Agenda – Health and Social Care Committee

Meeting Venue:
Hybrid – Committee Room 3, Senedd and video conference via Zoom
Meeting date: 14 May 2025
Meeting time: 09.00

For further information contact:
Sarah Beasley
Committee Clerk
0300 200 6565
SeneddHealth@senedd.wales

Private Pre-meeting

(9.00 – 9.30)

Public meeting

(9.30 – 11.45)

1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

2 Ophthalmology Services in Wales – evidence session – panel 5

(9.30–10.30) (Pages 1 – 73)

Sam Hall, Director of Primary, Community and Mental Health Digital Services, Digital Health and Care Wales
Helen Thomas, Chief Executive, Digital Health and Care Wales

Dr Emma Cooke, Executive Director of Allied Health Professionals, Health Scientists & Community Services Development, Cardiff and Vale University Health Board
David Thomas, Director of Digital & Health Intelligence, Cardiff and Vale University Health Board

Research brief
Paper 1 – Digital Health and Care Wales
Paper 2 – Cardiff and Vale University Health Board

Break

(10.30 -10.45)

3 Ophthalmology Services in Wales - evidence session - panel 6

(10.45-11.45) (Pages 74 - 109)

Carol Shillabeer, Chief Executive Officer, Betsi Cadwaladr University Health Board.

Catherine Wood, Director of Operations for Planned Care, Cardiff and Vale University Health Board.

Michael Stechman, Clinical Director for Ophthalmology and Consultant General Surgeon, Cardiff and Vale University Health Board.

Andrew Carruthers, Chief Operating Officer, Hywel Dda University Health Board.

Paper 3 - Betsi Cadwaladr University Health Board

Paper 4 - Cardiff and Vale University Health Board

Paper 5 - Hywel Dda University Health Board

4 Papers to note

(11.45)

4.1 Letter to Cabinet Secretary for Health and Social Care requesting update on the actions being taken to improve complaints handling by NHS Wales

(Page 110)

4.2 Reply from Cabinet Secretary for Health and Social Care regarding actions to improve handling of complaints about NHS Wales

(Pages 111 - 112)

4.3 Welsh Government's response to the Committee's report on the Legislative Consent Memorandum for the Tobacco & Vapes Bill

(Pages 113 - 121)

4.4 Letter from Tenovus Cancer Care regarding request to hold a short inquiry into the implementation of the Committee's report on gynaecological cancers

(Pages 122 - 123)

4.5 Letter to Tenovus Cancer Care regarding request to hold a short inquiry into the implementation of the Committees' report on gynaecological cancers

(Pages 124 - 125)

4.6 Letter from Tenovus Cancer care and Claire's Campaign, regarding request for short inquiry into the implementation oof the Committees' report on gynaecological cancers

(Pages 126 - 131)

4.7 Letter from the Petitions Committee re petition: P-06-1435: We're calling on the Welsh Government to commit to implementing targeted lung cancer screening

(Pages 132 - 133)

4.8 Letter from the Minister for Children and Social Care in response to stage one scrutiny report on the Health and Social Care (Wales) Bill and recommendations associated with the eliminating profit provisions contained within the legislation

(Pages 134 - 137)

4.9 Letter to Welsh Local Government Association requesting information to inform the inquiry into prevention of ill health -obesity

(Pages 138 - 140)

4.10 Reply from Welsh Local Government Association providing information to inform the inquiry into prevention of ill health- obesity

(Pages 141 - 163)

4.11 Letter from the Minister for Children and Social Care in response to Health and Social Care (Wales) Bill report, recommendation 9, on the progress being made with the transition to a not-for-profit model

(Pages 164 - 187)

4.12 Letter to NHS Wales Chief Executive regarding the NHS Executive Strategic Clinical Network for Diabetes

(Pages 188 - 189)

4.13 Reply from the NHS Wales Chief Executive regarding the NHS Executive Strategic Clinical Network for Diabetes

(Pages 190 - 191)

5 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(11.45)

Private meeting

(11.45-12.00)

6 Ophthalmology Services in Wales: consideration of evidence

(11.45-12.00)

Document is Restricted

Gwneud **digidol yn rym er gwell** ym maes iechyd a gofal
Making **digital a force for good** in health and care

DIGITAL HEALTH AND CARE WALES

Inquiry into Ophthalmology Services in Wales – DHCW Written Evidence

1 Introduction

The National Digital Eye Care Programme is a Welsh Government (WG) sponsored programme of work in place to digitise the Ophthalmology Electronic Patient Record [EPR] and Referral processes across NHS Wales. Until June 2023, the National programme had been managed and delivered by Cardiff and Vale University Health Board [CaVUHB] on behalf of the Welsh Government, all Welsh Local Health Boards [LHBs] and Primary Care Optometrists.

A strategic Assessment (OGC "Gateway 0") of the Programme was conducted by the Welsh Government Integrated Assurance Hub in March 2023 and awarded a status of Amber/Red. *"Successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas"* (Appendix A). One of the Critical recommendations of this review was that the Programme should be transferred to DHCW by 1st June 2023.

On the 25th of May 2023 the DHCW Special Health Authority Board approved the transfer of the Programme to take effect on 1st June 2023. Responsibility for the live service remained with CaVUHB, as they remain the contracting authority.

A re-baselined Delivery Plan was required from DHCW by the end of September 2023. During this transitional period there would be a brief pause for a period of due diligence. (WG letter - Appendix B).

2 Background/Context

2.1 Business Case and Supplier Contract

The Full Business Case (FBC) was finalised in 2020 for an investment of £8.53m to deliver an Electronic Patient Record (EPR) and Electronic Referral System (E Referrals) for NHS eyecare services in Wales. The investment comprised a Capital contribution by WG of £4.8m and Revenue contribution by Health Boards of £3.7m.

The expectation was that Health Boards would have concluded the implementation of the systems by the end of March 2023, and the distribution of funds was allocated on this basis.

The contract was signed by CaVUHB (leading the programme on behalf of NHS Wales) and the Supplier in 2020 for a core term of 5 years concluding in January 2025, but with the option to extend for up to 2 years to January 2027. The supplier contract support costs is also based on all Health Boards having completed implementation by the end of year three

of the FBC i.e. by March 2023.

At the date of Programme transfer to DHCW on 1st June 23, CTMUHB had started to implement the Ophthalmology Electronic Patient Record for one sub-specialty and CaVUHB had deployed this system to several sub specialities. Five Health Boards had not implemented any system at this point. E Referrals had not been piloted or implemented as at 1st June 2023.

3. DHCW Involvement in the Eyecare Programme

3.1 Transition from CaVHB to DHCW

The Programme formally transferred to DHCW on the 1st June 23, a month later Welsh Government wrote to stakeholder organisations confirming the transfer and transitional arrangements and that governance would remain with the Senior Responsible Owner (SRO) at CaVHB.

DHCW had a transition period after transfer to conduct discovery, due diligence and planning activities.

The DHCW Audit and Assurance Committee commissioned two Internal Audits be carried out following the transfer of the Digital Eyecare Programme. These Reports can be seen as Appendices C and D – Digital Eyecare Programme Internal Advisory Review Report regarding the approach taken following programme transfer (Appendix C) report issued April 2024, and a joint review commissioned between DHCW and CaVUHB Eyecare Digitisation Programme Final Internal Audit Report looking at the contractual position (Appendix D) report issued May 2024.

3.2 Key events after the programme transferred to DHCW (post 1 June 2023)

September 23
DHCW worked with Health Boards to develop Programme and Implementation plans which were presented to the Programme Board on the 22nd September 2023. At this time, there was still outstanding queries to be addressed with CaVUHB to fully assess the current and future commercial, financial, technical and programme implications of the transfer, and the E Referral pilot conducted by CaVHB did not conclude until 30th September. In addition, DHCW quantified the requirement for the Office 365 (O365) licences to enable administers and optometrists to access the NHS Wales systems and have an NHS Wales email address.

October 23
DHCW secured funding from WG for O365 licences to be issued to Optometrists and Practice Administrators.

November 23
WG wrote to DHCW requesting submission of a Digital Investment Proposal by 5th January 2024.

28th November 2023 – Accountability for the Programme formally transferred from the SRO in CaVUHB (Director Therapies and Healthcare Science, CaVUHB) to the Chief Executive of DHCW.

January 24
Following discussion with Health Boards during November and December 2023, a Digital Investment Proposal was submitted to WG on 2 January 2024, to provide a short list of options.

22 January 2024, the first meeting of the newly formed Transition Board under new Programme Governance.

An options appraisal presented three options which had been shortlisted and presented to the Transition Board, as below;

1. Open Competitive tender for a new Ophthalmology EPR and Optometry ERs contract
2. Open Competitive Tender for a cloud hosting, development and support contract for Open Eyes + Migration of Current instance
3. Open Competitive Tender for a development and support contract for Open Eyes + Migration to a DHCW Cloud provider

The Transition Board asked for tactical implementation of Open Eyes under the CaVUHB hosted contract to be added for consideration at the February Board.

February 24
Following the review of these options and a review of the Intellectual property provisions within the contract, the preferred procurement option was as follows;

- A new competitive procurement for an Ophthalmology EPR and Optometry ERs solution,

Plus

- In parallel, some tactical deployment under the existing arrangements

At the Transition Board the Programme Lead reported that a number of pre-requisites needed to be delivered / resolved before tactical deployment could commence, for which a mobilisation plan would need to be presented to the Board in March 2024.

Health Boards were asked to confirm their intention to tactically deploy and what their resource requirements were in order that these could be included in the Digital Investment Proposal.

WG also asked that CaVHB include deployment plans for Open Eyes under the current contract for all Health Boards and that this also be included together with costs for support and hosting in the Digital Investment proposal.

The Office 365 roll out to optometrists commenced.

March 24
The Digital Investment Proposal was rejected by WG for two main reasons;

- The timeline for requirements gathering and procurement stages were longer than desired

- CaVUHB deployment plans or costs for Open Eyes under the remaining term of the contract was not included

May 2024 - July 2024
Welsh Government requested a "day zero" plan be submitted jointly by DHCW and CaVUHB due by 14th June 2024, Welsh Government also requested an assessment of whether an alternative E Referrals system would be more time and cost effective.

CaVHB provided a proposal for tactical deployment by Health Boards of Open Eyes EPR, and to migrate the system to a cloud environment.

DHCW had completed a set of draft requirements for an Electronic Referral system, conducted a market scanning exercise inviting expressions of interest from suppliers, developed indicative plans for procurement, implementation timelines and costs all to be finalised on completion the expressions of interest process.

August 24
A new procurement strategy was proposed by DHCW to enable a direct award to be made between DHCW and the incumbent Delivery partner to cloud host and support the EPR. This was accepted in principle by the Transition Board.

The DHCW Programme Lead conducted an implementation readiness review with all Health Boards to sense check tactical deployment plans. This revealed that tactical implementation would take between 8 months to 2.5 years.

Seven suppliers of electronic referral systems submitted expressions of interest.

The WG representative informed the Transition Board that there was no additional funding available for Health Boards tactical deployment.

Discovery meetings for the transition had also commenced with the delivery partner.

September 24
DHCW presented financial and delivery plans for E referrals and for tactical implementation of the EPR. The Estimated costs of the indicative plans were;

> E-Referrals – DHCW programme management costs, system procurement Health Board implementation costs, estimated to be £4m over 7 years
>
> Electronic Patient Record – Health Board implementation costs £1m with delivery times between 8 months to 2.5 years

At this point Health Boards were unable to commit, without confirmed funding.

October 24
This issue was escalated to Welsh Government to discuss the major commercial and financial challenges relating to the programme.

November 24

WG requested an options appraisal be produced setting out what could be achieved short term (tactical options) and longer term (Strategic options)

January 2025

The Sponsor group met to discuss the options appraisal recommendations which are summarised as follows;

Options are categorised as Tactical and Strategic.

1. Tactical being what can be done during the remaining two-year period of the existing contract with Toukan Labs Ltd (TKL) whilst hosted and managed by CaVUHB.

2. Strategic being the longer-term options for Ophthalmology Electronic Patient Record (EPR) and the Optometry Electronic Referrals, hosted and managed by DHCW.

Recommendations;

1. CaVUHB to manage the roll out as defined by the 2020 FBC for the Tactical deployment of Open Eyes for the remaining 2 years of the Open Eyes contract.
    - As a "Tactical approach", Health Boards that wish to work collaboratively with CaVHB (with their agreement) to implement Open Eyes in the last 2 years of the contract but will be locally managed and funded, supported by WG for some additional resource funding as set out in the 2020 FBC.
    - CaVUHB to recharge Health Boards for internal resources for system support as defined by the FBC. Thus, CaVUHB would be responsible for the "Tactical Programme" for up to 2 years

2. In Parallel DHCW establishes a new Strategic Programme to support agreed procurements and subsequent implementation for E Referrals and EPR systems, supported by adequate funding from WG
    - DHCW develop a business case(s) for a competitive procurement of a new Optometry E-referral system and Ophthalmology EPR for up to 7 years, to provide sustainability and maximise opportunity for realisation of benefits, particularly when there are one off charges. These could be a single or two business cases and establish a Strategic Programme
    - Recommended Procurement Strategy EPR: open competitive tender for a Delivery Partner to cloud host and support Open Eyes, on sole supplier basis. Main Contract for core set of requirements + Change Control Notices for onboarding Health Boards and their specific requirements. Minimum 5 year + 2 year extension term.
    - Recommended Procurement Strategy E Referrals: Open competitive tender for provision of cloud based Optometric Referral solution, for 5 year + 2 year extension.

Llywodraeth Cymru
Welsh Government

OGC Gateway™ Review 0: Strategic assessment

Programme Title:	National Eye Care Digitisation
IAH ID number:	AH/009

Version number:	FINAL 1.0
Senior Responsible Owner (SRO):	Dr Fiona Jenkins
Date of issue to SRO:	DRAFT: 15th March 2023 FINAL: 24th March 2023
Department/Organisation of the Programme	Cardiff and Vale University Health Board
Review dates:	13th, 14th, 15th March 2023
Review Team Leader:	Robin Davis
Review Team Members:	Siân Harrop-Griffiths Tracey Hill
Previous Review:	None
Security Classification:	Official

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)

Cathays Park 2

Cathays

Cardiff

CF10 3NQ

1.0 Delivery Confidence Assessment (DCA)

Delivery Confidence Assessment:	**Amber /Red**

The Review Team considers that the Delivery Confidence Assessment for the current status of the National Eyecare Digitisation Programme is **Amber / Red**.

The Programme Team has done a lot of good work with limited resources, especially as this involves liaising with 7 Health Boards. The strategic case to digitise eye care between primary and secondary care remains valid and there is widespread support for the vision set out in the Full Business Case. The software solution has been procured and has been developed and implemented as a "proof of concept" in Cardiff and Vale UHB and in one clinic in Cwm Taf Morgannwg UHB.

The Review Team were provided with a governance structure for the Programme. This shows that the Programme Board reports through Cardiff and Vale UHB into Welsh Government, with three regional projects reporting into the national board. The Review Team heard that the Programme had previously reported into the National Eye Care Board and National Planned Care Board. However, it was not clear if this is still the case or that current Chief Executives are sighted on the programme at all. The Programme Board is large, and the Review Team heard that this was to ensure adequate stakeholder engagement was obtained. The Review Team found that the Board acts primarily as a Stakeholder Group, rather than a focussed decision-making body. The Board had previously met quarterly, however, meeting frequency increased to monthly in the last quarter of 2022. The Review finds that the functions of these two very important aspects of governance have been conflated, adding to the lack of clarity amongst stakeholders.

The programme appears to have 'stalled' in terms of further implementation and delivery. This is due to a number of reasons including the COVID pandemic and changes to a large number of personnel involved in the initial stage of decision making. The Review Team heard that three main issues were also contributing to this stalled state, including O365 Email Licensing, Data privacy impact assessments (DPIAs) and Cyber Security.

In addition, and importantly, individual Health Boards had concerns around Information governance and detail through the provision of a number of artefacts outlining the solution and its capacity / capability to deliver the need

As this programme now has to move to an all-Wales deployment model the transfer for leadership and delivery should be made to Digital Health and Care Wales to maximise the opportunity for success.

The Delivery Confidence Assessment (DCA) of Amber/Red therefore reflects the Review Team's current findings in that successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible. The Review Team makes six recommendations to aide the SRO in delivering the outcomes of the programme as set out in the approved Full Business Case.

1.1 Delivery Confidence Assessment

The Delivery Confidence assessment RAG status should use the definitions below:

RAG	Criteria Description
Green	Successful delivery of the programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The programme may need re-baselining and/or overall viability re-assessed.

2.0 Summary of Report Recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	The Programme Team should, develop and implement a communications strategy and engagement plan.	C- Critical	1st May 2023	2.1
2.	The Programme Team should further develop risks and issues management documentation and embed RAID best practice.	C- Critical	1st April 2023	9.2
3.	The SRO should review the Governance arrangements to clearly define the roles, responsibilities and members of the programme and stakeholder boards in order to make clear, focused, and timely decisions.	C- Critical	1st May 2023	1.1
4.	The SRO should, develop a clear plan with key partners to set out delivery of the artefacts, completion of required approvals and to bring the solution into live service across Wales.	C- Critical	1st May 2023	3.1
5.	The SRO should undertake a full financial reconciliation of the Programme finances.	C- Critical	1st May 2023	5
6.	The programme should be moved to DHCW.	E- Essential	Do by, 1st June 2023	12.1

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.

Recommended – The programme should benefit from the uptake of this recommendation.

3.0 Comments from the SRO

I would like to thank the Gateway Team for giving of their time to undertake this review. The process was well organised and arranged within the timescale normally adhered to for such reviews. The team managed to get up grips with the complexities of delivering a national digital programme from one LHB to cover all Wales, and the experience of 2 NHS based reviewers and one external reviewer with digital knowledge gave a breadth of skills for the review.

I was pleased that they recognised that the Programme Team has done a lot of good work with limited resources, especially as this involves liaising with 7 Health Boards which all have individual accountabilities and governance making unified decision-making challenging.

Governance

The governance document provided in February 2023, illustrated where the programme sat in relation to its reporting upwards was correct. However, this was updated at the inaugural National Ophthalmology Clinical Implementation Group which met on Friday 17 March 2023. This new group is one of the 7 Clinical Implementation Network groups established to replace the Planned Care Board, and is managed by the Delivery Unit (part of the NHS Executive, chaired by the Deputy CEO of NHS Wales). This group reports monthly at a meeting of the NHS LHB CEOs with the NHS Executive. William Oliver who is the DU lead for the Ophthalmology CIN described the governance for the newly formed group. At this meeting the priorities for the Opthamology CIN were set out. the 3 priorities are:

1. Regional centres of excellence for eye care
2. Open Eyes and digital communication between Hospital eye services and primary care
3. Primary care optometry

It is unfortunate that the timing of this did not enable the review to team to have the detail of the revised NHS Executive governance relating to this programme to inform their review which took place a week earlier, Therefore, comments re visibility of the programme to CEOs has been addressed by the governance of the new Opthamology CIN and the NHS Executive.

It was stated in the review that:

“The Review Team found that the Board acts primarily as a Stakeholder Group, rather than a focussed decision-making body. The Board had previously met quarterly, however, meeting frequency increased to monthly in the last quarter of 2022. The Review finds that the functions of these two very important aspects of governance have been conflated, adding to the lack of clarity amongst stakeholders.”

The stakeholder map supplied as evidence sets out a much wider group than the programme board, and its that group who will be involved in the communication plan which is being developed by the comms lead.

The Programme Board, has always met monthly not quarterly. The Terms of Reference supplied for the review were updated and agreed at the February Programme Board. The quorum is:

- Chair (or Deputy Chair).
- 7 voting leads (one per LHB).
- National Architect Eye Care Digitisation.

Although each LHB has a single voting member, we have allowed each LHB to bring their eye care manager, digital lead, ophthalmologist and optometrist, this appears to be considered too many people and will be reviewed. Meeting with the Digital Directors from LHBs has occurred monthly for the last 6 months, and this was intended to ensure they were briefed of the programme and able to advise and "unblock" issues. I am keen to strengthen governance and will seek advice from WG digital team, DHCW and the Delivery Unit/NHS Executive, on what numbers would best give accountability and enable decision-making.

Programme "Stalled"

The Review Team heard that three main issues were also contributing to this stalled state, including O365 Email Licensing, Data privacy impact assessments (DPIAs) and Cyber Security.

Microsoft 0365 licences are agreed by Helen Thomas to be the responsibility of DHCW, though some optometrists are already covered by their honorary contract arrangements with LHBs. Therefore, there are enough optometrists with access already to get using email and open eyes with valid Microsoft accounts. Those who need new accounts will need to wait for DHCW to provide, though there is no reason to delay, as the vast majority have undertaken the "Choose Optometry" IG training, and funding for the licences should be recharged to the relevant LHB, as per the agreement for LHBs to cover revenue costs of Open Eyes deployment.

DPIAs and Cyber Security agreements have been the biggest hurdle to overcome. What format they need to be, a single version that all IG managers will agree on, and whether they need to be approved by the DHCW infrastructure management group, or their Operations group, or indeed any of their groups at all, or just via Cardiff and Vale LHB. Lack of clarity and agreement has held the programme up. The current position is that all LHBs (except Powys and BCU) have agreed that a full CAF does not need to be undertaken on the Cardiff instance of Open Eyes, and that a CSIA document will suffice, as long as it is signed off by the DHCW IMG meeting. This therefore will be completed and scheduled for April. A penetration test of the system has been completed, and a re-test has been scheduled too. A full CAF will be undertaken by DHCW once a model for transfer of the programme and cloud hosting is agreed. Powys and BCU still want a full CAF on the Cardiff instance, and given that DHCW should take the programme over by June 2023, seems better to wait, if that remains their position.

Transfer to DHCW

As SRO I met with colleagues in DHCW in September 2022 to begin discussions re transfer of the programme to them from 2023. It is regretful that this has not yet happened, with DHCW awaiting the outcome of this Gateway zero review before engaging to begin transfer conversations. However now this review is completed, it is imperative that some urgency of pace is given, as Leon Hitchings is needing to progress with the transfer work and a senior lead to be identified in DHCW to work with him. The

artefacts needed will be developed, but a co-produced architecture needs agreement first. I am pleased to see a revised date of June 2023. My understanding is that DHCW have now appointment someone to lead this work, if there is any delay in their starting it would be extremely helpful to have an existing senior person in DHCW to be identified to start this work before the end of March with Leon.

Recommendations

I am grateful for the set of recommendations, which I am confident will enable success of the programme.

In relation to the itemised recommendations my comments are:

1. Yes, agree, this is underway, Comms lead appointed and on the March 22 Programme Board agenda. need clarity re transition to DHCW and timing to complete this at the timeline stipulated, but will ensure its done before transfer to DHCW.
2. Agree, will review and complete in April
3. Agree, Will discuss with WG digital, DHCW and William Oliver from DU/NHS Executive to seek their guidance.
4. Agree this needs doing, but can only progress when DHCW provide a senior person for Leon Hitchings to engage with. He has been ready to progress this on my behalf since December 2023, so timeline here may be a challenge, but will aim to meet this as soon as feasible.
5. Agree, but we need to understand DHCW requirements on transfer to fully complete this, so timeline here may be a challenge, but will aim to meet this if at all possible.
6. Agree, but I would like to ask why this transfer by 1st June is rated “Essential” and not “Critical”, as DHCW need to act now to make this possible, not just in the future? Also the feasibility of the timeline will need reviewing with DHCW, but agree it should happen with minimal delay.

Gateway 4 last week of May 2023

I have discussed the timeline for this with WG digital team and their advice is that this should be undertaken by DHCW soon after the programme transitions to them, and will be discussed with them as part of the transition planning.

4.0 Background

The aims of the programme:

This Full Business Case (FBC), latest version dated July 2020, detailed the requirement to invest in the Digitisation of Ophthalmic Services for NHS Wales. The programme is focussed on the implementation of an Eye Care Electronic Patient Record (EPR) System which is accessible to all concerned in eye care across Wales. This includes Ophthalmologists, Ophthalmic Nurses and Technicians, Orthoptists – and importantly, Primary Care Optometrists – with read/write access enabling electronic referral and shared care between the Acute and Primary Care sector.

The impact of COVID-19 required all Health Boards to review ways of providing outpatient care, and wanting to move treatment to the community and reducing the need for hospital-based care, the case to digitise the eye care pathway has never been more urgent.

An EPR is required to allow the hospital clinicians and community optometrists to electronically record and access information relating to patients in order to speed up and improve treatment. A key element of this will be to enable the transfer of treatment from hospital settings (currently unable to meet demand) to community settings where clinically appropriate. This can only be achieved effectively through an electronic system.

The overall agreement for the Eye Care EPR system required an approximate investment in Capital of £4.801m and Revenue of £3.731m over 7 years (5 years plus an option to extend for a further 2 years). Following the submission to Welsh Government the funding was approved on the 10th September 2020 as follows:

Cost	**Amount**	**Funded By:**
Capital	£4,800,530	Welsh Government
Revenue	£3,731,314	Health Boards

The driving force for the programme:

Timely diagnosis and treatment is imperative for many eye diseases to prevent avoidable sight loss. Digitisation of referral and a digital record for Eye Care is well recognised in the UK and internationally as a requirement for modern eye care. Lack of digitisation is a significant factor in the ability of Wales to recruit and retain Ophthalmologists. The specialty is second only to radiology in its use of images to manage patient care, and it has the highest volume outpatient service. Eye Care Digitisation supports NHS Wales' strategic direction of providing care closer to home where clinically appropriate, supporting people to maintain their independence by reducing sight loss and the burden of blindness as well as meeting the quadruple aim.

The procurement/delivery status:

The implementation plan from the FBC is shown below:

Authority Party (Health Board)	Anticipated DO issued	Anticipated Readiness for Service Date	Anticipated Stable Operations Date
South East Region Cardiff and Vale University Health Board Aneurin Bevan University Health Board Cwm Taf Morgannwg University Health Board	**May 2020**	**June 2020**	**July 2020**
South West Region Swansea Bay University Health Board Hywel Dda University Health Board	**June 2020**	**July 2020**	**August 2020**
North Wales Betsi Cadwaladr University Health Board Powys Teaching Health Board	**June 2020**	**July 2020**	**August 2020**

A product has been chosen and procured. The product is currently being hosted in Cardiff & Vale UHB and used across the Health Board. In addition one clinic in Cwm Taf Morgannwg is also using the product. Further Nationwide Deployment has been stalled.

A new implementation plan issued in February 2022 now shows programme completion in March 2024.

Current position regarding previous assurance reviews:

This is the first Gateway Review of the programme.

5.0 Purposes and conduct of the OGC Gateway Review

The primary purposes of a Gateway Review 0: Strategic Assessment are to review the outcomes and objectives for the programme (and the way they fit together), and confirm that they make the necessary contribution to Ministers' aims and departmental strategy.

Annex A gives the full purposes statement for a Gateway Review 0.

Annex B lists the people who were interviewed during the Review.

This Gateway Review 0 was carried out from 13th of March to 15th March 2023 virtually using MS Teams. The Review Team members are listed on the front cover.

6.0 Acknowledgement

The Review Team would like to thank Dr Fiona Jenkins, Senior Responsible Owner (SRO), the Programme Team and stakeholders who attended for interview for their support and openness, which contributed to the Review Team's understanding of the programme and the outcome of this review.

7.0 Scope of the Review

The scope of the review followed the OGC Gateway 0 workbook as set out in Annex A.

In addition, the SRO asked for:

- Seek assurance that there are documented technical solutions that support the programme.
- Assurance is required on the IT security/cyber security aspects, guiding whether a separate assessment will be required before/during DHCW assimilation of the programme
- National programme team structure – there is a recognition that the current national team is understaffed, with the Technical Architect ready to retire as soon as the roll out to other LHBs is commenced. What key roles do the Review team recommend are included for a programme of this scale in this setting and subject area?
- National rollout approach/timelines – The Minister for Health and Social Services has set the expectation that digital health programmes will move with pace. The review team are asked to consider how the pace of the scope of work can be accelerated with smooth transition to DHCW.
- Stakeholder support, both historical but equally importantly recommendations for going forwards.

Where time has allowed the Review Team have taken the above additional scope into account and commented on these in the main Review Report Findings section, noting that the Review Team is unable to offer detailed solutions in the timescale of the Review.

8.0 Review Team findings and recommendations

8.1: Policy and business context

The Review Team found that the programme fully aligns with the Welsh Government Together for Health Delivery plan. The strategic drivers within the original FBC all remain valid. The need for digitisation of ophthalmic services has become more pressing given the revised optometry contract which will be implemented in the summer of 2022/2023.

In addition, the impact of COVID on waiting times for people to receive ophthalmic care means that more care needs to be provided out of hospital settings as part of shared care pathways.

The Review Team heard that the pressing case for change and need is still very much there. Across Wales stakeholders are keen to see their aspirations met.

Finally, it is worth noting that since programme inception Digital Health Care Wales (DHCW) has become the statutory body responsible for ensuring inoperability across the NHS digital architecture.

8.2: Business Case and stakeholders

The Full Business Case was approved on 10th September 2020. The Business Case followed the HM Treasury five case model. It is worth noting that the preferred option (3) was to host the service in a NWIS rack within the Nation Data Centres managed and supported by Toucan Labs yet Option 5 was to adopt a full Cloud installation into a HSCN data centre which scored higher. The current solution is currently hosted within a data centre sitting in Cardiff & Vale UHB.

The Review Team found that the original deployment dates within the Full Business Case have slipped and a new set of dates was issued in February 2023.

The Review Team found that the programme has a wide range and large body of stakeholders across Wales, many of whom have a passion and enthusiasm for the delivery of the end solution. It is very clear that the Stakeholders know what they want, however they did seem confused as to when delivery would actually happen.

The Review Team notes that there has not been a formal stakeholder communications strategy and plan to deliver ongoing engagement. As the Programme progresses to the next stage these will be critical to the successful adoption of the vision.

Recommendation 1: The Programme Team should, by 1st May 2023, develop and implement a communications strategy and engagement plan. (Critical)

8.3: Management of intended outcomes

The intended outcome is to deliver a digital solution to respond to the key drivers as stated in the Final Business Case. The programme has been managed by a small team within Cardiff & Vale University Health Board. The programme team has done a lot of good work with limited resources, especially as this involves liaising with 7 Health Boards. The SRO was tasked with leading the development of an all-Wales solution. It is worth noting that since programme inception the statutory responsibility for Digital Services now falls within DHCW, yet the current programme does not currently sit within their portfolio.

8.4: Risk management

The Full Business Case for the Digitalisation of Ophthalmic Services (July 2020) states Programme risks are shared with the Eye care EPR System Supplier and Health Boards and will be managed and monitored at both Cardiff & Vale (Master Service Agreement) and three Regional Boards (Deployment Order) levels. However, the Review Team were not provided with any schedules that quantifies and allocates risk costs between these parties.

The Risks and Issues Log provided to the Review Team within the documentation pack does not appear to comprehensively capture the current risks and issues to the overall delivery of the programme highlighted to the Review Team. In particular, issues associated with governance, finance, communications and commercial matters. Nor was it clear to the Review Team how the register is managed on a day-by-day basis on behalf of the SRO. The Review Team heard that risks were raised in a number of forums however stakeholders appeared unclear as to an agreed process by which these would be managed. The Review Team were not sighted on any evidence of how risks were escalated, the probability / impact scores determined by a nominated risk owner or that a nominated Risk Manager reviewed that score for validity in terms of the risk itself and against the level of score of other risks in the register.

It is acknowledged by the Review Team that an adequately resourced Programme Management function would enable more definition of the risks and issues register specifically as the project enters the deployment phase design and more risks and issues are likely to occur and subsequently will need to be managed.

Linked to stakeholder communications, the register should be shared with stakeholders involved with the programmes' delivery in order to encourage and maintain its population and management. An adequately resourced Programme Management function will help with mitigation and management of risks and would be a major step forward to aiding robust programme planning arrangements, fully supporting project delivery and increase the likelihood of success in enabling significant benefits to patient services and treatment outcomes.

Recommendation 2: The Programme Team should, by 1st April 2023, further develop risks and issues management documentation and embed RAID best practice. (Critical)

8.5: Review of current phase

The Full Business Case for the programme was submitted to Welsh Government in February 2020, with the approved funding letter received in September 2020. It is not clear whether, apart from the Programme Board, the FBC was signed off by any or all of the 7 individual Health Boards in order to secure their commitment. Usually on all Wales programmes of this type, Health Boards would be expected to secure approval through their individual governance processes.

The programme has sought to progress implementation during the COVID-19 pandemic, and with numerous staff changes at Health Board and national levels. This has proved challenging. Few people who were involved in the original development of the business cases (including senior decision makers at CEO and Welsh Government level) remain in their previous posts. The majority of stakeholders noted that the programme appeared

to have “stalled”, with some progress being made in Cardiff and Vale UHB but not at a national level.

The Review Team were provided with a governance structure for the Programme. This shows that the Programme Board reports through Cardiff and Vale UHB into Welsh Government, with three regional projects reporting into the national board. The Review Team heard that the Programme had previously reported into the National Eye Care Board and National Planned Care Board. However, it was not clear if this is still the case or that current Chief Executives are sighted on the programme at all. It is only more recently that Directors of Digital have been directly engaged and updated.

The Programme Board is large, and the Review Team heard that this was to ensure adequate stakeholder engagement was obtained. The Review Team found that the Board acts primarily as a Stakeholder Group, rather than a focussed decision-making body. The Board had previously met quarterly, however, meeting frequency increased to monthly in the last quarter of 2022. The Review finds that the functions of these two very important aspects of governance have been conflated, adding to the lack of clarity amongst stakeholders.

The Review Team heard that documentation at the Programme Board has improved in recent months. Prior to this, papers were either circulated a few days before Board meetings, on the day, or presentations only, were given, rather than supporting papers provided in advance. This made it difficult for Board members to assimilate, analyse and comment. The Review Team notes that roles and responsibilities of those on the Board were unclear, with representatives attending to provide cover for each other from individual organisations rather than to represent and make decisions on their organisations’ behalf.

Recommendation 3: The SRO should, by 1st May 2023, review the Governance arrangements to clearly define the roles, responsibilities and members of the programme and stakeholder boards in order to make clear, focused, and timely decisions**. (Critical)**

The Review Team heard that Cardiff and Vale UHB have implemented the Electronic Referral System and shared care to a limited extent. One clinic had implemented the solution in Cwm Taf Morgannwg UHB the previous week before the Review.

The Review Team were provided with a revised programme plan dated 14th February 2023, stakeholders had little confidence in delivery of the timelines set out in the plan and a number were not aware of the delivery dates stated. The programme does appear to be ‘stalled’.

The Review Team heard that three main issues were contributing to this stalled state, namely:

1. O365 Email Licensing
2. Data privacy impact assessments (DPIAs)
3. Cyber Security

In addition, and importantly individual Health Boards had concerns around Information governance and detail through the provision of a number of artefacts outlining the solution and its capacity / capability to deliver the need including:

- National Programme Plan
- Software Contracts

- Software Roadmap
- Integrated Delivery Plan
- National Testing Strategy / User Acceptance Testing (UATs)
- Testing Results
- Software Release Steps
- Technical Documentation covering Networking and Architecture – High Level Design / Low Level Design
- Cyber Assurance Framework
- Resilience plans
- Load Testing results
- Change Advisory Board / change management process
- Onward service model

Recommendation 4: The SRO should, by 1st May 2023, develop a clear plan with key partners to set out delivery of the artefacts, completion of required approvals and to bring the solution into live service across Wales. (Critical)

The Programme Board minutes from December 2022 included a spreadsheet of revenue allocations across all organisations, with a capital update provided in January 2023.

However, the Review Team found that despite the above the status of finances seemed confused. In particular the revenue implications to Health Boards and the funding streams to support these as well the potential risk of unknown costs relating to transitioning to an all-Wales provision were not clear.

A DPIF Change request was submitted to Welsh Government in December 2022 requesting an additional £848k to support ongoing implementation of the programme.

The financial position of the Programme therefore remains unclear.

Recommendation 5: The SRO should, by 1st May 2023 undertake a full financial reconciliation of the Programme finances. (Critical)

The Review Team heard from some extremely committed members of the programme board - clinical and non-clinical – talk passionately about the Open Eyes system and the potential benefits that it could provide when fully implemented. There was consensus that this is the right system to deliver especially as it is used in NHS England and NHS Scotland. The Solution can improve communication and shared care between primary care optometrists and secondary care ophthalmologists, and most importantly will improve outcomes.

The Review Team heard from several stakeholders that the programme with its adoption of proven software solution should be straightforward.

8.6: Readiness for the next phase – Delivery of outcomes

The Review Team found that in order for the solution to become a national deployment it should sit within the portfolio of national programmes within DHCW.

In order for the current solution in its current state to be transferred across DCHW would expect a hand over to include a pack consisting of a number of technical artefacts as mentioned above.

The Review Team understands that DHCW are willing to take over responsibility for leadership and delivery of the programme in line with their national role. The “proof of concept” developed by Cardiff and Vale is now ready to transition to development and implementation of the full model across Health Boards.

Recommendation 6: The programme should be moved to DHCW by 1st June 2023. (Do by)

7.0 Next Assurance Review

An Action of Assurance Plan (AAP) will be undertaken in the last week of May 2023.

It is recommended that the next way Gateway Review is Gate 4: Readiness for Service prior to nationwide go live.

ANNEX A

Purposes of the OGC Gateway Review 0: Strategic assessment:

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme's potential to succeed has been considered in the wider context of Government policy and procurement objectives, the organisation's delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation's portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme's portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial Review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.
- Evaluation of actions to implement recommendations made in any earlier assessment of deliverability.

ANNEX B

List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation and role
Fiona Jenkins	Chair of the National Eye Care group and SRO
Sarah O'Sullivan Adams	Head of Optometry and Audiology Branch, Welsh Government
David Thomas	Director Digital & Health Intelligence in CAVUHB
Ryan Perry	Head of Digital Health Programmes, Welsh Government.
David O Sullivan	Chief Optometric Advisor, Welsh Government
Professor James Morgan	Glaucoma Consultant, CAVUHB & Professor of Ophthalmology, Cardiff University
Helen Thomas	CEO, DHCW
Gareth Bulpin	National Architect, Eye Care Digitisation, CAVUHB
Sharon Beatty	Former Optometry Advisor for the National Eye Care Digitisation Programme and former Optometry Advisor CAVUHB
Steven Hill	Assistant Director of Finance, CAVUHB
Dr Gwyn Samuel Williams	Ophthalmologist and Llywdd, Wales Royal College of Ophthalmology and Ophthalmology Clinical Leads for the Ophthalmology Planned Care Board
Dr Gwyn Samuel Williams	Ophthalmologist and Llywdd, Wales Royal College of Ophthalmology and Ophthalmology Clinical Leads for the Ophthalmology Planned Care Board
Julie Poole	Outpatient Transformation Manager, Aneurin Bevan UHB
Leon Hitchings	Programme Transition Manager, CAVUHB

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

To:
Directors of Primary Care, all Health Boards
Chief Operating Officers, all Health Boards

Cc.:
Optometric Advisors, all Health Boards
Directorate Managers for Ophthalmology, all Health Boards
Directors of Digital, all Health Boards
Eyecare Programme Board members
Fiona Jenkins, Eyecare Programme SRO
Judith Paget, NHS Wales Chief Executive
Helen Thomas, Chief Executive, DHCW
Sam Hall, Director of Primary, Community & Mental Health Digital Services, DHCW

Ein Cyf/Our Ref: LET-EYE-DPIF-2023-1

30th June 2023

Annwyl pawb,

Eyecare Digitisation Programme

The Eyecare Digitisation Programme commenced in 2020, with the aim of implementing a shared Electronic Patient Record (EPR) across eyecare settings in Wales, together with digitising the referral process from primary care to secondary care.

The national programme has been led, since establishment, by Cardiff and Vale University Health Board (CAVUHB). Following a recent independent Gateway Review (commissioned by the Senior Responsible Owner Fiona Jenkins), Welsh Government (WG) held discussions with CAVUHB and Digital Health and Care Wales (DHCW) to deliver the aim of DHCW taking on future Programme delivery, building upon the good foundations laid by the CAVUHB team. We would like to take this opportunity to thank the CAVUHB team, particularly Gareth Bulpin, for its efforts to date and the progress it has made towards Wales-wide implementation of its service.

Ffôn • Tel 0300 060 4400
HSS.DigitalPolicyTeam@gov.wales
Gwefan • website:
www.llyw.cymru
www.gov.wales

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Following a WG request, the DHCW Board agreed the transfer of the programme from CAVUHB to DHCW. As a result, from the 1st June 2023, DHCW took accountability for the continued and future delivery of the programme from CAVUHB, and Alison Paul has been appointed as the Programme Lead for Digital Eyecare. Alison is beginning to engage directly with the relevant teams in each Health Board (HB), to ensure a smooth transition and a clear understanding of the tasks remaining to be completed in each HB, also resulting in a confirmation of the resources realistically required to deliver these. For clarity, CAVUHB (working together with DHCW) will continue to support the existing settings who are already using the OpenEyes service for a short period until DHCW can migrate the digital service to its own hosting platform.

As part of this transition, WG has requested that DHCW undertake a number of actions to ensure the Programme's long-term success i.e.:

1) To apply a short-duration "pause" for a period of due diligence; meaning that no further organisations will be onboarded to the platform, whilst DHCW review all programme, commercial, financial, technical and planning documentation from CAVUHB and consider the technical hosting solution, deployment and system support.
2) To refocus the programme priority to the implementation on the Electronic Referral Service (ERS); given the upcoming UK-wide analogue switch off which will prevent the use of fax machines, it is important, from a patient safety perspective, that there is a resilient and proven ERS in place to allow timely referrals between primary and secondary care, in good time ahead of the decommission of the analogue telephony network.
3) To provide WG with a rebaselined Delivery Plan by the end of September 2023 (or sooner if possible) which will clearly state delivery milestones of the following:
    a. Accelerated deployment of both ERS and EPR across Wales
    b. Delivery of wales.nhs.uk email addresses for high street optometrists
    c. Calling out the activities to address
        i. the required re-platforming of Open Eyes,
        ii. Information Governance/Cyber Assessment Framework concerns that currently exist,
        iii. the penetration testing required,
        iv. the need for DHCW to onboard new resources, and
        v. the requirement for a follow-on Gateway Assurance Review towards the end of 2023.

This Delivery Plan must be endorsed by the local Health Board teams as being achievable and realistic. Upon WG review of this Plan, we expect DHCW to then move forwards with continued onboarding of settings onto the Open Eyes platforms (noting the points set out above) from early October 2023. Our expectations are that this will be within the existing timeframes for the programme, though there are expectations that some or all could be delivered sooner.

During this transitionary period, Fiona will remain the SRO for the programme, working with the DHCW team to ensure a smooth handover and continuation of the programme's objectives. We will work with Fiona and the team at DHCW over the next few months to ensure that DHCW reset the Programme governance model for the

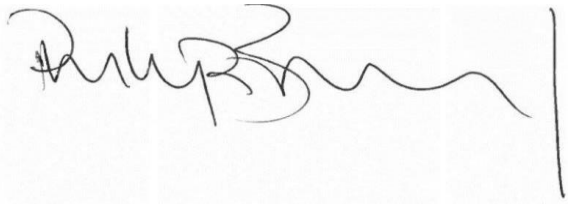
longer-term, to support appropriate decision making as the Programme continues to progress.

If you have any questions on this, please contact the lead WG official for this work, Leighton.Davies@gov.wales.

Kind regards,

Yn Gywir / Yours Sincerely,

David O'Sullivan
Prif Optometrig Ymgynghorol / Chief Optometric Adviser
Grwp Iechyd a Gwasanaethau Cymdeithasol / Health and Social Services Group
Llywodraeth Cymru / Welsh Government



Philip Bowen
Dirprwy Gyfarwyddwr, Polisi a Chyflawni Digidol / Deputy Director, Digital Policy and Delivery
Grwp Iechyd a Gwasanaethau Cymdeithasol / Health and Social Services Group
Llywodraeth Cymru / Welsh Government

Digital Eyecare Programme
Internal Advisory Review Report

April 2024

Digital Health and Care Wales

Private and Confidential

Contents

Review reference:	DHCW-2324-14
Report status:	Final
Fieldwork commencement:	21st February 2024
Fieldwork completion:	8th March 2024
Draft report issued:	21st March 2024
Debrief meeting:	12th March 2024
Management response received:	N/A
Final report issued:	2nd April 2024
Auditors:	Stephen Chaney, Acting Head of Internal Audit Chris Scott, Audit Manager
Executive sign-off:	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Distribution:	Chris Darling, Board Secretary Claire Osmundsen-Little, Director of Finance Sam Hall, Director of Primary, Community and Mental Health Alison Paul, Programme Manager
Committee:	Audit and Assurance Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This advisory review has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed advisory review brief, and the Audit Charter as approved by the Audit and Assurance Committee.
Advisory review reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Digital Health and Care Wales Special Health Authority (DHCW) and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.
Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with DHCW. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

This advisory review has been undertaken to provide a view over the identification and mitigation of risk with the transition of the Digital Eyecare Programme (the 'Programme') from Cardiff & Vale UHB (CVUHB) to Digital Health Care Wales (DHCW).

Overview

We found that extensive and wide-ranging due diligence and discovery work had been carried out by DHCW to identify the Programme's commitments, liabilities and barriers or limitations to its delivery at the time of the transfer. At the time of this review this activity continues.

The due diligence work undertaken by DHCW revealed that there are some barriers to delivery and as a result the Programme is currently paused whilst a range of issues are being evaluated and solutions sought, for example there is currently no agreed project plan that describes and schedules future project stages, although there are several scenarios being examined.

At the time of reporting, we identified that DHCW has been unable to confirm the funding position for the Programme. In addition, for future national digital programmes we have suggested that for a programme to transfer from one organisation to DHCW then the governance process needs to be clearly set out. These matters for consideration are detailed further in Appendix A.

Report Classification

Assurance not applicable

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Review objectives

1	An appropriate process is in place to determine the status of the Programme, in preparation for the continued roll-out across Wales. In particular, identifying the current issues / risks and challenges within the Programme.
2	Recommendations raised within the Gateway review have been considered, with plans in place to address areas of concern.
3	An appropriate approach to establishing delivery / project implementation plans to deliver the Programme are being developed, including potential governance / contract arrangements.

Matters arising

		Review Objectives	Control Design or Operation	Recommendation Priority
1	Governance of digital programmes	3	Design	N/A

1) Introduction

1.1 The National Digital Eye Care Programme (the 'Programme') is a Welsh Government programme of work in place to digitise the Ophthalmology Electronic Patient Record (EPR) and Referral (ERS) processes across NHS Wales. The Programme has been managed and delivered by Cardiff and Vale University Health Board (CVUHB) on behalf of the WG, all Welsh health boards and primary care optometrists.

1.2 The transfer of the Programme to Digital Health and Care Wales (DHCW) from CVUHB took place in June 2023. Subsequent to this, the Welsh Government paused the Programme for transition until the 30th September 2023. During November 2023, the governance of the Programme transferred to DHCW.

1.3 This review examined the process that DHCW has taken to determine the current status of the Programme and the remaining deliverables to complete.

1.4 In particular, it focussed on the process implemented by DHCW to determine the status of the Programme and identify the next steps to deliver the required outputs. We have not provided a quantification / state of the Programme deliverables at the point of transfer, but rather what DHCW is undertaking to deliver the remaining work.

1.5 This review partnered a separate review, which assessed the procurement processes undertaken by CVUHB when they were delivering the Programme.

2) Detailed Findings

Objective 1: an appropriate process is in place to determine the status of the Programme, in preparation for the continued roll-out across Wales. In particular, identifying the current issues / risks and challenges within the Programme

2.1 There is a raised level of risk with the delivery of the Programme, as a large number of the outputs still require delivery. We sought evidence from DHCW that they had undertaken a review of each of the Programme deliverables, recognising that at the point of transfer there may still be work required for elements of this.

2.2 We sought to establish the processes which DHCW have undertaken to identify the Programme's commitments, liabilities and any barriers or limitations to its delivery at the time of the transfer.

2.3 Where digital programmes of work have commenced within other NHS Wales organisations, but subsequently transfer across to DHCW, the governance arrangements for this process should be fully documented and determined prior to commencement of the deliverables. This should enable oversight and risk management of the programme progress **(Matter for consideration 1).**

2.4 We were advised that DHCW embarked on a programme of discovery to understand the Programme status which involved the following steps/ document review:

- a series of review meetings with key stakeholders;

- introductory meetings between the DHCW National Programme manager and LHBs Programme Managers/SROs;
- review of key Programme documents;
- receipt of the transition deliverables identified by the 'Gateway 0' review;
- preparation of a matrix of resources engaged on the Programme, including type, tenure, cost, role etc.;
- preparation of financial analysis for 2022/23 and 2023/24, to provide a full understanding of the programme's finances and commercials;
- investigation to fully understand the requirements for the O365 licenses for release to optometrists; and
- conducting further due diligence work covering a range of areas including applications design, commercials, cyber security, finance, information governance and infrastructure.

2.5 The discovery work revealed the issues set out in the paragraphs that follow.

2.6 **Review of Key Programme documents**

Whilst we were informed that full and up to date Programme documentation was not available, either at the time of the transfer nor since, key documentation that was available has been shared. We reviewed this documentation and confirmed its status with the DHCW Transition Programme Team, which is set out below.

2.7 ***Contract to deliver the Eyecare digitisation solution***

We reviewed the paper prepared by the Commercial Team over the contract status following the transfer of the Programme arrangements to DHCW. There were numerous issues identified and a subsequent risk analysis completed, with proposed actions included. We found this to be a suitable analysis and some of the observations are incorporated within the report below too. We were advised that it has not been possible for DHCW to determine the true start and end date of the contract between CVUHB and the delivery partner ToukanLabs Ltd (TKL) as there is uncertainty and ambiguity in the contract documentation. We reviewed the document and found that whilst timeframes are described for the contract length, the start of the contract, as detailed under Section 4.7.10, states, 'Subject to FBC approval it is anticipated that the Contract will be awarded in early April 2020.'.

2.8 ***Programme full business case***

The version of the Programme's full business case shared was dated from 2020. However, this has not been updated to reflect Programme changes since that time, including the refresh of milestone target dates, deployment timetables or spending schedules.

2.9 ***Programme financial position***

We have identified that at the time of reporting, DHCW has not been able to obtain a clear picture of the Programme's finances (this was also raised as part

of the Commercial Team's review). The Programme Due Diligence Information Requirements spreadsheet (the 'spreadsheet') listed 14 (from 17) finance information elements still outstanding.

2.10 ***Programme plan***

The copy of the Programme plan provided to DHCW took the form of a 180-task level listing with planned start and finish dates, but only 113 of these were partially or fully completed. In many instances, the dates have since lapsed. There was no information of task status, or actual task completion dates populated within the plan. As such, the Programme plan conveys no information of current status, progress or task slippage.

2.11 ***Conducting due diligence work***

We noted that at the time of the review, 57 of the combined 161 due diligence requests across the areas of applications design, commercials, cyber security, finance, information governance and infrastructure are of 'status outstanding'. This follows on from the Service Acceptance Review completed by DHCW during October 2022, where 68 of 85 questions raised were assessed as red RAG rated.

Conclusion:

2.12 Whilst we observed that discovery and due diligence work conducted by DHCW has been extensive and is ongoing, programme transfers bring with them a high degree of inherent risk. We note that, at the time of the review, there remain some areas of enquiry where uncertainty over the extent of commitments, liabilities, barriers or limitations to programme delivery persist.

Objective 2: recommendations raised within the Gateway review have been considered, with plans in place to address areas of concern

2.13 We sought to establish that the issues identified in a previous Welsh Government gateway review of the Programme prior to the transfer had been noted, assessed and considered during the due diligence work carried out by DHCW, and to establish the current status of the recommendations made in these reviews.

2.14 Independent reviews were carried out in October 2022 (based on the Government's Infrastructure and Project Authority Gate Review Process, review no. 4 of 5, 'Readiness Review') and March 2023 (review no. 0 of 5, 'Strategic Assessment').

2.15 The first of these (Readiness Review) identified weaknesses associated with the Programme's processes and documentation including change management, risk management, programme level planning, eyecare application testing, application delivery scope, roles and responsibilities and Programme finance and made, in total, 37 recommendations across a broad range of areas.

2.16 The later Strategic Assessment identified five critical rated issues associated with:

- absent communications strategy;

- risks and issues management;
- poorly defined roles, responsibilities and membership of the programme and stakeholder boards;
- gaps and omissions in key project documentation; and
- absence of financial reconciliation of the Programme finances.

2.17 As described above, 57 of the 161 due diligence requests remain outstanding.

Conclusion:

2.18 We have raised no matters arising under this objective relating to the action of legacy review recommendations, although we note the matters raised have not been confirmed as addressed. Whilst there remain uncertainties linked to these areas, the DHCW discovery and due diligence work underway has re-examined these and other areas.

Objective 3: an appropriate approach to establishing delivery / project implementation plans to deliver the Programme are being developed, including potential governance / contract arrangements

2.19 We sought to establish how DHCW is proposing to manage the Programme going forward, following its transfer on the 1st June 2023. Preceding sections of this report covering the earlier review objectives have outlined the approach DHCW has taken to establishing the Programme's commitments, liabilities and barriers or limitations to its delivery.

2.20 **DHCW's project brief**

At the time of the review, the project brief from the WG was not finalised. However, there were several different scenarios being discussed for the deployment of the solution functionality to health boards and community optometrists.

2.21 **Existing contract with TKL**

The original contract entered into by CVUHB with the provider TKL in 2020 remains live and extends across the solution development, configuration and deployment, with an original deadline for full rollout to health boards of March 2025.

2.22 **New programme model**

Several scenarios have been considered for the new Programme, but DHCW has now approached the WG to approve and fund a full open procurement for an ophthalmology EPR optometry ERS solution plus some potential parallel deployment by CVUHB under the current contract with TKL. The bid involves an aggregate of £4.5m funding across 2024/25 and 2025/26.

2.23 Ultimately, the WG will instruct DHCW in a revised project brief, but at the time of writing they had not yet done so.

2.24 **Programme issues revealed through DHCW discovery work**

Prominent in the Programme discovery work carried out by DHCW is the matter of funding / finances at the time of handover. Currently, DHCW has been unable to establish with certainty what remains of the existing contract price, or of the funding already provided by Welsh Government.

2.25 Additionally, we noted the capital funding for 2024/25 (£293,470) has been awarded by the WG (Schedule F of the Funding Letter) on the basis of the Programme's original 2020 business case finance schedules - £292,500 on the capital funding allocation table from 2019/20 (Section 5.7 of the Final Business Case). Consequently, this may be out of alignment with the historic spending profiles.

2.26 **Outstanding programme issues**

The DHCW discovery work revealed a series of matters that require addressing, prior to any further deployment of the applications to health boards can take place. These include contract, applications testing, clarity on contract change requests, cyber security and service support arrangements.

2.27 **Programme management plan going forward under DHCW**

DHCW has advised that going forward the Programme will be delivered via a Programme board, following a Prince2 type project methodology, supported by the DHCW Project Management Office (PMO).

2.28 We noted DHCW has submitted an initial Digital Investment Proposal (DIP) with a second proposal pending. The DIP – which follows a WG template, covers the areas of current project status, programme configuration options going forward, costs, benefits and risks – represents an outline business case and is the formal request to the WG for funding.

2.29 Currently, the Programme is being managed by the Transition Board and it is the intention that this will transfer to a permanent programme board when the final project brief is decided. We noted the Transition Board's purpose, scope, objectives, membership etc. are defined in a terms of reference document.

2.30 The Transition Board meetings are operating to a monthly timetable, but not all the other elements of a conventional project methodology are yet in place, but it is planned that they will be developed.

2.31 **Programme viability status**

We noted a range of areas including commercials, infrastructure and solution architecture where risk has been identified and work is ongoing to resolve this. However, ensuring financial queries / tasks are resolved and that sufficient funding of the Programme going forward is in place is key. (**Matter for consideration 1**).

2.32 **Transfer of live programmes**

Alongside the viability of the Programme, we have noted an increasing inherent risk with the nature of multi-partner programmes of work. In particular, the

transfer of live programmes of work into DHCW. To mitigate this, we recommend that DHCW ensures that for each programme of work that documented governance arrangements are in place, to have full oversight of the deliverables. (**Matter for consideration 1**).

Conclusion:

2.33 We have noted the potential absence of sustainable funding going forward, which may threaten the viability of the Programme and have raised a recommendation over the governance of future national digital programmes of work.

Appendix A: Management Action Plan

Matter for consideration 1: Governance of digital programmes (Design)	Impact
Regarding this Programme, there remains information outstanding to be able to ascertain the current status, including the financial position. To assist with the current position, DHCW completed an options appraisal during February 2024 to determine the approach with least risk going forward. In total, eight scenarios were considered. For future national digital programmes we recommend that for a programme to transfer from an organisation to DHCW then the governance process should be defined upfront, alongside the monitoring and risk management arrangements. We recognise that DHCW as a Special Health Authority was not formed until 2021, but going forward to minimise future risk, partnership arrangements should be established to support this programme delivery method.	Potential risk that live programme transfers to DHCW result in greater risk, additional cost and unidentified issues arising. Potential risk of increased financial cost and non-delivery of strategic objectives.

Recommendations	
1.1	For future contracts that novate across or programmes that transfer to DHCW a documented governance approach and / or partnership arrangements should be in place to oversee this process.
1.2	DHCW should determine the remaining deliverables to complete the roll out across Wales of this Programme, with all health boards providing detailed plans of work to complete, and clients delivering on their commitments or matters being escalated to the Welsh Government.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Eye Care Digitisation Programme
Final Internal Audit Report

May 2024

Cardiff & Vale University Health Board

Contents

Review reference:	CVU 2324-38
Report status:	Final Report
Fieldwork commencement:	14th February 2024
Fieldwork completion:	11th March 2024
Debrief meeting:	23rd April 2024
Draft report issued:	10th , 26th April & 15th May 2024
Management response received:	22nd May 2024
Final report issued:	23rd May 2024
Auditors:	Ian Virgil, Head of Internal Audit Stephen Chaney, Acting Head of Internal Audit Philip Lewis-Davies, Principal Auditor
Executive sign-off:	Catherine Phillips, Director of Finance, CVUHB
Distribution:	Claire Osmundsen-Little, Director of Finance, DHCW Claire Salisbury, Deputy Director of Procurement Services, NHS Wales Shared Services Partnership
Committee:	Audit Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement
NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

At the request of Cardiff and Vale University Health Board (CVUHB), an audit was undertaken to comment on the current status of contractual commitments entered into by CVUHB to deliver the Eye Care Digitisation Programme. The review has focused on the Eye Care Digitisation Programme NHS Wales contract CAV-ITT-Project 42019 entered into between CVUHB and Toukaneyes Limited, trading as ToukanLabs UK, and its compliance with procurement legislation and CVUHB procurement processes.

Overview

While we have provided reasonable assurance over this review, in coming to this position we took into account the Variation Agreement that was completed during 2023, which clarified and updated several requirements from the original contract.

We have included the following matters arising:

- discrepancies on the contract award notice and wording relating to the contract term;
- the delay on the contract variation process;
- the completion of the Exit Plan during 2023; and
- further enhancements to the internal procurement process – i.e. the incorporation of a quality assurance process.

Additional conclusions identified outside of the scope of this review will be incorporated into the annual national NWSSP Procurement audit. All matters arising have been included within Appendix A.

Report Opinion

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary[1]

Objectives		Assurance
1	Compliance with procurement legislation.	Reasonable
2	Compliance with CVUHB procurement processes.	Reasonable

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Matters arising		Assurance Objectives	Control Design or Operation
1	Term of Contract	1, 2	Operation
2	CVUHB Procurement Process	1, 2	Design
3	Contract Award Notice	1, 2	Operation
4	Contract Variation	1, 2	Design
5	Exit Plan	2	Operation

Recommendation*		Assurance Objectives	Priority Rating
1	CVUHB Procurement Process	1, 2	Medium

* We have raised one recommendation to enhance the controls associated with the five matters arising. This medium priority recommendation is reported within Appendix A and is presented as an optional consideration.

1. Introduction

1.1 The National Digital Eye Care Programme (the 'Programme') is a Welsh Government programme of work in place to digitise the Ophthalmology Electronic Patient Record [EPR] and Referral processes across NHS Wales. The Programme has been managed and delivered by Cardiff and Vale University Health Board (CVUHB) on behalf of the Welsh Government, all Welsh health boards and primary care optometrists.

1.2 The transition was agreed in principle and DHCW appointed a National Programme Manager in April 2023 to work with CVUHB, to plan and execute the Programme transition. A series of programme status review meetings were held to gather information from the senior CVUHB Programme Team, senior national programme stakeholders and Welsh health boards to determine the current status and expectations.

1.3 The transfer date of 1st June 2023 was approved by the DHCW Board at its May 2023 Board Meeting, noting the requirement to pause and reset the Programme during the period of due diligence and transition.

1.4 At the request of CVUHB, a review was established to comment on the current status of contractual commitments entered into by CVUHB, to deliver the Programme.

1.5 The scope is limited to a review of the status of contract CAV-ITT-Project 42019 entered into between CVUHB and Toukaneyes Limited, trading as ToukanLabs UK in November 2019, including the procurement arrangements.

1.6 The audit has focused on the Committees' and the Board's engagement and in particular, the objectives of the area under review were compliance with procurement legislation and compliance with CVUHB procurement processes.

1.7 Possible key risks considered within the review include:

- The contract may not have been procured in compliance with legislation, exposing CVUHB to external challenge.
- The contract may not have been procured in compliance with CVUHB internal process controls, resulting in a commitment that may not have been approved in an appropriate manner.

1.8 The scope of this audit did not include the control and management of the delivery of the contract post award. Whilst we considered procurement processes relevant to this contract, recommendations have only been reported if they are specifically applicable to CVUHB and within the scope of this audit. Otherwise, wider recommendations and / or opportunities relating to these processes will be incorporated into the national NWSSP Procurement audit.

2. Detailed Findings

Objective 1: Compliance with procurement legislation

2.1 As detailed in the Standing Financial Instructions (SFIs) the CVUHB Chief Executive (CEO) is ultimately responsible for procurement. Staff within the Procurement Team are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to CVUHB.

2.2 NWSSP Procurement shall, on behalf of CVUHB, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The CVUHB CEO is ultimately responsible for ensuring that CVUHB's Executive Directors, Independent Members, and officers follow procurement, tendering and contracting procedures.

2.3 The NWSSP Director of Procurement is responsible for ensuring that procurement, tendering and contracting policies and procedures are kept up to date and conform to statutory requirements and regulations.

2.4 We reviewed the procurement process for the Eye Care Digitisation Programme (the 'Programme') that resulted in the award of contract CAV-ITT-Project 42019 entered into between CVUHB (on behalf of NHS Wales) and Toukaneyes Limited, trading as ToukanLabs UK in November 2019.

2.5 The procurement process adopted was driven by the value of the contract which was in excess of the OJEU threshold. The procurement was an open procedure covered by the Government Procurement Agreement.

2.6 We noted the following issues of compliance with legislation and regulation from our review of the procurement of the Programme.

2.7 The Contract Notice (the 'Notice') published in support of the Invitation to Tender refers to the incorrect contract term. The Notice stated that the term of the contract was seven months, with an option to extend for a further three months rather than the actual term of five years, with an option to extend for a further two years period. This error, which occurred during the pandemic, was not corrected at the time and may have impacted potential bidders. We were informed that there have been no issues or concerns raised by the bidders involved within the process. We have raised this finding in matter arising one in Appendix A.

2.8 Section 7.9 of the CVUHB PROC-CMP-01 Procurement Processes Core Management Procedure (the 'Procurement Procedure') includes details of controls in operation to prevent issues arising and to manage the risks. These include 'audit' and 'staff training' controls. However, whilst this is an appropriate course of action to help mitigate risk, the steps taken lack a preventative element e.g. to prevent a risk from arising, but rather detail a retrospective approach to the management of issues / risks. We have raised this finding within matter arising two in Appendix A. During testing, we identified further recommendations over other procurement

processes. However, as these are outside the scope of this audit, we have not incorporated these points.

2.9 Furthermore, the Contract Award Notice (CAN) was not issued within the required period of 30 days of contract award. Despite this being a process step on the Procurement Checklist (the 'Checklist'), the failure to issue the CAN promptly went unidentified until October 2023 when the CAN was published. There is a need to ensure that the Checklist is monitored in real time to ensure all process steps detailed are completed promptly. We have raised this finding in matter arising three in Appendix A. As above, the Procurement Procedure includes a specific section (7.9) to assist with mitigating risk associated with the CAN.

2.10 Per the CAN, the Programme contract was awarded for five years on 20th January 2020. A variation to the original agreement was drafted and signed by both parties on 17th July 2023. This document was followed by the Variation Agreement for the Project Agreement for the Programme, signed by both parties in January 2024.

2.11 As the variation exercise was performed in July 2023 and January 2024, this would indicate that whilst changes have now been approved and documented, this may not have been performed as the issues arose / were identified over the term of the contract.

2.12 Regarding this specific contract, we were informed that the Procurement Team did not become aware of the variation until February 2023. This update led to the contract variations in July 2023 and January 2024. The responsibility of this update resides with CVUHB, where the CEO is ultimately responsible for ensuring that CVUHB's Executive Directors, Independent Members and officers follow procurement, tendering and contracting procedures. We have raised this finding in matter arising four in Appendix A.

2.13 The key elements included within the variation agreement are:

i. confirmation of the effective date of the commencement of the contract;

ii. clarification of several points across Schedules A, B and C;

iii. the Implementation Plan from Schedule E; and

iv. the Exit Plan from Schedule E.

Conclusion:

2.14 We have raised four matters arising under this objective, based on a review of the Programme. Whilst three of the exceptions relate to matters arising with the original contract, these have now been resolved under the variation process albeit with a delay. Therefore, we have provided **reasonable assurance** for this objective.

Objective 2: Compliance with CVUHB procurement processes

2.15 As noted above, NWSSP Procurement shall, on behalf of CVUHB, maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes, and provide a procurement support function to CVUHB.

2.16 Our review of the procurement process for the Programme that resulted in the award of contract CAV-ITT-Project 42019 entered into between CVUHB (on behalf of NHS Wales) and Toukaneyes Limited, trading as ToukanLabs UK, identified the following issues that require to be clarified to demonstrate effective control within the procurement process.

2.17 A Request for Approval Procurement document (the 'Request document') was prepared in October 2019 requesting the approval of the contract recommendation of the Programme contract to ToukanLabs UK (contract ref CAV-ITT-Project 42019). The Request document was approved via Chair's Action, with the Vice Chair approving the expenditure, by signing the form in November 2019.

2.18 The Chair's Action was reported within the Chair's Report to the next Board meeting held on 28th November 2019 and endorsed accordingly.

2.19 The procurement process considers conflicts of interest from a tenderer perspective and from an internal CVUHB and NWSSP Procurement perspective. This requires all stakeholders to be engaged. We found that the stakeholders were engaged, declarations provided and that all bidders were required, and provided, such declarations as part of the Invitation to Tender process.

2.20 Within clause 18.1 of the original contract, it was stated that an Exit / Transition Out Plan should be provided within two weeks of the contract commencement date or by the date within Schedule E, if detailed. In this instance, Schedule E defined the timeframe as within three months of the Contract Commencement Date (the date at which both parties have signed the contract).

2.21 Whilst we have been provided with a copy of the 'Wales Eyecare Digitisation Programme OpenEyes Exit / Transition Out Plan V2', we have not been able to verify / determine the date that this was completed. However, we confirmed that it formed part of the variation process in 2023. This has been raised as matter arising five in Appendix A.

2.22 We sought to determine whether the purchase orders raised corresponded to the financial commitments outlined within the contract. In particular, we requested extracts from Oracle to support the raising of requisition orders and the establishment of appropriate cost centres.

2.23 We confirmed that both the purchase order and cost centre process was in line with expectations. However, as part of our enquiries we were informed that there were financial mis-postings between numerous contract budget codes. A full reconciliation was completed by the Procurement Team, and we confirmed that for the contract with ToukanLabs, the expenditure incurred was approximately 10% over the contract value. However, there is a further 40% potentially remaining

(£454k excl. VAT) under Regulation 72, as permitted within the PCR15 Regulations. Under certain conditions within the Public Procurement Regulations 2015, Regulation 72, an extension of no more than 50% is permitted of the total value of the contract. However, Regulation 72 has not been exercised to date and there is no associated funding available. We have not reviewed this further as it was outside the scope of this audit.

Conclusion:

2.24 We have raised one matter arising under this objective, based on a review of the procurement of the Eye Care Digitisation Programme. Whilst we have reviewed the Exit Plan, we have been unable to determine the date that this was completed, other than as part of the variation process and thus, whether Paragraph 18.1 and Schedule E have been adhered to. Therefore, we have provided **reasonable assurance** over this objective.

Appendix A: Management Action Plan

Matter Arising 1: Term of Contract (Operation)	**Impact**
A Contract Notice (CN) was issued under Directive 2014/24/EU - Public Sector Directive on 30 May 2019. The CN stated that the term of the contract was seven months, with an option to extend it for a further three months period at the Health Board's sole discretion in monthly intervals. This was incorrect, but clarification was provided by Procurement that the correct details were included within the associated documentation for the bidders. The contract that was tendered for had a term of five years with an option to extend for a further two years period at the Health Board's sole discretion in yearly intervals. This error was not corrected for at the time.	Potential risk of: • A delay in correcting errors and omissions may create a period of non-compliance with legislation and could hinder the delivery of transparency requirements, until mitigating actions are taken.
Matter Arising 2: CVUHB Procurement Process (Design)	**Impact**
During 2023, a new procurement procedure for CVUHB was developed by NWSSP Procurement, titled CVUHB PROC-CMP-01 Procurement Processes Core Management Procedure (the 'Procurement Procedure'). This was not in place at the time of the original contract being agreed and therefore, did not form part of our testing of the contract. However, we reviewed the content to determine if further enhancements can be implemented to assist with the ongoing management of CVUHB's procurement risks.	Potential risk of: • Key procurement steps may not be completed fully / correctly, resulting in increased financial costs or reputational damage.

We also considered this document alongside the document management system (DMS) and concluded that the updated controls will assist with the mitigation of most procurement risks for CVUHB. However, within this review, we advise consideration over the implementation of a quality assurance process for some key steps; primarily within Section 7 of the Procurement Procedure. This may not be appropriate in all circumstances, and we found a number of these preventative measures in place already (e.g. Senior Category Manager approval). However, within Section 7 a list of controls and monitoring to prevent issues arising does not include a preventative control. This may only require an administrative update to the Procurement Procedure, if these controls already exist, but if not, a quality assurance step should be considered for the critical aspects.	
Matter Arising 3: Contract Award Notice (Operation)	**Impact**
Furthermore, the Contract Award Notice (CAN) was not issued within the required period of 30 days of the contract award. Despite this being a process step on the Procurement Checklist, the failure to issue the CAN promptly went unidentified until October 2023. We were informed that this primarily resulted from the impact of the pandemic, the reallocation of staff throughout the NHS and thus, the significant pressures that teams were under.	Potential risk of: • A delay in correcting errors and omissions may create a period of non-compliance with legislation and could hinder delivery of transparency requirements until mitigating actions are taken.

Matter Arising 4: Contract Variation (Design)	**Impact**
Per the Contract Award Notice (CAN) the Eye Care Digitalisation Programme contract was awarded for five years in January 2020. However, a variation to the original agreement was drafted and signed by both parties on 17th July 2023. This document was followed by the Variation Agreement for the Project Agreement for the Programme, signed by both parties in January 2024. Regarding this specific contract, we were informed that the Procurement Team did not become aware of the variation until February 2023. This update led to the contract variations within July 2023 and January 2024. Ultimately, the responsibility of notifying the Procurement Team of such changes resides with CVUHB.	Potential risk of: • Variations and amendments to a contract during its life changes are not reviewed, approved, and documented in a timely manner.
Matter Arising 5: Exit Plan (Operation)	**Impact**
Within clause 18.1 of the original contract, it was stated that an Exit / Transition Out Plan should be provided within two weeks of the contract commencement date or by the date within Schedule E, if detailed. In this instance, Schedule E defined the timeframe as within three months of the Contract Commencement Date (the date at which both parties have signed the contract). However, whilst we have been provided with a copy of the 'Wales Eyecare Digitisation Programme OpenEyes Exit / Transition Out Plan V2', we have not been able to verify / determine the date that this was completed. We confirmed that the Exit Plan was	Potential risk of: • Contract conditions not being met. • Increased financial risk where the exit / transition out terms have not been agreed at the time of entering into the contract.

incorporated into the Variation Agreement (as a separate document), but this took place during 2023. Whilst the risk associated with a delay in the production of the Exit Plan may be partially mitigated by the system being open source, this does not remove all risk and uncertainty associated with how any exit from the contract would be managed between the parties.		
Recommendation for consideration		**Priority**
4.1	We recommend, on the basis of the five matters arising, that CVUHB engage with NWSSP Procurement to determine if further enhancements to the procurement procedures should be implemented. This should consider: • further enhancements to Section 7 of the CVUHB Procurement Procedure, including the use of a preventative control; • a review of checklists that may still be in use; • the process for the communication of contract variations or other changes; and • the mechanisms or controls for incorporating Exit / Transition Out Plans.	Medium

Agreed Management Action		Target Date	Responsible Officer
1.1	• The DMS was revised and relaunched in December 2023, these controls are in place within the DMS that sits under PROC-CMP-01, the DMS includes steps that cannot proceed without approval from the relevant person named within the step. All procurement staff have received the relevant training.	**COMPLETE**	Assistant Director of Procurement Services
	• Checklists are in place locally in CVU, and will be included as part of DMS update for the new Procurement Act 2024.	October 2024	Assistant Director of Procurement Services
	• Communication to be issued to all Health Board staff when they participate in a procurement process on the responsibilities they hold once a contract has been awarded.	Immediate	Assistant Director of Procurement Services
	• Further training/reminders to be undertaken on requirement for Exit Plan/Transition Out Plans to be considered in all procurement exercises/awards.	Immediate	Assistant Director of Procurement Services

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	**Substantial assurance**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable assurance**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited assurance**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory assurance**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Assurance not applicable**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Digital Eye Care Programme Summary of Timeline

The table below provides a summary timeline of activities relating to progress of the Digital Eye Care Programme (DECP).

Period	Description
Jan 20	Digital Eye Care Programme initiated
Mar 20	Electronic Patient Record (EPR) system procured and installed
Apr 20	Cardiff & Vale (CAV) UHB deploys to first sub-specialty
Jan 21	Eyecare Capital Equipment Renewal project begins
Mar 21	Cardiff University deploys EPR system in Teach & Treat for WGOS
Apr 21	CAV UHB continue deployments across additional subspecialties
Jun 21	Eyecare Capital Equipment Renewal project complete
Apr 22	All Health Boards engaged in EPR system deployment planning
Nov 22	Cwm Taf Morgannwg (CTM) UHB starts EPR system deployment and user training
Feb 23	CTM UHB launches initial sub-specialty in EPR system
Mar 23	OGC - Gateway Zero Review published (commissioned by WG)
Apr 23	DHCW DECP Programme Team assembled
Jun 23	DHCW take management responsibility for DECP
Jul 23	DECP paused pending development of a revised delivery plan – further Health Board deployment plans put on hold
Aug 23	Electronic Referral System (ERS) Pilot commissioned at CAV UHB
Oct 23	ERS Pilot completed
Nov 23	DHCW advise unable to novate the existing DECP contract and outline alternative options to Welsh Government
Jan 24	DECP Transition Board is constituted to replace the Programme Board
Feb 24	DECP Options Paper delivered to Welsh Government by DHCW
Mar 24	Welsh Government requests alternative options, asking Health Boards to consider a tactical deployment of EPR system hosted in CAVUHB
May 24	NWSSP Internal Audit Report published
Jun 24	DHCW resubmits DECP Options Paper incorporating Welsh Government requirements
Jul 24	DHCW confirms it will not deploy a national EPR system using existing DECP solution
Sep 24	DHCW advise Health Boards to deploy current EPR system used in CAVUHB
Apr 25	Welsh Government confirms 2025-26 funding & deployment authorisation to CAV UHB to implement the EPR solution to all Health Boards by 31/03/26

David Thomas

Director of Digital & Health Intelligence

Cardiff & Vale University Health Board

3rd May 2025

GIG CYMRU NHS 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

Chair
Health and Social Care Committee,
Welsh Parliament,
Cardiff Bay,
Cardiff,
CF99 1SN

Ein cyf / Our ref: CS/EG(CE25/0319)
☎: 01745 448788 ext 6382
Gofynnwch am / Ask for: Elin Gwynedd
E-bost / Email: elin.gwynedd@wales.nhs.uk
Dyddiad / Date: 6 May 2025

Sent by email - SeneddHealth@senedd.wales

Dear Chair,

RE: Inquiry into ophthalmology services in Wales - Betsi Cadwaladr University Health Board submission

Thank you for inviting the Health Board to provide information for your Committees Inquiry into ophthalmology services in Wales. I am pleased to be able to attend the Committee to assist in this key area of healthcare for the people of Wales. The Health Board is prioritising the development of effective services for people with eye care needs with this service areas highlighted as a core delivery area within the Board-approved Integrated Medium-Term Plan. I therefore enclose the 'Working Draft' Eye Care Integrated Specialty Plan for 2025/26. This Plan is currently being further developed to enable a comprehensive approach to service improvement. In addition, the Health Board has committed to developing its long-term (10 year) strategy and associated Clinical Services Plan and with both being actively progressed over the coming months. This will enable a clearer medium and long term approach to be established.

The Health Board is currently at Level 5 (Special Measures) Escalation and as such is focusing on enabling significant and rapid improvement in a range of areas. The latest Welsh Government report on Special Measures has highlighted the progress and improvements that have been made with key steps having been taken in terms of leadership and culture, governance and financial governance. It also recognised the commitment to delivering further, significant improvement particularly in the area of timely access to services. A significant reduction in the number of people waiting for outpatient appointments and/or treatment has been achieved during Quarter 4 2024/25 and these improvements are continuing into 2025/26.

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

I hope you find the information provided in advance helpful and I look forward to assisting the Committee in its work.

Yours sincerely,

_____
Carol Shillabeer
Prif Weithredwr/Chief Executive

NOTE - WORKING DRAFT (subject to further review and approval)

Eye Care Integrated Specialty Plan 2025/2026

The purpose of this plan is to improve the safety and experience of our patients and support the delivery of sustainable services. By bringing together multiple sources of intelligence and insights, the plan builds on current service provision and developments to provide an integrated quality plan for implementation across Betsi Cadwaladr University Health Board (BCUHB) ophthalmology services.

• Executive Summary

As a designated 'challenged service', the health boards Eye Care service is experiencing a combination of workforce gaps, ageing facilities, financial pressures and demand far outstripping current capacity; further strained by a post pandemic surge in waiting times, the result is a significant backlog of patients waiting for care and treatment, with 686[1] patients waiting 104 weeks and over from referral to treatment, and long waits for follow-up's, leaving patients at risk of irreversible harm whilst waiting to be seen.

As current and future projected demand for ophthalmic services and its subspecialties continue to grow, along with the known challenges of workforce and physical infrastructure, the health board will apply a Quality Management System (QMS) approach i.e., quality plan, control and improve to assure eye care services **improve timeliness of access** by **maximising capacity and productivity, reducing patient harm and improving their experience**.

The future of eye care in North Wales aligns with that of the wider nation, to move towards fully integrated pathways where patients receive care and treatment closer to home and, where appropriate, move seamlessly between primary, community and secondary care. Equality and equity of the care provided is also key and the health board continues to plan for regional working opportunities through the delivery of the Welsh General Ophthalmic Services (WGOS) pathways, Getting It Right First Time (GIRFT) recommendations to improve productivity and efficiency, demand and capacity modelling and progressing the workforce planning and estates review.

The delivery priorities are underpinned by the recommendations and evidence-based best practice of GIRFT, Royal Colleges, National Audit, National Clinical Networks, and the National Clinical Strategy for Ophthalmology as well as the NHS Wales Technical Planning and Performance Framework 2025-28. This enables an integrated specialty plan to be developed, aimed at improving timely access to care, and reducing unwarranted variation in clinical productivity and effectiveness.

Work is already underway with implementation of integrated pathways between Primary and Secondary Care services to support timely diagnostics, monitoring, and management of patients to minimise risk of harm. This is supported by ongoing review of concerns (incidents, complaints, claims) and patient feedback to ensure that the patient's voice is at the heart of service planning. However, it is recognised that despite efforts, patients continue to be at risk of coming to harm and the health board is acting with urgency to improve the quality of eye care services for the population of North

[1] As at 31 March 2025

Wales; addressing the entire patient pathway and its key enabling functions *(estates, workforce, technology)*.

• Service Context

The health board has three sites providing specialist eye care services to both planned and emergency care. Two services are located within District General Hospitals: Ysbyty Wrexham Maelor, East Integrated Health Community (EIHC) and Ysbyty Gwynedd, Bangor, West Integrated Health Community (WIHC), with a third service located in Abergele Community Hospital, Central Integrated Health Community (CIHC). Eye surgery is delivered in four theatres: two in Abergele, one each in Ysbyty Wrexham Maelor and Ysbyty Gwynedd. Eye care services are also provided at Community Hospitals Deeside (EIHC), Holywell and Colwyn Bay (both in CIHC). Tertiary care is provided by the Countess of Chester and The Royal Shrewsbury Hospital for border GP referrals and specialist care at Liverpool and Manchester Hospitals for consultant-to-consultant referrals.

There are 70 privately owned and managed accredited Eye Health Examination Wales Optician providers across North Wales, providing eye tests, acute condition care (where appropriate) and referral to hospital eye care services when required. In addition, National Optometric Reform Pathway delivery is progressing across the region with primary care Optometrists providing an extended range of ongoing management for patients who previously would have been referred to and/or managed by hospital eye care services, including primary care referral refinement, patient monitoring and prescribing.

Most of the demand for services is planned (as opposed to emergency) care e.g. cataract referral to treatment (approximately 2500 patients awaiting new appointments*) and chronic, long term monitoring conditions such as glaucoma, medical retina (e.g. age-related macular degeneration) and diabetic retinopathy (approximately 15000 patients, combined, awaiting follow up appointments*).

Emergency services are provided via three nurse led eye casualties within the three hospital locations. Out of hours and on call medical cover (5pm – 10pm weekdays, 9am – 10pm weekends) is provided at both Ysbyty Wrexham Maelor and Ysbyty Gwynedd, with Abergele Community Hospital providing all other on call.

In 2023, the Getting It Right First Time (GIRFT) Project Team conducted a review of cataract service delivery (with an addendum added following a further review of glaucoma services) at BCUHB. GIRFT is a national programme (in England) that is designed to improve patient care, by reducing unwarranted variations in clinical practice; it helps identify clinical outliers and best practice amongst healthcare providers, highlights change that will improve patient care and outcomes and delivers efficiencies and cost savings. The review indicated that whilst there was evidence of cross-site collaborative working, most recommendations focussed on improving this and improved utilisation of the full estate and theatre space available.

The BCUHB Board Assurance Framework (BAF) includes eye care associated organisational risks that encompass the challenges faced by planned care including risks to sustainable key health services, timely access to Planned Care, culture (through engagement of its workforce) and workforce optimisation.

** Data taken from BCUHB IRIS dashboard 'Eye care clinical condition dashboard' accessed 24/04/2025 but recognised issues with coding accuracy, variation, and null clinical condition*

• Capital including estates & facilities

BCUHB estate comprises of a range of property types from which it delivers eye care services, from acute hospitals to primary care and community facilities. A considerable proportion of BCUHB estate (circa 45% in 2023) is greater than 40 years old and eye care service delivery is currently being impacted by ageing and fragile estate. BCUHB Estates are undertaking a 6-facet survey (physical condition, statutory requirements, functional suitability, environmental management, space utilisation and quality of environment) which will inform future estate sustainability plans.

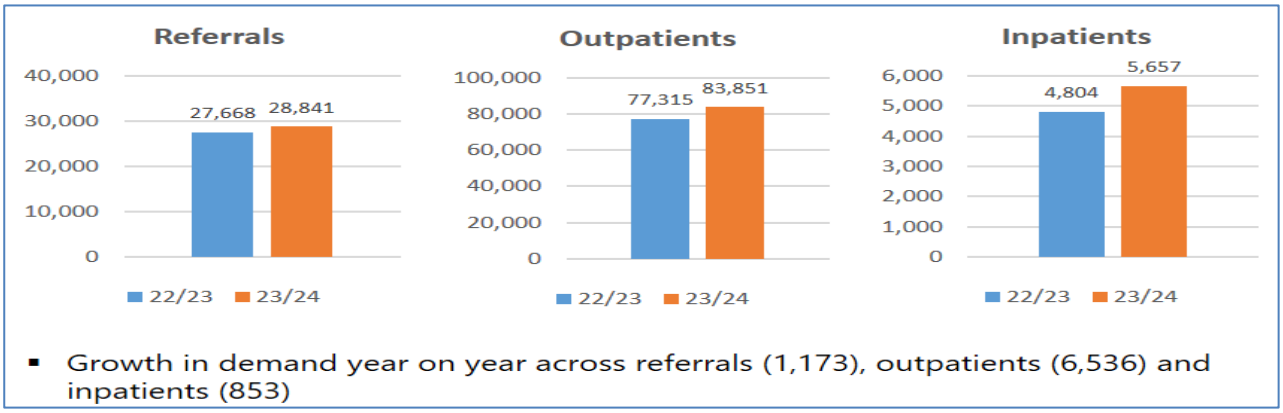
The ability to provide services at their current locations face significant challenges relating to ageing buildings, fragile infrastructure, and access issues. These include fragile theatre ventilation systems in Abergele, resulting in theatre cancellation and Ysbyty Wrexham Maelor clinic rooms which have areas non-compliant with disability access. Ysbyty Gwynedd does not have a designated Intravitreal Therapy (IVT) suite, reducing theatre cataract capacity by 20% (a clean room solution business case is in progress).

Immediate repairs have been undertaken to mitigate the risk of the impact of disrepair of ageing estates, however long-term sustainable solutions are required which will need financial investment.

ACTION - To be completed by Quarter 2: 2025/2026
Undertake an estates review to identify improvements to existing estates (ensuring facilities in use are fit for purpose and up to modern standards) and further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.

• Population Health, Prevention & Partner Working

Current data demonstrates a growth in demand for hospital eye care services, year on year (2022/23, 2023/24), across referrals, outpatients, and inpatients:



With several recognised risk factors that predispose the population to developing eye diseases (with ageing being one of the most significant risk factors, particularly for cataracts), it is expected that the demand will continue to grow. This is confirmed within the Royal College of Ophthalmology '*Way Forward*' (2019, RCOPth), the NHS Wales Eye Health Care *Future Approach for Optometry services*

(2021) and *'Drivers and predictions regarding future demand for Ophthalmology surgical services in North Wales'* (2025).
The growth of the UK diabetic population is likely to carry implications for the diabetic retinopathy population. Research also demonstrates a clear correlation between obesity and the prevalence of other eye diseases such as wet macular degeneration and glaucoma. Ethnicity and deprivation also play a role in heightening the risk of developing eye care diseases.

Prevention and early intervention opportunities include referral refinement/filtering, community optometry monitoring and management, and support of population screening pathways (WGOS 4 pathway – see below for explanation of pathways).

Wales General Ophthalmic Services (WGOS) were introduced on 20 October 2023, with unification of the service architecture, governance and evaluation across Wales to provide care closer to home and ensure that people only attend hospital eye services when required. WGOS is a Primary Care Optometry service delivered from both fixed location premises in the community and closer to/in homes via mobile practices. WGOS is a tiered Service comprising of five tiers, ranging from eye examination to independent prescribing.

The delivery of WGOS across the health board has continued to progress, with notable developments in the implementation of WGOS 4 pathways. This pathway encompasses patients under the categories of glaucoma, medical retina, and those on medications with known retinal toxicity risks, such as hydroxychloroquine (HCQ). WGOS 4 is expected to have the greatest impact on secondary care activity, as it supports the filtering and monitoring of patients in primary care and facilitates discharge to monitor stable conditions outside of hospital settings.

This change is a positive step forward in the evolution of WGOS service delivery. It demonstrates how activity can be effectively shifted from secondary to primary care, bringing services closer to home for patients and improving efficiency across the system.

To spread, scale and sustain the success of WGOS 4 pathway requires national workforce investment to support Optometrists in undertaking post-graduate qualifications. This is now in place with positive potential for progressive future expansion of Primary Care Higher Certificate workforce.

To mitigate the shortfall in professionals with higher certification, the health board has introduced two data capturing pathways to reduce longest waits for glaucoma and retinopathy and one screening pathway for unreadable diabetic eye screening Wales referrals.

ACTION - To be completed by Quarter 4: 2025/2026
Optimise available resource (financial and human) to deliver expansion of locally agreed regional integrated pathways (glaucoma and retinopathy) with Community Optometrists to provide care closer to home and additional capacity.

• Performance

The health board service teams continue to book patients on basis of priority and wait order, in line with Ministerial Target longest waiters/breach and those patients 100% over target date R1 (patients at highest risk of irreversible damage) breach redress.

Productivity, utilisation, and efficiency is reported via the Eye Care Measure National Key Performance Indicators Target Performance (ECM KPI's) and Ministerial Target Performance.

Waiting time performance per breach position (submitted March 2025)	
Greater than 156-week breach position	13 patients
Greater than 104-week breach position	686 patients
Greater than 52-week breach position (Stage 1 only)	6036 patients

Performance against Eye Care Measures (submitted March 2025)					
Measure	**Nov 2024**	**Dec 2024**	**Jan 2025**	**Feb 2025**	**March 2025**
Percentage of patient pathways assessed as health risk factor 1 (R1) * waiting within target or no more than 25% beyond target date for an outpatient appointment	47.1%	45.9%	46.2%	45.8%	44.7%
Percentage of patient pathways assessed as R1* who were seen within target date or no more than 25% beyond target date for an outpatient appointment	53.1%	54.4%	49.6%	53.4%	56.3%

***** *Patients at highest risk of irreversible sight damage*

Currently demand and capacity models are run at specialty level. Within ophthalmology there are particular sub-specialty gaps e.g. Oculoplastic, which are not always evidenced within capacity planning. Work is required to fully understand the demand and capacity at sub-specialty level requiring improvements in data availability; although this specialty does have a high completion rate for clinical condition which would support this work. The other area of variation is the cataract pathway which does account for some variation across the sites with regards to 52-week stage 1 (waiting for a new outpatient appointment) backlog where parts of the organisation have implemented direct to list. This will be progressed fully across other parts of the health board, moving away from stage 1 appointments being established for cataract routine referrals.

The current demand and capacity is limited to the delivery of the Referral To Treatment (RTT) pathway and does not include the Eye care measure / follow up activity which forms the larger portion of ophthalmology activity. The health board intention is to systematically expand the deployment of demand and capacity assessment across all elements of service.

Stage 1 (Waiting for a new outpatient appointment) - 52 weeks modelling for 2025/2026								
	Derived Demand	52 week Backlog	Core Capacity	Funded Solutions	Unfunded Solutions	Predicted Year End Position - Core Delivery	Predicted Year End Position - Core Delivery with Funded Solutions	Predicted Year End Position - Core Delivery with Solutions
West IHC	4173	1488	3314	263	2652	2347	2084	0
Central IHC	7702	2432	4986	96	2530	5148	5052	2522
East IHC	3328	2094	3214	875	288	2208	1333	1045

Stage 4 (Waiting for an admitted treatment)- 104 modelling for 2025/2026								
	Upstream Demand	104 Demand	Core Capacity	Funded Solutions	Unfunded Solutions	Predicted Year End Position - Core Delivery	Predicted Year End Position - Core Delivery with Funded Solutions	Predicted Year End Position - Core Delivery with Solutions
West IHC	160	1143	1890	142	36	0	0	0
Central IHC	335	1081	3175	0	408	0	36	0
East IHC	454	657	1428	54	144	0	818	878

ACTION - To be completed by Quarter 3: 2025/2026
Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialities
Ensure improvements in Data Quality, through a Data Quality Group and recruitment of data quality validators, to inform service planning, delivery, and monitoring effectiveness

Whilst current capacity is impacted by workforce and estate issues, further work, identified by GIRFT, needs to be done to address process variation against best practice in the number of High Volume Low Complexity (HVLC) cases undertaken per session across the region, theatre utilisation efficiencies including minor operative procedures (MOPS), pre-operative assessments, pathway improvements and outpatient activity, Did Not Attend (DNA)/Could Not Attend (CNA) monitoring and ensuring the consistent and reliable use of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU)) .

To support delivery of regional service efficiencies, the Health Board is exploring the development of centralised sub-specialty hubs. A centralised hub delivers end to end pathways that facilitates high quality, high flow surgical lists, using standardised pathways agreed across the region.

ACTION - To be completed by Quarter 4: 2025/2026
Develop and implement the priority actions within the Health Board Planned Care Programme and specifically the 6 key workstreams: **1. Waiting list management** **2. Referral advice and assistance** **3. Booking** **4. Pre-operative and Operative Effectiveness** **5. Follow-Ups** **5. Planning and commissioning**

ACTION - To be completed by Quarter 4: 2025/2026
Deliver cataract pathways efficiencies to improve timely access through pre-operative assessment clinic (POAC) process improvement, direct listing, increased theatre utilisation (including HVLC) and MOPS and monitoring of cancelled appointments and DNA to ensure maximum utilisation of available capacity and resources.
Embed SOS and PIFU, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment
Develop proposals to inform business cases for sustainable regional service delivery, including centralised sub-specialty hubs

• Patient Safety, Experience and Effectiveness

The health board has developed a Quality Management System and is currently implementing this through the organisation. In addition, through the Integrated Concerns Management Policy, all incidents, complaints and claims are investigated and acted upon. During 2024, within ophthalmology services across the health board, there were 17 complaints graded as potential moderate to severe harm, approximately 96 reported incidents ranging from none to severe harm, and 6 claims for clinical negligence.

From the 1st April 2024 to 31st December 2024, 2612 All Wales Real-Time Patient and Carer Feedback Survey responses were received via Civica feedback system relating to Ophthalmology Service experiences. On average, patients rated their experience as 9.13 out of 10 with positive feedback themed around staff attitude and behaviour. Patients felt that improvement was needed in areas such as communication and travelling time to access care: "*lack of communication and paperwork between the two hospitals involved, 2 (two) separate files for the same information. Which could have avoided NHS staff time and patient travelling time*."

ACTION - To be completed by Quarter 4: 2025/2026
Embed systematic review of stakeholder feedback into service improvement planning as integral part of the Quality Management System
Undertake focussed harm reviews within an integrated concerns management approach, applying the learning to reduce harm and improve the experience of future care.

• Workforce expansion and training

High quality eye care is reliant on a highly trained and flexible workforce, with strong clinical leadership to drive improvements through to achieve sustained and improved patient outcomes. The health board is committed to reviewing the current operational workforce to identify opportunities for role expansion and plan for increased training capacity e. g. 'Treat and train,' aligned with the aim of the National Workforce Implementation Plan to build a sustainable NHS workforce for the future through recruitment, retention, training and development, technology, and workforce intelligence.

The hospital workforce includes ophthalmologists, registered nurses, healthcare support workers, allied health professionals (orthoptists), additional clinical service staff and administrative staff. 45 medical staff with 18.3 whole time equivalent (wte) consultants and 2.2 wte Associate Specialists. The non-medical workforce is 56 wte registered nurses and healthcare support workers, 11.5 wte orthoptists and 7.35 wte administration staff. The Health Board's annual programme costed budgetary spend for Ophthalmology is £18.4 million.

Reliance on temporary staffing was highlighted by GIRFT, the All-Wales Audit and the National Clinical Strategy for Ophthalmology, as although the Ophthalmology temporary staffing rate (11.2%) is in line with BCUHB trend, the West IHC service is highlighted as "fragile" in terms of locum dependency and impact on engagement for change.

Nursing is the largest proportion (39.7%) of the service workforce, with marginal increases seen in Allied Health Professional (AHP) and Additional Clinical Services (ACS) staffing over a 3-year period. There has been a significant decrease in Administration and Clerical (A&C) staff, with relative stability amongst the Eye Care Medical workforce. Sustainability is at risk, with the Royal College of

Ophthalmology workforce scope (2022) identifying that 65% of Ophthalmologists plan to leave the NHS within 5 years. The National Clinical Strategy for Ophthalmology (2024) suggests that 3.2 consultants are minimally required per 100,000 population. This equates to 22 wte for BCU in comparison to the current 14.2 wte Consultants.

Recruitment and retention remain a significant challenge with turnover peaking at 14.7% in Q3-Q4 2022-23, reducing to current 8.9% in comparison with BCUHB 5.9% trend. AHP, A&C and middle grade medics have the highest turnover, with five Optometry advisors leaving in less than 4 years. Consistent administration resource is essential for utilisation of BCUHB integrated Optometry pathways. Resilience has been challenging due to sickness, retention and fixed term contract resourcing.

Retention is linked to staff satisfaction. Over a two-year period, staff survey indicated a declining position against key staff experience quality indicators. The 2024 position indicating red rag rating against all parameters. Rolling sickness is of concern, consistently increasing to current 8.3% versus BCUHB 4.2% trend.

ACTION - To be completed by Quarter 1: 2025/2026
Recruitment to a regional clinical lead role to support service transformation and improvement.
ACTION - To be completed by Quarter 2: 2025/2026
Develop an integrated training plan for secondary and primary care.
ACTION - To be completed by Quarter 4: 2025/2026
Strategic and operational workforce planning has commenced across all professional groups to identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the service maintains a highly skilled, flexible, and appropriately staffed workforce.

• Digital

National Digital Transformation systems (e-referral and Electronic Patient Records) are deemed essential for the effective delivery of transformation and improvement to deliver more sustainable services. These technologies support the efficient flow of information across the region, streamline referrals, track patient progress and deliver integrated care with community partners e.g., opticians.

Due to delays in the National digital programme 'Open Eyes' and following the GIRFT visit (2023) an interim solution for e-referrals has been trialled via secure email e-referral and Consultant Connect Referral Refinement and is currently being rolled out regionally.

ACTION - To be completed by Quarter 2: 2025/2026
Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment while awaiting national systems delivery

• Summary

Eye care services are a significant priority for the health board, noting the challenge of a service under pressure due to the increased number of people waiting for an ophthalmology appointment, both as a new referral into the service and for a follow up appointment to monitor an existing eye condition. The health board is keen to organise eye care services around local patient need rather than within care boundaries, by prioritising pathway integration and increased efficiency and productivity based on best practice to deliver more high-quality care.

The health board recognises the challenges it faces in eye care delivery and has put in place short term solutions as well as medium to long term improvement plans. Working with internal and external stakeholders e.g., Welsh Government (WG) through the NHS Executive and National Clinical Networks and third sector partners.

Priority Actions for 2025/2026

Planned Care Programme Priorities	
Develop and implement the priority actions within the Health Board Planned Care Programme and specifically the 6 key workstreams: 1. Waiting list management 2. Referral advice and assistance 3. Booking 4. Pre-operative and Operative Effectiveness 5. Follow-Ups 5. Planning and commissioning	Q4
Capital including Estates and Facilities	
Undertake an estates review to identify improvements to existing estates (ensuring facilities in use are fit for purpose and up to modern standards) and further estate and modular opportunities in community settings to prevent loss in available capacity for care and treatment and providing care closer to home.	Q2
Population Health, prevention and Partner working	
Optimise available resource (financial and human) to deliver expansion of locally agreed regional integrated pathways (glaucoma and retinopathy) with Community Optometrists to provide care closer to home and additional capacity.	Q4
Performance	
Embed SOS and PIFU, for effective outpatient delivery, empowering patients to take control by giving them the choice and flexibility around when they access care and treatment– by Quarter 1 2025/2026	Q1
Ensure improvements in Data Quality, through a Data Quality Group and recruitment of data quality validators, to inform service planning, delivery, and monitoring effectiveness.	Q2
Undertake demand and capacity modelling to establish patient volume waiting times and appointment backlog for all sub-specialities.	Q3
Deliver cataract pathways efficiencies to improve timely access through pre-operative assessment clinic (POAC) process improvement, direct listing, increased theatre utilisation (including HVLC) and MOPS and monitoring of cancelled appointments and DNA to ensure maximum utilisation of available capacity and resources.	Q4
Develop proposals to inform business cases for sustainable regional service delivery, including centralised sub-specialty hubs.	Q4

Patient Safety, experience and effectiveness	
Embed systematic review of stakeholder feedback into service improvement planning as integral part of the QMS.	Q1
Undertake focussed harm reviews within an integrated concerns management approach, applying the learning to reduce harm and improve the experience of future care.	Q4
Workforce	
Recruitment to a regional clinical lead role to support service transformation and improvement.	Q1
Develop an integrated training plan for secondary and primary care.	Q2
Strategic and operational workforce planning has commenced across all professional groups to identify critical gaps and develop targeted recruitment, retention, and workforce development strategies, including the utilisation of alternative and emergent roles, to ensure the service maintains a highly skilled, flexible, and appropriately staffed workforce.	Q4
Digital	
Ensure consistent use across North Wales of interim digital solutions (e-referral and Consultant Connect) to improve the referral process and reduce delays between referral and treatment while awaiting national systems delivery.	Q2

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales
Operations Management Offices
Heath Park
Cardiff, CF14 4XW

Parc Y Mynydd Bychan
Caerdydd, CF14 4XW

Eich cyf/Your ref:
Ein cyf/Our ref:
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2074 6218

Health and Social Care Committee
Senedd Cymru/Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Sent by Email

17th April 2025

Dear Sir/Madam

Inquiry into Ophthalmology Services in Wales

Thank you for the invitation to contribute to this Inquiry. We would like to take this opportunity, in submission of our written evidence, to acknowledge the ongoing collaborative and supportive relationship we have with Welsh Government and colleagues from the NHS Executive, specifically in addressing the backlog and long waits for cataract treatment. We hope to continue this into 2025-26.

Our Ophthalmology service's Delivery Plan describes a series of very granular actions that are in progress to support delivery and transformation of our service. These actions seek to address immediate issues and risks within the Ophthalmology Service, as recorded on the Service's risk register, with the actions prioritised as high, medium or low. We have designed the actions in the Plan to correlate directly to the four strategic themes (Clinical Networks, Pathway Transformation, Organisational Reform and Sustainability Model) within the National Clinical Strategy for Ophthalmology.

Our Delivery Plan's component parts are cross cutting and can be segmented by sub-specialty (for example, Cataract, Medical Retina, Glaucoma) as well as each objective being linked to the service's risk register. Our prime areas of focus align directly with the areas of highest clinical risk and include:

1. The transfer of local anaesthetic, adult cataract operating to an improved environment with more reliable infrastructure and the development of GiRFT standardised pathways;
2. A commitment to develop a capital business case to increase capacity for cataract treatments, working further towards GiRFT standards;
3. Working with colleagues at Cardiff University to explore the potential of utilising resources and clinical capacity for the diagnostic care of Diabetic Retinopathy patients; thereby releasing capacity within the Health Board for more complex treatments for Medical Retina patients;
4. A commitment to increasing capacity for diagnostics and standardising on-going care pathways for Glaucoma patients;
5. Continuing with and learning from a series of harm reviews within the AMD service.

In addition, the Health Board is committed to undertaking a comprehensive rightsizing exercise to establish baselines in terms of workforce, demand, capacity and value-based outcomes. These are required to benchmark the Cardiff and Vale UHB Ophthalmology Service with comparator organisations and develop an understanding of what is required over the short

medium and long-term future to provide for our population, both in terms of local and regional delivery. We are approaching this by sub-specialty, with Glaucoma identified as the first requiring attention.

Within our evidence pack we have also submitted a position paper, previously submitted to the Health Board's Executive Board in September 2024. This sets out the position at the time in terms of size and length of the waiting list, waiting times, areas of risk and opportunities. We have provided updated waiting list numbers as an appendix to this letter. The opportunities identified in Glaucoma and Cataract operating are progressing, along with the harm reviews within the AMD service continuing.

The position paper references the commissioning of a review of our Acute Macular Degeneration Service from the Royal College of Ophthalmology in October 2024. The Review followed the process set out in the Guide to the Royal College of Ophthalmologists Review Service 2024 and included:

a) A review of activity, staffing and governance data regarding the ophthalmology service;
b) Interviews with key members of staff primarily involved in the delivery of the AMD patient pathway;
c) Other members of staff from the wider service;
d) A tour of the ophthalmology facilities at the University Hospital of Wales

The Report of the Royal College's Review will make recommendations for the consideration of the UHB's Executive Team as to:

- Any improvements to the redesigned pathways which may improve access to timely care.
- Whether the UHB's redesigned pathways are in line with best practice across the UK
- Whether the UHB is utilising the current resources of the department efficiently, including staffing.

The Report has yet to be received but is expected imminently, and the recommendations from which will be embedded into a Clinical Strategy for Ophthalmology, which we recognise is required to provide the vision and structure for the Service Delivery Plan and describe our aims for the next three to five years. We look forward to sharing this with you in due course.

Yours faithfully

PAUL BOSTOCK
CHIEF OPERATING OFFICER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

cc **Michael Stechman, Clinical Director, Ophthalmology Directorate & Consultant General Surgeon**
Cath Wood, Director of Operations for Planned Care
Rhys Andrews, General Manager, Ophthalmology Directorate
Nesta Lloyd-Jones, Assistant Director, Welsh NHS Confederation

APPENDIX

Updated Ophthalmology waiting list numbers, by pathway type – as at 17th April 2025

1. Outpatient waiting list

CATARACT	3578
CORNEA	688
DRSS	866
GENERAL	179
GENERALP	323
GLAUCODTC	1502
GLAUCOMA	73
LASER/YAG	354
LUCENTIS	316
NEURO	316
NONE	2519
OCCULAPLA	1751
OCCULMOB	205
UVEITIS	122
VR	372
Grand Total	**13164**

2. Inpatient waiting list

$$X	10
CATARACT	1127
CORNEA	46
DRSS	24
GENERAL	14
GENERALP	133
GLAUCODTC	5
GLAUCOMA	32
HAND/WR/EL	1
LASER/YAG	2
LUCENTIS	1
NEURO	3
NONE	219
OCCULAPLA	236
OCCULMOB	41
VR	76
Grand Total	**1970**

3. Total waiting list with breakdown by weeks wait

Weeks wait	<12	12-24m	24-36m	over 36m	Grand Total
Pathway type					
CATARACT	0	1641	17	0	4902
CORNEA	0	350	12	0	799
DRSS	0	69	0	0	1047
GENERAL	0	51	6	1	233
GENERALP	0	90	16	0	476
GLAUCODTC	0	987	46	0	1571
GLAUCOMA	0	32	3	0	198
HAND/WR/EL	0	0	0	0	1
LASER/YAG	0	182	29	0	369
LUCENTIS	0	198	28	0	350
NEURO	0	128	110	5	350
NONE	0	672	19	0	3464
OCCULAPLA	0	938	226	0	2232
OCCULMOB	0	79	107	3	278
UVEITIS	0	24	2	0	143
VR	0	178	11	1	592
(blank)	0	0	0	0	
Grand Total	0	5623	632	10	17021

Report Title:	**Ophathlmology – The Size of the Challenge**								
Meeting:	**Executive Board**						**Meeting Date:**		
Status:	**For Discussion**		**For Assurance**		**For Approval**		**For Information**	**x**	
Lead Executive:	**Paul Bostock**								
Report Author (Title):	**Cath Wood / Rachel Thomas / Rhys Andrews**								

1. SITUATION

The Ophthalmology department within the Health Board is facing significant challenges related to demand and capacity, with long waiting times and significant backlogs across a range of subspecialties.

Over a period of years, demand and capacity for Ophthalmology has been mismatched. The backlog has grown year on year, as has demand for services.

The increase in demand has been driven by two factors: an ageing population and technological advances which mean there are now more treatment options available to patients for a wider range of conditions. Many of the sub-specialties within Ophthalmology, particularly Age-related Macular Degeneration (AMD) and Glaucoma, are time-critical and failing to treat these patients in a timely manner can cause significant harm including irreversible loss of vision.

The department has operated for many years without the necessary infrastructure and workforce to handle the volume of patients requiring care. This paper outlines in more detail the Health Board's position on our subspecialties and the areas of service delivery which require support. If no changes are made in our approach it will take us five or more years to rebalance demand and capacity within this service, which is not commensurate with the level of quality, safety or experience we seek to deliver for our population.

2. ASSESSMENT

2.1 Demand for Services

The Ophthalmology department faces significant challenges related to demand and capacity, exacerbating patient wait times and creating a substantial backlog.

Currently, there is a deficit between available capacity and patient demand, with 15,000 new outpatients awaiting their first consultation, with circa 3,000 consultation slots available and a further 21,500 patients requiring follow-up appointments.

In addition, current modelling anticipates a 6.4% growth (Royal College of Ophthalmology) in demand for Ophthalmic services by 2030, reflecting the natural population increase and the rising incidence of age-related eye conditions.

Sub-Speciality	Less than 12m	12 – 24m	24 – 36m	36m+	Totals	Total with Nones
Cataracts	2097	2258	0	0	4355	**5277**
Glaucoma	850	1210	634	0	2694	**2937**
Cornea	373	221	0	0	594	**705**
MR	643	19	0	0	662	**1066**
Neuro	127	320	1	0	448	**723**
Ocular motility	53	229	0	0	282	**282**
Oculoplastics	828	881	0	0	1709	**1950**
Paediatrics	255	29	0	0	284	**284**
VR	147	207	0	0	354	**563**
YAG	140	274	0	0	414	**414**
General	276	269	0	0	545	**545**
Genetics						**133**
Contact lens						**8**
ECLO						**0**
Orthoptics						**0**
None					2590	
Totals	**5789**	**5917**	**635**	**0**	**14931**	

Table1: New OPA by pathway type

Sub-Speciality	Less than 12m	12 – 24m	24 – 36m	36m+	Totals
Cataract	829	93	0	0	922
Cornea	86	25	0	0	111
General					
Glaucoma ODTC					
Glaucoma	243				243
Laser					
CL	3	5	0	0	8
Neuro	222	53	0	0	275
Oculoplastics	204	37	0	0	241
Ocular motility					
VR	90	119	0	0	209
MR	292	112	0	0	404
Genetics	83	49	1		133
Non Ophth	1				2
Totals	**2053**	**493**	**1**	**0**	**2548**

Table 2: Follow up by pathway type

2.2 Maximum Waiting Times

Urgent Cases (sight-threatening conditions): These should be treated as soon as possible, ideally within **24 to 48 hours**. This includes cases such as acute glaucoma, retinal detachments, and severe infections.

Routine or Non-urgent Cases: The maximum waiting time for non-urgent cases is typically set at **18 weeks** from the point of referral to treatment (as per NHS guidelines, which the RCOphth aligns with). This applies to conditions such as cataracts or early stages of glaucoma that are not immediately sight-threatening but still require timely intervention to prevent progression.

PATHWAY TYPE	Weeks Wait
CATARACT	125
CORNEA	121
DRSS	95
GENERAL	151
GENERALP	76
GLAUCODTC	147
GLAUCOMA	142
LASER/YAG	148
LUCENTIS	85
NEURO	160
NONE	164
OCCULAPLA	162
OCCULMOB	158
UVEITIS	92
VR	158

Table 3: Weeks wait at all stages

The table above illustrates current waiting times in weeks by clinical pathway in Ophthalmology for a new outpatient appointment. The current mismatch between demand and capacity means that potential harm has been identified to our patients that have waited longer than the Royal College of Ophthalmology recommends for their condition specifically in our Age-related Macular Degeneration (AMD) and Glaucoma pathways. Several more pathways are subject to an ongoing review.

2.3 Clinical Risk

2.3.1 Age-Related Macular Degeneration (AMD) Service

In the AMD service, 24 patients that were identified as “lost to follow-up” necessitating urgent harm reviews to assess the clinical impact of these delays. To date, 8 harm reviews have been completed, and an additional 4 reviews are scheduled for this month. The review process aims to identify any instances where delayed follow-up has resulted in deterioration of vision or other adverse outcomes, ensuring that patients can receive any necessary corrective interventions. The outcomes of these reviews will inform future service planning and ensure that high risk patients are appropriately prioritised.

2.3.2 Glaucoma Service

Glaucoma is a condition where the risk of irreversible sight loss is heightened by delays in diagnosis and treatment. Early detection and regular monitoring are crucial for preventing permanent optic nerve damage, as glaucoma is often asymptomatic in its early stages. Prolonged delays increase the risk that some patients may progress to advanced stages of the disease, resulting in permanent and preventable blindness.

Currently within Cardiff and Vale there are 3000 follow-up patients (Average two appointments per annum) and 2,600 new patients still awaiting their first outpatient appointment, some of whom have waited over three years to be see for the first time.

Given the prolonged waiting times, there is an urgent need to assess the clinical outcomes of these patients, many of whom may have experienced significant deterioration in their condition during waiting period. For glaucoma patients, ongoing harm reviews are being prioritised to determine the extent of potential sight loss and to prevent further damage, and the enabling validation work is currently being undertaken. Whilst this is the right thing to do, it does not solve the cause of the problem which fundamentally is a mismatch between demand and capacity.

In order to address these concerns and support the rightsizing of our service moving forward, Cardiff and Vale commissioned a service review by the Royal College of Ophthalmologists. The review will commence in October 2024, and will focus on improvements we can make to our existing pathways to improve access and maximize safety. The results of the review will be used to inform our approach to service delivery moving forwards.

2.4 GIRFT and Productivity Opportunities

In 2023 a GRIFT review which focused only on cataracts and glaucoma was completed. There are 46 recommendations from GIRFT, 2 are for both specialties, 34 are for cataracts and 10 are for glaucoma. Of the recommendations, some have been met in full however our recent change in footprint has meant that our position needs to be revisited.

The Cataract review highlighted some good practice, but also areas where improvements could be made. Timings of theatre and processes in the build up to surgery, as well as flow improvements on the day of surgery were identified, some of which have been implemented. This piece of work has halted temporarily as the review was conducted within Vanguard Theatres, which have since been de-commissioned.

Utilisation in cataract theatres has been reviewed, however, Vanguard being decommissioned means that we will need to re-review our cataract processes, pathway and flow in relation to the new theatre configuration. Post Vanguard, the service which currently priovides for both CAV and the South East region is temporarily being run from theatres 6 and 8 which is recognised to have a deleterious impact on throughput and as such permamanet accomodation for the team is currently being sought.

The Glaucoma recommendations highlighted gaps in adequate resourcing, dedicated sub specialty estate and workforce being required and SOP's and processes to be created. We have written and submitted a business case for the Bevan clinic requirements which would include photographer, technicians (HCSW) and optometrist to support treatments and reviews, as well as an additional consultant required. There is earmarked estate in UHL that could be converted and

utilised to set the Bevan clinic up, however the current department estate does not permit growth, nor is it suitable for high volume patient throughput.

2.5 Welsh General Ophthalmic Sevices (WGOS)

Other productivity opprtunities lie in WGOS4 – Referral Refinement/Monitoring whereby in using primary care optometry we have an opportunity to reduce historical demand by managing patients of higher risk. An Eye Care Delivery Group has been set up to oversee monitoring of this work the benefits of which have not yet been fully realised.

2.6 Regional Cataract Programme

Our cataract service is currently delivering Cataracts for both CAV and the South East region. CAV's position for RTT and capacity is sacrificed for the regional delivery and a desire within WAG to bring a level of parity on waiting times. In order to do this, it is imperative that regional waiting lists are pooled and access to services given in priority order by longest wait, irrespective of host Health Board. There are moves to enable this regionally, but until it does, regional working does not deliver the benefits to the Cardiff and Vale population that we would like to see.

2.7 Estates / Evironment

It has been proposed that the pemament estate solution for cataract surgery, glaucoma and IVT services should be UHL. This would provide us with a suitable space for us to revisist all the GIRFT recommendtaions and build these imporvements and efficiencies unto the delivery model at this location. The current estate facilities are not conducive to sustainably improving our service.

3. WORKFORCE AND CULTURE

Within the department there are a number of other issues being worked through including the current absence of a single means of recording the clinical record. Colleagues in IM&T are supporting the directorate in the roll out of OpenEyes and the termination of our contract with another supplier of digital record. There is also a cultural legacy to be acknowledged meaning engaging with clinicians is at times challenging, whereby clinicians have not felt heard or supported.

4. CONCLUSION

Due to the potential for harm, the sub-specialty considerations, complexity of regional service delivery and projected growth in demand due to an ageing population, a complete rightsizing execrise needs to be undertaken within Ophthalomology. The rightsizing work has commenced and is underpinned by detailed asessments of demand and capacity and incorporating the recommendations made by GIRFT, and outputs of the Royal College Review. This is a significant piece of work, and early indications indicate investment in the region of several million pounds will be required.

Recommendation:

Board is asked to

1. Note the contents of this report and the size of the challenge, and clinical risk carried within the Ophthalmology Service, and support in principal pursuing the work to understand what it would take to right size the service.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda Ophthalmology Services

Table of Contents

Service Overview

The Ophthalmic Services in the United Kingdom have faced increasing pressures with an increase in demand on ophthalmology over time with a predicted 11% growth in referral rates over the next 10 years. The rising demand has presented significant pressure on the provision of a timely service. The Ophthalmology service in HDdUHB serves three counties and is delivered out of 8 sites, 4 general hospitals Glangwili, Prince Philip, Bronglais and Withybush hospitals a community hospital in Amman Valley, the North road Eye clinic and 2 Integrated care centres (ICC) in Cardigan and Aberaeron. The service also provides support to 2 sites in Powys as part of the Mid Wales Ophthalmology delivery. The below table shows the locations and sub-specialities delivered by the service.

Site	Outpatient/Inpatient	Sub-specialty
Glangwili Hospital *8 rooms, 1 theatre*	Outpatient/Day case/Theatre	-Emergency Eye Care -General OPD -Paediatrics/Orthoptist -Glaucoma -Diabetic Retinopathy -Plastics -Vitreoretinal -One stop cataract pre-assessment -Cataract surgery -Postoperative FU -Laser -Botulinum -Cataract surgery
Prince Philip Hospital *6 rooms*	Outpatient	-General OPD -Paediatrics/Orthoptist -Diabetic Retinopathy -Plastics -Vitreoretinal -Laser -Botulinum -Medical Retina/Uveitis
Amman Valley Hospital *4 rooms, 1 theatre*	Day case/Theatre	-Intravitreal Injections -Cataract surgery
Withybush Hospital *4 rooms*	Outpatient	-General OPD -Orthoptist -Intravitreal Injections
Bronglais Hospital *Theatre*	Theatre	-Cataract surgery
North road Eye Clinic *6 rooms*	Outpatient	-General OPD -Paediatrics/Orthoptist -Glaucoma Optometrist -One stop cataract pre-assessment -Postoperative FU -Intravitreal Injections -Laser
Cardigan ICC *4 rooms*	Outpatient	-General OPD -Orthoptist -Intravitreal Injections
Aberaeron ICC *3 rooms*	Outpatient	-General OPD -Technician clinic -Orthoptist
Llanidloes Hospital (Powys) *5 rooms*	Outpatient	-General OPD
Machynlleth Hospital (Powys) *5 rooms*	Outpatient	-General OPD

There are significant challenges within ophthalmology due to the delivery of services over such a large geographical area, which is also affected by estates restrictions in the main hospital sites. Service delivery is further restricted by the challenges around recruitment and retention of staff and staff training and development. There are 5 substantive consultants within the service and 2 locum consultants supported by a team of 10 Specialty doctors, there are 2 consultant vacancies and 1 Specialty doctor vacancy currently in service.

Ophthalmology services has liaised closely with primary care to support the training of community optometrists to develop robust community pathways to support the introduction of the Welsh General Ophthalmic Services (WGOS). This will ensure where appropriate that Ophthalmology patients can be managed in the community with oversight from secondary care when needed.

Community Optometric Services

Optometric Services Enhancement: The service development for the full implementation of the Welsh General Ophthalmic Services (WGOS) framework is detailed below,

- **Growth in Independent Prescriber (IP) Optometrists**: The number of IP Optometrists has increased to 24 since 2022/23, ensuring a robust WGOS5 service to deliver acute eye care closer to home. An additional 5 Optometrists are expected to obtain their IP qualification within 2025/26, further boosting capacity in Primary Care.
- **Expansion of WGOS5 Practices**: The number of practices approved to provide WGOS5 has grown from 13 in 2022/23 to 18, with plans to continue increasing access to the service.
- **Increasing Patient Consultations**: The expansion of practices providing WGOS5 has led to a year-on-year increase in patient consultations, a trend anticipated to continue, enhancing overall eye care accessibility and delivery.

WGOS4 Pathways Implementation: The current level of Optometrists with additional qualifications in Glaucoma and Medical Retina supports the implementation of WGOS4 pathways, facilitating the shift of Glaucoma and Medical Retina filtering and monitoring, into primary care. The Hydroxychloroquine (HCQ) management, in Primary Care is still in the development phase as Optometrists do not have the required level of training to deliver this pathway as yet. Key developments include:

- **Pathway Implementation**: Glaucoma pathways commenced in September 2024, followed by Medical Retina pathways in December 2024. Although in the

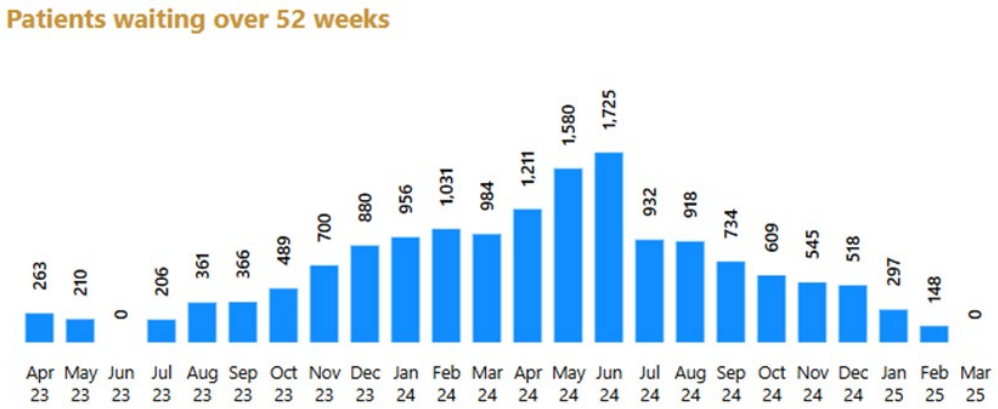
early stages, these pathways are already showing a monthly increase in consultations in primary care, a trend expected to continue as the service becomes more established.

- **Enhanced Access to Eye Care**: The transition supports timely access to eye care services in both Optometric Practices and secondary care Ophthalmology services, as more patients are discharged from Secondary Care and more Optometrists complete their additional qualifications.
- **Future Opportunities**: There is potential to explore optometrist-led YAG laser treatment clinics, this will require a training programme to be established with a clear set of competencies to work to, to further expand the scope of primary care eye services.

Current Delivery in Ophthalmology

- **100% compliance for patients waiting less than 52 weeks for new outpatient department (OPD)**

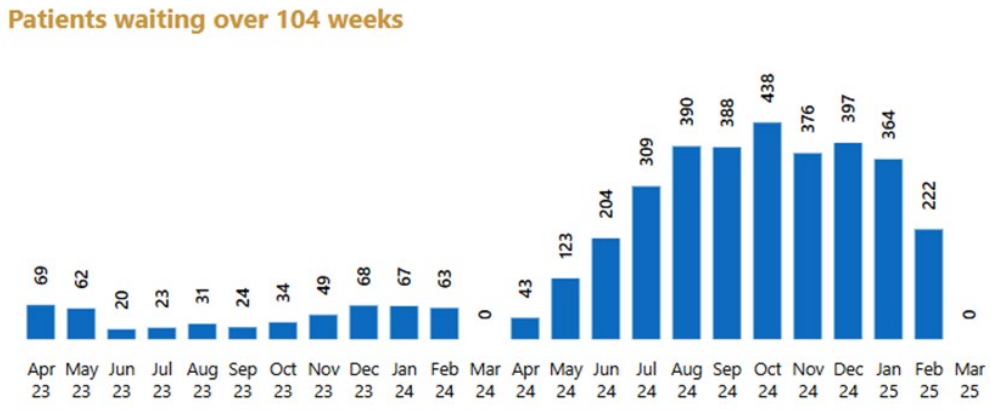
Ophthalmology services achieved 100% compliance for all patients waiting under 52 weeks by the end of March 2025. Detailed capacity planning has been undertaken for 2025/2026 to maintain this position. The outpatient transformation programme will gain further efficiencies.



- **100% compliance for patients waiting for treatment over 104 weeks**

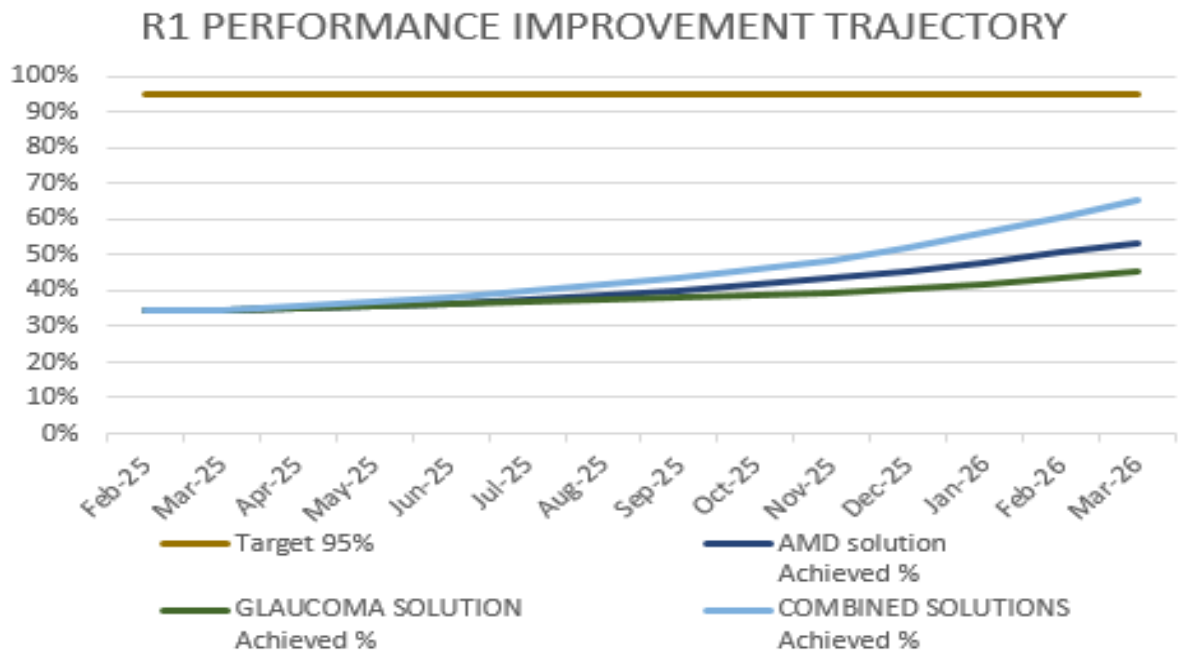
Ophthalmology services achieved 100% compliance for all patients waiting under 104 weeks by the end of March 2025. Detailed capacity planning has been undertaken for 2025/2026 to maintain this position, this includes supplementary

capacity gained through outsourcing. The theatre optimisation programme will gain further efficiencies.



- **65% R1 compliance in ophthalmology.**

The % of Ophthalmology R1 patients waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatment, has a National target set at 95%. HDdUHB current delivers 35%. The Eye Care Measures SBAR and subsequent annual plan details the funding needed to recover this target to 65% by the end of March 2026. This includes expanding intravitreal therapy (IVT) capacity to reduce the breach position, through increasing clinics and specialist staff to deliver this additional capacity and recruiting specialist staff to increase glaucoma delivery. The trajectory for recovery is set out below,



Clinical Services Plan (CSP) Programme

The CSP programme, approved by the Board in March 2023, aims to address service fragilities and enhance healthcare delivery based on principles of safety, sustainability, accessibility, and kindness over the next 2 to 3 years. Phase 2, which involved options development and appraisal, was completed in 2024. The plan for 2025/26 focuses on:

- **Quarter 1-2**: Conducting public consultations on service change options for nine services: Critical Care, Emergency General Surgery, Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy, Radiology, and Stroke.
- **Quarter 3**: Analysing consultation feedback and making decisions at the Board level.
- **Quarter 4**: Commencing implementation of the agreed service changes.

The CSP is a central element of the Health Board's strategy to tackle fundamental service challenges and establish sustainable clinical models for the future.

The following Options have been developed and will be taken for further engagement during Quarter one and two 2025/26 with a view to a decision being made on next steps in Quarter three 2025/26.

Bringing ophthalmology services together at fewer sites, in all options described below, would have a number of benefits. This includes Consultant overview for training and support of Junior staff, making it more likely that staff can progress towards working at the top of their licence, better outpatient and theatre efficiencies ensuring a better patient pathway and ensuring patients are seen by the right person at the right time, reducing the amount of hospital appointment needed and increasing efficiencies, recruitment and retention would improve, staff would feel supported and developed and less likely to look for positions in other health boards and a reduction in travel time for staff, which would translate to more clinical time.

All options would reduce the number of separate buildings services are delivered from. This would require more space at whichever main hospital would be delivering hospital ophthalmology services.

In all options, outpatient services in Ceredigion would remain in Cardigan Integrated Care Centre and North Road Eye Clinic, with no service at Aberaeron Integrated Care Centre (there are changes amongst options for community sites in Carmarthenshire and Pembrokeshire).

In all options Withybush Hospital would continue to offer some diagnostics and outpatient services in Pembrokeshire.

Regular eye injection services would be carried out in a main site in every county ensuring accessibility for patients who require regular injections.

	Bronglais	Glangwili	Prince Philip	Withybush	Community
Current service	Day cases and inpatients	Diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics, outpatients and inpatients	Diagnostics, outpatients and inpatients	AVH day cases Diagnostics and outpatient service in CICC, NREC and AICC
Option A	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH day cases (cataract) but not outpatients (eye injections) Diagnostics and outpatient service in CICC and NREC
Option B	Day cases and inpatients	No service	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC, NREC and Pembrokeshire (site to be confirmed)
Option C	Day cases and inpatients	Main service including diagnostics, day cases, inpatients, outpatients and emergency eye care	No service	Diagnostics and outpatients	AVH diagnostics, outpatients (eye injections) but not day cases (cataracts) Diagnostics and outpatient service in CICC and NREC
Community key: AICC – Aberaeron Integrated Care Centre AVH – Amman Valley Hospital CICC – Cardigan Integrated Care Centre NREC – North Road Eye Clinic, Aberystwyth					

The Clinical Services Plan outlines the strategic approach to enhancing Ophthalmology services, as outlined below,

- **Compliance Goals**: Maintaining 100% compliance for patients waiting less than 52 weeks for new OPD appointments, maintaining 100% compliance for patients

waiting for treatment over 104 weeks and 65% R1 compliance to enhance patient safety and progress towards the national standard of 95%.

- **Capacity Challenges**: Address capacity challenges through comprehensive demand-and-capacity planning, outpatient transformation, and theatre optimisation, with detailed analyses and efficiency improvements across all specialties.
- **IVT Expansion**: Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections.
- **Glaucoma Service Strengthening**: Recruit two consultants and one SAS doctor into current vacancies, to release Glaucoma trained staff from general clinics, introduce “super clinics” or additional sessional capacity, and optimise clinical estates to manage complex follow-ups and reduce backlogs.
- **Ophthalmology Backlog Management**: Address the backlog of 2,257 cataract patients that will breach 104 weeks at all stages, by outsourcing, with an estimated cost of £3 million.
- **Optometric Services Enhancement**: Continue to implement the Welsh General Ophthalmic Services (WGOS) framework, increase Independent Prescriber (IP) Optometrists, expand WGOS5 practices, and explore optometrist-led YAG laser treatment clinics.
- **WGOS4 Pathways Implementation**: Continue to deliver Glaucoma and Medical Retina pathways in the community with filtering and specialist optometrists supporting the shift of patients from secondary care to Primary Care where appropriate.
- **Regional Collaboration**: Collaborate with Swansea Bay University Health Board (SBUHB) through the Regional Eye Care Programme Board to develop an enhanced service plan and delivery, with the initial focus on Glaucoma, Medical retina, Cataract and Vitreoretinal services. Continue to work with the Mid Wales Ophthalmology Group to support the planning, training and progress a nurse-led wet AMD service in North Powys.

These initiatives aim to establish sustainable clinical models, ensure timely access to high-quality eye care services, and enhance patient safety and clinical outcomes.

Regional Working

In September 2021, The Pyott report was published. This was a review of eye services in Wales, commissioned by The Royal College of Ophthalmologists, and conducted by Andrew Pyott. As a Consultant Ophthalmologist in NHS Highlands, he has extensive experience in providing a service to the population of the Highlands and Islands of Scotland. The report outlined 10 recommendations for Wales;

1. Improvements in Data management
2. Improved communication within the service
3. Reduction of a reliance on Service Level Agreements with England
4. Expansion of specialist Corneal Services
5. Development of cross-linking service
6. Integration of services
7. Appropriate use of non-medical staff
8. Cataract Services redesign
9. Anaesthetic cover in theatre
10. Independent Prescribing and Ophthalmic Diagnostic Treatment Centres (ODTCs)

The report highlighted the important opportunities' which would be presented by working regionally and embracing hub and spoke models to expedite capacity, develop large MDT's and improve performance.

Underpinned by this vision, ARCH led programme activity in three sub specialities (Cataracts, Diabetic Retinopathy and Glaucoma) between 2021 and 2023.
The ARCH Regional Recovery Group met in October 2023 and agreed with the recommendation to finalise and close the existing ARCH Regional Eye Care Programme, endorsing the proposal to develop a new ARCH Regional Eye Care Programme, with a new set of deliverables and a new SRO.

In December 2023, a Programme Definition Document for the proposed ARCH Regional Eye Care Programme was drafted for the SRO.

On 15 April 2024, the new SRO for Eyes met with the Clinical Lead from Swansea Bay University Health Board (SBUHB) to discuss next steps. A set of data for both Health Boards was requested to inform further discussions. The data requested was:

1) Clinical staffing numbers – medical / non-medical
2) Clinical staffing vacancies
3) Admin support as appropriate
4) Whether it's delivered via community / secondary care – partially or fully
5) Funding envelope
6) Current service demand / capacity issues
7) Delivering to required national standard yes / no

A Regional Eye Care Service Status report was developed to be presented and discussed at the first Regional Eye Care Programme Board meeting.

Regional Eye Care Programme Board:

A joint committee was established with quorate members identified, to provide joint leadership for regional planning, commissioning, and delivery of services, addressing service and financial challenges.

The Regional Eye Care Programme Board has identified four priority sub-specialties for an initial focus on the development and implementation of a series of targeted service improvements. These are Glaucoma, Cataracts, Medical Retina, and Vitreoretinal services. Each sub-specialty will progress under its respective Project Charter, focusing on improving patient access, standardising care pathways, and strengthening workforce capacity across the region.

Key Deliverables for 2025/26:

- To establish sub groups with subspecialty leads that have been identified from both Health Boards
- To progress further Regional Consultant posts
- To progress regional training and development programmes
- To progress toward the introduction of an Electronic referral pathway and Patient Record

Long-Term Vision:

To pursue the development of a fully integrated South West Wales Regional Eye Care Service. This single-service model will establish a joint governance, workforce, and operational structure. Detailed scoping, design, and phased implementation planning for this long-term model will be developed in the coming months.

Regional Working Powys

- **Increasing Capacity and Access**: Efforts are underway to increase capacity and access to ophthalmology services through a regional and whole system pathway approach, supported by collaboration between Health Boards.
- **Wet AMD Service Proposal**: Progressing a nurse-led wet AMD service in North Powys with HDdUHB medical oversight and District General Hospital pathway.
- **Networking and Pathway Development**: Exploring joint pathway development and repatriation opportunities with eye care MDT in Powys, including PTHB staff training in HDdUHB at the North Road clinic.
- **Leadership and Primary Care Services**: Scoping alternative options for the Mid Wales collaborative Ophthalmology consultant leadership post and exploring primary care eye care services for South Gwynedd.

Interim developments for Ophthalmology Services

Whilst the Clinical services plan and Regional solutions progress, the Ophthalmology service within HDdUHB will continue to focus on service improvements over the next 12 months. The below is based on comprehensive demand-and-capacity planning, ensuring resources are aligned with clinical priorities. Key elements include:

- **Detailed Analyses and Efficiency Improvements**: All planned care specialties have engaged in thorough demand-and-capacity analyses, with assumptions tested against modelling data and productivity improvements. Each specialty is challenged to deliver additional efficiency through optimised clinical templates, reductions in clinical variation, and pathway refinements to maximise available capacity.
- **Performance Targets**: This methodology is essential for improving performance levels for 52-week new outpatient appointments and for 104-week referral to treatment compliance in line with national targets, requiring compliance for three consecutive months as per our TI framework.
- **Ophthalmology Backlog Management**: Ophthalmology remains the most challenging specialty in Stage 4, with a backlog of 2,257 patients on the waiting list. To address this significant backlog, the Board has identified a supplementary need, estimating the cost to deliver the necessary cataract work (including outsourcing and/or in-house capacity expansion) to be around £3 million.
- **R1 Ophthalmology delivery (IVT & Glaucoma):** The Health Board is committed to improving R1 performance in Ophthalmology, focusing on patients at risk of irreversible harm or significant adverse outcomes, including sight loss. The goal is to achieve 65% R1 compliance for at least three consecutive months, enhancing patient safety and progressing towards the national standard of 95%.
- **Intravitreal Therapy (IVT) Expansion**: To Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections. This approach is supported by guidelines that emphasise safe administration and innovative care models. Expected outcomes include treating more high-risk individual's timely manner, reducing serious adverse events, and improving clinical outcomes for conditions like wet AMD and diabetic macular oedema. The expansion aims to address the backlog of overdue injections as a priority by March 2026.

- **Glaucoma Expansion**: Actively recruit to two regional consultant posts and recruit one SAS doctor locally to boost clinical throughput, this will release Glaucoma trained staff to manage complex Glaucoma follow-ups. This aligns with national guidelines for glaucoma care pathways. Introducing "super clinics" or additional sessional capacity to ensure effective operation of newly appointed consultants and advanced practitioners. This strategy aims to reduce backlogs and improve patient experience.
- **Commitment to Action**: Timely recruitment into existing vacancies to release Glaucoma trained staff from general clinics, to focus on Glaucoma delivery, optimisation of clinical estates, refinement of patient flows and scheduling, and regional collaboration between Health Boards. These actions are designed to achieve 65% R1 compliance and safeguard vision for vulnerable patients.

Key deliverables for 2025/26 - Progress Towards De-escalation
Our 2025/26 planned care priorities explicitly target the metrics required for de-escalation from TI status:

Measure	Target	Anticipated Performance	Key Actions
% patients waiting <52 weeks for new outpatient appointment	100% for 3 consecutive months	100%	Enhanced D&C planning, outpatient transformation, targeted recovery funding
% patients waiting <104 weeks from referral to treatment	100% for 3 consecutive months	100% (except Ophthalmology)	Theatre optimisation, protected recovery capacity, TIs for high-risk specialties
% patients waiting <52 weeks from referral to treatment	80% for 3 consecutive months	over 80% (already averaged 85% for 2024/25)	Improved front-end capacity, enhanced validation and pathway redesign
Number of patients delayed by 100% for follow-up appointment	9,469	Improvement	Expanded PIFU/SOS, validation, additional capacity in high-volume specialties
% R1 ophthalmology patients within 25% of target date	65% for 3 consecutive months	65%	Service consolidation, expanded IVT capacity, non-medical injector roles, Glaucoma clinics

Summary and Key Deliverable Actions

The Health Board's plan for Ophthalmology services aims to maintain 100% compliance for patients waiting less than 52 weeks for new outpatient department (OPD) appointments, maintain 100% compliance for patients waiting for treatment over 104 weeks and 65% R1 compliance. The plan focuses on expanding intravitreal therapy (IVT) capacity, recruiting specialist staff for glaucoma services, and addressing the significant backlog in cataract surgeries. Key deliverable actions include:

- **IVT Expansion**: Increase Intravitreal clinic delivery, increase non-medical injectors, ensure adequate budget to match the increased intravitreal drug costs associated with increasing activity, and refine patient scheduling to treat high-risk individuals in a timely manner and reduce the backlog of overdue injections.
- **Glaucoma Service Strengthening**: Recruit two consultant posts and one SAS doctor, introduce “super clinics” or additional sessional capacity, and optimise clinical estates to enhance access and manage complex follow-ups.
- **Ophthalmology Backlog Management**: Address the backlog of 2,557 patients in Stage 4 by estimating the cost for necessary cataract work (including outsourcing and/or in-house capacity expansion) to be around £3 million.
- **Optometric Services Enhancement**: Implement the Welsh General Ophthalmic Services (WGOS) framework, increase the number of Independent Prescriber (IP) Optometrists, expand WGOS5 practices, and explore optometrist-led YAG laser treatment clinics.
- **WGOS4 Pathways Implementation**: Commence Glaucoma pathways in September 2024 and Medical Retina pathways in December 2024, supporting the shift of Glaucoma filtering and monitoring, alongside Medical Retina and Hydroxychloroquine (HCQ) management, into Primary Care.
- **Regional Collaboration**: Collaborate with Swansea Bay University Health Board (SBUHB) through the Regional Eye Care Programme Board to develop an enhanced service plan and delivery, with the initial focus on Glaucoma, Medical retina, Cataract and Vitreoretinal services. Continue to work with the Mid Wales Ophthalmology Group to support the planning, training and progress a nurse-led wet AMD service in North Powys with HDdUHB medical oversight.

These actions are designed to enhance patient safety, improve clinical outcomes, and ensure timely access to high-quality eye care services for all patients.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Health and Social Care Committee

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddIechyd@senedd.cymru
senedd.cymru/SeneddIechyd
0300 200 6565

–

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddHealth@senedd.wales
senedd.wales/SeneddHealth
0300 200 6565

Jeremy Miles MS
Cabinet Secretary for Health and Social Care

6 March 2025

Dear Jeremy

The Committee has received correspondence from a representative of the Keeping the NHS Honest Campaign calling for an independent service to be established to investigate complaints about care provided by the NHS.

We are, of course, aware that the current process for raising and handling complaints in NHS Wales is the Putting Things Right process. You ran a consultation on proposed changes to this process last year and published a summary of responses in December which said that feedback received was "clear in that the current process either in its design or its operation is not working for a great many of those who have reason to raise a complain". You said that the Welsh Government will work on developing amending regulations and guidance, and developing an NHS implementation plan to improve the system.

With this in mind, I would be grateful if you would update us on the actions being taken to improve complaints handling by NHS Wales.

I look forward to hearing from you.

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

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

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
seneddhealth@senedd.wales

c/c
Peredur Owen Griffiths MS
Chair
Finance Committee
seneddfiance@senedd.wales

Mike Hedges MS
Chair
Legislation, Justice and Constitution Committee
seneddLJC@senedd.wales

4 April 2025

Dear Russell,

Thank you for your letter of 6 March asking for an update about actions to improve the handling of complaints about NHS Wales.

As you referred to in your letter, significant work is underway to redesign and refresh the complaints process which focuses on:

- Placing the patient at the centre of the complaints process
- Improving the focus on compassionate, patient-centred communication
- Improving the *Putting Things Right* process, to be more inclusive
- Including an escalation process for urgent concerns of deliberate abuse or harm
- Facilitating swifter provision of answers after someone dies
- Refreshing the arrangements to provide free legal advice and medical expert reports

This complex programme of work consists of amendments to the NHS Wales Concerns, Complaints and Redress Arrangements Regulations 2011; an overhaul of the guidance; the development of a people's charter and a set of standards for the NHS to adhere to; the development of modern training and education; co-design development work on children and young people's support materials and detailed support for the NHS to implement these changes.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

The work is being overseen by officials in close collaboration with NHS stakeholders, stakeholders from the Public Services Ombudsman for Wales and Llais. Additionally, a strategic implementation delivery group will be formed by the NHS Executive to oversee preparations for the commencement of these regulations in early 2026.

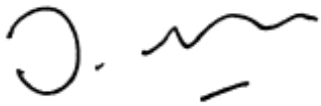
The current proposed timetable is for the regulations to be laid in the Senedd in the spring 2025, with a Plenary debate in early summer 2025.

I would therefore like to offer members of the Health and Social Care Committee a technical briefing from my officials about the detail of the scope of the changes.

I am copying this letter to the chair of the Legislation, Justice and Constitution Committee and the Finance Committee, as I would also like to offer members of these committees the same opportunity for a technical briefing.

I look forward to hearing from you about this offer.

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Tobacco and Vapes Bill

Response to the Health and Social Committee Report on the Legislative Consent Memorandum

07/04/2025

In February 2025, the Health and Social Care Committee submitted its report on the Welsh Government's Legislative Consent Memorandum on the Tobacco and Vapes Bill. The report includes 2 conclusions and 7 recommendations. This is the Welsh Government's response to those recommendations.

Contents

Introduction

Smoking is the leading cause of preventable illness and death in Wales causing over 3800 deaths per year. As well as the personal cost, more than 17,000 hospital admissions each year are attributable to smoking, adding significant pressure to the healthcare system. We are also very concerned by the increases in the number of children and young people using vapes and want to keep these products away from them while their lungs and brains are still developing.

The landmark Tobacco and Vapes Bill aims to break the cycle of tobacco addiction and create a smoke-free generation by ensuring that people born on or after 1 January 2009 will never legally be sold tobacco products. The Bill also provides powers to tackle those elements that we know are making vapes and other nicotine products appealing to children and young people such as their advertising, packaging and flavours. The Bill also strengthens the enforcement tools available to local authorities in Wales.

I thank the members of the Health and Social Care Committee for their report on the Legislative Consent Memorandum for the Tobacco and Vapes Bill and have set out my response to the report's individual recommendations below.

Response to the 7 recommendations

Recommendation 1

The Committee recommends that

The Minister should set out how the implementation of the Bill will be compatible with the operation of the United Kingdom Internal Market Act 2020, particularly if UK and Welsh Government policy in this area were to diverge in the future.

Response: Accept

Although health policy is a devolved matter, there is a long-standing history of the governments of the four nations working together on tobacco control policy and legislation to implement and enforce measures across the UK. The Tobacco and Vapes Bill has continued this approach and was developed in partnership to address joint policy aims and create a cohesive legal approach to regulating tobacco and vaping products across the UK. As the Bill progresses through Parliament, my officials are working productively with those in the other UK governments and will, if the Bill is passed, continue to collaborate on the development of secondary legislation and the implementation of the Bill's regulatory reforms. As is the case with other policy areas, we will consider the impact of the UK Internal Market Act 2020 during the policy development process to implement the Bill's measures.

Financial Implications: None.

Recommendation 2

The Committee recommends that

The Welsh Government, with its partners, including Public Health Wales, should provide clearer messaging for children and young people about the potential long-term health risks of nicotine addiction and vaping, particularly in light of the Minister's evidence that young people should avoid vaping altogether.

Response: Accept

Our advice on vapes has always been very clear – if you do not smoke, do not vape and children and young people should never vape. But we recognise that young people are using vapes which is why the Bill plans to introduce proportionate measures designed to tackle youth vaping.

We know vape use by young people is very challenging, particularly for schools. We have therefore provided schools teaching secondary age learners with evidence-based information and guidance on how they can respond to and help address vaping through policy, practices, and curriculum content.

A toolkit supporting the Health and Well-being Area of Learning and Experience in Schools has also been developed and provides teachers with information and resources, as well as classroom activities on vaping. These resources have been designed to be used flexibly and adapted to meet the needs of learners. The guidance was published by Public Health Wales in September 2023 and is available here: Information and Guidance on Vaping for Secondary-aged learners in Wales - Public Health Wales. The toolkit is available here: Supporting the Health and Well-being Area of Learning and Experience in Schools - Public Health Wales

Because parents, are well as teachers are well placed to identify and support any young person who is vaping, Public Health Wales worked with Aneurin Bevan University Health Board's Public Health Team to develop an information guide for parents. This guidance is available here: Open conversations with your child best way to address vaping concerns - Public Health Wales

All our resources address the health impacts of vaping including the risk of nicotine dependency, and provide tips and actions to address vape use by young people. Importantly, our resources also signpost to the support services available for any young person who is addicted to nicotine through vapes. Whilst we have promoted these resources widely including through channels such as Hwb and Dysg, we and Public Health Wales continue to discuss with stakeholders what other materials maybe needed as well as look for further opportunities to promote the availability of those already prepared to those that can benefit from them.

If the Bill becomes law, I plan to work closely with the other UK nations to undertake comprehensive communications activities so that all stakeholders, including young people are aware why we are taking action on youth vaping and how the law is changing.

Financial Implications: None.

Recommendation 3

The Committee recommends that

The Welsh Government must ensure, alongside its focus on prevention through this Bill, that appropriate support is available for those young people who are already addicted to nicotine

Response: Accept

Help Me Quit was established in 2017 as the free national smoking cessation service for Wales and since 2017 has supported over 100,000 smokers on their quit journey. Currently, anyone aged 12 or older who smokes can access free behavioural support and nicotine replacement therapy from Help Me Quit.

Whilst our support for smokers is clear and comprehensive, we recognised changes were needed to better support people who are using vapes and wish to quit, including young people. Following a detailed review of the evidence, Public Health Wales are developing a pathway to support those addicted to nicotine but who don't use tobacco within the context of the Help Me Quit system, which includes making nicotine replacement therapy available to those who would benefit. This pathway will be implemented across Wales in the 2025/26 financial year.

Financial Implications: None.

Recommendation 4

The Committee recommends that

The Welsh Government should assess the enforcement mechanisms accompanying the Bill in order to assure itself that they are sufficient to support the Bill's effective implementation. The Minister should write to us to outline the findings of this work.

Response: Accept

We continue to engage with Trading Standards Wales to tackle underage and illicit sales of tobacco products and vapes in Wales, building on the support we provided in the 2023/24 financial year. Wales is also part of national level enforcement and intelligence activity designed to disrupt the industry UK Wide. This includes the work being undertaken by HMRC and Border Force to tackle illicit tobacco which is supported by over £100 million new funding from the UK Government over 5 years and is designed to boost UK wide enforcement capability.

The Bill aims to strengthen enforcement so that agencies like Trading Standards Wales have the tools they need in relation to tobacco, vapes and other products restricted products. Those tools include:

- the ability to prosecute a wide range of offences, covering a wide range of products including nicotine products and nicotine and non-nicotine vapes. This includes a number of new offences, such as the banning of vape vending machines and the free distribution of vapes;
- the ability to licence retailers of the restricted products and for Trading Standards to enforce the licensing conditions. This includes the ability to issue financial penalties of up to £2500 for breaching licensing conditions;
- the ability to apply for restricted premises and sales orders against persistent offenders for a wider range of offences and covering a wider range of restricted products;
- the ability to issue £200 Fixed Penalty Notices for a wider range of offences. The amount can be increased by the Welsh Ministers;

- Part 5 of the Bill provides for regulations to be made that will enable Trading Standards officers to enforce offences relating to the sale and marketing of restricted products;
- Part 5 of the Bill will enable a comprehensive registration scheme to be set up and enforced which will enable prohibitions or limitations to be imposed on the supply of unregistered products;
- Part 6 of the Bill introduces advertising and sponsorship offences for a wider range of products including advertising over the internet. Trading Standards will have the power to enforce the offences which will enable the promotion and advertising of vapes to children and young people to be tackled.

I consider the enforcement mechanisms are sufficient to support the effective implementation of the Bill and a full impact assessment has been undertaken on the Bill by the UK Government: Tobacco and Vapes Bill publications - Parliamentary Bills - UK Parliament. As the Bill continues its progress through Parliament, my officials will continue to work with stakeholders to understand the implications of the new measures and their impact on resources.

In relation to the measures to be take forward via secondary legislation, once the Bill is passed, we will continue to work closely with the other UK nations to develop the details. This will include full impact assessments at the relevant stage of the regulations development to ensure the impacts and costs for enforcement are properly appraised and considered. As is usual practice when developing regulations, we will consider the resource requirements as part of future budget rounds.

I will ensure the Committee is updated on the work to implement the Bill at the relevant stages.

Financial Implications: None.

Recommendation 5

The Committee recommends that

The Minister should confirm that the full amount of Barnett consequential funding to support the smoke-free generation and youth-vaping measures will be used to support the implementation, including enforcement, of these measures.

Response: Reject

The Welsh Government has received consequential funding from the UK Government in relation to the actions being taken in England on tobacco and vapes. Cabinet makes decisions about how funding allocated to the Welsh Government as a consequence of spending decisions by the UK Government in devolved areas will be spent and I am considering the options carefully on how

we best support the measures in the Bill and wider tobacco and vapes agenda. Health boards and Public Health Wales have received uplifts to support their work, which includes tobacco control and nicotine addiction treatment.

Financial Implications: None.

Recommendation 6

The Committee recommends that

The Minister should write to us with an update on the funding position for Ash Cymru Wales.

Response: Accept

I met with the Chief Executive of ASH Wales Cymru on 19 February 2025 to discuss their funding position. My officials continue to engage closely with ASH Wales Cymru on the work that they can take forward to support the implementation of the Tobacco and Vapes Bill and the wider tobacco control agenda.

Financial Implications: None.

Recommendation 7

The Committee recommends that

The Welsh Government should:

- confirm whether the delegated powers provided for in clause 92 of the Bill in relation to the content and flavour of vapes apply only to the Secretary of State and not Welsh Ministers;

- confirm that, should a future Welsh Government wish to make different provision about banning the sale of certain vape flavours, they would need to bring forward their own primary legislation to do this;

- set out its position in relation to the previous two points.

Response: Accept

The Welsh Government follows the principle that primary legislation in devolved areas should be enacted by the Senedd. We remain however willing to work with the UK Government on its legislative programme and are committed to achieving outcomes that are in the best interest of Wales whilst respecting devolution. The Tobacco and Vapes Bill is a good example of where the governments of the UK have agreed to work collaboratively and put in place consistent measures to

protect public health whilst making the best use of resources and opportunities available.

Part 5 of the Bill contains a suite of regulation making powers to enable requirements to be set in relation to product standards, including packaging, features of products, content and flavourings. This is an area of the Bill where there is a clear rationale for a consistent regulatory regime across the UK so that the product requirements and safety standards put in place can be clearly understood and adhered to.

I confirm that the power in Clause 92 rests with the Secretary of State along with all the other Part 5 powers. These regulations may relate to content of vape products and their flavours and will require the consent of the Welsh Ministers on matters within the Senedd's legislative competence. I am content this will ensure the measures take account of the Welsh perspective. As I state in my response to Recommendation 1, whilst I anticipate our strong collaboration with the UK government on tobacco and vapes to continue, should the Welsh Ministers wish to take a different approach on vapes flavours to that taken elsewhere in the UK, I anticipate that primary legislation brought forward in the Senedd would be considered. This would be subject to the legislative competence of the Senedd, and the nature of the provision to be brought. The UK Government accept that the Secretary of State's powers within clause 92 are devolved.

Financial Implications: None.

Claire's campaign

tenovus cancer care
gofal canser

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

Russell George MS, Chair
Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

20 February 2025
Our Ref: 001/RG/UnheardShortInquiry
Your Ref:

Dear Mr George,

I am writing to request that the Health and Social Care Committee consider holding a short inquiry into the implementation of the Committee's *Unheard* report.

The report, published in December 2023, and debated by the Senedd in May 2024, highlighted significant concerns:

- **Women's voices being unheard:** A central, critical theme was that women often felt their concerns were dismissed or downplayed by healthcare professionals. This led to delays in diagnosis and treatment, with women feeling their symptoms were misattributed to psychological or emotional factors rather than thoroughly investigated.

- **Delays in diagnosis:** The report found that many women experienced significant delays in getting a diagnosis of gynaecological cancer. This was attributed to a combination of factors, including a lack of awareness of symptoms among both women and healthcare professionals, as well as inefficiencies in referral and diagnostic processes.

- **Long waiting times:** Once diagnosed, women often faced long waiting times for treatment, with Wales having some of the worst survival rates for ovarian cancer in Europe. The report highlighted that waiting times for gynaecological cancer treatment were particularly long and compliance with the single cancer pathway target was the lowest for all reported cancers.

- **Capacity issues:** The report identified significant capacity issues within the healthcare system, including a lack of resources, facilities, and workforce to adequately support women with gynaecological cancers. This included shortages of radiologists, pathologists, oncologists, and nurses.

- **Need for better symptom awareness:** The report emphasised the need for greater public awareness of the symptoms of gynaecological cancers, as well as better education for healthcare professionals on how to recognise and respond to these symptoms.

- **Data collection and analysis:** The report called for improvements in the collection and analysis of data related to gynaecological cancers, including the need to disaggregate performance data by type of gynaecological cancer to better identify areas for improvement.

Claire's campaign

tenovus cancer care
gofal canser

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

- **Need for strong leadership:** The report stressed the need for strong leadership and support around the work on gynaecological cancers, with clear roles and responsibilities defined for the Welsh Government, and the responsible bodies within the NHS Executive.

The report made a number of recommendations addressing these concerns.

While the Welsh Government responded to the report in the May 2024 Senedd debate, accepting all but three recommendations, implementation has been sporadic.

Also, the then up-and-coming Woman's Health Plan was regarded by the Welsh Government as a significant delivery and accountability opportunity. However, a few short weeks prior to publication we discovered that this would no longer be the case. Members were assured that the Plan would substantially address the concerns of the Unheard report – in reality that opportunity was dropped.

That kind of development has only come to light following the determination of Claire O'Shea, and others, to hold the Welsh Government to account for delivering the *Unheard* recommendations.

We would encourage the Committee to scrutinise implementation of the *Unheard* recommendations before the current Senedd term concludes in 2026.

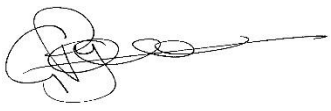
A light-touch, one or two day, inquiry would provide an opportunity to:

- Assess the progress made in implementing the report's recommendations.
- Identify any barriers to implementation.
- Hear from stakeholders, including service users, about their experiences.
- Make further recommendations to the Welsh Government to ensure the report's findings are fully addressed.

We believe that such an inquiry would be invaluable in ensuring that the *Unheard* report translates into meaningful improvements in the lives of women affected by gynaecological cancer.

Thank you for considering this request. We look forward to your response.

Yours sincerely,



Greg Pycroft
Policy and Public Affairs Manager

cc.
Claire O'Shea, cancer patient, founder of Claire's campaign
Health and Social Care Committee Members

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Health and Social Care Committee

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddIechyd@senedd.cymru
senedd.cymru/SeneddIechyd
0300 200 6565

–

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddHealth@senedd.wales
senedd.wales/SeneddHealth
0300 200 6565

Greg Pycroft
Policy and Public Affairs Manager
Tenovus Cancer Care

6 March 2025

Dear Greg

Thank you for your letter of 20 February 2025, requesting that the Committee considers holding a short inquiry into the implementation of our report *Unheard: Women's journey through gynaecological cancer*.

The Committee considers its forward work programme periodically. It has recently agreed a programme of work for the coming months, but we will add your request for consideration at the next available opportunity. To help assist our consideration, we would be grateful if you could clarify the following points set out in your letter:

1. Which specific recommendations do you believe have not been adequately implemented, and what particular issues have contributed to their sporadic progress?

2. Could you provide more detailed information about why you believe the Welsh Government has dropped gynaecological cancer from its Women's Health Plan and how this has affected the implementation of the recommendations from the report?

It would also be helpful to have your views on the following:

3. Do you have specific examples or evidence showing how the lack of implementation or delay in implementing the recommendations has negatively affected cancer patients or services? How are these gaps impacting people on the ground?

4. What immediate steps could the government take to accelerate the implementation of the committee's recommendations? Are there specific areas where you feel a change in approach is urgently needed?

5. Has the government sought or incorporated feedback from cancer patients, healthcare professionals, or relevant community organisations in implementing these recommendations?

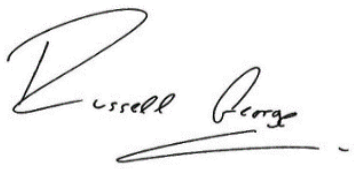
6. What are the most significant barriers you have identified in the government's ability to fully implement the recommendations? Are these barriers political, financial, or administrative in nature?

7. Have any external experts, such as medical professionals, researchers, or other relevant organisations, supported your position on the lack of implementation? If so, could you share their perspectives or contributions?"

Finally, if it was possible, would you be able to collaborate with other relevant stakeholders to provide the Committee with a comprehensive overview of the progress made on implementing the report's recommendations, along with any challenges or barriers to full implementation?

I look forward to hearing from you.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Claire's campaign

tenovus cancer care
gofal canser

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

Russell George MS, Chair
Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

02 April 2025
Our Ref: 001/RG/UnheardShortInquiry
Your Ref:

Dear Mr George,

Thank you for your response dated the 6th March. In the letter we call for time to be set aside over the course of the next year for a short inquiry to scrutinise the implementation of the Health and Social Care Committee's report *Unheard: Women's journey through gynaecological cancer*.

In your reply you asked me to clarify the following points. I'll respond to each of the seven points in turn.

1. *Which specific recommendations do you believe have not been adequately implemented, and what particular issues have contributed to their sporadic progress?*

   Here's a small selection of examples, the list is illustrative and not exhaustive:

   Recommendation 1 - gender sensitivity training. A year since the Welsh Government response (page 1 and 2). Despite the reference to the Women's Health Plan in the response, the activity that appears to be in development is happening within the Cancer Recovery Programme. What exactly is HEIW doing?

   We understand that training for primary care, called *Unheard*, is being made available, but the inquiries I have made on behalf of Claire O'Shea (and others), who might be able to help inform materials and content have gone unanswered (the irony isn't lost on me). We don't know who the training is targeted at the primary care level and, what resources are being made available to follow up and evaluate that activity.

   Recommendation 11 – Ensuring information provided at cervical screening appointments makes clear that such screening does not test or screen for other gynaecological cancers. Our colleagues at Target Ovarian Cancer have sought an update considering this, and have yet to hear back from officials.

   The mistaken belief, held by 42% of women in Wales, that cervical cancer screening detects ovarian cancers continues unchallenged. This recommendation was accepted by Welsh Government (page 6).

   Recommendation 12 - Nothing has happened to increase awareness of gynaecological cancer symptoms – this was accepted in part by the Welsh Government (page 7).

Claire's campaign

tenovus cancer care
gofal canser

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

Recommendation 16 – The publication of performance data (page 8), we are unaware of any transparent activity in this space, if there is it's within the NHS Executive. According to Audit Wales, there is no nationally available information to understand gynaecological cancers performance by sub-tumour site (para 1.11). The Welsh Government published a written statement on gynaecological cancers in December 2024, setting out its ongoing commitment – but we understand that as performative and in response to gynaecological cancers not being included within the Woman's Health Plan.

Recommendation 19 – We're unaware of any activity happening within the six month timescale, despite being accepted by the Welsh Government (page 10).

2. *Could you provide more detailed information about why you believe the Welsh Government has dropped gynaecological cancer from its Women's Health Plan and how this has affected the implementation of the recommendations from the report?*

The inclusion of gynaecological cancer within the Women's Health Plan was never part of the original plan (para 28), and despite recommendation 2 being accepted in part (page 3), officials within the Welsh Government and NHS managed to keep reference of gynaecological cancers out of the Women's Health Plan when it was published towards the end of 2024.

Since it's a strategic network within the NHS Executive, the Women's Health Plan has accountability and governance arrangements that alternative delivery mechanisms within the NHS Executive – the Cancer Recovery Programme, within the Planned Care Programme - does not have. The options for anyone who wishes to scrutinise gynaecological cancer services are limited.

3. *Do you have specific examples or evidence showing how the lack of implementation or delay in implementing the recommendations has negatively affected cancer patients or services? How are these gaps impacting people on the ground?*

The primary metric for cancer services, cancer waiting times, remains poor, we've not experienced a nationwide prolonged period of improvement for years. This is despite being made a priority by the then Minister for Health and Social Services in March 2023. We do not know whether this is due to deficiencies in implementation or work not being undertaken.

We cannot scrutinise as so much is happening behind closed doors, and governance arrangements are problematic – this is reinforced by the Audit Wales report on cancer services in Wales that was published earlier this year.

4. *What immediate steps could the government take to accelerate the implementation of the committee's recommendations? Are there specific areas where you feel a change in approach is urgently needed?*

Meaningful inclusion within the Woman's Health Plan

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

5. *Has the government sought or incorporated feedback from cancer patients, healthcare professionals, or relevant community organisations in implementing these recommendations?*

   While we were able to provide feedback concerning the Women's Health Plan, and did so despite a fortnight to respond, its utility is questionable since the decision not to focus on gynaecological cancers (and other life threatening/life limiting conditions was taken).

6. *What are the most significant barriers you have identified in the government's ability to fully implement the recommendations? Are these barriers political, financial, or administrative in nature?*

   The barriers to addressing gynaecological cancers within the Women's Health Plan are, in our view, political and administrative in nature. The welcome cross-party political support in the Senedd in May 2024 was unable to change the political will and administrative capacity of Welsh Government and NHS Executive officials. While we understand the Woman's Health Plan remains a working, iterative document, that is to address and resolve issues not related to specific health conditions.

7. *Have any external experts, such as medical professionals, researchers, or other relevant organisations, supported your position on the lack of implementation? If so, could you share their perspectives or contributions?*

   The rejection of Recommendation 15 on emergency presentation by the Welsh Government (on the grounds of timescale) disappointed us, and clinical staff within the NHS who felt that an interrogation of NHS data was necessary and justifiable given the seriousness of the concerns.

   Despite the rejection by Welsh Government the Cancer Recovery Programme has managed to secure funding for the recruitment of a clinical fellow, to undertake a study that will lead to the delivery of the recommendation.

   We expect any short inquiry serving two primary purposes; 1. holding those responsible to account for delivery of the commitments made in response to the *Unheard* report, and 2. Identifying and recognising best practice, where significant and impactful progress has been made since publication of the report in December 2023, especially where there are lessons that need to be applied.

Unfortunately, the collaboration you speak of in your final paragraph, to provide the Committee with a comprehensive overview of the progress made on implementing the report's recommendations is not possible due to our limited resources, in terms of personnel and time. The Chair of the Cross Party Group on Cancer requested an update from the Cabinet Secretary for Health and Social Care (Appendix 1), the response was shared with us by the CPG secretariat (Appendix 2)

In the meantime, cancer patients like Claire O'Shea must use whatever means are available, whether through the media or through the Cross Party Group on Cancer to hold those in power to account for not delivering accepted recommendations from the Unheard report. We want to ensure that those responsible for delivering the accepted recommendations are held to account and it is a matter of public record. It is our

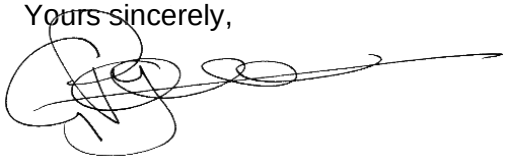
Claire's campaign

tenovus cancer care
gofal canser

029 2076 8850
info@tenovuscancercare.org.uk
tenovuscancercare.org.uk

view that a short inquiry by the Health and Social Care Committee will achieve this, and will maintain the pressure on government, NHS and NHS partners to make real and lasting improvements.

Yours sincerely,



Greg Pycroft
Policy and Public Affairs Manager

cc.
Claire O'Shea, cancer patient, founder of Claire's campaign

Jeremy Miles MS
Cabinet Secretary for Health and Social Care
Welsh Government
Ty Hywel
Cardiff Bay
CF99 1SN

18th February 2025

Dear Cabinet Secretary,

On the 12th December 2024, the Cross-Party Group on Cancer focused on gynaecological cancer services in Wales. Held around the first anniversary of the Health and Social Care Committee's *"Unheard"* report, the meeting provided attendees with an opportunity to better understand the steps being undertaken by the NHS Executive's cancer recovery programme to tackle excessively long cancer waiting times and the poor cancer outcomes experienced by women with a gynaecological cancer diagnosis. The meeting noted your Written Statement on gynaecological cancers that was issued earlier that week around the time of the Women's Health Plan - which provided a welcome update.

Attendees also heard from Claire O'Shea who shared her story and the steps she has taken - via *Claire's Campaign* - to secure delivery of the recommendations of the Health and Social Care Committee's *"Unheard"* Report, and to hold the Welsh Government to account for the delivery of those recommendations it accepted. While we support Claire's work, it shouldn't be the sole responsibility of a cancer patient to scrutinise and hold government to account, we all have a responsibility, hence this correspondence.

Like Claire, the Cross-Party Group on Cancer would like to better understand what plans are being made to collate and provide a further update concerning the delivery of the *"Unheard"* report recommendations to Members, and whether this will happen before the end of this Senedd term? A further update ahead of the busy election period, either to the Health and Social Care Committee or to all Members, will be welcome. It'll also help us better understand whether and where additional attention is needed to deliver the Committee's recommendations.

I look forward to your reply in due course and will see that it is shared with *Claire's Campaign*.

Yours ever

David F. Rees.

David Rees MS

Chair, Cross Party Group on Cancer

Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref JMHSC/00526/25

David Rees MS
Member of the Senedd for Aberavon

david.rees@senedd.wales

17 March 2025

Dear David,

Thank you for your letter of 18 February on behalf of the cross-party group on cancer about the Senedd's Health and Social Care Committee's inquiry into gynaecological cancer.

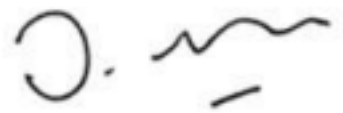
Following the publication of the written statement about improving gynaecological cancer on 10 December, there have been a series of updates about our approach to cancer in general and to gynaecological cancer, including:

Plenary 22/01/2025 - Welsh Parliament

Oral Statement: Publication of the NHS Wales Women's Health Plan (10 December 2024) | GOV.WALES

Addressing gynaecological cancer care: a Plenary debate

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Jeremy.Miles@llyw.cymru
Correspondence.Jeremy.Miles@gov.wales

Y Pwyllgor Deisebau

—

Petitions Committee

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
Deisebau@senedd.cymru
senedd.cymru/SeneddDeisebau
0300 200 6565

—

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
Petitions@senedd.wales
senedd.wales/SeneddPetitions
0300 200 6565

Russell George MS,
Chair,
Health and Social Care Committee

26 March 2025

Dear Russell,

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

The Petitions Committee met on 10 March and considered the above petition, submitted by Simon Scheeres of Cancer Research UK.

Members noted that lung cancer screening will continue to be raised in both the Health and Social Care Committee and the Siambr, given the Cabinet Secretary's commitment to work on earlier implementation of a national lung cancer screening programme.

The Committee closed the petition but agreed that I would write to you to highlight the petitioner's latest correspondence.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: P-06-1435 We're calling on the Welsh Government to commit to implementing targeted lung cancer screening

I would be grateful if you could send any response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/DB/0765/25

Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
SeneddHealth@senedd.wales

11 April 2025

Dear Russell,

In response to the Health and Social Care Committee's stage one scrutiny report on the Health and Social Care (Wales) Bill, I committed to update the Committee on several recommendations associated with the eliminating profit provisions contained within the legislation. I have set out my substantive responses to recommendations 6 and 13 below.

As agreed with the Committee Clerk I will write separately regarding recommendation 9 on the progress being made around transition to a not-for-profit model after the Easter Recess. My reply will also respond to recommendations 17 and 20 to provide an update on progress with development of the central hub for CHC direct payments, and to provide an update on progress made to prepare LHBs for new CHC direct payment responsibilities.

I can also confirm an action plan is in place to update and re-establish a Performance Framework for Continuing Healthcare. Engagement with CHC lead stakeholders is taking place, to redevelop the reporting mechanism to ensure the Performance Framework is fit for purpose. The action plan also includes work to revise the existing CHC Framework, in line with the introduction of the Direct Payments.

Recommendation 6 - provide an update on the Eliminating Profit Programme Board's monitoring of the policy so far, my initial thoughts on evaluation to date and how formal evaluation will be conducted

The Eliminating Profit Programme Board

The Eliminating Profit Programme Board was established in September 2021 to aid the implementation of the Programme for Government commitment to eliminate profit from the care of children looked after. It includes representation from private, third, and public sector organisations and is chaired by the Chief Social Care Officer for Wales who is accountable for the delivery of the Programme. Members have worked collectively and with relevant

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Dawn.Bowden@llyw.cymru
Correspondence.Dawn.Bowden@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

colleagues in their own organisations to consider evidence and develop proposals for implementation through robust programme management arrangements.

The work of the Board is discussed, minuted and published on the Welsh Government website. It oversees a National Programme Plan and assessment and monitoring of risks, mitigations and impacts. The National Programme Plan contains a timetable for implementation, drawing on policy considerations and is itself aligned to implementation arrangements of the Board's member organisations. This enables it to lead and implement changes which deliver the Programme's purpose and propose arrangements for post-implementation review and evaluation.
The main functions of the Board have centred on providing scrutiny, challenge and ensuring the eliminating profit agenda is delivered within the wider policy context. It has also ensured links are made to other projects and programmes and that financial and resourcing considerations are realistic and reflect broader activity across the sector. These functions will continue as the Board refocuses its efforts on oversight of implementation going forward.

Data Collection

The Board receives data routinely collected by the Welsh Government and partners; this data is utilised by the Programme Board in the monitoring of the policy. The knowledge base has been complemented by broader information periodically made available, such as checkpoint data and broader research. Market intelligence reports have been provided quarterly to the Board by the Children's Commissioning Consortium Cymru offering valuable insight, analysis and understanding into the market dynamics in the sector. It has also included updates on provider intent and other market trends that can affect local authority costings and financial modelling.
Collectively this information has helped to mitigate risks and ensure effective strategic planning, implementation, monitoring, and communication activity. In turn, the reports have also helped inform the Integrated Impact Assessment and the Regulatory Impact Assessment for the Bill (now Act). They have also been used to support the development of local authority communication and engagement strategies, as well as to inform the Welsh Government's communications plan.

Workstreams and Legacy Reports

The Board's deliverables have been primarily pursued through its workstreams ensuring that the transition is well-coordinated across different sectors. The workstreams have provided advice on how to expand the current not-for-profit sector and how to develop new placements within local authority and not for profit residential and foster care settings. A series of legacy reports have been produced under each workstream which have highlighted achievements to date. They include:

- Helping to identify and address barriers to the expansion of provision, financial resources, workforce planning, business support, and workforce issues.

- Workforce recruitment and marketing - through the Social Care Wales 'WeCare' website banner concerning children's residential care worker recruitment, and Foster Wales promotion of not-for-profit care. Specific workshops are now being arranged around TUPE considerations designed to address various aspects of the transition to a not-for-profit model for children's services.

- Community of Practice: Regular sharing of knowledge and experience among members, including informing the revision of local authority Placement Commissioning Strategies.

The work of the Programme Board and its workstreams has helped inform the development of supporting material for the legislative provisions that underpin the eliminating profit agenda, notably the Integrated Impact Assessment, the Explanatory Memorandum and the Regulatory Impact Assessment. The workstreams have ensured the transition to a not-for-profit model is well-documented and supported by robust data.

Initial thoughts on how formal evaluation will be conducted

Evaluation is an important part of all policy and legislation. Learning has been applied from the approach taken to evaluating the Social Services and Well-being (Wales) Act 2014, which adopted a principles-focused evaluation approach. That approach focussed on evaluating how the principles of the Act which guided the implementation were meaningfully articulated, the extent to which they were adhered to and in what ways did those principles lead to desired results across the relevant policy areas.

While that may be a suitable approach for this evaluation, we will be working with Government Social Research teams to make sure we adopt an approach which best allows us to understand how implementation, practice and outcomes can be improved. The precise details around evaluation arrangements are still being worked out in collaboration with stakeholders. It is my reflection, however, that the distinct nature of the eliminating profit elements of the Act require a standalone evaluation, separate to the other elements of the Act. Whilst officials are still establishing the full details as to how the evaluation of the eliminating profit provisions will be conducted, I expect that the scope of post-implementation review and evaluation will occur over several years as the implementation takes effect.

Baseline data will be collected at the start of new arrangements in 2026 and culminate a year after the final new arrangements are introduced (currently 1 April 2030 or before), using a baseline of data from 2026 and spanning the years drawing on the data from our monitoring and broader sources to inform the post implementation review. In considering any final approach officials will consider the merits of:

- An evidence synthesis to look at the context of the eliminating profit policy.
- A theory of change to understand how and why a desired change is expected to happen regarding the policy.
- A project to understand how the policy has been implemented and the impact that it has had.

Recommendation 13 – availability of accessible resources aimed at informing children and young people about the Bill and how to make known their views on it.

My response to recommendation 13 noted that the Board's communication plan contained specific activities aimed at raising awareness of the legislative arrangements amongst various parts of the sector. The Board has been instrumental in co-developing targeted messaging for key groups to help prepare them for the new arrangements. This includes specific messaging for children and young people to explain the elements of the Act and what it means for them. Board members, including Voices from Care Cymru and the office of the Children's Commissioner for Wales, have been vital in shaping and testing those messages with young people and we continue to engage with them on an ongoing basis.

The published messaging can be found at https://www.gov.wales/removing-profit-care-children-looked-after-information-leaflets. We will continue to work with those organisations

that represent children and young people to ensure their voices can be heard and ongoing communication needs considered.

Yours sincerely,

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

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

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddIechyd@senedd.cymru
senedd.cymru/SeneddIechyd
0300 200 6565
–
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddHealth@senedd.wales
senedd.wales/SeneddHealth
0300 200 6565

Chris Llewelyn
Chief Executive
Welsh Local Government Association

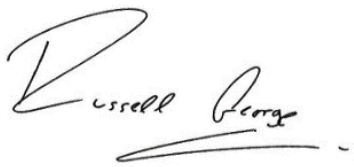
21 March 2025

Dear Chris

The Health and Social Care Committee has been undertaking an inquiry into the prevention of ill health – obesity.

We were hoping to hear from local authority representatives on a range of issues, including school meals, planning, active travel and leisure and recreation. Unfortunately, it has only been possible to arrange witnesses to talk about school meals, largely thanks to the efforts of Kaarina Ruta. This is disappointing, given the important role of local authorities in these areas, but rather than delay the completion of our evidence gathering any further, the Committee has agreed to seek written evidence on the outstanding issues instead. I would be grateful if you could facilitate a response to the issues set out in the attached annex by Friday 18 April.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Annex 1

We would welcome your response to the questions set out below in relation to prevention of ill health – obesity by Friday 18 April 2025

Welsh Government strategy and consideration of obesity

1. What involvement have local authorities had in the Welsh Government's Healthy Weight: Healthy Wales strategy and associated delivery plans and should this involvement be increased?
2. What role could local authorities play in lowering obesity rates?
3. How is reducing obesity taken into account in local authority plans and policies and could this be strengthened?
4. Has there been any joint working between local authorities and health boards in relation to reducing the levels of obesity in Wales?

Opportunities for physical activity outdoors

5. What action is being taken to increase the opportunity for safe, active travel and what are the challenges in encouraging the public to take up these opportunities?
6. How are planning policies ensuring that all communities have equal access to open spaces to encourage regular participation in physical activity and outdoor activities?
7. What action is being taken to provide safe environments where children can play in the natural environment?
8. How do local authorities ensure that play areas and open spaces are accessible for everyone and how are these areas advertised to the public to make them aware of what's available?

Leisure and recreation facilities

9. What are the challenges for local authorities in maintaining and expanding leisure and recreation facilities, such as leisure centres, in communities, and what is being done to overcome these challenges?
10. In areas where leisure facilities have closed, to what extent is the health of the population taken into account in the decision-making process?
11. What measures are put in place to ensure equitable access to leisure and recreation facilities for all communities?
12. How are healthy options for food and drink provided and promoted in local authority owned leisure and recreation facilities?

Local food environment and local planning policies

13. What powers do local authorities currently have to control the number and location of fast food outlets in a particular area and to encourage the availability of healthier options?
14. What action can be taken when there is a saturation of fast food outlets and would further powers for local authorities be beneficial?
15. Is health and wellbeing taken into account as part of the planning application for new fast food establishments? Should this be strengthened?
16. What is the current planning policy in relation to fast food outlets in close proximity to schools and colleges and avoiding an excess supply of such outlets?
17. What action is taken to ensure there is not a disproportionate number of fast food outlets in deprived areas and to encourage equitable access to affordable, healthy food?
18. It has been highlighted to the Committee that local authorities from across the UK, including Cardiff and the Vale of Glamorgan, are progressing the development of healthier advertising polices on assets that local authorities own and control (such as bus stops and billboards). Are there plans for other local authorities to take a similar approach and would there be any barriers to implementation?

WLGA Response

April 2025

Health and Social Care Committee Inquiry: Prevention of ill health - obesity.

Introduction

To inform the Health and Social Care Committee's inquiry into the prevention of ill health - obesity, the WLGA were contacted by letter to provide our views on the matters listed in their letter under provided headings and questions.

Introduction to the WLGA

Welsh Local Government Association: We are the Welsh Local Government Association (WLGA); a politically led cross-party organisation that seeks to give local government a strong voice at a national level. We represent the interests of local government and promote local democracy in Wales.

The 22 councils in Wales are our members and the three fire and rescue authorities and three national park authorities are associate members.

We believe that the ideas that change people's lives, happen locally.

Communities are at their best when they feel connected to their council through local democracy. By championing, facilitating, and achieving these connections, we can build a vibrant local democracy that allows communities to thrive.

Our ultimate goal is to promote, protect, support, and develop democratic local government and the interests of councils in Wales.

We'll achieve our vision by
- Promoting the role and prominence of councillors and council leaders
- Ensuring maximum local discretion in legislation or statutory guidance
- Championing and securing long-term and sustainable funding for councils
- Promoting sector-led improvement
- Encouraging a vibrant local democracy, promoting greater diversity
- Supporting councils to effectively manage their workforce.

WLGA response

Welsh Government strategy and consideration of obesity

1. *What involvement have local authorities had in the Welsh Government's Healthy Weight: Healthy Wales strategy and associated delivery plans and should this involvement be increased?*

Local Authorities have been involved in the Healthy Weight: Healthy Wales strategy and associated delivery plans and there are examples of where this has worked well (examples provided in response to other questions), however, there could be more involvement as part of the prevention agenda.

The wider determinants of health are the social, economic, environmental, and structural factors that affect health, wellbeing, and health inequalities, which include education, fair work, money and resources, housing, transport, and the built and natural environments. Responses to these wider determinants of health are delivered mainly not from health but by Councils working with local communities, families, and individuals.

In the Healthy Weight: Healthy Wales Delivery Plan 2022-2024 some of these wider determinants are included within the seven priority areas:

- Shape the food and drink environment towards sustainable and healthier options.
- Enable active environments and spaces to encourage more movement in daily life.
- Promote and support families to provide the best start in life, from pre-pregnancy to early years.
- Enable our education settings to be places where physical and mental health remains a priority.
- Remove barriers to reduce diet and health inequalities across the population.
- Build on the development of equitable support services for people to become or maintain a healthy weight.
- Enhance the development of the system of prevention which enables leadership at every level.

There is the possibility of more opportunities with the announcement by the Cabinet Secretary for Health and Social Care, at the Sir Mansel Aylward Spring Summit on the 26 March 2025, of wanting Wales to be the first Marmot Nation. The Gwent Region are already working to become a Marmot Region. The Institute of Health Equity states that a Marmot Place is one that is:

- Embedding action across the Marmot Eight Principles.
- Strengthening partnerships between local authorities, communities, public services, businesses, and voluntary sector organisations.
- Monitoring what is happening locally and taking proactive, preventive action.
- Supporting leadership and advocacy on health equity.
- Developing and embedding transformational process to tackle health inequity.

This is done through a focus on the eight Marmot principles:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

The current Healthy Weight: Healthy Wales strategy four themes: healthy environments; healthy settings; healthy people; and leadership and enabling change, all appear to fit within the Marmot principles and requirements.

2. *What role could local authorities play in lowering obesity rates?*

Local authorities can play a pivotal role in coordinating different sectors and services contributing to lowering obesity rates. All local authorities should set out a clear strategy for how they can support their local health board to lower obesity rates, by aligning their policies and services in e.g. education and food in schools, leisure and access to green spaces, active travel, planning policy. It is vital that local authorities work in partnership with Regional Partnership Boards and Public Service Boards, including the local health boards. Local authorities can also play a key role as enablers for grassroot action by schools, leisure settings and local sports clubs to develop innovative ideas or scale existing approaches.

Individuals and communities across Wales are currently facing many challenges due to the housing crisis and the cost-of-living crisis. These on their own or together may limit the opportunities individuals or families have for cooking for themselves, whether due to being in temporary accommodation without cooking facilities or not being able to afford the cost of electricity or gas to run cookers, ovens etc. Without the means to cook healthy food, the options become limited for what they can prepare and eat, even if they can afford to buy the healthier options. Councils work with individuals and families to ensure they are maximising their incomes and to provide appropriate accommodation as they move on from temporary options. Councils also work with third sector providers to provide food banks, food pantries and other local options that provide healthier options at cheaper prices. The issues are greater than obesity but are likely to contribute to healthy food choices being less of an option.

3. *How is reducing obesity taken into account in local authority plans and policies and could this be strengthened?*

There may be opportunity for reducing obesity to be taken into account, but it should be noted that economic and employment opportunities need to be balanced out with other risks and that a declined planning application can be challenged and overturned against a Councils decision and advice.

Planning developments will frequently include community spaces, but these are often not prioritised by the developers. In one such example, the Vale of Glamorgan Council had to take legal action so that developers of the Barry Waterfront needed to put in place a Consent Order to limit the sale of properties until the delayed community facilities are delivered. When legal action needs to be undertaken this adds to the costs to the council involved.

There are examples of improved engagement between local Public Health Teams based within the Health Boards and Planning and Housing teams in Councils. Where these have developed Public Health are engaged with directly early on in the planning process to identify and potentially mitigate against potential issues of the development(s) being proposed. These opportunities appear to have developed from the increased engagement and integration where joint projects have been undertaken under Capital RIF programmes, whether these developments were the catalyst or not have not been investigated further.

There is an additional challenge when it comes to obesity where the links between weight and mental health can mean that negative messaging around obesity can increase levels of obesity rather than decrease them or can have unintended consequences leading to the development of more eating disorders especially in younger generations. A healthy attitude to food and weight is therefore more likely to achieve results, and as raised in response to the Cabinet Secretary's statement on waiting times by the Fair Treatment for the Women of Wales (FTWW) there is a need to avoid weight stigma which may limit earlier engagement into health by those who feel that they may be judged.

4. *Has there been any joint working between local authorities and health boards in relation to reducing the levels of obesity in Wales?*

There have been several projects and programmes that are delivered jointly between councils and LHBs to improve the health and wellbeing of individuals and communities across Wales. However, these may not necessarily have been directly about obesity but through improved physical activity and healthy eating there have been improvements towards healthy weight.

QuickChange which is a programme developed by Podiatry and Public Health in Cardiff and the Vale worked with education to collaboratively produce interactive animation enhancing the promotion and encouragement of daily movement, helping to build and maintain strength and balance in children aged 4-6 years old. Whilst the focus is on strength and balance and foot health, it has improved coordination and physical activity and improved health, the longer-term impacts are yet to be seen.

Opportunities for physical activity outdoors

5. *What action is being taken to increase the opportunity for safe, active travel and what are the challenges in encouraging the public to take up these opportunities?*

While we've seen a substantial increase in capital spend on active travel in local authorities in recent years, there is still a lot of work to do to reach Llwybr Newydd's target of 45% of

journeys to be made by public transport, walking and cycling by 2040. After all, the total sum of investment in active travel across Wales over the course of the past 20 years of devolution is less than the amount we continued to spend on widening 8km of the 'Heads of the Valleys Road' – the A465 – at approximately £321m.

A functioning active travel network is essential to encourage people in Wales to travel actively. The Active Travel Act plays a vital role in this regard, requiring all 22 local authorities to map comprehensive networks of active travel routes across Wales, to improve them and report on progress made. This can include interventions such as new pedestrian crossings, dropped kerbs or even benches. In 2022/23, 90km of routes were created, increasing the active travel network in Wales to 3,129km. This is out of a possible 7,491km (as mapped out by our LAs), which means Wales has the potential to more than double the network over the coming years. 2020-2021: 106km new routes 2021-2022: 71km new routes 2022-2023: 90km new routes. That said, based on current progress, of an average build of 89km per year, it will take almost 50 years to complete it.

With the exception of a small number of pioneering schools, levels of active travel to schools in Wales remain woefully low. The Active Travel Board's Active Travel to School Subgroup, is developing a policy paper that will set out a more strategic approach to the delivery of active travel to schools. Active travel to school needs a more integrated approach with a 'one stop shop' for schools, local authorities, and active travel practitioners: the setting of robust targets and more effective dissemination of good practice.

Public Health Wales (PHW), in collaboration with Swansea University, has also been developing a tool for local authorities and schools to estimate the percentage of the pupil population living within feasible active travel to school distances. PHW has also developed and piloted an active school travel national digital marketing campaign in 2023/24 to test messaging that would help raise awareness of active school travel and its benefits among parents and grandparents of school-age children.

There are many challenges in encouraging the public to take up active travel opportunities. The main reason is 'motornormativity; our societies being built and based around private car use (road infrastructure, land-use planning, housing, and location of services) and us being so used to it that we hardly think about alternatives. The private car is in fact too convenient for us all. The media and advertising also contribute to our view of the private car as a status symbol and desirable object. Another challenge to convince more people to actively travel is the lack of safe, convenient, continuous, and well- maintained cycling and walking routes that offer people the same door-to-door experience they experience with the car.

There are multiple other challenges, one of which is about personal safety when walking, cycling, and using public transport. This is especially true when it comes to girls and women who can be subjected to intimidation, harassment and even assault if they are out on their own. Community safety and public protection fall under duties for Councils and the Police, and there is a lot of proactive engagement (including awareness campaigns, CCTV, and

patrols) which look to reduce or deter these incidents and make individuals and communities feel safer. However, until there is a wider culture change this is likely to continue to be an ongoing issue that disproportionately impacts on women and girls.

Access is also an area of significant challenge, school children in rural Wales for example who need to walk through unlit country lanes with no footpath are less likely to be encouraged by parents to catch the bus and will instead be taken by car to school or other activities, due to safety concerns. Poorly laid pavements, or inappropriate placement of cycle paths next to bus stops can make access to wheelchair or visually impaired commuters incredibly difficult to navigate, and places them at risk of harm.

Another challenge is that active travel is not always possible for those with mobility issues, and with the number of people on waiting lists for surgeries such as, knee, hip and back operations continuing to be high, the ability of these individuals to access all opportunities is limited and is only improved when surgery and rehabilitation has taken place.

In addition, there is increasing pressure on families and individuals on how they spend their money, and sometimes using public transport can be seen as a more expensive option. We have seen for example an increase of the use of technology for virtual meetings, including health appointments due to the cost savings and ease for all those involved. This has had an impact on the way people live and work and the choice to travel or not has been impacted. As such, keeping costs low is essential to encourage active travel.

Actions to Increase Opportunities for Safe, Active Travel:

1. **Active Travel (Wales) Act 2013**: This legislation mandates local authorities to map and plan for suitable routes for active travel, ensuring that walking and cycling become the most natural and safe choices for short journeys[1].
2. **Infrastructure Development**: Significant investments are being made to develop and improve infrastructure, including dedicated cycle paths, pedestrian-friendly routes, and safe crossings. Projects such as the Swansea Central Bridge and Llanelli Masterplan are examples of efforts to create accessible and safe active travel routes[2]. Historical projects such as the regeneration of the Llanelli Coastline to develop the Millennium Coastal Park (Llanelli & the Millennium Coastal Park - Discover Carmarthenshire) in 2000 has had a huge impact in opening up opportunities for people to walk and cycle on along a stunning 13 mile traffic free path, with 1,000's of users per day. A new development sees the Tywi Valley path (https://www.carmarthenshire.gov.wales/business/development-and-investment/tywi-valley-path/) connecting Carmarthen and Llandeilo opening up a 20 mile safe, accessible walking and cycling route.
3. **Safe Routes to Schools**: Prioritising safe routes to schools encourages children and their families to walk or cycle, fostering early adoption of active travel habits[3]. Walk to School - Carmarthenshire County Council.

4. **Public Transport Integration**: Enhancing links between active travel routes and public transport options makes it easier for people to combine walking or cycling with bus or train journeys[3].
5. **Community Engagement and Education**: Many local authorities run campaigns and educational programs to raise awareness about the benefits of active travel and to encourage community participation[4]. One of the key challenges facing schools is transport to and from activities during the school day e.g. for trips to the local museum, archive, theatre, library, and in particular for primary schools to attend school swimming lessons, especially now that this specific requirement has been removed from KS2 of the curriculum. Carmarthenshire are in the initial stages of exploring alternative models of school transport, including the possibility of strategically placed, electric / hybrid mini busses at secondary schools as hubs to serve their local feeder primary schools and the wider community for out of school hours provision. This could potentially be supplemented by parent / volunteer drivers to minimise costs and make maximum use of these resources, with similar community-based models already existing via groups such as Dolen Teifi Community Transport. https://www.dolenteifi.org.uk/home. An all-Wales approach to this challenge would be welcomed, taking account of the need to sustain local bus companies too.

Challenges in Encouraging Public Uptake:

1. **Behavioural Change**: Shifting public habits from car dependency to active travel requires significant behavioural change, which can be slow and resistant to change[5]. The challenges here are quite different in rural v urban communities and a one size fits all approach will not work.
2. **Safety Concerns**: Perceptions of safety, particularly in urban areas with high traffic volumes, can deter people from choosing active travel options[5].
3. **Infrastructure Gaps**: While progress is being made, there are still gaps in the active travel network that need to be addressed to ensure continuous and safe routes[5].
4. **Weather and Topography**: Wales' weather and hilly terrain can be barriers to active travel, making it less appealing compared to other modes of transport[5]. Seasonal challenges are also very real with Winter active travel is much more challenging in terms of light, temperature and safety.
5. **Funding and Resources**: Ensuring sustained funding and resources for the development and maintenance of active travel infrastructure is a continuous challenge[3]. One of the key challenges here is joining up department and partners to create co-ordinated, integrated solutions. Within local authorities, forward planning, transport, education, and leisure teams need to work closely with external agencies such as Natural Resources Wales, trunk road agencies; Transport for Wales, bus companies and community groups to deliver real change.

6. *How are planning policies ensuring that all communities have equal access to open spaces to encourage regular participation in physical activity and outdoor activities?*

At a very general level, this kind of thing is at the heart of placemaking and 'good planning,' regarding location of new developments (and space being secured as part of developments). i.e. allocating new growth within or (worst case) edge of settlements, where that growth is close to opportunities to exercise, and/or where there are transport options readily available for people to get to those opportunities.

'Equal access' is probably a slightly problematic concept, as some parts of settlements will always be closer and more accessible than others- possibly a more achievable and realistic aim is that everyone has at least a basic and fundamental opportunity and level of access. Planning includes:

- **Technical Advice Note (TAN) 16**: This guidance ensures that local authorities incorporate sport, recreation, and open space considerations into their planning processes[2]. It emphasises the importance of accessible open spaces for all communities.
- **Local Development Plans (LDPs)**: These plans include provisions for the protection and enhancement of existing open spaces and the creation of new ones[2]. Caerphilly CBC and Carmarthenshire CC supplementary planning guidance (mgConvert2PDF.aspx) ensure that new developments include adequate leisure and open space[6].
- **Open Space Audits**: Regular audits are conducted to assess the availability and quality of open spaces, ensuring that planning policies address any gaps and promote equitable access[1].

7. *What action is being taken to provide safe environments where children can play in the natural environment?*

Councils have to prepare Play Sufficiency Assessments, in relation to which Welsh Government have recently issued revised guidance: Wales: a Play Friendly Country - Statutory Guidance, along with a supporting Toolkit.

As part of their Play Sufficiency duties, local authorities in Wales are taking practical steps to create safe, natural spaces where children can play and explore. For example, under the Duty, authorities such as Carmarthenshire are improving play facilities based on local consultation—Llanboidy's new park is a direct result of this approach. Councils are also using Local Development Plans to protect and develop green spaces, like in Bridgend, where the Porthcawl waterfront regeneration includes woodland attractions and natural play areas.

Support for outdoor learning is growing too. Bridgend has funded forest schools in eight primaries, while schools like Rhayader Church in Wales Primary in Powys have built outdoor classrooms and forest learning areas. Councils are also investing heavily in upgrading parks.

Swansea, for instance, is spending £7.5 million to improve more than fifty sites with features that encourage creative outdoor play.

8. *How do local authorities ensure that play areas and open spaces are accessible for everyone and how are these areas advertised to the public to make them aware of what is available?*

To make these spaces accessible, councils are implementing traffic calming measures like 20mph zones near parks and schools. Community engagement is central to many of these initiatives. In Flintshire, the council works with local town and community councils through a match-funding scheme, ensuring upgrades reflect what local families want and need. These combined efforts show a clear commitment to creating safe, natural play environments across Wales.

In addition to actions to make play environments safe councils respond through waste management to clear up discarded substance misuse (drug and alcohol) paraphernalia from areas to keep them clean and safe. As well as the provision of CCTV and other activities to limit anti-social behaviour which may have a negative impact on children being able to use the areas for play as designed.

Ensuring Accessibility and Advertising Play Areas:

- **Inclusive Design**: Local authorities follow guidelines to create accessible play spaces that cater to children of all abilities[8]. This includes providing equipment and environments that support inclusive play. The toolkit developed by Play Wales and Alison John & Associates offers practical guidance on creating accessible play spaces[9].
- **Community Engagement**: Authorities engage with communities to understand their needs and preferences, ensuring that play areas are designed to be welcoming and accessible[8].
- **Advertising and Awareness Campaigns**: Local authorities use various channels, including social media, community newsletters, and local events, to advertise play areas and open spaces[10]. The Playful Childhoods campaign also helps raise awareness about available play spaces[7].

References

[1] Active Travel in Wales Annual Report
[2] 66 active travel projects to benefit from £14.5 million of funding
[3] Active travel delivery plan 2024 to 2027 - GOV.WALES
[4] New life for community spaces across Wales
[5] Local Places for Nature Programme - GOV.WALES
[6] Protecting Open Spaces in Wales - Open Spaces Society
[7] Projects and campaigns - Play Wales

[8] Public Access In Wales | Our Work - The Open Spaces Society
[9] Creating accessible play spaces - Play Wales
[10] Spaces for playing - Play Wales

Leisure and recreation facilities

9. *What are the challenges for local authorities in maintaining and expanding leisure and recreation facilities, such as leisure centres, in communities, and what is being done to overcome these challenges?*

There are several challenges facing local authorities:

a. **Financial Constraints**: Local authorities face significant financial pressures, which impact their ability to maintain and expand leisure facilities. The costs associated with operating and upgrading these facilities can be substantial[1]. Collaboration is the key here. Accessing grants through the Local Health board, Education sector (School modernisation programmes / Community Funded Schools initiative) Community Focused Schools [HTML] | GOV.WALES; and the Green sector via energy reducing grants etc are key (Leisure Centres are typically amongst the highest energy using buildings across a local authority portfolio). 97 Sports Clubs in Wales supported with Energy Saving Grants | Sport Wales

b. **Aging Infrastructure**: Many leisure centres are housed in aging buildings that require extensive maintenance and upgrades to meet modern standards[2]. Making the best use of resources is key, given these and staffing costs are the two main costs associated with providing leisure infrastructure. Whilst this is not possible to completely eradicate (you need a swimming pool to swim), lots of physical activity can be provided at low costs: where and when people want to access it. This could be at home; outdoors; in a local community facility / school, or a leisure facility. It can also be delivered in person or digitally or hybrid. The audience can be individual, or group (small or large). All come with pros and cons and user preference, with benefits to ease of individual access as there is for social interaction and connection with group / team activity.

c. **Operational Costs**: High operational costs, including energy expenses and staffing, pose ongoing challenges[2]. The use of Artificial Intelligence may help in this regards, and local authorities and leisure trusts across Wales are already embarking on this journey. Some examples of its application are listed below for reference:

   Predictive Maintenance: AI can monitor equipment and facilities to predict when maintenance is needed, reducing downtime and preventing costly repairs. For instance, AI systems can analyse data from sensors on gym equipment to forecast potential failures and schedule maintenance before issues arise[1].

   Energy Management: AI can optimise energy usage by adjusting heating, cooling, and lighting based on real-time occupancy and weather conditions. This

can lead to substantial savings on energy bills. For example, AI-powered systems can automatically dim lights or adjust HVAC settings when areas of the leisure centre are not in use[2].

Automated Customer Service: AI chatbots can handle routine inquiries, bookings, and feedback, freeing up staff to focus on more complex tasks. These chatbots can provide 24/7 support, improving customer satisfaction while reducing the need for additional staffing[1].

Dynamic Pricing: AI can implement dynamic pricing strategies for memberships and services based on demand, time of day, and other factors. This ensures optimal pricing, maximises revenue, and attracts more customers during off-peak times[3].

Staffing Optimization: AI can predict staffing needs by analysing historical data, real-time inputs, and market trends. This helps in scheduling staff more efficiently, reducing unnecessary overtime and staff costs. For example, AI can forecast busy periods and adjust staffing levels accordingly[4].

Personalized Marketing: AI can analyse customer data to create personalised marketing campaigns, targeting individuals based on their preferences and behaviours. This increases engagement and retention, reducing the need for extensive marketing efforts[2].

Operational Efficiency: AI can automate administrative tasks such as inventory management, scheduling, and payroll processing. This reduces the workload on staff and minimises errors, leading to more efficient operations[1].

References
[1] Embracing AI in the Leisure Sector: Enhancing Experiences ...
[2] How Artificial Intelligence (AI) is Reinventing the Leisure Experience ...
[3] Make AI your friend: How to use AI in the Leisure Industry? - Convious
[4] AI's Role in Predicting Labor Needs & Workforce Trends

Post-COVID Recovery: The COVID-19 pandemic has exacerbated financial and operational challenges, with many facilities experiencing reduced usage and income[2], however, most are on the way to full recovery now with many lessons learnt in terms of changing working habits and patterns, resilience models, the value of leisure infrastructure for emergency response situations; and new ways of user engagement (a significant shift in terms of more digital engagement via booking APPs, smart technology and streamed content).

Actions to overcome challenges:

a. **Alternative Funding Models**: Exploring alternative funding models, such as public-private partnerships and leisure trusts, to secure additional resources[2].

b. **Energy Efficiency Initiatives**: Implementing energy efficiency measures to reduce operational costs and improve sustainability[2]. Here are some examples of local authorities in Wales that have invested in carbon-reducing technology across their leisure portfolios:

Cardiff Council: Cardiff Council has implemented energy-efficient measures in its leisure centres, including the installation of solar panels and LED lighting. The Cardiff International Pool, for example, uses solar thermal panels to heat the pool water, significantly reducing energy consumption[1].

Swansea Council: Swansea Council has invested in various carbon-reducing technologies, such as combined heat and power (CHP) systems in its leisure centres. The LC Swansea leisure centre uses CHP to generate electricity and heat simultaneously, improving energy efficiency and reducing carbon emissions[2].

Conwy County Borough Council: Conwy Council has undertaken several initiatives to reduce the carbon footprint of its leisure facilities. The council has installed biomass boilers in some of its leisure centres, which use renewable wood pellets to provide heating, thereby reducing reliance on fossil fuels[3].

Pembrokeshire County Council: Pembrokeshire Council has focused on improving the energy efficiency of its leisure centres by upgrading insulation, installing energy-efficient lighting, and incorporating renewable energy sources such as solar panels.

References
[1] Technical advice note - GOV.WALES
[2] Local Authorities Adopt Smart Town Technologies to ... - GreenEconomy.Wales
[3] Smarter, greener local energy projects get Welsh Government funding ...

10. *In areas where leisure facilities have closed, to what extent is the health of the population taken into account in the decision-making process?*

The following are taking into consideration:

a. **Health Impact Assessments (HIAs)**: Local authorities conduct HIAs to evaluate the potential health impacts of closing or developing leisure facilities. These assessments consider the effects on physical and mental health, particularly for vulnerable groups[3]. A good example would be the Health Impact Assessment undertaken as part of the Pentre Awel development in Llanelli. Pentre Awel - Carmarthenshire County Council

b. **Community Consultations**: Engaging with the community to gather feedback and understand the potential health implications of facility closures[4].

c. **Mitigation Strategies**: Implementing mitigation strategies, such as enhancing access to alternative facilities or outdoor spaces, to minimise negative health impacts[3].

11. *What measures are put in place to ensure equitable access to leisure and recreation facilities for all communities?*

When ensuring equitable access the following are considered:

a. **Inclusive Design**: Designing facilities to be accessible to people of all abilities, including those with disabilities[5].

b. **Subsidised Access**: Providing subsidised access or membership schemes for low-income individuals and families to ensure affordability[5].

c. **Geographic Distribution**: Ensuring that facilities are geographically distributed to serve all communities, including rural and underserved areas[6].

d. **Community Outreach**: Conducting outreach programs to raise awareness about available facilities and encourage participation from diverse community groups[5].

12. *How are healthy options for food and drink provided and promoted in local authority owned leisure and recreation facilities?*

When promoting healthy food and drink options the following are considered:

a. **Government Standards**: Adhering to government standards for healthy food and drink options, such as the Government Buying Standards for Food and Catering Services (GBSF)[7]. Carmarthenshire are following a model of supporting locally sources products and supply chains, and an Australian based traffic light system to nudge people towards healthier choices.

The **traffic light system** is used to nudge people towards healthier food choices by categorizing foods and drinks based on their nutritional value. This system is part of the Victorian Government's Healthy Choices guidelines[1][2].

Categories:
GREEN (Best Choices): Foods and drinks in this category are the healthiest options.
AMBER (Choose Carefully): These items should be consumed in moderation.
RED (Limit): Foods and drinks in this category are not essential and should be limited.

Implementation and Impact:

- **Health Services and Workplaces**: The traffic light system is used in health services, workplaces, and sport and recreation settings to promote healthier choices[1].
- **Consumer Behaviour**: Studies have shown that consumers are more likely to correctly identify healthier products using traffic light labels compared to other labelling systems[3].

This approach helps consumers make informed decisions quickly and encourages healthier eating habits.

References
[1] Traffic light system - Healthy Eating Advisory Service
[2] Healthy Choices Traffic Light System - Healthy Eating Advisory Service
[3] Traffic Light Labelling - AMA

b. **Healthy Vending Initiatives**: Implementing healthy vending initiatives to ensure that vending machines offer nutritious options, such as fruits, nuts, and low-sugar beverages[7]. Here are some examples of healthy vending and catering approaches across leisure sites in Wales:

Cardiff Council: Cardiff Council has implemented healthy vending initiatives in its leisure centres, ensuring that vending machines offer nutritious options such as fruits, nuts, and low-sugar beverages. The council also promotes healthy eating through its café menus, offering balanced meals and snacks[1].

Swansea Council: Swansea Council has adopted healthy eating standards in its leisure facilities, including the LC Swansea leisure centre. The café at LC Swansea offers a range of healthy food options, including salads, whole grain sandwiches, and smoothies[2].

Conwy County Borough Council: Conwy Council has introduced healthy vending machines in its leisure centres, providing options that meet nutritional guidelines. The council also runs educational campaigns to promote healthy eating habits among facility users[3].

Pembrokeshire County Council: Pembrokeshire Council has focused on providing healthy food and drink options in its leisure centres. The council's leisure facilities offer menus that prioritize fresh, locally sourced ingredients and balanced meals[2].

References
[1] Health Promoting Hospital Vending Guidance - GOV.WALES
[2] Healthy Eating Standards for Hospital Restaurant and Retail Outlets
[3] Think Healthy Vending – business, Senedd. Wales

c. **Café and Concession Policies**: Establishing policies for cafés and concessions within leisure facilities to prioritise healthy menu options and reduce the availability of unhealthy foods[7].

d **Educational Campaigns**: Running educational campaigns to promote healthy eating habits among facility users, including workshops, posters, and social media outreach[7].

References

[1] The Guide to Tackling Parks and Recreation's Biggest Issues
[2] Local Authority Sports and Leisure provision – Challenges Post-Covid19
[3] A Health Impact Assessment of potential leisure centre closures in ...
[4] Future of Leisure Centres under review - South Wales Chronicle
[5] Equity | Impacting Communities | National Recreation and Park ...
[6] Parks, Recreation, and Green Spaces | Active People, Healthy Nation - CDC
[7] ukactive to drive government strategy for healthy leisure venues

Local food environment and local planning policies

13. *What powers do local authorities currently have to control the number and location of fast-food outlets in a particular area and to encourage the availability of healthier options?*

Arguably a Local Planning Authority (LPA) may have powers *if* a policy existed on that matter, currently we are only aware of one which is relation to proximity to schools. A difficulty for Planning in trying to control this kind of matter is that Planning will typically control nature of uses- A1, A2, A3 etc. While a raft of A3 uses undoubtedly would fall within the unhealthy category, there is nothing intrinsic to A3 that says this must be the case- i.e. you could have a healthy A3 takeaway in principle (noting, again that this is not overly common). It would be exceedingly difficult for an A3 consent to be specific about food content- cooking methods, nutritional levels etc.

14. *What action can be taken when there is a saturation of fast-food outlets and would further powers for local authorities be beneficial?*

No action can be taken from a planning perspective if those uses are authorised. Regarding- future action, policies could potentially be crafted to resist further A3 uses, but linked to the answer to question 13, that is most easily justified in terms of vibrancy of a retail/commercial area, than for health reasons. i.e. where A3 uses do not contribute to daytime activity, etc.

15. *Is health and wellbeing taken into account as part of the planning application for new fast-food establishments? Should this be strengthened?*

There is already consideration given and there are already planned changes which will increase the need to take account of health and wellbeing and take mitigating actions. The Health Impact Assessment (HIA) (Wales) Regulations under the Public Health (Wales) Act 2017 were consulted on in early 2024 and the outcome is still awaited but with the introduction of either a separate HIA or combining it with other Impact Assessments this will be strengthened. It may be appropriate to leave an appropriate length of time and then to see what impact the HIA have once regulations are in place. Please note: It is envisaged that HIAs will be applicable on major schemes, not on slight changes of use of individual units.

Often when planners receive an application for a change of use to A3 there is a prospective owner in mind, but there is no reasonable obligation to specify an operator at the time of an application, and so a proposal would be assessed based on the principle of a takeaway unit.

In the past there have been instances where there have been limitations on the kind of products prepared, but that is linked to the means of cooking and what the proposed fume and odour extraction is rather than potential wider health implications.

16. *What is the current planning policy in relation to fast food outlets in close proximity to schools and colleges and avoiding an excess supply of such outlets?*

Wrexham Council is the only Council in Wales that has recently changed its planning policy around the location of new fast-food outlets within 400m of a school.

Cardiff Council does have supplementary planning guidance (SPG), *Planning for Health and Wellbeing* that is linked to their adopted Local Development Plan (LDP). Although the guidance is now seven years old there is reference to consideration of the positioning of hot food takeaways, but this is directed towards developers submitting proposals rather than planners receiving them.

17. *What action is taken to ensure there is not a disproportionate number of fast-food outlets in deprived areas and to encourage equitable access to affordable, healthy food?*

We are not aware of examples of this factor being used as an evidence base for such a policy. It may be an area where SPG is or could be used to prevent disproportionate numbers of unhealthy fast food outlets in deprived areas.

18. *It has been highlighted to the Committee those local authorities from across the UK, including Cardiff and the Vale of Glamorgan, are progressing the development of healthier advertising polices on assets that local authorities own and control (such as bus stops and billboards). Are there plans for other local authorities to take a similar approach, and would there be any barriers to implementation?*

We are not aware of any plans to do this elsewhere in Wales.

Additional feedback

Whilst we have focused on questions as set out by the Committee in our response, there are some areas that appear to be overlooked and therefore we are including outside of the questions.

There are examples from Councils and partners working towards improving the access to healthy foods for both individual and community health but also for the benefit of the environment. One such example is Food Vale, where rather than focusing on targeting fast food there is a focus on the availability of local healthy food choices. A partnership led by the Council and the Cardiff and Vale University Health Board's Public Health Team and the third

sector to build a thriving, healthy and sustainable food system in the Vale of Glamorgan, where everyone has a good meal every day, where there are thriving local food businesses to deliver the healthy options.

Social prescribing is carried out by GPs to empower individuals to access local activities and services in the community, these can include activities that improve physical activity or that enable the opportunity to grow fruit and vegetables, or that support mental health and decrease loneliness. All of these activities have the potential to have a positive impact for more healthy decisions which can have a positive impact on an individual's weight. Councils have been engaged in their own version of social prescribing for a long time, with engagement into local groups being part of social services empowering individuals to be able to follow their own interests for their own outcomes, as well as for social cohesion purposes. The main reason may not be to reduce obesity, but the outcome can include improved weight management alongside better health.

A change in behaviours that lead to or maintain obesity levels is unlikely to be achieved by removing access to fast food or ensuring access to green spaces and leisure facilities, it will need a wider behavioural science approach that is holistic and looks at the needs of the whole person and provides the right environment for the healthy options to be taken without them having a negative impact on other aspects of their lives. People need to know that it is a choice that they have and understand the reasons they have for the choices they make. The restrictions during the pandemic demonstrated the negative impact on wellbeing from removing choice, and which could lead to an increase in obesity or eating disorders due to the feeling of helplessness.

Any messaging around obesity needs to be carefully managed so that it does not lead to additional stigma and harassment of individuals which is likely to work against any obesity reduction programmes or could lead to the development of eating disorders such as anorexia and bulimia which include unhealthy attitudes and relationships with food.

Questions and answers to the Senedd's Health and Social Care Committee inquiry into the prevention of ill health – obesity

07 April 2025

In preparation for the Senedd's Health and Social Care Committee meeting on 02 April 2025 the following questions were shared with representatives from councils' catering services and the WLGA's Food in Schools Manager.

A representative from the WLGA's Food in Schools Team was not available to attend this meeting due to a Regional Food in Schools Meeting. To make up for this, the WLGA's Food in Schools Manager has prepared answers to some of the questions asked below.

Q2. How is compliance with the [food and drink standards and] nutritional standards for school food monitored? Are any improvements needed?
Under the Healthy Eating in Schools (Wales) Measure 2009 ('Measure'), councils or governing bodies must ensure compliance with The Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations 2013 ('Regulations'), depending on who organises the food and drink provision.

Councils typically organise school breakfast and lunch provision in most schools in Wales, usually through in-house catering services, and they understand their duty regarding compliance. On the other hand, governing bodies organise these provisions in a minority of schools, often through contract caterers or catering staff directly employed by the school. Governors generally have a poor understanding of their compliance duties.

Support from councils for governing bodies that organise their own catering services varies but may include service level agreements, audits, governor training and support as part of the Welsh Network of Health and Well-being Promoting Schools.

The WLGA supports and advises councils, contract caterers, and schools to achieve and maintain compliance with the Regulations. They procure nutritional analysis software for most councils in Wales to enable them to undertake nutritional analysis of an average school lunch.

The WLGA offers a voluntary Certificate of Compliance process to councils and governing bodies for primary schools, issuing certificates per menu change after verifying the accuracy and compliance of the menu and nutritional analysis. Currently, all twenty-two councils and all 7 primary schools that organise their own catering services engage with the WLGA.

For secondary schools, the WLGA periodically gathers menus and price lists from councils, contract caterers, and schools, providing feedback and guidance on compliance with food and drink standards.

Compliance is generally better in primary schools than secondary schools and better among councils than schools that organise their own catering services.

Estyn, under the Measure, has a duty to keep the Welsh Ministers informed about actions taken at maintained schools to promote healthy eating and drinking. During inspections, Estyn may note obvious breaches of the Regulations, speak to pupils and governors, and check that governors' reports include information about actions taken to promote healthy eating and drinking. Sometimes inspection reports indicate whether a school has made appropriate arrangements to promote healthy eating, which could affect overall judgments for leadership and care, support, and guidance.

Estyn's approach to inspecting and reporting on schools' actions to promote healthy eating is broader than compliance with the Regulations and is widely considered insufficient. The WLGA has provided Estyn with a resource document to help inspectors identify obvious breaches, inconsistent messages, and good practices relating to healthy eating in schools. The WLGA's Certificate of Compliance can be used as evidence during Estyn inspections.

The Welsh Network of Health and Well-being Promoting Schools, previously known as the Welsh Network of Healthy School Schemes, is in the process of being revised. Historically, local practitioners may provide general feedback and guidance on promoting healthy eating and drinking throughout the school day if the school is focusing on the food and fitness topic. The WLGA's Certificate of Compliance can be used as evidence during National Quality Award assessments.

Several improvements are needed. The Welsh Government's School Governors' guide to the law does not reference healthy eating but should and needs updating. The WLGA's feedback and guidance processes could be enhanced by school audits. Estyn's approach to inspecting and reporting on schools' actions to promote healthy eating needs to be strengthened, considering a whole-school approach and being more explicit about compliance with the Regulations. Effective practice case studies would also be useful. It is acknowledged that Estyn may not have the resources to undertake the above, but they provide the feedback and guidance that schools value the most and have a duty under the Measure.

Q3. What action is taken against [councils and] schools that don’t comply with the expected [food and drink standards] and nutritional standards?

Where councils offer support to schools that organise their own catering services, they may provide feedback and guidance regarding compliance. Councils and schools that engage with the WLGA receive periodic feedback and guidance on compliance and may receive a Certificate of Compliance. However, compliance issues are rarely highlighted by Estyn inspections. Local Welsh Network of Health and Well-being Promoting Schools practitioners may highlight compliance issues. Councils and governing bodies are at risk of a judicial review if they are not compliant with the Regulations, but this has never occurred in relation to healthy eating in schools.

Q4. Are the portion sizes of school meals evaluated?

The Regulations and Healthy eating in maintained schools: statutory guidance for local authorities and governing bodies ('Statutory Guidance') outlines the nutritional standards for school lunches in Wales. For primary schools, the standards are based on 40% of the nutritional requirements for children aged 4 to 6 years and 60% for children aged 7 to 10 years, reflecting the age distribution in primary schools. In secondary schools, the standards are based on 70% of the nutritional requirements for children aged 11 to 14 years and 30% for children aged 15 to 18 years.

Nutritional analysis involves evaluating a single portion size to meet these standards, with larger portion sizes in secondary schools. The Statutory Guidance suggests portion sizes but does not account for variability within each school sector, leading to potential issues with portion sizes being too large for younger children and too small for older children. Additional bread is recommended for pupils with larger appetites.

The review of the Regulations is considering these issues and updated nutritional recommendations, particularly regarding energy, free sugar, and fibre.

Research and feedback from pupils over the past 15 years indicate dissatisfaction with portion sizes, particularly among older children in primary schools. This dissatisfaction may be due to the food and drink standards and nutritional analysis being based on the offer of food and drink that children could take up. If pupils do not take up all the elements of the school lunch offered, their meal may not be nutritionally adequate. Additionally, the food and drink that children do take up is often not fully consumed, possibly due to limited time and space to eat.

To inform the review of the Regulations and develop an example primary school lunch menu that meets the proposed standards, the WLGA has gathered and analysed portion size data from councils. While there is some variability between councils, the average portion sizes usually fall within the range suggested in the Statutory Guidance. The WLGA, along with Public Health Wales, public health dietitians, and academics, is using this information and updated dietary recommendations to develop guidance on portion sizes for pupils aged 4 to 6 years and 7 to 10 years.

Q6. Is enough direction and support given by the Welsh Government in formulating menus and ensuring that the nutritional standards for school food are met?

In 2013/2014, the Appetite for Life Grant, which provided ring-fenced funding for healthy eating initiatives in schools, was transferred to the Revenue Support Grant, and this funding was no longer ring-fenced for councils. At the same time, Welsh Government funding for the WLGA's Food in Schools Team ceased. However, due to demand, the WLGA continues to fund this team.

In 2014, the Welsh Government published the Statutory Guidance to provide direction and support to councils and governing bodies in formulating menus and ensuring that the nutritional standards for school food are met. This document explains the food and drink

standards and nutritional standards, provides practical advice to achieve these standards, and suggests portion sizes.

Since 2014, no further direction and support have been given by the Welsh Government in relation to formulating menus and ensuring that the nutritional standards for school food are met. However, updated Statutory Guidance is in development, alongside partners including the WLGA and Public Health Wales.

Since 2014, the WLGA has provided significant direction and support in relation to formulating menus and ensuring that the nutritional standards for school food are met. This includes publishing a Nutritional Analysis Guide, procuring nutritional analysis software for councils and schools, providing training on nutritional analysis, publishing an Evidence Guide and Toolkit, providing feedback and guidance on menu development and nutritional analysis, offering a voluntary Certificate of Compliance process to councils and governing bodies, developing an example primary school lunch menu that meets the proposed food and drink standards and nutritional standards, and providing recommendations for achieving the proposed primary school lunch.

Q7. What should the Welsh Government take into consideration as part of its review of the regulations on school food nutrition.

The review of the Regulations should consider up-to-date scientific guidance, practical considerations, and financial considerations across several themes.

Food and drink standards should relate to vegetables, fruit, wholegrain varieties of starchy carbohydrates, oily fish, potatoes cooked in fat or oil, deep-fried or flash-fried foods, red meat, processed meat, processed alternatives to fish and meat, cheese-based main courses for vegetarians, sweetened baked products and desserts, pastry and pastry products, fruit juice, and no added sugar drinks.

Nutritional standards should address energy, free sugar, fibre, average lunch per menu cycle rather than per week in primary schools, per recipe or product rather than per average lunch in secondary schools, and variable portion sizes for different ages within primary schools.

A whole-school approach is essential, addressing inconsistent exemptions, links to the new curriculum, educating parents and carers, timing and duration of lunchtime (particularly in secondary schools), space to sit and eat (particularly in secondary schools), school policies for leaving the school premises at lunchtime (secondary schools), staggered lunchtimes, and the absence of morning break in some secondary schools, asymmetric school weeks (finishing school at lunchtime) in some primary schools, access to free school lunch allowances in secondary schools at breakfast and morning break, breakfast provisions, and morning break provisions in secondary schools.

Engaging schools and consumers involves consultation with schools, parents, and pupils, clarification of governor and school responsibilities, support and guidance for governing bodies, communications to parents, and school councils or school nutrition action groups.

Monitoring compliance and impact involves the roles of councils and governing bodies, Estyn, the WLGA, the Welsh Network of Health and Well-being Promoting Schools, and Public Health Wales. It also includes implications of non-compliance and measuring the impact of the Regulations (provision vs. take-up vs. consumption).

Procurement and sustainability considerations include fish, meat, processed foods, scratch cooking, the Welsh food on Welsh plates agenda, increasing price reducing availability of school-specific products, reducing plastic (particularly drinks bottles in secondary schools), and budgetary impact.

Funding considerations include welfare service in primary schools (if fully funded), review of universal primary free school meals unit rate, business and welfare service in secondary schools (free school lunches and paying customers), income to maintain service viability, funding to pilot and implement proposed changes, ring-fenced funding, review of funding for free breakfast in primary schools, demand for free breakfast in secondary schools, meal deals and constructing meals for the value of the free school lunch allowance in secondary schools, school meal debt, and discretionary funding in secondary schools.

Special diets considerations include increasing demand, increasing complexity, medical evidence, support for learners with healthcare needs, additional learning needs, need for nutritionists and dietitians, support from local health boards, sharing nutritional information with consumers, and special schools.

Conflicting demands include improving health and sustainability of secondary school food while lunchtimes are reduced (encouraging less nutritious and packaged hand-held items) and maintaining income (bottled drinks are integral to catering services business models). The wider healthy eating agenda acknowledges that school food is only part of the solution, with more preventative work needed outside of school, food and drink provided by local food businesses (particularly secondary schools), and planning permission for local food businesses (particularly secondary schools).

The review of the Regulations should allow councils and schools the opportunity to pilot proposed standards to provide informed feedback and evidence during the public consultation. The review will be significantly more challenging in secondary schools due to the different context.

Q9. How is healthy eating and drinking in schools encouraged and supported, particularly in secondary schools?

Under the Measure, councils and governing bodies must take action to promote healthy eating and drinking by pupils. Additionally, governing bodies must include in a governors' report information about the action taken to promote healthy eating and drinking by pupils.

Promoting healthy eating and drinking in schools is much more than simply providing healthy food and drink. Without a whole-school approach, particularly in secondary schools, or robust monitoring of compliance, the achievability and impact of the Regulations are limited.

Limited time and space in secondary schools is of particular concern, as highlighted by the WLGA's 2019 report Healthy eating implications of school breaktimes for 11 to 19-year-olds in Wales. Since then, partly as a legacy of COVID-19 mitigation measures, some secondary schools have removed morning break provisions and more secondary schools have introduced shorter staggered lunchtimes. Such measures are not conducive to promoting healthy eating and drinking, socialising, or physical activity.

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/DB/1014/25

Peter Fox MS
Chair, Health and Social Care Committee
Senedd Cymru
SeneddHealth@senedd.wales

2 May 2025

Dear Peter,

Further to my letter of 11 April in which I provided responses to recommendations 6 and 13 of the Health and Social Care Committee's stage one scrutiny report on the Health and Social Care (Wales) Bill, I am now providing a substantive response to further recommendations.

Recommendation 9

I attach a report in line with recommendation 9 on the progress being made with the transition to a not-for-profit model. This is the first published report and provides detailed information on the number of children's services, places and households. The report also highlights the stability of placements and the take-up of advocacy services, ensuring that the needs and rights of children are being met effectively.

I would like to thank partners across Foster Wales, Care Inspectorate Wales and the Children's Commissioning Consortium Cymru for the help and information they have given to my officials in preparing this report. Collectively, efforts are underway to harmonise collation and reporting of the various data components to ensure future publications of this report are as comprehensive and consistent as they can be. This work will be progressed as part of the programme of work underpinning the Eliminating Profit Programme Board.

I note that recommendation 9 of your report contained an additional request relating to details of the consultation with children and young people directly affected by the Bill. My response to that request was in part set out in my previous letter to you under recommendation 13 (to make available resources aimed at informing children and young people about the Bill and how to make known their views on it). It noted the work we have undertaken with the Eliminating Proft Programme Board members, including Voices from Care Cymru and the office of the Children's Commissioner for Wales, in shaping and testing targeted messages to inform and aid understanding amongst children and young people, as well as those who work in foster care and children's homes, about the new arrangements. It also noted we continue to work with children and young people and their representative organisations to ensure their voices can be heard.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth.Dawn.Bowden@llyw.cymru
Correspondence.Dawn.Bowden@gov.wales

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

The published messaging can be found at https://www.gov.wales/removing-profit-care-children-looked-after-information-leaflets.

Recommendations 17 and 20

In response to recommendations 17 and 20, I also write to provide an update on progress with development of the central hub for NHS Continuing Healthcare (CHC) direct payments, and to provide an update on progress made to prepare Local Health Boards (LHBs) for new CHC direct payment responsibilities.

Recommendation 17: following the passage of the Bill the Welsh Government has continued discussions with the NHS Joint Commissioning Committee (JCC) around them hosting the proposed centralised hub to support the implementation of direct payments. The JCC board is currently considering the formal proposal for CHC Direct Payments Hub development as an element within a wider programme of work for CHC. I will provide a further update on this matter as part of the next six-monthly update to the committee. Following recent engagement with stakeholders, there is recognition that whilst some functions could be centralised across Wales (e.g. disseminate information, offer guidance, and support areas such as budgeting, governance, training and delegated healthcare tasks), the ability to support direct payment recipients in the locality where they live remains an important consideration. As a result, a mixed model of delivery is being considered and as part of this Local Authority direct payments teams as well as third sector organisations have been engaged to learn from their experience and to consider where they might best contribute to CHC direct payment delivery. This continues to be a key part of implementation planning.

Recommendation 20: Regular links have been maintained with LHBs, with the CHC lead officers engaged on a bimonthly basis for the past two years. In addition to being kept apprised of the Bill's progress, LHBs have had the opportunity to consider their new CHC direct payment responsibilities alongside their peers through this network. My officials have close contact with the National Director for CHC, alongside wider discussions at NHS leadership level, and further engagement with CHC leads commenced earlier this month to consider a number of key issues relevant to LHBs' new responsibilities. In addition to learning from direct payments best practice from outside Wales, as noted above, my officials have undertaken coordinated engagement with local authorities' direct payment teams to increase understanding of current processes and practice in successfully delivering social care direct payments on the ground. This work is being used to inform LHB discussions including discussions as to which functions would best be delivered locally or centrally; and will prove very useful in creating seamless transition arrangements from social care to CHC.

Yours sincerely,

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

Llywodraeth Cymru
Welsh Government

Removing profit from the care of children looked after – transition to a not-for-profit model

Report 1 - April 2025

Contents

Introduction

The Health and Social Care Committee published its Stage 1 report on the then Health and Social Care (Wales) Bill on 11 October 2024. Recommendation 9 of that report stated:

The Minister should prepare and publish a report on progress with the transition to a not-for-profit model. This should include an update, by local authority, on the number of placements leaving the market and the number of new placements created and should reflect on the stability of existing placements. It should also include details of the consultation with children and young people directly affected by the Bill and the numbers taking up the active offer of advocacy. This should be done at six monthly intervals, starting from the date of the Stage 1 debate.

The Minister for Children and Social Care accepted this recommendation and committed to publishing a six-monthly progress report. This is the first of these reports - the next will follow in October 2025.

Report structure

This report is divided into sections, beginning with a summary of the report's findings and setting out next steps. Where possible, residential and fostering data is broken down into local geographical footprints across the following types of provision:

Not-for-profit provision	**For-profit provision**
Local Authority (LA) run	(this data is not broken down by specific type of for-profit provision)
Other not-for-profit (non-LA)	

Provision is measured in terms of the number of services and places (maximum capacity of each service) registered with Care Inspectorate Wales (CIW). Some fostering data is also presented in terms of households.

Section 1 provides an overview of the sector in Wales as it currently stands, giving recent data on the number of children's home services, fostering services and secure accommodation services, breaking this down by provider type (not-for-profit local authority, other not-for-profit or for-profit) and local authority area. These are the three services that will all need to be provided by either local authority or other not-for-profit providers once implementation of the Health and Social Care (Wales) Act ("The Act") is complete.

Section 2 covers market entrants and exits for children's home services and section 3 covers this same data for fostering services. The report then reflects on the stability of placements of children looked after in section 4 concluding with data on the take up of the offer of statutory advocacy in section 5.

Report summary

This report provides detailed information from several sources on the number of registered children's services, places and households for residential care, fostering and secure accommodation in Wales. It also highlights the stability of placements and the take-up of advocacy services to ensure that the needs and rights of children are being met effectively. Key points from the most recent available data are set out below:

1. **From the most recently available figures (as at 31 March 2025) there are 350 children's home services in Wales offering a maximum number of 1,224 places. For-profit provision accounts for over three quarters of all residential places.**

   The greatest proportion of places are found in the geographical areas of Rhondda Cynon Taf (RCT) (102), followed by Cardiff (100), Powys (94) and Swansea (89).

   The greatest proportion of for-profit children's home services is found within the Blaenau Gwent area (17 services, 41 places) and Torfaen (13 services, 29 places) both of which are entirely for-profit. In contrast Ceredigion has no for-profit children's home services, albeit only 6 places overall which are non-LA run.

2. **A significant proportion of entrants to the children's home market have been for-profit to date.**

   Data between 1 October 2024 – 31 March 2025 shows 21 out of 25 services registered with CIW and 52 of 57 places were for-profit. The remaining 4 services (and 5 places) were registered to a local authority. By contrast only 4 for-profit services (and 7 places) left the market during this time.

3. **Precise fostering data is currently difficult to assess. The vast majority of foster households and places are not-for profit. The South of Wales sees the highest proportions of not-for profit fostering provision. Provision in North Wales tends to be for-profit.**

   Overall comparisons of fostering data are currently difficult to undertake for this report, given the various reporting cycles and the availability of information from different organisations. Most fostering data is provided as at 31 March 2025. However, data for the total number of local authority fostering households and places is only available up to 31 March 2024 and included on an all-Wales basis. Foster Wales, which collects local authority fostering data, will be analysing the dataset for the 2024/25 reporting year this summer and it will be available for inclusion in the next report.

4. **From the most recently available figures (as at 31 March 2025) there are 22 non-LA run not-for-profit and for-profit fostering services in Wales with 983**

fostering households offering 2081 places. Of these 794 households and 1,693 places are for-profit.

Of the data available for each local area (i.e. non-LA run not for profit and for-profit provision), Cardiff had the greatest amount of identified for-profit provision (225 of 292 foster places) followed by Carmarthenshire (157 of 167 foster places). Wrexham holds the greatest proportion of for-profit fostering places (52 of 53 or 98%). Denbighshire and Flintshire are the only authorities that do not have any non-LA run not-for-profit provision in their areas.

For LA run fostering services from the most recently available figures for the reporting year ending 31 March 2024 the 22 local authority run fostering services in Wales provided 2,609 fostering households and 4,144 fostering places.

5. **Most children have only experienced one placement during the year.**

Nationally the vast majority (74% or 5,310) of children looked after on 31 March 2024 experienced one placement within the year. 18% (1,265) of children experienced two placements and 9% (620) children experienced three or more placements. On average, 241 children in a local area experience one placement. Correspondingly 58 in each area will have two placements and 28 will have three or more.

There is a lot of variation across Wales. Despite Cardiff having far more children looked after, other areas have seen a higher proportion of 3 or more placements, including Flintshire and Powys (13%, compared to Cardiff's 9%). It is worth bearing in mind, however, that a degree of movement can be considered a sign of timely care planning and necessary to meet specific needs.

6. **Some local authorities have seen a high ratio of independent professional advocacy being provided following an active offer being made**

Bridgend saw advocates provided in 64 out of 71 (90%) of active offers, Merthyr Tydfil also had a similar ratio with 54 advocates from 60 offers and Neath Port Talbot had a ratio of 89% with 55 advocates from 62 active offers. Other local authorities reported a higher number of offers (Powys with 485 offers, Conwy with 494), although did not see a similarly high return in provision.

Next Steps

The next report will be published in October 2025 and thereafter on a six-monthly basis. Prior to the next report work will continue to bring together the various data sources, reporting periods and collation points between sector partners to ensure greater alignment where practicable. This alignment will also benefit cross-sector planning as part of implementation. Discussions are already underway with colleagues in Care Inspectorate Wales (CIW), Foster Wales and the Children's

Commissioning Consortium Cymru (4Cs) to address this going forward and work to address fostering data will be progressed as part of the programme of work underpinning the Eliminating Profit Programme Board.

The Welsh Government alongside delivery partners continues to engage with for-profit providers and the broader sector to support those considering re-establishing as a not-for-profit entity. It is also providing three-year funding to Cwmpas to provide support to those organisations wishing to consider changing their business models to not-for-profit.

Officials recently held information workshops on the Act with for-profit providers and further engagement and support is planned as part of the implementation programme. CIW has also been ensuring that new for-profit providers seeking to register are aware of the legislation and the implementation timetable including the limits on their future activity.

Section 1 - Number of registered children's services, places and households for residential care, fostering and secure accommodation

Table 1a: Number of registered children's home services and registered maximum places (as at 31 March 2025)

Source: *CIW*

	Number of **registered children's home services**				Number of **registered maximum places** in children's homes			
Local authority area	Not for-Profit (Local Authority)	Not-For-Profit (Other)	For-Profit	**Total**	Not for-Profit (Local Authority)	Not-For-Profit (Other)	For-Profit	**Total**
Blaenau Gwent	0	0	17	**17**	0	0	41	**41**
Bridgend	5	1	15	**21**	20	1	45	**66**
Caerphilly	7	0	7	**14**	23	0	22	**45**
Cardiff	8	0	15	**23**	22	0	78	**100**
Carmarthenshire	3	0	16	**19**	13	0	51	**64**
Ceredigion	0	1	0	**1**	0	6	0	**6**
Conwy	1	0	6	**7**	10	0	19	**29**
Denbighshire	0	1	9	**10**	0	5	42	**47**
Flintshire	5	1	19	**25**	12	5	58	**75**
Gwynedd	1	0	6	**7**	6	0	39	**45**
Ynys Mon	4	0	2	**6**	7	0	7	**14**
Merthyr Tydfil	2	0	9	**11**	3	0	26	**29**
Monmouthshire	0	1	10	**11**	0	1	34	**35**
Neath Port Talbot	0	1	20	**21**	0	3	81	**84**
Newport	8	0	10	**18**	31	0	33	**64**
Pembrokeshire	2	0	9	**11**	6	0	36	**42**
Powys	5	2	15	**22**	13	6	75	**94**
Rhondda Cynon Taf	9	1	21	**31**	28	4	70	**102**
Swansea	2	1	21	**24**	4	4	81	**89**
Torfaen	0	0	13	**13**	0	0	29	**29**
Vale of Glamorgan	0	9	4	**13**	0	32	14	**46**
Wrexham	3	1	21	**25**	11	4	63	**78**
Total	**65**	**20**	**265**	**350**	**209**	**71**	**944**	**1224**

1.1. Table 1a shows a total of 350 registered children's home services in Wales as at 31 March 2025. Collectively these provide up to 1224 registered places. Most of the services (265) are provided by for-profit providers, the equivalent of 76% of all children's home services.

Table 1b Number of registered fostering services, foster care households and registered maximum places

Sources:
1 *Registered Services – CIW (to end March 2025)*
2 *Local Authority households and places – Foster Wales (to end March 2024)*
3 *Non-Local Authority registered households and places - 4Cs (to end March 2025)*

	Number of **registered foster care services**			Number of **registered foster care households**			Maximum number of **foster care places**		
	Not-For-Profit (Local Authority)	***1*** Not-For-Profit (Other)	***1*** For-Profit	***2*** Not-For-Profit- (Local Authority) *all-Wales figure only*	***3*** Not-For-Profit (Other)	***3*** For-Profit	***2*** Not-For-Profit (Local Authority) *All Wales figure only*	***3*** Not-For-Profit- (Other)	***3*** For-Profit
Blaenau Gwent	1	0	0		10	10		17	20
Bridgend	1	0	0		11	63		19	135
Caerphilly	1	1	0		12	35		21	79
Cardiff	1	3	4		32	101		67	225
Carmarthenshire	1	0	2		5	72		10	157
Ceredigion	1	0	0		8	15		21	32
Conwy	1	1	2		9	53		21	118
Denbighshire	1	0	1		1	53		0	118
Flintshire	1	0	1		0	58		0	124
Gwynedd	1	0	0		2	10		3	18
Ynys Mon	1	0	0		1	22		3	51
Merthyr Tydfil	1	0	0		1	11		4	22
Monmouthshire	1	0	0		3	19		8	42
Neath Port Talbot	1	0	0		12	29		22	56
Newport	1	1	0		19	31		39	63
Pembrokeshire	1	0	0		2	26		4	50
Powys	1	0	0		4	9		9	19
Rhondda Cynon Taf	1	0	1		34	61		75	127
Swansea	1	0	0		6	29		11	53
Torfaen	1	0	0		4	17		8	35
Vale of Glamorgan	1	0	0		12	42		25	97
Wrexham	1	0	2		1	28		1	52
Out of Wales	0	0	3		0	0		0	0
Total	**22**	**6**	**16**	**2609**	**189**	**794**	**4144**	**388**	**1693**

Table 1b - Data caveats and explanation

Number of registered foster care services

1.2 Although each local authority has its own fostering service, all work together within the national network of Foster Wales. The number of local authority fostering services will therefore always remain at a maximum of 22, in line with the number of local authorities.

1.3 Independent fostering agencies (IFAs) are non-local authority fostering services that can be both for-profit and not-for-profit. CIW register independent fostering agencies in Wales but not fostering services provided by local authorities. There are three for profit fostering providers who are located out of Wales but provide services in Wales and are therefore registered in Wales.

Number of registered foster care households and maximum number of foster places

1.4 The 4Cs asked all IFAs on the Children's Commissioning Support Resource (CCSR) system to provide information on the number of registered fostering households and maximum number of places as of 31 March 2025. 20 out of the 22 registered IFAs provided data. Data shows the number of fostering households by the local authority area in which they live. Data was not available for the remaining 2 IFAs as they are not registered on the CCSR system.

1.5 From the most recently available figures (as at 31 March 2025) there are 6 non-LA run not-for-profit fostering services and 16 for-profit fostering services in Wales with a total of 983 fostering households offering 2,081 places. Of these 794 households and 1,693 places are for-profit.

1.6 The total figures for local authority fostering services provided by Foster Wales are national figures for the reporting year ending 31 March 2024. The current reporting cycle means that the data for 2024/25 will be available for the next report. The 22 local authority run fostering services in Wales provide 2,609 fostering households and 4,144 fostering places.

Secure accommodation services

1.7 As at 31 March 2025, there is one secure accommodation service registered in Wales. This is local authority operated and registered for a maximum of 14 places. However, this facility services both the secure estate in England and Wales and as such receives referrals and children from across both countries.

Section 2 – Market entrants and exits - children's homes

Table 2a Registered children's home services entering and leaving the market from 1 October 2024 – 31 March 2025

Source: *CIW*

	Number of registered **services entering the market**			Number of registered **services leaving the market**		
	Not-for-profit - Local Authority	Not-For-Profit - other	For-Profit	Not-for-profit - Local Authority	Not-For-Profit - other	For-Profit
Blaenau Gwent	0	0	0	0	0	0
Bridgend	0	0	0	0	0	2
Caerphilly	1	0	1	0	0	0
Cardiff	0	0	0	0	0	0
Carmarthenshire	0	0	1	0	0	0
Ceredigion	0	0	0	0	0	0
Conwy	0	0	1	0	0	0
Denbighshire	0	0	0	0	0	0
Flintshire	1	0	4	0	0	0
Gwynedd	0	0	0	0	0	0
Ynys Mon	0	0	0	0	0	0
Merthyr Tydfil	1	0	0	0	0	0
Monmouthshire	0	0	0	0	0	0
Neath Port Talbot	0	0	2	0	0	0
Newport	0	0	2	0	0	1
Pembrokeshire	0	0	0	0	0	0
Powys	0	0	0	0	0	0
Rhondda Cynon Taf	1	0	3	0	0	0
Swansea	0	0	2	0	0	0
Torfaen	0	0	3	0	0	1
Vale of Glamorgan	0	0	0	0	0	0
Wrexham	0	0	2	0	0	0
Total	**4**	**0**	**21**	**0**	**0**	**4**

2.1. Table 2a shows the number of registered children's home services entering and leaving the market in Wales between 1 October 2024 and 31 March 2025 as recorded by CIW. 'Entering the market' is defined as services being registered by CIW as a children's home over the same period. 'Leaving the market' is defined as those entities ceasing to provide a service and therefore being deregistered by CIW.

2.2. The table shows a total of 25 children's home services were registered in Wales between over the reported period. 21 services were for-profit, the remaining 4 were not-for-profit and registered to the relevant local authority. During the same period 4 for profit services ceased providing children's home services. Therefore, during this period market entrants far exceeded market exits with most market entrants during this period coming from for-profit services (21 for-profit entrants out of 25 total representing 84% of the entrants during the period).

Table 2b Registered Children's Home places added to and removed from the market between 1 October 2024 – 31 March 2025

Source: *CIW*

	Number of registered **children's home places added to the market**			Number of registered **children's home places removed from the market**		
	Not-For-Profit (Local Authority)	Not-For-Profit (Other)	For-Profit	Not-For-Profit (Local Authority)	Not-For-Profit (Other)	For-Profit
Blaenau Gwent	0	0	0	0	0	0
Bridgend	0	0	0	0	0	3
Caerphilly	2	0	1	0	0	0
Cardiff	0	0	0	0	0	0
Carmarthenshire	0	0	4	0	0	0
Ceredigion	0	0	0	0	0	0
Conwy	0	0	4	4	0	0
Denbighshire	0	0	0	0	0	0
Flintshire	1	0	4	0	0	0
Gwynedd	0	0	0	0	0	0
Ynys Mon	0	0	0	0	0	0
Merthyr Tydfil	1	0	0	0	0	0
Monmouthshire	0	0	0	0	0	0
Neath Port Talbot	0	0	8	0	0	0
Newport	0	0	5	0	0	2
Pembrokeshire	0	0	0	0	0	0
Powys	0	0	0	0	0	0
Rhondda Cynon Taf	1	0	9	0	0	0
Swansea	0	0	4	0	0	0
Torfaen	0	0	8	0	0	2
Vale of Glamorgan	0	0	0	0	0	0
Wrexham	0	0	5	0	0	0
Total	**5**	**0**	**52**	**4**	**0**	**7**

2.3. Table 2b shows the number of registered children's home places added to and removed from the market in Wales between 1 October 2024 and 31 March 2025 as recorded by CIW. For context services can have multiple places as part of their registration which is why the figures within this table are greater than those in Table 2a.

2.4. Table 2b shows a total of 57 children's home places in Wales were added over the period. 5 of these were not-for-profit local authority homes but the majority (52 or 91% of all entrants) were for-profit places. During the same period 4 local authority places and 7 for-profit places left the market. Therefore, during this period far more children's home services and places were added to the market that those that left it.

Table 2c Registered children's home services and places net gain/loss between 1 October 2024 – 31 March 2025

Source: *CIW*

	Children's home services			**Total registered places**		
	Not-For-Profit - Local Authority	Not-For-Profit - other	For-Profit	Not-For-Profit - Local Authority	Not-For-Profit - other	For-Profit
Blaenau Gwent	0	0	0	0	0	0
Bridgend	0	0	-2	0	0	-3
Caerphilly	1	0	1	2	0	1
Cardiff	0	0	0	0	0	0
Carmarthenshire	0	0	1	0	0	4
Ceredigion	0	0	0	0	0	0
Conwy	-1	0	1	-4	0	4
Denbighshire	0	0	0	0	0	0
Flintshire	1	0	4	1	0	4
Gwynedd	0	0	0	0	0	0
Ynys Mon	0	0	0	0	0	0
Merthyr Tydfil	1	0	0	1	0	0
Monmouthshire	0	0	0	0	0	0
Neath Port Talbot	0	0	2	0	0	8
Newport	0	0	1	0	0	3
Pembrokeshire	0	0	0	0	0	0
Powys	0	0	0	0	0	0
Rhondda Cynon Taf	1	0	3	1	0	9
Swansea	0	0	2	0	0	4
Torfaen	0	0	0	0	0	0
Vale of Glamorgan	0	0	2	0	0	6
Wrexham	0	0	2	0	0	5
Total	**+3**	**0**	**+17**	**+1**	**0**	**+45**

Section 3 – Market entrants and exits - fostering

Fostering services entering and leaving the market

Source: CIW - between 1 October 2024 – 31 March 2025

3.3 No fostering services entered or left the market between 1 October 2024 and 31 March 2025.

Table 3a Fostering households registered with a local authority entering and leaving the market (April 24 - February 2025)

Source: **Foster Wales** – *(National Figures only)*

Number of local authority **foster care households added to the market**	Number of local authority **foster care households leaving the market**	***Net Gain/Loss***
131	137	**-6**

Table 3b Local authority fostering places entering and leaving the market (April 24-28 February 2025)

Source: **Foster Wales** – *(National Figures only)*

Number of local authority **foster care places entering the market**	Number of local authority **foster care places leaving the market**	***Net Gain/Loss***
170	194	**-24**

Notes:

3.4 The local authority data above has been provided by Foster Wales. No comparative data is available for other (non-LA) not-for-profit or for-profit provision. The data on numbers of fostering households and places tends to fluctuate and is not currently captured as part of registration requirements by CIW.

3.5 More generally, work will be undertaken within the workstreams underpinning the removing profit programme to further develop the reporting data and its comparability across the whole fostering sector.

Mainstream Approvals – Local Authorities

3.6 The local authority fostering data included in this report covers mainstream foster carers only. It does not include connected persons (often referred to as kinship carers) foster carer data, because the data collection schedule is different (as explained below). Mainstream foster carers are those approved to take a range of children of varying needs that the local authority may seek to place.

3.7 The number of mainstream local authority foster carer approvals in 2023/24 increased by 11% compared to 2022/23. Foster Wales reported 137 mainstream households left the market. This is compared to 167 households that left the market in 2022/23, a reduction of 18%.

Households entering and leaving the market.

3.8 The figures provided are for all registered local authority foster carers, i.e. the total of approved mainstream foster carers only. Both the figures for fostering households and placements entering and leaving the market cover the period 1 April 2024 to 28 February 2025 and are the most recent available.

Connected persons (not provided in this report)

3.9 Connected persons foster carers are generally court-directed and provide placements for specific children, usually part of the child's family / network. These figures are not provided in this report, as they are submitted annually as part of Foster Wales' annual data set and should be available from July. Anecdotally, however, the number of these placements continues to grow, the level of assessment activity was three times higher in 23/24 than for mainstream foster carers. These assessments are often afforded higher priority than mainstream assessments but do not provide placements that are generally available.

3.10 As part of Foster Wales reporting cycle, it will be able to provide information on connected persons in future reports.

Notes:

3.11 The 4Cs has provided the current figures, as received at the end of March 2025, for the (non-Local Authority) not for-profit and for-profit households and placements, rather than net entrant/leaver figures. This will act as a benchmark for net comparisons in future reporting cycles. The data relates to 20 foster care providers out of the 22 providers registered with CIW. All figures are self-reported by the independent foster agencies and are not verified by the 4Cs.

3.12 The data provided by the 4Cs is the number of fostering households by the local authority area in which they live; the for profit/not for-profit status of the agency they work with and the number of maximum beds they are registered for.

Section 4 – Stability of Placements

Table 4a Number of placements experienced during the year by children looked after on 31 March 2024 (as a number and percentage)

Source: *StatsWales*

Local authority	Number of children with 1 placement	Number of children with 2 placements	Number of children with 3+ placements	Percentage of children with 1 placement	Percentage of children with 2 placements	Percentage of children with 3+ placements
Blaenau Gwent	160	30	10	80	15	5
Bridgend	280	65	25	76	18	6
Caerphilly	355	85	35	75	18	7
Cardiff	735	210	90	71	20	9
Carmarthenshire	185	50	20	72	20	8
Ceredigion	105	25	5	75	20	5
Conwy	155	50	20	69	23	8
Denbighshire	145	45	25	68	21	11
Flintshire	170	35	30	73	14	13
Gwynedd	225	35	20	80	13	7
Ynys Mon	120	20	10	81	13	6
Merthyr Tydfil	165	25	10	83	13	4
Monmouthshire	150	30	20	75	15	10
Neath Port Talbot	195	40	15	78	16	6
Newport	240	75	35	69	21	10
Pembrokeshire	185	45	30	71	17	12
Powys	170	45	30	69	18	13
Rhondda Cynon Taf	500	90	45	79	14	7
Swansea	365	90	35	75	18	7
Torfaen	255	60	35	72	18	10
Vale of Glamorgan	235	60	40	70	18	12
Wrexham	220	55	35	71	18	11
TOTAL	**5,315**	**1,265**	**620**	**74**	**18**	**9**

*To note the total percentages do not add up to 100% as a result of rounding to the nearest whole numbers

Notes:

4.1. The data comparisons focus on two key measures related to children looked after in Wales. The first measure tracks the total number of children looked after on 31 March 2024 who have experienced either one, two or three or more placements during the year. The second measure is the percentage compared to the total number of children looked after in the locality. Figures (but not percentages) are rounded to the nearest 5 for disclosure purposes.

4.2. This metric is crucial for understanding placement and market stability. Children who experience multiple placements often face exacerbated feelings of separation and loss, making it harder for them to form meaningful relationships with their carers. The ability to monitor these moves is vital for improving outcomes, as research suggests that children with a high number of placement moves are less likely to achieve academically and fare worse in terms of their psychological, social and health outcomes.

4.3. Having a range of options for the appropriate placement of a child is key to stability and permanence. Children who become looked after suffer from feelings of separation and loss, even if they have been maltreated prior to being looked after. Children who go on to have multiple placements can find these feelings exacerbated.

4.4. However, not all moves within the system are negative. Some moves are necessary to meet the needs of the child and when consider their own wishes and feelings. In some cases, a movement of two or more placements is considered a healthy sign of timely care planning rather than drift. A very low proportion of moves can, conversely, indicate a lack of placement choice to allow children to move positively as set out in their care plans and to meet their needs.

Data

4.5. The data shows that there are a substantial number of placements with stability across various local authorities. The national picture is that the vast majority (74% or 5,310) of children have had one placement. 18% (or 1,265) of looked after children have experienced two placements. 9% (or 620) of children experienced 3 or more placements during the reporting year.

4.6. The average number of children experiencing one placement in a local authority is 241. 58 children experienced two placements and 28 children experienced three or more. There are notable differences at a local level for example, Blaenau Gwent had 160 children experiencing one placement, by comparison Cardiff has 735. However, this information does not take account

of the size of each local authority area and its children looked after population.

4.7. The highest overall numbers of children who have three or more placements are in Cardiff with 90, then Rhondda Cynon Taf at 45 and the Vale of Glamorgan at 40. However, children with 3+ placements in Cardiff and Rhondda Cynon Taf are of a lower proportion compared to other local authorities, at 9% and 7% respectively. The highest proportions of children who had 3 or more placements occur in Wrexham, Powys, Flintshire and Pembrokeshire at levels between 12-13%.

Section 5 – Offers of Advocacy

Table 5a Numbers taking up the active offer of advocacy during the year 2023--24

Source: *StatsWales*

	Active Offers made during the year	Active Offers made and where an Independent Professional Advocate was provided
Blaenau Gwent	97	45
Bridgend	71	64
Caerphilly	202	149
Cardiff	265	172
Carmarthenshire	96	59
Ceredigion	..	..
Conwy	494	38
Denbighshire	118	27
Flintshire	156	4
Gwynedd	21	6
Ynys Mon	15	10
Merthyr Tydfil	60	54
Monmouthshire	98	24
Neath Port Talbot	62	55
Newport	171	109
Pembrokeshire	45	35
Powys	485	223
Rhondda Cynon Taf	144	96
Swansea	91	72
Torfaen	166	40
Vale of Glamorgan	76	33
Wrexham	118	30
TOTAL	**3,051**	**1,345**

Notes

5.1. The Social Services and Well-being (Wales) Act 2014 stipulates that an active offer of advocacy is made to all children and young people who become looked after and all children subject to child protection enquiries that lead to a child protection conference.

5.2. Children who are in care are also entitled to access independent professional advocacy throughout the time they are cared for. The child, social worker or Independent Reviewing Officer can request a referral be made to an independent professional advocacy service to support the child to have their voice heard as part of the care planning process. This is referred to as ‘issue-based advocacy’.

“Active Offers” during the year

5.3. The first measure in the above table helps local authorities assess the take-up of advocacy services, enabling better future planning and commissioning of those services. Advocacy services assist individuals in receiving care and support and ensure their views are accurately conveyed irrespective of the advocate's or others' opinions.

5.4. It is defined as the sharing of information about the statutory right and entitlement of a child or young person to access an independent professional advocacy service.

“Active Offers” made and where an Independent Professional Advocate was provided

5.5. The second measure in this table focuses on the total number of "Active Offers" of advocacy during the year where an independent professional advocate was provided. This metric also enables local authorities to assess the take-up of advocacy services and helps Welsh Government monitor the provision of advocacy to entitled children.

5.6. These measures provide valuable insights into the stability and support provided to children looked after in Wales, highlighting the importance of monitoring placement moves and the take-up of advocacy services to improve outcomes for these children.

5.7. The information provided only refers to where an active offer is made and an independent advocate is provided. Children who were not given an active offer are not included even if they were provided with an independent professional advocate. Equally children in care who have been referred for independent advocacy as a part of the care planning process will not be included in these figures.

Data

Number of offers

5.8. Amongst those local authorities with the highest number of active offers, Powys has 485 active offers, Conwy has 494, and Cardiff has 265. Those with the fewest number of active offers included Ynys Mon with 15 active offers, Gwynedd with 21, and Pembrokeshire with 45.

Proportion of advocates provided following an active offer

5.9. Proportionally Bridgend saw advocates provided in 64 out of 71 (90%) of active offers, Merthyr Tydfil also had a similar ratio with 54 advocates from 60 offers and Neath Port Talbot had a proportion of 89% with 55 advocates provided from 62 active offers.

5.10. Flintshire had the lowest ratio of advocates provided to offers, with 4 (3%) out of 156 of active offers, Conwy had 38 (8%) advocates out of 494 offers and Denbighshire had 27 (23%) advocates out of 118 active offers. No official data was available for Ceredigion, as solutions to capturing the data were still being explored at time of compilation.

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

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddIechyd@senedd.cymru
senedd.cymru/SeneddIechyd
0300 200 6565
—
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddHealth@senedd.wales
senedd.wales/SeneddHealth
0300 200 6565

Judith Paget CBE
NHS Wales Chief Executive
Director General of Health and Social Services

13 March 2025

Dear Judith

I have been contacted by members of the former All Wales Diabetes Patient Reference Group (AWDPFG) asking the Committee to establish by what mechanism patient opinion is being sought, recorded and shared by the NHS Executive in Wales. They have also shared with me copies of your correspondence with them.

According to its members, the AWDPFG was active for a number of years and commended by healthcare professionals for its insight into the everyday issues facing people living with diabetes in Wales. It was therefore surprised to learn, in October 2024, that it would be stood down and a new Diabetes Patient Forum (DPF) would be established as a subsidiary of the National Strategic Clinical Network for Diabetes.

In your response to the Group you state that, as part of the new national arrangements for the NHS Executive and its clinical networks, there is not a requirement for each network to host a separate national patient reference group.

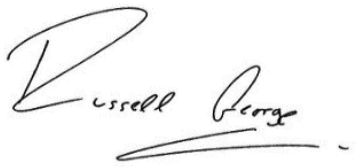
I note from the correspondence that the new Diabetes Patient Forum has been paused as a result of concerns raised by patient members about the terms of reference and code of conduct, and that the patient voice is now being sought and captured through collaboration with Diabetes UK Cymru and other Third Sector organisations.

I would be grateful if you could clarify:

- how exactly the patient voice is being captured in the absence of a formal patient representative group;
- whether you are confident that this arrangement is sufficiently robust to capture the full range of patient voices;
- what work is taking place to resolve the issues surrounding the terms of reference and code of conduct so the Diabetes Patient Forum can begin its work;
- what role former members of the AWDPFG will have in the new arrangements.

I look forward to receiving your response.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Agenda Item 4.13

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, Health and Social Care Committee

10 April 2025

Dear Mr George

Thank you for your letter of 13 March 2025 regarding how the NHS Executive's Strategic Clinical Network for Diabetes will seek input from people affected by diabetes.

You have noted my response of 2 February 2025, which explains that the NHS Executive's clinical networks require a means of engaging with patients on specific pieces of work, which can be done in a variety of ways. Each network can determine how best to do this, and the Diabetes Network has chosen to form a close collaboration with national charities such as Diabetes UK and Breakthrough Type 1. Representatives from these charities participate in the Network's Clinical Reference Group so that opportunities to engage with people affected by diabetes can be identified and taken when needed.

I am aware the Network also recently sought input from two patient representatives taking part in the Network's Peer Educator Project Steering Group. Additionally, the Network has the option of involving patients through its partnership with Public Health Wales, who are leading the national Tackling Diabetes Together Programme.

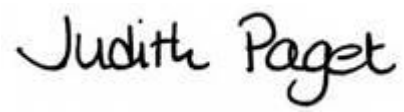
It is sensible in my view to make use of existing organisations and programmes that have access to large numbers of people affected by diabetes, as this will ensure a broad and diverse range of views can be accessed. The specific nature of the interaction and its frequency will depend on the matter at hand, ranging from commenting on documents to making suggestions on proposals. This ensures that a range of mechanism can be employed to seek patient views in influencing the specific products of the national clinical networks in a tangible and meaningful way.

There is no requirement for the Network to be routinely capturing patient experience on service delivery, as this is a matter for health boards to engage with patients, carers and communities at a local level. Health boards are responsible for monitoring this experience and addressing concerns that are raised through their own local processes. As a result, there is no expectation that the Network will maintain a standing patient forum.

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ
Judith.Paget001@gov.wales
Gwefan • website: www.gov.wales

Thank you for writing to me on this matter.

Yours sincerely



Judith Paget CBE