

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 5, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 24 October 2024	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

Private pre-meeting (09.00 – 9.30)

1 Prevention of ill health –obesity: presentation of engagement findings

(9.00 – 9.15)

(Pages 1 – 14)

Paper 1: Engagement findings

Public meeting (09.30 –12.00)

2 Introductions, apologies, substitutions, and declarations of interest

(09.30)

3 Prevention of ill health –obesity: evidence session with Public Health Wales

(9.30–10.45)

(Pages 15 – 58)

Professor Jim McManus, National Director of Health and Wellbeing – Public Health Wales

Dr Julie Bishop, Director of Health Improvement– Public Health Wales

Research brief

Paper 2 – Public Health Wales



Break (10.45 –11.00)

4 Prevention of ill health –obesity: evidence session with Food Policy Alliance Cymru

(11.00–12.00)

(Pages 59 – 63)

Katie Palmer, Programme Manager, Food Sense Wales

Lisa Williams, All Wales Nutrition Facilitator, Cardiff and Vale University Health Board

Simon Wright, Wrights Food Emporium and Cegin y Bobl (Peoples Kitchen)

Paper 3 – Food Policy Alliance Cymru

5 Paper(s) to note

(12.00)

5.1 Letter from the Chair to the Cabinet Secretary for Health and Social Care regarding NHS Wales Planned Care Recovery Targets

(Pages 64 – 67)

5.2 Response from Cabinet Secretary for Health and Social Care to the Chair regarding NHS Wales Planned Care Recovery Targets

(Pages 68 – 82)

5.3 Welsh Government response to the Committee's report of its scrutiny of Welsh Ambulance Services University NHS Trust

(Pages 83 – 95)

5.4 Letter from General Pharmaceutical Council regarding Regulatory performance at the General Pharmaceutical Council

(Pages 96 – 97)

5.5 Letter from the Chair to NHS Wales Chief Executive regarding planned care recovery

(Pages 98 – 99)

- 5.6 Response from NHS Wales Chief Executive to the Chair regarding planned care recovery**
(Pages 100 – 159)
- 5.7 Letter from Petitions Committee regarding Petition P-06-1404 Increase clarity and rights for people on direct payments or Welsh Independent Living Grant (WILG) to live independently**
(Pages 160 – 161)
- 5.8 Letter from the Chair to Cabinet Secretary for Health and Social Care regarding dentistry**
(Pages 162 – 163)
- 5.9 Response from Cabinet Secretary for Health and Social Care to the Chair regarding dentistry**
(Pages 164 – 170)
- 5.10 Letter from the Chair of the Legislation, Justice and Constitution Committee to the Cabinet Secretary for Health and Social Care regarding the Public Health (Wales) Act 2017**
(Pages 171 – 172)
- 5.11 Letter from Petitions Committee regarding Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd**
(Pages 173 – 174)
- 5.12 Letter from Petitions Committee regarding Petition P-06-1435 We're calling on the Welsh Government to commit to implementing targeted lung cancer screening**
(Pages 175 – 176)
- 5.13 Letter from Petitions Committee regarding Petition P-06-1350 Re-open Dyfi Ward at Tywyn Hospital now**
(Pages 177 – 178)
- 6 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of today's meeting and for the first item at the meeting on 13 November 2024, for**

consideration of the draft report on supporting people with chronic conditions

(12.00)

Private meeting (12.00 – 12.30)

7 Prevention of ill health – obesity: consideration of evidence

8 Inquiry on general practice: consideration of draft terms of reference

(12.05–12.10)

(Pages 179 – 188)

Paper 4: Inquiry: the future of general practice: Scope and approach

9 Nurse Staffing Levels (Wales) Act 2016: post legislative scrutiny: consideration of next steps

(12.10–12.30)

(Pages 189 – 229)

Paper 5: Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny:
Next steps

Stakeholder responses to Welsh Government's response

Paper 6 – University of Southampton

Paper 7 – Swansea Bay University Health Board

Paper 8 – NHS Confederation

Paper 9 – Royal College of Nursing Wales

Paper 10 – Letter from Cabinet Secretary for Health and Social Care regarding
Nurse Staffing Levels (Wales) Act 2016: Post-legislative scrutiny

Agenda Item 1

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Agenda Item 3

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Senedd Cymru Consultation- Prevention of ill health: obesity Public Health Wales response

Introduction

Public Health Wales is pleased to provide this written submission to the Senedd Cymru, Health and Social Care Committee on Prevention of ill health: obesity.

In drafting this response we have drawn on our work to examine the international evidence base and to understand the ill health consequences of high levels of overweight and obesity in Wales. We have also drawn on our experience to date in working with Welsh Government and partners to implement the Healthy Weight Healthy Wales Strategy.

No country in the world has reversed current obesity trends

The increase in the number of people in the UK living with overweight and obesity has been recognised a major health challenge for many years with reports suggesting that over half of the UK adult population could be obese by 2050¹.

Overweight and Obesity impacts on our risk of a number of other health problems as well as being a health problem in its own right. Many people in Wales will need the support of health and care services to manage their condition.

The costs to society and business in the UK is an estimated 2%²-3% of GDP with suggestions that these estimates would be higher if including the costs associated with child and adolescent obesity, and broader costs such as mental health, other health conditions and costs associated with informal care³. Cost associated with obesity in Wales have been estimated at 3 billion⁴.

To date no country in the world has been successful at reversing the rise in adults living with obesity and overweight. In 2022, the World Health Organization (WHO) European Regional Obesity Report⁵ examined the growing challenge of obesity within the region. The report concluded that no region or member state was on track to reach the target of halting the rise in obesity by 2025.

¹ Foresight. Tackling obesities: Future Choices. 2007. Available from: [Tackling obesities: future choices - project report \(2nd edition\) \(publishing.service.gov.uk\)](#)

²World Obesity Federation Global Obesity Observatory. [Economic impact of overweight and obesity | World Obesity Federation Global Obesity Observatory](#)

³ Institute for Fiscal Studies. 2023. [The Costs of obesity \(ifs.org.uk\)](#)

⁴ Bell, M. and Deyes, K. (2022), 'Estimating the full costs of obesity: a report for Novo Nordisk', Frontier Economics Report, 26 January 2022. Available from: <https://www.frontiereconomics.com/uk/en/news-and-articles/articles/article-i9130-the-annual-social-cost-of-obesity-in-the-uk/#>

⁵ WHO European Regional Obesity Report 2022. Available from: <https://www.who.int/europe/publications/i/item/9789289057738>

There are multiple complex causes of obesity and solutions

An unhealthy weight is often seen as a result of individual choice on diet, exercise and lifestyle. The Foresight report, Tackling Obesities: future choices, outlined the causes of obesity as being multiple, complex and interlinked and reaching far beyond health services. The report successfully highlighted the contributions of a poor diet and physical inactivity as drivers of excess weight gain and recognised the impact of the environment on personal 'choices'. These changes to environment have occurred over a long period of time. This has been decades in the making, and it will take decades to fully address the causes of obesity in society.

The complexity of the issue means there are significant challenges for addressing obesity. An analysis of obesity policies to address obesity in England over a 30 year period⁶ has identified successive failures in policies to address obesity. This work highlighted that governments have, to date opted for educational and information based approaches focusing on individual behaviours. Governments have tended to avoid more effective interventionist approaches aimed at shaping the choices available to individuals in their living environments through regulation or taxes. Fear of being perceived as 'nannying' was highlighted⁷ as one of the reasons for avoiding interventionist approaches. An additional point raised by this work also identified consideration for the practicalities of applying policies. For obesity this does mean that, with the magnitude of the task, plans need to be prioritised, delivered and resourced over a long time period.

The Healthy Weight Healthy Wales Strategy takes an evidence based approach that focuses on addressing the obesogenic environment. It features the key policy measures that the WHO Europe and other bodies recommend should be adopted by countries and regions. In developing the Strategy we, and other bodies highlighted the need for a long term commitment that would take a decade or more before change might be seen.

⁶ Theis, D.R.Z. and White, M. (2021), Is Obesity Policy in England Fit for Purpose? Analysis of Government Strategies and Policies, 1992–2020. The Milbank Quarterly, 99: 126-170. Available from: <https://doi.org/10.1111/1468-0009.12498>

⁷ Institute for Government. 2023. Tackling obesity Improving policy making on food and health. Available from: <https://www.instituteforgovernment.org.uk/sites/default/files/2023-04/tackling-obesity.pdf>

Response: The effectiveness of Welsh Government strategy, regulations, and associated actions to prevent and reduce obesity in Wales, including consideration of:

1 Gaps/areas for improvement in existing policy and the current regulatory framework (including in relation to food/nutrition and physical activity)

- Wales has a comprehensive strategy but further work is needed to provide focus for implementation and delivery at scale
- There are examples where the potential of current policy measures are not being realised and improved information sharing and cross sectoral working would support improvement
- There are opportunities to strengthen delivery through a focus on clear ambitions and outcomes and stronger cross-sector accountability

The Welsh Government's Healthy Weight Healthy Wales (HWHW) Long Term Strategy⁸ sets out ambitious plans to transform the way decisions are made in everyday life which impact upon our weight and wellbeing. The Strategy outlines four themes each of which addresses a key determinant of healthy weight. *Healthy Environments* considers how to address the obesogenic environment in relation to the food environment and the active environment; *Healthy Settings* sets out the changes that are needed to ensure that the places where we spend time such as schools, workplaces, communities make the healthy choices the easy choices; *Healthy People* looks at how we support individuals to attain and maintain a healthy weight from birth and includes the provision to specialist services for those whose weight is at a level that affects health; *Leadership and Enabling Change* finally sets out ways of working that can achieve a whole system response to the challenge over the longer term.

While the HWHW strategy does set out key areas for change, the breadth and scale of change needed to address obesity mean that the work cannot be carried out all at once or over a short period of time. It was acknowledged that implementation plans would need to be phased to reflect the scale of change needed and the capacity within the system to deliver change. Public Health Wales has continued to review the international evidence base to ensure that we can continue to adopt and adapt to international learning.

Further work is needed to develop a roadmap to implement the Strategy. This needs to be constructed around some shared ambitions or goals which highlight the key areas for change e.g. children walk or cycle to school wherever possible; public sector food provision in all settings adopts a healthy by default approach; children and young people are not subject to advertising and promotion by unhealthy commodity industries e.g. high fat salt and sugar foods in the places where they learn or play. Public Health Wales is finalising work on an outcomes framework that will help identify

⁸Welsh Government.,2019 Healthy Weight: Healthy Wales obesity strategy. Available from: [Healthy Weight: Healthy Wales obesity strategy | GOV.WALES](#)

key goals and measurement indicators that can be monitored over time to help drive change and track progress.

The WHO⁹ highlighted that obesity develops across the life course through two compounding mechanisms: (i) developmental programming based on preconception and gestational exposure to obesity; and (ii) unhealthy diet and physical inactivity driven by exposure to obesogenic environmental factors. They confirmed the findings of Public Health Wales in reviewing the international evidence base for action in developing Healthy Weight Healthy Wales, describing the latest evidence that highlights how vulnerability to unhealthy body weight in early life can affect a person's tendency to develop obesity, and that policy interventions that target environmental and commercial determinants of poor diet at the entire population level (the obesogenic environment) are likely to be most effective at reversing the obesity epidemic, addressing dietary inequalities and achieving environmentally sustainable food systems. The report also set out a series of evidence based policy recommendations for countries and regions to consider. All of the measures set out are either currently being implemented in Wales or feature in future plans or are under consideration.

This suggests that there is a need to focus more closely on implementation to ensure that what is set out in policy and plans is being implemented at the scale necessary to achieve change and that change can be measured which is also a challenge.

This does require sustained commitment with funding over the long term and the understanding that our current obesogenic environment has developed over many years and will take many years to address. Currently funding for implementation is short term; this does not reflect the need for prevention to be given equal status to treatment funding within the NHS. Short term funding interrupts delivery and creates uncertainty which leads to loss of staff and difficulty in sustaining action. International experience points to long term sustained action which adapts to learning, building up and scaling up successful action.

There is no single solution for obesity and no organisation can solve this alone and health and care organisations can only provide part of the solution. There are many wider organisations and bodies that can take actions and influence other parts of the system to support people to have a healthier weight. Many of the changes needed to address obesity require responsibility and accountability across organisations and sectors and oversight to ensure that they are held to account to support change¹⁰.

⁹ [WHO European Regional Obesity Report 2022](#)

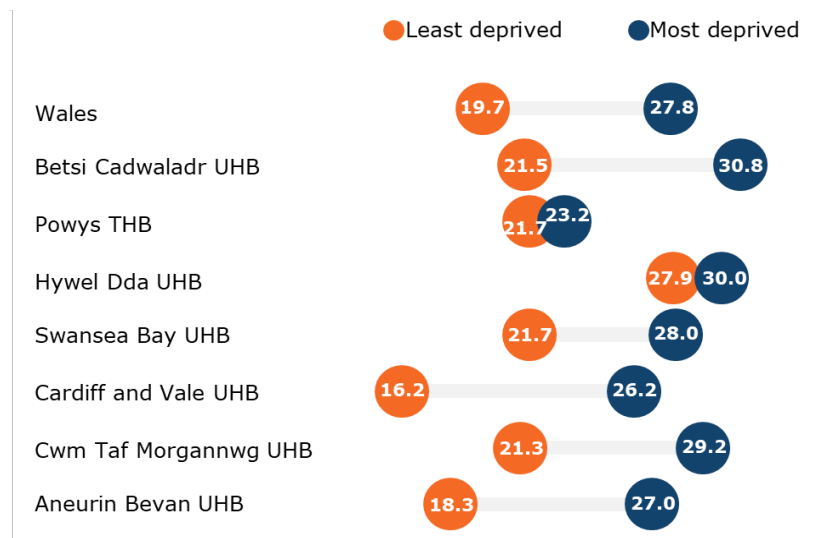
¹⁰ Swinburn, B., Kraak, V., Rutter, H., Vandevijvere, S., Lobstein, T., Sacks, G., Gomes, F., Marsh, T. and Magnusson, R., 25. Strengthening of accountability systems to create healthy food environments and reduce global obesity. *The Lancet*, 385(9986), pp.2534-2545.

2 The impact of social and commercial determinants on obesity

Overweight and obesity affect a significant proportion of the population and affects all population groups. However, people who experience disadvantage are more likely to be affected by overweight and obesity^{11,12} and are more likely to experience health and wellbeing problems associated with their weight¹³. For over a quarter of children

Percentage of children with overweight or obesity, difference between most and least deprived areas within Wales and health boards, all children, 2022/23

Produced by Public Health Wales, using CMP (DHCW) and WIMD 2019 (WG)



in Wales, experiences of overweight and obesity start in the early years of childhood and there is some evidence to suggest that children from the most disadvantaged backgrounds can be at greater risk of severe obesity¹⁴. The environments in which we live, and work affect the choices that are available to us and people who are most disadvantaged can often have fewer healthier options available to them¹⁵.

Access to affordable healthy food is one of the key challenges. The Food Foundation Broken Plate¹⁶ report has highlighted that:

- Healthy nutritious food is nearly three times more expensive than obesogenic unhealthy products,
- More healthy foods costing an average of £8.51 for 1,000 calories compared to just £3.25 for 1,000 calories of less healthy foods,

¹¹ Marmot M, Allen J, Goldblatt P, et al. Fair society, healthy lives. The Marmot Review 2010;14.

¹² Keaver L, Pérez-Ferrer C, Jaccard A, Webber L. Future trends in social inequalities in obesity in England, Wales and Scotland. *Journal of Public Health*. 2020 Feb 28;42(1):e51-7.

¹³ Public Health Wales. Obesity in Wales. 2019. Available from: <https://phw.nhs.wales/topics/obesity/obesity-in-wales-2019/>

¹⁴ Claire Beynon, Linda Bailey, Prevalence of severe childhood obesity in Wales UK, *Journal of Public Health*, Volume 42, Issue 4, December 2020, Pages e435–e439, <https://doi.org/10.1093/pubmed/fdz137>

¹⁵ Wang, Y., Touboulis, A. and O'Neill, M., 2018. An exploration of solutions for improving access to affordable fresh food with disadvantaged Welsh communities. *European Journal of Operational Research*, 268(3), pp.1021-1039.

¹⁶ Food foundation. The Broken Plate. 2023. <https://foodfoundation.org.uk/initiatives/broken-plate>

- Between 2021 and 2022 healthier foods became even more expensive, increasing in price by an average of 5.1% compared with 2.5% for the least healthy foods.

The primary change in environment that has occurred in recent decades that have been associated with increasing population weight relate to the food environment. While the increasing reliance on the individual motor vehicle for transport and increased automation in daily life have reduced levels of activity, changes to the food environment have been the most significant.

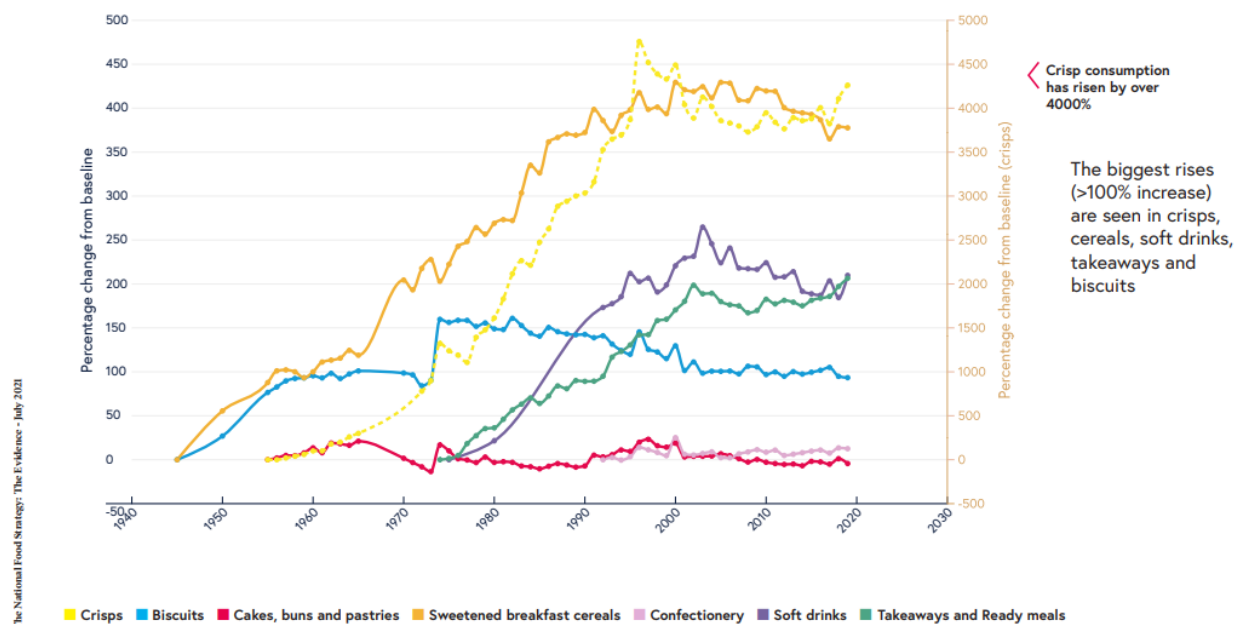
Food produced outside of the home, prepared in factories rather than kitchens now dominates our diets. Research¹⁷ has found that 89% of the top 20 companies brand sales were classified as unhealthy using the WHO European Nutrient Profile Model (NPF) and that for every \$10 spend on these companies brands only \$1.10 was spent on those products that were considered healthier. Home prepared food and eating at home is associated with healthier choices^{18,19} and lower energy intake however, we now prepare less food from fresh at home and now eat more pre-prepared, convenience food. Reversing this trend will be challenging but there are opportunities to increase the focus given to food and meal preparation within the school curriculum to ensure that all young people leave school being able to prepare at least 10 healthy affordable meals.

¹⁷ Bandy, L., Jewell, J., Luick, M. et al. The development of a method for the global health community to assess the proportion of food and beverage companies' sales that are derived from unhealthy foods. *Global Health* **19**, 94 (2023). <https://doi.org/10.1186/s12992-023-00992-z>

¹⁸ Clifford Astbury, C., Penney, T.L. & Adams, J. Comparison of individuals with low versus high consumption of home-prepared food in a group with universally high dietary quality: a cross-sectional analysis of the UK National Diet & Nutrition Survey (2008–2016). *Int J Behav Nutr Phys Act* **16**, 9 (2019). <https://doi.org/10.1186/s12966-019-0768-7>

¹⁹ Ziauddeen, N., Page, P., Penney, T. L., Nicholson, S., Kirk, S. F., & Almiron-Roig, E. (2018). Eating at food outlets and leisure places and “on the go” is associated with less-healthy food choices than eating at home and in school in children: Cross-sectional data from the UK National Diet and Nutrition Survey Rolling Program (2008–2014). *The American journal of clinical nutrition*, *107*(6), 992-1003.

Percentage change in purchases of 'junk food' categories (g/person/week) in the UK since 1940²⁰



The number and range of food outlets around our homes has increased over time making energy dense food more accessible and available. Analysis of Food Standards Agency data by Public Health teams in Cardiff have found that between 2018 and 2023 there was an increase in the density of hot food outlets across Wales. This has been compounded by other changes to how we access food, for example, an increase in the number of delivery apps²¹ making convenience food easier. There is also some evidence within the UK which indicates that the density of takeaways is greater in areas where people are most disadvantaged. However shifting the balance of food outlets so that healthier options are available can be complex and can involve legal challenges particularly where there are commercial interests²². Other changes include an increase in food portion sizes the decades²³ along with changes to the energy density of food. These larger portions and energy dense foods have become normalised through advertising, and price and placement promotions²⁴. Food portion size influences energy intake for both children and adults, with larger portions resulting in significantly greater energy intake²⁵⁻²⁶.

²⁰ [The National Food Strategy - The Plan](#)

²¹ Food Foundation. The state of the nation's food industry 2023. Available from: [FF SofNFI Report 2023 FINAL...pdf \(foodfoundation.org.uk\)](#)

²² O'Malley C, Lake A, Townshend T, Moore H. Exploring the fast food and planning appeals system in England and Wales: decisions made by the Planning Inspectorate (PINS). *Perspectives in Public Health*. 2021;141(5):269-278. doi:10.1177/1757913920924424

²³ Livingstone MB, Pourshahidi LK. Portion size and obesity. *Adv Nutr*. 2014 Nov 14;5(6):829-34. doi: 10.3945/an.114.007104. PMID: 25398749; PMCID: PMC4224223.

²⁴ Sadeghirad B, Duhaney T, Motaghipisheh S, Campbell NR, Johnston BC. Influence of unhealthy food and beverage marketing on children's dietary intake and preference: a systematic review and meta-analysis of randomized trials. *Obes Rev*. 2016 Oct;17(10):945-59. doi: 10.1111/obr.12445. Epub 2016 Jul 18. Erratum in: *Obes Rev*. 2020 Feb;21(2):e12984. PMID: 27427474.

²⁵ Ello-Martin JA, Ledikwe JH, Rolls BJ. The influence of food portion size and energy density on energy intake: implications for weight management. *Am J Clin Nutr*. 2005 Jul;82(1 Suppl):236S-241S. doi: 10.1093/ajcn/82.1.236S. PMID: 16002828.

²⁶ World Health Organization. Limiting Portion Sizes to Reduce the Risk of Childhood Overweight and Obesity'. <https://www.who.int/tools/elena/bbc/portion-childhood-obesity> (May 2, 2024)

2.1 Food Environment – Promotion

Our food decisions are not always consciously considered and what we eat can be a matter of convenience²⁷. Purchasing behaviour is influenced by price²⁸ and price promotions are commonly used across supermarket chains and independent stores for food marketing. Price promotions involve price discounts at the point of sale, these include total price reductions (TPRs), which offers food at a price below recommended retail price, for example a percentage discount. There are also volume-based discounts (multi-buys) and bundles (meal deals) where discounts are applied to the purchase of more than one item. In 2015, 41% of UK shopper expenditure on food and drink was recorded as being part of a price promotion²⁹. Price promotions encourage and nudge additional purchasing of, and expenditure on food. Less healthy products are most commonly promoted,³⁰ leading to excess purchasing and consumption of less healthy food³¹.

Our work and social activities mean that around 20-25% of adult energy intake in the UK is from eating out of home and 40% of people purchase lunch outside of the home at least once a week. The 2023 Food and You Survey of 5,991 adults (aged 16 years or over) across England, Wales, and Northern Ireland³², reported that that 27% of people ate out or purchased takeout food at lunchtimes one or more times per week and 55% of people did this 2-3 times per month. Public Health Wales teams looked at the nutrient content of food offered as part of meal deal promotional deals in 2023. This work examined lunchtime and evening meal deals, the nutrient content of the food offered and the combinations of foods within deals. For main meal deals, the energy per portion varied between 472 Kcal per portion and 1857kcal per portion, with the average energy for the meal being 1081Kcal for the purchased meal, exceeding recommendations by 281Kcals (when using 40% of recommended intake for main meals). For lunchtime meal deals, the average lunch combination energy was 696kcal, which was 96Kcal above recommended energy for lunch (when based on 600Kcal). In total, 72% of lunch combinations examined exceeded these recommendations for energy. Combinations also contained excess fat sugar and salt. This is an example of the food industry incentivising over-consumption and normalising unhealthy eating.

A recent survey of 4000 consumers in the UK has found that 42% of people intended to continue to use meal deals from the supermarkets and a further 16% intended to increase their use of meal deals. Many people therefore purchase and eat food out of home at lunchtimes and use meal deals, and changes are needed to support healthier eating.

²⁷ d'Angelo, Camilla, Emily Ryen Gloinson, Alison Draper, and Susan Guthrie, Food consumption in the UK: Trends, attitudes and drivers. Santa Monica, CA: RAND Corporation, 2020. https://www.rand.org/pubs/research_reports/RR4379.html.

²⁸ Waterlander WE, Jiang Y, Nghiem N, Eyles H, Wilson N, Clegghorn C, Genç M, Swinburn B, Mhurchu CN, Blakely T. The effect of food price changes on consumer purchases: a randomised experiment. *Lancet Public Health*. 2019 Aug;4(8):e394-e405. doi: 10.1016/S2468-2667(19)30105-7. PMID: 31376858.

²⁹ Public Health England. 2015. Sugar Reduction: The evidence for action Annex 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar. Available from: [Annexe 4. Analysis of price promotions.pdf \(publishing.service.gov.uk\)](#)

³⁰ Bennett, R., Zorbas, C., Huse, O., Peeters, A., Cameron, A. J., Sacks, G., & Backholer, K. (2020). Prevalence of healthy and unhealthy food and beverage price promotions and their potential influence on shopper purchasing behaviour: a systematic review of the literature. *Obesity reviews*, 21(1), e12948.

³¹ Watt, T., Beckert, W., Smith, R., & Cornelsen, L. (2023). The impact of price promotions on sales of unhealthy food and drink products in British retail stores. *Health economics*, 32(1), 25-46.

³² Food Standards Agency. Food and You 2: Wave 6 Key Findings. Available from [F&Y2 Wave 6: Chapter 4 Eating out and takeaways | Food Standards Agency](#)
F&Y2 Wave 6: Chapter 4 Eating out and takeaways

2.2 Food environment- Ultra processed foods

Ultra Processed Foods are commonly hyper-palatable energy dense, high fat, salt, sugar products which are low in vitamins, minerals and fibre³³.

Epidemiological evidence shows there is an association between consumption of UPFs and ill health, including obesity and other food related NCD's. Though evidence of a causal mechanism is lacking³³. The current food environment has led to UPFs being accessible, affordable, and heavily marketed options which has facilitated increased consumption of these products^{34,35,36}. Research using data from the National Diet and Nutrition Study³⁷ has found that:

- More than half of the energy consumed by the UK population comes from ultra-processed foods,
- The higher the consumption of ultra-processed foods the lower the consumption of protein, fibre and potassium,
- Free sugars and sodium, which increased by 85% and 55%, respectively, from the lowest to the highest ultra-processed food quintile (free sugars from 41.9% to 77.2% and sodium from 55.8% to 86.7%).

UPFs vary in nutritional quality and some, such as wholemeal breads, white flour and fortified cereals low in fat, salt, sugar, can make a positive contribution to people's nutritional requirements³³.

Reducing consumption of UPFs with low nutritional value i.e. low in vitamins, minerals and fibre and energy dense high fat, salt, sugar products, is consistent with UK dietary guidelines for achieving a healthy, varied, balanced diet³⁸. As a priority we should ensure that public sector food provision takes action to reduce the use of UPF's, particularly in the school meal system.

2.3 Food Environment - Food advertising and promotions

Food advertising and promotions can influence our food choices³⁹ and the amount of food we eat⁴⁰. According to the food foundation, over £300 million was spent on

³³ SACN. SACN statement on processed foods and health. [Internet]. 2023. Available from: [SACN statement on processed foods and health - summary report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118118/sacn-statement-on-processed-foods-and-health-summary-report-2023.pdf)

³⁴ Public Health Wales. Rapid review of Ultra-Processed Food and Obesity. [Internet] 2018. Available from: [Rapid review of Ultra-processed food and obesity.indd \(nhs.wales\)](https://www.nhs.uk/publications/rapid-review-of-ultra-processed-food-and-obesity)

³⁵ Public Health Wales. The case for action on obesity in Wales. [Internet] 2018. Available from: [The case for action on obesity in Wales 1118.indd \(nhs.wales\)](https://www.nhs.uk/publications/the-case-for-action-on-obesity-in-wales)

³⁶ Public Health England. Health matters: obesity and the food environment. [Internet]. 2017. Available from: [Health matters: obesity and the food environment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/64667/health-matters-obesity-and-the-food-environment-2017.pdf)

³⁷ Rauber F, da Costa Louzada ML, Steele EM, Millett C, Monteiro CA, Levy RB. Ultra-Processed Food Consumption and Chronic Non-Communicable Diseases-Related Dietary Nutrient Profile in the UK (2008~2014). *Nutrients*. 2018 May 9;10(5):587. doi: 10.3390/nu10050587. PMID: 29747447; PMCID: PMC5986467.

³⁸ Office of Health Improvement and Disparities. The Eatwell Guide. [Internet]. 2024. Available from: [The Eatwell Guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118118/eatwell-guide-2024.pdf)

³⁹ Kucharczuk, A.J., Oliver, T.L. and Dowdell, E.B., 2022. Social media's influence on adolescents' food choices: A mixed studies systematic literature review. *Appetite*, 168, p.105765.

⁴⁰ Arrona-Cardoza, P., Labonté, K., Cisneros-Franco, J.M. and Nielsen, D.E., 2023. The Effects of Food Advertisements on Food Intake and Neural Activity: A Systematic Review and Meta-Analysis of Recent Experimental Studies. *Advances in Nutrition*, 14(2), pp.339-351.

advertising unhealthy food products in 2017. In contrast at the same time, £16 million was spent on fruit and vegetables in the UK⁴¹. These differences demonstrate the extent to which less healthy options are promoted and advertised.

Policies and changes to advertising and promotion can support healthier food choices. For example, Transport for London introduced an advertising policy across their network in 2019⁴². The average weekly household purchase of energy from products high in fat, sugar and salt (HFSS) was reduced by 6.7% (1,001.0 kcal) for households in the intervention area after the introduction of the policy. Energy from chocolate and confectionery for households in the intervention area was 19.4% (317.9 kcal) lower in analyses comparing pre and post intervention⁴³.

Over time, hospitals, councils and other public sector organisations have developed commercial approaches for income generation,⁴⁴ this includes the use of spaces and land for food and drink sales and advertising. While these arrangements can promote healthier options, these can also make less healthy products more available in our hospitals and public sector spaces leading to overconsumption. Work is in progress as part of the Whole Systems approach to Healthy Weight in Wales in Cardiff and in North Wales to work with partners across the system shift the balance in favour of healthier food advertising, however this is complex because there are now many advertising spaces in built and online environments requiring co-ordination across many partners both locally and nationally.

Rapid or excess weight gain (RWG) in infancy is associated with higher risk of being overweight or obese in childhood. Infants fed formula, as opposed to infants fed breast milk, are more likely to experience RWG⁴⁵. In Wales 80% of babies are consuming infant formula by the age of six months⁴⁶.

Marketing of *infant formula milks* comprehensively undermines access to objective information and support related to feeding of infants and young children⁴⁷. Additionally, marketing of formula milk seeks to influence normative beliefs, values, and political and business approaches to establish environments that favour the uptake and sales of commercial formula milks. In so doing, CMF marketing contributes to reduced global breastfeeding practices⁴⁷.

There is evidence that incorporating the World Health Organization Code of Marketing of Breastmilk Substitutes (the WHO Code) and subsequent resolutions into domestic

⁴¹The Food Foundation. [The-Broken-Plate.pdf \(foodfoundation.org.uk\)](https://www.foodfoundation.org.uk)

⁴² Transport for London. TFL ad policy: approval guidance food and non-alcoholic drink advertising. London: Transport for London; 2019. Available from: <http://content.tfl.gov.uk/policy-guidance-food-and-drink-advertising.pdf>.

⁴³ Yau, A., Berger, N., Law, C., Cornelsen, L., Greener, R., Adams, J., Boyland, E.J., Burgoine, T., de Vocht, F., Egan, M. and Er, V., 2022. Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. *PLoS medicine*, 19(2), p.e1003915.

⁴⁴ Taking a commercial approach: A guide for local councils in Wales to income generation, trading and charging. Available from: <https://www.apse.org.uk/apse/index.cfm/research/current-research-programme/taking-a-commercial-approach-a-guide-for-local-councils-in-wales-to-income-generation-trading-and-charging/#>

⁴⁵ Appleton J, Russell CG, Laws R, Fowler C, Campbell K, Denney-Wilson E. Infant formula feeding practices associated with rapid weight gain: A systematic review. *Matern Child Nutr*. 2018 Jul;14(3):e12602. doi: <https://doi.org/10.1111%2Fmcn.12602>. Epub 2018 Apr 14. PMID: 29655200; PMCID: PMC6866175.

⁴⁶ Welsh Government. (2023a). *Breastfeeding data: 2022*. <https://www.gov.wales/breastfeeding-data-2022-html>

⁴⁷ Rollins, N., Piwoz, E., Baker, P., Kingston, G., Mabaso, K. M., McCoy, D., Ribeiro Neves, P. A., Pérez-Escamilla, R., Richter, L., Russ, K., Sen, G., Tomori, C., Victora, C. G., Zambrano, P., & Hastings, G. (2023). Marketing of commercial milk formula: a system to capture parents, communities, science, and policy. In *The Lancet* (Vol. 401, Issue 10375, pp. 486–502). Elsevier B.V. [https://doi.org/10.1016/S0140-6736\(22\)01931-6](https://doi.org/10.1016/S0140-6736(22)01931-6)

legislation achieves the intended aim of the WHO Code to protect babies' rights and enables families to make infant feeding choices free from commercial influence. Currently in the UK enforcement of the regulations is ineffective^{48,49}.

The period of infancy and early childhood is crucial for shaping food preferences and dietary habits^{50,51}. However, in the UK, diets during infancy often diverge from national recommendations, with solid foods introduced before the recommended age of around 6 months and excessive calorie and sugar consumption being prevalent^{52,53}.

Commercial practices do not consistently support the promotion of healthy diets. Government intervention is necessary to align marketing strategies, messaging, and nutrient compositions of products targeting infants and young children with national dietary advice⁵⁴. This alignment is vital to capitalise on the opportunity to establish infants' food preferences and overall dietary habits in a manner conducive to long-term health.

Despite government guidelines recommending the introduction of solid foods around 6 months of age, over one-third of baby meals are marketed to children under 6 months⁵⁴. Furthermore, nearly three-quarters of fruit juice-based baby drinks are marketed to infants under 12 months, contrary to advice suggesting only breast milk, infant formula, or water should be offered as drinks between 6 and 12 months⁵⁴.

Additionally, certain commercial baby foods contain added sugar or salt, or high-sugar or high-salt ingredients, particularly evident in baby finger foods marketed as snacks⁵⁴. Misleading labelling and marketing practices contribute to the normalisation of snacking among infants, suggesting these products are an expected and appropriate part of their diet, despite many being similar nutritionally to confectionery or savoury snacks⁵⁴.

2.4 Non-food commercial determinants

The creation of environments that facilitate physical activity as a part of everyday life is a key aspect of the HWHW Strategy. Two key determinants of whether environments are “active environments” is the planning and development system, and the use and management of motor vehicles in society. Both these are linked, in that the actions of the planning system (and the stakeholders within it, including house builders) has over recent decades resulted in an increasingly car-centric built environment. Such car-centric development dissuades healthy behaviours, whether

⁴⁸ Baby Feeding Law Group. (n.d.). *Current UK Laws*. Retrieved March 11, 2024, from <https://www.bflg-uk.org/uk-laws#uk-law-enforcement>

⁴⁹ Conway, R., Esser, S., Steptoe, A., Smith, A. D., & Llewellyn, C. (2023). Content analysis of on-package formula labelling in Great Britain: Use of marketing messages on infant, follow-on, growing-up and specialist formula. *Public Health Nutrition*, 26(8), 1696–1705. <https://doi.org/10.1017/S1368980023000216>

⁵⁰ Nurturing Care Framework for Early Childhood Development [Internet]. Available from: <https://nurturing-care.org/>

⁵¹ UNICEF. Early childhood nutrition. Preventing malnutrition in infants and young children [Internet]. 2022. Available from: www.unicef.org/nutrition/early-childhood-nutrition

⁵² Public Health England. NDNS: results from years 9 to 11 (combined) – statistical summary. [Internet]. 2020. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434222/ndns-9-11-2016-2017-2018-2019-statistical-summary.pdf

⁵³ NHS Digital. Infant Feeding Survey - UK, 2010 [Internet]. 2012 Nov. Available from: [Infant Feeding Survey - UK, 2010 - NHS England Digital](https://www.nhs.uk/infant-feeding-survey-uk-2010/)

⁵⁴ Public Health England. Food and drinks aimed at infants and young children: evidence and opportunities for action. [Internet]. 2019. Available from: [Foods and drinks aimed at infants and young children: evidence and opportunities for action \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434222/food-and-drinks-aimed-at-infants-and-young-children-evidence-and-opportunities-for-action.pdf)

that be play, active travel (travel by active means such as walking, cycling and scooting), or healthy and active leisure time.

Recent work has identified how health can be more effectively integrated with the planning system, and what evidence exists to inform action (including to promote walking and cycling).^{55,56} Research has also highlighted the harm of automobiles to people and the environment, including contributing to increased sedentary travel.⁵⁷ Environmental interventions that have reduced actual and perceived danger from motorized road traffic (primarily through slowing down traffic and/or restricting motor vehicles from residential or other areas) has resulted in positive improvements to active travel and other public health outcomes.⁵⁸

Action to promote more active environments requires a place-based, system-wide approach, that recognizes the shared agendas that can be leveraged across sectors, organisations and professions. Bringing together sustainability, health and wider environmental concerns is key to achieving the change that is needed.

2.5 Weight management medications

Commercial determinants also affect the treatment of obesity and many other conditions. Weight management medications have been approved over recent years for people who are significantly above a healthy weight and meet with eligibility criteria. Medications now approved for weight management include Saxenda and Wegovy. The National Clinical Excellence Health Technology Assessments have identified a benefit from the use of weight medication for those meeting with clinical criteria⁵⁹. The recommendations also outline that this medication should be used alongside a calorie controlled diet and increased physical activity and medication can only be used for a maximum of two years and, without changes to the behaviours that led to weight gain, weight lost can be regained. These medications have been heavily promoted in the media as a solution for overweight and obesity⁶⁰, accompanied by supply issues fueling demand for medication. However while these medications are a treatment option and may provide personal benefits to some individuals, these do not address the environment that led to overweight and obesity and do not prevent or obesity or overweight at a population level.

⁵⁵ Public Health Wales. Planning and Enabling Healthy Environments. [Internet] 2021. Available from: [Planning and Enabling Healthy Environments](#)

⁵⁶ Public Health England. Spatial planning for health: an evidence resource for planning and designing healthier places. [Internet] 2017. Available from: [Spatial planning for health: evidence review - GOV.UK \(www.gov.uk\)](#)

⁵⁷ Miner P, Smith BM, Jani A, McNeill G, Gathorne-Hardy A. (2024) Car harm: A global review of automobility's harm to people and the environment. In *Journal of Transport Geography* (Vol. 115, 103817. doi: <https://doi.org/10.1016/j.jtrangeo.2024.103817>

⁵⁸ Aldred R, Goodman A, Woodcock J. 2024. Impacts of active travel interventions on travel behaviour and health: results from a five-year longitudinal travel survey in Outer London. In *Journal of Transport and Health* Vol. 25, March, 101771. Doi: <https://doi.org/10.1016/j.jth.2024.101771>

⁵⁹ Wilding, J.P., Batterham, R.L., Calanna, S., Davies, M., Van Gaal, L.F., Lingvay, I., McGowan, B.M., Rosenstock, J., Tran, M.T., Wadden, T.A. and Wharton, S., 2021. Once-weekly semaglutide in adults with overweight or obesity. *New England Journal of Medicine*, 384(11), pp.989-1002.

⁶⁰ Andreassen P, Jensen SD, Bruun JM, Sandbæk A. Managing the new wave of weight loss medication in general practice: A qualitative study. *Clinical Obesity*. 2024;e12666. doi:[10.1111/cob.12666](https://doi.org/10.1111/cob.12666)

2.6 Policies to address obesity and commercial influences

Policies can affect the impact of commercial determinants on health. Recent strategies in England have included some fiscal and regulatory policies as part of the approach to addressing obesity. Examples include banning price promotions of unhealthy products, banning food advertisements for less healthy food and the Soft Drinks Industry Levy. While these policy measures faced some opposition when they were introduced, there is now increasing evidence of success. There is good evidence of the links between sugar sweetened beverage consumption and obesity⁶¹. There is also some evidence to show that on a population level taxation of sugar sweetened beverages can help with deceleration of rising obesity⁶². Analyses of the introduction of the sugar levy in the UK have found that voluntary measures had little effect. The introduction of the sugar levy led to changes to purchasing, with no effects on commercial profits but a reduction in sugar purchased by households⁶³ most recently estimated at 15g per household per week⁶⁴. Sugar sweetened beverages are only one part of the complex systems underlying the development of obesity however modelling has predicted that, based on current findings, 64,100 (54,400 to 73,400) fewer children and adolescents classified as overweight or obese, in the first 10 years after implementation, with the greatest effect on the most deprived households.

Policies are needed to support and enable changes for healthier environments

- Use fiscal levers to ensure that those profiting from the manufacture and sale of high fat, salt and sugar products contribute to addressing the cost to the system of obesity
- Utilise planning processes to shift the balance of food outlets towards healthier options and a more mixed economy, particularly in more disadvantaged communities
- Influence the promotion of HFSS foods through restrictions on advertising and marketing of these foods
- Remove the incentives to purchase HFSS foods through restricting price reductions, in store promotions and product placement
- Incentivise the purchase of healthier food options through the use of price, promotion and placement

⁶¹ Nguyen, M., Jarvis, S.E., Tinajero, M.G., Yu, J., Chiavaroli, L., Mejia, S.B., Khan, T.A., Tobias, D.K., Willett, W.C., Hu, F.B. and Hanley, A.J., 2023. Sugar-sweetened beverage consumption and weight gain in children and adults: A systematic review and meta-analysis of prospective cohort studies and randomized controlled trials. *The American Journal of Clinical Nutrition*, 117(1), pp.160-174.

⁶² Sassano M, Castagna C, Villani L, Quaranta G, Pastorino R, Ricciardi W & Boccia S (2024). National taxation on sugar-sweetened beverages and its association with overweight, obesity, and diabetes. *American Journal of Clinical Nutrition*, 119(4), 990-1006. <https://dx.doi.org/10.1016/j.ajcnut.2023.12.013>

⁶³ Rogers, N.T., Pell, D., Mytton, O.T., Penney, T.L., Briggs, A., Cummins, S., Jones, C., Rayner, M., Rutter, H., Scarborough, P. and Sharp, S., 2023. Changes in soft drinks purchased by British households associated with the UK soft drinks industry levy: a controlled interrupted time series analysis. *BMJ open*, 13(12), p.e077059.

⁶⁴ Cobiac, L.J., Rogers, N.T., Adams, J., Cummins, S., Smith, R., Mytton, O., White, M. and Scarborough, P., 2024. Impact of the UK soft drinks industry levy on health and health inequalities in children and adolescents in England: An interrupted time series analysis and population health modelling study. *Plos Medicine*, 21(3), p.e1004371.

- Disincentivise the production or purchase on HFSS products and promote reformulation through the use of fiscal levers such as sugar levy.
- Ensure the consumer has information that is accessible and supports informed choice
- Reformulation of food products to reduce energy, fat, salt and sugar and increase vegetable, fibre content
- Stimulate increased home preparation of food from raw ingredients

3 Interventions in pregnancy and early childhood to promote good nutrition and prevent obesity

Women of a childbearing age are subject to the same unhealthy food environments and resulting health inequalities as everyone else. Tackling these environments so that healthy food is the most affordable, available, and appealing will help women preparing for and entering pregnancy. Interventions in pregnancy and early childhood must be implemented in the context of the need for a system-wide approach to obesity and food, not in isolation.

The evidence base is robust and has guided the development of PHW's 10 Steps to a Healthy Weight Programme^{45,65,66}. These steps emphasize crucial actions such as preconception weight, optimal weight gain during pregnancy, breastfeeding, timely introduction of solid foods, and monitoring infant growth during the first year. By creating the environments which support families to adhere to these guidelines, we can significantly impact the health outcomes of our babies and children.

Universal services such as maternity and health visiting services, along with the Healthy Child Wales programme should provide the mechanism to support families in providing an optimal early years environment and in intervening at the earliest possible opportunity if things are not progressing well.

The refreshed All Wales Breastfeeding Action Plan, which will become an Infant Feeding Plan spanning the first 1000 Days, due to be published in 2025 will reiterate the evidence based approaches to improve outcomes but we are aware of challenges in capacity of services which if these continue will be a barrier to implementation. There is clear evidence that currently all Healthy Child Wales contacts are not taking place and where they are the opportunity to monitor health growth and importantly record outcomes is often missed.

Targeted support is required for pregnant women on low incomes. Studies on the effects of the Healthy Start Scheme have shown that it plays an important role in

⁶⁵ A I Rito, M Buoncristiano, A Spinelli, et al. Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative – COSI 2015/2017. *Obes Facts* 23 May 2019; 12 (2): 226–243. <https://doi.org/10.1159/000500425>

⁶⁶ Godfrey, K.M. et al., 2017. Influence of Maternal Obesity on the Long-term Health of Offspring. *The Lancet. Diabetes & Endocrinology* 5 1: 53–64. [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(16\)30107-3/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(16)30107-3/fulltext)

helping pregnant women and their children access healthier foods^{67,68}. However, it is essential that this nutritional safety net is adequate against a backdrop of the rising cost of living⁶⁹.

Data must be used to drive decision-making and understand our impact. A report due to be published by PHW has identified that in Wales specific actions are required to improve the quality of data that is collected in relation to the 10 Steps and to ensure it is routinely analysed, published and used to drive improvements and create the environments that will improve the health and wellbeing of children and families in Wales⁷⁰.

The opportunities of **pregnancy and the postnatal period** also need to be recognised, as unlike many other populations, pregnant women routinely have their height and weight measured, and body mass index (BMI) calculated at their initial antenatal assessment. In 2022, 31% of pregnant women in Wales had a BMI of 30kg/m² or greater⁷¹. However, despite identifying a high prevalence of obesity in this population, women are not routinely supported with weight management after pregnancy or with a view to benefit their longer-term health. This is especially relevant given the steep increase in women's weight between ages 35- 44 and 45-54 (49% to 59.8%)⁷².

To enable better joined-up care between primary and community care services when women are discharged from maternity services, Public Health Wales established a postnatal weight management workstream in line with its Primary Care Obesity Action Plan⁷³.

In the pursuit of healthier diets and the prevention of obesity among school-aged children, the significance of promoting healthier food choices during the school day cannot be overstated^{74,75,76}. The recent policy decision to provide universal free school meals to the youngest school children provides a real opportunity to ensure that children get both a nutritionally balanced school meal but are also introduced to healthy balanced diets.

In Wales, the optimisation of population health through school food faces significant hurdles. While efforts to review Healthy Eating in Schools Regulations commenced in 2022, differences in interpreting policy objectives persist. Prioritising children's

⁶⁷ McFadden, A., et al., 2014. Can Food Vouchers Improve Nutrition and Reduce Health Inequalities in Low-income Mothers and Young Children: A Multi-method Evaluation of the Experiences of Beneficiaries and Practitioners of the Healthy Start Programme in England. *BMC Public Health* 14, 148. <https://doi.org/10.1186/1471-2458-14-148>

⁶⁸ Barrett, M., Spires, M. & Vogel, C. The Healthy Start scheme in England "is a lifeline for families but many are missing out": a rapid qualitative analysis. *BMC Med* 22, 177 (2024). <https://doi.org/10.1186/s12916-024-03380-5>

⁶⁹ House of Commons Library. Healthy Start Scheme and increases in the cost of living. 2023. Available from: [Healthy Start scheme and increases in the cost of living - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-briefings/cr-2023-0144)

⁷⁰ Public Health Wales. Opportunities for improving children's health in Wales. 10 Steps to a Healthy Weight. [In press]. 2024.

⁷¹ Welsh Government. Maternity and birth statistics: 2022. [Internet]. 2023. Available from: <https://www.gov.wales/maternity-and-birth-statistics-2022.html>

⁷² Public Health Wales Observatory. Obesity in Wales. 2019. [Internet]. Available from: <https://phw.nhs.wales/topics/obesity/obesity-in-wales-report-pdf/>

⁷³ Public Health Wales. Primary Care Obesity Prevention Action Plan (2022-24). [Internet]. 2022. Available from: <https://phw.nhs.wales/services-and-teams/primary-care-division/primary-care-obesity-prevention/resources/primary-care-obesity-prevention-action-plan-2022-2024/>

⁷⁴ Brown T, Moore TH, Hooper L, Gao Y, Zayegh A, Ijaz S, et al. Interventions for Preventing Obesity in Children. *Cochrane Database of Systematic Reviews*. 2011;(12)

⁷⁵ Bleich SN, Vercammen KA, Zatz LY, Frelter JM, Ebbeling CB, Peeters A. Interventions to prevent global childhood overweight and obesity: a systematic review. *The Lancet*. 2018;6(4):332–46.

⁷⁶ Chaudhary A, Sudzina F, Mikkelsen BE. Promoting Healthy Eating among Young People-A Review of the Evidence of the Impact of School-Based Interventions. *Nutrients*. 2020;12(9)

nutrition while acknowledging the challenges of cost and delivery for caterers remains a challenge. It is important that future standards are nutrient based and reflect the different needs of pupils at different ages. Parents, schools and providers should be able to easily understand how meals offered in the primary sector meet childrens nutritional needs against national nutritional recommendations. Current food based standards are complex and based on the information we have been able to access, do not meet nutritional requirements.

A lack of comprehensive data hinders understanding regarding the nutritional quality of food served in schools and its impact on children's health and well-being⁷⁷. Compliance with nutritional standards remains unmonitored at a national level and current mechanisms lack transparency, leaving the efficacy of school food initiatives uncertain⁷⁸.

A cross-sectional content analysis of 82/104 primary and secondary school menus in Wales during the 2023 Autumn term revealed some examples of non-compliance with the current School Food Standards⁷⁹. Furthermore, the findings support previous work by PHW which highlights the changes required to the Standards to reflect current scientific evidence and sustainability goals⁸⁰. Additionally, the content analysis found instances where Free School Meal eligible pupils could not afford a healthy dietary intake across the school day, a finding supported by other research⁸¹.

Exploring transaction data from cashless payment systems in schools could provide invaluable insights into students' purchasing habits and the nutritional value of their choices⁸². However, attempts to leverage this data in Wales have been prevented by challenges including unclear data ownership, unwillingness to share data and a lack of transparency within the system.

4 Stigma and discrimination experienced by people who are overweight/obese

This is addressed in section 6 of this response.

⁷⁷ Woodside J V, Adamson A, Spence S, Baker T, McKinley MC. Opportunities for intervention and innovation in school food within UK schools. *Public Health Nutr* [Internet]. 2020/11/17. 2021;24(8):2313–7. Available from: <https://www.cambridge.org/core/article/opportunities-for-intervention-and-innovation-in-school-food-within-uk-schools/BBCB0FE77FCCC825E6C9129E487AF942>

⁷⁸ Welsh Government (WG). Healthy eating in maintained schools. Statutory guidance for local authorities and governing bodies. [Internet]. 2014. Available from: [healthy-eating-in-maintained-schools-statutory-guidance-for-local-authorities-and-governing-bodies.pdf](#)

⁷⁹ Cardiff Met and Public Health Wales. Developing and using a school menu healthiness assessment tool to analyse school food and drink provision in Wales. [Unpublished]. 2024.

⁸⁰ Public Health Wales. Technical Report: Rapid review of school nutritional and food-based standards in Wales and the UK. [Internet]. 2024. Available from: phw.nhs.wales/publications/publications1/rapid-review-of-nutritional-and-food-based-standards-in-wales-a-technical-report/

⁸¹ ParentPay, Cypad, BlueRunner, & LACA. 2023 School Meals Report. [Internet]. 2024. Available from: [2023 National School Meals Report | Download Now \(parentpay.com\)](#)

⁸² Logan D, Roone C, Moore S, *et al.* An investigation into the purchasing habits of secondary education pupils at school canteens within Northern Ireland. *Proc Nutr Soc*, 2017 76 (OCE3): E95 DOI: <https://doi.org/10.1017/S0029665117001689>

5 People’s ability to access appropriate support and treatment services for obesity

- Weight management services do not and cannot reduce population obesity
- There is a role for the healthcare system in supporting those whose health is affected by their weight through evidence based services in line with the All Wales Pathway
- There is a role for the healthcare system in monitoring individual weight overtime and acting at the earliest opportunity to prevent excess weight gain
- Data systems and robust data are needed to understand and support improvements in access, equity and outcomes.

The all Wales weight management pathway for adults⁸³ and all Wales weight management pathway for children⁸⁴ have outlined the core components for weight management services in Wales. The weight management pathway (2021) is underpinned by the 10 national design principles outlined in A Healthier Wales: our plan for health and social care⁸⁵. The All Wales Weight Management Pathway documents also include Service Standards, to measure service quality and stimulate continuous improvement. All services with the All Wales Weight Management pathway should integrate the following fundamentals into their design and delivery. Public Health Wales has also supported the implementation of the All Wales Weight Management Pathway through its Primary Care Action Plan⁸⁶. This has resulted in inclusion of quality improvement approaches in the General Medical Services⁸⁷ contract for standardised new patient questionnaires to enable identification of those who have a high BMI, as well as to measure and record height, weight and BMI in people with specific long-term/chronic conditions, and then signposting/referring them to relevant support. It has also led to the inclusion within the National Community Nursing Specification⁸⁸ of ‘height and weight’ within the list of ‘Practice & Skills for All Registered Community Nurses and Health Care Support Workers’, as well as requirements for knowledge/skills related to wider determinants, Making Every Contact Count (MECC), person centred approaches, and motivational interviewing.

The weight management pathway is designed to support people to manage their weight and while this provides individual level benefits, this will not address the challenge of obesity at a population level.

⁸³ All Wales Weight Management Pathway 2021 [Adult weight management pathway 2021 | GOV.WALES](#)

⁸⁴ [Weight management pathway 2021: children, young people and families | GOV.WALES](#)

⁸⁵ A Healthier Wales: our plan for health and social care. 2018. [A Healthier Wales \(gov.wales\)](#)

⁸⁶ Public Health Wales. Primary Care Obesity Prevention Action Plan (2022-24). [Internet]. 2022. Available from: <https://phw.nhs.wales/services-and-teams/primary-care-division/primary-care-obesity-prevention/resources/primary-care-obesity-prevention-action-plan-2022-2024/>

⁸⁷ Welsh Government. GMS Contract 2022/23: Practice guidance for unhealthy behaviours QI project. [Internet]. Available from: <https://www.gov.wales/sites/default/files/publications/2023-02/practice-guidance-for-unhealthy-behaviours-from-the-quality-improvement-project.pdf>

⁸⁸ Strategic Programme for Primary Care. National Community Nursing Specification. 2022. [Internet]. Available from: <https://primarycareone.nhs.wales/tools/community-infrastructure-ci-programme/community-infrastructure-ci-programme/community-infrastructure-ci-programme/national-community-nursing-specification-v1-jan-23pdf/>

Work has recently been undertaken to further develop the pathway to incorporate the launch of new weight management medications⁸⁹. Public Health Wales led the co-production of an addendum for Welsh Government for the weight management pathway in Wales to support teams to develop the specialist services required to be able to offer these medications.

5.1 Signposting and advice for people who are above a healthy weight

Level 1 of the pathway refers to signposting and advice for people who are above a healthy weight. Healthy Weight Healthy You (HWHY), was developed by Public Health Wales and launched in January 2023 as a universal, once for Wales Level 1 offer⁹⁰. The HWHY website has been developed and delivered alongside campaigns to raise awareness and encourage people across Wales to start their journey towards a healthier weight. This site has enabled weight management services in Wales to refocus their weight management services on Levels 2-4 of the pathway. As a result of HWHY campaign activity the site has now reached over 100,000 users in Wales.

This work has been complemented by the development of a Healthy Weight Conversations module within the Making Every Contact Count programme to help ensure that health and care professionals are supported in having person centred conversations with their patients on healthy weight.

5.2 Services for adults living with obesity

Currently in Wales, services are available for 1.2% of adults with a BMI of 30 or more. Level 2 services have capacity for around 1% of adults with a BMI of 30 or more however service provision varies significantly by area. Level 3 services have capacity for approximately 1.9% of adults with a BMI of 40 or more. Service capacity has increased since the launch of the new weight management pathway and a wider range of service offers are now available across Wales with a mix of NHS and commissioned services. Each area is currently using different tools and approaches and Public Health Wales is currently working with stakeholders across Wales to develop a once for Wales approach for a more consistent experience and approach for patients in Wales.

Waiting lists do exist for weight management services across Wales and work is needed to extend and develop Level 2 of the pathway to ensure that appropriate and effective services are available to meet local needs at the earliest opportunity. There is little information in Wales for equity of access to services, for outcomes or for quality to support the development of services to meet needs and it is not currently possible to examine which groups do not access services or why in any detail and which groups do not have optimal outcomes. This is because of a lack of data collection and systems to enable the collection and use of data.

Public Health Wales has worked to co-producing a minimum data set for adult weight management services across Wales with definitions to support data consistency. While

⁸⁹ NICE. Semaglutide for managing overweight and obesity Technology appraisal guidance Reference number:TA875
Published: 08 March 2023 | [Recommendations](#) | [Semaglutide for managing overweight and obesity](#) | [Guidance](#) | NICE

⁹⁰ Public Health Wales, Healthy Weight Healthy You. [Home - Healthy Weight Healthy You](#)

work has been undertaken to develop definitions based on evidence and service needs, significant support is needed from digital teams in Wales to ensure the timely development of once for Wales data systems to enable analyses of access, service outcomes, health equity and quality.

5.3 Services for people living with severe obesity

Level 3 services have capacity for approximately 1.9% of adults with a BMI of 40 or more. Service capacity has increased since the launch of the new weight management pathway and service offers are now available across Wales. Work is still needed to develop appropriate support services to meet the needs of people who are significantly above a healthy weight at Level 3 of the pathway, with the necessary psychological support and the addition of new weight management medication options.

Services are available for people eligible for weight management surgery in Wales at Level 4 of the pathway, Swansea Bay delivers the services for WHSSC in Wales for approximately 100 cases per year. There is some commissioning of services delivered in England and there are people who seek and receive treatment abroad. People who have received surgery normally require long term follow up over a period of at least 2 years, within specialist services (Level 3 or 4) often with long term follow up within primary care after this. The numbers of people requiring this are not known however capacity to provide follow up post-surgery may draw from existing capacity within Levels 3 and 4, with an impact on access.

5.4 Services for children living with overweight and obesity

Services for children living with overweight and obesity are less developed in Wales. Where access and capacity is available, there is often low uptake, with most children being referred later as older children, most commonly at Level 3. Therefore, services being available does not necessarily mean services will be used in an optimal way. Work is needed to prevent obesity and work is also needed to understand how to both encourage families to access services at an early point in time and to further develop the weight management options available to ensure these are attractive, acceptable, accessible and effective.

Public Health Wales have launched Childrens and Families Pilots for early intervention for healthy weight in three areas of Wales. Each pilot has a different population focus. This work has been developed to enable system change for healthier, environments which support children and families to be a healthy weight. This work includes a nested intervention providing family support with learning for system change. This provides individual support for families with children who are above a healthy weight who are at risk of becoming overweight in a way that considers the causes that contribute to weight gain. This then works with partners to enable system changes to enable a healthier environment around families, making it easier for families to be a healthy weight. Engagement events have reached over 4300 families in the target areas and organisations relevant to healthy weight for families in Wales. This work is continuing and Public Health Wales are working to evaluate the impact on system, communities and families.

5.5 Maternity Weight Management Services

There is currently no national pathway for maternity weight management. Most Health Boards have limited services and few have local pathways. Public Health Wales is currently working to review current services and then co-develop a maternity pathway for Wales. Work is also being undertaken to improve weight management data for maternity services.

There are additional opportunities for support for people living with obesity and associated health conditions. Social prescribing is an umbrella term that describes a person-centred approach to connecting people to local community assets. It can help empower individuals to recognise their own needs, strengths, and personal assets and to connect with their own communities for support with their personal health and wellbeing⁹¹.

Health and care teams can enable, encourage and support people to recognise their own needs and seek support and care. The key role of the workforce to embed preventative approaches is recognised by the recent launch by Public Health Wales of the Prevention-Based Health and Care Framework⁹². Public Health Wales developed and launched bi-lingual Making Every Contact Count Level 1 and Level 2 Healthy Weight Conversations e-learning modules⁹³. These were developed to support NHS and care staff to have appropriate and supportive conversations with people about weight and signpost them to appropriate support at the earliest opportunity.

6 The relationship between obesity and mental health

The relationship between mental health and experiences of overweight and obesity is complex. Mental health conditions are associated with the development of overweight and obesity⁹⁴. There is also evidence to indicate that experiencing overweight and obesity and weight stigma are associated with poorer mental health. Finally it is well understood that food is used to help manage emotions and mood, which can lead to consumption of excess energy and weight gain.

6.1 Mental Health and developing overweight and obesity

People who are affected by mental health conditions are more likely to experience overweight or obesity. There is evidence of links between unhealthy eating behaviours and experiences of unpleasant emotions⁹⁵. Further, more stress eating as a result of mental health is associated with weight gain⁹⁶. There is also evidence of a relationship

⁹¹ Public Health Wales. Social Prescribing. [Social Prescribing - Public Health Wales \(nhs.wales\)](https://nhs.uk/social-prescribing)

⁹² Public Health Wales. Prevention Based Health and Care. 2024. [Internet]. Available from: <https://phw.nhs.wales/services-and-teams/primary-care-division/prevention-based-health-and-care/>

⁹³ Making every contact count. <https://mecc.publikealthnetwork.cymru/en/e-learning/>

⁹⁴ Wiss, D.A. and Brewerton, T.D., 2020. Adverse childhood experiences and adult obesity: a systematic review of plausible mechanisms and meta-analysis of cross-sectional studies. *Physiology & Behavior*, 223, p.112964

⁹⁵ Dakanalis A, Mentzelou M, Papadopoulou SK, Papandreou D, Spanoudaki M, Vasios GK, Pavlidou E, Mantzorou M, Giaginis C. The Association of Emotional Eating with Overweight/Obesity, Depression, Anxiety/Stress, and Dietary Patterns: A Review of the Current Clinical Evidence. *Nutrients*. 2023 Feb 26;15(5):1173. doi: 10.3390/nu15051173. PMID: 36904172; PMCID: PMC10005347.

⁹⁶ Koenders PG, van Strien T. Emotional eating, rather than lifestyle behavior, drives weight gain in a prospective study in 1562 employees. *J Occup Environ Med*. 2011;53(11):1287–93

between certain medications for treatment of mental health conditions and an increased risk of weight gain.

Insight work commissioned by Public Health Wales to underpin the Healthy Weight Healthy You Level 1 digital weight management offer identified four distinct weight management journey personas. Each of these persona journeys, was based on research interviews and focus groups and included different emotional relationships with people and food. Two of the journeys were more commonly identified for weight gain for adults. People identified within the “mood” persona journey, described using food as a means to manage and influence emotions or mood.

The most complex was the “safe” persona journey, encompassing a smaller population group who have experienced severe trauma in childhood, (e.g. mental health problems, abuse, alcoholism within families), leading to a complex relationship with food as part of coping with life. This reflects the original research relating to Adverse Childhood Experiences which was undertaken with a weight management service. Website usage data has indicated that people using the site identify with these persona groups suggesting that mental health and experiences are important for a person’s weight management journey.

The approach being taken within Healthy Weight Healthy You is to focus on helping individuals understand some of the drivers of eating behaviour and weight gain and to focus on these, not just their diet. In the case of those which are closely associated with trauma we would advocate seeking specialist help to address unresolved trauma and for those who use food to affect changes to mood to identify alternative strategies for promoting mental wellbeing such as being active, crafts and hobbies, connecting with nature, practicing relaxation techniques.

6.2 Outcome of overweight on mental health

A study using data from the Survey of Health, Ageing and Retirement in Europe (SHARE)⁹⁷ sought to investigate the reciprocal associations between obesity and mental health over the longer term.

The results found that there was a significant relationship between BMI and quality of life and depression and that people living with unhealthy weight had significantly decreased levels of quality of life, lower depression scores compared to people of a normal weight over 10 years with people living with obesity indicate the strongest effect. Depression and low quality of life did not however show the same relationship in reverse.

What is clear from media coverage alone is that there has been a far greater focus on weight stigma. People living with obesity report weight stigma in a range of different situations including in relation to access to NHS care. This can occur when adequate equipment is not available to care for people with severe obesity with dignity. Public Health Wales worked with professionals from across the system to develop Standards for the provision of care for people living with overweight and obesity in Wales to

⁹⁷ [Associations between overweight, obesity, and mental health: a retrospective study among European adults aged 50+ - PMC \(nih.gov\)](#)

address this issue.⁹⁸ Reliable estimates of the prevalence of weight stigma are not available and we would suggest that efforts should be made to capture more reliable data through the National Survey or similar. A nationally representative sample of men and women aged 50 and older in England showed that 24.2% of people categorized as class II and 35.1% of class III experienced discrimination on the basis of their weight⁹⁹.

There is evidence that weight stigma can lead to psychological distress. A meta-analysis of 105 cross-sectional studies with multiple mental health outcomes showed associations between perceived weight stigma and greater depression, anxiety, psychological distress and poor quality of life¹⁰⁰. While there is clearly a need to actively challenge weight stigma this should not normalise unhealthy weight. There is equally concern that recent attention to 'body confidence' and 'fat acceptance' this can result in challenges to evidence based public health action to address unhealthy weight, such as the criticism received by the Cancer Research UK Campaign that sought to raise awareness of the link between cancer and obesity¹⁰¹.

It is important that when talking about obesity it is done in a way that avoids the assumption that this is a result of individual failure or weakness rather than a product of the environment largely outside of the direct control of the individual. However, it is also important that weight is not seen purely in the context of appearance and body image rather than a significant health problem. Public Health Wales has found through it's research that people often do not see weight and a health issue and one of our priorities has been to focus on the link between the two through our Healthy Weight Healthy You initiative which was extensively tested with people living with overweight and obesity and was considered to be a positive and acceptable framing. This is an area fraught with difficulties and more work is needed to ensure a multi-disciplinary approach that is informed by both professional knowledge and lived experience.

6.3 Overweight as a result of specific issues relating to food: eating disorders and under/ overweight

Eating disorders is an overarching term for a range of enduring and often serious mental health illnesses in which people experience disturbances in their eating related thoughts and emotions and behaviours, these include bulimia, binge eating disorder and anorexia. The prevalence in one year is approximately 2.2% in Europe¹⁰². Studies of general practice data in the UK have indicated that for people aged 10-49, the prevalence is around 37.2 per 100,000 with the majority of cases arising in females¹⁰³.

⁹⁸ [standards-for-the-provision-of-services-to-people-with-overweight-and-obesity-in-wales.pdf \(gov.wales\)](#)

⁹⁹ Jackson SE, Steptoe A, Beeken RJ, Croker H, Wardle J. 2015 Perceived weight discrimination in England: a population-based study of adults aged 50 years. *Int. J. Obes. (Lond)* **39**, 858-864. ([doi:10.1038/ijo.2014.186](#)) [Crossref](#), [PubMed](#), [Web of Science](#), [Google Scholar](#)

¹⁰⁰ Emmer C, Bosnjak M, Mata J. 2020 The association between weight stigma and mental health: a meta-analysis. *Obes. Rev.* **21**, e12935. ([doi:10.1111/obr.12935](#)) [Crossref](#), [PubMed](#), [Web of Science](#), [Google Scholar](#)

¹⁰¹ [When public health met body positivity: reactions to CRUK's obesity campaign - The BMJ](#)

¹⁰² Galmiche, M., Déchelotte, P., Lambert, G. & Tavolacci, M. P. Prevalence of eating disorders over the 2000-2018 period: A systematic literature review. *American Journal of Clinical Nutrition* vol. 109 1402–1413 at <https://doi.org/10.1093/ajcn/nqy342> (2019).

¹⁰³ Micali, N., Hagberg, K. W., Petersen, I. & Treasure, J. L. The incidence of eating disorders in the UK in 2000-2009: Findings from the General Practice Research Database. *BMJ Open* **3**, (2013).

Eating disorders are complex and the reasons why people develop these is not fully understood. However, onset is often in early adulthood and eating disorders have been associated with parental perceptions of child overweight¹⁰⁴, and weight and shape concerns, low self-esteem, body image concerns, and a history of appearance related teasing^{105,106}. Early traumatic and stressful events have also been identified as risk factors. There is no evidence that addressing obesity and promoting healthy weight can lead to eating disorders. For those already at high risk, for example experiencing disordered body image or those with an eating disorder it is possible that some may find health weight messages act as triggers for their condition. It is however important that concerns about a relatively rare condition do not inappropriately influence public health action which can address the very significant challenge to health and health services arising from unhealthy weight. There is a need for ongoing dialogue between those working with and experiencing eating disorders and public health professionals to established a consensus view on this issue.

While obesity is not an eating disorder, people living with obesity may experience disordered eating conditions. Eating disorders which are associated with underweight share risk and protective factors with overweight¹⁰⁷ and may benefit from measures to address these risks.

7 International examples of success (including potential applicability to the Welsh context)

In developing the Healthy Weight Healthy Wales Strategy, Public Health Wales reviewed the international evidence based for action to address obesity including a range of policy options that had been adopted in different countries¹⁰⁸.

To date we have been unable to find any examples of a country reversing levels of adult obesity. The WHO regional Report on Obesity in 2022 found that no country in the European Region was on track to halt the rise by 2025.

We did find some examples of long term programmes to address childhood obesity that after a long period of intervention had managed to halt and reverse the rise. These experiences in the United States and Europe were used to inform the development of Healthy Weight Healthy Wales adapted appropriately to a Welsh context,^{109,110}. These programmes have focused on addressing the wider influences on what people eat and how active they are. They have also involved government, communities, and people empowering and enabling the capacity-building of local

¹⁰⁴ Allen, K. L., Byrne, S. M., Oddy, W. H., Schmidt, U. & Crosby, R. D. Risk factors for binge eating and purging eating disorders: Differences based on age of onset. *Int. J. Eat. Disord.* **47**, 802–812 (2014).

¹⁰⁵ Stice, E., Marti, C. N. & Durant, S. Risk factors for onset of eating disorders: evidence of multiple risk pathways from an 8-year prospective study. *Behav. Res. Ther.* **49**, 622–627 (2011).

¹⁰⁶ Stice, E., Gau, J. M., Rohde, P. & Shaw, H. Risk Factors that Predict Future Onset of Each DSM-5 Eating Disorder: Predictive Specificity in High-Risk Adolescent Females. *J. Abnorm. Psychol.* **126**, 38 (2017).

¹⁰⁷ Neumark-Sztainer DR, Wall MM, Haines JI, Story MT, Sherwood NE, van den Berg PA. Shared risk and protective factors for overweight and disordered eating in adolescents. *Am J Prev Med.* 2007 Nov;33(5):359-369. doi: 10.1016/j.amepre.2007.07.031. PMID: 17950400.

¹⁰⁸ [PHW International perspectives on action to prevent and reduce obesity 1218.indd \(nhs.wales\)](#)

¹⁰⁹ Borys, J.M., Richard, P., Ruault du Plessis, H., Harper, P. and Levy, E., 2016. Tackling health inequities and reducing obesity prevalence: the EPODE community-based approach. *Annals of Nutrition and Metabolism*, 68(Suppl. 2), pp.35-38.

¹¹⁰ Kobes, A., Kretschmer, T. and Timmerman, M.C., 2021. Prevalence of overweight among Dutch primary school children living in JOGG and non-JOGG areas. *Plos one*, 16(12), p.e0261406.

communities to help improve the environment for healthier lifestyles. They have been long term, multi-component interventions which have achieved a level of scale and duration to effect change.

There are however international studies which have looked at policies in different countries that are relevant to obesity¹¹¹. These highlight where there is evidence of policies being applied in different countries. Wales is compared to other countries within this framework. There is also a database of studies used in different countries relating to policies including fiscal measures and advertising restrictions¹¹². There are many studies of small scale educational and clinical interventions targeting individuals and their behaviours, however this reflects the relative ease of conducting smaller studies, but these studies lack evidence of any meaningful population level impact. High level interventions can be difficult to evaluate, and multifaceted interventions are needed to reflect the complexity of the challenge being addressed. This means there are fewer studies available to demonstrate opportunities to reduce population level obesity, however, there is evidence to show reductions in calorie and other intake as a result of policy measures such as the sugar levy in England.

Given the complexity of the challenge, approaches to addressing obesity now focus on whole systems. Whole systems approaches have been defined as ‘those that consider the multi-factorial drivers of overweight and obesity, involve transformative co-ordinated action across a broad range of disciplines and stakeholders, operating across all levels of governance and throughout the life course’¹¹³. These approaches are still evolving and will take many years to take effect, but are tailored to the complex challenge of obesity which requires approaches to address obesity in the population.

¹¹¹World Cancer Research Fund. Nutrition Policy Index. [Nutrition policy index | WCRF International](#)

¹¹² World Cancer Research Fund. Nourishing database. NOURISHING framework | World Cancer Research Fund International ([wcrf.org](#))

¹¹³ Bagnall A, Radley D, Jones R, Gately P, Nobles J, Van Dijk M, Blackshaw J, Montel S and Sahota P (2019), Whole systems approaches to obesity and other complex public health challenges: a systematic review. BMC Public Health, 19:8

Health and Social Care Committee – Inquiry into Prevention of Ill Health - Obesity
Food Policy Alliance Cymru (FPAC) consultation response
7th June 2024

This response from Food Policy Alliance Cymru highlights a number of areas that could be considered with regards to Welsh Government strategy, regulations, and associated actions to prevent and reduce obesity in Wales. Broadly these have been categorized under the following headings:

- Framing of the issue, Food Culture and a national strategy aligned to the Well-being of Future Generations Act
- Children and early years
- Planning, Advertising and Promotion
- Resourcing delivery infrastructure
- Data collection and Monitoring

1. Framing, Culture and Strategy

- Food needs reframing - food must not be the problem – it is something to celebrate, share, connect with and nourish both body and mind. Feeling good and having dominium over personal nutrition should be the public facing framing, together with overcoming the structural issues, recognising people/communities in Wales must have equal access to affordable, nourishing, sustainable food - without which, Wales will not be able to achieve the seven national well-being goals. Action and messaging should recognise that obesity is just one outcome of poor diet. Focus should be on the overall benefits to physical and mental health of healthy eating rather than focusing exclusively on obesity. Research from Cardiff's Child friendly cities (2022) showed that the most common reason children were bullied was “because of their weight”.
- Leverage Wales’ rich heritage and culture around food to inspire choices which are good for people (both mentally and physically). This could be part of a national food strategy and local food strategies co-ordinated through cross-sector food partnerships and aligned to the Well-being of Future Generations Act.
- Consider how a food strategy for Wales would help deliver integrated benefits (ensuring that food is linked to health, rural economies, food security and environmental impact etc rather than trade targets and nature targets acting against each other). Given the severity of these interlinked challenges action on obesity and diet related disease can only be meaningful in that context, under the framework of the Well-being of Future Generations Act.
- Consider where Welsh Government has powers to ensure healthy and sustainable food is more affordable than unhealthy foods. The Food Foundation¹ has highlighted how healthier options cost more than twice as much per calorie compared to less healthy options and are often either not available or less convenient, while the most deprived in society need to spend up to 50% of their disposable income on food just to meet the cost of the Government recommended healthy diet.
- Recognise and review the increasing problem of lack of accessibility of healthy, fresh food in many areas of Wales. Develop and implement a strategy to help communities address this deficit in conjunction with cross-sector food partnerships and reclaim greater sovereignty over available food choices.
- Carry out a cost benefit analysis and take an economic lens on diet-related ill health (e.g. diabetes costs) and drive investment into preventative measures such as early years, education, supporting people on low

incomes to access fresh food using the Marmot 8 principals as a framework². Think creatively about how new economies around food education could be created by leveraging farmers, producers and hospitality sectors to support the education of children and young people.

- Address dietary health inequalities through innovative approaches that are of benefit both to recipients and local economies rather than driving sales through large retailers (as in the case of Healthy Start, School Holiday Vouchers and food banks). The Sustainable Food Places Network has examples of where this is happening, for example Food Cardiff's ["Planet Card" pilot](#) aims to make healthy, planet-friendly food accessible and affordable for everyone – especially those facing low incomes and health inequalities. Consider how social prescribing can be used in this context. [Alexandra Rose](#) has reported how after just 8 months of receiving vouchers for fruit and veg, 80% of participants are eating five portions of fruit and veg each day, compared to just 28% at the start of the programme. 9 in 10 participants have seen their physical health improve, including healthy weight loss, higher energy levels and better digestion.
- The needs of some of our most vulnerable citizens/ marginalized groups must be fully understood; co-production and community centered approaches should be prioritized to secure access to healthy options e.g., for people with health conditions or impairments, people from ethnic minorities and socioeconomically disadvantaged communities.
- Target resources and interventions heavily towards early years and children (breastfeeding, weaning and early years)

2. Children and early years

- Mandatory Food Literacy should be introduced from early years and throughout school. This should include cooking skills and practical experience of where food comes from and how methods of production impacts on nutrition, environment and prosperity. As well as how advertising and marketing influence our food choices. **Examples include [Cook 24](#), [School Food Hour Pilot \(including Nutrition Skills for Life\)](#) and [Food for Life](#)**
- Review school food standards in the context of current UK diets and population dietary improvements needed to optimise the health and wellbeing of our future generations considering aspects such as contemporary thinking on nutrition, including on the importance of gut health. Make the provision of truly healthy school food mandatory within that new framework and ring-fence resources to fulfill that requirement (effectively this is the same as ring-fencing NHS budgets but in the long run much better value for money). Recognise the key contribution of catering staff by raising the status of their jobs to develop skills and autonomy in the production and procurement of schools food.
- Reform menus and procurement so that they align with produce locally produced in Wales and to include 2 portions seasonal veg – local and organically grown.
- Introduce a robust monitoring of the school meal service to ensure standards are being met and plate waste is being monitored
- Introduce Universal Free School Meals to secondary schools

● ² Give every child the best start in life

● Enable all children, young people and adults to maximise their capabilities and have control over their lives, Create fair employment and good work for all, Ensure a healthy standard of living for all, Create and develop healthy and sustainable places and communities, Strengthen the role and impact of ill-health prevention, Tackle racism, discrimination and their outcomes, Pursue environmental sustainability and health equity together

- All flying start areas should have dedicated dietetic support
- Continue to expand Food and Fun and consider the mechanisms required to ensure the provision is maximized in areas of need - especially in light of the decision not to pursue the reform of the school year
- Consider whether the Healthy Start Scheme is fit for purpose or whether an alternative use of the funding would better suit the needs of recipients in Wales.
- Ultra-processed foods (UPF) are a rapidly emerging concern, [particularly in children's diets](#). Many UPF are high in fat, salt, or sugar (HFSS), and many HFSS products are ultra-processed. There is considerable overlap (though a sizable segment of UPF falls out of the HFSS category) and the prevalence of both in the UK diet is concerning and demands a response. Governments should press ahead with actions to restrict the marketing and consumption of HFSS products, within a food strategy that aims to re-balance diets away from UPF. Action on HFSS should be seen as a necessary first step to addressing ultra-processed diets.
- There is public appetite for government action on ultra-processed foods (UPF). [Polling from the Food Farming and Countryside Commission](#) has found high public concern for ultra-processed foods, and appetite for government and businesses to respond, with nationally representative surveys finding that 74% of people would welcome government action on ultra-processing.

3. Planning, Advertising and Promotion

- Update Planning laws and integrate public health into planning process. Support local authorities to enact their powers to improve local food environments by using planning rules to reduce the number of unhealthy fast food outlets and restrict local advertising of unhealthy food, and by supporting the establishment of cross-sector food partnerships in every local area to help create a more healthy, sustainable and fair local food system
- Consider the legislative framework for food retail and hospitality in Wales in relation to devolved powers and consider how the current environment (planning/rates/environmental health etc) impacts comparatively on the viability of large chains and small local independent businesses (linked to accessibility of healthy food above).
- Consider the use of tax making powers e.g. rate relief for small businesses providing healthy food
- Restrict Marketing on HFSS food and drink as seen with Transport for London, Bristol, Greenwich, Haringey, Merton, and Southwark and developing work in Cardiff and the Vale of Glamorgan. Welsh Government should also consider underwriting or other mechanisms to mitigate potential revenue losses for local authorities who implement HFSS restrictive advertising policies
- **Invest in advertising for healthy and sustainable foods** (particularly healthy options like fruit, vegetables and pulses) to drive aspiration and to normalise consumption, building on the work of initiatives like [Veg Power](#) where 77% of parents whose children took part in the Eat Them to Defeat Them campaign said they ate more vegetables as a result.
- Improve healthy food and drink provision in public sector settings through national procurement, with particular attention to health promoting healthcare settings. There is a need for renewed emphasis/policy and guidance on healthier choices for public and staff in hospitals, leisure, youth and public places.
- The Healthy Weight, Healthy Wales strategy includes actions for some of these issues relating to the food and drink environment, but progress appears to have stalled.

4. Resourcing delivery infrastructure

- Invest in [Nutrition Skills for Life](#) across all HB areas and ensure adequate resource is available to support schools, local food partnerships and delivery of public health plans³
- Invest in [Cross-sector food partnerships](#) and the infrastructure required, in every local authority area in Wales with a focus on actions supporting access to healthy food for those on low incomes, development of local supply chains and supporting a positive food culture.
- Commit to an ambitious horticulture growth plan for Welsh Farmers centred around organic production which can support the production and increased consumption of minimally processed alternatives to meat, such as vegetables and legumes and ensure Wales is not unsustainably reliant on imports.

Data Collection and Monitoring

- Consider whether the current data collection to monitor healthy and sustainable diets is adequate. For example in England the Childhood Measurement Programme records the height and weight of school children in Foundation/Reception year (children aged 4-5) and Year 6 (children aged 10-11). This is important for ensuring that children are not underweight as well as monitoring overweight and obesity. Wales also has a different mechanism for measuring Adult Healthy weight which may lead to under reporting as claimed by Nesta. [Wales' hidden obesity problem could be worse than any other UK nation, new analysis finds | Nesta](#)
- Consider an additional indicator for dietary health that encompasses a more holistic approach
- Some of these action areas and measures are included in HWHW delivery plans, however the delivery plans do not seem to be on track. More work is needed to monitor and review this strategy to evaluate how effective current delivery structures are and whether organisational relationships/cultures are optimising the urgent progress required. We would welcome a summary of system wide achievements for 2022-2024 and improved communication regarding progress with future delivery plans.

[Food Policy Alliance Cymru](#) is a coalition of organisations and stakeholders building and promoting a collective vision for the Welsh food system.

Through collaboration, engagement and research the Alliance aims to:

- Co-produce a vision for a food system in Wales that connects production, supply and consumption and gives equal consideration to the health and wellbeing of people and nature.
- Advocate for policy change to address climate and ecological emergencies, the public health crisis and the rise in food insecurity.
- Ensure Wales is linked to UK policy, research opportunities and the broader global system

The following members of Food Policy Alliance Cymru have contributed to this response:

Food Sense Wales; Social Farms & Gardens; Gweithwyr y Tir - Landworkers' Alliance Cymru; Urban Agriculture Consortium; Nature Friendly Farming Network Cymru; WWF Cymru; Soil Association Cymru; Dr Angelina Sanderson Bellamy, Association Professor of Food Systems, UWE Bristol; Prof Terry Marsden, Cardiff University; Simon Wright, Broadcaster and restaurateur.

³ [Promoting healthy environments, skills and communities in Wales: the Nutrition Skills for Life® programme - J Lisa Williams, Dr Megan Elliott, 2022 \(sagepub.com\)](#)

This consultation may be published and will also be published on <https://www.foodsensewales.org.uk/good-food-advocacy/food-policy-alliance-cymru/>

Any queries may be directed to foodsensewales@wales.nhs.uk

Agenda Item 5.1

Y Cymdeithas
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Health and Social Care Committee

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Mark Drakeford MS
Cabinet Secretary for Health and Social Care

15 August 2024

Dear Mark

NHS Wales Planned Care Recovery Targets

The Committee has recently considered its **sixth report** monitoring the NHS Wales planned care recovery targets set in April 2022. Following that consideration, we have some questions in a number of areas that we wish to put to you, and I have set these out below.

Ophthalmology

In our monitoring report, we considered the seven exceptionally challenging specialties, with a spotlight on ophthalmology. This has the highest number of patient pathways waiting, and also the highest number of patient pathways waiting over 53 weeks. It has also seen the biggest increase over the last six months in the number of patient pathways waiting over 53 weeks. With this in mind:

What specific resources has the Welsh Government allocated to address the shortage of ophthalmologists and other critical staff, in order to manage the increasing demand for ophthalmology services?

How is the Welsh Government ensuring progress is being made against the Eye Care Measure targets across all health boards?

Can you provide an update on the National Clinical Strategy for Ophthalmology and outline if and how the Welsh Government intends to implement the recommendations of the 2021 External Review of Eye Care Services in Wales?

What are the long-term plans to cope with the projected increase in demand for eye care services?

What plans does the Welsh Government have to recommence the collection and publication of data on the number of ophthalmology appointments recorded as 'did



not attend' and 'could not attend' to better understand why patients miss their appointments and the actions required to improve attendance rates?

How is the Welsh Government ensuring that health boards are prioritising patients at the highest risk of irreversible sight loss?

What plans are in place to expedite the implementation of the ophthalmic electronic patient record and referral system across Wales?

Recovery target 4: Diagnostic testing and therapy interventions

The Welsh Government has made changes to the way that data for therapies pathways are collected, specifically pathways for audiology and weight management have been removed from the therapies data. In relation to audiology, the Welsh Government has said that this removal reflects a policy position that these pathways should be monitored separately from other therapies. In relation to weight management, the Welsh Government has said the removal of these pathways is due to inconsistencies in recording practices, and that the pathways will be reinstated when consistent definitions and recording practices are established.

Given the importance of ensuring that any changes to data reporting are transparent and justifiable:

What were the specific reasons for removing audiology from the dataset?

How will this change affect patients who are waiting for audiology services?

How will the Cabinet Secretary ensure that eliminating waits of more than 14 weeks for audiology will continue to be a top priority?

What steps are being taken to address the inconsistencies in how weight management pathways are recorded by health boards, and when are these inconsistencies likely to be addressed?

Paediatric waiting times

The Royal College of Paediatrics and Child Health (RCPCH)'s report "Worried and Waiting: A Review of Paediatric Waiting Times in Wales", highlighted that the overall number of paediatric pathways waiting increased in Wales by 62.3% from 7,096 to 11,514 from November 2016 to November 2023. Paediatric waits peaked in May 2023 and have been slowly recovering since.

The report highlights several key issues related to paediatric healthcare services in Wales. It notes that there are "a significant number of children and young people on waiting lists in Wales", and that "many treatments and interventions must be administered within specific age or developmental stages". In light of this:

How is the Welsh Government approaching the RCPCH report? If actions have been agreed, what timeline has been set for these actions, and how will progress be monitored and evaluated?

How is the Welsh Government working with health boards and Health Education and Improvement Wales to implement the recommendations relating to the child health workforce? Specifically, what steps are being taken to improve morale and well-being within the paediatric profession? How is the Welsh Government planning to attract more recruits to paediatric specialties?

Could you provide further information on the strategies employed by health boards like Swansea Bay University Health Board that have reduced paediatric waiting times? What is the Welsh Government's understanding of why paediatric waits have increased in some health boards but not others?

How is the quality of paediatric emergency care being measured and improved?

What steps are being taken to address the unique challenges in paediatric emergency care?

How is the Welsh Government planning to address health inequalities in paediatric care? What strategies are being implemented to ensure that all children, regardless of their background, receive the care they need?

What plans, if any, has the Welsh Government got to implement the patient safety initiative, 'Martha's Rule', for improving paediatric patient care. How is the Welsh Government currently supporting health boards to ensure young patients and their families are listened to and their concerns acted upon?

What plans does the Welsh Government have to improve child health data? What data is currently published which is disaggregated by paediatric specialty?

How is the Welsh Government ensuring children aged 16-18 receive appropriate care and do not fall between paediatric and adult services?

Regional working

In addition to the variation in waiting times by specialty, the Committee has previously raised concerns about the disparity in waiting times across different health boards. The length of time a patient waits for treatment can vary depending on their location in Wales, which could potentially exacerbate health inequalities in terms of healthcare access.

In May, the Committee wrote to the Chief Executive of NHS Wales to inquire about how the NHS Executive is promoting regional collaboration as a strategy to help health boards tackle long waiting times and equalise waiting times across all health boards. The response highlighted three key areas for regional development that the NHS Executive is supporting.

Can you provide the Committee with an update on the Ministerial Advisory Group's review of NHS Accountability and the expected publication date of the findings.

This review has direct implications for the national leadership efforts to improve NHS waiting times.

How does the NHS Planning Framework reflect the Welsh Government's NHS waiting times priorities; how has this had fed into Integrated Medium Term Plans (IMTPs), and how are these reflected in health board budgets (including whether the health boards are themselves allocating sufficient resources to them).

What is the current status of these IMTPs, specifically have they been approved by you. If not, what are the reasons for this and what is the potential impact on individual health boards.

I would be grateful for your response by **Friday 20 September**.

A copy of this letter goes to the Minister for Mental Health and Early Years, for consideration of our questions relating to paediatric waiting times.

Yours sincerely



Sam Rowlands MS
Temporary Chair, Health and Social Care Committee

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

Agenda Item 5.2

Jeremy Miles MS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Sam Rowlands MS
Temporary Chair, Health and Social Care Committee

SeneddHealth@senedd.wales

20 September 2024

Dear Sam,

As requested in your letter of the 22 August 2024, I am writing to provide an update in relation response to your questions related to planned care recovery.

Our Planned Care Recovery Plan published in April 2022 sets out our expectations for planned care, and NHS Wales, supported by the Welsh Government and NHS Executive are working hard to achieve the requirements within the recovery plan.

Whilst challenging, it is positive to note that improvements have been made over the last 2 years including:

- The number of open pathways over two years have reduced by 65%, with improvements seen across all health boards.
- In April 2022, there were 34 specialities with waits over 104 weeks, in July this had reduced to 23.
- Long waits in orthopaedics have reduced by 73%, ENT have reduced by 72%, general surgery by 71%, gynaecology by 77% and oral surgery by 74%.
- Waits over 52 weeks for a first outpatient appointment have fallen by 18%, with those waiting for an orthopaedic appointment falling by 61%, general surgery by 64% and oral surgery by 65%.
- The number of open pathways over eight weeks waiting for a diagnostic test has reduced by 8%.

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0300 0604400

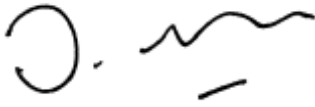
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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.

I have addressed each of your questions in the attached document and I hope this provides the update you require. I am happy to provide further information as required.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Responses to Health and Social Care Committee questions raised in August 2024 relating to planned care recovery

Ophthalmology

1. What specific resources has the Welsh Government allocated to address the shortage of ophthalmologists and other critical staff, in order to manage the increasing demand for ophthalmology services?

The National Clinical Strategy for Ophthalmology (NCSOphth) is being developed by the Ophthalmology Clinical Implementation Network (CIN) and we expect this will be submitted to Welsh Government during September 2024. This will include recommendations around workforce organisation and recruitment and retention of the ophthalmic workforce in Wales. The CIN has a sub-group looking at non-medical multi-disciplinary workforce models, training and development to ensure this element of the clinical service is robust and training can be standardised across health board boundaries and allow patients to be seen safely and appropriately.

The Welsh Government has also invested an additional £30M, on a recurrent basis, into transformation of the optometry workforce and pathways to reduce the demand upon specialist hospital eye services and enable a shift of services into primary care optometry. To deliver this programme of change, new optometry regulations and directions came into force between October 2023 and April 2024 expanding the scope of eye care services provided by primary care optometry in Wales.

New eye care pathways have now been introduced intended to reduce the number of referrals into hospital eye services by approximately one third and enable the monitoring and management of low and medium risk patients within primary care, whilst maintaining specialist oversight in hospital eye services. Through increased management of eye conditions by optometrists, more hospital follow-up appointments can be released, increasing capacity in hospitals with consequent savings in terms of healthcare time and costs.

The additional optometry services brought into force via contract reform represents a significant transformation of services and it has been necessary to deploy a phased approach in terms of fully embedding the new services. Service level 4, which is now being implemented by health boards, will have the biggest impact in terms of releasing capacity in secondary care, as patients who would previously have been referred from primary care optometry to hospital eye services for medical retina and glaucoma assessment, are being referred to an optometrist with higher qualifications for further assessment within the primary care cluster area.

The continued professional development of the primary care optometry workforce ensures an appropriately skilled workforce is available to deliver the intended benefits brought forward by the recent reform of services including the provision of eye health examinations. Over the past 5 years, increasing numbers of practitioners have gained additional post graduate qualifications in medical retina, glaucoma, and independent prescribing to necessitate the move towards a new clinical model of eye health care in Wales. HEIW report that to date 475 optometrists and dispensing

opticians have been upskilled to deliver higher level clinical services to compliment the shift of eye care services, where appropriate, from secondary to primary care, enabling patients to access services delivered by the right professional, in the right place across the entire pathway of primary and secondary care.

Optometrists who have completed higher qualifications in independent prescribing, meaning that they can prescribe medications for patients with eye conditions, have now seen just over 10,000 appointments (10,182 over past 12 months), who would previously have needed to be seen either by a GP or more likely in eye casualty within the hospital.

Patients who have a visual impairment through dry Age-Related Macular Degeneration (dry AMD) and need to be registered as blind or partially sighted, are now able to access their certification through one of the new optometry pathways, rather than needing to wait to be certified in the hospital eye service. Just over 100 patients have been certified by their optometrist as either blind or partially sighted through this pathway since it was introduced in July 2023 (29% of all certifications of this type). Of the certifications by optometrists, 20% of these were undertaken within the patient's own home as they were unable to get to an optometry practice, ensuring that the most vulnerable have access to the essential support and benefits that certification brings.

2. How is the Welsh Government ensuring progress is being made against the Eye Care Measure targets across all health boards?

Health boards provide a monthly report to Welsh Government highlighting progress against the eye care measures. In addition to regular performance monitoring and accountability mechanisms such as Integrated Quality, Planning and Delivery meeting (IQPD) and performance board meetings, regional ophthalmology touch point meetings are held every two months where health boards report on their waiting times performance, progress with regional working and quality and safety issues.

3. Can you provide an update on the National Clinical Strategy for Ophthalmology and outline if and how the Welsh Government intends to implement the recommendations of the 2021 External Review of Eye Care Services in Wales?

A ministerial ophthalmology summit will take place on the 14 October where it is anticipated that the National Clinical Strategy for Ophthalmology will be presented by Ophthalmology Clinical Implementation Network. The presentation will include a strategic overview of ophthalmology with subspecialty aspects to be presented later. The four pillars of the National Clinical Strategy for Ophthalmology are: clinical networks, pathway transformation, organisational reform and sustainable delivery model.

To support the development of the national strategy a significant amount of field work and stakeholder engagement has taken place to ensure wide involvement and a whole system approach across Wales. While work continues to finalise the first phase of the plan, improvement work to support transformation highlight through previous work has commenced including:

- A national project to identify and clinically transfer ongoing care to community optometry has been commissioned with resources provided to each health board and region to work with local teams and systems to move clinical pathways into community where clinically appropriate. This will release capacity in secondary care to support improvement in access times.
- Clinical and system implementation of the national cataract pathway which will be supported by the development and implementation of regional cataract pathways.

4. What are the long-term plans to cope with the projected increase in demand for eye care services?

The National Clinical Strategy for Ophthalmology will set out the long-term vision for ophthalmology services in Wales. The strategy will also set out epidemiological analysis on projected future demand for eye care in Wales.

The demand for ophthalmic services in Wales is predicted to increase significantly over the next 20 years linked to an increasingly elderly patient cohort and increased population. The latest publication of Sensory Health (eye care and hearing) statistics April 2023 to March 2024 ([Eye care statistics: April 2023 to March 2024 \[HTML\] | GOV.WALES](#)) confirm that increasing demand, and an overreliance on hospital eye services remains a challenge across Wales and the wider UK.

Moving the delivery of appropriate eye care services from hospitals to primary care optometry, where there is a skilled workforce with the capacity to meet the predicted substantial increase in demand, represents the most viable solution to achieve a balanced and sustainable service. In recent years the eye care sector in Wales, supported by the Welsh Government, has evolved significantly and primary care optometrists have the capacity and skill set to diagnose, treat, and manage more patients in primary care.

5. What plans does the Welsh Government have to recommence the collection and publication of data on the number of ophthalmology appointments recorded as 'did not attend' and 'could not attend' to better understand why patients miss their appointments and the actions required to improve attendance rates?

Data related to outpatient activity including "did not attend" data, split by speciality, is published on a monthly basis by Digital Health and Care Wales (DHCW) and can be accessed at here [Secondary Care Activity Dashboard - Digital Health and Care Wales \(nhs.wales\)](#).

6. How is the Welsh Government ensuring that health boards are prioritising patients at the highest risk of irreversible sight loss?

Optometry transformation is ensuring that only patients who need to access specialist ophthalmology services do so. The use of optometrists with additional higher qualifications in the community means that more patients can be assessed, treated and monitored by primary care optometrists, reducing demand and increasing capacity to provide specialist eye care. The additional work to identify

patients suitable to be seen via the newly implemented optometry pathways will also ensure patients are seen, monitored or treated in the most appropriate environment by the right people. This will free capacity from hospital services to see more of the highest risk patients. The Welsh Government have agreed transition plans for health boards to introduce these pathways in a safe, consistent manner working across primary and secondary care.

7. What plans are in place to expedite the implementation of the ophthalmic electronic patient record and referral system across Wales

Delivery plans to implement an ophthalmic electronic patient record and referral system outside of Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board have been significantly delayed. In 2023, DHCW were due to migrate the cloud solution from Cardiff and Vale University Health Board and continue the rollout of the solution. Due to several issues, including contractual challenges, this migration is yet to happen. It is now anticipated that this will take place between January and March 2025.

The Welsh Government continue to provide digital expertise to DHCW in their approach to accelerating this work and will continue to do so once plans have been received. Robust plans will allow for further scrutiny and identification of acceleration opportunities.

Recovery target 4: Diagnostic testing and therapy interventions

8. What were the specific reasons for removing audiology from the dataset?

Before 20 June 2024, audiology waiting times (first fitting adult hearing aids) were reported in conjunction with therapy waiting times and aggregated with all therapy modalities. As such, audiology waiting times were not individually distinguished in the national headline figures. Extracting the audiology data from the aggregated therapy return will enable transparency on performance and a more targeted challenge to make improvements going forward.

9. How will this change affect patients who are waiting for audiology services?

In December 2023, the Executive Directors of Therapies and Health Science group within NHS Wales, agreed an approach to develop new audiology standards which would require increasing the current monthly reporting areas to fully demonstrate the waiting times for audiology. Extending the numbers of pathways for which waiting times are reported upon will provide a more balanced and realistic view of access to audiology as a whole, rather than being skewed towards one adult pathway.

NHS Wales audiology services are best placed to provide solutions to meet demand for audiology services in Wales. Making performance reporting more comprehensive in scope, to cover all audiology pathways, will ensure all stakeholders are informed and sighted on access to services for this cohort of patients. Additionally, reporting all audiology service data will assist the development of solutions to improve access and subsequently monitor progress. Audiology is a key service partner for ENT

services, with alternative first pathways resulting in reduced referrals to ENT services.

The change to report audiology waiting times separately to the therapy data set has been agreed by all key stakeholders. This new data set, will formally report from April 2025, will provide a more comprehensive understanding of the many pathways' audiology is required to deliver

10. How will the Cabinet Secretary ensure that eliminating waits of more than 14 weeks for audiology will continue to be a top priority?

By separating audiology waits from the therapy data set, it raises the profile of audiology as it will be reported under a 14-week target as a separate item, ensuring it is more visible. This new data set, proposed to formally report from April 2025, will provide a more comprehensive understanding of the many pathways' audiology is required to deliver and helps to be more transparent on the level of demand on the service. It will also better support the correct identification of the capacity required to provide all the services within the agreed access standards set by the national clinical profession.

11. What steps are being taken to address the inconsistencies in how weight management pathways are recorded by health boards, and when are these inconsistencies likely to be addressed?

Public Health Wales have been working to improve consistency and equity for the weight management pathway. This work has included a review of pathway which is due to be published shortly. In addition, PHW are currently working with weight management teams across Wales to develop an agreed all Wales assessment tool to improve consistency of approaches across Wales. Public Health Wales have also worked with teams across Wales to develop of a minimum dataset to enable to with teams across Wales to collect standardised data to support the development of the pathway.

Paediatric waiting times

12. How is the Welsh Government approaching the RCPCH report? If actions have been agreed, what timeline has been set for these actions, and how will progress be monitored and evaluated?

The NHS Executive is in the process of establishing the National Strategic Clinical Network for Child Health, it is anticipated to be fully established by April 2025. The National Clinical lead and the Network manager have both been appointed. The network will be working with Welsh Government to develop a Quality Statement for Children's Health, which will incorporate findings and recommendations from the RCPCH report

13. How is the Welsh Government working with health boards and Health Education and Improvement Wales to implement the recommendations relating to the child health workforce? Specifically, what steps are being taken to improve morale and well-being within the paediatric profession? How is the Welsh Government planning to attract more recruits to paediatric specialties?

There has been a 48% increase in the number of paediatric consultants over the past decade and there is continued investment in the paediatric workforce. The requirements of the paediatric medical workforce in Wales is being reviewed by Health Education and Improvement Wales (HEIW). There has been a consistent expansion of training posts, with full consideration of the impact of changing working patterns e.g. increased less than full time working and increasing need. The following new training posts have been established since 2020:

- 4 posts in August 2020
- 6 posts in August 2021
- 4 posts in August 2022
- 4 posts in August 2024

Paediatric training has recently moved from an eight to seven-year training programme aligned to the changes in the curriculum. As a result of the increased number of trainees training and a decrease in programme duration, Wales will see a significantly increased output of paediatric certificate of completion of training (CCT) holders from 2026 onwards. This information is being actively shared with health boards to ensure they can factor into their planning and retain this essential workforce as consultants in Wales.

HEIW provides a specialised support service accessible to all paediatric trainees which includes mental health support or targeted educational support depending on individual needs. Health boards are responsible for providing the support function for the non-training grade workforce.

14. Could you provide further information on the strategies employed by health boards like Swansea Bay University Health Board that have reduced paediatric waiting times? What is the Welsh Government's understanding of why paediatric waits have increased in some health boards but not others?

The Planned Care Recovery Plan published in April 2022 included the urgent need for health boards to prioritise improved waits for children's pathways. Since then, there has been a 75% improvement in the number of open pathways across Wales in July 2024 when compared to April 2022.

Pressures at Betsi Cadwaladr University Health Board related to dermatology and orthodontics has impacted on the recovery in north Wales with the health board noting a 36% improvement, lower than other health boards. The Welsh Government, with the NHS Executive, are working with Betsi Cadwaladr University Health Board to ensure improvement plans are developed and implemented in dermatology and orthodontics.

Swansea Bay University Health Board has altered its paediatric workforce, through the inclusion of a second consultant of the week in 2022. This increased the sessions allocated to outpatient clinics for hybrid consultants. They also reviewed processes, standardised clinic templates for all general paediatric clinics, implemented pooled waiting lists, offering patients the first available appointment no matter of the postcode, reviewed the process for CNA / DNA, contacting parents before children are due their appointment to ensure they can attend.

15. How is the quality of paediatric emergency care being measured and improved? What steps are being taken to address the unique challenges in paediatric emergency care

In March 2024, the Welsh Government published a Quality Statement for Care in Emergency Departments ([Care in Emergency Departments - A Quality Statement \(gov.wales\)](https://gov.wales)). This sets out the outcomes and standards people should expect to receive when accessing care in high-quality emergency departments. Examples include having appropriate safeguards in place and dedicated spaces for children as well as consistent use of nationally agreed evidence-based pathways. We expect health boards to adopt this quality statement as a framework for enabling optimal care and treatment in emergency departments for their adult and paediatric populations.

It has been agreed that health boards will focus their plans in 2024-25 on the delivery of small number of clinically endorsed priorities, which include:

- reducing the risk of harm caused by crowding in emergency departments,
- improving patient experience through better quality facilities and alignment of the right workforce capacity to respond to patient demand,
- delivering faster triage and assessment processes, which support clinical prioritisation, and
- deliver faster and more effective patient referral and streaming processes to help people receive the right specialist care more quickly.

16. How is the Welsh Government planning to address health inequalities in paediatric care? What strategies are being implemented to ensure that all children, regardless of their background, receive the care they need.

The Welsh Government is actively working to address health inequalities in paediatric care through several key strategies. The Healthy Child Wales Programme (HCWP) supports all families in Wales through a universal offer. The programme is delivered primarily by Health Visiting Services for children under five. For some families, there will be a need to increase intervention to facilitate more intensive support. The Welsh Government expects that every child and family will be offered the HCWP.

The Welsh Government has published a new unified operating model to underpin the existing school nursing frameworks in Wales. This operating model will effectively extend the current HCWP by expanding the universal public health offer to all compulsory school-aged children, regardless of setting. NHS Wales will have 2 years to fully implement the model across Wales.

17. What plans, if any, has the Welsh Government got to implement the patient safety initiative, 'Martha's Rule', for improving paediatric patient care. How is the Welsh Government currently supporting health boards to ensure young patients and their families are listened to and their concerns acted upon?

Since the announcement by NHS England and the Patient Safety Commissioner for England on the approach being piloted for the introduction of Martha's Rule in English hospitals, Welsh Government officials have been engaging with stakeholders. Significant work has been achieved in reaching consensus on the proposed approach to developing the system to meet this need that is the most effective in Wales without increasing inequity of access or service provision. Martha's Rule is not, as commonly misreported, a second opinion but is a patient safety protocol where patients or families can activate an escalation system or alert where an adult or child in-patient is deteriorating and either the patient or family members concerns are not being heard or there is disagreement with the care team. This call will then trigger a stepped response to review the patient's condition, listen to the concerns held and aim to resolve the situation through a 'fresh pairs of eyes' review. In NHS England this is being achieved by a large-scale pilot of 120 hospital sites with established robust critical care outreach services for adults or in specialist children centres for children and young people.

In Wales a scoping exercise was to ascertain the provision of critical care outreach services in each hospital site and found variation in provision ranging from some sites using a non-critical care site safety nurse model, a hospital at night model and partial critical care outreach cover to full critical care outreach cover. Within that range models of days and hours of cover varied as did cohort of patients that were included in the service some focused on adults only, some not including maternity patients and many not covering children and young people. Therefore, the NHS England approach of a critical care outreach model as the solution for Wales for a patient and family escalation protocol may worsen inequity.

Through the consensus work with senior NHS organisational leaders supported by the NHS Wales Executive and Welsh Government the decision was reached to:

- Name the system in Wales – “Call 4 Concern”. Three health boards already pilot this system based on a critical care outreach model. The Call 4 Concern would refer to all versions of this system however they were set up on each hospital site. This would strengthen the one system for Wales approach increasing both citizen awareness and that for staff. It would allow all-Wales branding and accessible information and language standardisation and it was felt it described the function of the service. This approach would need careful engagement with the Mills family but would not exclude other families who have similar experiences of loss due to missed deterioration or disagreement between care teams and families.
- Adopt a system where all in-patients children, young people, general adult inpatients, maternity inpatients would be included. The system adopted would be staged
 - raise your concerns with your nurse, midwife or doctor
 - speak with the senior doctor or senior nurse for the unit
 - instigate the fresh pairs of eyes review.

The children and young people's pathways outside of the children's hospital in Cardiff are under discussion and development as they are in England this phased approach would allow for trialling of successful models to occur and be tested.

The NHS Wales Executive team are holding the implementation sessions as part of the next stage of the safe care collaborative on 22 October 2024 in conjunction with the launch of the deterioration strategy in September where the adult paediatric, maternity and neonatal early warning systems will be brought in across Wales.

How is the Welsh Government currently supporting health boards to ensure young patients and their families are listened to and their concerns acted upon?

The Welsh Government introduced the organisational duty of candour into the NHS strengthening the approach to honesty, transparency and openness in April 2023.

This also brought in the rights of children to be part of the discussion on decisions about their care by including them when harm that is moderate or above has occurred related to their health care.

The Welsh Government has recently concluded the public consultation on the significant changes to the Putting Things Right System (NHS Wales Complaints system) and has commissioned children in Wales and other stakeholders to work on developing a Children and Young person pathway and supportive materials to ensure that the child's voice is better heard when they are unhappy with the care they have received.

18. What plans does the Welsh Government have to improve child health data? What data is currently published which is disaggregated by paediatric specialty?

Data for those aged under 18 years can be found through this link: [Latest data against RTT performance measures](#)

Activity data is published monthly by Digital Health and Care Wales and can be accessed through this link: [Secondary Care Activity Dashboard - Digital Health and Care Wales \(nhs.wales\)](#). This enables the user to view data for the following age groups: 0-16- year-olds, 16-18-year-olds.

Monthly therapy data (physiotherapy, occupational therapy, dietetics and speech and language therapy) is published on StatsWales can be split by adult and paediatric services and can be found [here](#).

Information on [Section 135 / 136 detentions, mental health measure for parts 1 and 2, information on emergency department attendance, split by age bandings](#) related to paediatric services can be found on StatsWales.

Information is held and published by Public Health Wales on their website on the uptake of [childhood vaccinations](#).

The Joint Commissioning Committee provides information on the number of contacts by age that contact the [111 press 2 service](#).

The Welsh Government is in the process of implementing a new reporting system which will in future allow for greater reporting capacity. This will commence with the provision of diagnostic data as well as the RTT key targets by under and over 18years, in November 2024 and reported monthly through the planned care reporting stats cubes.

The Welsh Government publishes quarterly reports focusing on the performance activity of the Healthy Child Wales Programme (HCWP), as well as annual reports that provide summary statistics and longer-term trend analyses on the HCWP.

19. How is the Welsh Government ensuring children aged 16-18 receive appropriate care and do not fall between paediatric and adult services?

In April 2022, around 16% of the over two-year breaches for children's pathways were for 16-18-year-olds, while total numbers of pathways waiting over two years have decreased in June 2024, the total number of breaches for 16-18-year-olds now accounts for 31% of all waits for all children pathways 0 to under 18-year-olds. The main reason for this percentage increase is the increasing waits at Betsi Cadwaladr University Health Board in their challenged area of orthodontics.

Long term conditions are the main area where safe transfer of care between paediatric to adult services is required. It is anticipated that the developing National Strategic Clinical Network for Child Health, will link and work with other national clinical networks to support this transition. The network will be working with Welsh Government to develop a Quality Statement for Children's Health.

The transition and handover between children's and adult healthcare services is a critical period for young people, requiring careful management to ensure continuity of care and services. In 2022, the Welsh Government developed new guidance for health boards and trusts to ensure children and young people are supported and move between services in an inclusive and seamless way. The goal is to enhance and ensure coordination of care for young individuals aged 16 to 25 during this time. The guidance covers the entire process—from pre-transition and handover planning to ongoing care—and aims to improve the overall experience for young people and their caregivers, particularly through the use of the transition and handover plan to share key information.

Health boards are expected to underpin the guidance with robust governance arrangements, administrative processes, and procedures. After the initial two-year implementation period, the Welsh Government has committed to conducting annual reviews to evaluate the progress health boards have made in fully implementing the guidance. This will assess the impact on the experience and service quality for children and young people transitioning from children to adult services in NHS Wales. Officials are currently scoping a plan for the review, which will commence in due course.

Regional Working

In May, the Committee wrote to the Chief Executive of NHS Wales to inquire about how the NHS Executive is promoting regional collaboration as a strategy to help health boards tackle long waiting times and equalise waiting times across all health boards. The response highlighted three key areas for regional development that the NHS Executive is supporting.

Three of the areas where the NHS Executive are supporting regional collaboration include cancer, diagnostic and treatments. Progress is being made in all of these areas.

For cancer there is good regional working across a range of tumour sites including urology, lung, radiotherapy and SACT.

We are facilitating regional working to ensure the best treatment for patients through making additional elective orthopaedic capacity with additional theatres and wards available at Neath Port Talbot hospital in Swansea Bay UHB, dedicated day case theatres at Prince Phillip hospital site. In the southwest Region regional working under orthopaedics with regional lists for hands and children is in place and working practices for arthroplasty (hips and Knees) being developed. Additional Welsh Government investment is supporting Cardiff and Vale to provide dedicated resources for ophthalmology services through an additional mobile unit placed on the UHW to provide treatments for long waiting ophthalmology pathways from across the Southeast Wales region. hospital site.

Investment has also been made towards:

- Llantrisant development as a southeast regional resource for diagnostics and elective treatments, with early successes being noted for mobile MRI scanning from this site.
- Llandudno Hospital for regional orthopaedics for North Wales

20. Can you provide the Committee with an update on the Ministerial Advisory Group's review of NHS Accountability and the expected publication date of the findings. This review has direct implications for the national leadership efforts to improve NHS waiting times.

The Welsh Government response to the report's seven overarching recommendations will be issued shortly. The report has also been shared with NHS organisations and those bodies mentioned in the report for their views and comments by the end of September.

21. How does the NHS Planning Framework reflect the Welsh Government's NHS waiting times priorities; how has this had fed into Integrated Medium-Term Plans (IMTPs), and how are these reflected in health board budgets (including whether the health boards are themselves allocating sufficient resources to them)

In December 2023, health boards received their main funding allocation letters, highlighting the initial funding for each organisation for 2024-25.

The allocations were used by health boards to develop plans to deliver against the priorities for 2024-25, as set out in the NHS Planning Framework, and to continue to progress delivery of the vision set out in *A Healthier Wales*.

Health boards are responsible for managing the totality of their budget and making the best use of all available resources and we don't provide direction on use of core allocation against each different service area. The Welsh Government allocates funding increases based on the resource allocation formula which recognises factors such as population, deprivation etc, and expect health boards to plan to deliver services that meet ministerial priorities within available resources including planned care.

In 2023-24, additional funding was provided to health boards, in-year, to support unavoidable demand and inflation. This was made recurrent and for 2024-25, the health board allocations were uplifted by a further £245m for core cost inflation and unavoidable demand pressures. In addition, there were also specific and ringfenced funding allocated to support priority areas, with the main area being the £170m for planned care. This is ring fenced within the 2024-25 allocation letter and contains an element of £50m which was reviewed in 2023 to ensure more targeted and specific actions were being taken. This was not based on the normal funding allocation process of fair shares as there was an inequity of access in certain regions which was important to address. This part of the £170m planned care allocation also signified a commitment to move to regional development and funding, rather than to individual health boards.

The following table illustrates the allocations of the ring fenced £170m for Planned Care Recovery for 2024/24 onwards:

	Funding for planned and unscheduled care sustainability for 2023-24 onwards	Recurrent impact of funding for planned care recovery	Total
	£m	£m	£m
Aneurin Bevan	22.6	3.9	26.5
Betsi Cadwaladr	27.1	7.4	34.5
Cardiff and Vale	16.0	6.9	22.9
Cwm Taf Morgannwg	18.4	7.3	25.7
Hywel Dda	15.3	4.9	20.2
Powys	5.3	0.0	5.3
Swansea Bay	15.2	19.5	34.7
Total	120.0	50.0	170.0

22. What is the current status of these IMTPs, specifically have they been approved by you. If not, what are the reasons for this and what is the potential impact on individual health boards.

The 2024-27 balanced Integrated Medium-Term Plans (IMTPs) for Cwm Taf Morgannwg University Health Board, Public Health Wales, Velindre University NHS Trust and Welsh Ambulance Services University NHS Trust have been approved.

Whilst not a statutory requirement and not requiring Ministerial approval, Health Education and Improvement Wales, Digital Health and Care Wales, NHS Wales Shared Services Partnership and the NHS Wales Joint Commissioning Committee submitted balanced IMTPs which have been assessed a satisfactory.

Six of the health boards were unable to submit balanced three-year IMTPs and instead submitted annual plans for 2024-25. Four submitted plans that maintain or improve on the target control total set in 2023/24, and two submitted unacceptable plans that deteriorate from the 2023/24 position.

The Welsh Government continues to work closely with the health boards as they work on delivering further sustainable improvements on this position.

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

Agenda Item 5.3



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: JM/HSCC/200924/WAST

Sam Rowlands MS
Temporary Chair,
Health and Social Care Committee

SeneddHealth@senedd.wales

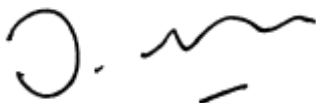
20 September 2024

Dear Sam

Thank you for sharing the Health and Social Care Committee report of the general scrutiny session held with the Welsh Ambulance Services University NHS Trust on 15 May 2024, at which the Committee examined the role of the ambulance service within the healthcare system in Wales.

I enclose the Welsh Government response to the seven recommendations set out in the report.

Yours sincerely,



Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
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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.



Welsh Ambulance Services University NHS Trust – General Scrutiny

Response to the report recommendations

20/09/2024

On 15 May 2024, the Health and Social Care Committee held a general scrutiny session with the Chief Executive, Chair and Executive Director of Paramedicine to examine the role of the ambulance service within the healthcare system in Wales. This session was part of the Committee's on-going consideration of factors influencing patient flow through hospitals.

On 8 August 2024, the Committee published a report which includes 7 recommendations. This is the Welsh Government's response to those recommendations.

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1. Response to the 7 recommendations

Recommendation 1

There is a pressing need to improve performance at emergency departments to enable more timely and efficient patient handover from the Ambulance Service to the hospital. Linked to this, investment in appropriate provision of adult social care is a vital component in improving patient flow and reducing hand over delays and delayed discharge by enabling people to return home or to their local community at the earliest and safest opportunity.

The committee recommends that

The Welsh Government should provide an update on the progress being made to implement the “Six Goals for Urgent and Emergency Care”, specifically to address ambulance hand over delays and delayed discharge due to capacity challenges in the provision of adult social care. This should be done as part of the response to this report.

Response: Accept

We agree Local Health Boards (LHBs) must improve the timeliness of ambulance patient handover to release ambulance crews to respond to other patients in the community.

We have been clear with LHBs that this is a priority for the Welsh Government in the national planning and performance frameworks, and through the Six Goals for Urgent and Emergency Care ('six goals') planning process. To further emphasise how we have prioritised improvement, we have also set LHBs in-year aspirations to reduce ambulance patient handovers over 1 hour by 30% by December.

We also agree timely patient discharge and reducing length of stay in hospital is important for optimal outcomes and experiences, in addition to contributing to reducing blockages in emergency departments for patients awaiting handover and admission.

It is for this reason that, in addition to expectations in our planning and performance frameworks, that we have also set new priorities for LHBs and Local Authorities for the reduction of 'pathways of care delays' (POCDs) over the remainder of 2024/2025. The national six goals programme team is also providing support to all regions to support improvement through the production of guidance and tools.

This includes improvements to POCDs reporting systems and development of POCD regional action plans, to support integration of robust data into local planning. The national programme is driving implementation of nationally developed Discharge to Recover and Assess (D2RA) and SAFER (Red to Green) guidance and increased use of Trusted Assessors.

We also expect there to be a focus on preventing the deconditioning of patients and clear trajectories of improvements to reduce lengths of stay.

In terms of an update regarding the implementation of the six policy goals, each LHB has developed a local six goals programme plan that responds to the priorities set by the national programme board.

On 11 June we published an annual report appraising progress made by the national and local six goals programmes, which can be accessed [HERE](#).

To date in 2024/2025, we continue to support NHS organisations with access to £25m in additional funding to support delivery of their local programme plans. This is predominantly being used to:

- increase urgent care capacity as part of a move towards a 24/7 integrated urgent care model to help reduce 999 conveyance of patients to hospital and pressure on emergency departments; and
- to expand same day emergency care services at the front door of hospitals to help more people to safely avoid admission to hospital, freeing up bed capacity for people who have a clinical need for admission.

During Quarter 1 of 2024/2025, progress has been made against programme objectives through delivery of projects aligned to programme priorities:

- **Emergency Department Quality Statement** implementation in Q1 has included all health boards producing an implementation plan and a National ED Action group has been formed, alongside individual health board meetings to support the development of the 7 key priorities.
- **E-Triage** went live in Cardiff and Vale UHB on 5th June, closely followed by Aneurin Bevan UHB a week later. This system will enable rapid self-triage and improve experience and identification of people who need early assessment. Early indications show a reduced time to triage for patients in the highest (most unwell) triage category. Patient satisfaction questionnaires (over 200 completed in ABUHB) are also showing positive feedback.
- **The Clinical Support Hub Paediatric Consultant** pilot project has been evaluated. The outcomes identified suggest specialist paediatric staff can close more calls compared to GP's and other Out of Hours clinicians by offering self-care advice and less patients have been referred to be seen in either an Emergency department, Out of Hours treatment centre or 999.
- **The Fraction Liaison Service (FLS)** is progressing, and Health Boards are currently recruiting to key posts. Initial results show, 60 patients (from a cohort of 180) have been identified with underlying osteoporosis and prioritised accordingly (according to management information).
- **The TEC Cymru**, Telehealth Programme has established its first virtual ward in Swansea Bay, with a focus on frailty, COPD and heart failure. **Docclā**, (a product well established in NHS England) has been procured for two years with capacity for 200 beds (initially). In May the project launched in Aneurin Bevan Health Board's Intermediate Care and Gwent Frailty services. A discovery workshop has been arranged with Cardiff and Vale Regional Partnership Board to identify their priorities and opportunities for telehealth. Initial scoping sessions have also been undertaken with Betsi Cadwaladr and Hywel Dda Health Boards.

- **Optimal Hospital Patient Flow Framework.** 200 clinical staff across all BCU acute and community hospitals have participated in training and focused work, which has included direct observation of ward processes.
- **Discharge to Recover & Assess (D2RA)** 5 key measures are now reportable by every health board. Final data testing will complete in Quarter 2 for reporting at aggregate level in Quarter 3.
- **Pathway of Care Delays (POCD)** dashboards and trajectory tools have been developed. Health Board reporting and management of POCD can now be shared at a regional level and between partner organisations.
- **111 Urgent Dental,** enhanced clinical pathway, phase 1 went live on 30 April in 4 Health Boards. As of 2 July, 18,198 calls have been received, according to management information. 14,773 calls were managed and closed at call handler stage, a further 2,391 were triaged and closed by Dental Health Advisers. Scoping of Phase 2 to extend the pathway to remaining Health Boards is underway, to inform a future business case.

These interventions are demonstrating a tangible impact on reducing pressure on emergency care services as indicated by management information from quarter 1, below:

- There is a reducing trend in the percentage of 999 incidents from care homes resulting in conveyance to an emergency department, though there is variation between health boards.
- Figures for NHS 111 Wales referrals to emergency departments are stable at around 15% and below aspiration of <20%.*
- A national 24/7 mental health single point of contact (NHS 111 Wales press 2) has been in place for a year, receiving more than 6,000 calls a month*.
- Emergency admissions for over 70s have stabilised and are on a downward trajectory in comparison to the previous three quarters.
- On average 11,000 people are now accessing urgent primary care centres every month, with over 80% being managed without needing to access an emergency department*.
- Around 25,000 patients used same day emergency care services over quarter 1 and around 80% of people are discharged home on the same day according to health board management information*.
- Ambulance arrivals at emergency departments continued to fall over quarter 1 of this year when compared to quarter 4 of 2023/24. Ambulance arrivals at major sites have been reducing since 2020 and are on a downward trajectory from a high of 16,800 in July 2020 to 12,300 in July 2024.
- Average time to triage performance in major emergency departments is stabilising at around 20 minutes, helping to support safer patient episodes for more than three-quarters of a million people, despite ongoing and relentless pressure on ED staff*.

- In quarter 1, there was a reduction in the percentage of people admitted as an emergency who remained in an acute or community hospital over 21 days since admission

**NHS management information*

The six goals funding is part of a wider package of more than £180m in additional funding this year to support health boards and regional partnership boards to safely manage more people in the community; to avoid ambulance transport and admission to hospital; and deliver integrated solutions with social care services to improve patient flow through hospitals.

Regional Partnership Boards have been allocated £146m in funding this year, and each health board will receive a share of Further Faster and Allied Health Professional funding. All these funding streams are intended to either safely support fewer people to need to access services at emergency departments or improve flow across the system which will help to free capacity in the emergency department.

Recommendation 2

The committee recommends that

The Welsh Government and the NHS Wales Joint Commissioning Committee should assess the red response target (that 65 per cent of life-threatening calls receive an emergency response within 8 minutes) to provide assurance that it continues to be appropriate, given that this target has not been met since July 2020. They should report back to this Committee in 6 months with their findings.

Response: Accept

We agree there is a necessity to ensure the targets set of the ambulance service should be meaningful and based in clinical evidence.

The Welsh Government keeps all national targets under ongoing review through the national performance framework mechanism. We accept there is a requirement to set targets of LHBs and Trusts that are meaningful, evidence based and enable improved outcomes and experience.

Committee members will be aware from evidence presented by WAST that the Trust is developing plans to evolve its clinical response model with intent to achieve our policy priority of providing the right care, to the right patient, first time.

The development of the clinical model – to include rapid assessment of patients to enable dispatch of the right resource more quickly-, implementation as part of a testing period and fully understanding the impact for patient outcomes and experience are all fundamental first steps towards achieving our policy goal.

Given the evolution of the WAST clinical model may require changes to categories of call and, therefore, the type of response patients will receive, we will work with the NHS Wales Joint Commissioning Committee (JCC) to assess whether the existing target remains relevant and appropriate.

It should be noted that, at the time of responding to the committee, the plans to evolve the clinical response model have not been finalised nor approved by the Trust Board nor

commissioners. It is, therefore, likely that implementation of changes to the model will take place later in 2024 or early in 2025.

We will, however, work with the JCC to provide an update to the committee on any emerging considerations relating to the existing target regime as soon as they arise and within six months.

Recommendation 3

The committee recommends that

The Welsh Ambulance Service, the Welsh Government and the NHS Wales Joint Commissioning Committee should set out how the impact of the re-positioning of Welsh Ambulance Service, which will see changes to the way it manages activity and introduces a clinical intervention and assessment much earlier in the patient's journey, will be monitored and evaluated. It should also set out the criteria it will use to determine whether this aspect of the service is delivering value for money. This should be done in twelve months' time.

Response: Accept

Our policy expectation, and the commissioning intent of the JCC, is that WAST prioritises response to those in most need and aims to provide the right response, first time to optimise outcomes and experience. We expect the Trust to work in partnership with LHBs to design and deliver consistently alternatives to ambulance despatch and conveyance to hospital. This is set out in our six goals policy handbook, which can be accessed [HERE](#).

In terms of the Trust's plans to evolve its clinical response model, at the time of writing, a proposed change has not yet been approved by the WAST Board nor the JCC.

However, we are monitoring developments closely and will use learning from the evaluation and monitoring process introduced during the successful launch of the clinical response model in 2015 to influence our approach to reviewing impact. Subject to any proposed evolution of the model gaining approval, we will write to the committee to confirm our approach to evaluation.

The JCC is a Joint Committee of the LHBs responsible for the commissioning of emergency ambulance services, this includes a responsibility to seek value for money. The JCC discharges this responsibility through its emergency ambulance commissioning framework and commissioning intentions. The commissioning intentions set out the requirements for delivering a value-based approach to service delivery.

Recommendation 4

The committee recommends that

The Welsh Ambulance Service should be represented on all Regional Partnership Boards and should be a full and active participant. To this end, the Ambulance Service should:

- work with the Welsh Government and NHS Wales Executive to ensure it is able to become a member of the one outstanding Board, and should report back to this Committee in 6 months with an update on progress, and
- write to this Committee, in twelve months' time, with its reflections on its participation in the regional partnership boards over the last year.
- We would appreciate, in particular, a focus on how the service feels its voice has been heard, and how its knowledge and experience are being used to drive improvements in service delivery

Response: Accept

We have had confirmation that the Welsh Ambulance Service is now connected with all Regional Partnership Boards (RPBs)

A consultation process concluded on 19 July 2024 with draft regulations consulted upon including a new requirement for Welsh Ambulance Service membership of all RPBs. The consultation responses indicate RPBs were in favour of this.

The plan is for Regulations to be laid before the Senedd in November, and once made, will come into force on 31 December 2024. Therefore, from 1 January it will be a requirement for all RPBs to have WAST representation on their respective local boards.

Recommendation 5

The committee recommends that

The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with its plans to improve its oncology performance.

This should include an assessment of progress in each of the three areas identified by the Ambulance Service in its written update, namely:

- The investment in additional dedicated oncology transport provision;
- The development of a national oncology hub to oversee and manage oncology journeys; and
- The appointment of a dedicated person to focus on recruitment of additional volunteer drivers.

Response: Accept

I understand the committee has received the attached letter from Jason Killens, Chief Executive of WAST, regarding Non-Emergency Patient Transport Services' performance in respect of renal and oncology patients as supplementary information on this matter.

Letter from WAST to H&SCC members: NEPTS oncology performance

The NEPTS DAG also discusses this issue regularly and will continue to monitor this and escalate through the JCC if required.

Recommendation 6

The committee recommends that

The Welsh Ambulance Service should, in twelve months' time, provide an update on progress with:

- the strategy review for non-emergency patient transport, including any response by the service to the outcomes and commissioning intentions of that review, and
- the demand and capacity review, including the efficiencies identified for the non-emergency patient transport service and the work that is underway to implement them

Response: Accept

The future commissioning vision for non-emergency patient transport is currently in development and will be presented to the JCC later this year.

Progress will be reported through the JCC structures.

Recommendation 7

The committee recommends that

The Welsh Ambulance Service should provide an update, in twelve months' time, on progress with its programme of improvements for the culture of its workplace.

Response: Accept

We agree the Welsh Ambulance Services NHS Trust should consider providing an update on its programme of improvements for the culture of its workplace in the context of the NHS Wales Performance Framework 2024-2025.

Improving workplace culture will impact on many of the measures and the Trust should consider how improvements have supported the aims of the framework, specifically relevant performance measures in Quadruple Aim 2 and 3.

Agenda Item 5.4

General Pharmaceutical Council

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

By email to: Russell.George@senedd.wales

24 September 2024

Dear Mr. George

Regulatory performance at the General Pharmaceutical Council

We are writing in relation to the Professional Standards Authority's (PSA) letter to you dated 19 September 2024 updating you on their latest review of our regulatory performance. The PSA has found that we meet 17 of the 18 standards of good regulation. We wanted to update you on the work we are doing to improve the timeliness of our fitness to practise cases, which the PSA has written to you about. We are committed to consistently meeting all the standards of good regulation.

Our commitment

Ensuring a fair, proportionate, and timely resolution of fitness to practise concerns remains the highest priority for everyone at the GPhC. It is a key element of our strategic commitment to deliver effective consistent and fair regulation and is necessary to ensure that we fulfil our public protection remit as well as building and retaining public confidence in our profession. We are pleased that the PSA have noted that, in spite of the challenges faced, we have demonstrated our ability to manage and mitigate potential risk through our interim order process as well as retaining all other standards, including those in relation to accessibility and the fairness and quality of our decision making.

Our progress

Over the last year we have taken further steps to enhance and reinforce our operational strategy to ensure that the GPhC can work most efficiently and effectively. We have created a new Chief Enforcement Officer role to oversee the end-to-end fitness to practise function and have undertaken a review and refresh of our 2021 improvement programme, focussing on more targeted actions to address the legacy backlog we absorbed during the pandemic.

Some of the targeted work we have undertaken includes:

- ✓ restructuring our teams to build more resilience and responsiveness to dips in our resource and capacity and have implemented revised metrics across each stage of our process to enable more oversight and management of our performance on a more frequent basis.

- ✓ embedded legal, clinical and inspectorate expertise into our casework teams to support a more proportionate and targeted focus for the investigation;
- ✓ conducted a deep dive of all investigations that had been placed on hold to ensure active progression or closure where possible and appropriate,
- ✓ a review of all linked concerns to ensure we investigate the totality of the concern rather than focussing on individual incidents,
- ✓ trained our panel secretaries to draft hearing determinations, releasing the capacity from our chairs to focus on hearings management and improved hearing utilisation,
- ✓ implemented a proactive quality assurance review of open investigations to monitor and ensure compliance with deadlines,
- ✓ reviewed all events that have not concluded within their allocated time to develop more robust framework for scheduling hearings,
- ✓ developed a new case management meeting process to proactively engage with hearing parties in advance of the event to resolve any case management issues in advance of the hearing.

We recognise that there is some way to go but indications remain positive. In spite of a year on year 30 per cent increase in concerns being brought to the Council – up from just over 3000 in 2022 to almost 5,500 in this reporting year and projected to rise further, we have successfully reduced our open investigation backlog by over 20 per cent. We recognise that as our overall numbers are relatively small in comparison to some of our regulatory partners – with on average fewer than 100 of the 5,500 concerns received being concluded at a final investigation committee or fitness to practise committee – each aged resolution will disproportionately impact on our reported median timescale at the time of closure. We remain committed to progressing our legacy caseload to resolution within the next 12 months.

Our monitoring and assurance

Our Council and our Audit and Risk Committee continue to scrutinise performance against our objectives regularly and our internal Standards Board, chaired by our chief executive, continues to provide the cross organisational challenge and support to our progress towards meeting, sustaining and ultimately exceeding the reasonable expectations set of us. We will provide further assurance during the coming months.

We have written in similar terms to Jeremy Miles MS as Cabinet Secretary for Health and Social Care and to counterparts in the Westminster and Scottish parliaments.

Yours sincerely



Gisela Abbam
Chair



Duncan Rudkin
Chief Executive & Registrar

cc. Caroline Corby, Chair, Professional Standards Authority

Agenda Item 5.5

Y Cymdeithas a
Gofal Cymdeithasol

Health and Social Care Committee

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Judith Paget CBE

NHS Wales Chief Executive

Director General of Health and Social Services

22 August 2024

Dear Judith

As you will know, the Health and Social Care Committee agreed to monitor progress towards the ambitions set out in the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists, and to publish termly monitoring reports as part of that.

On 17 July, the Committee considered and published its [sixth monitoring report](#); previous reports are also published on our website. The statistics in the report are taken from the Welsh Government's [NHS activity and performance summary for April and May 2024](#), and [Stats Wales](#). They highlight that performance against the Single Cancer Pathway 62-day target was significantly below the target at 53.8%. This is 6.7 percentage points lower than the previous month.

On the basis of this, the Committee would be grateful to receive information from the NHS Wales Executive on the following:

- An update on the early work on the Cancer Recovery Plan and Wales Cancer Network Board/ Stakeholder Reference Group.
- Clarity on the alignment between the planned care recovery programme for cancer and the Cancer Improvement Plan.

Yours sincerely



Sam Rowlands MS

Temporary Chair, Health and Social Care Committee

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



Agenda Item 5.6

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru

Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive



Llywodraeth Cymru
Welsh Government

Sam Rowlands MS
Temporary Chair, Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

26 September 2024

Dear Mr Rowlands

As requested in your letter of 22 August 2024, I am writing to provide an update in response to your questions on the suspected cancer pathway (SCP).

The Welsh Government's [quality statement for cancer](#) sets clear expectations for the delivery of cancer services in Wales. This is underpinned by [national optimal pathways](#) for each cancer type, describing how organisations can achieve the suspected cancer pathway target.

Our expectation is that all health boards should be working to achieve the national target of at least 75% of people starting treatment within 62 days of the point of suspicion. Performance has been challenged over recent months, but there has been a marginal improvement over the first three months of the current financial year, from 53.8% in April 2024 to 55% in July 2024.

All health boards have submitted planning trajectories to achieve a minimum of 70% SCP performance by March 2025. However, it is likely performance will fluctuate over the coming months as health boards take action to address the number of patients who have waited more than 62 days to start treatment.

While Betsi Cadwaladr University Health Board has historically reported among the best cancer performance in Wales, the growth in the number of suspected skin cancer patients awaiting diagnosis and treatment is extremely concerning and we are working with the health board to ensure additional capacity is realised within the next six weeks.

Our current focus is on working with the NHS Executive and health boards to drive sustainable improvement in cancer waiting times, including a focus on component waits across the pathway, and increasing straight-to-test rates. There are a number of complementary programmes of work in place to support improvements in cancer across the NHS in Wales.



The [Cancer Improvement Plan](#) for NHS Wales 2023-2026, launched by the Minister for Health and Social Services in January 2023, sets out how NHS Wales will enhance cancer care for patients across Wales. This system-wide plan aims to improve quality and outcomes and ensure a holistic approach throughout the pathway from prevention to treatment and ongoing care. The plan encourages collaboration across the system, focussing on the attributes outlined in the quality statement for cancer. A report on progress made against the cancer improvement plan between January 2023 and July 2024 is attached for your reference as annex 1. This highlights progress including:

- All health boards have established and sustained a Rapid Diagnosis Clinic and embedded the vague symptom national optimal pathway.
- All health boards and Velindre NHS University Trust have developed business cases or are working towards establishing acute oncology services in line with the Acute Oncology Service Specification.
- The Diagnostic Workforce Plan has been completed, this was endorsed by the National Planned Care Board and launched in April 2024. It sets out a range of actions across imaging, endoscopy, pathology and incorporates actions from the Healthcare Science programme that are aligned with the national diagnostic strategy.

Some of these initiatives can already demonstrate a positive impact, other actions are designed for longer term implementation and have yet to fully realise the potential benefits.

The [Strategic Programme for Planned Care](#) has progressed its actions aligned to the cancer improvement plan, and formally established a Cancer Recovery Programme earlier this year. The programme team will become fully operational later this month, following recent recruitment to key posts. It will provide flexible and direct support to health boards within five priority cancer types (urology, gastrointestinal, breast, skin, and gynaecological) to support implementation and compliance with the national optimal pathways, to improve productivity and efficiency within cancer pathways.

Since the programme's formation, and whilst recruitment has been underway, work has commenced including:

- Data and digital – improving referral pathways, ensuring consistent application of the faecal immunochemical test (FIT), and evaluation of component waits within the suspected cancer pathway.
- Best practice – working with the Women's Health Network and Gynaecology Clinical Implementation Network on an unscheduled bleeding pathway for women on hormonal replacement therapy or with post-menopausal bleeding; as well as updating the national optimal pathway for prostate cancer and standardising direct access to radiology.
- Reviews of, and alignment between national optimal pathways and relevant community health pathways.
- Reviewing the pathology/genomics interface and HER2+ pathway for patients with confirmed breast cancer.
- Development of a bowel screening patient tracking list to better inform lower GI pathway performance, with a view to exploring similar for breast cancer screening.
- Regional targeted supportive work within health boards (e.g. FIT pathway review in Hywel Dda University Health Board).

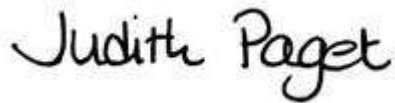
You also requested an update around the governance for cancer service improvement, including the Cancer Network Board and the Stakeholder Reference Group. In April 2024 the Strategic Clinical Network for Cancer was established within the NHS Executive, the

network brings together stakeholders and provides advice, guidance and leadership to cancer services in Wales. The Network has established a Cancer Leadership Group and is, supported by a Clinical Reference Group. These groups are designed to ensure a clear and coherent clinical voice to the cancer services across Wales and provide oversight to ensure the national improvement plan is implemented and utilises evidence to support improvements in clinical outcomes and pathways.

We have recently reviewed the governance and oversight arrangements related to cancer this is to ensure we have a clear accountability and oversight structure and to build a more solid foundation to the service improvements and outcomes for patients we require.

I hope that this letter provides the update you require and I am happy to provide further information as required.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive, flowing style.

Judith Paget CBE

Annex 1

Cancer Improvement Plan – Progress Update – July 2024



CIP combined update
(July 2024).pdf



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive

Cancer Improvement Plan

Combined Update

July 2024

Introduction

- Welsh Government tasked the NHS Executive to lead on reporting progress against the Cancer Improvement Plan 2023-2026 for the NHS in Wales
- The Improvement Plan was designed to be a system enabler for cancer improvements
- The improvements with the plan do not correlate to improved Cancer Waiting Time performance, but attributes to elevating quality, developing systems and advancing service delivery to improve the overall experience in a thematic approach

Contents

- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff & Vale UHB
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB
- Powys UHB
- Swansea Bay UHB
- Velindre University NHS Trust
- HEIW
- Planned Care Programme
- JCC
- DHCW

Aneurin Bevan

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation /Prehabilitation	ABUHB: No Targeted prehab service implemented to address national standards. This has been mitigated by implementing a package of self optimisation and optimisation of deployment of existing therapist resource
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Complete - ABUHB Established teledermoscopy service sustained for several years.
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 ABUHB: Uses VCC SACT advice line, joint project to improve service undertaken. Locally Haematology have dedicated 24hr advice line.
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	ABUHB: Solid tumour SACT is responsibility of VCC. Local services for haematology report 30 day SACT mortality through monthly meetings and from decision to treat to treatment is collected in line with SCP.
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25

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12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024: ABUHB GAP analysis completed May 2024.
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	ABUHB: Phase 1 of AOS business case under implementation. More specialist support from VCC required and funding of local lead clinician. Action plan being developed from national specification, and review of phase 2 of SE Wales business case, which will include AHP provision. This will be incorporated within NHH cancer centre development.
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	ABUHB: Still awaiting on proposed model.
14a.a	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	ABUHB: Work plan completed March 2023, and tracked through local process. Action plan shared with WCN.
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	ABUHB: Implemented My Medical Records Stratified Follow-up in May 2023
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	ABUHB: All tumour sites offer a what matters to me conversation. Several HNA tools available dependent on pathway stage and tumour type.

14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	ABUHB: All tumour sites offer written and verbal information. Website resource being developed. Psychology in cancer website is live. Patient Ipad loan scheme commenced.
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	ABUHB: Treatment summaries available in 5/9 tumour sites. Further work required to electronically upload to WCP.
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	ABUHB: Cancer key workers in all 9 tumour sites.
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Gaps: thyroid, sarcoma and breast metastasis Currently on the Cancer Network workplan for completion in 2024/25 ABUHB: welfare benefits team provided by Macmillan, looking at sustainable service provision beyond 2025.
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually. ABUHB: still awaiting full data set and to understand burden of data capture.
15d.a	78	Health Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Health Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15e.f	80	Aneurin Bevan University Health Board will open their new unified Breast Unit in January 2024.	January 2024	Key System Wide Enablers: Capital Infrastructure	ABUHB: Completed

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Betsi Cadwaladr

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	Specialist prehab for cancer patients developed in East Integrated Health Community but not yet available to all. Universal prehabilitation website launched July 2024
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Teledermoscopy service soft launch planned for August 2024
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	Partially complete – part of 2024/25 workplan
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25

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12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	AOS service in place and being reviewed
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	Await JCC response
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Completed – BCUHB has self-management tool in place for prostate patients
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Roll out of holistic needs assessments continues

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14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Information provided by cancer keyworkers
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Skin teams currently piloting electronic treatment summaries
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	The Health Board has increased its number of cancer clinical nurse specialists and assistant practitioners to ensure all new cancer patients have a key worker. Only current exception is renal in East which we are looking to address
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

Cardiff & Vale

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	In progress – see further detail below
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Complete - see further detail below
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	In progress – see further detail below
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25

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12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	Current service partially meeting specification (published April 2024). Work in progress – C&V AOS Delivery Group established. Continuing collaborative work within the South East Wales AOS Programme. C&V team contributing to the ongoing national workstreams.
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	Project is currently consulting on service specification and due to conclude on 9/8/24. Plan to go to CEMT with paper setting out financial implications of establishing a network and seeking approval to progress in early August. In September outcome will be reported at Board. If successful plan is to launch Network in April '25
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the GIRFT workplan for completion in 2024/25
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Completed

14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	In progress see detail below
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	In progress
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Complete – being monitored
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

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Item	Update
8b.c	<p>In Cardiff and Vale UHB, the prehab2rehab programme supports patients at the primary care level (SW Cardiff Cluster only), at point of high suspicion and also in the recovery phase. To our knowledge the national prehabilitation standards have not been produced as yet and are waiting on UK/International guidelines to inform the local Wales standards. The clinical lead is involved in the UK/International guidance development and they will be published at the end of this year. Below outlines how prehab2rehab supports both CAV residents and tertiary patients who are treated in CAV, but who reside in other UHB geographies.</p> <ol style="list-style-type: none"> 1.We support people who reside in the SW Cardiff Cluster with suspected cancer with the exception of dermatology, haematology and breast under 70 years. To date we have supported over 550 patients. 2.At point of high suspicion i.e after their first diagnostic procedure, we have supported 1885 patients since Nov 2021. Each month we receive an average of 65 referrals and typically support 59 patients. These include people diagnosed with OG, HPB, Colorectal, Lung, Bladder and Ovarian cancers. We are revising our modes of prehab delivery for all patients by implementing several innovations which we believe will help us spread to support all cancer patients in the next 24 months. 3.We are relaunching enhanced recovery after surgery to improve the recovery times of our cancer surgical patients. We envisage this will help the timescales for people completing their adjuvant treatments as fitness anecdotally delays post op adjuvant treatments from commencing. 4.We have a regional prehab2rehab programme established for SE Wales to address health inequalities for those people treated within CAV who reside in neighbouring health boards.
10.	<p>The teledermoscopy service has been running in C&V since November 2022 . A paper has been submitted to the clinical board requesting recurrent funding for the service. Delivering a 30% reduction in waiting list numbers is challenging due to the seasonal nature of demand. 22/23 and 23/24 have presented exceptional levels of demand for dermatology nationally. The teledermoscopy service has allowed the waiting lists to be maintained with performance >90% during this period</p>
12.De	<p>Mortality reviews are held post MDT every week within Haematology which identifies deaths within 30 days post SACT delivered at C&V. Anything that is identified as requiring action is escalated via the QSPE route. This has been recorded as in progress as we strive to improve the quality of our data capture and recording through the new CANISC replacement system and strive to record all SACT regimens through the chemocare system. DTT to TX waiting times are carefully monitored and addressed at both the daily cancer huddle and weekly cancer delivery group. Action plans are in place to improve those areas not currently compliant with our local 90% standard within 31 days</p>
14b.g	<p>Patients are signposted to Health and Wellbeing information on the Health Boards 'Keeping Me Well' website Home - Keeping Me Well. More tailored information, on a wide range of topics and in a format of patient preferred choice, is provided for patients by a range of healthcare professionals e.g. cancer CNS's, Macmillan Cancer Support Workers, Allied Health Professionals. The UHB has two Information and Support Centres in UHW and UHL which are supported by an information specialist and volunteers. We continue to strengthen our partnerships with third sector organisations who provide valuable services and information.</p>

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Item	Update
14b.f	<p>We have adopted the Macmillan Electronic Holistic Needs Assessment which ensures a consistent and equitable approach to meeting the needs of people with cancer across the Health Board.</p> <p>This tool enables patients to self-report and rank their concerns prior to having a supported conversation with their cancer CNS (clinical concerns) and Macmillan Cancer Support Worker (non-clinical concerns). The tool is also available on paper.</p> <p>A care plan is then co-produced detailing agreed actions i.e. signposting, referrals, information.</p> <p>A copy of the care plan is shared with the patient and uploaded to Welsh Clinical Portal.</p> <p>We are now able to report on the number of eHNA's offered, uptake and decline, top concerns reported by site specific team and those by all cancer sites.</p> <p>The roll out should be completed by end of September 2024.</p>
14c.i	<p>At point of high suspicion of cancer/on cancer diagnosis, patients are given a named Key Worker which is usually the site-specific cancer CNS. The latest Wales Cancer Patient Experience Survey reported that 92.8% of Health Board respondents were given the name and contact details of a Key Worker. However, the results showed that some patients had difficulty in contacting their Key Worker, with 65% finding contact easy. To improve this, in addition to a named Key Worker, we now have Macmillan Cancer Support Worker team who will support a Key Worker team approach. They will be available to support patients with their non-clinical concerns in a timelier way, therefore enhancing patient experience and releasing time for Cancer CNS Key Workers to do clinical work.</p>
14c.h	<p>Some teams within the Health Board are undertaking treatment summaries but we don't have a consistent approach at present. We are waiting on the results from the Wales Cancer Network pilot of the electronic treatment summary tool to inform our work plan.</p>

Cwm Taf Morgannwg

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	Complete – From February 2024
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Complete - Teledermoscopy has now been rolled out across all three sites. This has increased the overall capacity for managing urgent and routine lesions.
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. The Cancer Network has undertaken a procurement exercise to identify a provider to develop a digital version of the patient held cancer treatment alert card. Working in conjunction with QPEE team to ensure that the cancer information app will enable patients to be able to identify when they need to call the 24 hour triage lines. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 24 hour helpline principles and quality standards have been developed and sent out for consultation. They are currently being revised following consultation. These will be published by end of Q3.
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	Complete - Chemocare is hosted by Cardiff & Vale and provides reporting as required. CTM clinicians are inputting required data. Internal mortality review meetings are ongoing.
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 This work is on hold due to gaps in workforce.
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 Work has commenced on the development of a national patient acuity tool to assess the acuity of patient to inform standardised nursing workforce ratios in SACT day units.

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12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	The National AOS specifications were launched in April 2024. Our service is mainly compliant. We have increased staffing, education provision and written additional guidelines. Areas not achieved; not a seven day service, AHP provision needs strengthening. We have an action plan to achieve most elements of the AOS service specification by the end of the year. We are undertaking scoping and benchmarking work around the AHP provision, to inform a business case for the required additional investment to provide this. Provision of a seven day service would require significant further investment in staffing. We have repeated previous heatmap work and the weekend demand is minimal. We hope to have progressed these elements by the end of 2025.
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	The new HPB Board has now been established which is looking to step wise move to a single centre service, site/team yet to be decided.
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25 An SBAR has been submitted to request funding to develop a cancer information 24 hour for Wales, the decision is pending. Industry partners have also shown an interest in supporting and collaborating.

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14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Update from WCN March 2024 on My Medical Record (MyMR) – "Unfortunately, due to technical delays with the development of national integration feeds, and challenges regarding assumed ongoing hosting and support, the decision has been taken to pause and review the Programme."
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Cancer nurse specialist or Band 4 navigators discuss any unmet needs with patients during appointments (face to face or telephone). Many teams utilise a patient needs assessment tool and record this electronically. Some are recorded on paper. Nearly all patients are offered an assessment. Further work is needed to reach 100% offer. Between 85% and 90% of patients are currently offered an Holistic needs assessment. The recent appointment of a band 4 in urology will improve this in the next 6 months. There is ongoing work with teams to offer a HNA virtually, if face to face is not possible.
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Cancer nurse specialist or Band 4 navigators discuss any unmet needs with patients during appointments (face to face or telephone). Many teams utilise a patient needs assessment tool and record this electronically. Some are recorded on paper. Nearly all patients are offered an assessment. Further work is needed to reach 100% offer. Between 85% and 90% of patients are currently offered an Holistic needs assessment. The recent appointment of a band 4 in urology will improve this in the next 6 months. There is ongoing work with teams to offer a HNA virtually, if face to face is not possible.
14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Macmillan information hub secured for POW. This will mean all three acute sites have one, there are smaller information stands in the community hospitals. Information is available via information support officer, CNSs and MDTs and on the website. A number of teams also runs events for patients.
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	WCN are leading pilots of treatment summaries with TYA in CAV, the derm team in BCU, and potentially UGI/lung team in VCC. Once evaluated, a standardised treatment summary tool will be rolled out nationally. There are challenges around this due to the differing informatics systems in the HB's. The summary needs to be shared with the GP- this is currently this is not possible. We are awaiting the outcome of this work before we proceed.
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	All patients are provided with a key worker and point of contact. This is recorded on WCP. Written information is also provided to patients

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14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25 Established task and finish group with third sector on hold. However, following discussions with third sector this will be re-established in August.
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Cancer nurse specialist or Band 4 navigators discuss any unmet needs with patients during appointments (face to face or telephone). Many teams utilise a patient needs assessment tool and record this electronically. Some are recorded on paper. Nearly all patients are offered an assessment. Further work is needed to reach 100% offer. Between 85% and 90% of patients are currently offered an Holistic needs assessment. The recent appointment of a band 4 in urology will improve this in the next 6 months. There is ongoing work with teams to offer a HNA virtually, if face to face is not possible.
14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Macmillan information hub secured for POW. This will mean all three acute sites have one, there are smaller information stands in the community hospitals. Information is available via information support officer, CNSs and MDTs and on the website. A number of teams also runs events for patients.

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14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	WCN are leading pilots of treatment summaries with TYA in CAV, the derm team in BCU, and potentially UGI/lung team in VCC. Once evaluated, a standardised treatment summary tool will be rolled out nationally. There are challenges around this due to the differing informatics systems in the HB's. The summary needs to be shared with the GP- this is currently this is not possible. We are awaiting the outcome of this work before we proceed.
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	All patients are provided with a key worker and point of contact. This is recorded on WCP. Written information is also provided to patients
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25 Established task and finish group with third sector on hold. However, following discussions with third sector this will be re-established in August.
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

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Hywel Dda

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	In progress - HB in the process of setting up a HB Prehab service. Current service provision on UGI / Colorectal / Gynae / Urology pathways.
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Complete. Teledermoscopy service for Non USC patients was implemented in January 22. This service is delivered in Pembrokeshire, Ceredigion and Carmarthen. To date 87% patients seen in the Teledermoscopy service have not required a new OPA.
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	Complete. Data for Both QPI's captured and tracked as part of SWWCC partner working
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25

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12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	Partially compliant. 7 day service not available. No current plans to address within 2024/25
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	Brendan O'Riordan Clinical Lead UGI is representing the Health Borad as part of this piece of work.
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Complete. PKB was introduced in the HB in July 23 for post prostatectomy, post radiotherapy and active surveillance patients with a stable PSA.
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	HDUHB uses Macmillan eHNA across most tumour sites with 91% conversion to care plan (against UK wide 86%)

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14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Working with waiting list support services to ensure that those on USC pathway will have access to health & wellbeing support whilst under investigation for cancer. Also 'preparing for treatment' resource developed & available online or as a leaflet for all diagnosed with cancer.
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Wales Cancer Network leading work piloting electronic treatment summaries with Health Boards, which will be expanded over time and aiming for national rollout during 2024
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Complete. Key Worker policy in place in Hywel Dda and KW recorded on WPAS
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

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Powys

Reference	Page No in CIP	Action	Deadline	Theme	Update	
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	Allied Health Professional Lead appointed to the Improving the Cancer Journey Programme in March 2024. A priority of the ICJ programme is to develop a cancer prehabilitation and rehabilitation offer across Powys. This will be rolled out in 2024-25 and will align to National Prehabilitation Standards.	
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP.	
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.	
10e	Pack Page 130	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	General Practitioner with Extended Role (GPwER) in Dermatology appointed and in post. The GPwER has been undertaking work on Interventions Not Normally Undertaken (INNU) as part of the Value Based Healthcare programme. In addition, funding has been secured through the Welsh Cancer Network to provide each GP Practice (engaged with the Dermatology Education Training Programme) with a Dermatology Dermoscopy camera. The camera has now been provided to each GP Practice to help with dermatological referral management and to provide better quality dermatology referrals into secondary care. 15 out of 16 Practices have received the equipment and ongoing training which is being delivered by the GPwER in Dermatology.
12b.a		45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25	

12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	PTHB will monitor compliance via PTHB Commissioning Assurance Framework.
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	Access to AOS services in secondary care in place for Powys residents.
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	PTHB has continued to be part of the WHSSC Management Group and now the Joint Commissioning Committee Management Group.
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed

14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	PTHB will monitor delivery via Commissioning Assurance Framework. 3Ps Waiting Well Service developing can support patients to navigate as required.
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	One of the priorities in the ICJ Programme in 2024-2025 is to increase access to "What matters to me" supportive conversations and holistic needs assessments for people living with cancer to help address their needs around the time of diagnosis, throughout treatment and when the active treatment period is over (whether they are physical, emotional, practical, social or financial). Engagement has taken place with secondary care providers and through Powys networks to ensure that Powys people living with cancer are aware of and signposted to the ICJ to receive a supportive conversation where this would be of benefit. Current referral pathways are under review to improve access to the service.
14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	The supportive conversations and, where appropriate, the completion of a holistic needs assessment identifies the key concerns and issues that the person living with cancer is facing. PLWC is subsequently provided with information or signposted for further support as appropriate.
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	PTHB will monitor/seek assurance via Commissioning Assurance Framework in terms of DGH commissioned provider compliance.

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14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently, Powys patients access key workers in secondary care where they are on a cancer pathway. The scoping of the Cancer Navigator and Cancer Nurse Specialists roles are a priority in the ICJ 2024-25 Programme Plan and will be progressed in quarters 3 and 4.
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

Swansea Bay

Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	Currently deliver thoracic surgery physiotherapy prehab via Joint Commissioning Committee funding. To go live with colorectal surgical multi-professional prehabilitation in September. All patients have access to Maggie's prehabilitation offer. Also Alvie Health. All SBUHB patients accessing Rapid Diagnostic Clinic are offered universal prehabilitation via the prehabilitation pharmacist. All patients on a Suspected Cancer pathway will get access to universal E-learning (under development)
9d	31	Each Health Board is to establish and sustain a Rapid Diagnosis Clinic access for their population to see patients with vague, non-specific symptoms suspicious of cancer and report waiting times, in accordance with the nationally endorsed National Optimal Pathway and Service Specification, within the Single Cancer Pathway .	March 2023	Faster Diagnosis	Complete - All Health Boards across Wales have an up-and-running Rapid Diagnosis Clinic service, in accordance with the Vague Symptoms NOP. Note: - SBUHB Malignancy of Unknown Origin/Cancer of Unknown Primary Service have been nominated for an All Wales Award.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	The Health Board has recently undergone a Skin Peer Review and an action plan in place. Teledermoscopy for non-USC referrals with in-house reporting.

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12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress.
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25. SBUHB and HDD have a lead Advanced Nurse Practitioner in place for the Acute Oncology Service. Initiated quarterly Triage review meetings with both HB's (first meeting July 2024)
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	Data within ePMA systems will be extracted by DHCW and a dashboard produced to report the Quality Performance Indicators. First sample of data has been collected for data quality review.
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 30 day mortality review is now in place for Haematology
12c.b	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25 Regular reporting in place for both metrics through the Quality Metrics Subgroup of Cancer Outcomes Service Committee. In SBUHB these are reported to the Cancer Programme and Improvement Group and now requested to Executive Team at Targeted Intervention meetings.
12c.c	48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25 Prostate and Breast hypofractionation available as routine. SABR implementation in South West Wales Cancer Centre (SWWCC) successful in lung and continuing to all commissioned tumour sites as planned with Liver SABR in SWWCC due this month.

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12c.g	48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25 SBUHB have been collecting RTDS data for many years and are the test site for next version.
12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	Acute Oncology Service Clinical Lead and Advanced Nurse Practitioner in place for Acute Oncology Service. Implementation of full service specification at risk due to reassignment of staff to cover Acute Oncology and Haematology Assessment Unit at Singleton Hospital. Immuno-oncology toxicity service business case in development with HDD (and support of industry partners) SBUHB baseline data submitted to All Wales Acute Oncology Service. Service is currently compiling excel action tracker to identify timeline and resource required to match Acute Oncology Service minimum standards.
12e.f	5	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	On going discussion with regards to OG Cancer. Executive and HPB Consultant representatives for SBUHB at Regional Meetings.
14a.d	6	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed Cancer Patient Experience Group established – meet quarterly.

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14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	All Cancer patients have a Maggie's Universal Prehabilitation offer.
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	SBUHB interface to add summary PDF to Welsh Clinical Portal(WCP) patient records to meet this requirement is currently in testing. Implementing RT and SACT treatment summaries onto WCP (latter being User Accepter Testing with DHCW). Pilot for patient treatment summaries to WCP and GP via Health Forms completed with Macmillan GP. Barriers exist to full routine implementation. Workstream within Cancer Patient Experience Group.
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Clinical Nurse Specialists (CNS) (and key workers) are currently not in place for non-melanoma skin for Oncology and identified on risk register. CNS workforce paper completed on hold in current financial climate. There is a CNS in each tumour group except Skin. Cancer Services is leading on mitigating the risk and business case development.
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.

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15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

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Reference	Page No in CIP	Action	Deadline	Theme	Update
8b.c	29	Health Boards and Trusts to work towards developing stratified prehabilitation services, in line with the National Prehabilitation Standards, for all cancer patients through the IMTP process, and will ensure that prehabilitation service models meet individual and population requirements.	March 2024	Earlier Diagnosis: Health Optimisation/Prehabilitation	Further development of VCS Prehabilitation services recognised as an objective within the Trust's IMTP for 2024-27. Local project board and working group established. Phase 1 of VCS work plan complete - scoping of prehab services at VCS, benchmarking, awareness raising among VCS staff and the development of a VCS prehab webpage.
10a	36	Health Boards to plan and deliver recovery and improvement trajectories on a sustainable basis including training and recruitment of staff and use of Business Intelligence to analyse demand and capacity. This should be ongoing, but a comprehensive assessment should form part of Health Board and Trust IMTPs.	March 2023	Elective Care Recovery	Complete - Improvement trajectories shared with WG as part of the monthly monitoring.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	N/A
12b.a	45	Wales Cancer Network to work with Health Boards to launch a Patient Alert App for cancer patients undergoing treatment by end of March 2024. Longer term: Wales Cancer Network and Digital Health and Care Wales to explore linking the app to the Welsh Clinical Portal.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan. Funding identified through Industry partners through Collaborative working agreement. Currently, addressing barriers with finance to progress. VAP App 'keep me safe' due to go live Q2
12b.b	45	Wales Cancer Network and Health Boards and Trusts to undertake an assessment of 24-hour advice and triage services, making recommendations for a safe accessible service for SACT providers and Unscheduled Care services across Wales. Once the recommendations paper is written Wales Cancer Network will facilitate national collaboration to identify what the models could be moving forward as well as developing a service specification.	March 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25 VCS have developed and are deploying an action plan in response to an audit of SACT patient helpline provision. Options for resourcing the VCS immunotherapy toxicity service beyond the end of 2024-25 are being developed which will likely result in the development of a business case for consideration by commissioning health boards.
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	We have started reporting our 30 day mortality data for SACT see the latest PMF.
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25

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Reference	Page No in CIP	Action	Deadline	Theme	Update	
12b.e	46	Health Board and Trust SACT services to capture data in line with the National Cancer Data Standards for Wales and agreed Quality Performance Indicators. These will start with reporting of 30 day mortality after SACT treatment and time from decision to treat to treatment in line with the SCP.	March 2023	Effective Treatments: SACT	<ul style="list-style-type: none"> The reporting of 30 day mortality after curative and palliative SACT treatment is included within the Trust's Performance Management Framework and is reported via the Trust's governance structure. SACT time to treatment are KPIs within the Trust's PMF and performance is reported on a monthly basis. 	
12b.f	46	To lead on the development of a SACT Service Specification, with clinical input from SACT teams and Health Boards and Trusts across Wales.	March 2024	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25	
12b.g	46	Wales Cancer Network, Health Boards and Trusts and the Delivery Unit to undertake comprehensive demand and capacity analysis for SACT (accommodating workforce, demand, complexity, pharmacy and innovation).	September 2023	Effective Treatments: SACT	Currently on the Cancer Network workplan for completion in 2024/25	
12c.b	Pack Page 142	47	Health Boards and Trusts to report against the Time to Radiotherapy metrics developed through COSC by end of March 2023 and look to develop mortality and morbidity reporting during 2023.	December 2023	Effective Treatments: Radiotherapy	<p>Currently on the Cancer Network workplan for completion in 2024/25</p> <ul style="list-style-type: none"> Performance relative to the COSC developed time to radiotherapy metrics is routinely reported within the Trust's PMF on a monthly basis. Radiation services, clinical audit and the VCS Data and Insight Team are collaborating to ensure accurate, routine reporting of post-radiotherapy treatment mortality data.
12c.c		48	Health Boards and Trusts hosting Radiotherapy Centres to ensure equitable access to hypofractionation.	September 2023	Effective Treatments: Radiotherapy	<p>Currently on the Cancer Network workplan for completion in 2024/25</p> <p>The development of solutions for the delivery of hypofractionation are being relatively prioritised as part of the Integrated Radiotherapy System (IRS) programme work plan.</p>
12c.g		48	Health Boards and Trusts hosting Radiotherapy Centres to begin capturing data in line with the RTDS and the agreed QPIs.	March 2023	Effective Treatments: Radiotherapy	Currently on the Cancer Network workplan for completion in 2024/25

12d.a	50	Wales Cancer Network to develop a national Acute Oncology Service Specification collaboratively with Health Boards which will be available for consultation by end of March 2023, and which will also align with the Welsh Government Six Goals for Urgent and Emergency Care.	March 2023	Effective Treatments: AOS	Completed - March 2024
12d.c	50	Health Boards and Trusts to establish services in line with the national Acute Oncology Service Specification.	March 2024	Effective Treatments: AOS	VCC AOS Service developed in line with national spec – internal audit of AOS commenced in July 2024 action plan to follow. This follows an internal review of AOS service and a report with recommendations presented to VCC SLT and Trust EMB. The Trust continues to work with regional and national groups to ensure cohesive, collaborative working and shared learning.
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	N/A
14a.d	63	Health Boards to develop action plans by end of March 2023 to address the findings of the Wales Macmillan Cancer Patient Experience Survey (CPES) which will be monitored at a national level by the Wales Cancer Network. Health Boards to track their Board's performance against their CPES action plans through their Quality and Safety Committees or equivalent.	March 2023	Improving Patient Experience: Co-production of Care	Completed
14b.c	65	Wales Cancer Network to work with Health Boards to launch a Health and Wellbeing information website and application for cancer patients by end of March 2024. Longer term, Wales Cancer Network and Digital Health and Care Wales to explore linking the application to the National Digital platforms.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Currently on the Cancer Network workplan for completion in 2024/25
14b.e	65	Wales Cancer Network, Planned Care Improvement and Recovery Team and Health Boards and Trusts to deliver an online platform to enable self-management for prostate cancer patients.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Self-management platform has been trialled at VCS. Trust continues to actively engage with national development and implementation programme. VCS project management resource has been committed to support full local implementation. Recruitment to Band 5 nursing post to oversee the implementation of the PSA Tracker in progress.
14b.f	65	Health Boards to be able to demonstrate that patients have had an opportunity to discuss any unmet needs, through the use of supportive conversations and patient needs assessment tools.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Macmillan HNA in use at VCC usually conversation is led by CNS/Key Worker. CNS review completed in March 2024 – action to review HNA tool.

14b.g	65	Health Boards to ensure that all patients have access to Health and Wellbeing information.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	
14b.h	65	Health Boards to have processes in place to develop electronic treatment summaries for every patient.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	This is also an action for us as per outcomes of concerns/complaints/incidents. Work will take place to scope the delivery of this action.
14b.i	65	Health Boards to ensure that all patients have access to a cancer Key Worker.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	Team of CNS's who act as Key Worker for patients – all cancer sites have CNSs some single handed CNSs – trial of a more generic oncology CNS to ensure cross cover planned for September 2024 funded by Velindre Charity.
14c.a	66	Wales Cancer Network will work with Health Boards, Trusts and the Third Sector to provide better co-ordinated access for all patients to information and advice on welfare benefits. Health Boards to ensure that all patients diagnosed with cancer have the opportunity to be referred for welfare benefits advice, and to engage with the Third Sector regarding promotional activity/publicity. The impact of referral to welfare benefits advice will be evaluated through PREMs.	September 2023	Improving Patient Experience: Signposting to emotional support, benefits advice and other holistic services	Currently on the Cancer Network workplan for completion in 2024/25 WITS service in place in VCC, Welsh government funded. Works alongside VCC benefit support service
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	Currently on the Cancer Network workplan for completion in 2024/25
15b.g	73	Health Boards and Trusts to capture data required for the five national cancer audits and core data for all tumour sites as well as data required for Peer Review and the Quality Frameworks guided by Healthcare Quality Improvement Partnership (HQIP) and Cancer Site or Service Groups.	December 2023	Key System Wide Enablers: Information and Intelligence	Complete - all audits are reported annually.
15d.a	78	Heath Board and Trust Innovation leads, Life Sciences Hub Wales, and Wales Cancer Network, through its Clinical Reference Group in particular, will work in partnership with a range of organisations to assess and create innovation opportunities, and encourage the establishment of a specific cancer innovation fund.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.
15d.f	78	Heath Boards, Trusts and partners (e.g. LSH, HTW) will work together, facilitated by the Wales Cancer Network, to develop a route-map to prepare for the rapid national adoption of appropriately evidenced innovations for cancer.	March 2024	Key System Wide Enablers: Innovation	Ongoing through Ministerial innovation initiative.

HEIW

Reference	Page No in CIP	Action	Deadline	Theme	Update
8a.n	27	To facilitate the roll out of an online education tool for General Practitioners and their staff (Gateway C) to support education and processes around earlier detection of cancer.	March 2023	Earlier Diagnosis: Cancer Screening Services	<p>GatewayC was successfully launched in March 2023 by HEIW, the Wales Cancer Network and The Christie NHS Foundation Trust. As of the 31st June 2024 there were 1056 registrations to the platform with 629 courses having been completed. Latest progress report can be found here:</p>  <p>Microsoft PowerPoint Presentat</p>
9j	32	To develop a business case by end of June 2023 to implement an Academy of Clinical Endoscopy to provide a sustainable infrastructure for accelerated, high quality training pathways to bring more Joint Advisory Group (JAG) certified endoscopists and endoscopy nurses to independent practice. Investment in the endoscopy workforce via an Academy model will aid recruitment and support the expansion of endoscopy services with the aim of improving diagnostic waiting times and optimisation of the Bowel Screening Wales programme. The goal is to begin phased implementation of the Academy in 2023.	June 2023	Faster Diagnosis	<p>Initial business case developed and approved by HEIW. The Academi Endoscopi Cymru / The Endoscopy Academy of Wales launched in January 2024 a with a leadership team including Clinical Lead, Deputy Clinical Lead and Professional Manager. The academy delivers high quality multi-professional training to the entire endoscopy workforce and community, and has so far in the first 7 months established a clear governance structure aligned to HEIW outcomes, delivered mandatory and developmental multi-professional specialty education and training to over 200 staff (double the 2023 total), held an inaugural conference attracting over 90 delegates from around Wales and internationally renowned speakers, set up working groups to work in partnership with the endoscopy community and set plans for expansion of the academy provision in 2025. As part of the phased development, the academy has developed and implemented 10 training and education pathways and a faculty development programme approach that provides resources for all staff working in endoscopy (Endoscopy training in NHS Wales - HEIW), and a tri-part hub model affording access across Wales to high quality training. The Academy has built its partnerships with all Health Boards and units across Wales, the NHS Executive, Welsh Government, the British Society of Gastroenterology, and the JAG (part of the Royal College of Physicians). An ambitious programme of courses has been delivered and will be expanded upon in 2025 utilising temporary accommodation in the Keir Hardie Academic centre. The vision has been developed to transform the way endoscopy skills are acquired, and developed and sustained, to create competent and confident staff to meet the service growing demand, including accelerated training. A further business case to support full roll out of the Academy model has been developed and includes the move to a substantive home for endoscopy training and leadership structure.</p>

Reference	Page No in CIP	Action	Deadline	Theme	Update
15a.a	69	To progress a programme of support through 2023/24 for Diagnostic Services Transformation which will address the key diagnostic and treatment services for cancer and support delivery of compliance with the Single Cancer Pathway and National Optimal Pathways.		Key System Wide Enablers: Workforce	<p>The Diagnostic Workforce Plan has been completed. Endorsed by the National Planned Care Board and launched in April 24, the plan sets out a range of actions across imaging, endoscopy, pathology and also incorporates actions from the Healthcare Science programme that are aligned with the national diagnostic strategy.</p>  <p>Microsoft Word Document</p>
15a.b	69	Health Education and Improvement Wales and Wales Cancer Network to work jointly and collaboratively with Health Boards to take forward reviewing the workforce issues along specific cancer pathways and to agree the programme of work to implement actions for priority areas.	March 2023	Key System Wide Enablers: Workforce	<p>The project was concluded on 31st March 2024 and the final report was submitted to the Wales Cancer Network Board on 5th April 2024 for approval and formal project closure. The workforce solutions that were identified as falling within the remit of HEIW, have been incorporated into HEIW IMTP 2024/25 and the HEIW Education and Training Plan currently in development as appropriate.</p> <p>Specific Actions for HEIW:</p> <ul style="list-style-type: none"> • HEIW to scope the requirement to develop specialist education for hysteroscopy. • HEIW to develop additional capacity to train additional staff in Ultrasound. • HEIW to work with organisations and trainees to match demand for Interventional Radiologist for these skills. • HEIW to work with Wales Cancer Network, Health Boards and Trusts to promote national funding streams for healthcare support worker and post graduate education across cancer services, (linked to NHS Wales education commissioning process and relevant advanced practice and competency frameworks). <p>The above are aligned to the Education and Training Plan. The plan is currently being developed and will be submitted to Welsh Government in the next few months.</p> <ul style="list-style-type: none"> • Increase the number of nurses with Independent Prescribing across the Cancer Pathways. Linked to the wider Independent Prescriber baseline review. <p>Work has commenced on the wider Independent Prescriber baseline review. This is part of a wider project and included in HEIW IMTP for 2024/25.</p> <ul style="list-style-type: none"> • HEIW to continue to work with DCHW and National Programmes to identify workforce training requirements for digital transformation to support NOPs. <p>This action is included in the Diagnostics Workforce Plan and will be progressed through that.</p> <ul style="list-style-type: none"> • HEIW to work with the National Planned Care Programme to support a focussed project on the Theatres Workforce. <p>This has been included as an action in the HEIW IMTP for 2024/25.</p> <ul style="list-style-type: none"> • HEIW, Wales Cancer Network and Professions to work in collaboration to develop guidance on the range of multi-professional roles that contribute towards the successful delivery of the cancer pathways. (HEIW led) <p>HEIW is working in collaboration with the professions and is currently on track to have final draft for comments end September 2024 with publication early 2025. Responsibility for progressing any of the other recommendations, sits with the Cancer Strategic and Operational Group (formerly the Wales Cancer Network) which falls within the National</p>

15a.c	69	Wales Cancer Network to work collaboratively with Health Education and Improvement Wales to develop a national competency framework for health care support workers.	March 2023	Key System Wide Enablers: Workforce	The Cancer HCSW's competencies framework consultation ran from 20th May 2024 for 6 weeks. By September 2024 NHS Exec cancer team will scrutinise the feedback and update the framework in readiness for publication. Once this is complete, initiation of a level 4 qualification development will commence.
15a.d	69	To scope, map and forecast AHP and nursing workforce gaps and needs to inform future workforce planning.	March 2024	Key System Wide Enablers: Workforce	<p>Macmillan, the Wales Cancer Network and HEIW are working on a 2-year project around cancer CNS workforce. This began in October 23. The start date was delayed to benefit from funding collaboration with Macmillan (See below for further detail).</p> <p>A Strategic nursing workforce plan has been drafted and consultation on the actions has now closed. HEIW are now conducting detailed thematic analysis of the feedback and considering key stake holder opinion which will allow for evidence-based refinement of the actions within the plan.</p> <p>Work is ongoing to produce a high level AHP workforce development plan. Extensive engagement throughout 2023 acknowledged workforce issues, gaps and challenges across the professions. The refreshed AHP workforce development plan went out for consultation in March. The feedback has now been collated and an updated workforce development plan is due to be approved shortly with a view to relaunching it in August 24.</p>
15a.e	70	Wales Cancer Network working with Health Education and Improvement Wales to participate in the development of a UK wide cancer career and development programme which will provide a definitive career and development pathway for nurses and AHPs aspiring to work in cancer care.	March 2024	Key System Wide Enablers: Workforce	<p>Joint project underway with Wales Cancer Network and Macmillan to scope the current Cancer CNS workforce and facilitate adoption of the Aspirant Cancer Career and Education Development (ACCEND) framework for nurses and AHPs in Wales. Progress to date includes:</p> <ul style="list-style-type: none"> • Creation of an all Wales census to understand the size and shape of the Cancer CNS and advanced practice workforce (Due to be launched in the next few weeks) • The launch of a pilot for the ACCEND self-assessment tool across a number of health boards. This will enable practitioners and employees to assess levels of knowledge and capabilities, delivering a gap analysis between ACCEND and current cancer CNS capabilities • Creation and launch of the project steering group which will provide direction and governance for the programme workstreams and provide advice to ensure delivery of project outputs and the achievement of project outcomes

15a.f	70	Health Education and Improvement Wales working with Genomics Partnership Wales will develop a Genomics Workforce Plan during 2023/24 for publication as set out within the Genomics Delivery Plan.		Key System Wide Enablers: Workforce	The development of a Genomics Workforce Plan is nearly complete. Engagement has concluded and prioritisation of the actions within the plan is currently underway which will inform the implementation phase. Final approvals will be sought over the summer. The plan will launch during Genomics Literacy week in November 24.
15a.g	70	Health Education and Improvement Wales will work with the National Diagnostics Programme to identify workforce actions that will support the improvement of diagnostics performance in Wales. This will start with a focussed event to be held in early 2023 leading to the development of an action plan by end of June 2024 to address current workforce gaps in key areas. The work will incorporate learning from a report commissioned by the Moondance Cancer Initiative on Cancer Diagnostics Workforce in Wales published in December 2022.	June 2024	Key System Wide Enablers: Workforce	2 engagement events were held in early 2023 and initial plans to identify workforce solutions were expanded to the creation of a Diagnostics workforce plan. This was launched in April 24 and is being progressed in collaboration with the National Imaging, Endoscopy, Pathology and Healthcare science programmes. See above re. the Diagnostics Workforce plan for further detail.
15a.h	70	To develop a workforce plan for pharmacy that will incorporate actions relating to the care and treatment of patients with cancer, ensuring that pharmacists are equipped with the skills necessary to contribute towards good cancer care; and to work with Genomics Partnership Wales to respond to the requirements around pharmacogenomics.		Key System Wide Enablers: Workforce	The Strategic Pharmacy Workforce Plan was launched in June 2023 with 31 actions to be implemented by 2030. The Genomics Strategic Workforce Plan, which is due to be launched in November 24, includes a series of actions to support the workforce to meet the increasing demand for pharmacogenomics. Additional clinical leadership is in place in HEIW to consider the pharmacogenomics requirements and to respond to the pharmacogenomics plan (when published).
		Health Boards and Trusts to ensure local workforce planning delivers the necessary capacity and skill mix to support clinical and translational cancer research as well as service delivery, to contribute to the national cancer workforce strategy development via Health Education and Improvement Wales and to engage with the Health and Care Research Wales Research Faculty to support and develop their staff.			HEIW is considering its role in terms of research and development. Initial discussions have taken place to make connections with WG policy leads engaged in the development of the genomics workforce plan. This action will be considered further as part of the cancer specialist nursing workforce review work identified above.

Planned Care Programme

Pack Page 150

9a	31	The evidence review by the National Diagnostics Board into establishing RDHs will inform the work of the National Diagnostics Programme in taking forward the Diagnostics Recovery and Transformation Strategy with delivery of RDHs across each region.	March 2024	Faster Diagnosis	Completed. The Covid-19 Evidence Centre presented their Rapid Review on the effectiveness of Community Diagnostic Centres (CDC's) to the then National Diagnostics Board in Feb 2023. As this did include much evidence on the CDCs in England, it as been requested that this exercise is repeated.
10e	36	The Planned Care Improvement and Recovery Team and All Wales Teledermoscopy Group to work with and support Health Boards to establish teledermoscopy services for their populations with the target of reducing dermatology outpatient waiting list volumes by 30% within the first 18 months.	March 2024	Elective Care Recovery	Partially completed. Whilst Teledermoscopy is now available in all Health Boards, this is more recently in CTMUHB with a launch date of June 2024 and in BCUHB a full launch by the end of August 2024. Whether the impact of introducing Teledermoscopy services has resulted in a 30% reduction in waiting list volumes is to be determined.
15a.g	70	Health Education and Improvement Wales will work with the National Diagnostics Programme to identify workforce actions that will support the improvement of diagnostics performance in Wales. This will start with a focussed event to be held in early 2023 leading to the development of an action plan by end of June 2024 to address current workforce gaps in key areas. The work will incorporate learning from a report commissioned by the Moondance Cancer Initiative on Cancer Diagnostics Workforce in Wales published in December 2022.	June 2024	Key System Wide Enablers: Workforce	Completed. The National Diagnostics Workforce Plan was ratified by the Planned Care Board 12th January 2024 with the actions within it being monitored on a quarterly basis.

PHW

Partial response

7e	21	To add HPV coverage data to primary care cluster/GP practice regular reporting.	December 2023	Cancer Prevention	
7f	21	To develop a long-term programme of enhanced surveillance of equity and effectiveness of HPV vaccination with early outputs.	December 2023	Cancer Prevention	
8a.l	27	To submit a business case to Welsh Government for the resources required to scope the requirements for a national targeted lung cancer screening service by end of March 2023 and, pending approval of funding, complete a business case to deliver this service on a national basis by end of March 2024. In developing this business case, Public Health Wales will engage with Health Boards and other organisations to ensure that they are able to prepare for implementation in line with the proposed model. The work undertaken in developing this business case will inform the expected timeframe for roll out and implementation across Wales.	March 2024	Earlier Diagnosis: Cancer Screening Services	A business case was submitted to Welsh Government by March 2023 setting out the resources required to take forward planning for a national targeted lung cancer screening programme for Wales, as per the target date, however following further discussion the funding was approved from April 2024. A Project Team has now been recruited to deliver this work, with objectives to set out a recommended pathway and delivery model for a targeted lung cancer screening programme in Wales, incorporating an estimate of costs, timeframe for implementation and approach to phasing. This work is now underway and will include engagement with a wide range of stakeholders, including Health Boards. An interim report is due to be submitted to Welsh Government by the end of 2024/25 and a final report by September 2025.
12c.e	48	Public Health Wales to develop a Radiotherapy Dashboard for Wales to allow monitoring, benchmarking and service improvement with support from Wales Cancer Network and COSC (dependant on deployment of UK wide Radiotherapy Dataset (RTDS) which is now in testing).	March 2023	Effective Treatments: Radiotherapy	

JCC

No response

12e.b	55	To lead on the development of an All-Wales strategy and programme business case for the establishment of Molecular Radiotherapy Services across Wales. Work has already started through establishment of an All-Wales Advisory Group and it is expected that a business case and strategy will be completed by end of June 2024.	June 2024	Effective Treatments: Specialist/tertiary service configuration and sustainability	No update provided
12e.f	56	Welsh Health Specialist Services Committee to take over the commissioning of both hepatic and pancreatic surgery following work led by the provider, with Health Boards to agree a future clinical model. It is anticipated that a recommendation on the future model will be submitted to WHSSC by end of June 2023. Depending on the nature of the recommendation a period of public consultation on the proposed future model may then be required.	June 2023	Effective Treatments: Specialist/tertiary service configuration and sustainability	No update provided

DHCW

Partial response

12b.d	45	To agree a timetable for the establishment of data flows between the SACT e-prescribing systems to the National Data Repository.	December 2023	Effective Treatments: SACT	Dependent on Health Boards completing procurement of their systems as well as provision of resources to address the interoperability issues of the data prior to the supply to the NDR.
12d.e	50	To agree a timetable with for establishing dataflows for AOS service into a central data repository.	December 2023	Effective Treatments: AOS	No update provided
14b.b	64	Wales Cancer Network to develop a national digital assessment tool solution for meeting people's needs that integrates into the Welsh Informatics System, undertaken in collaboration with Digital Health and Care Wales.	March 2024	Improving Patient Experience: Assessing and meeting people's needs	No update provided
15b.d	73	To make cancer data sets available for implementation of Phase 1 of the Cancer Informatics Solution.	March 2023	Key System Wide Enablers: Information and Intelligence	No update provided

Agenda Item 5.7

Y Pwyllgor Deisebau

Petitions Committee

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Russell George MS, Chair, Health and Social Care
Committee

8 October 2024

Dear Chair,

Petition P-06-1404 Increase clarity and rights for people on direct payments or WILG to live independently

The Petitions Committee considered the above petition, submitted by Nathan Lee Davies, at its 16 September meeting.

We would like to highlight the attached correspondence for the Health and Social Care Committee to consider as part of its scrutiny of the Health and Social Care (Wales) Bill.

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

<https://business.senedd.wales/mgIssueHistoryHome.aspx?Ild=42962>

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

Yours sincerely



Carolyn Thomas MS
Chair



Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 5.8

Y Cymrylwr Iechyd a
Gofal Cymdeithasol

Health and Social Care Committee

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Mark Drakeford MS
Cabinet Secretary for Health and Social Care

22 August 2024

Dear Mark

Dentistry

You will recall that the Committee undertook an **inquiry into dentistry** last year. The inquiry focused on work being done to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living. We published our **findings** in February 2023.

Following the plenary debate on **dentistry training** on 3 July 2024, the Committee felt it was an appropriate time to seek an update on progress in implementing the recommendations in our report.

I have set out a number of areas in the attached annex where I would be grateful for an update on progress. For convenience, I have included a reference to the relevant recommendation from our report, where relevant. I would appreciate a response by **27 September 2024**.

Yours sincerely



Sam Rowlands MS
Temporary Chair, Health and Social Care Committee

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



Annex

Could you provide an update in each of the following areas:

1. activity in relation to care and treatment delivered in 2022/23 under the reform variation and activity for 2023/24, once available (Recommendation 2);
2. the latest position regarding the formal negotiations on a new dental contract and whether there are any plans for a formal consultation where the Committee will have the opportunity to feed in its views (Recommendation 2);
3. whether the data collection requirements for NHS dentists has been discussed as part of the formal negotiations on a new dental contract (Recommendation 5);
4. the findings of the Welsh Government commissioned research to identify barriers to access to dental services for vulnerable groups (due to be completed May 2023) (Recommendation 7);
5. while our recommendation to explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024 was accepted, during the plenary debate the previous Cabinet Secretary indicated that, while the establishment of a second dental school in Wales would be the best option, current financial pressures do not allow for this. Can you please provide an update on when the Welsh Government will be in a position to progress this recommendation (Recommendation 10);
6. what progress has been made in relation to schools that have been reluctant to re-engage with the Designed to Smile programme following the pandemic (Recommendation 12);
7. has any conclusion been reached on whether oral health programmes for up to 12-year-olds should be delivered through a school programme or through primary care dental services (Recommendation 13);
8. has the Gwen am Byth programme now been fully re-established and are there any further plans to expand the programme (Recommendation 14).

Agenda Item 5.9

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

10 October 2024

Dear Russell

Thank you for your letter of 22 August 2024 about the 2023 Health and Social Care Committee report on dentistry.

Please see annex A, which outlines progress in relation to the committee's recommendations.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of loops and a horizontal line at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Annex A

	Recommendation	WG response
1	The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than 6 months before the reforms are planned to come into effect.	<p>Officials have been in negotiation with the British Dental Association (BDA) for the last 12 months. Those talks have now broadly concluded, and officials are preparing a document setting out the final position. This will be shared with the dental profession before the end of the year before we begin the legislative process needed to implement the new contract.</p> <p>Our aim is for the new contract to be in place for 1 April 2026 providing the dental profession with sufficient time to prepare.</p>
2Pack Page 163	The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract.	<p>The most recent statistics for NHS dental services are published here. The 2023/24 publication will be available in October.</p> <p>The statistics show a clear reduction in the proportion of Band 1 courses of treatments (check ups in the main) and an increase in the proportion of Band 2 and Urgent courses of treatment. This is to be expected given our ambition to move to a risk and needs based system.</p> <p>We will continue to monitor activity to ensure this shift continues to happen.</p>
3	The Welsh Government should explore options for a centralised waiting list and report back to the Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023.	<p>The development of a Centralised Waiting List (renamed Dental Access Portal), for people wanting to access routine dentistry is now proceeding at pace. Digital Health and Care Wales are leading the development and have established a task and finish group comprising of health board leads to ensure the operational elements of the system are considered. Powys Health Board was chosen as the pilot site and testing and development with data already held by the health board has been ongoing through August. The patient facing part of the system went live on 19 September and we are scheduled to roll out to all other health boards before the end of the year.</p>

4	<p>In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.</p>	<p>As per recommendation Digital Health and Care Wales has been working closely with all health boards to develop an inclusive Dental Access Portal to provide a consistent approach across Wales.</p> <p>The final solution includes an assisted digital pathway and enrolment can be undertaken in Welsh or English.</p>
5	<p>The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.</p>	<p>This issue has been discussed extensively during the negotiation process with the BDA. Further detail will be included in the public consultation.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Paek Page 164</p>	<p>By the end of summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh government will engage with private practice.</p>	<p>This recommendation was also discussed during the negotiation process. Whilst there are clear advantages to having a single software system in operation the BDA have made it clear that this is not a route they would be prepared to endorse. It will therefore not feature as a requirement in any new dental contract.</p>
7	<p>In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area.</p>	<p>The Welsh Government commissioned Miller Research in spring 2023 to conduct research into what ‘good access’ means to the general public in relation to community pharmacy, NHS dentistry and Allied Health Professional (AHP) services.</p> <p>Miller Research carried out a literature review, interviews with key stakeholders in Welsh Government and Public Health Wales and focus groups with members of the public residing in each of the seven health boards in Wales.</p> <p>The research sought to identify key barriers to accessing these services and explore people’s expectations of what good access means in relation to these services.</p> <p>The report is available here. Participants were selected based on a series of factors to ensure a range of representation, including geographic location, experience of</p>

		<p>accessing the three services, age, gender, disabled people, or those caring for a disabled person, parents or carers of young children, and socioeconomic group.</p> <p>The report concludes with a summary of “Good Access Principles” which in our view provide a clear steer for improving access for all members of society.</p> <p>The Health and Care Research Wales Evidence Centre have also recently undertaken some research aimed at seeking views from a diverse range of people on what NHS dental services could look like in the future, what the priorities for them are and to ask what people understood about the current NHS dental services offer.</p> <p>The final report is available here</p>
8	The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023.	The Strategic Workforce Plan for Primary Care in Wales was published on 15 May 2024. Dental specific actions are included in Annex 3 that clearly recognise the benefits of a wider skill mix and the need to support development for the entire dental team.
9	The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency, and provide us with a timescale for this.	Completed without the need for regulatory change. Dental Therapists, Dental Hygienists and clinical Dental Technicians can now apply for a unique PIN from the NHS Business Services Authority which enables them to record courses of treatment that they deliver.
10	The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024.	<p>Whilst our ambition might be to have a second educational facility offering a dental undergraduate programme there are no definite plans to launch a second Dental School in Wales. However, this may be something that would be considered in the future subject to funding becoming available.</p> <p>The location of any such school would be made utilising robust data and intelligence to inform and support any such decision.</p>

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		We need universities and health boards to work together to develop proposals and we are actively encouraging them to do so. Then, if funding is available, we will be move quickly.
11	The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.	Officials have written to Public Health Wales to ask them to formally integrate oral health into all other health prevention policies.
12	The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible and provide an update to the Committee on progress by the end of the summer term 2023.	<p>The Designed to Smile (D2S) programme is continuing to recover from the impact of the pandemic. The 2022/23 annual report is available here.</p> <p>Participation was still lower than pre-pandemic however there were significant increases in participation in all aspects of the programme as summarised on page 4.</p> <p>The 2023/24 annual report is due to be published week commencing 14 October 2024. We will ensure a copy is sent to the committee.</p>
163	The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.	<p>Whilst this recommendation was accepted in our original response to the report, we have given this further consideration and concluded that efforts should be concentrated on adopting oral health promoting behaviours and practices from early years – as is the objectives of the Designed to Smile Programme. On publication of the report, we discussed this objective with academic colleagues who were also of the view that given the likely resources available best outcomes could be achieved by concentrating on nursery and Year 1 (First year in Primary School) school children. Establishing toothbrushing at that age is more effective that devoting resources to older primary school children via a school-based programme.</p> <p>The steps taken to prevent dental decay in 6-12 year olds beyond toothbrushing and restriction of sugar in the diet involve the application of fluoride varnish and provision of fissure sealants. For this age group these are best provided in a dental surgery by the whole dental team. Advice from our academic colleagues supports this view.</p> <p>Whilst not specifically research, through our national dental epidemiology programme we have just completed a representative Wales wide survey of over</p>

		8,000 12-year-olds (Year 7 – first year of secondary school) and this is currently being analysed. The results will be available in December 2024 and this key piece of work will ensure that we have a picture of what is happening to oral health in this age group, including the impact of the disruption caused by the pandemic.
14	The Welsh Government should explore options for expanding the Gwen am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.	As per our original response and details provided in an update letter to the committee in July 2023 this is already happening to varying degrees in most health boards. Our view is that the Welsh Health Circular setting out the role of the community dental service provides clear direction for how health boards can use this element of the dental system to provide care for vulnerable groups.
15	The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.	This recommendation was rejected.
9 Pack Page 167	The Welsh Government should review whether the current levels of funding are appropriate for the services to achieve what's needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023.	<p>We have been honest that we are not able to provide NHS dental care to the entire population. Indeed, we estimate around 20% pay privately for their dental care.</p> <p>We must also recognise that we have no accurate means by which to measure how many people are failing to get access. The introduction of the Dental Access Portal later this year will for the first time provide an accurate picture of unmet need for routine dental care.</p>

Jeremy Miles MS
Cabinet Secretary for Health and Social Care

17 October 2024

Dear Jeremy

Regulations to implement Part 4 and Schedule 3 of the Public Health (Wales) Act 2017 dealing with the creation of a mandatory licensing scheme for practitioners, premises and vehicles associated with the performance of special procedures

You will be aware that the Legislation, Justice and Constitution Committee has recently scrutinised a suite of regulations¹ laid before the Senedd by the Welsh Government which will implement Part 4 of, and Schedule 3 to, the *Public Health (Wales) Act 2017* (the 2017 Act) dealing with the creation of a mandatory licensing scheme for practitioners, premises and vehicles associated with the performance of special procedures.

As part of our scrutiny, you will also be aware that we have raised concerns about the timeframe within which the licensing scheme associated with special procedures has been implemented. The 2017 Act received Royal Assent on 3 July 2017. This suite of regulations is due to come into force on 29 November 2024. This means it will have taken over seven years for the new rules on special procedures to be implemented. When we asked why this was the case, the Welsh Government responses we received to our reports first note that priority was given to both bringing into force and extending the application of Part 5 of the 2017 Act which relates to intimate piercing. The response then goes on to state:

"In the autumn of 2019, the preparatory work for the formulation of proposals for the mandatory licensing scheme set out in Part 4 of and Schedule 3 to the 2017 Act

¹ These are: SL(6)524 - [The Special Procedure Licences \(Wales\) Regulations 2024](#) (withdrawn following committee scrutiny); SL(6)527 - [The Special Procedures Approved Premises and Vehicles \(Wales\) Regulations 2024](#); SL(6)526 - [The Special Procedures Exempted Individuals \(Wales\) Regulations 2024](#); SL(6)525 - [The Prescribed Objects for Body Piercing \(Special Procedures\) \(Wales\) Regulations 2024](#); SL(6)528 - [The Special Procedures Licensing Committees \(Wales\) Regulations 2024](#)

commenced. Due to the Covid pandemic response however, work on the proposals was paused, resuming in the summer of 2022. Since then, public consultation on the principles for the proposed licensing scheme has been undertaken yielding a significant number of informative responses from a range of individuals, businesses and representative bodies across all the special procedures. These informed the drafting of five complex inter-related regulations that were then consulted upon earlier this year.

Our approach has been to ensure there has been strong and effective engagement with stakeholders, including local authority officers, practitioners, businesses and industry stakeholders, about the scheme requirements. This has taken time but has ensured that the regulatory framework is understood and capable of effective implementation, providing the protections and safeguards intended by the 2017 Act.”²

We do not consider this to be a convincing response and, with the information provided to us, have reached a view that the delay to the implementation of a key piece of public health legislation is not acceptable. At our meeting on 14 October 2024 we agreed to write to you to express these concerns.

It is also noteworthy that our report on the draft Special Procedure Licences (Wales) Regulations 2024 contained 16 technical points, nine of which identified either potential defective drafting or inconsistencies between the English and Welsh texts. We note that these draft Regulations have since been withdrawn.

We believe the Welsh Government currently plans for the Senedd to debate the suite of regulations next month. The lengthy delay to implementing Part 4 of and Schedule 3 to the 2017 Act will likely be raised during the debate and we hope you will provide additional clarity and explanation on this matter.

I am copying this letter to the Health and Social Care Committee.

Yours sincerely,



Mike Hedges

Chair

² See, for example, the Welsh Government response to our report on The Special Procedures Licensing Committees (Wales) Regulations 2024.

Russell George MS

Chair

Health and Social Care Committee

17 October 2024

Dear Chair,

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

The Petitions Committee considered the above petition, submitted by Delyth Owen, at its 30 September meeting.

The Committee noted that there were issues of consistency of menopause services across all health boards in Wales, but that this issue should be included in the Women's Health Plan for NHS Wales to be published in December 2024. As scrutiny of the plan is in the remit of the Health and Social Care Committee, Members agreed to write to bring the petition to your attention.

The Committee also agreed to write to Betsi Cadwaladr University Health Board about service provision, requesting:

- more information about the current and expected demand for specialist menopause services provided through secondary care settings, and when and how they plan to provide this, both face-to-face and remotely;
- more information about the provision of services in the medium of Welsh and any issues with staffing that provision;
- how feedback is gathered on the quality of women's experiences of menopause services in North Wales – what is the level of feedback received – if it is currently low what are their plans to address that, and whether there are plans to change existing service provision based on that.

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

<https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=44276>

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

Yours sincerely

A handwritten signature in black ink that reads "Carolyn". The script is cursive and fluid, with the 'y' ending in a small loop.

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Y Pwyllgor Deisebau

Petitions Committee

Senedd Cymru
Agenda Item 5.12
Bae Caerdydd, Caerdydd, CF99 1SN

Deisebau@senedd.cymru
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0300 200 6565

Russell George MS

Chair

Health and Social Care Committee

17 October 2024

Dear Russell,

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

The Petitions Committee most recently considered the above petition, submitted by Simon Scheeres, at its 30 September meeting.

We would like to highlight the petition for the attention of the Health and Social Care Committee as the lead Committee for scrutiny of these plans.

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

<https://business.senedd.wales/mg!ssueHistoryHome.aspx?Ild=44272>

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

Yours sincerely



Carolyn Thomas MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Carol Shillabeer
Chief Executive
Betsi Cadwaladr University Health Board

Copy sent to Russell George MS, Chair of the Health and Social Care Committee

17 October 2024

Dear Carol,

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

As you may be aware, the Petitions Committee considered the above petition from Jane Eleanor Seddon Barraclough for a fifth time at its 30 September meeting.

Members of the Committee noted that it is unusual to have to keep writing back and forth to the Health Board on this issue for 18 months, and share the petitioners' frustration at still not have achieved a positive outcome.

While Members recognise there are clear issues relating to recruitment and retention, the Committee would like to see more honesty and clarity from the Health Board about those challenges and whether it is possible to provide the service or not, and to be upfront about what it considers to be the best model of care in the circumstances. The Committee would also appreciate information on how the service used to be provided, where is it currently being provided, and what numbers of in-patients are requiring the service. In discussion it was noted that a safe and sustainable model of quality care is preferable to poor local care.

As Senedd scrutiny of health boards' performance is primarily a matter for the Health and Social Care Committee, you will note that this letter has been copied to the Chair of that Committee. We look forward to receiving a satisfactory response.

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

<https://business.senedd.wales/mgIssueHistoryHome.aspx?Id=41442>

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

Yours sincerely

A handwritten signature in black ink that reads "Carolyn". The letters are cursive and fluid, with a prominent loop at the end of the 'n'.

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Agenda Item 8

Document is Restricted

Agenda Item 9

Document is Restricted

TO: Sam Rowlands MS Temporary Chair, Health and Social Care Committee
Senedd Cymru

02 September 2024

Re: post-legislative scrutiny of the Nurse Staffing Levels (Wales) Act 2016 – invitation to comment on government response (dated 22 August)

Dear Mr. Rowlands,

Thank you for the invitation to provide comments on the government's response to the committee's report. I would like to offer feedback on several aspects of the response on behalf of my colleagues from the Health Workforce and Systems Research Group at the University of Southampton, who previously submitted written evidence.

Responses to Recommendations 5 & 6

Commissioning research to evaluate the Act should be contingent on the availability of suitable data, so the government's approach—to keep the situation under review and commission research once data is available—seems sensible. However, we would like to note the following:

1. The key evaluation questions, and therefore the criteria for having sufficiently robust data, are not clearly defined.
2. Unless the evaluation questions are clearly specified, the data requirements cannot be determined, making the basis for delaying or determining the timeliness of an evaluation unclear.
3. Waiting for new data from new systems is not necessarily a valid reason for delay unless it is clear what new data will be forthcoming and how it will address the evaluation questions. For example, if a key question involves comparing 2016 and 2024, this can only be done with comparable data from both periods and so data from new systems may not be helpful.
4. Research commissioning can be a lengthy process. Defining the evaluation at an early stage will help clarify data requirements and determine when it is appropriate to proceed.
5. We note that the government combines responses to recommendations 5 and 6. While recommendation 5 relates to the evaluation of the policy in general, recommendation 6 focuses more specifically on the use of the Welsh Levels of Care tools.
6. The need for any tool that claims to measure staffing requirements to be robustly evaluated is somewhat separate from the broader policy evaluation.
7. Questions remain about the accuracy, benefits, and costs of the Welsh Levels of Care tools relative to other tools. These are specific questions that may be best addressed outside a broader policy evaluation. Thus, the two pieces of research need not be linked.

Response to Recommendation 8

The assurances provided regarding the risk of substitution between Band 4 nursing associates and registered nurses are broadly reassuring. However, we would note the following:

1. Similar assurances were offered in England before the implementation of the Band 4 nursing associate role, yet there is considerable anecdotal evidence suggesting that such substitution is occurring (e.g., unfilled posts being explicitly redesignated, and jobs advertised as suitable for either a nursing associate or a registered nurse).
2. The Welsh legislation may indeed offer additional safeguards that are not present in England, and the government is right to highlight these important differences.
3. Whether the Act is successful in preventing unwarranted substitution can only be determined by careful monitoring over time as the role is implemented.
4. Developing unequivocally clear parameters of practice that distinguish a nursing associate from a registered nurse is a crucial protection, but it remains to be seen whether absolute clarity is achievable.

Thank you for the opportunity to comment.

Yours Sincerely



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd/Chair: **Jan Williams**
Prif Weithredwr dros dro/Interim Chief Executive: **Dr Richard Evans**

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Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi.
We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

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Dyddiad/Date: 10th September 2024

Sam Rowlands MS
Temporary Chair
Health and Social Care Committee

Ein Cyf/Our Ref: Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny

Dear Sam

Thank you for your correspondence informing us of the response to the recommendations reported in the Health and Social Care Committee's Post Legislative Scrutiny of the Nurse Staffing Levels (Wales) Act 2016.

The Executive Director of Nursing and Corporate Nurse Staffing team at Swansea Bay University Health Board are sighted on the committee's recommendations and would agree with those accepted, and accepted in principle by the Minister for Health and Social Care.

Swansea Bay University Health Board have robust corporate governance processes in place to meet the statutory requirements of the Nurse Staffing Levels (Wales) Act 2016.

The Health Board in addition to the All Wales Nurse Staffing Group are cognizant of the evolving requirements of the 'Act'. The recommendations outlined within the Post Legislative Scrutiny report are included in the refreshed programme of work currently being undertaken by the All Wales Nurse Staffing Programme of which the Health Board has representation, allowing for a 'Once for Wales' approach.

Yours sincerely,

Hazel Powell, Acting Director of Nursing





Welsh NHS Confederation and NHS Wales Executive Directors of Nursing comments on the Welsh Governments response to the Health and Social Care Committees Nurse Staffing Levels (Wales) Act (2016): post legislative scrutiny recommendations.

Contact: Nicola Williams, Executive Director Nursing, AHP & Health Science
Velindre University NHS Trust / Chair EDON Peer Group

Nesta Lloyd – Jones, Assistant Director, Welsh NHS Confederation

Date: 19 September 2024

Introduction

1. The Welsh NHS Confederation welcomes the opportunity to provide views in relation to Welsh Governments response to the Health and Social Care Committees Nurse Staffing Levels (Wales) Act (2016): post legislative scrutiny recommendations. Our response has been developed following feedback received from the Executive Directors of Nursing (EDONs). The EDONs represent the Executive Directors of Nursing from all Health Boards, NHS Trusts and Special Health Authorities in Wales.

Overview

2. The EDONs recognise that Welsh Government have accepted in full 9 of the Committees recommendations and accepted in principle 2. A summary of the views of EDONs in respect of each of the Welsh Governments response is detailed below.

Rec. no	Recommendation	WG Accept / Accept in principle/ Reject	WG Response	The EDON View
1.	The Minister for Health and Social Services should clarify the consequences for non-compliance with sections 25B and C of the Act and consider including provision for this in the NHS Wales	Accept	I am happy to clarify in writing in this response to the committee that which was touched upon in evidence last year. The Nurse Staffing Levels (Wales) Act 2016's ("the 2016 Act") operational guidance is clear on this point: "It is the health boards/trusts at an executive level that are accountable for	The EDONS welcome the alignment of the consequences of organisation non-compliance with sections 25B and C of the Act being aligned with the NHS Oversight and escalation framework.

Escalation and Intervention Arrangements		<p>compliance with the Act. Any instances of non-compliance will be considered under the Joint Escalation and Intervention Arrangements that have been in place since 2014. Under these arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board/trust. A wide range of information and intelligence is considered to advise on the escalation status, any issues and ensure they are resolved effectively. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under these arrangements.” During the committee’s hearings none of the witnesses to whom the duties of the 2016 Act apply reported any lack of clarity around the consequences for non-compliance with the legislation. The Executive Directors of Nursing are very familiar with these escalation processes given their executive responsibilities within their respective organisations. They are also familiar with how these processes would play out in the context of non-compliance with the 2016 Act, because – as I mentioned in my 6 December evidence – they have seen it applied in practice. Lack of compliance with the 2016 Act was cited as one of the reasons Cwm Taf University Health Board was placed into targeted intervention status in 2019. A refreshed NHS Oversight and escalation framework was published in January 2024. It describes the escalation, de-escalation, and intervention process in more detail, building</p>	<p>It is important that the organisation as a whole is held to account in respect of delivery of the Act and that this forms part of routine monitoring and oversight arrangements between NHS bodies and the Welsh Government/ regulators.</p> <p>This could be further strengthened in terms of focus at Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) meetings in line with the annual reporting cycles.</p>
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			on the learning from our experiences with Cwm Taf Morgannwg and Betsi Cadwaladr university health boards. This document – in combination with the 2016 Act's operational guidance – contains all the clarity required for health boards/trusts to understand the consequences of non-compliance with the 2016 Act.	
2.	The Minister for Health and Social Services should write to us within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies.	Accept	The chief nursing officer (CNO) has raised this issue with the Executive Directors of Nursing. The reporting subgroup of the All-Wales Nurse Staffing Group (AWNSG) is already working through the detail of the necessary steps to ensure a return to nurse staffing level information being displayed consistently across Wales. I will include more detail about our progress on this action in my follow-up six-month update.	This is an area aligned with Health Board / Trust monitoring and also features as a component of Healthcare Inspectorate Wales and Internal Audit Inspections. This assurance could also be aligned with the IQPD and JET processes.
3.	The Minister for Health and Social Services should bring forward clear operational guidance to support the consistent application of section 25A across health boards in Wales. She should report back to us on progress with developing this within 6 months of publication of this report	Accept	Developing operational guidance setting out consistent use of a triangulated calculation approach in 25A areas is now a central part of the refreshed work programme for the AllWales Nurse Staffing Programme (AWNSP). There is significant work that will need to be completed to underpin this guidance, but it has already commenced, and I will include detail of the programme's progress in my follow-up six-month update.	The EDONS recognise the work that is required in this area. However, some organisations (not universal) already have mechanisms in place aligning 25A and B area processes in terms of establishment reviews, headroom etc. The EDONS would like to see this as an area of priority to strengthen the implementation of section 25A of the Act and for this to be subsequently aligned with monitoring and oversight arrangements for the NHS.
4.	The Minister for Health and Social Services should commission a mapping of the digital systems involved in complying with the	Accept	As with the above recommendation, this work is already reflected in the AWNSP's refreshed work programme. The programme team has encountered issues recruiting digital expertise in the	This needs to be aligned with Digital Health and Care Wales national priorities and the wider NHS Wales digital ecosystem to facilitate rapid system development and reporting connectivity.

	requirements of the Act to enable an honest appraisal of the work that still needs to be done to improve the efficiency and connectivity of those systems, and the timescales for this. This should include consideration of the role of digital technology in enabling nurses to provide better patient care		past, and I am aware that the programme manager is exploring potential solutions for employing short-term support to make rapid progress against the digital elements of the work programme. I will include detail on progress against this recommendation in my six-month update.	Enhancing the provision of data and information has been incorporated into the current re-procurement requirements for a once for Wales rostering system.
5.	The Minister for Health and Social Services should commit to undertaking a full and academic review of the Act as soon as the data to support this work is available.	Accept in Principle	I support the principle of independent evaluation of legislation passed by the Senedd. However, as the CNO set out to the committee in December, it is hard to make an argument for commissioning such evaluation work at this time given the fractured implementation of the 2016 Act, due in part to the disruption caused by the pandemic, and the digital issues that have hampered data capture to date. Such evaluation is only typically commissioned once – we should therefore do this when we have the robust data required to underpin an academically rigorous evaluation. April 2024 marked the beginning of the third three-year reporting period – the first since the Safecare ward management module has been rolled out to all 25B areas. We expect this to result in the capture and analysis of more robust data. The conclusion of this reporting period would present an opportunity to undertake the independent evaluation of the 2016 Act. I have asked the AWSNP to include an action in its work programme to periodically	The EDONS support the timelines detailed by Welsh Government in respect of this academic evaluation and feel strongly that this does need to be undertaken to formally evaluate the impact of the Act.

			review the situation and update the CNO.	
6.	The Minister for Health and Social Services should commission a piece of research into the use of the Welsh Levels of Care workforce planning tool to date, including consideration of how Wales compares with the other UK nations in terms of improved nurse staffing levels and patient safety	Accept in Principle	Research into the implementation of the Welsh Levels of Care tools to date would form a significant component of the legislative evaluation described in recommendation five and would not be commissioned as a separate piece of work. The same barriers described above would also therefore apply to commissioning this type of research at the present time.	The EDONs endorse the Welsh Government position and strongly support this research being undertaken.
7.	The Minister for Health and Social Services should provide a written update, within 6 months of publication of this report, on the success of actions to improve nurse recruitment and retention and ensure a sustainable supply of nurses, including reference to international recruitment and the use of agency staff	Accept	I will include details of our progress in these areas in my six-month update.	<p>This is a priority area for the EDONs: The Supply and retention of nurses is critical to having a safe and sustainable nursing workforce and in organisations being able to meet the requirements of the Act.</p> <p>The national commissioning of pre-registration nurse training places in Wales (all disciplines) must be aligned with organisations workforce planning requirements.</p> <p>Currently there is a discrepancy between integrated medium-term plan (IMTP) commissioning requirements, commissioned places and University fill rates.</p> <p>Further growth of alternative routes into pre-registration training (Part time/ Open University / Nursing Associate) are also welcomed.</p>
8.	The Minister for Health and Social Services should: <ul style="list-style-type: none"> confirm that the introduction of the 	Accept	If the registered nursing associate (RNA) role is introduced in Wales, it will be the only band 4 role in our nursing workforce following a	EDONs universally supports the introduction of registered nursing associates (RNA's) in Wales and feel they will compliment the current

	<p>registered nursing associate role will be fully funded, and set out where that funding will come from;</p> <ul style="list-style-type: none"> ▪ provide assurance that the role of registered nursing associate will be an addition to the current workforce and not a substitute for registered nurses; and set out the extent to which the Act mitigates the risk of substitution; ▪ set out how the requirements of the Act will apply to the registered nursing associate role; and ▪ provide details of any assessment of the risk to patient safety that has been or will be done in all areas where registered nursing associates will be employed. 		<p>period of transition. Therefore, the funding currently allocated to the education and training of band 4s would be reallocated to the education and training of RNAs. Phase 2 of the band 4 project work is in its early stages, and over the coming months the subgroups of its programme board will lead on identifying the detail and potential timeline of that funding transfer. The four workstreams are: workforce, legislation, parameters of practice and education, and all four will be making financial considerations in respect of those specific areas. I will include details on this work in my six-month update to you. The CNO and I are very clear on the point of substitution. Over time, the registered band 4 role will be replacing the current band 4 healthcare support worker (HCSW) role, not registered nurses. Registered nurses are an irreplaceably important feature of the workforce, and they will be more effectively supported by registered band 4 colleagues with a higher level of education than current band 4 HCSWs. The primary mitigation against registered nurse substitution will be the development of unequivocally clear parameters of practice which distinguish an RNA from a registered nurse. This document will be developed by the parameters of practice subgroup, with a full consultation on the document to follow.</p> <p>There is additional mitigation – the 2016 Act’s statutory guidance states: “The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the</p>	<p>nursing workforce utilising the Team around the patient approach, enhance patient safety as well as providing an additional route into Nurse training.</p> <p>This programme does need to be fully funded including full funding for organisations / staff for transition programmes.</p>
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		<p>relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council (NMC) register)." The RNA would not be on those parts of the NMC register so there will be no blurring of boundaries within the context of the 2016 Act. The requirements of the 2016 Act would apply to an RNA in the same way they currently apply to a HCSW. The statutory guidance states: "In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by a registered nurse." "Another person" includes the current role of a HCSW, and would include an RNA if introduced. The AWNSG will, as a matter of course, review all templates and guidance and make any necessary adjustments to include specific references to the new role. Questions of patient safety in relation to the introduction of an RNA role are counterintuitive. As referenced above, the RNA would be a replacement role for the currently unregulated band 4 HCSW. As part of the project work that informed my decision to pursue introduction of the RNA in Wales, there was a comprehensive review of literature and clinical, academic professional and trade union opinions. Part of that work was effectively a risk assessment to patient safety of the current model of unregistered, unregulated band 4 HCSWs. The outcome of that investigation was that regulation minimises risks, increases patient safety and enhances</p>	
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			<p>public confidence because of the consistent standards of practice and education, as a result of NMC regulation. According to the literature (and reiterated by academics in Wales), the current absence of regulation is what poses a risk to patient safety, not least due to the enhanced scope of practice of band 4s.</p> <p>Platform 5 in the NMC Standards of Proficiency for the RNA includes improving safety and quality of care. These standards do not exist for the current unregulated band 4 role in Wales. The RNA role is also covered by the NMC Code, which includes a requirement to practise effectively and preserve patient safety. As with registered nurses, RNAs are required to revalidate on a cyclical basis, regularly redemonstrating competency.</p>	
9.	<p>The Minister for Health and Social Services should report back to this Committee within 9 months of publication of this report on the use of the draft Welsh Levels of Care Tools for mental health and health visiting by health boards, providing an evaluation of how they are contributing to the development of a sustainable workforce and improved patient care in this area.</p>	Accept	<p>As raised during the committee's evidence gathering, there are some distinct barriers to the standardised use of the mental health and health visiting WLOC tools at present – the lack of digital platforms to enable data collection. As part of the AWNSP's refreshed programme of work, the programme manager intends to undertake a stock-take audit to gain an understanding of how the draft tools are being used and better understand any barriers. The results will be vital for informing the programme's broader work around standardising triangulated staffing calculations in 25A areas. I will include details in my follow-up six-month update.</p>	<p>The EDONs support the standardisation across all 25A areas.</p> <p>Given the workforce challenges within Mental Health, Health Visiting and Learning Disability Services, the EDONs would like to see these areas prioritised.</p> <p>However, the we should not be developing tools for use in Wales, rather we should use UK available tools. The outcomes need to be directly aligned with commissioning requirements.</p>
10.	<p>The Minister for Health and Social Services should use the All-Wales Nurse</p>	Accept	<p>This work is already reflected in the AWNSP's refreshed programme of work. This scoping work will be the first</p>	<p>The EDONs welcome the alignment nationally with workforce planning tools and would like to stress that this</p>

	Staffing Programme to commission a mapping of the other workforce planning tools that are available, and to develop the principles and guidance to ensure a consistent approach to their application across Wales		step towards developing operational guidance to ensure a once-for-Wales approach to consistently applying a triangulated calculation approach in all 25A areas, mentioned in recommendation three	has to be multi-professional as patient and population needs cannot be met if workforce planning is done uni-professionally.
11.	The Minister for Health and Social Services should share with the Committee the findings of the All-Wales Nurse Staffing Group's assessment of the impact of the Act on multi-professional working	Accept	When the AWNSG has concluded its work assessing the relationship between the 2016 Act and multi-professional working, I will share its findings/recommendations with the committee.	As detailed above a multi-professional approach is required if patient safety is to be assured in respect of the workforce.

Conclusion

3. Overall, the Welsh Government response is endorsed by the EDONs with some areas, such as monitoring, requiring additional action.
4. The overall areas of priorities align with future nursing workforce supply, ensuring alignment of commissioning with identified workforce planning need as well as multi-professional 'team around the patient' workforce planning.



Sam Rowlands MS
Temporary Chair, Health and Social Care Committee
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Helen Whyley, RN, MA
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Friday 20 September 2024

Dear Sam,

Thank you for sharing the [Welsh Government's response](#) to the Health and Social Care Committee's final report about its post-legislative scrutiny of the Nurse Staffing Levels (Wales) Act 2016.

I appreciate the opportunity for RCN Wales to comment on the Welsh government's response before the Committee discusses the inquiry's next steps. Please find RCN Wales's comments attached.

The Nurse Staffing Levels (Wales) Act 2016 is about protecting vulnerable patients from avoidable harm. Regrettably, in the UK, we have seen what happens when we fail to do so. The [2013 Francis report](#) on Mid Staffs NHS Trust and, more recently in Wales, the [2018 report of the independent investigation](#) into care at Tawel Fan older people's mental health ward, both confirm what academic research has shown since at least 2007: where registered nurse shortages go, avoidable harm follows.

Indeed, the then Cabinet Secretary for Health and Social Care, Eluned Morgan, herself agreed in her response that one way the 2016 Act protects vulnerable adults is by mitigating

Continued.....

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Helen Whyley

Noddwr/Patron
Ei Fawrhydi'r Brenin Siarl III/HM King Charles III

Mae'r RCN yn cynrychioli nrysys a nyrsio, gan hyrwyddo rhagoriaeth mewn arfer a llunio polisiau iechyd

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

INVESTORS IN PEOPLE[®]
Rydym yn buddsoddi mewn llesiant Arian

Mae'r Coleg Nyrsio Brenhinol yn Goleg Brenhinol a sefydlwyd drwy Starter Frenhinol ac Undeb Llafur Cofestr Arbennig a sefydlwyd dan Ddeddf Undebau Llafur (Cydgrynhai) 1992.

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

the risk that registered nursing associates, once introduced in Wales, could be used as substitutes for safety-critical registered nurses.

NHS Wales has already developed the workforce planning tools that can enable the Welsh Government to extend Section 25B and protect nurse staffing levels in mental health wards, district nursing, and health visiting. It should. All patients deserve the high legal standards of protection for their care enjoyed by patients in acute medical, acute surgical, and children's wards.

As the committee's report rightly says, if the Welsh Government's preferred approach is to develop and use future workforce planning tools under Section 25A, "it is incumbent on the Welsh Government to demonstrate that enough is being done without the need for further legislation, and to provide evidence of that. If this non-legislative approach to ensuring appropriate levels of nurse staffing does not produce results, [...] the Welsh Government should look again at extending the Act."

Were it not for the extensive evidence that registered nurses are critical to patient safety, the Nurse Staffing Levels (Wales) Act 2016 would not exist at all. We must never lose sight of that fact.

With a new Cabinet Secretary for Health and Social Care in place since the government issued its response to the inquiry's report, I believe a debate in the Senedd chamber would help to conserve the inquiry's momentum and continuity. It would also provide the Cabinet Secretary with an excellent opportunity to set out his own commitment to patient safety.

I look forward to following the committee's work.

Kind regards,



HELEN WHYLEY, RN, MA
EXECUTIVE DIRECTOR, RCN WALES

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HE MA HE SFHEA

Ysgrifennydd Cyffredinol a Phrif
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Acting General Secretary &
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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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Mae'r Coleg Nyrsio Brenhinol yn Goleg Brenhinol a sefydlwyd drwy Starter Frenhinol ac Undeb Llafur Cofestr Arbennig a sefydlwyd a dan Ddeddf Undebau Llafur (Cydgrynhai) 1992.

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

Recommendation	Welsh Government response	RCN Wales response
<p>Recommendation 1. The Minister for Health and Social Services should clarify the consequences for non-compliance with sections 25B and C of the Act and consider including provision for this in the NHS Wales Escalation and Intervention Arrangements.</p>	<p>Accept I am happy to clarify in writing in this response to the committee that which was touched upon in evidence last year.</p> <p>The Nurse Staffing Levels (Wales) Act 2016’s (“the 2016 Act”) operational guidance is clear on this point:</p> <p>“It is the health boards/trusts at an executive level that are accountable for compliance with the Act. Any instances of non-compliance will be considered under the Joint Escalation and Intervention Arrangements that have been in place since 2014. Under these arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board/trust. A wide range of information and intelligence is considered to advise on the escalation status, any issues and ensure they are resolved effectively. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under these arrangements.”</p> <p>During the committee’s hearings none of the witnesses to whom the duties of the 2016 Act apply reported any lack of clarity around the</p>	<p>The refreshed NHS Oversight and Escalation Framework was published in January 2024, after the Health and Social Care Committee had concluded the evidence-gathering stage of this inquiry.</p> <p>In support of its argument that published guidance and frameworks together contain “all the clarity required” for health boards and trusts to understand the consequences of noncompliance with Sections 25B and C, the Welsh Government makes the point that no witnesses “to whom the duties of the 2016 Act apply” reported any lack of clarity around these consequences. This may be true; however, RCN Wales has consistently argued that there <i>is</i> such a lack of clarity.</p> <p>Until the publication in 2024 of the refreshed framework mentioned above, the oversight and escalation arrangements made no mention of the Nurse Staffing Levels (Wales) Act 2016 at all. RCN Wales welcomes that the 2024 framework now lists the Nurse Staffing Levels (Wales) Act 2016 as part of that framework’s legislative context. This is a bare minimum. Ideally, the framework should explicitly reference compliance with Sections 25B and C of the Nurse Staffing Levels (Wales) Act 2016 as factors influencing escalation decisions. It is regrettable that it still does not.</p> <p>Furthermore, RCN Wales remains of the view that the role of Health Inspectorate Wales (HIW) should also be clarified with respect to compliance with Sections 25B and C. HIW “inspects NHS services and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.” While HIW reports have highlighted the</p>

	<p>consequences for non-compliance with the legislation.</p> <p>The Executive Directors of Nursing are very familiar with these escalation processes given their executive responsibilities within their respective organisations. They are also familiar with how these processes would play out in the context of non-compliance with the 2016 Act, because – as I mentioned in my 6 December evidence – they have seen it applied in practice. Lack of compliance with the 2016 Act was cited as one of the reasons Cwm Taf University Health Board was placed into targeted intervention status in 2019.</p> <p>A refreshed NHS Oversight and escalation framework was published in January 2024. It describes the escalation, de-escalation, and intervention process in more detail, building on the learning from our experiences with Cwm Taf Morgannwg and Betsi Cadwaladr university health boards.</p> <p>This document – in combination with the 2016 Act’s operational guidance – contains all the clarity required for health boards/trusts to understand the consequences of noncompliance with the 2016 Act.</p>	<p>lack of nursing staff in NHS settings, they make little mention of the Nurse Staffing Levels (Wales) Act 2016, despite it placing clear statutory responsibilities on the NHS.</p> <p>The Welsh Government should work with HIW to ensure that compliance with Sections 25B and C are inspected against and that the findings of such inspections inform health boards’ escalation status.</p> <p>Additional point for the Health and Social Care Committee to consider</p> <p>The Welsh Government website should make the relationship between the 2024 framework and the 2014 NHS Wales Escalation and Intervention Arrangements clearer. Both currently remain available to download on the Welsh Government’s NHS management webpage, yet the 2024 framework reads as a standalone document and makes no reference to the 2014 document. There is no explanation to help the general public understand how the two relate to each other. The Welsh Government should clarify whether the 2024 framework complements or supersedes the 2014 arrangements.</p>
<p>Recommendation 2. The Minister for Health and Social Services should write to us</p>	<p>Accept The chief nursing officer (CNO) has raised this issue with the Executive Directors of Nursing. The reporting subgroup of the All-Wales Nurse Staffing</p>	<p>RCN Wales looks forward to the update from the Cabinet Secretary by mid-October 2024 on health boards’ consistency in displaying public information about nurse staffing levels.</p>

<p>within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies.</p>	<p>Group (AWNSG) is already working through the detail of the necessary steps to ensure a return to nurse staffing level information being displayed consistently across Wales.</p> <p>I will include more detail about our progress on this action in my follow-up six-month update.</p>	<p>Given the Welsh Government’s stated intention to standardise triangulated staffing calculations in areas covered by Section 25A of the Nurse Staffing Levels (Wales) Act 2016, RCN Wales hopes that the Cabinet Secretary’s update will include a commitment to consistently displaying staffing information in <i>all</i> areas in which staffing levels are calculated, and not only those covered by Section 25B.</p> <p>The Welsh Government should ensure the consistent display of nurse staffing information on wards is monitored, and findings published in a way that is accessible to the general public. One way to do this would be for the Welsh Government to work with Health Inspectorate Wales to ensure this monitoring forms part of these organisations’ inspections and visits. This would provide important assurance to Welsh Ministers and the general public.</p> <p>Improving public transparency was an important reason why the Nurse Staffing Levels (Wales) Act 2016 was passed. It is important that members of the public can be assured of health boards’ commitment to safe and effective care.</p> <p>In September 2023, RCN Wales members across the country surveyed twenty-nine Section 25B wards, covering four different health boards. Twenty-two of these wards publicly displayed information on staffing levels. Of those twenty-two wards, nine either did not include the date the staffing level had last been agreed by the board, or displayed a date that was over a year old.</p>
<p>Recommendation 3. The Minister for Health and Social Services should bring forward clear operational</p>	<p>Accept Developing operational guidance setting out consistent use of a triangulated calculation approach in 25A areas is now a central part of the</p>	<p>RCN Wales looks forward to the update from the Cabinet Secretary by mid-October 2024 on operational guidance to support health boards in applying Section 25A.</p>

<p>guidance to support the consistent application of section 25A across health boards in Wales. She should report back to us on progress with developing this within 6 months of publication of this report.</p>	<p>refreshed work programme for the AllWales Nurse Staffing Programme (AWNSP).</p> <p>There is significant work that will need to be completed to underpin this guidance, but it has already commenced, and I will include detail of the programme's progress in my follow-up six-month update.</p>	<p>RCN Wales remains of the view that Section 25A, like Section 25B, would benefit from statutory as well as operational guidance. If the Welsh government's aim is to roll out calculated nurse staffing levels without extending Section 25B, statutory guidance would be an excellent way to support health boards in doing so, and would also help to ensure compliance.</p> <p>However, RCN Wales enthusiastically welcomes the news that developing new operational guidance for Section 25A is a central part of the All Wales Nurse Staffing Programme's work. RCN Wales recognises that this will be a significant undertaking and expects to be involved in the development of this important guidance.</p>
<p>Recommendation 4. The Minister for Health and Social Services should commission a mapping of the digital systems involved in complying with the requirements of the Act to enable an honest appraisal of the work that still needs to be done to improve the efficiency and connectivity of those systems, and the timescales for this. This should include</p>	<p>Accept As with the above recommendation, this work is already reflected in the AWNSP's refreshed work programme. The programme team has encountered issues recruiting digital expertise in the past, and I am aware that the programme manager is exploring potential solutions for employing short-term support to make rapid progress against the digital elements of the work programme.</p> <p>I will include detail on progress against this recommendation in my six-month update.</p>	<p>It is positive that this work is already reflected in the AWNSP's work programme. From the inception of the Nurse Staffing Levels (Wales) Act 2016, it was recognised by all parties that transparency over compliance with the 2016 Act could only come with investment in digital technology that could provide real-time data on shift allocations and actual staffing levels. RCN Wales looks forward to an update from the Cabinet Secretary on progress in understanding the underlying issues that continue to hinder data extraction and the connectivity of systems.</p>

<p>consideration of the role of digital technology in enabling nurses to provide better patient care.</p>		
<p>Recommendation 5. The Minister for Health and Social Services should commit to undertaking a full and academic review of the Act as soon as the data to support this work is available.</p>	<p>Accept in principle I support the principle of independent evaluation of legislation passed by the Senedd. However, as the CNO set out to the committee in December, it is hard to make an argument for commissioning such evaluation work at this time given the fractured implementation of the 2016 Act, due in part to the disruption caused by the pandemic, and the digital issues that have hampered data capture to date.</p> <p>Such evaluation is only typically commissioned once – we should therefore do this when we have the robust data required to underpin an academically rigorous evaluation. April 2024 marked the beginning of the third three-year reporting period – the first since the Safecare ward management module has been rolled out to all 25B areas. We expect this to result in the capture and analysis of more robust data. The conclusion of this reporting period would present an opportunity to undertake the independent evaluation of the 2016 Act.</p> <p>I have asked the AWSNP to include an action in its work programme to periodically review the situation and update the CNO.</p>	<p>RCN Wales welcomes the Cabinet Secretary’s support for independent evaluation of legislation passed by the Senedd. It is positive that the AWNSP will periodically review the situation and update the Chief Nursing Officer. Instead of delaying this review until the end of the next reporting period in 2027, it may alternatively be more efficient to incorporate this work into ongoing Welsh Government research.</p>

<p>Recommendation 6. The Minister for Health and Social Services should commission a piece of research into the use of the Welsh Levels of Care workforce planning tool to date, including consideration of how Wales compares with the other UK nations in terms of improved nurse staffing levels and patient safety.</p>	<p>Accept in principle Research into the implementation of the Welsh Levels of Care tools to date would form a significant component of the legislative evaluation described in recommendation five and would not be commissioned as a separate piece of work. The same barriers described above would also therefore apply to commissioning this type of research at the present time.</p>	<p>RCN Wales strongly supports this recommendation but disagrees with the Welsh Government’s view that it ought to be part of the review described in Recommendation 5.</p> <p>The Welsh Levels of Care, which would not have come to exist without the Nurse Staffing Levels (Wales) Act 2016, is one of the most comprehensive databases of patient need and corresponding nursing interventions that exists in the UK. It was developed and tested extensively in consultation with nursing staff before launch. The Welsh Government should use this exceptional tool to demonstrate the direct impact of the presence of registered nurses on patient care.</p> <p>This will benefit patients and staff in all areas, not just those covered by Section 25B. The Welsh Government makes much of the need for a multidisciplinary approach, for example, in its responses to this inquiry and in its plans to introduce a registered band 4 nursing support role in Wales. The Welsh government should commission research to place its multidisciplinary approach to improving patient safety and outcomes on a firm academic footing.</p> <p>The reason why Section 25B currently applies only on certain types of inpatient ward is because in other areas, there has historically been an <i>absence</i> of evidence of benefits either way. But the possibility of extending Section 25B to new areas as research became available was built into the law when it was passed, and the Welsh Government has already done so once – to paediatric wards.</p> <p>Absence of evidence is <i>not</i> evidence that extending Section 25B to new areas would make no difference. If the Welsh Government wishes to take the view that Section 25B should only be extended where the research justifies doing so, there is a moral imperative on</p>
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		the Welsh Government to <i>carry out</i> that research. It should make this a research priority and ongoing programme of excellence for Health and Care Research Wales.
<p>Recommendation 7. The Minister for Health and Social Services should provide a written update, within 6 months of publication of this report, on the success of actions to improve nurse recruitment and retention and ensure a sustainable supply of nurses, including reference to international recruitment and the use of agency staff.</p>	<p>Accept I will include details of our progress in these areas in my six-month update.</p>	<p>RCN Wales looks forward to an update from the Cabinet Secretary by mid-October 2024.</p> <p>Actions on domestic recruitment, retention, and international recruitment are three separate things. The Cabinet Secretary's update must be clear on the success of actions in each area.</p> <p>In particular, the Cabinet Secretary must update on success of all actions in the Nurse Retention Plan published by Health Education and Improvement Wales in 2023. RCN Wales was pleased when this plan was published almost a full year ago. The time is right for a review of progress against all the actions it sets out.</p>
<p>Recommendation 8. The Minister for Health and Social Services should:</p> <ul style="list-style-type: none"> confirm that the introduction of 	<p>Accept If the registered nursing associate (RNA) role is introduced in Wales, it will be the only band 4 role in our nursing workforce following a period of transition. Therefore, the funding currently allocated to the education and training of band 4s</p>	<p>On how the introduction of the Registered Nursing Associate (RNA) role will be funded, RCN Wales has reasonable concerns about how realistic the Welsh Government's intentions are.</p> <p>Funding</p>

<p>the registered nursing associate role will be fully funded, and set out where that funding will come from;</p> <ul style="list-style-type: none"> provide assurance that the role of registered nursing associate will be an addition to the current workforce and not a substitute for registered nurses; and set out the extent to which the Act mitigates the risk of substitution; set out how the requirements of the Act will apply to the registered nursing 	<p>would be reallocated to the education and training of RNAs.</p> <p>Phase 2 of the band 4 project work is in its early stages, and over the coming months the subgroups of its programme board will lead on identifying the detail and potential timeline of that funding transfer. The four workstreams are: workforce, legislation, parameters of practice and education, and all four will be making financial considerations in respect of those specific areas. I will include details on this work in my six-month update to you.</p> <p>The CNO and I are very clear on the point of substitution. Over time, the registered band 4 role will be replacing the current band 4 healthcare support worker (HCSW) role, not registered nurses. Registered nurses are an irreplaceably important feature of the workforce, and they will be more effectively supported by registered band 4 colleagues with a higher level of education than current band 4 HCSWs. The primary mitigation against registered nurse substitution will be the development of unequivocally clear parameters of practice which distinguish an RNA from a registered nurse. This document will be developed by the parameters of practice subgroup, with a full consultation on the document to follow.</p> <p>There is additional mitigation – the 2016 Act’s statutory guidance states: “The nurse staffing level is the number of nurses appropriate to</p>	<p>It is not credible that the Welsh government can establish the RNA role as the only band 4 nursing role in NHS Wales by simply repurposing the existing funding allocated to educating and training band 4 staff. There are at least three main reasons for this.</p> <p>The first is that Health Education and Improvement Wales has been clear that a new, dedicated funding stream will be necessary.</p> <p>The second is the size of the band 4 nursing workforce. Recent Welsh Government investment has caused the number of band 4 Assistant Practitioners to expand rapidly. If RNAs are now to become the only band 4 nursing role in Wales, during the transition period, the Welsh government will need the <i>entire</i> existing band 4 nursing workforce to do one of two things:</p> <ul style="list-style-type: none"> undertake RNA education and assume a new level of accountability without a change in pay band leave the nursing workforce. <p>The 747 individuals (664.9 whole time equivalent) currently working for NHS Wales as Assistant Practitioners represent approximately double the number in March 2021. Even if the Welsh Government can maintain that rate, it would still take six to seven years just to requalify the existing band 4 workforce.</p> <p>Thirdly, and which is related, the Welsh Government owes it to the existing band 4 workforce to ensure they have a place in its vision for the future workforce. It must explain how it will support the existing band 4 nursing workforce, especially those who do not wish to become Registered Nursing Associates.</p> <p>It is the Welsh Government’s own intention to repurpose the band 4 education budget that makes this critical. Even if the Welsh government is ultimately successful in transitioning to a position</p>
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<p>associate role; and</p> <ul style="list-style-type: none"> provide details of any assessment of the risk to patient safety that has been or will be done in all areas where registered nursing associates will be employed. 	<p>provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council (NMC) register).”</p> <p>The RNA would not be on those parts of the NMC register so there will be no blurring of boundaries within the context of the 2016 Act.</p> <p>The requirements of the 2016 Act would apply to an RNA in the same way they currently apply to a HCSW. The statutory guidance states: “In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by a registered nurse.”</p> <p>“Another person” includes the current role of a HCSW, and would include an RNA if introduced. The AWNSG will, as a matter of course, review all templates and guidance and make any necessary adjustments to include specific references to the new role.</p> <p>Questions of patient safety in relation to the introduction of an RNA role are counterintuitive. As referenced above, the RNA would be a replacement role for the currently unregulated band 4 HCSW.</p>	<p>where the RNA is the only band 4 nursing role, during any transition period, RNAs <i>will</i> coexist with other band 4 roles. The Welsh government’s response to Recommendation 8 does not address how, or whether, the existing band 4 workforce will be supported during the transition period, or how long it anticipates the transition period will last.</p> <p><u>Nursing associates and the risk of nurse substitution</u></p> <p>RCN Wales very much welcomes the Welsh Government clarification that, in its view, the requirements of the 2016 Act would apply to an RNA in the same way that they currently apply to an HCSW.</p> <p>However, this answer also reveals an inconsistency in the Welsh Government’s position.</p> <p>The Welsh Government acknowledges the “irreplaceably” important role of registered nurses and cites the Nurse Staffing Levels (Wales) Act 2016 statutory guidance as an important mitigation against the risk of registered nurse substitution.</p> <p>But the statutory guidance only concerns Sections 25B and C. Those sections <i>only</i> apply in certain inpatient wards and it has historically been the Welsh Government’s position that more evidence is required to justify extending them to new areas.</p> <p>If the Welsh Government’s view now is that Sections 25B and C, together with their statutory guidance, can effectively protect patients from the risks of low nurse staffing levels, RCN Wales strongly agrees with that assessment and urges the government to prioritise extending it to those areas for which it has already developed workforce planning tools: mental health wards, district</p>
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	<p>As part of the project work that informed my decision to pursue introduction of the RNA in Wales, there was a comprehensive review of literature and clinical, academic professional and trade union opinions. Part of that work was effectively a risk assessment to patient safety of the current model of unregistered, unregulated band 4 HCSWs. The outcome of that investigation was that regulation minimises risks, increases patient safety and enhances public confidence because of the consistent standards of practice and education, as a result of NMC regulation.</p> <p>According to the literature (and reiterated by academics in Wales), the current absence of regulation is what poses a risk to patient safety, not least due to the enhanced scope of practice of band 4s.</p> <p>Platform 5 in the NMC Standards of Proficiency for the RNA includes improving safety and quality of care. These standards do not exist for the current unregulated band 4 role in Wales. The RNA role is also covered by the NMC Code, which includes a requirement to practise effectively and preserve patient safety. As with registered nurses, RNAs are required to revalidate on a cyclical basis, regularly redemonstrating competency</p>	<p>nursing, and health visiting. Furthermore, since the Welsh Government recognises the need to mitigate the risk of role substitution, it follows that Registered Nursing Associates should be rolled out to only those areas in which Sections 25B and C apply. This would be a responsible approach to introducing this new nursing role.</p> <p>RCN Wales welcomes that “unequivocally clear parameters of practice” will be developed distinguishing an RNA from a registered nurse, as mitigation against registered nurse substitution. RCN Wales is part of the group developing these parameters of practice.</p> <p><u>Patient safety</u></p> <p>RCN Wales disagrees with the Welsh government that “questions of patient safety in relation to the introduction of the RNA role are counterintuitive”. Whether the introduction of the RNA role negatively affects patient safety will be determined in large part by whether <i>in practice</i> the role leads to registered nurse substitution. The Welsh government’s primary mitigation against this is the parameters of practice, and these are still in development. It is not possible to say whether the new arrangements will increase patient safety until the parameters of practice exist.</p> <p>The very fact that the Welsh government recognises the value of parameters of practice as a risk mitigation demonstrates that questions of patient safety in relation to this issue are <i>highly</i> salient. It is not regulation per se of the band 4 role that increases patient safety, but the way in which it is <i>implemented</i> and its <i>effects</i>, intentional or not, on the skill mix and overall skill level of the nursing team. Questions of patient safety are <i>never</i> counterintuitive. It is always responsible to examine this risk.</p>
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<p>Recommendation 9. The Minister for Health and Social Services should report back to this Committee within 9 months of publication of this report on the use of the draft Welsh Levels of Care Tools for mental health and health visiting by health boards, providing an evaluation of how they are contributing to the development of a sustainable workforce and improved patient care in this area.</p>	<p>Accept As raised during the committee’s evidence gathering, there are some distinct barriers to the standardised use of the mental health and health visiting WLOC tools at present – the lack of digital platforms to enable data collection.</p> <p>As part of the AWNSP’s refreshed programme of work, the programme manager intends to undertake a stock-take audit to gain an understanding of how the draft tools are being used and better understand any barriers. The results will be vital for informing the programme’s broader work around standardising triangulated staffing calculations in 25A areas.</p> <p>I will include details in my follow-up six-month update.</p>	<p>The Welsh government must prioritise the immediate rollout of digital systems that can collect the necessary data and enable the standardised use of the Welsh Levels of Care tools.</p> <p>The people who stand to benefit are those who depend on nursing services to keep them safe, and in the case of health visiting, to give them the best possible chance of a healthy, long life.</p> <p>Delays and barriers to rolling out the Welsh Levels of Care have real-world consequences. Recent reports have shown the tragic consequences for patients when there are shortages of nurses. In 2018, the independent report on Tawel Fan mental health ward linked failings to “inadequate levels of capacity and capability in relation to the workforce in...nurse staffing in particular”.</p> <p>The Welsh Levels of Care tools exist to help prevent such tragedies re-occurring. People who rely on these services deserve support and protection.</p> <p>RCN Wales expects to see progress reported by the Welsh Government and expects that, if an inability to collect basic information is hindering that progress, the Welsh Government will find solutions. Where Section 25B applies, these solutions have already been found. It is not credible that there are insurmountable barriers to understanding how many patients are being cared for, their acuity, how many professionals are caring for them, and at what level.</p> <p>The Welsh Government’s response makes no mention of Digital Health and Care Wales (DHCW), whose missions include providing a “platform for enabling digital transformation” and delivering “high quality digital products and services”. If NHS Wales lacks the digital systems to enable it to put into use tools it has <i>already developed</i></p>
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		to improve patient outcomes, such as the Welsh Levels of Care, developing or procuring those systems should be an urgent priority for DHCW.
<p>Recommendation 10. The Minister for Health and Social Services should use the All-Wales Nurse Staffing Programme to commission a mapping of the other workforce planning tools that are available, and to develop the principles and guidance to ensure a consistent approach to their application across Wales.</p>	<p>Accept This work is already reflected in the AWNSP's refreshed programme of work. This scoping work will be the first step towards developing operational guidance to ensure a once-for-Wales approach to consistently applying a triangulated calculation approach in all 25A areas, mentioned in recommendation three.</p>	<p>If the lack of digital platforms mentioned by the Welsh government in response to Recommendation 9 is a barrier to using the workforce planning tools already developed <i>for use in NHS Wales</i> in a standardised way even under Section 25A, this will be a barrier to rolling out <i>any</i> workforce planning tool, under either Section 25A or Section 25B.</p> <p>The Welsh government must prioritise developing or procuring the IT solutions needed to overcome these barriers and permit the roll out of operational guidance for section 25A.</p> <p>During the mapping of other workforce planning tools which can be applied under Section 25A, the Welsh Government should at the same time confirm which of these tools are robust enough (or could be developed into tools robust enough) to support extension of Section 25B.</p> <p>The Welsh government should also set out a timeline for rolling out finalised versions of the draft Welsh Levels of Care tools for mental health and health visiting.</p>
<p>Recommendation 11. The Minister for Health and Social Services should share with the Committee the findings of the All-Wales Nurse Staffing Group's assessment of</p>	<p>Accept When the AWNSG has concluded its work assessing the relationship between the 2016 Act and multi-professional working, I will share its findings/recommendations with the committee.</p>	<p>RCN Wales welcomes the Welsh Government's commitment to sharing the findings of the All-Wales Nurse Staffing Group once its assessment is complete.</p> <p>However, we also urge the Welsh Government to provide more transparency in the meantime. It would be beneficial for both the Health and Social Care Committee and stakeholders to understand the current progress and any preliminary findings from the All-</p>

<p>the impact of the Act on multiprofessional working.</p>		<p>Wales Nurse Staffing Group. Has the assessment started, and what has been learned so far? Making this an ongoing standing item would ensure the Committee and stakeholders can stay updated.</p> <p>In the broader context of patient outcomes, while there is substantial evidence supporting and even quantifying the strong link between registered nurse staffing levels and patient safety, the same cannot yet be said for other professional groups involved in multiprofessional teams, such as occupational therapists, physiotherapists, dieticians, healthcare support workers (HCSWs), nursing associates, and doctors. To ensure the best care and outcomes for patients, the Welsh Government should prioritize gathering research and evidence on how these professions contribute to patient safety and recovery. RCN Wales looks forward to the All Wales Nurse Staffing Group’s findings which will undoubtedly contribute to this evidence base.</p> <p>While we appreciate the commitment to a multidisciplinary approach, the Welsh Government should make this a research priority. Without solid evidence, the full potential of multidisciplinary working remains untapped. Evidence-based practice is key, and if the Welsh Government wishes to champion a truly multidisciplinary approach, it must back this up with robust research.</p>
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Jeremy Miles AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

11 October 2024

Dear Russell,

In June, the then Cabinet Secretary for Health and Social Care wrote to you in response to the Health and Social Care Committee's report - *Nurse Staffing Levels (Wales) Act 2016: Post-legislative scrutiny*, published on 17 April.

In that letter, the Cabinet Secretary agreed to write again six months after the report's publication to update you on five of the recommendations as requested.

Before I provide an update position on each of those recommendations, I would like to include some context around the All-Wales Nurse Staffing Programme (AWNSP) that has impacted how much progress has been made in the months since your report was published.

During that time, the Programme has transferred from its former host organisation in HEIW to the NHS Executive, along with several other national programmes of work. The transfer of the Programme team also presented the opportunity to refresh its programme of work, which is now reflective of the recommendations from your April report. Naturally this has been a disruption to business as usual as the nursing structure in the NHS Exec has established itself over the summer.

Further to that, the longstanding Head of the Programme, Joanna Doyle – who you will recall from your October hearing - left her position in July to take up a senior nursing role in the paediatric service. As with any recruitment at that senior a level, it has taken time to fill the vacancy, meaning the Programme has been without a head for three of the six months since the publication of your report. However, I am happy to share with you that the new Head of Programme – Rhys Roberts – began in post on 30 September. I am confident that under his leadership, the Programme will quickly regather pace. Especially once he is able to recruit to the other vacant posts within the Programme team.

With that in mind, I would propose a further written update to the HSC Committee on these recommendations 8 months from the date of this letter. This would follow the health boards' next annual assurance reports.

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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.

Recommendation 2. *The Minister for Health and Social Services should write to us within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies.*

I can confirm that the all-Wales template for the Nurse Staffing Levels (Wales) Act 2016 annual assurance reports was amended earlier this year to include a section focussing specifically on this duty.

In their next annual reports to their respective boards (May 2025), executive directors of nursing will need to “provide assurance that through a 6 monthly audit, all actions have been taken to inform patients of the Nurse Staffing Levels”.

During the CNO’s most recent meetings with EDoNs across Wales’ health boards and trusts, each confirmed that audits have been undertaken in their respective wards where section 25B applies. All have reported generally high compliance with displaying nurse staffing levels, but there is now a need to systematise that auditing into a consistent and regular practice to ensure that compliance is maintained. The Reporting subgroup of the AWNSG is tasked with ensuring a once-for-Wales approach is taken to this work.

The Frequently Asked Questions document explaining the duties of the 2016 Act is another crucial component of informing the public on nurse staffing levels. To date, this document has only been available on wards in hard copy, requiring space to display them, and for copies to be replenished when depleted. During the outbreak of the Covid-19 pandemic, heightened infection prevention protocols determined that paper documents and posters were forbidden in ward settings. The Reporting subgroup of the All-Wales Nurse Staffing Group has been exploring a more agile and future-proof solution to distributing this FAQ document whereby the display board containing the nurse staffing levels information template will also feature a large QR code. Patients and ward visitors will be able to scan this code on any smart phone and be directed to the FAQ document online in Welsh, English or easy read version.

On 3 September, the office of the CNO welcomed an NHS secondee undertaking a clinical fellowship programme. The primary focus of her fellowship project will be the development of a ward manager’s toolkit to prepare, develop and support aspiring ward managers and those already working in the role. The aim will be to drive a consistent approach to ward management and underpin key quality indicators and current system needs on standards, reporting processes and systems to enable safe, quality care delivery. Part of this toolkit will include the legislative duties which are relevant to ward managers, including the duty to keep nurse staffing levels information boards up to date and accurate.

Recommendation 3. *The Minister for Health and Social Services should bring forward clear operational guidance to support the consistent application of section 25A across health boards in Wales. She should report back to us on progress with developing this within 6 months of publication of this report.*

I can confirm that the production of operational guidance for section 25A of the Act is included as a key action in the refreshed work programme of the AWNSP

There are several steps required before operational guidance is drafted and published, and each is included as a distinct action in the Programme's work plan. These include:

- Establishing a national task and finish group that will oversee the development of the operational guidance;
- Linking with national clinical networks for the various care settings;
- Scoping existing evidence-based tools, standards and guidance for the various care settings that can form part of the triangulated calculation process;
- Scoping work to determine which quality indicator data will be used in each setting;
- Setting the principles for consistent triangulated staffing calculation in 25A areas.

Prior to the departure of the former head of Programme, terms of reference were drafted for the proposed task and finish group and an initial fact-finding exercise was conducted with health boards to gather their views on what they would expect/wish to see included in operational guidance.

This is a recommendation where progress has clearly been hampered by the temporary absence of a head of the AWNSP. However, I am confident that the foundations are in place for the new head of Programme to push forward at pace, and I would expect the next written update to the Committee to reflect this.

Recommendation 4. *The Minister for Health and Social Services should commission a mapping of the digital systems involved in complying with the requirements of the Act to enable an honest appraisal of the work that still needs to be done to improve the efficiency and connectivity of those systems, and the timescales for this. This should include consideration of the role of digital technology in enabling nurses to provide better patient care.*

The Chief Nursing Officer has commissioned this work on my behalf, and it is included as a priority action in the AWNSP's programme plan. Now that the new Head of Programme has started in post, I expect this work to progress at pace.

Recommendation 7. *The Minister for Health and Social Services should provide a written update, within 6 months of publication of this report, on the success of actions to improve nurse recruitment and retention and ensure a sustainable supply of nurses, including reference to international recruitment and the use of agency staff.*

Nursing is the largest workforce in the NHS and plays a pivotal role in delivering quality patient care. Despite the unprecedented pressure on Welsh Government budgets, record numbers of people, including nurses, are employed by NHS Wales organisations.

The **number of registered nurses** working in NHS Wales has increased from 21,367 full time equivalents (FTEs) in 2019 to 24,882 FTEs in 2024 – an increase of 16.4%. The actual staff headcount has increased from 24,637 in 2019 to 28,514 in 2024 – an increase of 15.7%. (source: StatsWales 31 March 2019 and 31 March 2024).

The Welsh Government has also maintained the **education and training budget** at record levels for the academic year 2024-25 - £281m. Pre-registration nurse training places have increased from 1,911 in 2019 to 2,400 in 2024.

Nursing and midwifery student recruitment has generally increased following a UK wide fall in 2022-23. The number of students starting nursing programmes overall is increasing,

reflecting successful student recruitment initiatives with increases in rates between commissioned, recruited and student who have started course. HEIW is delivering a programme of work to further increase applications to nursing programmes; additional health care support workers and part times places are being supported, and funding for international places has increased the number of international students being recruited to nursing programmes in Wales. All international students will be supported into posts on graduation as part of the tie in arrangements to stay in Wales for a minimum of two years.

While recruitment to adult and child field places is positive, both mental health and learning disability places remain difficult to fill. HEIW is currently leading on several solutions to ensure that recruitment to these fields of nursing continue to increase.

The **All-Wales International Recruitment Programme** is a national strategic workforce programme supported by Welsh Government and delivered by NHS Wales Shared Services Partnership in partnership with health boards and trusts across Wales. Established during the second half of 2021 in the context of a national shortage in the registered nurse workforce, the programme has recruited over 1,000 internationally educated healthcare professionals into the NHS Wales workforce, the vast majority of which have been internationally educated nurses.

A government-to-government memorandum of understanding agreement established between Welsh Government and the state government of Kerala, India, will support further international recruitment to the NHS Wales workforce on an ethical, not-for-profit basis.

HEIW's Nurse Retention Plan, launched in September 2023, is supporting NHS Wales organisation in developing local retention plans for improved staff experience at work, including wellbeing, engagement, flexible working, flexible retirement, continuing professional development and culture. The retention programme is supported by a circa £0.75m investment to support the appointment of retention leads in each health board and trust.

The 12-month turnover rate for nursing and midwifery registered staff to March 2024 was 5.2%, compared with a 12-month rate to 6.5% to March 2023 (source: NHS Wales management date).

The Welsh Government has agreed in social partnership to work collectively with health organisations and trade unions to drive a collective reduction in **agency spend** across Wales and incentivise substantive employment within the NHS in Wales. This includes a revised control framework for expenditure and a number of actions that will be both more cost effective and provide more opportunities for the substantive workforce, including more opportunities for flexible working and advanced rostering to improve workforce planning.

A direct correlation exists between the number of vacant posts within NHS Wales and expenditure on agency staff. By addressing recruitment and retention, NHS Wales aims to reduce the number of vacant posts and, consequently, reduce reliance on agency staff, leading to improved efficiency and financial sustainability.

Nursing and midwifery agency spend for the previous two financial years, and the forecast position for the current financial year, are shown in the following table.

	Nursing and midwifery registered
2022-23	£155.925m
2023-24	£150.712m
2024-25	£82.784m (forecast)

(source: NHS Wales Financial Returns)

In addition to the actions and data presented in this written update, HEIW is developing a **strategic nursing workforce plan** to ensure a sustainable nursing workforce that will continue to deliver quality patient care. The plan will support NHS Wales to recruit into the profession, to train more nurses, to retain more nurses and to transform the way nurses work. The plan is expected to be published by the end of 2024.

Recommendation 9. *The Minister for Health and Social Services should report back to this Committee within 9 months of publication of this report on the use of the draft Welsh Levels of Care Tools for mental health and health visiting by health boards, providing an evaluation of how they are contributing to the development of a sustainable workforce and improved patient care in this area.*

The above recommendation set a nine-month deadline for an update on the use of the WLOC tools in mental health and health visiting. However, given the timelines involved in procuring/implementing the necessary digital systems for progressing this work, I can see no reason to wait an additional three months to update the Committee.

The *Welsh Levels of Care* (WLOC) is an acuity tool designed and created specifically in and for Welsh settings. The tool sets out descriptions of patients across five archetypal levels of care, from routine and simple to critical and unpredictable. These descriptions are broken down into typical patient needs, conditions and situations and the corresponding clinical assessments, interventions and tasks undertaken by nurses. The original WLOC tool was developed for adult acute medical and surgical wards where it was refined and tested over two years. A similar process was followed to create the paediatric inpatients WLOC ahead of the extension of section 25B of the 2016 Act to that setting.

The purpose of the WLOC tool is to provide nursing teams with nationally standardised advice, guidance and definitions required to consistently assign individual patients to a level of care. The level of care is the principal data of the national acuity audits that take place every six months. This data is collated and analysed to inform the biannual nurse staffing levels calculations in 25B ward areas.

Draft WLOC tools were developed for Mental Health and Health Visitor settings by the respective project leads within the AWNSP. The tools' descriptors and definitions were signed off by the CNO/Executive Directors of Nursing forum in August 2023. The tools have not been tested in the same way as previous WLOC tools due to the lack of suitable digital platforms in those settings to undertake such work.

Producing the draft tool is a vital first step, but there is a clear need for a digital platform to a) test and evaluate the tool, b) record WLOC data and c) enable the extraction and use of that data in a way that is practically valuable to workforce planning. As has already been

identified as a theme during this Committee session, there are currently significant gaps in digital systems being used in these settings. Before leaving the role in July, the head of the AWNSP surveyed the health boards on their use of the draft mental health WLOC tool to date.

As with adult medical/surgical wards and paediatric inpatient wards, the Safecare ward management tool would be the digital means for recording WLOC data in mental health inpatient wards. Presently, four of the seven health boards have rolled out Safecare to their mental health admission and assessment wards. The remaining three health boards have mental health wards within their Safecare implementation schedules. Capture of WLOC acuity data is therefore variable across Wales at present.

Further to that, as with adult medical/surgical and paediatric inpatient wards where Safecare is already being used, extracting the WLOC data in a practicable dashboard format has been challenging. Conversations are ongoing between NHS Wales Shared Services Partnership and the AWNSP team with the software provider behind Safecare about modifications to the module that would allow efficient and effective articulation of WLOC data into reports and visual dashboards. Progressing this is a key priority for the new Head of Programme now that he is in post.

In Health Visiting, the ability to *record* WLOC was added into the existing Children and Young Persons Integrated System (CYPrIS). This is a system developed by NHS Wales Informatics Services and introduced in 2018 as an active care record for all children in Wales. CYPrIS is used daily by child health departments when conducting visits for a number of functions including monitoring uptake of immunisation and screening programmes, and supporting the delivery of the Healthy Child Wales Programme (HCWP).

However, it has limitations. The recording of a child's level of care can only be updated during the fixed contacts (minimum of nine through the course of childhood) which health visitors make under the Healthy Child Wales programme. If there is a change in the level of care in between visits, there is no option for a new form to be created for visits outside those which are core to the HCWP.

Another limitation is that health visitors themselves are not inputting data into devices at the visits. CYPrIS entries are still filled in on paper or electronic forms by health visitors and then submitted centrally to be inputted digitally onto the system. Therefore, although the WLOC is recorded, it is not *live* data as would be captured in a ward-based system like Safecare where acuity levels are updated daily.

The functional value of the WLOC data recorded in CYPrIS is further limited by the inability of the app to export it in a useable format. CYPrIS was not developed with live reporting functionality in mind and its digital platform simply lacks the capability to extract data in the way that would be required for it to then be used to inform staffing calculations and workforce planning. For those reasons CYPrIS was only ever seen as a stop gap solution due to being the only common system used by all HV services in Wales.

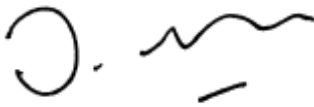
Digital Health Care Wales (DHCW) is developing a specification brief for a new full patient electronic record platform across the whole life course which will include community settings (including health visitors) and mental health wards. As part of that specification, both the recording and reporting/extraction of WLOC data is being considered so that the functionality can be included from its inception as opposed to the retroactive bolt-on

approach that was necessary with both CYPrIS and Safecare. This work is in its early stages, but procurement is due to take place in 2025.

Given that the WLOC tools for health visiting and mental health have already been drafted, they will undoubtedly be used as part of the triangulated calculation method for those settings as part of the work described above against recommendation 3.

Solutions to the current digital barriers are therefore intrinsic to that work and form an explicit action of the AWNSP's programme plan. Executive oversight of this programme is provided by the CNO/Executive Directors of Nursing forum, and I am confident that they will ensure tangible progress is made against this recommendation now that the new Head of Programme is in post.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care