

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

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| Meeting Venue:  | For further information contact:   |
| Hybrid – Committee room 4 Tŷ Hywel<br>and video conference via Zoom | Helen Finlayson<br>Committee Clerk                                       |
| Meeting date: 2 March 2023  | 0300 200 6565  |
| Meeting time: 09.30   | <a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a> |

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### **Private pre-meeting (09.30 – 09.45)**

- 1 Introductions, apologies, substitutions and declarations of interest**  
(09.45)
- 2 Pre-appointment hearing for the role of Chair of Cwm Taf Morgannwg University Health Board: evidence session with the Welsh Government's preferred candidate**  
(09.45–10.30) (Pages 1 – 45)  
Jonathan Morgan, Welsh Government's preferred candidate for the role of Chair of Cwm Taf Morgannwg University Health Board  
Research brief  
Paper 1 – Pre-appointment hearing questionnaire  
Paper 2 – Application form, CV, personal statement  
Paper 3 – Welsh Government briefing  
Paper 4 – Information for candidates
- 3 Papers(s) to note**  
(10.30)
  - 3.1 Letter from the Director of Public Affairs, Northern Cluster, Kyowa Kirin regarding prioritisation of the Rare Disease Action Plan for Wales 2022–26**  
(Pages 46 – 48)
  - 3.2 Letter from the Minister for Health and Social Services regarding the statement of policy intent for the Health Service Procurement (Wales) Bill**  
(Pages 49 – 58)

- 3.3 Letter from the Minister for Rural Affairs and North Wales, and Trefnydd to the Finance Committee regarding scrutiny of the financial implications of Bills**  
(Pages 59 – 60)
- 3.4 Letter from the Chief Nursing Officer for Wales following the general scrutiny session on 26 January 2023**  
(Pages 61 – 63)
- 3.5 Further information from Cancer Research UK following the endoscopy services inquiry oral evidence session on 2 February 2023**  
(Pages 64 – 70)
- 4 Motion under Standing Order 17.42(ix) to resolve to exclude the public for the remainder of this meeting**  
(10.30)
- 5 Pre-appointment hearing for the Chair of Cwm Taf Morgannwg University Health Board: consideration of evidence**  
(10.30–10.45) (Pages 71 – 75)  
Paper 5 – Draft report
- 6 Health Service Procurement (Wales) Bill: technical briefing from Welsh Government officials**  
(10.45–11.45) (Pages 76 – 87)  
Dafydd Evans, Deputy Director, Life Sciences and Innovation  
Leanne Roberts, Head of Procurement Reform Policy – Health and Social Care  
Mari Williams, Senior Government Lawyer  
Lowri Lewis, Government Lawyer  
  
Research brief
- 7 Health Service Procurement (Wales) Bill: consideration of evidence**  
(11.45–12.00)

# Agenda Item 2

Document is Restricted

# Pre-appointment hearing: Chair of Cwm Taf Morgannwg University Health Board

## Pre-appointment questionnaire

March 2023

### Background

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of Cwm Taf Morgannwg 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. Your response to each question should be no more than around 250 words.

### 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. What motivated you to apply to be the Chair of Cwm Taf Morgannwg University Health Board?**

I am passionate about our public services, the innovation, creativity in delivery, and for our staff who across our health and care system who demonstrate the highest standards of professionalism, compassion, and care. The region of Cwm Taf Morgannwg (CTM) is diverse and with that comes a challenge to providing services designed to meet local needs, where we see the continued impact of the Covid-19 pandemic, an ageing population and health inequalities. I have spent a lot of time working with health, social care, housing and third sector partners in CTM and wanted to make a difference in leading the health board as it addresses the significant challenges and works through the opportunities to make a positive impact on peoples' lives.

I appreciate how big the role is and I would welcome the opportunity to work with the people of CTM in securing the delivery of care that meets their needs.

## **2. Why do you think you are well-suited for the role?**

Over the past 12 years I have worked in several roles which have embedded an experience and understanding of our health and care system, in the design of strategy and delivery of front-line services. I have seen at first hand the challenges and opportunities across our public services, particularly the NHS, social care, and housing. I have served on a range of committees and boards which have provided the experience of governance, leadership, accountability, and assurance for this role.

As chair of a major Housing Association for almost three years, delivering social housing, nursing, and residential care I have led the Board, worked closely with the Executive team, leading, and developing strategy and scrutinising performance. In my three years heading up the Business Unit of the Association of Directors of Social Services I worked with senior leaders in social care, and I now serve as an Independent Member of the Board at HEIW focusing on the solutions needed to train, support, and retain our healthcare workforce. I am confident that these roles and experiences will support me in the work that lies ahead.

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

1. We need a sustained focus on improving population health - the new strategy, CTM 2030: Our Health Our Future, aims to work with communities, professionals, and partner organisations across CTM around a shared understanding of the everyday things affect people's health and wellbeing in the region. Health inequalities is something the health board cannot shy away from tackling, and I want to ensure the Board leads this work.
2. Healthcare can only be transformed through partnership – as a country we spend a lot of money across our public services responding to the health needs of the population, whether in the NHS, social care and other local government services, the housing and third sectors. Strategically this needs joined up thinking and delivery. Integrating services across our localities needs to be secured and building on the integration agenda for adult health and social care now being explored with Bridgend County Borough Council I want to explore other opportunities to do better by working together.
3. Sustaining improvements in services and access to timely care – CTM faced up to the picture in Maternity and Neonatal services. Clear progress has been secured and recognised, and I want to ensure that improvement is sustained. In our healthcare offer we will need to focus on those key areas of our IMTP, including ensuring we have the right capacity to deliver planned care, more on accessing cancer services, and addressing access to mental health services for children and adults.

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

Health Board chairs don't work in isolation. The network of NHS bodies is vitally important in sharing information and ideas and those links will be crucial. I will be proactive in developing relationships with other chairs, utilising their expertise. I have a record of working with Ministers and officials and have done so in different capacities over the past 12 years. My working relationship with the Minister is important so that I account for the performance of the board and the progress of the organisation, it is important to build and maintain that trust and confidence, to articulate what is working well and what is not.

I will continue to ensure regular discussions with the three local authorities, and this is important if we are collectively unpicking the challenges across our health and care system. The value and importance of this relationship cannot be overstated if we are to advance the integration of services to improve how we respond to peoples' needs.

As chair I would ensure the fostering of trusted relationships with the council leaders and cabinet and continue the good work with the Regional Partnership Board, with colleagues in local government, housing and the third sector to identify challenges and develop solutions.

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

Relationships are important and need continuous work. My role will be a visible one and engaged with the communities of CTM, I have no intention of hiding away. I would work with the Board to ensure that other Independent Members are engaged in this team effort to ensure we are collectively better informed of the work and experiences of those community and third sector organisations. CTM has well developed relationships with the third sector, and I am aware of the work of Bridgend Association of Voluntary Organisations, Voluntary Action Merthyr Tydfil and Interlink RCT.

It is also important to acknowledge that the third sector and community groups don't just provide some of the best intelligence, but they are crucial in keeping people connected and well in the communities where people live. The CTM2030 *Our Health, Our Future* strategy for example will only succeed by recognising the importance of community-based solutions, and how different those communities are across the region.

The patient voice is critical and with the Citizen Voice Body becoming operational in April there is the opportunity for this new organisation to give increased weight to the views of people when it comes to developments in health and care. I look forward to a regular dialogue and look forward to working with them in improving how we capture the patient experience and learn from it, as well as responding to those occasions when care falls short.

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

I look forward to robust, open, and productive discussions on a regular basis with Members representing the communities of CTM. As a former AM I hope my own experience in interacting with health boards will help in this new relationship.

It doesn't help if politicians are unaware of the strategic and operational matters under consideration and which affect their constituents. I would want to see elected members supported to represent their constituents and would be a passionate advocate for that relationship.

As a former committee chair who spent 6 years on the Assembly's health committee, I appreciate the role and workload of our Senedd committees, in scrutinising performance, developing legislation, and undertaking policy inquiries. I took legislation through the Assembly in my last term working with the then Health Minister which involved undertaking scrutiny sessions with the committee. I have the experience of both the health committee and the Public Accounts Committee and my view is that CTM should engage with the work of Senedd committees, to take the opportunity to outline how we are shaping our health services, and to demonstrate how our services are changing to meet peoples' needs.

## Chair - Cwm Taf Morgannwg University Health Board

### About yourself

Please provide your personal details below. You can update your contact details at any time during the recruitment process by logging in to your account, clicking on your name, which will appear in the menu bar when logged in, and selecting 'Edit Personal Details'.

Fields marked with an asterisk '\*' are mandatory, therefore you must provide a response or you will not be able to submit your application. Fields without a '\*' are not mandatory, as they may not be relevant to all candidates. If you do have information you could include in response to a question, providing as much information as possible against each field will help to ensure that the sifting panel have a complete picture of your skills, experience and knowledge.

Title

Mr

First name

Jonathan

Surname

Morgan

E-mail address

**Not disclosed**

Second e-mail address

**Not disclosed**

Contact telephone number

**Not disclosed**

Mobile telephone number

**Address Details**

**Not disclosed**

### Reasons for applying

Please prepare a personal statement, in line with the guidance provided in the Information for Candidates. Your personal statement document should be attached below, and should be no longer than 2 pages. Exceeding this limit may mean that your application is not considered.

Please also attach a copy of your CV, in a separate document.

Each document must be in Word (.doc, .docx) or PDF (.pdf) format and the size of each must be less than 512 KB. Please ensure the files are not being used by any word-processor or other application while they are being uploaded. Once you have attached your file(s), click the 'Continue' button below to save the attachment. To check your files have attached correctly, return to this page, and your attached file should appear as a blue hyperlink below. If needed, you can remove and attach another document before you submit your application, by ticking the 'delete' box and repeating this process.

Please attach your personal statement document here

see below

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Please attach a copy of your CV here

see below

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## Relevant experience

Please provide details of all activity which has helped you to develop skills that would be useful in a public appointment role. This may be through voluntary or paid employment such as a school governor or member of a parent teacher association. You can add details of additional activities by clicking the 'Add another instance' button (up to a maximum of 12 activities).

If you have a large amount of details to add here, to avoid being timed out of this page, it is recommended that you prepare your information offline in a document, then copy and paste the information in once complete. To enlarge the Details or the Additional activities boxes below, click and drag the bottom right hand corner of the box.

Name of organisation  
Whitchurch Primary School

Address of organisation  
Erw Las, Whitchurch, Cardiff

Details (including the nature of the experience/work and position held)  
I am a member of the school Governing Body having chaired the interim governing body when the school was being established from two existing local primary schools that were to be merged. I am responsible for the performance management of the Head Teacher, agreeing school targets, the scope of the School Improvement Plan and leading the governing body

Name of organisation  
Whitchurch Community Association

Address of organisation  
Whitchurch Community Association, Old Church Road, Whitchurch, Cardiff

Details (including the nature of the experience/work and position held)  
I am chair of the Trustees for a local charity that manages under lease from Cardiff Council the village community centre. The charity has for the past 40 years also arranged the annual two week summer festival. My role is to ensure compliance with charity law, reporting requirements, sound financial management and planning the activities of the charity.

Please detail here any relevant additional activities not covered above, such as caring responsibilities

## Languages

**Please tell us about your level of ability in Welsh.**

Reading  
Can read some basic words and phrases with understanding

Speaking  
No skills

Understanding  
No skills

Writing  
No skills

What is your preferred language for assessment?  
English

If you have chosen Welsh as your preferred language, a translation service from Welsh to English may be used for the assessment if any member of the panel are unable to speak Welsh. If you have selected an assessment in Welsh, we must also test your ability in English, so the assessment will

include both languages. If you have chosen English, we will only test your ability to speak Welsh if you are applying for an appointment where an ability to speak Welsh is required.

## **Other relevant information**

### **Time Requirement**

The minimum requirement for this position is 15 day(s) per month . Please confirm how many days per month you can commit to serving.

I confirm that I can commit to the following days per month

15

Have you attended one of the public appointments training courses?

Yes

### **Information Sharing**

Sometimes we are alerted to opportunities for public appointments to bodies outside the Welsh Government's direct responsibility (e.g. from other government departments, regional/local bodies, etc.).

Please indicate if you are content for us to pass on your contact and biographical details.

Yes

If you are successful some information will be published including biographical information (which we would agree with you), the length of the appointment, whether it is paid or unpaid, details of any other public appointments you hold and any declared political activity.

### **Conflict of Interest**

Please give details of any business or other interests or any personal connections which, if you are appointed, could be misconstrued or cause embarrassment to Cwm Taf Morgannwg University Health Board. These could include financial interests or share ownership, membership of societies, activities associations or employment of a partner or friend in the particular field in which the public body operates. (Please see Applicants' Guide for further information). Any potential conflicts of interest detailed here will not prevent you going forward to interview but may, if appropriate, be explored with you during your interview to establish how you would address the issue(s) should you be successful in your application.

Do you have any conflicts of interest to declare?

No

Depending on the answer chosen for this question, there may be follow up questions.

### **Additional information for the Commissioner for Public Appointments**

Is this your first regulated Ministerial public appointment?

No

How would you describe your background?

Mostly Wider Public Sector

Do you hold any other public appointments?

1

## **References (Confidential – not disclosed)**

Please give the details of two people who we may approach that are prepared to act as referees for you. They will be expected to have authoritative and personal knowledge of your achievements. The referees will only be approached if you are invited for interview.

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

### **Reference 1**

#### **Contact Details**

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)

## Reference 2

### Contact Details

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)

Contact telephone number

Job Title

Are you content for us to approach this referee if you are invited for interview?

Yes

## Political Activity

All applicants for a public appointment should complete the questions below. Neither activity nor affiliation is a criterion for appointment (except where statute dictates specific representation). If you are successful, the information provided will be published with the announcement of your appointment.

Please indicate which of the following activities you have undertaken in the last 5 years and provide details of your involvement. Name the party or body for which you have been active. If you have been or are an Independent or have sought or obtained office as a representative of a particular interest group, you should state this. You should mark all relevant categories.

### Have you ever:

1. Obtained office as an Assembly Member, a Local Councillor, MP, MEP, etc?

Yes

2. Stood as a candidate for one of the above offices?

Yes

3. Spoken on behalf of a party or candidate?

Yes

4. Acted as a political agent?

No

5. Held office such as Chair, Treasurer or Secretary of a local branch of a Party?

Yes

6. Canvassed on behalf of a party or helped at elections

Yes

7. Undertaken any other political activity which you consider relevant?

No

8. Made a recordable donation to a political party?

No

Depending on the answer chosen for this question, there may be follow up questions.

If you answered 'Yes to any of the questions, please provide further details below. Please ensure you make it clear which question(s) you're providing an explanation for (the questions are numbered to help you with this).

I served for 12 years until 2011 as a Conservative Member of the National Assembly for Wales

Name of party for which activity was undertaken

Welsh Conservative Party

# Jonathan Morgan

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## Profile

- 12 years' experience as a leading Member of the National Assembly for Wales from 1999 to 2011
- Excellent relationships with politicians, Ministers and officials at all levels of government including senior officials in the NHS and local government
- A record of working with Welsh Government Ministers, officials, and public services to deliver change
- A background in leading and influencing public policy
- Former Senior leadership role with the Association of Directors of Social Services
- Experienced Chair in a variety of third sector and voluntary positions

## Education

|             |  |
|-------------|--|
| 1996 – 1997 | Cardiff University (MSc.Econ. in European Policy)  |
| 1993 – 1996 | Cardiff University (LLB Hons. in Law and Politics) |
| 1986 – 1993 | Bishop of Llandaff Church in Wales High School     |

## Career summary

|                |   |
|----------------|---|
| 2022 – present | Appointed by the Health and Social Services Minister as an Independent Member of the Board at Health Education and Improvement Wales, one of the Special Health Authorities within NHS Wales.   |
| 2020 – present | <u>Non-Executive Chair of Hendre and Chair of Hafod Housing Association</u><br>I am responsible for leading the Board as a team, setting the strategic framework, providing challenge and support to the delivery of housing and social care solutions.   |
| 2021 – present | Advisor to Paul Davies MS and Dr Altaf Hussain MS on a part time basis  |
| 2017 – 2020    | <u>Head of the Association of Directors of Social Services Business Unit</u><br>In this part-time role I managed 7 members of staff, setting priorities and providing strategic advice to Directors of Social Services, developing relationships with key partners including Welsh Government, NHS Confederation, WLGA, and social care regulatory and inspection bodies.   |
| 2011 – present | <u>Associate of Practice Solutions Ltd</u><br>The company specialises in health and social services transformation and strategic planning. As an Associate I have delivered the: <ul style="list-style-type: none"><li>• Evaluation of service delivery in individual local authorities</li><li>• Annual evaluation of social services performance and support to Directors of Social Services in writing their statutory reports</li><li>• Development of a self-evaluation framework for regional safeguarding boards</li></ul> |
| 2011 – present | <u>Director of Insight Wales Consulting Ltd</u><br>I have managed a small consultancy based in the health and social care sphere, with clients including, for example, RCN Wales where we have supported their  |

campaigns to introduce new legislation, and a range of global pharmaceutical companies advising on health policy, messaging, and political engagement.

1999 – 2011: Member of the National Assembly for Wales  
Assembly Member for South Wales Central (1999 – 2007) and Cardiff North (2007 – 2011). I served as the Shadow Minister for Health and Social Services, and during my last term of office I chaired the high-profile Health, Well Being & Local Government Committee and the Public Accounts Committee. I introduced reform to mental health legislation in Wales (resulting in the passing of the Mental Health Measure) after successfully working with the Welsh and UK Governments.

### Public Appointments

2022 Appointed by the Minister for Health and Social Services to the Board at Health Education and Improvement Wales

2016 – present Member of the Future Generations Commissioner’s Audit and Risk Assurance Committee, advising on the risk, financial controls, and matters of governance.

2016 – 2020 Member and then Chair of the Public Services Ombudsman’s Audit and Risk Assurance Committee.

### Ministerial appointments

2014 – 2016 Appointed by the Welsh Government’s Economy Minister as a member of the review and subsequent Implementation team reforming the Blue Badge Scheme in Wales.

2013 – 2016 Member and then Chair of the Welsh Government Recovery Board in Monmouthshire Council, providing support and challenge to the Leader, Cabinet, and senior officers of the Council to improve their education service. I routinely advised the Minister for Education and senior Welsh Government officials on progress, resulting in a positive inspection by Estyn.

### Voluntary work

2012 – present: Chair of the Governing Body at Whitchurch Primary School.

2013 – present: Chair and Trustee of the Whitchurch Community Association responsible for the running of the local community centre and annual summer festival.

## Jonathan Morgan

As someone with Executive and Non-Executive board level experience in the private sector, with a major Housing Association and at HEIW, I am confident that I have the experience and passion to Chair the Cwm Taf Morgannwg University Health Board.

I became Chair of the Hendre Group Board and Chair of Hafod Housing Association Board in June 2020, at a time when the association was under a regulatory judgement, partly due to improvements needed in governance. My approach was one of compassionate leadership, honesty, and openness, building Board expertise and strength through recruitment, reforming our structures of governance, and working closely with both the housing and social care regulator to account for performance.

I was appointed by the Health and Social Services Minister as an Independent Member of HEIW in January and I now serve as Vice Chair of the Audit and Assurance Committee. I have in a short period of time recommended a range of improvements to strengthen our collective assurance role in accounting for the delivery of the IMTP, the joint National Workforce Strategy and the quality of finance reports to Board.

As Chair of Hafod I have led the development of our overall strategic direction, including the changes in our care strategy to modernise our social care services and the development of our wider partnerships with other public service providers. In the past year this has required a renewed focus through the financial challenges we face, around rising energy costs, development commitments, and decarbonisation, essential to deliver a greener Wales. I have enthused people about the value of housing as a key public service with a focus on the longer term, in line with the principles of the Wellbeing of Future Generations Act.

I spent 12 years in public office, representing and helping thousands of constituents. I have always believed in public duty and one that requires an active appreciation of the experiences of those who use those services. As Chair of Hafod I sit on our Tenant Engagement Panel working with, listening to, and respecting the views of those in our homes. In my recent visit to our extra care housing complex in Merthyr I was able to undertake the important ambassadorial role, meeting with our residents and staff, respecting their experiences and listening to their ideas. I have also engaged staff at the HEIW Board sessions, and spoke at an all-staff event, thanking our staff for their work.

In demonstrating my commitment to EDI, I was part of a team delivering a major study and report on behalf of Welsh Ministers examining whether people from BAME communities are accessing social care. As Chair of Hafod I have led the Board's review of our EDI policy and set expectations on Board member recruitment to attract those from diverse communities. I ensured our involvement in the *Pathway to Board* scheme supporting Black, Asian and Minority Ethnic participants to attend our Board meetings and mentored one of them throughout the process. In HEIW we have through our workforce consultation heard about the importance of the Welsh language as we deliver culturally sensitive services.

As an AM I chaired the Public Accounts Committee, working closely with the Auditor General to examine the performance of public services responding to a range of complex issues. I also chaired the Health, Wellbeing and Local Government Committee, scrutinising how the NHS could improve public health and delivered a range of policy reviews including a high profile review on presumed consent for

organ donation. I was also successful in securing the devolution of legislative competence from Westminster to Wales to allow the Assembly to pass the Mental Health (Wales) Measure, having set out the case for changing the law in Wales, to Welsh Ministers and the UK Government. I presented evidence to committees of the Assembly and the House of Commons to articulate why the transfer of competence was needed.

As Chair of Hafod I meet regularly with Chairs and CEOs through Community Housing Cymru to find collective solutions to challenges and where we can work in partnership. I have led the annual Board member appraisal process and the board effectiveness review which has led to positive changes in our teamwork, such as additional board member sessions. The process identifies individual and collective contributions over the past 12 months, and how we can work collectively to support the organisation.

Between 2017 and 2020 I was head of the ADSS Cymru Business Unit working with all 22 Directors of Social Services, supporting their engagement with strategic partners, Welsh Ministers, and senior officials, developing a deep understanding of all key partnership arrangements.

I have worked with members to support independent challenge and scrutiny whilst maintaining constructive relationships where, at Hafod, I have led specific Board development sessions around our Care Strategy to provide space for members to examine proposals to reform our care offer. This has been done collectively with the Executive team in response to meeting the needs of our customers.

As Chair of the Monmouthshire Council Recovery Board, appointed by Welsh Ministers, I steered the Board through its period in special measures dealing with a complex range of recommendations and performance data, supporting, and motivating the council's officers and members, to address the recommendations of the inspectorate. I did this through building strong and reliable relationships with Board members and the authority's officers and elected members. It was a collaborative effort which had a dual focus on supporting the council to improve and for me to account to Ministers for performance on a regular basis.

In the past 6 years I have built significant experience in contributing to effective governance, where for example as chair of the Public Services Ombudsman's Audit and Risk Assurance Committee I supported the Ombudsman by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment, the integrity of financial statements and the development of the annual report. I am also currently a member of the Future Generations Commissioner's Audit and Risk Committee.

# Candidate Information Pack

## Chair for Cwm Taf Morgannwg University Health Board



# About Cwm Taf Morgannwg University Health Board

Thank you for your interest in the role of Chair to the Cwm Taf Morgannwg University Health Board (CTMUHB). This document provides candidates with information on the CTMUHB, as well as details on the roles and responsibilities of the Chair and selection process.

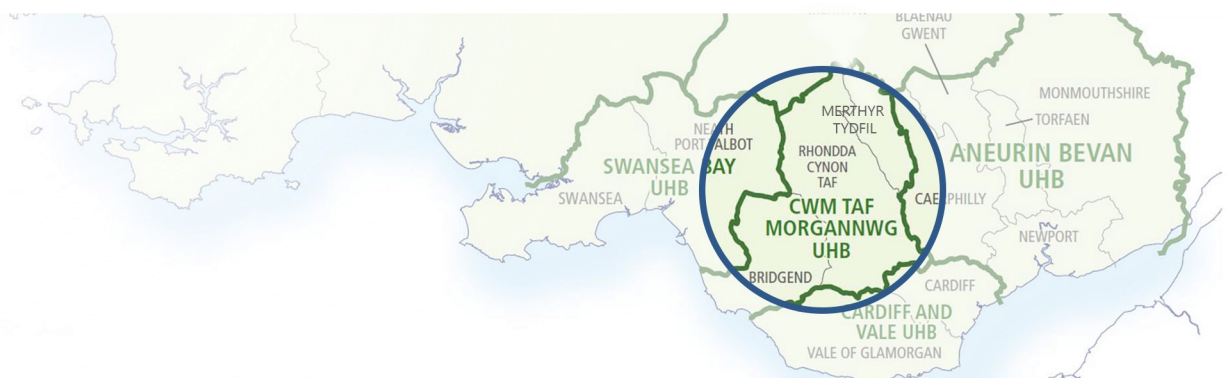
CTMUHB was formed on 1 April 2019, providing and commissioning a full range of hospital and community based services for the residents of Bridgend, Rhondda Cynon Taf and Merthyr Tydfil.

Our resident population is estimated at 449,836 (Stats Wales Welsh Government, June 2021), increasing to 530,000 when accounting for flows from other areas e.g. South Powys, North Cardiff, Neath Port Talbot, Vale of Glamorgan.

We are also responsible for making arrangements for residents to access more specialised health services where these are not provided within CTMUHB boundary. Further information about the services that we provide can be found on the 'services' section of [our website](#).

More than 80% of our 13,000 workforce live within our region, making our staff not only the lifeblood of our organisation but also representative of the diverse communities that we serve.

It is projected that by the year 2036 one in four people in Wales will be aged 65 and over. This will therefore have significant implications for our 65-84 and 85+ age groups and therefore the way we need to design and provide our increasingly integrated health & social services.



# CTM 2030: Our Health, Our Future

In September 2021 we began work on our strategy: 'CTM 2030: Our Health, Our Future'. This aims to set out how we will develop services to meet the needs of its population, and, how we can work with our communities to ensure that local people can live happier and healthier lives, for as long as possible.

As part of CTM2030 we will also be developing a clinical strategy, community hub, a green strategy, a workforce strategy and a digital strategy and establishing the Health Board as an anchor institution.

The following goals have been set to enable us to develop our strategy which will detail what we are seeking to achieve over the next few years.

To find out more, [click here](#)

**BUILDING HEALTHIER COMMUNITIES TOGETHER**

Visit our **CTM 2030 Hub**

CREATING HEALTH  
IMPROVING CARE  
SUSTAINING OUR FUTURE  
INSPIRING PEOPLE

CTM 2030  
Ein Hiechyd Ein Dyfodol  
SŴTHYD Y CYMRUOSYDL  
HECHYD YDYDOL N GYFODOL

CTM 2030  
Our Health Our Future  
BUILDING HEALTHIER COMMUNITIES TOGETHER

The graphic features a central blue circle with four icons: a person with arms raised, a hand holding a pulse line, a person with a gear, and a lightbulb. This central circle is surrounded by a ring of colorful segments (orange, teal, pink, purple, green, blue) that form a larger circle. The background is split into teal and dark blue sections.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

## Escalation Status

**Welsh Government operates NHS Wales Escalation and Intervention Arrangements whereby one of four levels of monitoring are assigned to health bodies based upon key aspects of their service delivery.**

CTMUHB has, since April 2019, been in the category of 'Special Measures' for Maternity Services and 'Targeted Intervention' in relation to a series of issues relating to Trust and Confidence, Leadership and Culture and Quality and Governance.

Despite ongoing operational and COVID-19 pressures since this time, CTMUHB has been acknowledged to be making continued progress and improvement.

CTMUHB's sustained quality and service improvements continue to be monitored by the Board's internal governance structure as well as through external review bodies and Welsh Government.

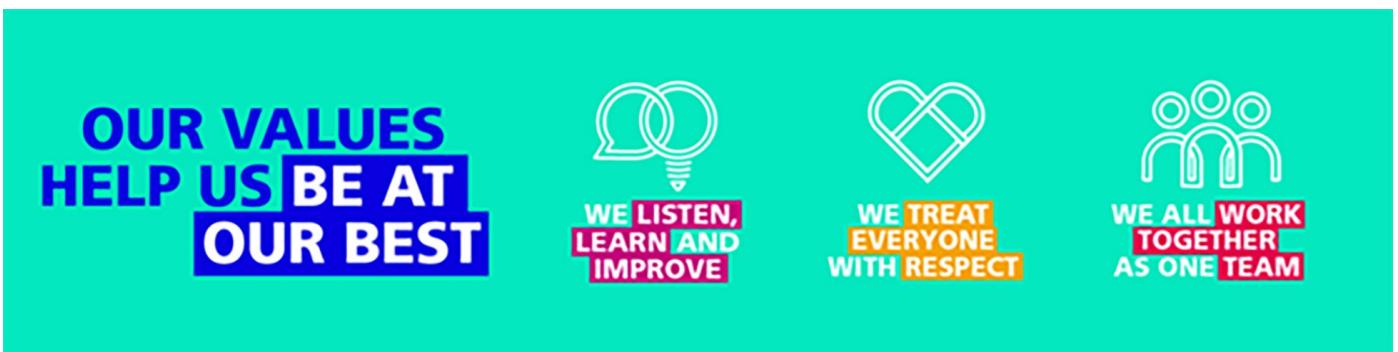
[Link to Our Maternity Improvement Journey](#)



# CTM Values and Behaviours

In October 2022, World Values Day, will mark two years since the Health Board began to introduce its Values & Behaviours which exist to make a positive difference to our employees as well as to our patients and service users across the diverse communities we serve.

Our organisational focus is firmly on embedding these values and behaviours into everyday practice. The Board is committed to building a culture it feels proud of, with recognisable values at its core that can be felt and understood by every person who comes into contact with them. By living up to our organisational values and behaviours at every opportunity, we can achieve these three



[Click here to find out more](#)

#CTMAtOurBest



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University Health Board

# CTM UHB Services and Partners

## The Services CTMUHB hosts:

CTMUHB is responsible for hosting the following organisations on behalf of the Welsh Government and NHS Wales:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- National Imaging Academy Wales

## The Partners CTMUHB works with:

CTMUHB works with a wide range of partners in a range of capacities including:

- other health bodies
- local authorities
- ambulance service
- police, fire and rescue services
- voluntary/charity sector

**[Click here to watch our latest AGM Film](#)**

## Board's Role

All CTMUHB's Board members share corporate responsibility for formulating strategy, overseeing accountability, monitoring performance and shaping culture, together with ensuring that the Board operates as effectively as possible.

The Board, which comprises of the Chair, Vice Chair, nine Independent Members, (up to) three Associate Members, the Chief Executive and eight Executive Directors provide leadership and direction, ensuring that sound governance arrangements are in place.

We are looking for an individual who understands the needs of the Health Board's population and the importance of ensuring diversity, inclusion and the promotion of the Welsh Language. The Chair will be required to provide strong leadership of the Board and uphold the values of NHS Wales.

This is particularly important due to the organisations status under the NHS Wales Escalation and Intervention Arrangements. Whilst good progress has been made since April 2019 there is still more to do under the leadership of the Chair and Chief Executive.



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## Chair's Role

### Key responsibilities - The Chair will:

The CTMUHB Board plays a key role in shaping the strategy, vision, purpose and culture of a Health Board. It holds the Health Board to account for service delivery, performance, delivery of strategy and value for money. It is also responsible for ensuring that risks to the Health Board, 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 Health Board. The Chair will be accountable to the Minister for Health and Social Services 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.

#### Strategy

- Lead the development of a strategic vision for CTMUHB, 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;

#### Planning

- Be accountable for the performance of the Board at community, regional and national levels through the agreement and delivery of a three year medium term plan and an annual delivery plan.
- Ensure the Board provides effective scrutiny of the three year 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.

## Chair's Role

### Key responsibilities - The Chair will:

#### 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.
- Seek out challenging objectives for the Chief Executive and the Board for improving;
- Ensure effective control arrangements are in place to secure the financial viability of the Health Board.

#### 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 Health Board's responsibilities, internally through the Health Board 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 Health 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 and directors to meet statutory requirements;
- Ensure 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;
- Ensure the Health Board complies with its Standing Orders, policies, and relevant legislation and regulations;

## Chair's Role

### Key responsibilities - The Chair will:

#### 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;
- Ensure the Health Board demonstrates an appreciation of bilingualism and culture, and a commitment to promoting, embracing, and mainstreaming the Welsh language;
- Instil a culture that encourages staff, patients, families, and the public to raise concerns that are then appropriately addressed;
- Ensure the Health Board embraces and promotes equality, diversity, and inclusion for all its population, patients, staff, and stakeholders;
- Ensure the highest standards of probity, integrity, and governance, and that the Health Board's governance arrangements comply with best practice and statutory requirements;
- Provide visible compassionate leadership in supporting and promoting a healthy culture for the Health Board and reflect this, and the values of the Health Board, in their own behaviour;
- Bring past 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 the Health Board's partners and stakeholder groups to promote the effective operation of the health body's 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 Health Board through active involvement;

## Chair's Role

### Key responsibilities - The Chair will:

#### Board Activities

- Plan Board meetings with the Chief Executive and Board Secretary.
- Facilitate the effective contribution of Board Members and ensure constructive relations within the organisation and between Executive Directors and Independent Members.
- Chair the Health Board's 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 Health Board'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

# Person Specification

**To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.**

## Essential Criteria

### Knowledge and Experience

- A track record of strategic, board level experience in a public, 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 demonstrate a commitment to engaging with people who use our services, their carers and families to understand their needs and aspirations;
- An understanding of, and commitment to equality, diversity and inclusion;
- Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language.
- Ability to understand and facilitate the understanding of complex issues
- Evident ability to work collaboratively and as part of a team to meet common goals;
- Ability to provide, and encourage others to provide, independent challenge and scrutiny whilst maintaining constructive relationships;
- Ability to motivate and develop the board to define roles and responsibilities, ensuring ownership and accountability;
- Evidence of an understanding of effective governance

### Personal Attributes

- Commitment to the Seven Principles of Public Life (Nolan Principles) and the values of the health body;
- Strong interpersonal and influencing skills and ability to act as an effective advocate and ambassador;
- Astute and able to grasp relevant issues and understand the relationships between interested parties demonstrating sound judgement, sensitivity and political awareness;
- Capacity to be independent and resilient;

## Person Specification

**To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.**

### Desirable Criteria

- Demonstrable leadership and strategic change management experience including culture change;
- An understanding of risk management and systems of internal control and assurance; and
- Welsh language skills

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 Knowledge and Experience). Where a candidate wishes to demonstrate they meet the desirable criteria they should provide an indication of their skills against the following level of skill:

|               |  |
|---------------|--|
| Understanding | Can understand some 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 topics         |

### 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](#).

## Key facts about the post

**Location:** Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN.

It will also be necessary for the post holder to attend CTMUHB sites and attend Health Board, regional and national meetings. Whilst we are returning to face to face meetings, some still continue to be held virtually as appropriate. There will also be the opportunity for some remote working.

**Time Commitment:** 15 days per month

**Tenure of Office:** Initial appointment of 4 years

**Remuneration:** £69,840 pa plus travel and other reasonable expenses



## Key facts about the post

### Making an application

To make an application please visit the Welsh Government public appointment website here <https://cymru-wales.tal.net/vx/lang-en-GB/mobile-0/appcentre-3/brand-2/candidate/jobboard/vacancy/7/adv/>.

To apply for this role, click on the Cwm Taf Morgannwg University Health Board vacancy and click on 'Apply' at the bottom left hand corner. If this is the first time you have applied for a post, you will need to complete a registration form for the Welsh Government's online application system. You will only need to register once, and you will be able to keep yourself updated on the progress of your application, and any other applications you make, via your registered account.

Once you've registered, you'll be able to access the application form.

To apply you will need to submit two supporting documents:

- A full Curriculum Vitae, and
- A personal statement detailing your experience, how you meet the role description and person specification and how you could contribute to the role of Chair of Cwm Taf Morgannwg University Health Board.

The two documents should be uploaded to the "Attach Supplementary Document(s)" section of the online application form. Failure to do so or follow the guidance below may lead to your application being rejected.

If you need adjustments to be put in place to enable you to make an application or any assistance or guidance, please contact the Public Appointments Team at [PublicAppointments@gov.wales](mailto:PublicAppointments@gov.wales).

### Curriculum Vitae

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 3 pages long.**



## Key facts about the post

### Personal Statement

The personal statement is your opportunity to demonstrate how you meet each of the criteria set out in the person specification in this pack.

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, and the approach you took to achieving a specific result; you are welcome to use examples of both professional and lived experience.

How you choose to present the information is up to you, however the appointment advisory panel will need to be able to assess how the examples provided relate to the criteria and so we encourage you to avoid using statements which simply reference the criteria without giving examples.

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

Your application may be rejected if you exceed requirements relating to the length of your CV or personal statement.

### 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 Minister for Health and Social Services will appoint the Chair of Cwm Taf Morgannwg University Health Board.

The appointment will be a significant appointment by Welsh Ministers and is regulated under the [Governance Code on Public Appointments](#).

The Minister for Health and Social Services will be assisted in their decision making by an Advisory Assessment Panel. This panel will be made up of Judith Paget, Director General and NHS Wales Chief Executive, **NAME TO BE ADDED ONCE CONFIRMED**, a Senior Independent Panel Member and Melanie Westlake, Head of NHS Governance, Welsh Government. In undertaking their assessment of candidates, the role of the Panel is to decide objectively who meets the published selection criteria for the role, in other words, who is appointable to the role. The panel will be chaired by Judith Paget.

The panel will select for interview only the applicants who it feels have demonstrated that they best meet the criteria set out in the person specification. However, if you have applied under the guaranteed interview scheme (see below) **and you meet the minimum essential criteria** for the post, then you will also be invited for interview.

There will also be a stakeholder session stage for shortlisted candidates which will be made up of individuals from within the Health Board and partner organisations. Shortlisted candidates will be required to engage with stakeholders during the session on a relevant and critical topic which will be agreed nearer the time. If you are unable to make the arranged stakeholder engagement session or interview date, we will endeavour to re-arrange it but it might not be possible due to time constraints within the appointment timetable or availability of participants.

You will receive email communication from 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.

|                       |  |
|-----------------------|--|
| Advert Closing date   |  |
| Sift                  |  |
| Stakeholder session   |  |
| Interviews commence   |  |
| Appointment confirmed |  |
| Appointment start     |  |



## Selection Process

Candidates who the panel believe are 'appointable', will be recommended to Ministers who will make the final decision. The Minister may choose to meet with appointable candidates before making a decision. If they do, they will meet all candidates and 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.

In addition to the stakeholder session and interview the Ministers preferred candidate will be required to attend a pre-appointment hearing conducted by the [Health and Social Care Committee](#). The Committee will take evidence from the preferred candidate before the appointment is confirmed, but after the selection process has taken place.

## Diversity Statement

The Welsh Government believes that public bodies should have board members who reflect Welsh society - people from all walks of life - to help them understand people's needs and make better decisions. This is why the Welsh Government is encouraging a wide and diverse range of individuals to apply for appointments to public bodies.

Applications are particularly welcome from all under-represented groups including women, people under 30 years of age, black, Asian and minority ethnic people, disabled people, and lesbian, gay, bisexual and transgender people.

### 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. We are committed to removing barriers so that 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 and 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 Unit at [PublicAppointments@gov.wales](mailto:PublicAppointments@gov.wales) to let them know.

If you have an impairment or health condition or use British Sign Language and need to discuss reasonable adjustments for any part of this recruitment process, please contact the Public Appointments Unit as above as soon as possible and a member of the team will contact you to discuss your requirements and any questions you may have.



# Diversity Statement

## Eligibility

A person shall be disqualified from appointment if they:

- a. have within the preceding 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 3 months without the option of a fine;
- b. are the subject of a bankruptcy restrictions order or an interim order or has made a composition or arrangement with 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;
- d. are a current board member of another health service body in Wales;
- e. are a person whose tenure of office as the chair, 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;
- f. they are or have been within the preceding year in the paid employment of a Trust or Health Board in Wales.

Applicants should also note that being the Chair of Cwm Taf Morgannwg University Health Board is a disqualifying post for membership of the Welsh Parliament under the [Senedd Cymru \(Disqualification\) Order 2020](#).

## Conflict of Interests

When applying you will be asked to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as Chair of Cwm Taf Morgannwg University Health Board including any business interests and positions of authority outside of the role in Cwm Taf Morgannwg University Health Board.

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 Bodies Unit 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, you may be asked questions at interview in relation to any due diligence findings.

# Diversity Statement

## Making an appointment

If you are successful, you will receive a letter from the Minister for Health and Social Services appointing you as Chair to Cwm Taf Morgannwg University Health Board, 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 Bodies Unit and to pre-appointment checks, including a DBS check undertaken by the NHS Wales Shared Services Partnership.

## Contacts:

For further information regarding the selection process or applying for the role, please contact: Public Appointments Team, Public Bodies Unit, Email: [PublicAppointments@gov.wales](mailto:PublicAppointments@gov.wales)

For further information regarding the role of Chair of Cwm Taf Morgannwg University Health Board, please contact:

Judith Paget, Director General, Health and Social Services/NHS Wales Chief Executive, Welsh Government Email: [pstodgforhsscenhswales@gov.wales](mailto:pstodgforhsscenhswales@gov.wales) /

Georgina Galletly, Director of Governance and Board Secretary, Cwm Taf Morgannwg University Health Board, Email: [georgina.galletly2@wales.nhs.uk](mailto:georgina.galletly2@wales.nhs.uk)

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).

## If you are not completely satisfied

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  
G/08, 1 Horse Guards Road, London SW1A 2HQ.

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

1 February 2023

Dear **Russell**

**Prioritisation of the Rare Disease Action Plan for Wales 2022-26**

I am writing to the Committee in light of the recent budget scrutiny session that the Committee undertook with Ministers and officials on 11 January 2023.

While it is understood that the Welsh NHS continues to find itself in an extremely challenging and pressurised environment both operationally and financially during this winter period, I am concerned that in the evidence provided by the Health Minister, she failed to prioritise the Welsh Government's commitment to improving the lives of people living with a rare disease in Wales during the forthcoming 2023-24 financial year.

As a founding member of the Cross Party Group on Rare, Genetic and undiagnosed conditions, you will recall when the Rare Disease Action Plan for Wales (RDAPW) 2022-26 was published last summer, the Welsh Health Circular (WHC) that accompanied the Plan, set out clear expectations for Health Boards to facilitate and implement the priorities and actions in the Plan over its lifetime. The WHC said:

*"Health boards should take account of the priorities for rare diseases when planning their services and developing their Integrated Medium-Term Plans (IMTPs)."*<sup>1</sup>

However, in the Health Minister's evidence to the Committee, she was unambiguous in stating that she had issued new guidance to Health Boards, for this forthcoming financial year, based on six identified priorities. She said:

*"What we've got to do is to try and give them (Health Boards) an indication of where we'd like them to focus their spend. In the guidelines in preparation for their IMTPs, I've just made it absolutely clear that I want them to focus on six areas."*<sup>2</sup>

She went on to set out what those six priorities were:

1. Delayed transfers of care
2. Improving access to primary and community care
3. Urgent and emergency care (six goals)
4. Planned care and recovery
5. Cancer
6. Mental Health (including CAMHs)

We know from the *National Clinical Framework: A Learning Health and Care System* published in 2021, that the Government's strategic vision of a health system in Wales is one that is "co-ordinated nationally", because greater central direction helps shape behaviour but is "delivered locally" by those directly responsible for their respective populations, through collaborations, between health organisations and partners. The Government states that this approach "ensures local ownership" and a "thriving innovation agenda."

That means if the Welsh Government does not prioritise and coordinate the delivery of a particular policy agenda with Health Board partners, then there is no formal requirement for those partners to implement that agenda into their medium-term planning cycle.

Given that the RDAPW is still in its first year of implementation, it is absolutely critical that Health Boards do not lose sight of embedding the four key priorities, both in financial and operational terms, into their IMTPs. Those four priorities are:

**Priority 1 - Helping patients get a final diagnosis faster**

**Priority 2 - Increasing awareness of rare diseases amongst healthcare professionals**

**Priority 3 - Better coordination of care**

**Priority 4 - Improving access to specialist care, treatment, and medicines**

As you know, the Rare Diseases Implementation Group (RDIG) brings together delivery partners to develop and monitor Wales progress. Unlike other clinical implementation groups in Wales, the RDIG has had no core funding to help them facilitate this work; so they are already at a disadvantage. Moreover, as the new NHS Executive, which will bring together all the national clinical programme networks and implementation groups, continues to evolve, this will also impact on the operating function of the RDIG in terms of its monitoring and reporting timelines.

We know that people with rare diseases and their families often face a lifetime of complex care, which is often disjointed and that has a significant and detrimental impact on their education, financial stability, mobility and mental health. Therefore, it is vitally important that the voice of the rare disease community is not lost in this current extremely challenging period. Only by fully prioritising and committing to the comprehensive implementation of the RDAPW, will Wales have the ability and opportunity to achieve significant change and improvement in the care and treatment of people living with a rare disease.

I hope that as a Committee, through your scrutiny deliberations and reporting to the Senedd, you will take this matter into account and request that Government do not lose sight of the many policy commitments it has made beyond the six priority areas highlighted by the Minister, particularly those that effect this particularly vulnerable group of patients and their families.

Best wishes,

A handwritten signature in black ink that reads "Victoria Hayes".

Victoria Hayes

Director of Public Affairs, Northern Cluster, Kyowa Kirin

## References

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<sup>1</sup> Welsh Health Circular (2022/017), *Wales Rare Diseases Action Plan 2022 – 2026*, Welsh Government, 16 June 2022.  
[https://www.gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022–2026-whc-2022-017\\_3.pdf](https://www.gov.wales/sites/default/files/publications/2022-06/wales-rare-diseases-action-plan-2022–2026-whc-2022-017_3.pdf)  
(As accessed on 1 February 2023).

<sup>2</sup> Transcript of Health and Social Care Committee (Section 8), 11 January 2023.  
<https://record.senedd.wales/Committee/13294>  
(As accessed on 1 February 2023).

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

13 February 2023

Dear Russell,

**Health Service Procurement (Wales) Bill – Statement of policy intent**

Following the introduction of the Health Service Procurement (Wales) Bill into the Senedd on 13 February 2023, please find attached a copy of the statement of policy intent. This document is provided to support the Committee's scrutiny of the Bill.

I look forward to providing evidence to the Committee in due course.

I am copying this letter to the Chair of the Legislation, Justice and Constitution Committee and the Finance Committee.

Yours sincerely,



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

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

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

[Gohebiaeth.Eluned.Morgan@llyw.cymru](mailto:Gohebiaeth.Eluned.Morgan@llyw.cymru)  
[Correspondence.Eluned.Morgan@gov.wales](mailto:Correspondence.Eluned.Morgan@gov.wales)

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

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



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Llywodraeth Cymru  
Welsh Government

# **Health Service Procurement (Wales) Bill**

## **Statement of Policy Intent for Subordinate Legislation**

13 February 2023

## **Health Service Procurement (Wales) Bill**

### **Statement of Policy Intent for Subordinate Legislation**

#### **Introduction**

1. This document provides an indication of the current policy intention for the subordinate legislation which the Welsh Ministers would be empowered to make by virtue of the amendments made to the National Health Service (Wales) Act 2006 and the Procurement Act 2023 (currently a Bill going through the UK Parliament, and which may be subject to further amendment as the Bill progresses through the parliamentary process) by the Health Service Procurement (Wales) Bill (“the Bill”).
2. The Statement has been prepared in order to assist committees during the scrutiny of the Bill. It should be read in conjunction with the Bill and the Explanatory Memorandum and Explanatory Notes which accompany it. Full details of the Senedd procedure associated with each of these powers are set out in Table 1 Chapter 5 of the Explanatory Memorandum and are not repeated in this document.
3. The Bill provides powers in primary legislation to enable the Welsh Ministers to bring forward subordinate legislation to introduce a new procurement regime for health services provided as part of the health service in Wales. In developing subordinate legislation, the Welsh Government will work closely with NHS Wales and stakeholders in order to ensure the provisions are relevant, valid and proportionate.
4. In summary, the Bill provisions are based around the following two powers:
  - i. A “disapplication power” to enable the Welsh Ministers, by regulations, to disapply provisions of the Procurement Act (once passed) that would otherwise apply to the procurement of NHS health services in Wales; and
  - ii. A “creation power” to enable Welsh Ministers to develop and implement a new alternative procurement regime for NHS health services in Wales, through subordinate legislation.
5. A table setting out the description of the power and the policy intent is found at **Annex A**.

Annex A

| Section of the Bill  | Description of power  | Reason for and policy intent of the power   |
|--|---|---|
| <b>Power to disapply provisions of the Procurement Act 2023 in relation to NHS procurement in Wales (“disapplication power”)</b> |   |   |
| 2  | <p>Power for Welsh Ministers to disapply provisions of the Procurement Act 2023, to the extent that they are inconsistent with alternative provisions made in respect of the procurement of health services in Wales. This is to be done by inserting a new section (currently intended to be section 116A) into the UK Government’s Procurement Act 2023.</p> <p>Subsection (1) of the new section 116A provides the Welsh Ministers with the power referred to above, which is to be exercised by making regulations (by statutory instrument).</p> <p>The power applies only to ‘regulated health service procurement in Wales’. This is defined in subsection (2)(a) of the new section 116A as the procurement of goods and services by a ‘relevant authority’ that is subject to provisions made by regulations under a new section 10A that is to be inserted into the National Health Service (Wales)</p> | <p><b>Reason for the power:</b><br/>This power enables the Welsh Ministers to disapply procurement legislation in relation to regulated NHS health services procurement in Wales. The disapplication power is required in order to ensure that there is no overlap between the provisions of the Procurement Act 2023 and the new health service procurement regime for Wales which is to be established by the subsequent regulations.</p> <p><b>Policy intent of the power:</b><br/>The power will allow the Welsh Ministers to disapply provisions of the Procurement Bill which would otherwise apply to NHS health service procurement in Wales to the extent that alternative provision has been made in that regard pursuant to the creation power described below. The intention of this power is not to deregulate health services in Wales; it is only to disapply procurement legislation where the procurement of services for the purposes of the health service in Wales is regulated under the new regime.</p> |

Pack Page 50

|   |   |   |
|---|---|---|
|   | <p>Act 2006. ‘Relevant authority’ has the meaning given in the new section 10A (see below for further detail).</p>  | <p>The definition of ‘relevant authority’ is reflected in the “creation power” detailed below.</p> <p>The regulations will follow the <b>draft affirmative procedure</b> and will therefore be subject to Senedd scrutiny and agreement.</p>  |
| <p><b>Power to develop and implement a new procurement regime for health services in Wales (“creation power”)</b></p> |   |   |
| <p>3</p>  | <p>Power for Welsh Ministers to make regulations setting out the requirements applying to relevant authorities in the procurement of services provided as part of the health service in Wales, as well as goods and other services which are connected to those health services.</p> <p>This will be done by amending the National Health Service (Wales) Act 2006 to insert a new section (section 10A).</p> | <p><b>Reason for the power:</b></p> <p>This creation power is required in order to make regulations imposing requirements on relevant authorities in relation to the procurement of health services for the purposes of the health service in Wales.</p> <p>One of the primary purposes of taking the power is to give an option to put in place a new health services procurement regime to <i>in so far</i> align with proposals being brought forward by the Department of Health and Social Care (DHSC) in England, known as the Provider Selection Regime (PSR)<sup>1</sup>.</p> <p>The creation power in the Bill does not prescribe detail about the content of any new health service procurement regime and the final details of the PSR regulations and the</p> |

<sup>1</sup> [Provider Selection Regime: supplementary consultation on the detail of proposals for regulations - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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|  |  | <p>associated operational guidance are still being developed by the DHSC. Therefore, to provide Welsh Ministers the flexibility to adapt appropriately once the final details of the proposed PSR in England are known, the content of the proposed new regime will be developed as part of the future regulations and new regime operational guidelines. This will also provide an element of flexibility to shape the new regime to meet future challenges and needs of the citizens of Wales.</p> <p><b>Policy intent of the power:</b><br/>The introduction of the PSR in England aims to give decision-makers in NHS England and local government organisations the flexibility to arrange health services that best promote the interests of patients and the population within their areas, as well as considering the value for public money. It is proposed that the PSR moves away from a position of competition in all circumstances, and moves towards a system of collaboration and partnership with independent health service providers.</p> <p>As a consequence, the operational changes to health services procurement in England under the PSR may have an impact on NHS Wales’s ability to maintain and secure health services in Wales, including:</p> |
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|  |  | <ul style="list-style-type: none"> <li>• Distortion of the current parallel health services procurement platform between England and Wales;</li> <li>• Limiting the ability to commission health services from health providers on a co-compliant / collaborative basis between NHS England and NHS Wales, and the associated benefits of financial and resource economies of scale;</li> <li>• Limiting the NHS Wales in accessing existing health care service frameworks; and</li> <li>• Limiting suppliers' desire to supply health services in Wales although it is difficult to estimate the extent of their effects at this stage as this will depend on factors such as market and supplier reaction to the changes being brought about.</li> </ul> <p><b>Potential policy intent of future regulations:</b></p> <p>The future regulations will seek to mitigate against the impacts described above by developing regulations and a new health service procurement regime in Wales to <i>in so far</i> align with DHSC's PSR being introduced in England.</p> <p>This approach will aim to ensure health service procurement in England and Wales continue to operate on a similar basis. This will 'level the procurement playing field'; ensuring that the marketplace in Wales remains attractive to independent health service providers. This will support the NHS in Wales</p> |
|--|--|---|

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|  |  | <p>to maintain continuity of health service provision for the citizens of Wales.</p> <p>DHSC have consulted on their proposals under the PSR<sup>2</sup> - aligning a new health service procurement regime in Wales with the PSR in England <b>could</b> include changes in operational procurement procedures in Wales such as:</p> <ul style="list-style-type: none"><li>• Moving away from a position of competition by default;</li><li>• Enabling the continuation of contracting arrangements with an incumbent health service provider in certain circumstances where it is assessed that the continuation of existing arrangements is beneficial;</li><li>• Allowing options for direct award with an identified suitable provider;</li><li>• Options to follow a new competitive procurement process where this is in the best interest of patients, taxpayers and the population.</li></ul> <p>The above approaches will seek to encourage more collaboration and partnerships between the NHS and independent health service providers and potentially give more flexibility to continue engagement with existing service</p> |
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<sup>2</sup> [Preview of proposals for the Provider Selection Regime - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

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|  |  | <p>providers where existing arrangements are assessed to be working well. Any changes will also need to ensure that new procurement regime procedures are underpinned with transparency, scrutiny and accountability.</p> <p>In relation to the scope of 'health services', it is likely that the future regulations will seek to align to the common procurement vocabulary (CPV) codes so far identified in the PSR<sup>3</sup>. The range of services included in this list will be reviewed under the development of future regulations to understand applicability to NHS health services in Wales.</p> <p>Under the Bill, it is proposed the future regulations must be accompanied by statutory guidance, to which 'relevant authorities' must have regard. 'Relevant authorities' include county councils, health boards and trusts and special health authorities in Wales. Such guidance will be considered as part of the development and co-design of the new regime undertaken in partnership with the 'relevant authorities' that procure health services in Wales.</p> <p>The future regulations will follow the <b>draft affirmative procedure</b> and will therefore be subject to the Senedd scrutiny and agreement.</p> |
|--|--|--|

<sup>3</sup> [Provider Selection Regime: supplementary consultation on the detail of proposals for regulations - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

| Other information   |  |
|---|--|
| <p><b>Timing of the primary legislation</b></p>                                 | <p>The Bill sets out that the primary legislation will come into force the day after the Bill receives Royal Assent.</p> <p>Subject to the timelines and outcomes of the Senedd scrutiny process, it is proposed that the Bill reaches Royal Assent in Summer 2023.</p>  |
| <p><b>Timing of the proposed subordinate legislation and implementation</b></p> | <p>Subject to the Bill becoming an Act, development of subordinate legislation and associated statutory guidance, developed in collaboration with the ‘relevant authorities’ including NHS Wales procurement leads, will commence after Royal Assent.</p> <p>A 12 week public consultation period on the operational principles of a new health service procurement regime for Wales will take place.</p> <p>Following consultation, production of the new regime guidance will commence and subordinate legislation developed and laid in the Senedd. The regulations will be made under the <b>draft affirmative procedure</b> in the Senedd.</p> <p>Subject to the outcome of the Senedd scrutiny process, it is proposed that the new health service procurement regulations and regime guidelines will aim to come into force in Spring 2024.</p> |



Llywodraeth Cymru  
Welsh Government

Peredur Owen Griffiths MS  
Chair of the Finance Committee

15 February 2023

Dear Peredur,

### Scrutiny of the financial implications of Bills

Further to your letter of 19 December 2022 to the First Minister regarding the scrutiny of the financial implications of Government Bills, I have considered the Finance Committee's further request.

I will give a commitment that all Welsh Ministers will endeavour to respond to the Finance Committee's Stage 1 report for Senedd Bills in advance of the General Principles debate on that Bill.

However, Finance Committee will wish to note in giving this commitment, there will be occasions where the detail the Committee is asking for will not be readily available within the timeframe.

The Government continues to follow the requirements of the Senedd's Standing Orders where the financial resolution seeks agreement to the financial implications of a Bill not as introduced, but as amended, after completing its scrutiny journey. In addition, Welsh Ministers will continue to provide the Finance and the policy scrutiny committees with details of where there have been developments or amendments that have significant changes to the financial implications of each Bill.

I have asked my officials to consider further the implications of moving the financial resolution debate to a week after the General Principles debate and the impact this will have going forward on the legislative programme.

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

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

Your letter along with this reply has been copied to all Welsh Ministers. This reply will also be issued to the Business Committee and the Chairs of Policy Committees.

Yours sincerely,

A handwritten signature in black ink that reads "Lesley Griffiths". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

**Lesley Griffiths AS/MS**  
**Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd**  
**Minister for Rural Affairs and North Wales, and Trefnydd**

HSC(6)-16-23 PTN 4  
**Agenda Item 3.4**

Sue Tranka  
Prif Swyddog Nyrsio  
Chief Nursing Officer  
Cyfarwyddwr Nyrs GIG Cymru  
Nurse Director NHS Wales



Llywodraeth Cymru  
Welsh Government

Health & Social Care Committee  
Government Committee Business mailbox  
[government.committee.business@gov.wales](mailto:government.committee.business@gov.wales)

17 February 2023

Dear Chair,

Thank you for the invitation to attend a general scrutiny session with the Health & Social Care Committee on Thursday 26 January to discuss my priorities and the wider issues affecting nurses and nursing in Wales.

You requested further information on:

- the technological barriers preventing the collection and publishing of data on nurse vacancies at an all-Wales level, and the work being done to address this; and
- information on the work done to reduce the spend on agency nursing prior to the pandemic, and how the current level of agency spend compares with the pre-pandemic level.

Please note the publication on 1 February 2023 of the [National Workforce Implementation Plan](#) which outlines a series of time-specific actions including vacancy data publication and agency spend reduction that will act as enablers to accelerate the work underway as part of the “A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce”.

This implementation plan sets out the following actions:

By June 2023

- Welsh Government will publish NHS Wales vacancy data for the directly employed workforce.

By September 2023

- Welsh Government will review with NHS organisations the approach to collection of workforce data and its robustness and ensure that this data provides an accurate and consistent basis for understanding our workforce and decision-making across Wales;
- Based on the data review, Welsh Government will establish a timetable for the publication of a national workforce dashboard to bring transparency the progress and priorities across the workforce in Wales;
- HEIW will work with partners to improve the quality, availability and access to workforce data, and will develop a national workforce data methodology and model to assess workforce supply and demand.



### By July 2023

- Welsh Government will work with partners to standardise additional hours pay rates for both secondary care and primary care to ensure they are attractive to the workforce and sustainable to the organisations;
- Welsh Government will work with partners to introduce a refreshed control framework to ensure staff agency spend is reduced to maximise value for money.

### **Further detail on the technological barriers preventing the collection and publishing of data on nurse vacancies at an all-Wales level, and the work being done to address this;**

Due the nature of how NHS vacancy data is defined and collected locally by individual health boards and trusts, it is important to provide a single and consistent way of reporting vacancies to ensure robust data is available to stakeholders and users. Officials have considered a number of existing workforce data sources, namely the Electronic Staff Record Data Warehouse maintained by Health Education and Improvement Wales (HEIW), and the Trac system maintained by NHS Wales Shared Services Partnership (NWSSP). Having discussed with both HEIW and NWSSP both organisations agree that these sources would not be able to provide a consistent, reliable and accurate number of vacancies in NHS Wales. Officials have also been working with NHS Wales Assistant Directors of Workforce & OD and finance leads to implement an approach which will take the difference between the number of reported full-time equivalent permanent or fixed-term staff and planned workforce levels. The Welsh Government has committed to publishing NHS Wales vacancy data by June 2023.

Work is underway to understand, mitigate and address the increased reliance on agency workforce. Whilst it is understood the pressures on the core NHS workforce and services in recent years have necessitated this flexible and additional resource, action will be taken this year, in line with a wider NHS workforce implementation plan, to focus on a more sustainable workforce in NHS in Wales.

|                            | Agency/Locum (premium) Expenditure |                               |                               |                 | As a % of Total Pay % |
|----------------------------|------------------------------------|-------------------------------|-------------------------------|-----------------|-----------------------|
|                            | Medical & Dental<br>£000's         | Nursing & Midwifery<br>£000's | Other Temp Staffing<br>£000's | Total<br>£000's |                       |
| 2014-15 Annual Expenditure | 40,956                             | 28,720                        | 18,110                        | 87,787          |                       |
| 2015-16 Annual Expenditure | 62,057                             | 45,903                        | 27,257                        | 135,218         |                       |
| 2016-17 Annual Expenditure | 77,348                             | 53,846                        | 33,163                        | 164,358         | 4.7%                  |
| 2017-18 Annual Expenditure | 60,033                             | 51,431                        | 24,259                        | 135,724         | 3.7%                  |
| 2018-19 Annual Expenditure | 54,622                             | 65,440                        | 23,577                        | 143,640         | 3.8%                  |
| 2019-20 Annual Expenditure | 60,646                             | 81,605                        | 34,544                        | 176,795         | 4.2%                  |
| 2020-21 Annual Expenditure | 58,600                             | 94,429                        | 46,115                        | 199,144         | 4.1%                  |
| 2021-22 Annual Expenditure | 66,468                             | 133,429                       | 71,134                        | 271,031         | 5.3%                  |

The increase in NHS expenditure on Agency workforce in recent years is not sustainable in the longer term. Investment instead needs to be directed to increasing and effectively deploying a core workforce directly employed by the NHS in Wales. This will require a fine balance between ensuring sufficient capacity to deliver safe and effective services, whilst actions are underway which provide a sustainable workforce and value for money in the longer term.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J Franka', written in a cursive style.

**CHIEF NURSING OFFICER  
NURSE DIRECTOR NHS WALES  
PRIF SWYDDOG NYRSIO  
CYFARWYDDWR NYRS GIG CYMRU**

# Agenda Item 3.5

## **Cancer Research UK – Further information for Senedd Health Committee**

**What data is currently available on health inequalities in relation to cancer, how the data that is available is being collected and analysed, and where there may be gaps in inequality data.**

Health inequalities impact every stage of the cancer pathway, including prevalence of cancer risk factors, screening uptake, stage of disease at diagnosis, and access to treatment, and these all contribute to stark differences in cancer incidence and outcomes. Generally, the strongest data available on cancer inequalities is on socioeconomic deprivation, namely due to smoking.

Understanding the root causes of cancer inequalities, who they impact, and how to eliminate them, is complex and multi-faceted; we need to do more to fully understand cancer inequalities.

Currently, the data available for many population groups on several cancer metrics are outdated, limited, or non-existent. Comprehensive collection of and access to data is critical to effectively developing policy interventions to reduce inequalities targeted at those who need it most.

On screening specifically, we know that screening participation varies hugely by socio-economic group in Wales. For bowel screening, data shows that uptake for those living in the most deprived areas in Wales is 53%, compared to 68% for those in the least deprived areas.<sup>i</sup>

The Senedd Cross Party Group on Cancer, chaired by David Rees MS with Cancer Research UK providing the secretariat, is currently conducting an inquiry into cancer and inequalities. The hope is that this work will help uncover the data that exists on inequalities and cancer, with a specific focus on deprivation. The report and recommendations will also highlight the data gaps. On publication, a copy of the report will be shared with the Committee.

We would welcome further inquiry by the Committee into health inequalities and cancer.

**Cancer Research UK's views on whether non-GI endoscopy should be included within the National Endoscopy Programme.**

Diagnostic testing and play an essential role in diagnosing a range of cancers, for example, colposcopy for cervical cancer, and cystoscopy for bladder cancer. However, given the specific aims of the National Endoscopy Programme, we do not believe that non-GI endoscopy should be included in the Programme.

The NEP was set up to aid with specific issues in GI-endoscopy and to help build capacity to prepare for the introduction of FIT and the optimisation of bowel screening. There is a specific need to focus on workforce and capacity issues within GI endoscopy in Wales, which are separate to any issues related to non-GI endoscopy. This is because it is a different workforce and specialisms in GI and non-GI endoscopy – for example, cystoscopies are conducted by a urologist and colposcopy by a specialist nurse [colposcopist] or gynaecologist. The equipment used and infrastructure needed to perform these types of endoscopies are also different, as well as the innovations (e.g. Cytosponge/TNE) and accreditations (e.g. JAG).

Whilst there are some areas of crossover (for example, all are impacted by shortages in the pathology workforce who analyse biopsy samples), the different specialities and equipment involved mean that conversations about non-GI endoscopy are best had when talking about site specific cancers. Colposcopy capacity and efficiency could be covered within the Committee's inquiry into gynaecological cancers. In addition, for some cancers – including bladder cancer, for example, there are additional diagnostic tests alongside the cystoscopy that are performed including CT scans and MRI scans.

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<sup>i</sup> Public Health Wales. 2021. Bowel Screening Wales Annual Statistical report 2019-20. Accessed May 2022 via <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/information-resources/programme-reports/bsw-annual-statistical-reports/bsw-annual-statistical-report-2019-2020/>.

# Beating Cancer for Everyone

Cancer Research UK Briefing – Cancer Inequalities in Wales, October 2022

## Introduction

Health and cancer inequalities are unfair, avoidable, and systematic differences in health across the population, and between different groups within society.<sup>1</sup> They impact every stage of the cancer pathway, including prevalence of cancer risk factors, screening uptake, stage of disease at diagnosis, and access to treatment, and these all contribute to stark differences in cancer incidence and outcomes.

When cancer is diagnosed at an early stage, it is more likely to be treated successfully, increasing chances of survival. Inequalities in stage at diagnosis can therefore worsen inequalities in cancer mortality and survival – and these impact multiple population groups as well as people from more deprived groups for some cancer types<sup>2</sup>. People from ethnic minority communities<sup>3</sup> and people with learning disabilities<sup>4</sup> are all more likely to be diagnosed at a later stage for certain cancer sites. People from more ethnically diverse areas,<sup>5</sup> people with a learning disability,<sup>6</sup> and men,<sup>7</sup> are also less likely to participate in screening programmes, and we know that the cervical screening system creates a number of barriers for trans men and non-binary people's access to appointments.<sup>8</sup>

Research also shows there are significant inequalities in patient experiences of cancer care, with a poorer average rating of care being reported by people from Asian, Black, Mixed and Other backgrounds compared to White respondents (survey categories) in England.<sup>9</sup> LGBTQIA+ people also have poorer experiences in the healthcare setting than heterosexual groups,<sup>10</sup> with research by Macmillan Cancer Support showing that LGBT+ people face poor communication and felt excluded from decision making in their experience of cancer care.<sup>11</sup>

It is unacceptable that these factors impact the likelihood of someone being diagnosed with cancer and their cancer outcomes, and this presents one of the greatest and most challenging barriers to improving cancer outcomes in Wales.

Effectively tackling cancer inequalities would have a major positive impact for the Welsh public. CRUK estimates that, in the UK, if all areas had the same cancer incidence rate as the least deprived quintile, this would result in around 22,000 fewer cancer cases a year.<sup>12</sup> It would also have a wider economic benefit. Public Health Wales estimate that improving health equity between the most and least deprived communities could save the health service £322 million a year, particularly through reducing emergency admission and A&E attendance which is higher for the most deprived communities.<sup>13</sup>

Understanding the root causes of cancer inequalities, who they impact, and how to eliminate them, is complex and multi-faceted; we need to do more to fully understand cancer inequalities<sup>14</sup>. Currently, the data available for many population groups on several cancer metrics are outdated, limited, or non-existent. Comprehensive collection of and access to data is critical to effectively developing policy and interventions to reduce inequalities targeted at those who need it most.

## Wider Context

The Welsh Government have recognised the importance of tackling health inequalities. *COVID-19: Looking Forward* (2021) notes that the pandemic exacerbated existing health inequalities in Wales and recognises the 'importance of ensuring that those in greatest need are central to the future health and social care system' to improve health for all.<sup>15</sup>

Health bodies and organisations have also highlighted the importance of tackling health inequalities. Along with 35 organisations, the Welsh NHS Confederation has called on the Welsh Government to take bold action to tackle health inequalities, through working cross-government, investing in prevention, and working in partnership with other organisations and communities.<sup>16</sup>

With disparities at every stage of the cancer pathway, tackling cancer inequalities must be a key part of this wider agenda. This will require action to better understand cancer inequalities and their drivers in Wales, as well as targeted activity to address inequalities in the shorter-term based on best practice. This inquiry aims to strengthen the Cross Party Group's understanding of both these areas.

### Cancer Inequalities in Wales

Understanding cancer inequalities is complex. Firstly, it is highly dependent on the availability of data which can be broken down by population group, so that we can better understand which groups face poorer outcomes and what may be driving this. Rich, accessible data are also key to assessing where variation between groups is unwarranted and therefore a sign of inequality.

Secondly, some differences between groups may be driven by unavoidable factors such as genetics. It is therefore necessary to distinguish between variation as a result of such factors and variation as a result of inequalities where possible, however this is often not straightforward. Differences between cancer sites – such as some cancers being closely linked to preventable risk factors, and others benefitting from effective, evidence-based screening programmes – mean that different actions may be required to address inequalities for different cancer types.

Intersectionality adds further complexity to understanding cancer inequalities. People's identities, and the circumstances that shape their behaviours and experiences, are multi-faceted. For many people, this means they face numerous, multi-layered barriers to good health, resulting in health inequalities, and these different inequalities intersect, compound, and reshape one another<sup>17</sup>. At present, data are often presented to compare groups along one demographic axis – such as gender or ethnicity. Comparing groups is practical and serves to help understand the scale of cancer inequalities. However, it can complicate or obscure the extent and experience of inequality faced by individuals that belong to more than one disadvantaged group.

Currently, there are major gaps in data which limit our ability to comprehensively identify and act on inequalities. The best available data are on socioeconomic variation.<sup>18</sup> These data clearly shows that more deprived groups face greater barriers to good health at every stage of the cancer pathway, creating unacceptable inequalities in cancer incidence and outcomes. We also know that there are major inequalities based on geography in Wales, with people's experience of getting cancer<sup>19</sup> and their cancer outcomes<sup>20</sup> differing depending on where they live.

However, there are other types of inequality that will undoubtedly act as a barrier to improving cancer outcomes in Wales for which we currently have less evidence. Surveys and studies from across the UK suggest that cancer inequalities also impact people depending on their ethnic background, disabled people and LGBT people, amongst other groups<sup>212223</sup>. This inquiry provides scope to explore these areas as well as furthering our understanding of how to tackle the better understood inequalities such as those in socio-economic status.

### Socioeconomic inequalities

Socio-economic deprivation is a major source of inequalities across the cancer pathway in Wales. Cancer incidence rates are higher for people from more deprived populations. The greatest differences in incidence rates between the most and least deprived areas are generally in smoking-related cancers. In 2018, the number of people in Wales diagnosed with lung cancer in the most

deprived areas more than double the number in the least deprived areas.<sup>24,25</sup> There is also evidence of major inequalities in cancer mortality and survival<sup>2, 26,27</sup>. In 2021, the overall cancer mortality rate for the most deprived quintile was almost 55% higher than the least deprived.<sup>20,28</sup>

The drivers of these inequalities are complex and multi-faceted. Key drivers include the wider determinants of health and variation in cancer risk factors, help seeking behaviour, access to and uptake of health services and health literacy<sup>29,30,31</sup>.

Around 4 in 10 cancer cases in the UK are caused by preventable risk factors, but these are more prevalent in certain groups compared to others, contributing to significant inequalities in cancer incidence. According to the National Survey for Wales 2019/20, 26% of people in the most deprived quintile currently smoke compared to 11% in the least deprived quintile<sup>32</sup>, and levels of childhood obesity are higher in the most deprived areas<sup>33</sup>.

Another driver of inequalities in cancer outcomes is disparities in cancer screening. Screening participation varies hugely by socio-economic group in Wales. For bowel screening, recent data shows that uptake for those living in the most deprived areas is 53%, compared to 68% for those in the least deprived areas.<sup>34</sup>

### Geographic inequalities

Another major type of cancer inequality in Wales is geography. Currently, where someone lives influences their likelihood of getting cancer, their outcomes and their experience of cancer care. For Cwm Taf Morgannwg health board, the cancer incidence rate is 8% higher than the rest of Wales – incidence rates for some cancer sites are particularly high, with lung cancer rates 20% higher and prostate cancer 15% higher than the rest of the country.<sup>19</sup> Cancer mortality varies substantially between health boards; the highest mortality rate is in Cwm Taf Morgannwg health board, which is 16% higher than the health board with the lowest mortality rate (Hywel Dda).<sup>20,35,36</sup>

There is also stark variation in cancer performance and waiting times between health boards. The average waiting time for an upper gastrointestinal endoscopy, a key diagnostic test for cancer, is around 114 days in Betsi Cadwaladr University Health Board, almost eleven weeks longer than in the Hywel Dda Health Board (around 38 days).<sup>37</sup>

Geographical cancer inequalities are often connected with deprivation, and this will in part be true in Wales – we know that (age-adjusted) cancer incidence rates are higher amongst more deprived communities, and the higher deprivation levels in Cwm Taf likely explain, at least in part, why this region has higher cancer incidence.<sup>38</sup> But there are other reasons for geographical inequalities too, including rurality and cultural differences. For example, the Welsh Cancer Patient Experience Survey found that people living in rural areas had greater concerns than others about the distance they had to travel to hospital for cancer treatment, with it being too far for those receiving daily treatment.<sup>39</sup>

### About Cancer Research UK

Cancer Research UK is the world's largest independent cancer charity dedicated to saving lives through research. We support research into all aspects of cancer, which is achieved through the work of over 4,000 scientists, doctors and nurses across the world. In 2020/21, Cancer Research UK funded over £4m of research in Wales. Our research in Wales focuses particularly on bowel, breast, urological and prostate cancers, as well as leukaemia. As part of our Cancer Awareness Roadshow, our friendly nurses go into the heart of communities with poorer cancer outcomes, helping people to take positive steps for their health and access support from local services. In 2019/20, the roadshow reached over 1,400 people in Wales.

## References

- <sup>1</sup> Williams, E., Buck, D., and Babalola, G. (2020). What are health inequalities? The King's Fund. Available: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>; NHS. Definitions of Health Inequalities. Available: <https://www.england.nhs.uk/ltpimenu/definitions-for-health-inequalities/>.
- <sup>2</sup> Cancer Intelligence Team. Cancer Research UK. Cancer in the UK: Socio-economic deprivation. September 2020. <https://www.cancerresearchuk.org/health-professional/our-reports-and-publications#canerUK>
- <sup>3</sup> All-Party Parliamentary Group on Breast Cancer (2018). A Mixed Picture: An Inquiry into Geographical Inequalities and Breast Cancer. Accessed September 2021 via [https://breastcancernow.org/sites/default/files/appgbc\\_a\\_mixed\\_picture.pdf](https://breastcancernow.org/sites/default/files/appgbc_a_mixed_picture.pdf).
- <sup>4</sup> Public Health England. Health Inequalities: Cancer. Accessed September 2021 via [https://fingertips.phe.org.uk/documents/Health\\_inequalities\\_cancer.pdf](https://fingertips.phe.org.uk/documents/Health_inequalities_cancer.pdf)
- <sup>5</sup> Hirst Y., Stoffel S., Baio G., McGregor L., von Wagner C. (2018). Uptake of the English Bowel (Colorectal) Cancer Screening Programme: an update 5 years after full roll-out, *European Journal of Cancer*. Accessed October 2021 via <https://doi.org/10.1016/j.ejca.2018.07.135>; Public Health England (2020). PHE Screening inequalities strategy. Accessed October 2021 via <https://www.gov.uk/government/publications/nhs-population-screening-inequalities-strategy/phe-screening-inequalities-strategy>.
- <sup>6</sup> Mencap. Health inequalities. Accessed September 2021 via <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities>.
- <sup>7</sup> Public Health England. 2020. PHE Screening inequalities strategy. Accessed March 2022 via <https://www.gov.uk/government/publications/nhs-population-screening-inequalities-strategy/phe-screening-inequalities-strategy>.
- <sup>8</sup> Kolator Baldwin, A. (2021). Research shows one size doesn't fit all for cervical screening in the trans and non-binary community, Cancer Research UK. Accessed October 2021 via <https://news.cancerresearchuk.org/2021/05/18/research-shows-one-size-doesnt-fit-all-for-cervical-screening-in-the-trans-and-non-binary-community/>.
- <sup>9</sup> NHS and Picker. 2020. National Cancer Patient Experience Survey 2019. Accessed March 2022 via [https://www.ncpes.co.uk/wp-content/uploads/2020/06/CPES-2019-National-Report\\_V1.pdf](https://www.ncpes.co.uk/wp-content/uploads/2020/06/CPES-2019-National-Report_V1.pdf)
- <sup>10</sup> Bachmann, C. and Gooch, B. 2018. LGBT in Britain: Health Report, Stonewall. Accessed March 2022 via [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_health.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf)
- <sup>11</sup> Macmillan Cancer Support. No One Overlooked: Experiences of LGBT people affected by cancer. Available: <https://www.macmillan.org.uk/documents/aboutus/research/inclusionprojects/experiencesoflgbtpeople.pdf>
- <sup>12</sup> Calculated by the Cancer Intelligence Team at Cancer Research UK, April 2020. Based on method reported in National Cancer Intelligence Network *Cancer by Deprivation in England Incidence, 1996-2010 Mortality, 1997-2011*, using cancer incidence data 2013-2017 (Public Health England) and population data 2013-2017 (Office for National Statistics) by Indices of Multiple Deprivation 2015 income domain quintile, cancer type, sex, and five-year age band.
- <sup>13</sup> Public Health Wales. 2021. Cost of Health Inequality to the NHS in Wales: Report 1 Cost Associated with Inequality in Hospital Service Utilisation to the NHS in Wales. Accessed May 2022 via <https://phw.nhs.wales/publications/publications1/cost-of-health-inequality-to-the-nhs-in-wales/>.
- <sup>14</sup> Cancer Research UK. 2022. Health inequalities: 'We have a moral duty to reduce them'. <https://news.cancerresearchuk.org/2022/02/15/health-inequalities-we-have-a-moral-duty-to-reduce-them/>. Accessed September 2022.
- <sup>15</sup> Welsh Government. 2021. Health and Social Care in Wales – COVID-19: Looking forward. Accessed May 2022 via [https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf/](https://gov.wales/sites/default/files/publications/2021-03/health-and-social-care-in-wales--covid-19-looking-forward_0.pdf/)
- <sup>16</sup> The Welsh NHS Confederation. 2021. Making the difference: Tackling health inequalities in Wales. Accessed May 2022 via <https://www.nhsconfed.org/sites/default/files/2021-05/Making%20the%20difference%20-%20April%202021.pdf>.
- <sup>17</sup> Kelly-Brown et al. Intersectionality in cancer care: A systematic review of current research and future directions. *Psychooncology*. 2022 May;31(5):705-716.
- <sup>18</sup> Cancer Research UK. 2020. Cancer in the UK 2020: Socio-economic deprivation. Accessed February 2022 via [https://www.cancerresearchuk.org/sites/default/files/cancer\\_inequalities\\_in\\_the\\_uk.pdf](https://www.cancerresearchuk.org/sites/default/files/cancer_inequalities_in_the_uk.pdf).
- <sup>19</sup> Public Health Wales. Cancer incidence in Wales 2002-2019. Accessed September 2022 via <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-incidence-in-wales-2002-2019/>
- <sup>20</sup> NHS Wales and Public Health Wales. 2022. Cancer mortality in Wales, 2002 – 2021. Accessed May 2022 via <https://publichealthwales.shinyapps.io/cancer-mortality-in-wales-2002-2021/>.
- <sup>21</sup> Delon et al. Differences in cancer incidence by broad ethnic group in England, 2013-2017. *British Journal of Cancer*. 126, 1765-1773 (2022) <https://www.nature.com/articles/s41416-022-01718-5>
- <sup>22</sup> Macmillan Cancer Care. No one overlooked: Experiences of LGBT people affected by cancer. Accessed September 2022. <https://www.macmillan.org.uk/documents/aboutus/research/inclusionprojects/experiencesoflgbtpeople.pdf>

- <sup>23</sup> Sakellariou D, Anstey S, Gaze S, et al. Barriers to accessing cancer services for adults with physical disabilities in England and Wales: an interview-based study. *BMJ Open* 2019;9:e027555.
- <sup>24</sup> Cancer Research UK. Incidence of common cancers by deprivation. Available: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/common-cancers-compared#heading-Five>.
- <sup>25</sup> Cancer Research Wales. 2022. World Cancer Day 2022 – Cancer Research Wales Highlights Unacceptable Cancer Inequalities in Wales. Accessed May 2022 via <https://www.cancerresearch.wales/blog/world-cancer-day-2022#:~:text=For%20lung%20cancer%2C%20which%20represents%20the%20greatest%20burden%20on%20the%20Welsh%20NHS%2C%20the%20number%20of%20people%20diagnosed%20in%202018%20from%20the%20most%20deprived%20areas%20of%20Wales%20was%20more%20than%20double%20the%20number%20from%20the%20least%20deprived%20areas>
- <sup>26</sup> Welsh Cancer Intelligence and Surveillance Unit, Public Health Wales. Cancer Survival in Wales, 1995-2016. 2019. - <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-survival-in-wales-1995-2016/>.
- <sup>27</sup> Cancer Research UK. 2020. Cancer in the UK 2020: Socio-economic deprivation. Accessed February 2022 via [https://www.cancerresearchuk.org/sites/default/files/cancer\\_inequalities\\_in\\_the\\_uk.pdf](https://www.cancerresearchuk.org/sites/default/files/cancer_inequalities_in_the_uk.pdf).
- <sup>28</sup> NHS Wales and Public Health Wales. 2022. Cancer mortality in Wales, 2002 – 2021. Accessed May 2022 via <https://publichealthwales.shinyapps.io/cancer-mortality-in-wales-2002-2021/>.
- <sup>29</sup> Public Health Wales. Men, younger people and those living in the more deprived communities in Wales show lower uptake of life saving screening services. Accessed September 2022. <https://phw.nhs.wales/news/men-younger-people-and-those-living-in-the-more-deprived-communities-in-wales-show-lower-uptake-of-life-saving-screening-services1/>
- <sup>30</sup> Cancer Research UK. Health inequalities: Why do people smoke if they know it's bad for them? Accessed September 2022. <https://news.cancerresearchuk.org/2022/04/01/health-inequalities-why-do-people-smoke-if-they-know-its-bad-for-them/>
- <sup>31</sup> Cancer Research UK. Help-seeking: Why isn't it as simple as it might sound? Accessed September 2022. <https://news.cancerresearchuk.org/2022/08/10/help-seeking-why-isnt-it-as-simple-as-it-might-sound/>
- <sup>32</sup> Welsh Government. 2020. Adult lifestyles by WIMD deprivation quintile, 2016-17 to 2019-20. Accessed May 2022 via <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-wimddeprivation>.
- <sup>33</sup> Welsh Government. 2019. Healthy Weight: Healthy Wales. Accessed May 2022 via <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>.
- <sup>34</sup> Public Health Wales. 2021. Bowel Screening Wales Annual Statistical report 2019-20. Accessed May 2022 via <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/information-resources/programme-reports/bsw-annual-statistical-reports/bsw-annual-statistical-report-2019-2020/>.
- <sup>35</sup> NHS Wales and Public Health Wales. 2022. Cancer mortality in Wales, 2002 – 2021. Accessed May 2022 via <https://publichealthwales.shinyapps.io/cancer-mortality-in-wales-2002-2021/>.
- <sup>36</sup> Cancer mortality for all cancers (excluding NMSC), European age-standardised rate, 2019-2021 <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-mortality-in-wales-2002-2021/>
- <sup>37</sup> NHS Wales. Health Maps Wales: Upper GI Endoscopy, Mean Waiting Times, Persons, All Ages. Accessed May 2022 via <https://www.healthmapswales.wales.nhs.uk/data-catalog-explorer/indicator/l427?geold=G133&view=barchart>.  
<https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2019/localhealthboardanalysis>
- <sup>39</sup> Welsh Government. 2017. National Report: Welsh Cancer Patient Experience Survey 2016. Accessed May 2022 via <https://gov.wales/sites/default/files/publications/2019-01/wales-cancer-patient-experience-survey-2016.pdf>.

# Agenda Item 5

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# Agenda Item 6

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