

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

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| Meeting Venue:   | For further information contact:   |
| Hybrid – Committee Room 5, Ty Hywel<br>and video conference via Zoom | Sarah Beasley<br>Committee Clerk   |
| Meeting date: 26 February 2026                                       | 0300 200 6565  |
| Meeting time: 09.30  | <a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a> |

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### **Private pre-meeting**

(09.00–09.30)

### **Public meeting**

(09.30–10.15)

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

(09.30)

#### **2 Pre-appointment hearing for the role of Chair of Aneurin Bevan University Health Board: evidence session with the Welsh Government's preferred candidate**

(09.30–10.15)

(Pages 1 – 39)

Andrew Morgan, Welsh Government's preferred candidate for the role of Chair of Aneurin Bevan University Health Board

Research brief

Paper 1 – Pre-appointment hearing questionnaire

Paper 2 – Welsh Government briefing

Paper 3 – Information for candidates

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

(10.15)



- 3.1 Letter from the Petitions Committee re Petition P-06-1543: Keep weekend opening at Cardigan minor injuries unit**  
(Page 40)
- 3.2 Supplementary evidence from Carers Trust Wales and Carers Wales to support the inquiry into improving support for unpaid carers following the Minister's evidence session on 22 January**  
(Pages 41 – 43)
- 3.3 Letter from the Petitions Committee re Petitions P-06-1551: Stop the Welsh Government's Harmful Changes to NHS Dentistry and P-06-1557: Introduce guaranteed NHS dental treatment for the population of Wales**  
(Pages 44 – 45)
- 3.4 Letter to Health Education and Improvement Wales (HEIW) re ophthalmology services in Wales**  
(Page 46)
- 3.5 Response from Health Education and Improvement Wales (HEIW) re ophthalmology services in Wales**  
(Pages 47 – 50)
- 3.6 Optometry Wales views on the Welsh Government's response to our report on ophthalmology services in Wales**  
(Pages 51 – 53)
- 3.7 RNIB Cymru views on the Welsh Government's response to our report on ophthalmology services in Wales**  
(Pages 54 – 60)
- 3.8 The Royal College of Ophthalmologists (RCOphth) views on the Welsh Government's response to our report on ophthalmology services in Wales**  
(Pages 61 – 64)
- 4 Motion under Standing Orders 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of the meeting**  
(10.15)

**Private meeting**

(10.15-10.35)

**5 Pre-appointment hearing: consideration of evidence**

(10.15-10.30)

(Pages 65 – 69)

Paper 4 – Draft report

**6 Supplementary Legislative Consent Memorandum (Memorandum No. 4) Terminally Ill Adults (End of Life) Bill**

(10.30-10.35)

(Pages 70 – 76)

Paper 5 – Legal Advice Note (LAN) on Memorandum No.4 for the Terminally Ill Adults (End of Life) Bill

# Agenda Item 2

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# **Pre-appointment hearing: Chair of Aneurin Bevan University Health Board**

## Pre-appointment questionnaire

February 2026

### **Background**

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of Aneurin Bevan University Health Board.

Your answers to this questionnaire **will be published** with the meeting papers for the pre-appointment hearing, and will be used to inform Members' preparation for the hearing. It may be necessary to redact certain personal information, such as contact information, before publication. We would also request that you refrain from disclosing third-party personal data unless necessary. Your response to each question should be around 250 words (with the exception of question 1, where you may provide a longer response).

## Providing Written Evidence

The Senedd has two official languages, Welsh and English.

In line with the [Senedd's Official Languages Scheme](#) the Committee requests that documents or written responses to consultations intended for publication or use in Senedd proceedings are submitted bilingually. When documents or written responses are not submitted bilingually, we will publish in the language submitted, stating that it has been received in that language only.

Please see [guidance for those providing evidence for committees](#).

## Disclosure of information

Please ensure that you have considered the Senedd's [policy on disclosure of information](#) before submitting information to the Committee.

1. Please provide a brief summary of your employment history. You may wish to do this via a separate CV. Please be aware that anything you provide will be published.

### Local Authority apprentice – Cynon Valley Borough Council 1992 – 1995

Gaining qualifications under a trade, both on site work and at college. The trade element at that time was focused on local authority housing estates - both in terms of repairs within the property boundary and wider estate improvements.

### Housing DLO operative – Cynon Valley Borough Council 1995 -1997

As above, working as part of a small maintenance team within the Housing division, focusing on repairs within property boundaries and on wider estate management.

### Building Direct DLO operative – RCT County Council 1997 – 2000

Following local government re-organisation, I worked as a charge-hand, working on wider public estates - covering works to public schools, housing estates and wider public spaces.

### **Building Direct DLO Supervisor – RCT County Council 2000 – 2002**

As a supervisor in the then Building Direct arm of the Local Authority, I was in charge of a small workforce team covering a dedicated part of the county. Managing and prioritising workloads, working with service managers to direct resources and oversight of approximately £800k annual spend in addition to staff costs. As part of this role, I managed the day to running, and also oversaw record keeping and covering personal development plans and sickness return to works that were reported to management and HR.

### **Maintenance inspector / Litigation – RCT County Council 2002 – 2004**

I was asked to join a small team of litigation inspectors for the Council to assess any outstanding repairs and defects and to put forward a mitigation plan, while at the same time gathering evidence to understand the potential legal risks and, occasionally attending court to provide supporting written and photographic evidence in litigation claims.

### **Elected County Councillor 2004 to present**

Representing the community of Mountain Ash, an area of approximately 4500 properties and 6000 residents.

### **Board Member of RCT Homes 2005 – 2008**

RCT Homes was the housing body set up to take over the transfer of housing stock for the local authority. The Board of 15 members was the management board set up to oversee and run the new housing service. I was appointed to the board and subsequent sub-committees for repairs and staffing to use my knowledge and experience in assisting with capital maintenance planning and the delivery structures.

### **Chair of Appointments committee and Audit member 2006 – 2008**

Being the Chair of the Appointment Committee, I was responsible (along with a small panel) for assessing and interviewing for the most senior posts within the Council and working with external advisors on performance assessment centres. In this role, I have interviewed and appointed senior directors to the level of the CEO.

### **Appointed Cabinet Member in 2008 – 2014**

Responsibility for areas such as highway maintenance, emergency planning, structures and traffic services. Agreeing and setting the capital programme for the service areas and working with officers on delivery plans to be agreed annually. At this time, I also attended the Leadership Academy programme which was run on a U.K.-wide basis.

### **Elected Leader of the Council 2014 – to present**

My role as Council Leader has been diverse, working with senior officers across the Council while still having my distinct portfolio responsibility for the same areas as my previous Cabinet portfolio from 2008 – 2014. The role of Leader has meant I have responsibility for having oversight of the Council's budget and the capital programme. I have also developed external relations with other public bodies and both the U.K. and Welsh Government.

### **Co-Chair Heads of the Valleys Regeneration Board 2017 – 2021**

Co-chair of the Strategy Board which had oversight for a dedicated small team within the Welsh Government and a dedicated annual budget to focus investment and interventions across the Heads of the Valleys region, in line with the plan agreed by Welsh Ministers and key stakeholders.

### **Chaired the Cardiff Capital Region City Deal 2016 -2019**

Forming and working on the Shadow City Deal from late 2014 / early 2015, this role involved the bringing together of the 10 South East Wales Local Authorities with the Welsh Government, U.K. Government and business leaders to agree a £1.2Bn City Deal for the region, which was the first in Wales. As part of the negotiations, along with a small team of colleagues, I met with senior U.K. Government Ministers in London to negotiate the deal prior to sign-off with the U.K. Government's Business Minister. In chairing the Cardiff Capital Region City Deal, we carried out extensive consultations with business and the wider public to seek their views and priorities. The role then required a strategy to be put in place to deliver the agreed outcome targets for the region.

### **Elected leader of WLGA 2019 to present**

In the role of WLGA Leader I have gained extensive media experience, notably through the COVID-19 pandemic and major storm events. The role has involved regular interview appearances, and I am able to speak with confidence to

broadcast outlets, with extensive knowledge on a breadth of issues from briefings and from over a decade of experience of making key decisions within local services.

### **Appointed member of the Welsh/U.K. Government Tips Taskforce**

In my role on the Coal Tip Safety Taskforce, I provided real-world insight into the concerns of communities in RCT, which had experienced the largest coal spoil landslip since Aberfan. Working closely with engineers, I was able to relay their professional concerns, recommendations and the practical barriers to wider coal tip intervention. I briefed UK and Welsh Government Ministers on behalf of local authorities and built strong working relationships with officials to help shape the draft Coal Tip Safety Bill. I also gave evidence, alongside one of my senior tip engineers, to the Senedd Committee throughout the Bill's stages, including on the impact of climate change and the need for improved drainage infrastructure.

### **Appointed Board Observer to Transport for Wales - 2023 to present**

Observer (ex-officio) position to provide comment and to ensure that actions agreed by the Board of the Officer Sub-Groups tie in with other areas of delivery within the public sector, focusing mainly (but not exclusively) on local authorities.

### **Chair of Regional Transport & Infrastructure Sub-Committee**

As the Chair of the Regional Transport Sub-Committee, I have worked with officers in taking a hands-on role to working through the proposals for the Regional Transport Plan and the Regional Delivery Plan, looking at the £250m budget over the 5-year period and reviewing the spend profile against the key projects. This work is ongoing but recently had Ministerial sign-off for next year.

## 2. What motivated you to apply to be the Chair of Aneurin Bevan University Health Board?

I have spent my whole working life in public service, starting as an apprentice at Cynon Valley Borough Council before progressing into management at Rhondda Cynon Taf Council. I then became an elected Member in 2004 and a Member of the Executive in 2008. I have led the Council since 2014.

As a Council Leader and as Leader of the WLGA, I have worked closely with health boards, Regional Partnership Boards and national bodies to strengthen integration between health, social care, local government and the third sector. This experience has given me a detailed understanding of the pressures facing the NHS and the importance of long-term planning and prevention. I am motivated by the opportunity to bring that experience to a leadership role where I can work collectively with others to achieve the right outcomes.

I have always fostered a team approach, recognising the strengths of others and providing leadership or support as needed to secure the best results.

Aneurin Bevan University Health Board serves a large and diverse population, including communities with significant health inequalities and socioeconomic challenges. I strongly believe there is a real opportunity for the Health Board and wider public services to make a long-term step change, particularly by strengthening primary care and focusing on preventative interventions.

## 3. Why do you think you are well suited to the role?

I believe my experience and leadership style align closely with what is required to chair a health board. As Leader of Rhondda Cynon Taf Council and through my role with the WLGA, I have led large organisations, set strategic direction, and ensured strong governance and accountability. I have a keen eye for detail and I am able to support and challenge constructively, remain objective, and keep a clear focus on outcomes for the public.

In my current role, I have worked across the political landscape over a number of years, engaging with MS's, MP's and Council Leaders; and I regularly attend high-level meetings with U.K. and Welsh Senedd Ministers and this has

strengthened my ability to navigate complex issues and maintain productive relationships.

In my current role as a Council Leader, I work with and support the executive team in the local authority in a similar way to how the Chair of a health board would work with executive directors, providing support, guidance, constructive challenge and scrutiny. A key aspect of leading a local authority is the consultation process and, through my time as a Council Leader, I have gained significant experience in reviewing and scrutinising consultation outcomes to help shape policy and strengthen decision making.

I have also had experience of working on a number of other strategic boards and these roles have involved policy setting, reviewing governance structures, challenging and monitoring performance, and managing risks.

#### **4. What are the three main outcomes that you want to achieve during your tenure?**

Broadly, the three main outcomes that I would seek to deliver would centre around:

- Ensuring that services are sustainable with clear plans to drive measurable and improved outcomes, especially in areas that are receiving escalated monitoring.
- Improving access to good quality care, ensuring that the Health Board delivers on the targets set by the Cabinet Secretary and the Welsh Government. In addition, as part of this, I would seek strategic collaboration with other health boards to maximise the outcomes from investment in the health service and achieve the greatest outcome for residents.
- Improving and developing relationships both with internal stakeholders and external partners (including the wider public sector and the 3<sup>rd</sup> sector), which are crucial to some areas of service delivery and prevention. At the same time, to work closely with the Chief Executive to ensure that the culture and relationships within the Aneurin Bevan University Health Board are appropriate for the voices of staff to be heard and feel valued.

**5. How will you work with NHS bodies, Welsh Government, local authorities and social care partners?**

I will build on my years of experience of working with and liaising between health boards, Welsh Government and local authorities.

I will strive to maintain open and honest relationships with these stakeholders whilst working with - and being accountable to - the Welsh Government's Cabinet Secretary.

Building on my experience of working with local authority and social care partners, developing and enhancing strong links with these stakeholders will be crucial in addressing the need for an integrated health and social care system while, at the same time, looking at the long-term health inequalities that exist between different communities.

I will play a supportive role within the health board in working with regional partners, such as through the Regional Partnership Board and Public Service Boards but also building strong collaborative links individually to ensure that health and social care services are aligned and work seamlessly together. My focus will be on fostering trust, improving joint planning and ensuring that collective decisions lead to better outcomes for residents.

**6. How will you work with community groups, patients, the third sector and other stakeholders?**

Effective engagement with communities and partners is essential to delivering sustainable, high-quality health services. My approach is to provide clear leadership while actively listening to those who use and deliver services. I believe strongly in creating opportunities for residents, patients, staff and community organisations to shape and inform local priorities and decisions.

To develop long-term, sustainable health plans, we must not only understand the needs of our population today but also anticipate future demand. This requires meaningful dialogue with communities and clear communication about what is achievable. I will champion an approach that embeds engagement into the Board's culture, ensuring that feedback is meaningful and used as a mechanism for continuous improvement.

Strong relationships with stakeholders are essential. I have extensive experience working with Welsh Government, local authorities, unions and community partners, and I understand the value each of those brings. The third sector in particular plays a crucial role in prevention, early intervention and supporting vulnerable groups – and, on some occasions, community organisations may be better placed than statutory services to deliver support and reach communities.

As Chair of the Health Board, I will foster a collaborative environment where stakeholders are respected, informed and able to contribute meaningfully, while recognising the priorities and direction set by the Cabinet Secretary.

#### **7. How will you work with Senedd Members and Senedd committees?**

I feel that it is important to build good relationships with all political representatives within the health board area, having regular engagement and briefing sessions with MS's, MP's and Council Leaders. I feel this will be essential with an increased Senedd and more local representatives being elected for the first time.

In my current role as a Council Leader in Rhondda Cynon Taf, this is an approach that I feel has worked well in the Cwm Taf Morgannwg UHB area - with the Health Board Chief Executive and Chair holding regular calendared meetings to discuss local issues, emerging priorities and have meaningful engagement with elected representatives. This will very much be an approach that I'd like to adopt, in recognition of the important role they play in representing local residents in raising specific concerns or complaints. In addition to this, I would ensure that the Health Board has a culture of responding in a timely and meaningful way with elected representatives.

In my current role as the WLGA Leader, I am used to appearing before Senedd Committees, giving oral or written evidence and answering questions in an open and transparent manner. I fully recognise the role that Senedd committees play in both providing scrutiny and in developing changes to the legislative frameworks. Scrutiny plays a critical role in leading to positive outcomes and can deliver meaningful change, and its role is crucial in a functioning democracy.

8. Do you currently hold any other appointments that could give rise to any potential conflicts of interest or perceived conflicts of interest? If so, how do you propose to manage those conflicts or perceptions?

**Leader of RCT Council**

While the role does not conflict with the appointment to Aneurin Bevan Health Board as it is outside of the Health Board's footprint area, I have announced that I will be stepping down from this position in April.

**Leader of the Welsh Local Government Association**

I have already given notice that I intend to stand down as the Leader of the WLGA, however I have been asked to continue in the role until after the Senedd elections in May to ensure a smooth transition.

Whilst holding the role of Leader, the Association has dedicated Spokespersons for Health and Social Care, so I would not have direct oversight of such matters. Should a situation arise where an agenda item does involve such matters then I will recuse myself from any discussion where a conflict or a perceived conflict of interest may arise and ensure that I declare an interest to avoid the perception of a conflict of interest.

**Councillor (Rhondda Cynon Taf County Borough Council)**

Again, while I foresee no conflicts or perceived conflicts with any role I play within RCTCBC as the County Borough sits outside of the Aneurin Bevan Health Board area. I have announced that I will be stepping down in May 2027 and, during the interim period, I will ensure that I recuse myself from any discussion and declare an interest as appropriate, should a direct or perceived conflict arise at any time. I do not, however, envisage this to be likely.

## **Recruitment of Chair – Aneurin Bevan University Health Board**

### **Vacancy summary:**

The Aneurin Bevan Board plays a key role in shaping the strategy, vision, purpose and culture of the organisation. It holds the Board to account for service delivery, performance, delivery of strategy and value for money, and strategic development and implementation.

It is also responsible for ensuring that risks to the organisation, staff and the public are managed and mitigated effectively. Led by an independent Chair and comprised of a mixture of both Executive and Independent Members. The Board has a collective responsibility for the performance of the organisation. The Chair will be accountable to the Cabinet Secretary for Health & Social Care, for the performance of the Board and its effective governance, upholding the values of the NHS, and promoting the confidence of the public and partners.

### **Background:**

Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.

The Health Board employs 13,424 whole time equivalents (WTE) which translates to 17,011 staff and is the largest employer in Gwent. Our workforce is ageing, as is the demographic profile of our population and the health inequalities of our population are also found within our workforce. 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of our preventative plans.

The Health Board has an annual budget from the Welsh Government of just under £1.6 billion per year from which we plan and deliver services for the population of Gwent. The Health Board, as well as providing services locally, works in partnership to seek to improve health and well-being in the area, particularly through our partnership arrangements to respond to the Social Services and Well-Being (Wales) Act 2014 and the Well Being of Future Generations (Wales) Act 2015.

The Grange University Hospital in Cwmbran opened in November 2020 and provides critical and specialist care to residents in Gwent and South Powys. Three enhanced Local General Hospitals continue to provide a range of inpatient and outpatient services; these are the Royal Gwent Hospital in Newport; Ysbyty Ystrad Fawr in Ystrad Mynach and Nevill Hall Hospital in Abergavenny. There are also a range of other hospitals and facilities across Health Board area.

**Publicity summary:**

The Welsh Government circulated details of the appointment through stakeholder lists held by the Public Bodies Unit (PBU) and posted the vacancy on the Welsh Government public appointments website.

Aneurin Bevan promoted through its board website, social media platforms as well as circulation amongst the stakeholder reference group and other key groups focussing on equality and diversity. Also promoted internally through the Health Board’s BAME Network to encourage applications from these groups.

The vacancy was promoted by the following Social Media channels and advertised through the media listed below:

|                                       |
|---------------------------------------|
| Twitter – Aneurin Bevan               |
| Facebook and Instaram – Aneurin Bevan |
| LinkedIn - Aneurin Bevan              |

**Paid Advertisements:**

- Jobs Wales Jobswales
- Diversity Jobsite Network
- Golwg 360

**Recruitment process summary:**

Advertised on Welsh Government and Aneurin Bevan Website and in paid advertisement, between 27 October 2025 and 21 November 2025.

Sift – 9 December 2025

Interviews – 21 January 2026

**Assessment advisory panel membership:**

Jacqueline Totterdell, Director General Health, Social Care and Early Years Group/NHS Wales Chief Executive  
Helen Arthur, Director of Workforce & Corporate Business, Welsh Government (panel chair)  
Albert Heaney, Chief Social Care Officer for Wales, Welsh Government.  
Ruth Marks, Senior Independent Panel Member

A total of 9 applications for the role were received.

4 candidates were recommended for interview. The Assessment Advisory Panel considered there to be 2 appointable candidates.



# APPOINTMENT OF CHAIR TO ANEURIN BEVAN UNIVERSITY HEALTH BOARD

## Candidate Information Pack



Llywodraeth Cymru  
Welsh Government



The Commissioner for  
Public Appointments

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# 1. INTRODUCTION

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## **Message from Jeremy Miles, Cabinet Secretary for Health and Social Care, Senedd Cymru, Welsh Parliament**

Thank you for showing an interest in the position of a Chair to Aneurin Bevan University Health Board.

NHS Wales currently consists of the following organisations:

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff & Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- Public Health Wales NHS Trust
- Velindre University NHS Trust
- Welsh Ambulance Services University NHS Trust
- Digital Health and Care Wales
- Health Education and Improvement Wales

The successful candidate will have a critical role in taking forward the strategy and plans of the organisation. I particularly value the contribution made by Chairs and public appointees to our NHS boards, and I will look to the successful candidate to provide leadership to the Board to ensure the delivery of the organisation's priorities.

If you are interested in this role and would like to know more about the important role of a Chair within NHS Wales please contact Jacqueline Totterdell, Director General Health and Social Services/NHS Wales Chief Executive who will be very happy to discuss this role with you on my behalf. Additionally, you can contact the Board Secretary, details contained in section 6.

## 2. KEY RESPONSIBILITIES

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The Board plays a key role in shaping the strategy, vision, purpose and culture of the organisation. It holds the Board to account for service delivery, performance, delivery of strategy and value for money, and strategic development and implementation.

It is also responsible for ensuring that risks to the organisation, staff and the public are managed and mitigated effectively. Led by an independent Chair and comprised of a mixture of both Executive and Independent Members, the Board has a collective responsibility for the performance of the organisation. The Chair will be accountable to the Cabinet Secretary for Health and Social Care for the performance of the Board and its effective governance, upholding the values of the NHS, and promoting the confidence of the public and partners.

The Chair will:

### Strategy

- Lead the Board's development of a strategic vision for the organisation, identifying and realising the inherent potential and skills within the organisation to develop an innovative and world leading service.
- Provide independent judgement and advice on issues of quality, strategy, vision, performance, resources, and standards of conduct.
- Constructively challenge, influence and support the Executive Directors to develop proposals on such strategies.
- Support fellow Board Members in providing leadership within a framework of prudent and effective controls to ensure the long term sustainability of the organisation.
- Ensure that risks to the delivery of the organisation's strategy are articulated and managed.

### Planning

- Be accountable for the performance of the Board at community, regional and national levels through the agreement and delivery of a three-year integrated medium term plan (or annual delivery plan) and the annual evaluation achievements against the plan.
- Ensure the Board provides effective scrutiny of the three-year integrated medium term plan, ensuring that it establishes clear objectives to deliver the strategy; encompasses the necessary quality, workforce, operational and financial resources for the organisation to meet its objectives; and regularly reviews performance against the plan.

### Performance

- Receive, review and apply appropriate scrutiny to quality, performance, workforce and financial data and information to compare achievements against targets and, where necessary, support the implementation of remedial action.
- Agree challenging objectives for the Chief Executive and Executives for improving performance; agree objectives for the Vice Chair and Independent Members and undertake annual appraisals.

- Ensure effective control arrangements are in place to secure the financial viability of the organisation.

## **Governance**

- Hold the Chief Executive to account across the breadth of their responsibilities.
- Provide strong, effective and visible leadership and communication across the breadth of the organisation's responsibilities, internally through the organisation and externally through their connections with a wide range of stakeholders and partners within and outside of the NHS at a national, community, and local authority level.
- Ensure the Board's commitment to the highest standards of governance, such that it acts in the interests of the population and partners it serves and is seen to be accountable for the services provided and the resources used.
- Ensure the provision of accurate, timely and clear information to the Board to meet statutory requirements.
- Seek assurance that internal controls and systems of risk management are robust and well governed.
- Analyse and interpret information provided to the Board, seeking clarification, further assurances, and triangulation of information wherever possible; and
- Ensure the organisation complies with its Standing Orders, Standing Financial Instructions, policies and procedures, and relevant legislation and regulations.

## **Culture and Behaviour**

- Demonstrate the Seven Principles of Public Life (also known as the Nolan Principles) of selflessness, integrity, objectivity, accountability, openness, honesty, and leadership, and ensure the principles are upheld by all Board members.
- Embrace and promote the importance of Welsh language bilingualism and culture on all organisational activities.
- Instil a culture that encourages staff, patients, families, and the public to raise concerns that are then appropriately addressed.
- Embrace and promote equality, diversity, and inclusion for the organisation's population, patients, staff and stakeholders, reflecting and learning from own and the lived experiences of others.
- Ensure the highest standards of probity, integrity, and governance, and that the organisation's governance arrangements comply with best practice and statutory requirements.
- Provide visible compassionate leadership in supporting and promoting a healthy culture for the organisation and reflect this, and the values of the organisation, in their own behaviour.
- Bring current and past professional and lived experience, knowledge and influence to the work of the Board, to promote innovation, curiosity, and to challenge norms.

## **Engagement**

- Build and maintain close relations between NHS Wales partners and stakeholder groups to promote the effective operation of our activities.
- Provide leadership to support and encourage effective working with partners, in particular with Health Boards, NHS Trusts, Special Health Authorities, local authorities, the third sector and social care partners, to ensure the planning and delivery of safe, effective services.
- Attend Welsh Government, health body peer groups and other stakeholder meetings, where required.
- Undertake an external ambassador role, delivering in the public spotlight and instilling public confidence.
- Be expected, with support, to understand the business of the organisation through active involvement.

## **Board Activities**

- Plan Board meetings with the Chief Executive and Director of Corporate Governance and design a Board development programme to deliver high performance.
- Facilitate the effective contribution of Board Members and ensure constructive relations within the organisation and between Executive Directors and Independent Members.
- Chair the Board meetings and lead development sessions and other meetings of members, as appropriate.
- Participate fully in the work of the Board and Committees, including pre and post meeting engagement and annual evaluations to support good governance.
- In conjunction with the other Board Members, discharge their duties as Chair of the organisation's Charitable Fund, of which the Board acts as the Corporate Trustee.
- Undergo an annual personal performance appraisal, participating in any additional training and development highlighted as a result of the evaluation process to ensure personal objectives are delivered.

### 3. PERSON SPECIFICATION

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To be considered, you must be able to demonstrate that you have the qualities and experience to meet all the essential criteria for this appointment. Some of these are more easily demonstrated at the application stage whilst others are better explored at interview (please see below). An opportunity will also be taken at interview to explore in more detail some of the criteria evidenced in your personal statement.

#### Section A

##### Essential criteria to be evidenced in personal statement.

##### Values

- Ability to demonstrate a commitment to engaging with people who use our services, their carers and families, our staff and stakeholders.

##### Skills

- A track record of strategic, Board level leadership in a public sector, private or third sector organisation.
- Ability to instil vision and lead the development of defined strategies in the pursuit of achieving long, medium and short-term goals.
- Ability to understand and facilitate the understanding of complex issues.
- Strong interpersonal and influencing skills and ability to act as an effective advocate and ambassador.
- Ability to work collaboratively and as part of a team to meet common goals.
- Evidence of an understanding of effective governance.

##### Desirable criteria to be evidenced in personal statement where relevant.

##### Experience

- An understanding of risk management and systems of internal control and assurance.

#### Section B

##### Essential criteria to be evidenced at interview.

##### Values

- Commitment to adhering to the Seven Principles of Public Life (Nolan Principles) and the values of the organisation.

##### Skills

- Ability to provide, and encourage others to provide, independent challenge and scrutiny whilst maintaining constructive relationships.
- Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language.
- An understanding of and commitment to equality, diversity, and inclusion, including ability to reflect on and learn from your own lived experiences.

- Astute and able to grasp relevant issues and understand the relationships between interested parties demonstrating sound judgement, sensitivity and political awareness.
- Ability to motivate and develop the Board, to define roles and responsibilities, ensuring ownership and accountability.

**Desirable criteria to be evidenced at interview where relevant.**

**Experience**

- Demonstrable leadership and strategic change management experience including culture change.

Welsh language skills are desirable; however, all candidates will be expected to show commitment towards the language and culture and demonstrate leadership to strengthen and promote bilingual service provision within the NHS in Wales (see above essential skills and experience).

Where a candidate can demonstrate they meet the desirable criteria, they should provide an indication of their skills against the following level of skill:

|               |  |
|---------------|--|
| Understanding | Can understand routine work-related conversations        |
| Reading       | Can read some basic words and phrases with understanding |
| Speaking      | Can converse in some work-related conversations          |
| Writing       | Can write some basic messages on everyday topic          |

## 4. KEY FACTS ABOUT THE POST

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**Location:**

The post will be based in South Wales – Caerleon. Attendance in person at Board Meetings or Board Development Sessions once a month is expected where possible.

**Time Commitment:**

The role is based on a notional commitment of a 15 days per month.

**Tenure of office:**

Initial appointment will be for a period of up to 4 years, however, this will be subject to the Cabinet Secretary's agreement.

**Remuneration:**

£69,840 per annum.

You also will be entitled, on production of supporting receipts, to the re-imbusement of travel and subsistence expenses incurred whilst on Board business. Expenses must be claimed within three months of them being incurred unless there are exceptional circumstances. Childcare and other dependent expenses may also be paid, on production of receipts, for additional costs incurred while undertaking Board work.

## MAKING AN APPLICATION

To make an application, please visit the Welsh Government [vacancies](https://cais.tal.net/vx/lang-en-GB/mobile-0/appcentre-4/brand-7/xf-509f77e961d6/candidate/jobboard/vacancy/6/adv/) page.  
<https://cais.tal.net/vx/lang-en-GB/mobile-0/appcentre-4/brand-7/xf-509f77e961d6/candidate/jobboard/vacancy/6/adv/>

To apply for this role, click on the vacancy Aneurin Bevan Chair and click on 'apply' at the bottom left-hand corner. The first time you apply for a post, you will need to [register](#) on the Welsh Government online application system. You will only need to register once, after which you can track the progress of your current application, and any future applications via your online registered account.

<https://cais.tal.net/vx/lang-en-GB/mobile-0/appcentre-4/brand-7/xf-4ac5797242e0/candidate/register>

When you have completed registration, you will be able to access the application form. To apply, you will need to upload a personal statement and CV with your online application form.

The Public Appointments team operates name-free recruitment. Key personal information, including a candidate's name and address, is concealed from the recruiting panel during the sifting process. Certain personal information will also be concealed from the interview panel if it is not relevant to assessment. This policy is in line with our commitment to eliminate bias, and to promote equality and diversity.

### Personal Statement

The personal statement is your opportunity to demonstrate how you meet each of the criteria set out in the person specification (**Section A**). **Note:** as mentioned above, you need not include all of your skills and experience in the personal statement. An opportunity will also be given to demonstrate the skills and experience in **Section B** at interview.

The statement should include examples that show how your knowledge and experience matches each of the criteria. These examples should describe what your role was, the approach you took to achieving a specific result and how you would use this experience in the role you are applying for; you are welcome to use examples of both professional and lived experience.

Please limit your personal statement to **1000 words**.

### Curriculum Vitae (CV)

Please ensure your CV includes brief details of your current or most recent posts and the dates you occupied these roles. Please identify any past or present Ministerial appointments. **Your CV should be no more than three pages long.**

## References

Please provide two referees who will be contacted for successful candidates only.

In order to preserve the highest standards of integrity and propriety we are unable to accept Senedd Members or Welsh Government employees as referees for applications for membership of public bodies.

## Selection process

The Cabinet Secretary for Health and Social Care will be assisted in their decision making by an Advisory Assessment Panel. This panel will be made up of three members from the Health, Social Care and Early Years Group, Welsh Government and a senior independent panel member.

The panel will select for interview only the candidates who it feels have demonstrated they best meet the criteria set out in the person specification. They will rely only on the information you provide in your CV and personal statement to assess whether you have the skills and experience required. However, if you have applied under the guaranteed interview scheme (see below) and you meet the minimum essential criteria for the post, you will also be invited for interview.

You will receive email communication from the Welsh Government's application centre to let you know whether or not you have been invited to be interviewed. If invited to interview, the panel will question you about your skills and experience, asking specific questions to assess whether you meet the criteria set out for the post.

If you attend an interview, the panel will question you about your skills and experience, asking specific questions to assess whether you **meet the criteria** set out for the post.

Candidates who the panel believe are 'appointable' will be recommended to the Cabinet Secretary, who will make the final decision. The Cabinet Secretary may choose to meet with appointable candidates before making their decision. If they do, they will meet all candidates in the presence of the panel chair, or their nominated representative. There will be a time gap between interview and a final appointment decision being made. Candidates who have been interviewed will be kept informed of progress.

## Timetable

|                                 |                         |
|---------------------------------|-------------------------|
| <b>Advert Closing date</b>      | <b>21 November 2025</b> |
| <b>Sift</b>                     | <b>9 December 2025</b>  |
| <b>Interviews</b>               | <b>21 January 2026</b>  |
| <b>Pre appointments hearing</b> | <b>26 February 2026</b> |
| <b>Appointment confirmed</b>    | <b>February 2026</b>    |
| <b>Appointment start</b>        | <b>1 April 2026</b>     |

### Pre-appointment hearing

The Cabinet Secretary's preferred candidate will be subject to pre-appointment scrutiny and may be asked to attend a Senedd Cymru Committee hearing.

Pre-appointment scrutiny by Senedd committees is an important part of the process for some of the most significant public appointments made by Cabinet Secretaries/Ministers. It is designed to provide an added level of scrutiny of the overall process and verify that the recruitment meets the principles set out in the Governance Code on Public Appointments. This scrutiny may involve the relevant committee requesting and reviewing information from the Welsh Government and the Cabinet Secretary's preferred candidate.

Pre-appointment hearings are held in public and involve the Senedd committee taking evidence from the Cabinet Secretary's/Minister's preferred candidate. These public hearings take place before an appointment is confirmed, but after the selection process has been completed.

Where a public appointment is subject to pre-appointment scrutiny, it is a matter for the relevant committee to undertake such scrutiny, including whether to hold a pre-appointment hearing. Following a review of information provided by the Welsh Government about the recruitment process, the committee may decide that a pre-appointment scrutiny hearing is not required before it publishes its report, if it agrees with the Cabinet Secretary's choice of candidate.

### Diversity Statement

The Welsh Government recognises the value of having public bodies reflecting a wide range of cultures, identities and backgrounds. We encourage applications from all parts of society and want to appoint from the widest and most diverse pool of talent.

We welcome applications from everyone regardless of age, marriage (including same-sex marriage) and civil partnership, sexual orientation, sex, gender identity, impairment or health condition, race, religion or belief or pregnancy.

We are committed to recruiting women, Black, Asian and Minority Ethnic people, disabled people and members of the LGBTQ+ community, who are currently under-represented in Board positions at public bodies.

## **Disability Confident**

The Welsh Government accepts the social definition of disability, in which it is recognised that barriers in society act to disable people who have impairments or health conditions, or who use British Sign Language (BSL).

We are committed to removing barriers so all staff can perform at their best. The Equality Act 2010 uses the medical definition of disability “a physical or mental impairment which has a substantial and long-term impact on a person’s ability to carry out normal day-to-day activities”.

We guarantee to interview anyone who is disabled, whose application meets the minimum criteria for the post. By ‘minimum criteria’ we mean that you must provide us with evidence in your application which demonstrates that you generally meet the level of competence for the role and any qualifications, skills or experience defined as ‘essential’.

If you would like a guaranteed interview, please contact the Public Appointments Team at [PublicAppointments@gov.wales](mailto:PublicAppointments@gov.wales) to let them know.

If you have an impairment or health condition or use BSL and need to discuss reasonable adjustments for any part of this recruitment process, please contact the Public Appointments Team as above as soon as possible to discuss your requirements and any questions you may have.

## **Standards in public life**

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the Code of Conduct for Board Members of Public Bodies and Codes of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers Directions 2006.

[Code of Conduct for Board Members of Public Bodies \(gov.uk\)](#)

## **Personal Development and Performance Review**

Welsh Government values the contribution made by public appointees and wishes to ensure, in association with NHS Wales Bodies that post holders are able to access a range of personal development opportunities. On appointment a personal development plan and objectives will be agreed with the Cabinet Secretary. Successful candidates will also be required to attend an induction programme. Academi Wales deliver a range of leadership development programmes across the public service in Wales and opportunities to access these and other programmes will be explored on appointment.

## **Conflict of Interests**

When applying you will be asked to declare any interests which may, or may be perceived to, conflict with the role and responsibilities, including any business interests and positions of authority outside of the organisation you are applying to.

Any conflicts of interest will be explored at interview. If appointed, you will also be required to declare these interests on a register which is available to the public.

## **Due Diligence**

Welsh Government Public Appointments Team will undertake due diligence checks on all candidates successfully sifted to interview. This will include, but not necessarily be limited to, social media and internet searches. As a result, any due diligence findings may be explored further at interview.

## **Making an appointment**

If you are successful, you will receive a letter from the Cabinet Secretary for Health and Social Care appointing you to the position which will confirm the terms on which the appointment is offered. Your appointment will be subject to a reference check undertaken by the Welsh Government's Public Appointments Team and to a DBS check undertaken by the NHS Wales Shared Services Partnership. Attendance at the NHS Wales Induction Programme is mandatory on appointment and you will be required to attend the next available course.

## **Contacts**

For further information regarding the role please contact:

Jacqueline Totterdell, Director General Health and Social Care/NHS Wales Chief Executive, email: [Jacqueline.Totterdell@gov.wales](mailto:Jacqueline.Totterdell@gov.wales)

For further information about Public Appointments in Wales, please visit [www.gov.wales/publicappointments](http://www.gov.wales/publicappointments)

## **Queries**

For queries about your application, please contact [publicappointments@gov.wales](mailto:publicappointments@gov.wales)

Welsh Government will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact [publicappointments@gov.wales](mailto:publicappointments@gov.wales).

Additionally, you can write to:

**Office of the Commissioner for Public Appointments**  
Ground Floor,  
1 Horse Guards Road,  
London SW1A 2HQ.

or via email at [publicappointments@csc.gov.uk](mailto:publicappointments@csc.gov.uk)

## 5. ELIGIBILITY

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A person shall be disqualified from appointment if they:

- a. have within the preceding five (5) years been convicted in the UK, Channel Islands or the Isle of Man of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months.
- b. have been adjudged bankrupt or has made a composition or arrangement with their creditors.
- c. have been dismissed, otherwise than by reason of redundancy, or non-renewal of a fixed term contract, from any paid employment with a health service body, and;
- d. are a person whose tenure of office as the chairman, member or director of a health service body has been terminated because their appointment is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of pecuniary interest.
- e. have within the preceding year been in the paid employment of Velindre University NHS Trust, Welsh Ambulance Services NHS Trust or Powys Teaching Health Board.

Employment with other NHS bodies in Wales does not, at present mean a person is disqualified from appointment in accordance with the relevant Regulations in practice. Welsh Government Policy is that a person is disqualified from appointment if they have within the preceding year been in the paid employment of a Health Board in Wales, Public Health Wales NHS Trust, Health Education and Improvement Wales or Digital Health and Care Wales.

An individual shall also not normally serve concurrently as a Non-Officer Member (Chair, Vice-Chair or Independent Member) on the Board of more than one NHS body in Wales.

Applicants should also note that membership of a Health Board is a disqualifying post for membership of the Welsh Parliament under the Senedd Cymru (Disqualification) Order 2020.

## 6. ABOUT ANEURIN BEVAN UNIVERSITY HEALTH BOARD

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Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve. As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.

The Health Board employs 13,424 whole time equivalents (WTE) which translates to 17,011 staff and is the largest employer in Gwent. Our workforce is ageing, as is the demographic profile of our population and the health inequalities of our population are also found within our workforce. 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of our preventative plans.

The Health Board has an annual budget from the Welsh Government of just under £1.6 billion per year from which we plan and deliver services for the population of Gwent. The Health Board, as well as providing services locally, works in partnership to seek to improve health and well-being in the area, particularly through our partnership arrangements to respond to the Social Services and Well-Being (Wales) Act 2014 and the Well Being of Future Generations (Wales) Act 2015.

The Grange University Hospital in Cwmbran opened in November 2020 and provides critical and specialist care to residents in Gwent and South Powys. Three enhanced Local General Hospitals continue to provide a range of inpatient and outpatient services; these are the Royal Gwent Hospital in Newport; Ysbyty Ystrad Fawr in Ystrad Mynach and Nevill Hall Hospital in Abergavenny. There are also a range of other hospitals and facilities across Health Board area.

For further information regarding the role please contact Rani Dash, Director of Corporate Governance: [Rani.Dash@wales.nhs.uk](mailto:Rani.Dash@wales.nhs.uk)

Additional information on Aneurin Bevan University Health Board can also be found on the Health Board's website.

# Agenda Item 3.1

Y Pwyllgor Deisebau

## Petitions Committee

Peter Fox MS,  
Chair,  
Health and Social Care Committee

3 February 2026

Dear Peter,

### Petition P-06-1543 Keep weekend opening at Cardigan minor injuries unit

The Petitions Committee met on 26 January and considered the above petition, submitted by Mark Gibbins.

The Committee welcomed the response from Hywel Dda University Health Board on the business case being developed for the service in question. It was hoped that the success of the pilot would be noted and that the petition had achieved its aim. The Committee thanked the petitioner and closed the petition. In doing so it was agreed to forward the Health Board's correspondence to you as the Chair of the Health and Social Care Committee for awareness.

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-06-1543 Keep weekend opening at Cardigan minor injuries unit](#)

I would be grateful if you could send your response by e-mail to the clerking team at [petitions@senedd.wales](mailto:petitions@senedd.wales).

Yours sincerely



Carolyn Thomas MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

## 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



We welcome correspondence in Welsh or English.

03 February 2026

Dear Health and Social Care Committee,

On the 22nd January 2026 you heard evidence from the Minister for Children and Social Care as part of your ongoing inquiry into improving access to support for unpaid carers.

During this session, reference was made to the Sustainable Social Services Grant and to specific activities Carers Trust and Carers Wales are funded to deliver under it through a programme called Carer Aware.

As a partnership, both Carers Trust and Carers Wales are proud of our delivery under this programme. Supported by an advisory board comprising BASW, Social Care Wales, NHS Confederation, Llais and unpaid carers and delivered in collaboration with universities, professional bodies, local authorities and local health boards we can demonstrate measurable impact against all areas of delivery that have been funded. We can provide a range of qualitative and quantitative measures that show we have reached a significant number of health care professionals and social workers and had a demonstrable impact on their ability to identify and support unpaid carers. However, given the scale of the work force and the diversity of settings we recognise the limitations of what a small national project is able to achieve at a community level.

We would like to make clear to members of the Health and Social Care Committee that across 23/24, 24/25 and 25/26 community level general awareness raising campaigns have not been funded as activities under this project. We have utilised funding under this programme to undertake some national awareness raising activity as part of Carers Week, Carers Rights Day and Young Carers Action day. We have also attended national conferences including the National Social Care Conference, WLGA's conference, the NHS Confederation Conference and Gofod3 specifically to promote the resources available through the project. However, this remains a very small part of the activity funded under Carer Aware.

Over the last 3 years Carer Aware has been largely funded to develop and deliver training and resources for pre and post registration health care professionals and to social workers. We have also been funded to maintain some online awareness raising resources that were developed for health and social work practitioners in years prior.

All resources can be found on our organisations' websites as follows:

- [Carer Aware Project - What is it? | Carers Trust Wales](#)
- [Carer Aware | Carers Wales](#)

Key activities funded for delivery over the last 3 years to support improvements to carers' experiences in health and social care settings include:

- Training sessions for more than 300 health care professionals improving their ability to identify and signpost unpaid carers and supporting the development of more scalable training packages.
- Training more than 700 students in our first year of delivery through 4 Universities offering health care courses this year; Bangor, Aberystwyth, Cardiff Metropolitan and the University of South Wales. Including Nursing courses, Pharmacy, Advanced Clinical Practitioner and Health and Social Care courses. This training is now embedded in numerous courses in universities across Wales reaching thousands of students each year in a sustainable way.
- Developing case studies to support the professional development of health care professionals and creating a comprehensive [suite of e-learning modules](#) launched in 2025. These are promoted across universities and Health Boards and will enable clear tracking of uptake helping to create the first national picture of carer awareness training of health care professionals
- Developing Good practice guides for hospital discharge for [NHS service planners](#) and [frontline healthcare staff](#), and video case studies on involving carers in [hospital discharge](#)
- Developing and rolling out of a best practice [co-production toolkit for health care settings](#) which included the direct funding of exemplar models captured within the toolkit and shared with all Local Health Boards.
- Facilitating the national Local Health Board Carer Leads roundtable to support the sharing of best practice and the dissemination of training resources quarterly across the last three years. This is the only national route through which all Local Health Boards are supported to work together for the benefit of unpaid carers.
- Co-produced Carer Aware training reaching 831 social work professionals, drawn from every local authority area across Wales.
- Developing and sharing Good Practice Principals for Social Workers resources, co-produced with unpaid carers and social work professionals with strategic insight from the Carer Aware Advisory Board and reviewed annually.
- Producing resources for unpaid carers to support Carers Needs Assessment, co-produced with unpaid carers and social work professionals and reviewed annually.
- Ongoing awareness raising activity targeted to social care professionals via Social Care Wales and BASW Cymru, presenting to forums of staff and social care professionals, guest-writing blogs and promoting resources and training opportunities.

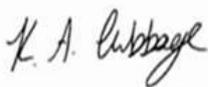
- Developing several co-produced Carer Aware e-learning modules for social work professionals and hosting of resources online.
- Delivering Carer Aware webinars aimed at sharing of best practice among local authority areas and promoting training and resources within strategic leaders and middle managers of social services teams.

Our workplan for 26/27 has not yet been agreed with Welsh Government following a change to the process for agreeing next year's funding and workplans late last year. However, based on evidence of need, and in cooperation with Welsh Government, we see the next phase of this project as having a stronger emphasis on general awareness raising at a community level. We have also focused on the embedding of training resources and the growth of e-learning opportunities in this current financial year in order to free up resources for more proactive awareness raising activity. This has been a deliberate, phased approach, to ensure the sustainability of the project.

You have heard evidence from carers and from our organisations that there is still significant work to do to ensure that all carers receive the recognition and support they deserve and have a legal right to in health and social care settings. Carer Aware is evidently not a project that is of sufficient scale to drive through the level of systemic change needed to close the implementation gap. However, we are confident that our work is demonstrably impactful and is an important part of building strong foundations for improvement.

We hope that this note of clarification is of use to the Committee as you consider your recommendations.

Kind regards,



Kate Cabbage, Director, Carers Trust Wales



Rob Simkins, Head of Policy and Public Affairs, Carers Wales

# Agenda Item 3.3

Y Pwyllgor Deisebau

## Petitions Committee

Peter Fox MS,  
Chair,  
Health and Social Care Committee

18 February 2026

Dear Peter,

Petition P-06-1551 Stop the Welsh Government's Harmful Changes to NHS Dentistry / P-06-1557 Introduce guaranteed NHS dental treatment for the population of Wales

The Petitions Committee met on 9 February and considered the two above petitions, submitted by Jeff Goodwin and Douglas Russell respectively.

The Committee raised their concerns about dental service provision as a matter to be pursued further in the Seventh Senedd. In view of the timeline for implementing the new dental contract it was decided to thank the petitioners for raising such an important issue and close both petitions. It was agreed that in doing so the Committee would write to you as Chair of the Health and Social Care Committee to highlight both petitions.

The full details of the Committee's consideration of the two petitions, including the correspondence and the actions agreed by the Committee can be found here:

[P-06-1551 Stop the Welsh Government's Harmful Changes to NHS Dentistry / P-06-1557 Introduce guaranteed NHS dental treatment for the population of Wales](#)

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

Yours sincerely



Carolyn Thomas MS  
Chair

**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

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

# Agenda Item 3.4

Ymlynwylwr Iechyd a  
Gofal Cymdeithasol

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

## Health and Social Care Committee

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

Alex Howells  
Chief Executive  
Health Education and Improvement Wales

4 February 2026

Dear Alex

As you will be aware, the Committee published its report on Ophthalmology Services in Wales in November 2025. The report, which you will have received a copy of, made a series of recommendations, including recommendations 13, 14, 16 and 17 which were directed to HEIW.

We have now received the Welsh Government's response to the report, which did not include a coordinated response with HEIW to the recommendations identified above.

In the absence of that, I am writing to you to invite you to respond directly to those recommendations. We will be holding a plenary debate on the report, including the response from the Welsh Government, on 25 February 2026. It would be helpful to have your response in time for that debate, by close of play **Friday 20 February 2026**.

I look forward to hearing from you.

Yours sincerely



Peter Fox MS  
Chair, Health and Social Care Committee

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

# Agenda Item 3.5

## HEIW Response to the Senedd Inquiry into Ophthalmology Services in Wales December 2025

### Specific recommendations with actions for HEIW (1, 13,14,15,16, 17).

**Recommendation 1:** HEIW to be represented on an oversight board to monitor the National Clinical Strategy.

**HEIW Response:**

HEIW acknowledges the importance of being actively involved in the oversight of the National Clinical Strategy to ensure alignment with national priorities and to contribute expertise in workforce planning and education. At present, HEIW is awaiting formal instruction regarding its representation on the oversight board.

**Recommendation 13:** HEIW should provide us with an update on the work of its specialty school for ophthalmology and the head of school. This update should include:

- Progress with initiatives to improve recruitment and retention of ophthalmology trainees and consultants.
- Actions taken to promote ophthalmology as a career.
- steps to expand ophthalmology training programme, including any curriculum developments or new training pathways.
- Details of progress with developing a specific trainee recruitment programme for Wales, including timelines and expected outcomes.
- Key performance indicators to track progress, such as number of new training posts created, percentage of trainees retained in Wales post CCT, uptake of enhanced training opportunities and regional distribution of trainees and posts.

**HEIW Response:**

Ophthalmology training in Wales is delivered across all Health Boards, supported by advanced simulation facilities at Cardiff University. The programme meets all GMC standards and follows the Royal College of Ophthalmologists' curriculum.

Recruitment remains strong, with a 100% fill rate for the August 2025 cohort. National competition is high (21:1). HEIW and Welsh Government continue to monitor the UK recruitment landscape and adapt processes in response to policy changes.

Health Boards hold responsibility for consultant appointments. HEIW provides workforce pipeline data to support local planning. While initial post-training retention into consultant posts is low, this is in part due to many doctors choosing to undertake further Fellowships- retention improves after 1-2 years.

To strengthen earlier engagement, HEIW has expanded taster opportunities for Foundation doctors, with pan Wales availability expected by August 2026. Work is also underway to introduce Longitudinal Integrated Foundation placements, subject to expansion of Foundation

training numbers and supervisor capacity. These opportunities improve visibility and attractiveness of ophthalmology as a career.

HEIW monitors recruitment, retention and training progression KPIs, reporting regularly to the Executive Team, Board and committees. Current metrics show strong recruitment and good trainee progression. A recent increase in requests to transfer out of Wales—mostly for personal reasons—is being monitored to identify any potential systemic issues.

**Recommendation 14:** HEIW should provide us with an update on the specific actions being undertaken to address training capacity limitations in ophthalmology, including:

- milestones for expanding training infrastructure and supervision capacity
- plans for a phased increase in specialty training places, aligned with projected demand and workforce modelling;
- any barriers to expansion and proposed solutions.

**HEIW Response:**

A review of current training capacity has been completed by the Head of School across all Health Boards. Within the 2026/27 Education and Training Plan, HEIW has recommended an expansion of two training posts, which is subject to funding decisions. Based on the capacity review, a further increase of three posts is expected to be proposed for 2027/28.

The current ophthalmic training infrastructure requires revision to effectively support future trainee numbers. HEIW is supportive of the review's recommendations, which outline a regional model and the development of centres of excellence to improve patient outcomes and enhance the training environment and capacity. Once implemented, HEIW will undertake additional assessments to identify further expansion opportunities, ensuring alignment with service needs and workforce planning.

**Recommendation 15:** The Cabinet Secretary should commit to providing funding for additional ophthalmology specialty training places identified by HEIW in its annual education and training plan, ensuring sustainability and alignment with the scale of investment already made in primary care optometry.

**HEIW Response:**

HEIW's recommendations for expanding ophthalmology training places, as outlined in the 2026 Education and Training Plan, are currently under consideration by Welsh Government.

**Recommendation 16:** HEIW should provide us with an update on its ophthalmology workforce review, including timelines for completion and early findings.

**HEIW Response:**

HEIW has not received a formal request from Welsh Government to undertake an ophthalmology workforce review. In light of current financial challenges facing all NHS organisations HEIW will work collaboratively with NHS Performance & Improvement to identify how to further progress the development of the ophthalmology workforce without significant additional investment

Within secondary-care ophthalmology, the clinical workforce comprises ophthalmologists, ophthalmic nurses, orthoptists, and a small number of optometrists. Training needs for each profession are routinely assessed, and the workforce is kept under ongoing review to ensure alignment with service requirements.

HEIW has published profession-specific workforce plans that provide detailed analysis and recommendations. While each profession is considered individually, workforce planning is aligned regionally where appropriate to address demand and capacity across the ophthalmology workforce as a whole. HEIW's remit covers clinical staff only; non-clinical roles fall outside its scope.

**Recommendation 17:** HEIW should commit to producing a strategic, cross-professional workforce plan for ophthalmology, covering medical, nursing, optometry and allied health professionals. This plan should:

- be informed by regional demand modelling and workforce data;
- include actions to improve retention post-CCT;
- identify future workforce needs across subspecialties;
- be published before the end of February 2026

**HEIW Response:**

HEIW's 2025/26 remit letter did not include development of a cross-professional ophthalmology workforce plan. However, HEIW continues to publish and maintain workforce plans for Allied Health Professionals (including orthoptists), Nursing, and Optometry (via the Strategic Programme for Primary Care).

While new cross-professional plans are not currently funded, HEIW continues to analyse and share workforce intelligence across medical ophthalmology, nursing, optometry, and orthoptics. This supports evidence-based trainee pipeline planning and informs discussions with health boards, including through tools such as the CCT dashboard.

HEIW is also supporting improvements in eye care services through collaboration with Welsh Government, including:

- expanding training and development opportunities for ophthalmic nurses, including skills such as intravitreal injections

- increasing enhanced training and placements for optometrists in glaucoma and medical retina
- providing administrative and finance support for secondary-care clinics hosting optometrist placements
- scoping opportunities for wider health-care professional placements in optometry settings

HEIW will produce an options appraisal for Welsh Government outlining the requirements to develop a robust, sustainable, and agile Optometry workforce over 5-, 10-, and 15-year horizons, aligned to *A Healthier Wales* and *The Future Approach for Optometry Services*.

Key components include:

- workforce modelling to assess current and future service needs and opportunities for community-delivered care
- scenario planning and risk analysis to inform recruitment, training, and retention options
- integration of Eye Health Needs Assessments to identify gaps and support evidence-based decision-making
- continued collaboration with ophthalmology to strengthen understanding of safe patient stratification into community pathways

This approach ensures HEIW's workforce planning for eye care remains robust, evidence-based, and responsive to evolving population needs.



**Optometry Wales Written Response to the Welsh Government response (January 2026) to the Health and Social Care Committee's report (November 2025) following the Inquiry into Ophthalmology Services in Wales.**

Optometry Wales is the umbrella professional body for all community optometrists, dispensing opticians and optometric practices in Wales with our main function to represent the profession at all levels in Wales. Optometry Wales negotiates on behalf of the statutory bodies (the Regional Optical Committees) with the Welsh Government and NHS Wales in respect of national NHS services provided by optometry in primary care.

Optometry Wales is pleased to be invited by the Health and Social Care Committee to provide a written response to the Welsh Government response (January 2026) to the Health and Social Care Committee's report (November 2025) following the Inquiry into Ophthalmology Services in Wales.

**1. Urgency and Interim Action**

Optometry Wales was pleased to see the Welsh Government acknowledge the success of community-based optometry primary care through the Welsh General Ophthalmic (WGOS) programmes, which had resulted in more than 90,000 additional optometry appointments in 2024-25 compared with the previous year and will further surpass this in 2025-26 based on current data.

In October 2023, Welsh Government advanced the integration of primary and community care optometry services through Optometry Contract Reform under Wales General Ophthalmic Services (WGOS) consisting of five levels of service. The aim of the integrated eye care pathways is to reduce the number of referrals into hospital eye departments by 1/3 (referral filtering), and to increase capacity in hospital departments by freeing up 35,000 follow up appointments through monitoring, management and treatment in primary care. Optometry practices across Wales have fully embraced the change and the move to a more clinical focus with many clinicians undertaking additional training to upskill in the required qualifications.

Optometry Wales looks forward to continuing to support this shift of eye care services from ophthalmology to optometry to free up more secondary care clinic time for those patients requiring surgical or complex ophthalmology care.

The new Independent Prescribing Service (WGOS5) has had time to embed across Wales with significant patient numbers (26,304 appointments in 2024-25) being seen in primary care that would traditionally have been seen in Eye Casualty hospital clinics and with more optometrists qualifying as independent prescribers in Wales on a monthly basis this is expected to continue.

WGOS4 (Glaucoma, Medical Retina and Hydroxychloroquine) services are the latest services to be rolled out across Wales and are not yet fully embedded. However, patient numbers are starting to increase with 2,520 new appointments created in 2024-25 with more practices joining WGOS4 and expected to further increase once all health boards have established all elements of the service. Optometry had readied themselves to provide these services earlier than Local Health Boards had been able to deliver but it is hoped with the roll out of digital integration that the remaining pathways in the remaining local health boards will be rolled out in the near future.

## **2. Governance and Oversight**

Optometry Wales attends the Ophthalmology Clinical Implementation Network (CIN) which brings together all stakeholders including third-sector organisations to discuss and agree ways to ensure equal care across regions, addressing disparities in care delivery and waiting time performance. In each of the Health Boards Eye Care Collaborative Groups (ECCGs) have been established with both primary and secondary care inclusion to ensure sharing of information, frequency of ECCG meeting is variable across the Health Boards which can impact on the flow of information.

Health Boards also report progress of Optometry contract reform implementation at the Eye Care Wales Committee meetings via a national reporting template and share best practice with all groups. This common sharing of WGOS data alongside ophthalmology waiting time data supports the assessment of new optometry care pathways alongside the data that is collated from the payment/audit WGOS claim forms. Data relating to the number of patients seen under WGOS alongside the number of patients discharged from ophthalmology to WGOS supports the assessment of the effectiveness of new care pathways.

## **3. Investment and Resourcing**

Welsh Government has supported the upskilling of optometrists and dispensing opticians via funding provided to Health Education and Improvement Wales to obtain higher qualifications in Independent Prescribing, Glaucoma, Medical Retina and Low Vision. Optometry practices, clusters and health boards have also provided funding for these higher qualifications. Optometry Wales welcomes the additional investment that has been made via the Welsh Government and Health Education and Improvement Wales to fund the training of significant numbers of optometrists and dispensing opticians to obtain these qualifications to be able to then provide these enhanced services across Wales and support with creating additional capacity in secondary care.

Welsh Government has supported the establishment of three teach and Treat Centres in North, West and South Wales. This ensures that clinical placements required for many of the optometry higher qualifications can be accessed by all practitioners in a timely manner, delays have however meant that North Wales Teach and Treat clinic only came online in the latter part of 2024. In addition, Welsh Government has supported Health Education and Improvement Wales to establish Advanced Training Practices which fund appropriately skilled optometrists to host a clinical placement within their own practice to further enhance clinical placement capacity for higher qualifications. Welsh Government is funding practices for

practitioner time taken out of practice to complete clinical placements required for glaucoma and medical retina higher qualifications.

#### **4. OpenEyes and Digital Delivery**

Optometry Wales welcomed the Welsh Government commitment to digital transformation to support integrated, efficient and safe eye care. Optometry Wales welcomed the significant investment in digital transformation along with the direction from Welsh Government for Health Boards to fully implement the OpenEyes electronic patient record (EPR) (in both primary and secondary care) and the Opera electronic referral system (ERS) by the end of March 2026. Optometry Wales has been encouraged by the progress being made to date by the majority of health boards to achieve the objective of the roll out of the ERS but appreciated that there is much work to be done by health boards to achieve this timeline in respect of the EPR due to the increased complexity. Optometry Wales confirms its full support and commitment from the profession in this implementation process and has already appointed digital champions in each of the three Regional Optical Committees who are ready to support practices throughout and beyond the digital implementation stage. Optometry Wales has already spoken to key stakeholders and is ready to support with national and local training events as part of our collaboration with health boards to ensure a seamless process. Optometry Wales fully understands the importance of this digital transformation to improve patient safety and to enable seamless sharing of clinical information and digital imaging between primary and secondary care.

#### **5. Data, Harm Reporting, and Performance**

Optometry Wales welcomed the inclusion of optometry within Primary Care Wales Incident Reporting [Primary Care Wales Incident Reporting - NHS Wales Shared Services Partnership](#) and welcomed the opportunity to collaborate with NHS Wales to ensure that the optometry profession was fully aware of the Datix Cymru reporting platform. Optometry Wales supported raising of awareness through a national webinar in collaboration with NHS Wales and provides regular reminders to the profession via the Optometry Wales weekly newsletter.

## Agenda Item 3.7

# RNIB Cymru response to the Welsh Government response to the HSC Committee Ophthalmology

## Executive summary

While there are some positives in Welsh Government's responses to the Health and Social Care Committee's report "Inquiry into Ophthalmology Services in Wales", published in November 2025, RNIB Cymru considers that the following themes run through the response as a whole:

1. **Repeated deferral and delay:** many responses shift action into late 2026 or beyond – far too slow for a specialty where delays cause irreversible vision loss.
2. **Lack of measurable commitments:** few responses include milestones, dates, or accountability mechanisms.
3. **Insufficient focus on patient harm:** despite clear evidence of harm from delays, the responses lack urgency and fails to strengthen risk management.
4. **Under-investment in secondary care is ignored:** primary care investment is celebrated, but hospital services – which handle the most sight loss-critical conditions – remain underfunded.
5. **Patients' voices are insufficiently embedded:** there is no concrete commitment to robust patient representation in service design, delivery, or monitoring.

The lack of urgency in the response does not address the clinical risk of avoidable permanent harm being caused to patients right now.

There are 80,000 patients at the greatest risk of permanent sight loss waiting too long for sight saving treatments. RNIB Cymru finds it difficult to believe that if 80,000 cancer patients were waiting too long for treatment, where delays would also result in irreversible permanent harm, that Welsh Government's response would be to only commit to reviews, to investigate structures, and shift remedial action into late 2026 or beyond.

An anonymous patient who shared their story with the Health and Social Care Committee as part of their Ophthalmology Inquiry said:

"The reason I shared my story with the Committee is because I feel strongly that when you value the people who use your services, it can only make them stronger. But it doesn't feel as

though the patients, like me, who took time to share their experiences, have been considered in this Welsh Government response.

“It is disappointing that the reality that thousands of eye care patients across Wales face – the anxiety that comes with the life changing possibility that we could lose our sight when it could have been saved – is barely referenced. We aren’t just eyes to be treated, we are people with careers, families, friends, passions and interests. Unfortunately, the Welsh Government’s response to the Inquiry report talks about lived experience in a way that feels tokenistic at best. We should really be at the centre of this debate, not a passing mention.”

## **Introduction**

RNIB Cymru welcomes some aspects of the Welsh Government’s response to the Health and Social Care (HSC) Committee’s Ophthalmology inquiry report. However, we are disappointed by the disconnect between the urgent need for treatment for patients who are at risk of avoidable, permanent, sight loss, and the lack of timescales and deadlines for the reform of Ophthalmology services, clearly demonstrated and outlined within the National Clinical Strategy for Ophthalmology, and provided by patients and patient voice organisations as evidence during HSC Committee’s Inquiry.

RNIB Cymru acknowledges the investment to improve cataract services for patients across Wales, as outlined in the response introduction. We also acknowledge that the improvements in community optometry, as a result of Optometry Contract Reform, will free up secondary care appointments as more patients receive eye care services in primary care.

However, this makes the lack of investment or timed plans for improvement for patients categorised as HRF1 (or, more commonly R1) by the Eye Care Measures, and therefore at risk of avoidable permanent of sight loss if a target appointment date is missed, stark by comparison.

On behalf of people at risk of sight loss, RNIB Cymru would expect urgency, clear accountability, patient-centred action, and measurable commitments from Welsh Government. Across the responses, Welsh Government frequently falls short of these principles.

## **Recommendations 1 and 12: Cross-sector oversight board**

The HSC Committee asked for the urgent establishment of an oversight board before the 2026 election. Welsh Government's refusal to act until after a wider governance review takes place pushes the solution well beyond this timeline to make it a problem for the next government. Patients are losing vision now – delaying oversight for months or even longer is unjustifiable.

The Committee explicitly called for patient groups to be included in governance and accountability arrangements. The response does not confirm that this will be the case. The Committee also wanted public progress reporting, but the response avoids confirming a transparent, regular reporting cycle.

Welsh Government repeats existing expectations instead of committing to new action, stating that health boards are already expected to manage estates, equipment and risk, but this simply restates policy rather than addressing the root causes of the 80,000 patients waiting beyond their clinically recommended appointment time every month.

## **Recommendation 2: Progress updates on the National Clinical Strategy**

The HSC Committee asked for a clear update on the National Clinical Strategy by February 2026 – the Government's response does not confirm that it will meet this deadline, and only offers vague assurances of reporting once new structures are in place.

While there is a list of meetings, subgroups and documents provided in the response, Wales Vision Forum members are unaware of their engagement in these meetings, and is not meaningfully engaged with the detail of implementation of the National Clinical Strategy.

We can speak specifically to the accessible patient appointment letter which was agreed by the members of the Wales Vision Forum through the Ophthalmology CIN Patient Communication Sub-group, including RNIB Cymru, but has not been consistently implemented in Health Boards due to longstanding technical limitations of the WPAS IT system.

Significantly, there is little evidence of improved R1 patient outcomes or reduction in harm. Nor are there any milestones, timelines or named leads which were specifically requested by the Committee.

### **Recommendation 3: Investment programme for secondary care**

Welsh Government's response to this recommendation completely avoids the issue of underinvestment. The HSC Committee noted the severe, long-standing underfunding of hospital eye services, while the response offers no new investment, no commitments and no timeline. By deferring, and pushing the problem onto the next Welsh Government, urgent patient needs for diagnostic equipment and treatment capacity remain unmet.

A baseline study is valuable, but it should be done alongside urgent investment, not used as a reason to defer action while R1 patients continue to experience sight-threatening treatment delays.

### **Recommendation 4: Aligning secondary care with WGOS expansion**

RNIB Cymru welcomes the acceptance of this recommendation. We are supportive of Optometry Contract Reform, and the principle of patients having care provided within their community by appropriately qualified optometrists integrating as part of the wider eye care workforce. We consider this an essential element of expanding capacity within hospital ophthalmology to reduce the number of people waiting too long for treatment.

However, in its response, Welsh Government provides numbers for the extra appointments provided in primary optometry, but no data indicating that this has resulted in an equivalent increase in additional R1 patient treatments in hospital eye clinics to use this freed-up capacity.

Additionally, the response offers no additional capacity for the Ophthalmology CIN or Health Boards to plan and deliver the National Clinical Strategy, without which it is unlikely to be implemented at the pace or scale required.

## **Recommendation 5: Sub-specialty waiting list data**

We welcome the acceptance of this recommendation, but without dates, mandatory standards and accountability, this remains only a statement of intent.

The most crucial missing data – that of R1 follow-ups is not explicitly addressed. Sight loss is most often caused by these follow up delays, not new referrals, which was the reason behind the introduction of the Eye Care Measures. Sub-specialty coding alone will not prevent harm unless follow-up priority codes are also standardised and monitored.

## **Recommendation 6: Patient experience and support**

RNIB Cymru welcomes the acceptance of this recommendation, the need to embed the Eye Care Support Pathway within clinical pathways, and commitment to review consistency and sustainable funding for ECLOs as part of the core eye care workforce. However, it must be noted that since the publication of the National Clinical Strategy for Ophthalmology in September 2024 there has been very limited progress and again no plans and timelines are in place.

We would note that the response also states that the patient voice should be heard in the design, monitoring and evaluation of the National Clinical Plan. We are not aware of any Wales Vision Forum member organisation being involved in this work to date, so our experience is falling short of this expectation.

## **Recommendation 7: Harm reporting**

Guidance from the Royal College of Ophthalmologists notes that standard NHS harm-grading systems, which rely heavily on mortality, underrate the true severity of vision-related harm, meaning ophthalmology incidents may be ranked as “lower severity” than they clinically are. Additionally, the procedures for the reporting of non-fatal harm caused by delayed appointments, rather than as a consequence of mistakes during treatment or surgery, are poorly codified.

Because the failure to treat in a timely way rarely results in an unexplained death for ophthalmology, this harm – permanent, life-changing sight loss – is significantly underreported. All of this creates epidemiological bias between and within medical specialties, skewing clinical and political priorities towards what **appears** harmful rather than what **is** harmful.

RNIB Cymru has little doubt that this has resulted in ophthalmology being historically deprioritised as a clinical specialty.

The HSC Committee requested a new, standardised approach because harm reporting is inconsistent and often under-reported. The Welsh Government asserting that “it already exists” ignores this serious issue.

Harm reporting is only reliable if all primary and secondary eye care staff are trained in understanding:

- that the duty of candour is not only confined to treatments that they themselves are responsible for, but also includes the reporting of patient harm caused by outpatient treatment delays,
- that this duty extends to optometrists who should be reporting any sight loss incurred in their patients while they are waiting for hospital treatment, and
- in the processes used for reporting and recording within the Datix system.

The response provides no date, no plan, and no scale for this. Patients need sight loss harm to be reported publicly, consistently, and independently reviewed. None of this is addressed.

## **Recommendations 8 and 9: OpenEyes and Opera rollout**

The HSC Committee asked for an oral statement, enabling scrutiny. Welsh Government only agrees to a written statement and does not confirm whether the March 2026 deadline is achievable. A meaningful response would have listed each health board and its progress. The omission suggests Welsh Government does not have the data or is avoiding scrutiny.

Patients need confidence that the system will prevent delays in referrals and ensure timely, accurate transfers of care between primary and secondary eye health. There is no assurance.

## **Recommendations 10 and 11: Regional working**

Regional working has been Welsh Government policy for years but remains highly variable. The response does not explain how compliance will be ensured.

The HSC Committee asked for regular publication of regional performance data, but the response gives only vague assurances. Ring fenced investment is dodged entirely, with no commitment to the funding that is essential to make regional services safe and sustainable.

## **Recommendations 13, 14, 15, 16,17: Workforce and training**

The additional appointment capacity created by the WGOS 4 and 5 tiers will not alone result in an improvement in timely treatment for R1 patients at risk of permanent sight loss. Without sufficient staff trained to provide eye injections and other treatments, these freed-up slots offer little of therapeutic value.

The Welsh Government's position that these recommendations fall outside its remit is not credible – funding decisions, strategic direction, urgency, and ultimate responsibility do sit with Welsh Ministers, and patients are being harmed by workforce shortages now.

Ophthalmology capacity cannot expand without more consultants, ophthalmic nurses, optometrists, dispensing opticians, orthoptists and ECLOs. Welsh Government fails to commit to the training places that Wales clearly needs. The Government also fails to address recruitment, retention, and the chronic burnout and attrition in ophthalmology teams.

## **Closing statement**

Welsh Government's response is, essentially, that future updates will follow when new governance structures are in place. There is no immediate action to protect patients at risk of avoidable permanent sight loss today – instead, the language used focuses on governance processes rather than urgent harm reduction and prevention of permanent sight loss.



## Response to Senedd Health and Social Care Committee

### Inquiry into ophthalmology services in Wales

February 2026

**1. Urgency and Interim Action: The Welsh Government's response frequently defers decisions and ties action to future governance arrangements, without setting out immediate steps to address risks such as avoidable sight loss. Do you feel the Welsh Government's response adequately reflects the urgency of the issues identified in the Committee's report, or are there immediate actions you believe are missing?**

No – the Welsh Government's response to the report displays a concerning lack of urgency to the huge challenges facing ophthalmology services. The number of highest risk patients waiting for an ophthalmology appointment has reduced by less than 2% over the last 12 months, with most missing their target appointment date and almost 160,000 still waiting for an appointment.

As the [National Clinical Strategy for Ophthalmology](#) (NCSOphth) highlighted, long waits for patients are caused primarily by three reasons - 'crumbling and ill-equipped estates', 'dire workforce shortages' and 'archaic digital infrastructure'.

We are therefore particularly disappointed that the Welsh Government has not committed to implement the committee's recommendation (3) for a programme of investment specifically for secondary ophthalmology services, instead deferring this until after the May 2026 elections. Without this investment to address these three structural problems, we will not see significant improvements in ophthalmology services or meaningful progress to prevent irreversible sight loss.

It is also worrying that the Welsh Government has indicated it will not introduce an oversight board (recommendation 1) to monitor the implementation of the NCSOphth. Instead, it delays introducing oversight arrangements and delegates responsibility to NHS Performance and Improvement. Implementing the NCSOphth in full must be a priority for the next government to ensure we deliver the comprehensive improvements that are needed to put ophthalmology services on a long-term sustainable footing.

**2. Governance and Oversight: The recommendation to establish a dedicated oversight board was not accepted, with the Welsh Government deferring this until governance reforms conclude in April 2026. How concerned are you about the lack of a defined oversight structure in the period before the new governance arrangements are finalised? Do you see risks to accountability or delivery?**

RCOphth is worried about the current absence of a clearly defined oversight structure ahead of new governance arrangements, and the questions this raises about accountability for delivery.

Our broader concern is that at present ophthalmology does not have a prominent role in governance arrangements, with optometry and ophthalmology unhelpfully separated. Currently, the Welsh Optometric Committee advises the Chief Optometric Advisor and Welsh Government directly, but there is no corresponding link with policymakers for ophthalmology. This split must not be replicated in the new arrangements. All parts of the eye care sector must be heard by decision-makers, with clear lines of accountability and points of contact.

RCOphth supports the creation of a National Ophthalmology and Eye Care Board for Wales. This would report directly to the Welsh Government, and include the National Clinical Lead for Ophthalmology as well as key optometry and patient representatives. It would provide government with national-level recommendations to improve the delivery of eye care across Wales and monitor the implementation of the NCSOphth.

**3. Investment and Resourcing: For several recommendations – particularly on secondary care investment and workforce training – the Welsh Government either deferred decisions or pointed to other bodies such as Health Education and Improvement Wales (HEIW), without committing new resources or setting timelines. From your perspective, does the response demonstrate sufficient clarity and commitment around the investment and resourcing required for ophthalmology services?**

No, the lack of commitment and clarity on investing to improve estates and workforce shortages is concerning and will not address the root causes that prevent patient need being met.

Chronic workforce shortages continue to be a major challenge to effective service delivery. Units are functioning with well below the minimum recommended number of consultants ([Wales has only 1.97 full-time equivalent ophthalmology consultants per 100,000 population](#), where 3 per 100,000 is the minimum the College recommends).



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OPHTHALMOLOGISTS

RCOphth's [2022 workforce census](#) indicates that nearly half (47%) of ophthalmology consultants in Wales said they intended to retire over the next five years, further contributing to these pressures.

As the NCSOphth sets out, physical and digital infrastructure is substandard, with every ophthalmology unit in Wales having outgrown its space.

We believe that the Welsh Government must commit to increasing ophthalmology training places, backed by the infrastructure to deliver training. RCOphth [has recommended](#) an additional 36 ophthalmology training places in NHS Wales by 2031 to keep pace with patient demand.

When making investment decisions, it is imperative that focus is maintained on how to help most patients avoid irreversible sight loss. In England, huge resource has been devoted to treating low-risk cataracts, primarily in independent sector providers. This has led to [funding, workforce and infrastructure being diverted away from treatment for higher-risk conditions](#), like complex glaucoma and age-related macular degeneration (AMD). The Welsh Government must not repeat these mistakes.

The Welsh Government must also be careful not to de-prioritise ophthalmology services as part of its ongoing WGOS reforms. While optometry is well-placed to oversee early detection, monitoring and management of stable or lower-risk conditions, consultant [ophthalmologist oversight is crucial for patient safety](#). Ophthalmology services will remain important, particularly for complex surgery, treating patients with complex needs and emergency care. Furthermore, while WGOS pathways have been identified as a success story in recommendation 4, many areas are seeing a rise in referrals to ophthalmology, increasing pressure on already stretched services.

**4. OpenEyes and Digital Delivery: The Welsh Government accepted the OpenEyes recommendations but only in part. Do you have confidence in the current digital delivery plans (particularly OpenEyes), or do you feel greater transparency and scrutiny are needed at this stage?**

We welcome the Welsh Government's acceptance of the importance of OpenEyes and Opera, and acknowledgement of the need to improve digital interoperability as part of service improvement. [Standardised electronic health records](#) are essential to safe and effective patient care, ensuring consistent, accurate, accessible data across healthcare settings.

Welsh Government's response commits to a written update in March 2026, but does not currently provide a clear picture of progress, subspecialty coverage, or contingency plans should the deadline not be met. Given the central role digital systems play in



patient safety, waiting list management and harm reporting, RCOphth believes greater interim scrutiny and more regular reporting would be appropriate.

This is especially important given that the responsibility for delivery of upgrades to IT infrastructure lies with individual health boards. Welsh Government must set out clear lines of accountability and provide robust monitoring to avoid significant regional variation in implementation.

**5. Data, Harm Reporting, and Performance: The response supports principles such as subspecialty reporting and harm-reporting protocols but provides limited milestones, timelines, or compliance expectations. How important do you think it is for the Welsh Government to set clear milestones and expectations for data reporting and harm-reporting? Do you see gaps in what has been provided so far?**

We are pleased to see the Welsh Government's recognition of the importance of subspecialty reporting and harm reporting. It aligns with NHS requirements and RCOphth's definitions of harm, including harm due to delay. In a specialty with a high volume of follow-up care for chronic conditions, further data is needed to ensure that services are commissioned based upon urgency of patient need.

It is important for clear timelines and reporting parameters to be developed to support consistent implementation and accountability.

# Agenda Item 5

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# Agenda Item 6

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