongside other services established during this period including the Tuag Adref (Homeward Bound) service, treatment room, minor injury until and the wellbeing hub.

Kind regards,

A handwritten signature in black ink, appearing to read 'Carol Shillabeer'.

Carol Shillabeer
Prif Weithredwr/Chief Executive

P-06-1350 reopen Dyfi Ward at Tywyn Hospital now

This will be the sixth reply the group have made to the petitions committee. The inpatients ward at Tywyn Hospital has been closed for eighteen months. BCUHB have made no progress in opening it.

The latest reply from Carol Shillabeer is poor. She does not even admit that overseas nurses that had been recruited to fill vacancies in Tywyn or Dolgellau have now left, having bought out of their contracts to work elsewhere. The health board has serious problems not only in its ability to recruit staff, but in retaining staff; and has made little attempt to train the staff it already has to fill the roles required. The health board has also redeployed staff it already had to other roles. All our previous replies have provided many factual examples which show that the health board have not been honest about their recruitment activities.

The final paragraph of Carol Shillabeer's letter ...'for the very *small* numbers of patients needing more intensive care' is wrong. The numbers are not *small*. She either has no idea of the numbers of people that are being denied the care that they need in their local hospital or is being dishonest. The latest statistics published by the Welsh Government for NHS hospitals show that the beds in Tywyn Hospital were heavily utilised until the ward was closed. The issue is that patients are having to remain in Bronglais or the other main hospitals, because they cannot go home. This of course creates a shortage of beds at those hospitals. We know people that have been sent home without the necessary 'home care' that Carol Shillabeer states' has been very well received by the patient and families in receipt of the care and the local population now very much appreciate the range of services the hospital is able to provide'. She has no evidence upon which to substantiate this assertion. The replacement of inpatients wards with peripheral services, such as 'wellbeing hubs', has no credibility in the present situation.

There are many concerns that have been raised by us about the hospital over the last eighteen months, which have not been answered, here is a reminder of a few:

Blocking the public's right to ask questions of the health board at their general meetings, replies which are accessible and open in the public domain, is a breach of trust. The questions and answers would have been a public record of the continuing narrative regarding Tywyn Hospital.

On 28/04/23 BCUHB notes from a meeting '*Enhanced Services Action Plan*' show that '*End of life and hospice care to be considered as an option for beds at Tywyn Hospital, and - to discuss Hospice Dewi Sant and Marie Curie Service in the area to follow up on previous conversations, status in progress*'. Ulterior plans for our hospital have not been made public.

Donations - the misappropriation of donations is a serious concern. In March 2023, only a few weeks before its closure, over £10,000 from the Tywyn Hospital donations fund was authorised to pay for an updated patient kitchen for the inpatients ward, when in February 2023, the health board had covertly begun planning its closure. Donations helped to build and refurbish the hospital in the first place.

We would like clarity on the role of the petitions committee in holding the health board to account in meeting their obligations and responsibilities. As it stands the committee appears unable to instruct BCUHB to open Tywyn Hospital; so which element in the Welsh Government is able to, and is responsible for doing so? Opening the hospital is necessary to provide the residents of the Tywyn and district area with the health care they deserve, and via taxation, are paying for. Simply continuing to ask BCUHB for a date for the opening of Tywyn Hospital, with no deadline for doing so is completely ineffectual. The situation at Tywyn Hospital is another example of the Welsh Government letting slip the high standards required for serving the health needs of the Welsh people.

The group continues to endeavour to demonstrate in our replies to the Petitions Committee how BCUHB have mismanaged our facilities and health service. There is no reinforcement of the standards and attitudes required and the continued obfuscation is a serious matter of concern. Eighteen months on, the Health Board do not want to reopen the inpatients ward.

The 5,528 people who signed this petition have been let down.

Yours sincerely

Jane Barraclough

Tywyn Hospital Action Group

21st September 2024

Ms Carolyn Thomas MS
Chair –Petitions Committee
Senedd Cymru.
Cardiff
CF99 1SN

Glan Eifion
Seaview
Borth-Y-Gest
Porthmadog
Gwynedd LL49 9TP

Tel : 01766 513 337
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e-mail: tom@communityhospitals.net

P-06-1350 Re-open Dyfi Ward at Tywyn Hospital

Dear Ms Thomas,

The petitioners have invited me to forward further observations to your Committee from the Community Hospitals Association. This follows the petitioners' receipt of a copy of the letter of 15th August 2024, from the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB), to the Petitions Committee.

EMBARASSMENT

This saga has now continued for 18 months and is a considerable embarrassment to the Community Hospitals Association and I suspect to the NHS in Wales. I list below an abbreviated synopsis of promises made by BCUHB management and its admissions of lack of competence in staff recruitment.

I give presentations to community hospital organisations overseas as well as in the UK. I have given presentations recently to Italy and Uganda and we are pleased that Japanese representatives are visiting shortly. When the challenges to community hospitals in Wales are discussed, they cannot understand how we can fail to recruit staff to a community hospital ward after 18 months of trying.

AN OUTLINE TIMETABLE OF EVENTS

Mr Mabon ap Gwynfor MS and Ms Saville-Roberts MP met with Betsi Cadwaladr on April 14 2023 and released a statement "We also question whether the Board understand how to deliver health care in rural Wales." Events since then has proven their concerns about the Board's competence to be correct.

On 12 May 2023, Health Minister Eluned Morgan visited Tywyn Hospital and expressed optimism. It is now clear that she was misled.

On May 25 2023 the Health Board formally answered a question about the Tywyn ward stating, "Once we have successfully recruited the minimum number of staff to safely open in-patient beds again, we will do so." 16 months later they have not yet succeeded in recruiting the promised staff.

On 15 June 2023, the office of Eluned Morgan Secretary of Health and Social Services wrote to Tywyn residents, "the health board will continue in its efforts to recruit to vacancies in order to safely restore inpatient services at Tywyn Hospital as soon as possible".

On 24 July 2023, Ms Ffion Johnstone, Integrated Health Community Director (West) wrote "We have made some progress in recruitment. We have appointed 1 Band 5, the Band 6 Deputy ward manager and Band 7 Ward manager post. We still require 3 Band 5 staff".



A month later on 23 August 2023 Ms Ffion Johnstone, Integrated Health Community Director (West) wrote “Unfortunately, we continue to be 3 x Band 5 registered nurses short of what we require to be able to reopen the beds on Dyfi ward.”

Ms Johnstone also illustrated the inadequacy of the recruitment approach taken when she wrote

“The latest advert for the remaining posts did not attract any suitable or shortlistable candidates, and we are going back out to advert again in a further attempt to recruit. We are supplementing our national advertising with local campaigns targeting the recent Race the Train event and the Food Festival as an example. We also have a targeted social media campaign which is targeting specific professional groups, such as nursing, to advertise job opportunities in the area.”

Sadly, there remained an absence of focus in the recruitment by BCUHB with no out of area recruitment opportunities being identified and targeted for Tywyn.

On September 28th 2023 at a BCUHB Board meeting, the recruitment ‘fiasco’ for Tywyn was described as

“All avenues are being progressed to recruit including national adverts:

Dates that the Band 5 post for Tywyn has been out to advert:

- 1. March 23- closing date 23/03/23- No suitable candidates*
- 2. April 23- closing date 17/04/2023- No suitable candidates*
- 3. May 23- Closing date 08/05/2023- No suitable candidates*
- 4. May 23- Closing date 29/05/2023- Interviews held 08/06 and post appointed too. Delays in re-advertising following interviews due to a period of time where Trac was unavailable and the need to progress with some actions within the system to progress appointment prior to being able to re-advertise post.*
- 5. July 23- closing date 16/08/2023 – No suitable candidates*

Following the last cycle of recruitment the post has had to go through due process again as establishment control approval had expired.”

On October 11th 2023, Ms Carol Shillabeer told the Petitions Committee that she and the Chair had made a commitment to attend a public meeting in Tywyn regarding the ward closure and other service withdrawals and reductions.

On 21st November 2023, LLAIS and local residents organised a public meeting at which senior Health Board officials and 120 residents were present. Many residents told of how they had suffered because of the Tywyn Hospital closed services. The Board provided no optimism that they could soon restore service.

On 28 November 2023, Ms Saville-Roberts MP raised the recruitment difficulties at Tywyn in the House of Commons. Hansard records that Mr Robert Jenrick laid the failings to recruit on the devolved Welsh Government.

On 8th February 2024, Ms Shillabeer wrote to the Petitions Committee once again and stated “We will be able to provide a date for the reopening of Dyfi Ward in Tywyn Hospital once our new recruits have been fully signed off as competent to work independently and the remaining 2 vacancies are filled.”

On 2nd March 2024, the Welsh Government announced that “250 doctors and nurses are coming to Wales under an agreement with the Kerala Government”.



On 10th May 2024, Ms Shillabeer admitted the Board management failings in the field of recruitment by writing to the Petitions Committee saying “It has been a significant challenge to recruit despite numerous attempts”.

In a reference to overseas recruitment she wrote:

“I am very pleased that an additional two internationally trained nurses have been appointed and arrangements for these two nurses to travel to the UK are in progress with a view to filling the remaining vacant posts in Tywyn hospital. We are yet to have a firm timeline and they will of course need to complete the required competencies upon arrival.”

The earmarked staff still haven’t arrived in Tywyn! On August 15th, Ms Shillabeer wrote to the Petitions committee confessing “we unfortunately remain unable to provide an expected date for the re-opening of Dyfi inpatient ward.”

OPTIMISM

We trust that your committee can find some method of encouraging NHS Wales to live up to its responsibilities and to restore service to the Tywyn area. We seek your committee’s continued support.

Yours sincerely

Tom Brooks

Committee Member for Wales
Community Hospitals Association

Agenda Item 3.2

P-06-1409 Cease all further planning for road charging in Wales

This petition was submitted by Daniel Healey-Benson, having collected a total of 10,183 signatures.

Text of Petition:

The National transport plan 2022-2027 indicates the Welsh government are planning to introduce road charging in Wales. We the Welsh public do not support such a strategy and would like the Welsh government to cease all further planning for such a strategy.

Additional details:

The National Transport Delivery plan 2022-2027.

Senedd Constituency and Region

- Llanelli
- Mid and West Wales

Eich cyf/Your ref P-06-1409
Ein cyf/Our ref KSNWT/06137/24

Chair - Petitions committee
Government.Committee.Business@gov.wales

9th September 2024

Dear Chair,

Thank you for your further letter of 17 July regarding Petition P-06-1409 – Cease all further planning for road charging in Wales.

The Welsh Government has no plans to introduce user charging on the roads for which it is responsible, i.e. the Strategic Road Network.

The legislative framework for local road charging schemes in Wales is governed by the Transport Act 2000. Under this framework, any local charging scheme can only be implemented on roads for which the charging authority is also the traffic authority. This means that local authorities have the legal responsibility and control over the roads they choose to implement such schemes on.

Yours sincerely,



Ken Skates AS/MS

Ysgrifennydd y Cabinet dros yr Economi, Trafnidiaeth a Gogledd Cymru
Cabinet Secretary for the Economy, Transport and North Wales



Dr Chris Llewelyn
Prif Weithredwr / Chief Executive

Cymdeithas Llywodraeth Leol Cymru
Welsh Local Government Association

Un Rhodfa'r Gamlas	One Canal Parade
Heol Dumballs	Dumballs Road
Caerdydd	Cardiff
CF10 5BF	CF10 5BF
Ffôn: 029 2046 8600	Tel: 029 2046 8600

Ein Cyf / Our Ref:

Dyddiad / Date: 13th August 2024

Gofynnwch am / Please ask for: Tim Peppin

Llinell uniongyrchol / Direct line: 07747 483761

Ebost / Email: tim.peppin@wlga.gov.uk

Chair – Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff CF99 1SN

Dear Chair

Petition P-06-1409 Road charging in Wales

Thank-you for your letter of 17th July regarding the above petition. Officers in the WLGA have contacted all 22 councils and asked them to inform us if they are implementing road charging or currently exploring how they might take this forward. Based on responses received to date, our understanding is that the only council where a road user payment scheme is under active consideration is Cardiff, where their work on this has been well publicised. The North Wales Transport Commission also looked at the issue for the region. It acknowledged the role road user charging can play in raising revenue to support a more sustainable transport network, and suggested is likely to play a part in transport across the region in the future.

In 2020, Cardiff Council issued a Transport White Paper which outlined its vision for transport in the city to 2030. Road user charging was identified as an option in the Paper. A detailed report setting out the issues went to the council's Cabinet in April 2023 and can be viewed here: [CARDIFF COUNCIL \(moderngov.co.uk\)](https://www.moderngov.co.uk/councils/cardiff/council/cabinet/2023-04-27/road-user-charging-in-wales). It refers the 2020 Turner Report ([Independent review of road user charging in Wales | GOV.WALES](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/864442/Independent-review-of-road-user-charging-in-Wales-2020.pdf)) which considered the merits of road user charging across Wales. That report concluded that it could be an effective measure as part of a sustainable transport system, but would require different approaches in different areas. The

Croesawn ohebiaeth yn y Gymraeg a'r Saesneg a byddwn yn ymateb i ohebiaeth yn yr un iaith.
Ni fydd defnyddio'r naill iaith na'r llall yn arwain at oedi.

We welcome correspondence in Welsh and English and will respond to correspondence in the same language. Use of either language will not lead to a delay.

[wlga.cymru](https://www.wlga.cymru)

[wlga.wales](https://www.wlga.wales)

@WelshLGA



Dr Chris Llewelyn
Prif Weithredwr / Chief Executive

Cymdeithas Llywodraeth Leol Cymru
Welsh Local Government Association

Un Rhodfa'r Gamlas	One Canal Parade
Heol Dumballs	Dumballs Road
Caerdydd	Cardiff
CF10 5BF	CF10 5BF
Ffôn: 029 2046 8600	Tel: 029 2046 8600

Turner Report was also considered by the North Wales Transport Commission.

A website has been launched covering the Cardiff proposals and can be viewed here: [Cardiff Road User Payment Scheme - Keeping Cardiff Moving](#). The draft 'target dates and milestones' on that site suggest that a Cabinet decision on this matter will be taken by the end of 2024 but, if progressed, implementation would be subject to Ministerial approval and not until 2027/28.

The Cardiff Cabinet report identified the reasons why demand management measures need to be considered to meet a wide range of policy objectives. It also highlights that some form of road user pricing is a matter for the UK government too, noting that the Office of Budget Responsibility has stated that receipts from fuel duties are: "...expected to continue on a downward trajectory [as a percentage of GDP], partly reflecting the move from petrol and diesel engine vehicles to battery powered electric vehicles (EVs)."

Therefore, although there may currently be only one council in Wales actively investigating road user payment, the evidence suggests it will be looked at more widely in future. The viability of any scheme(s) will depend on local circumstances and so opportunities will vary across Wales.

I hope this information is useful to you. If we *do* receive any information from councils indicating that they are exploring this issue, we will let you know.

Yours faithfully

A. Morgan

Councillor Andrew Morgan OBE

Croesawn ohebiaeth yn y Gymraeg a'r Saesneg a byddwn yn ymateb i ohebiaeth yn yr un iaith.
Ni fydd defnyddio'r naill iaith na'r llall yn arwain at oedi.

We welcome correspondence in Welsh and English and will respond to correspondence in the same language. Use of either language will not lead to a delay.

wlga.cymru

wlga.wales

@WelshLGA

**P-06-1409 Cease all further planning for road charging in Wales -
Correspondence from the Petitioner, 16 September 2024**

Hi,

With regards Ken Skates note advising the Welsh Gov do not have the power to introduce road charging. This needs further clarity, page 35 of the National Transport delivery plan 2022-2027 explicitly states a solution to meet targets and support investment in sustainable transport is demand management schemes such as road user charging.

Ken Skates is being disingenuous with his letter, simply passing the buck to councils for a plan initiated in the Transport delivery plan.

It also states, "we will explore a benefits and charges package approach to introducing new schemes"

If as stated, the Welsh gov does not have the power to implement road charging, as per the petition title it should cease all further planning for it, not only do the public not want it, it is wasting resource on something it can't implement.

If as I suspect, the plan is create a framework/model for councils or people with authority to introduce road charging, it is this planning that should cease.

Kind Regards

Dan Healey-Benson

Agenda Item 3.3

P-06-1428 Stop the flooding in Caenant Terrace, Skewen NOW!

This petition was submitted by Susan Martin Kerslake, having collected a total of 776 signatures.

Text of Petition:

For the last 40 or so years, Caenant has regularly suffered flooding because the culvert and the drainage system can't cope with the amount of water and again, the terrace has been turned into a river with thousands of gallons of water pouring down the road and back lane. One house has suffered substantial flooding in this latest breach.

Additional Information:

The council have been telling us residents for years that it will be fixed, but we've now had enough and are petitioning to ensure that:

1. Neath-Port Talbot Council to agree a solution that eliminates the risk of this regular flooding occurring again; and
2. The Welsh Government ensures that funding is provided to deliver the work as soon as possible.

The drainage officer stated yesterday that the system isn't fit for purpose, and we urge all responsible bodies to take action now.

Senedd Constituency and Region

- Aberavon
- South Wales West



Cyngor Castell-nedd Port Talbot
Neath Port Talbot Council

Dyddiad/ Date 5 September 2024
Rhif Ffôn/ Direct Line 01639 763309
Ebost/ Email leader@npt.gov.uk
Cyswllt/ Contact
Ffôn cyf / Your ref
Our ref SH/SC/PetitionsComm

Mr Gareth Price
Clerk of the Petitions Committee
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1 SN

[Letter forwarded via email only to petitions@senedd.wales]

Dear Mr Price

Petition P-06-1428 - Caenant Terrace, Skewen

Thank you for your letter dated 17th July 2024, and for sharing your concerns regarding the future timeline for the flood alleviation scheme in Skewen, particularly for Caenant Terrace. I also apologise for the delay in response.

As the Lead Local Flood Authority (LLFA), this Council has been diligently working on the Skewen Flood Alleviation Scheme since 2020, and has successfully advanced through various stages of Welsh Government's Flood and Coastal Erosion Risk Management (FCERM) process. It is important to note that the flooding at Caenant Terrace is just one of several locations being addressed; the project's scope also includes measures to protect properties on Old Road, New Road, Dynevor Road, and Drummau Road, all of which have experienced flooding in recent years.

We understand the desire to make progress as fast as possible, especially given the impact of recent flooding on the residents of Caenant Terrace and the wider community, but Skewen has not been the only location where there has been urgent need. It is noted the recent incident involving a collapse in a piped watercourse was a private matter, the Council stepping in to use its powers under the Land Drainage Act 1991 to resolve the immediate risk. The Council's scheme is expected to eliminate similar risk in that the piped watercourse for which landowners are responsible will be diverted into the new higher capacity flood alleviation scheme.

/Cont.....

Swyddfa'r Arweinydd Y Cyngor
Steve Hunt, Arweinydd y Cyngor
Y Ganolfan Ddinesig, Port Talbot SA13 1PJ
Ffôn 01639 763309

Leader's Office
Steve Hunt, Leader of Council
Civic Centre, Port Talbot SA13 1PJ
Phone 01639 763309

www.npt.gov.uk

The Council is fully committed to addressing the flood risk to Skewen long term and considers it a priority within our FCERM pipeline of works. We have allocated dedicated resources towards the detailed design and development of a comprehensive business case. Our commitment is evident in the progress our team and the Council's selected consultants have made, despite the numerous obstacles and constraints presented in the urban and densely populated areas involved.

Unfortunately, the development of a flood alleviation scheme is an inherently complex process and requires thorough planning, design, and consultation phases to ensure the effectiveness and safety of the proposed measures. Several statutory requirements must be met, including planning approvals, Natural Resources Wales (NRW) consents, license agreements, landowner negotiations, environmental consultations, and Network Rail consents etc. Each of these elements has its own timeline, and some processes cannot begin until others are completed.

Furthermore, there is a detailed and stepped process we need to go through to ensure Welsh Government funding can be secured. Even if we were given more funding tomorrow, we cannot advance the scheme any more than we already have. The situation remains that we anticipate completing the Full Business Case and Detailed Design in the Summer of 2025. Following this, the proposal will be reviewed by the Welsh Government Flood Branch to ensure compliance with their criteria for construction funding and to enable release of the much greater sum than has already been made available to undertake the works.

Please do not hesitate to make contact should you have any further queries or require further information.

Yours sincerely



Cllr Steve Hunt

Leader of Neath Port Talbot Council

**P-06-1428 Stop the flooding in Caenant Terrace, Skewen NOW –
Correspondence from the petitioner, 23 September 2024**

I have read the attached document and:

- What are your thoughts on the attached document? Same old same old!
- Does it adequately address the issues that you raised? No, because it doesn't say that the works will be carried out if the plan is accepted.
- Do you have further questions in response? They produced a previous plan – why do we need a new one? What's changed?
- Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee? As usual, the council are just fobbing us off – this issue has been going on for decades and, unfortunately I believe will be going on for decades to come!

Kind regards

Sue

Agenda Item 3.4

P-06-1445 Change Land Transaction Tax for First Time Buyers in Wales to be in line with the UK Government

This petition was submitted by Taylor Reynish, having collected a total of 268 signatures.

Text of Petition:

The UK Government have removed stamp duty for first time buyers who purchase properties under £425k in England and NI. The Welsh Government needs to follow suit by reducing LTT to the same rate for first time buyers in Wales. Currently there is no preferential rate for first time buyers in Wales, it is just a flat rate of under £225k for every house bought here. With rapid rising property prices it is becoming increasingly difficult to find decent properties under the WG threshold of £225k.

Additional Information:

Purchasing a first home has become increasingly more difficult for first time buyers, with the current cost of living crisis and rising mortgage rates, and it is made even more difficult in Wales by the Welsh Government by not adding an extra incentive, like the UK Government have. By not removing this tax it will add to people left stuck renting in Wales, unable to get onto the housing market or even buying outside of Wales. Why limit the help and choice for first time buyers in Wales? I believe as much help as possible should be offered to get people onto the property ladder.

Senedd Constituency and Region

- Newport East
- South Wales East



Eich cyf/Your ref: P-06-1445
Ein cyf/Our ref: RE/10000/24

Clerk, Petitions Committee
Senedd Cymru

23 August 2024

Dear Clerk,

Thank you for the previous Chair's follow-up letter regarding Petition P-06-1445, 'Change Land Transaction Tax for First Time Buyers in Wales to be in line with the UK Government'. Below are my responses to the questions raised in the letter.

1. Regional Disparities: How does the Welsh Government plan to support first-time buyers in regions where property prices exceed £225,000?

The Welsh Government, subject to approval by the Senedd of the regulations, sets rates and bands for Land Transaction Tax (LTT) which are uniform across Wales, rather than varying rates by region. This is an approach common to all UK governments with similar responsibilities.

Further, the Welsh Government's position is that LTT should be a progressive tax, meaning that those buying more expensive properties should pay the greatest share of tax, including in transactions that are first-time purchases. Therefore, we have set the starting threshold at which LTT is payable across the whole of Wales on all main rate residential transactions at £225,000.

By setting the threshold at £225,000 the Welsh Government is helping the majority of homebuyers in Wales, whether they are first-time buyers or otherwise. To specifically support first-time buyers based on a higher threshold would reduce tax revenues and would need to be recognised either through reducing the support provided to those homebuyers purchasing in the lower and middle segments of the market, who most need support or would need to be met either by rises in other elements of LTT or in other taxes, or by cuts to the funding of other programmes.

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

Bae Caerdydd • Cardiff Bay
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CF99 1SN

Correspondence.Rebecca.Evans@gov.wales
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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.

2. Long-Term Strategy: Is there a strategy to periodically review and adjust LTT thresholds to match market conditions?

I consider LTT rates and bands annually in advance of the draft budget, and at any other time at which circumstances give rise to additional consideration.

The changes made in October 2022 are an example of the latter. As I made clear at the time, I brought forward changes I had intended would be made as part of that year's Draft Budget, in order to give homebuyers certainty. In large part, the changes were made to reflect the increases in house prices since LTT was introduced in 2018.

It is important that we are flexible with regard to the setting of rates and bands rather than link decisions automatically to changes in average house prices. A less flexible approach could risk buyers avoiding purchases at certain times of year, in anticipation of rate changes, which would impact the smooth operation of the housing market. By being flexible we can also make adjustments in response to pressures.

3. Impact Analysis: Has the impact of the current LTT structure on first-time buyers compared to those in England and Northern Ireland been analysed?

The impact of the absence of a first-time buyer's relief in Wales compared to England and Northern Ireland was considered as part of the Independent Review of Land Transaction Tax and Anti-avoidance of Devolved Taxes (Wales) Act 2017¹, published on 23 February 2023.

The Review made the following findings:

- There was no evidence to suggest the absence of a first-time buyer relief had had any substantial impact on access to home ownership in Wales.
- Even with an increased proportion of first-time buyers paying a small amount of LTT, there had not been negative impact on access to home ownership in Wales for first time buyers.
- The substantive issues impacting home ownership were availability of property, the value of property, the level of earnings, the availability of finance, and the affordability of mortgages and other financial products, rather than the relatively minor cost of LTT.

4. Percentage of First-Time Buyers: What exact percentage of the transactions under the £225,000 threshold are first-time buyers? You mention most of the 60% are first-time buyers, but knowing the exact figures would help quantify the impact.

The exact percentage is not known. For clarity, my previous letter did not say that most of the 60% of all transactions that are below the starting LTT threshold were first-time buyers, rather that the majority of first-time buyers are likely to be among the 60% of homebuyers who do not pay any LTT. This is because the average price of a first-time purchase for June 2024 is £187,000, which leads me to conclude that the majority of first-time transactions are below £225,000.

¹ [Independent Review of the Land Transaction Tax and Anti-avoidance of Devolved Taxes \(Wales\) Act 2017 \(gov.wales\)](#)

Office for National Statistics data looking at affordability gives a median house price for Wales of £196,500 (September 2023). The first-time buyer median is likely to be lower than this figure, therefore, I do not think it unreasonable to conclude that the majority of first-time buyers' transactions are not liable to pay LTT.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The script is cursive and fluid.

Rebecca Evans AS/MS

Ysgrifennydd y Cabinet dros Gyllid, y Cyfansoddiad a Swyddfa'r Cabinet
Cabinet Secretary for Finance, Constitution & Cabinet Office

P-06-1445 Change Land Transaction Tax for First Time Buyers in Wales to be in line with the UK Government - Correspondence from the Petitioner to the Committee, 24 September 2024

Please see my responses below.

1. Regional Disparities:

- While it's acknowledged that setting uniform rates across Wales provides simplicity, it doesn't address the disparity in property prices between regions. Areas like Cardiff or Monmouthshire, where property prices often exceed £225,000, put first-time buyers at a significant disadvantage compared to other regions. Adjusting thresholds by region could help address this imbalance, ensuring fairer access to homeownership across the country.

- A progressive tax is understandable, but there should be additional support for first-time buyers who are particularly vulnerable in higher-priced areas. Suggesting the only options are higher taxes elsewhere or cuts to public programmes limits creative solutions, such as improving regional thresholds or providing specific reliefs.

2. Long-Term Strategy:

- The response highlights flexibility, yet a more transparent and predictable review process might be beneficial for homebuyers. Clear, periodic adjustments could provide more certainty and help people plan accordingly, especially for those saving for their first home, as unpredictability can create stress in an already difficult housing market.

- Wales could consider linking rate reviews more closely with real market conditions, such as house price inflation or wage growth, rather than leaving changes up to ministerial discretion, which could lead to uncertainty and potential market distortions.

3. Impact Analysis:

- While the review found no substantial evidence that the absence of first-time buyer relief negatively impacted homeownership, the conclusions seem based on limited data. The rising number of first-time buyers paying LTT, combined with the cost-of-living pressures and rising mortgage rates, should be reassessed to determine whether targeted relief would now be more beneficial.

- Comparing Wales to England and Northern Ireland, where first-time buyer relief is available, would help identify whether such a relief could make homeownership more accessible in Wales.

4. Percentage of First-Time Buyers:

- A more specific breakdown of first-time buyer transactions below the £225,000 threshold would provide a clearer picture. Without exact figures, it's challenging to assess the true impact of LTT on first-time buyers.

- The average first-time buyer price of £187,000 may not reflect the experience of those in more expensive regions or those with lower incomes who struggle even at the lower end of the property market. More precise data would help create policies that target first-time buyers most in need of support.

Yours sincerely,

Taylor Reynish

Jack Sargeant MS

Chair
Petitions Committee

9 July 2024

Dear Jack,

Written Response by the Welsh Government to the report of the Petitions Committee report entitled Freedom to thrive: P-06-1346 Provide free and accessible public transport for under 18s in Wales to lower carbon emissions and boost growth.

Please see attached my response to the Petitions Committee's recommendations related to Petition P-06-1346. I would like to take the opportunity to thank the Committee for considering this important issue. Due to current fiscal constraints, our immediate priorities lie with maintaining free concessionary travel for over 60's and disabled people in Wales, complemented by our 'My Travel Pass' scheme which offers discounted bus travel for young people aged 16-21 across Wales.

As we move towards the new system of bus franchising, we hope to significantly simplify and improve the fares and ticketing offer for young people across Wales, and we hope to make significant progress with the Committee's recommendations at this stage.

Yours sincerely,



Ken Skates AS/MS
Ysgrifennydd y Cabinet dros Drafnidiaeth a Gogledd Cymru
Cabinet Secretary for North Wales and Transport

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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.

Written Response by the Welsh Government to the report of the Petitions Committee report entitled Freedom to thrive: P-06-1346 Provide free and accessible public transport for under 18s in Wales to lower carbon emissions and boost growth.

Welsh Government is committed to the most wide-ranging reform of the delivery of bus services in the UK since the deregulation of buses in 1986. We will be bringing buses back under public control through our plans to franchise buses across Wales. At the same time we will lift the ban on the creation of municipal bus companies, allowing local authorities to form their own bus companies.

This change will reverse nearly forty years of privatisation which has seen the public sector lose control on the routing of buses, the timetabling of buses and the fares that are charged to the travelling public. Ultimately this means that decisions have been made by commercial bus operators which may not necessarily serve the best interests of the travelling public.

In order to provide better value to bus passengers we fund a concessionary fare scheme which offers free travel to people aged over 60 or with certain disabilities. We also fund MyTravelPass which offers a 1/3 reduction to young people aged 16-25 (with people under the age of 16 paying child fares). Of course, we would like to go further than this; and indeed we were planning an introducing a Fairer Fare scheme which would see a heavily discounted fare offering to all passengers but the fiscal outlook has not allowed us to progress this initiative. Instead, we have invested our funding to protect as much as the bus network as possible making sure there are bus services available right across Wales. Without this intervention it is likely we would have seen wholesale cancellations of bus services as the industry continued to feel the effects of reduced patronage and increased costs resulting from the covid pandemic.

I have set out my response to the Report's individual recommendations below.

Detailed responses to the recommendation are set out below:

Recommendation 1.

The Committee recommends that:

The Welsh Government should set out a clear ambition to provide free public transport for young people at the earliest opportunity.

Response: Accept.

We have a programme for government commitment to explore extensions of the MyTravelPass for reduced-cost travel for young people. As we prepare for the introduction of franchising, we will give consideration to whether the financial outlook allows us to introduce such a scheme.

On Transport for Wales rail services, we already provide free travel for young people traveling with a fare paying adult, reducing the cost of public transport for families. Under 11s are free on all our trains, and under 16s are free on off-peak services. Additionally there is a 16-17 Saver Railcard which offers 50% off most rail fares across Wales and England, not just TFW services. It can be used every day of the year with no time restrictions and no minimum fare. Whilst there is an annual cost of £30 for the card, the average saving last year was £367, making it a worthwhile investment for regular travellers.

Financial Implications: None, any additional costs must be drawn from existing budgets.

Recommendation 2.

The Committee recommends that:

The Welsh Government should undertake preparatory work with a view to introducing a free public transport for young people scheme in the future. This should include, but not be limited to, work to understand current patronage and travel habits of young people.

Response: Reject.

We have already undertaken detailed analysis of various fare schemes that we had hoped to introduce earlier in this Senedd term. We are now focussed on making preparations for franchising, which will be the most ambitious reform of bus service provision across the UK. It is right that we focus our limited resources on the planning and delivery of franchising.

Financial Implications: None.

Recommendation 3.

The Committee recommends that:

The Welsh Government should engage with key stakeholder groups to initiate discussions around enhanced concessionary transport for young people. This should include the bus industry, trade unions, concessionary scheme operators, local authorities and protected and vulnerable groups.

Response: Reject.

If we get to position where we are able to introduce free travel for young people we will undertake significant engagement with a wide range of stakeholders and representatives of protected and vulnerable groups. Until then we will focus our efforts on the planning and implementation of franchising.

Financial Implications: None.

Recommendation 4.

The Committee recommends that:

The Welsh Government should ensure that its work to reform the bus sector in Wales does not create any barriers to introducing free public transport for young people at the earliest opportunity.

Response: Accept.

Franchising will give us total control over the fares of Wales's future bus network. As part of our work to prepare for franchising we are considering our fare strategy through two lenses. The first being about the structure of our fares; and the latter the price point. This is a specific choice as it allows us to ensure that we put in place fare structures that can accommodate a wide range of ticket prices including zero fares. This means that should the financial outlook allow we will be able to introduce free transport for young people without delay.

Financial Implications: None, any additional costs must be drawn from existing budgets.

Ken Skates MS

Cabinet Secretary for North Wales and Transport



A Cashless Society?

P-6-1335 Welsh Government
should take steps to ensure
vulnerable adults without bank
cards can pay with cash

23/07/2024

A key element of the Welsh Government's vision for financial and digital inclusion is we want everybody to be able to participate with services in a way that suits their needs.

Financial inclusion is a key social justice issue. The Welsh Government supports financial inclusion through a financial wellbeing "Delivery Plan for Wales" jointly owned with the Money and Pensions Services (MaPS).

The Welsh Government has strategic relationships with the Financial Conduct Authority, LINK and Cash Access UK and consistently champions the specific needs of Welsh communities and sections of the population with these organisations.

Whilst financial inclusion is devolved to Wales, financial services is a reserved matter. Therefore, the Welsh Government makes its' views known to UK Government directly and through UK Government committees such as the Welsh Affairs Select Committee.

The current UK legislative framework, including the Financial Services and Markets Act (2023) whilst protecting access to free cash, which is welcomed, does not protect physical banking provision through branches which many rely on, including those who are more vulnerable, including older people and disabled people. This highlights the importance of working with LINK and Cash Access UK to speed up delivery of shared banking hubs and enhanced deposit facilities across Wales.

Detailed Responses to the report's recommendations are set out below:

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1. Recommendation 1

The Welsh Government should ensure that all organisations which receive public funding are required to accept cash payments. However, the Committee recognises that some organisations will no longer have facilities to accept cash or deposit cash locally and therefore will require support and guidance.

Welsh Government Response: Reject

The Committee itself recognises that some organisations no longer have facilities to accept cash or deposit cash locally. Furthermore, the Welsh Government does not have the legal levers to ensure all organisations in receipt of public funding are requested to accept cash payments. For organisations funded by the Welsh Government directly, a change such as this would require revised procurement or grant funding terms and conditions and would only work for organisations with the capacity and capability to offer a digital and non-digital route.

The Digital Strategy for Wales sets out how digital transformation is about a change of culture - creating online services that are so good that people choose and want to use them. This does not mean, however, that digital services should be mandated. The Digital Strategy also commits us to fairness and inclusion, and it is crucial that public services can be accessed in the way that service users plan to use them

Financial inclusion for people with learning disabilities has been raised by the Ministerial Advisory Group on Learning Disabilities for discussion about the potential negative impact of a cashless society. It is recognised that many people with learning disabilities rely on cash budgeting and using cash in shops and for services, to enable them to live independent lives. A Senedd petition has also been raised on this issue - which will be considered by the Petition Committee if sufficient signatories are received.

Financial implications

There will be no financial implications because this recommendation is rejected.

2. Recommendation 2

The Welsh Government should commission research in this area to fully explore the complexities and challenges faced by people who do not use digital payments, their families, support workers, residential care providers, private businesses and public sector organisations. This should also focus on exploring solutions to ensure that we support people to be active citizens who can live as independently as possible and have the same opportunities as those who use digital payment methods.

Welsh Government Response: Accept in Principle

Through extensive stakeholder engagement, the Centre for Digital Public Services (CDPS) has developed Digital Service Standards which set out what is expected from new or redesigned digital services funded by Welsh public sector organisations. They highlight the importance of user-centred design and of the continued provision of non-digital routes to access services. They also focus on meeting the user needs including the current and future wellbeing of people in Wales.

The Welsh Government has led the way in commissioning the research and implementation of work to identify a Minimum Digital Living Standard (MDLS) for Wales¹. This work has identified a definition and pilot projects are currently underway, led by housing associations, to test the concept and to learn from a range of household types. The project outcomes will be evaluated in March 2025 and used to inform future work. Work is also underway with the Good Things Foundation to expand research into the concept of MDLS to a wider range of household types including older people and households without children.

Welsh Government also welcomes the research undertaken by the Older People's Commissioner in the Access Denied : older people's experience of digital exclusion in Wales report and subsequent Progress Report outlining the need for further work to enable older people to access information and essential services online. Welsh Government actively uses this research to inform internal work and to help inform future policy development.

These points highlight the complexity of digital and financial inclusion and the fact that ownership for action and possible solutions does not sit with only one organisation or sector. For example, where an individual cannot manage their own finances, there is statutory guidance that sets out what actions service providers must take to help manage finances on behalf of the individual. The focus therefore needs to be on sectors working together and each taking responsibility for the aspects that they can control.

This includes the areas that UK Government controls – financial services and legislation such as the Financial Services and Markets Act 2023 which seeks to protect access to cash but does not protect the provision of face-to-face banking services.

¹ [Towards a Welsh Minimum Digital Living Standard: final report \(summary\) \[HTML\]](#) | [GOV.WALES: Towards a Welsh Minimum Digital Living Standard: citizen and stakeholder perspectives \[HTML\]](#) | [GOV.WALES](#).

Financial Implications

Future research activity by Welsh Government would require new future funding commitments. Additional costs could not be drawn from existing programme budgets.

3. Recommendation 3

The Welsh Government should work in partnership with people with learning disabilities, learning disability organisations, older people organisations, care and support organisations, the public and third sector and the business community to develop and deliver a campaign to educate and improve understanding of how a cashless society will exclude some people. A public awareness campaign could be targeted at service providers and businesses and develop positive approaches, such as a clear indication of whether the venue or business accepts cash or not. This would go some way to reduce and avoid some of the upsetting experiences for people who only use cash.

Welsh Government Response: Accept in Principle

Since 2023 the Consumer Duty has set higher and clearer standards of consumer protection across financial services and requires firm to put their customers first. Welsh Government supports the work of the FCA in this matter and undertakes regular meetings with the FCA to highlight the needs of consumers in Wales including consumers with disabilities.

Welsh Government provided a response to the February 2024 FCA “Access to Cash” consultation which highlighted the importance of continued access to free cash especially for our most vulnerable communities and outlined unique provisions necessary to take into consideration in Wales e.g. use of more than straight line distance measurements when showing proximity of free cash ATMs. The outcome of this consultation is anticipated to be published during Autumn 2024.

On 24 March 2024 the Welsh Government, in conjunction with the FCA, held an event which brought diverse stakeholders together to discuss “Banking in Welsh Communities”. The event included an update from the FCA on the “Access to Cash” consultation and identified actions that are being taken forward by a range of stakeholders. Some of these actions relate to awareness raising across all financial institutions and organisations to improve the customer journey and to prevent customers accessing non-ethical lending.

Welsh Government also works closely with LINK to ensure free access to cash is maintained throughout Wales. On 14 May 2024, LINK undertook an awareness raising event at the Senedd, during which they spoke to a number of Senedd Members. The objective of this event was to spread knowledge of the work of LINK including their work to assess communities for the provision of shared banking hubs, to roll out advanced deposit services and to provide ‘cash at the till’ services in addition to maintaining free access to cash via the UK ATM network.

The Welsh Government actively works with a wide range of third sector and voluntary organisations to ensure the rights of the most vulnerable are protected – this includes their rights to access financial services. Welsh Government has a Disability Equality Forum chaired by the Cabinet Secretary for Culture and Social Justice which is made up of a range of disabled people’s organisations and other relevant stakeholders.

The Disability Rights Taskforce has recently completed its meetings and will now move on to consideration of the co-produced recommendations that have resulted from the

ten thematic working groups. The Disability Rights Taskforce and working groups were composed of a broad range of disabled people's organisations, individuals with lived experience, officials, and representative bodies, which raised awareness of the many complex and cross-cutting issues being experienced.

To prevent digital exclusion or inaccessible design for disabled people, the Disability Rights Taskforce's thematic working groups have emphasised the importance of continuing to provide alternative options to online services. The three key cross-cutting themes across the entirety of working groups are access, inclusion and participation for disabled people. For instance, the 'Travel' working group has highlighted the necessity of offering face-to-face ticket purchases at stations and on trains, as well as ensuring that smart ticketing is fully accessible and does not create additional barriers for disabled people.

Financial implications

None. Awareness raising is a shared cross sectoral responsibility with the implementation being the responsibility of each individual organisation or business.

4. Recommendation 4

The Welsh Government should work with the UK Government and the Financial Conduct Authority (FCA) to develop ways in which vulnerable adults can participate in the purchase of goods and services in a cashless society.

Welsh Government Response: Accept

Cash remains a vital part of our economy and the Welsh Government does not accept the inevitability of a cashless society. That noted, the Welsh Government does recognise the value in working with relevant organisations to support vulnerable adults given the trends in cash acceptance. The Welsh Government holds regular meetings with the Financial Conduct Authority which has now has staff focussed on engagement in Wales. The Welsh Government also engages regularly with LINK and Cash Access UK2 – the organisation responsible for the roll out of shared banking hubs in the UK.

There are now 5 shared banking hubs operational in Wales –Welshpool, Porthcawl, Prestatyn, Treorchy and Abergele. There are an additional 5 shared banking hubs under development – in Abertillery, Morryston, Mountain Ash Risca and Flint. Enhanced deposit facilities have also been recommended in 11 communities, including in Ystrad Mynach., Cowbridge and Mumbles.

Welsh Government has put Cash Access UK in touch with relevant local authorities to try and speed up the identification of suitable premises in the four areas where the hub is not yet up and running.

The Welsh Government has provided responses to the FCA Access to Cash Consultation³ and the Welsh Affairs Select Committee call for evidence on “Are high street banks leaving Wales behind?” in March 2024. As part of these responses Welsh Government highlighted the needs of the most vulnerable in society – including access to cash without additional charges, the unique geography of Wales that requires more than a straight-line measurement of distance from Post Offices, ATMs etc and the importance of retaining face to face banking services in our communities.

The Welsh Government also meets regularly with LINK. LINK is the UK’s cash machine (ATM) network and supports access to cash by setting the rules for ATM operators who want their cash machines to be part of the UK ATM Network or card issuers who want their cardholders to be able to use the UK ATM Network. LINK manages the first part of the process of requesting a cash access review assessment that can lead to the provision of a shared banking hub⁴. Through its financial inclusion work, LINK has identified that the need for continued access to free cash is greatest in the most deprived communities.

² [Cash Access UK - Hubs](#)

³ [CP23/29: Access to cash | FCA](#)

⁴ [LINK / Cash Access Review Process](#)

The LINK cash locator to find access to free cash in local areas is available online⁵.

Financial implications

None. This work is part of the wider strategic engagement that Welsh Government already undertakes.

⁵ **LINK / Cash Locator**

5. Recommendation 5

The Welsh Government should ensure access to community- based banking facilities both to support businesses to continue to access and deposit cash and to support the banking needs of people with learning disabilities.

Response: Accept in part

Financial services is a reserved matter. The Welsh Government does not have the powers to ensure such access but is able to work to a limited degree with the powers it has.

The Welsh Government works across the ethical credit, lending and advice ecosystem in Wales to share best practice and encourage collaboration – including in the provision of community-based banking facilities. The Responsible Lenders Network, led by Welsh Government, brings the sector together twice a year and includes local authorities and registered social landlords. The group shares ideas and information on all aspects of ethical credit and lending and focusses specifically on financial inclusion including at community level.

The Welsh Government supports the continued roll-out of shared banking hubs as a response to the loss of physical banking services in many Welsh communities. The provision of this face to face, non-digital route to financial services is crucial for many vulnerable people, including those with disabilities.

Welsh Government will continue, via it's Disability Equality Forum, to engage with disabled people and representative organisations to discuss and identify solutions to barriers faced by disabled people. The forum has the ability to influence broader policy by bringing key issues to the attention of Welsh Ministers. On 28 September 2023 the Disability Equality Forum discussed whether a cashless society was another barrier to inclusion for disabled people and it was agreed by the Minister for Social Justice that further discussion would take place at a following meeting.

Financial implications

None. This work is part of the wider strategic engagement that Welsh Government already undertakes.