

## Agenda – Health and Social Care Committee

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| Meeting Venue:   | For further information contact:   |
| Hybrid – Committee Room 3, Senedd<br>and video conference via Zoom | Sarah Beasley<br>Committee Clerk   |
| Meeting date: 16 July 2025   | 0300 200 6565  |
| Meeting time: 09.30  | <a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a> |

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### Private pre-meeting

(9.00–9.30)

### Public meeting

(9.30–11.00)

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

(9.30)

#### 2 Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill: evidence session with the Cabinet Secretary for Health and Social Care

(9.30–11.00)

(Pages 1 – 31)

Jeremy Miles, Cabinet Secretary for Health and Social Care

Ben Brown, Deputy Director, QSE and Clinical Conditions – Welsh Government

Research brief

Legal Advice Note on the Terminally Ill Adults (End of Life) Bill

[Legislative Consent Memorandum: Terminally Ill Adults \(End of Life\) Bill](#)

[Supplementary Legislative Consent Memorandum \(No 2\): Terminally Ill Adults \(End of Life\) Bill](#)



### **3 Paper(s) to note**

(11.00)

- 3.1 Letter from Welsh Government to Chair, Legislation, Justice and Constitution Committee re the Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill**  
(Pages 32 – 33)
- 3.2 Letter from the Equality and Social Justice Committee regarding their meeting with Lord Timpson on Monday 14 July**  
(Page 34)
- 3.3 Additional evidence from Cardiff and Vale University Health Board for the inquiry into Ophthalmology Services in Wales**  
(Pages 35 – 39)
- 3.4 Additional evidence from Hywel Dda University Health Board for the inquiry into Ophthalmology Services in Wales**  
(Pages 40 – 45)
- 3.5 Letter to the Cabinet Secretary for Health and Social Care re University Hospital Wales theatres internal service review**  
(Page 46)
- 3.6 Response from the Cabinet Secretary for Health and Social Care re University Hospital Wales theatres internal service review**  
(Pages 47 – 48)
- 3.7 Letter from Legislation, Justice and Constitution Committee to the Minister for Mental Health and Wellbeing regarding HMP/YOI Parc**  
(Pages 49 – 50)
- 3.8 Letter from the Cabinet Secretary for Health and Social Care regarding pre-appointment hearings**  
(Pages 51 – 52)
- 3.9 Letter from Chief Executive of Betsi Cadwaladr University Health Board to Chair of Petitions Committee re Petition P-06-1444 Women of North Wales have the right to have a Menopause Services/Clinic in Ysbyty Gwynedd**  
(Pages 53 – 55)

- 4 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of the meeting**  
(11.00)

**Private Meeting**

(11.00–12.30)

- 5 Legislative Consent Memorandum for the Terminally Ill Adults (End of Life) Bill: consideration of evidence**  
(11.00–11.15)

**Break**

(11.15–11.30)

- 6 Technical briefing on NHS complaints**

(11.30–12.00)

(Pages 56 – 76)

Paper 1 – Welsh Government briefing

Technical briefing slides

- 7 Prevention of ill health – obesity: consideration of draft report**

(12.00–12.25)

(Pages 77 – 166)

Paper 2 – Draft report: Prevention of ill health – obesity

- 8 Forward work programme paper for autumn term**

(12.25–12.30)

(Pages 167 – 174)

Paper 3 – Forward Work Programme for autumn term

# Agenda Item 2

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# Agenda Item 6.1

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



Llywodraeth Cymru  
Welsh Government

**Mike Hedges**  
**Legislation, Justice and Constitution Committee**

## Welsh Parliament

Cardiff Bay,  
Cardiff,  
CF99 1SN  
SeneddLJC@senedd.wales

30 June 2025

Dear Mike,

I am writing further to your letter of 19 May 2025 regarding the Legislative Consent Memorandum on the Terminally Ill Adults (End of Life) Bill.

Our assessment of the Bill in line with the test in Standing Order 29 of the Senedd's Standing Orders (SO29) concluded that the consent of Senedd Cymru is required in respect of clauses 37, 39, 45, 47, 50 and 54. We concluded that the test in SO29 was not met in respect of the other clauses raised in your letter. We are unable to disclose the details of our assessment as to do so would waive legal professional privilege.

This Bill seeks to allow adults who are terminally ill, subject to safeguards and protections, to request and be provided with assistance to end their own life. The primary mechanism through which the Bill achieves this is via amendments to the Suicide Act 1961, which concerns the criminal law restriction on the Senedd's legislative competence in Schedule 7B to the Government of Wales Act 2006.

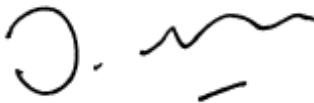
*Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd*  
Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
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[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@gov.wales)

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

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

The Welsh Ministers have a discretionary power under clause 42 of the Bill (previously clause 39) to make provision by regulations about voluntary assisted dying services in Wales within devolved areas. Should the power be exercised, the regulations would set out any devolved delivery arrangements for the provision of assistance to a person to end their own life. In the Legislative Consent Memorandum, it was stated that the consent of Senedd Cymru is required in respect of that clause. A draft of the regulations would also need to be laid before, and approved by a resolution of, Senedd Cymru.

Yours sincerely,



**Jeremy Miles AS/MS**

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

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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.

# Agenda Item 3.2

Y Bwyllgor Gydraddoldeb  
a Chyflawnder Cymdeithasol

## Equality and Social Justice Committee

Mike Hedges MS

Chair of the Legislation, Justice and the Constitution Committee

Peter Fox MS

Chair of the Health and Social Care Committee

## Senedd Cymru

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## Welsh Parliament

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0300 200 6565

03 July 2026

Dear Mike and Peter

### Criminal Justice session with Lord Timpson

Further to our previous correspondence I am pleased that Lord Timpson has confirmed his availability for a re-arranged session on criminal justice with the Equality and Social Justice Committee on Monday 14 July.

The session will be in hybrid format although in person attendance is preferred. The session is expected to commence at 14:00 and draw to a close around 15:30. Please note that these timings are still approximate. Confirmation of the exact timings of the meeting will be provided in due course.

We previously invited a member of each committee to attend these sessions, given your remits and longstanding interest in this issue. Please note that the invitation still stands should you or a representative of the Committee wish to attend the sessions under Standing Order 17.49.

If this would be of interest to you or any of your Members, I would be grateful if you could please confirm by Wednesday 10 July if possible, so that practical arrangements can be made.

I look forward to hearing from you.

Yours sincerely,



Jenny Rathbone MS

Chair, Equality and Social Justice Committee



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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

Parc Y Mynydd Bychan  
Caerdydd, CF14 4XW

# Agenda Item 3.3

Eich cyf/Your ref:  
Ein cyf/Our ref: SC/CT  
Welsh Health Telephone Network:  
Direct Line/Llinell uniongychol: 029 2074 7196

Mr Peter Fox MS  
Chair, Health and Social Care Committee  
Welsh Parliament/Senedd Cymru  
Cardiff Bay  
CF99 1SN

## **Sent by email**

2nd July 2025

Dear Mr Fox

Thank you for the additional questions provided in your annex to your letter of the 9<sup>th</sup> June 2025. Many thanks also for the additional time allowed by your Committee Clerk for the submission of our response.

Our responses to your questions are contained in the following pages.

Yours sincerely

**Catherine Wood**  
Managing Director for Planned Care

**Michael Stechman**  
Consultant General Surgeon and Clinical Director for Ophthalmology



## Service delivery

1. Changes have been made to the Welsh General Ophthalmic Services (WGOS) to enable primary care optometry to manage more patients in the community, thereby reducing demand on hospital eye departments. When do you expect to see the impact of these changes?

*Cardiff and Vale UHB have migrated approximately 1,500 unfiltered glaucoma patients to community practices and have plans to migrate the remaining 1,100 patients by the end of the 2024-2025 financial year. Those that are able to be managed in the community are continuing to be monitored within this sector. The Health Board are also planning to operationalise our monitoring pathways for WGOS glaucoma patients already in monitoring/follow up within Hospital Eye Services (HES) or pre-existing community pathways with a transition over the coming months.*

*Within the Medical Retina sub-specialty, our criteria and pathways have been digitally and clinically developed with clinicians, digital, and primary care colleagues. We have plans to roll out these pathways over the coming months once community capacity and capabilities are understood. This will require a transition from current community pathways which are live and being run in partnership with Cardiff University School of Optometry and Vision Sciences.*

*Our pathways have been designed within the OpenEyes digital patient record and are ready to go live when staff have been trained.*

2. What other strategies are in place to reduce demand on hospital eye care, specifically to help balance the priorities of seeing patients waiting for new appointments and those waiting for follow-up appointments, both of which are equally important? Additionally, how is emergency ophthalmology care coping, and has demand increased due to long waits?

*The Health Board are currently managing the development and operationalisation of a Glaucoma outpatient diagnostic unit within the University Hospital Llandough (UHL) footprint. Our plans to date are aiming to go live in September 2025 which will deliver a high-throughput unit. This will enable timely care and monitoring for patients through best use of resources following models established in Moorfields and other exemplary Eye Hospital settings. This also aligns with recommendations made by GIRFT and the Pyott report.*

*Further diagnostic monitoring pathways in other specialties such as Cornea, Oculoplastics and Neuro-Ophthalmology are also in the early stages of scoping.*

*The Health Board are also actively engaging with partners at Cardiff University School of Optometry and Vision Sciences to relocate diagnostic imaging for our Diabetic Macular Oedema (DMO) service from the Hospital Eye Services (District General Hospital) footprint. This transfer of service will increase our capacity for Intravitreal injection treatment (IVT) services at the University Hospital of Wales (UHW) for high-risk AMD/DMO/RVO patient cohorts.*

3. Do you believe the target, set out by the Ministerial Advisory Group, of performing 8 cataract surgeries in a 4-hour training session and 10 in a consultant-only session is achievable? What challenges do you foresee in meeting these targets?

*The Health Board is faced with managing estates and infrastructure issues on a regular basis which have an impact on the delivery of high volume predictable complexity (HVLC) lists. This has become particularly evident in cataract surgery further to the decommissioning of the high-cost Vanguard mobile eye theatre unit which was funded by the South East Wales Regional Ophthalmology Programme.*

*8 sessions of cataract surgery are currently being transferred from within the UHW day theatre footprint into existing theatre space within UHL, where our plans are to deliver 7 cataracts per list with an expectation of meeting the GIRFT target of 8-10 cases per list during Q3 of this financial year. The Health Board was achieving these levels of activity prior to removal of the Vanguard mobile eye theatre unit, therefore these activity plans are credible and feasible.*

*In order to treat higher volumes of patients, the Health Board's capital project for twin cataract theatres will need to be supported. This will ensure that environmental factors allow for the delivery of High Volume All Complexity (HVAC) and High Volume Low Complexity (HVLC) as standard across all local/topical anaesthetic lists.*

4. How prepared are you to establish Local Theatre Optimisation Boards, and what support do you need to ensure their effectiveness?

*The Health Board are fully engaged in the 6.4.2 theatre booking and scheduling process which is managed and monitored by the Directorate of Peri-Operative Care. Improvements in theatre utilisation have already been realised, with a recent 8% improvement of in-session utilisation.*

*The Directorate of Peri-Operative Care are engaged with their GIRFT recommendations, and colleagues across the Health Board are working collaboratively to ensure efficiencies and improvements are sustainably met.*

*This programme of work is being delivered through the recently established Theatres Tomorrow Programme.*

5. What are your plans to handle the projected 6.4% increase in demand for ophthalmic services by 2030? What support do you need from the Welsh Government to help you provide a permanent solution and ensure the long term sustainability of eye care services?

*The Health Board are fully engaged in ensuring efficiencies and improvements can be achieved, with enablers including treating 7 cataract patients per list, reducing DNA rates, and targeted overbooking of outpatient clinics.*

*The largest barrier for the Directorate is the infrastructure to deliver the service. Therefore, we would welcome the support of Welsh Government to support the development of a fit for purpose eye unit to allow our services to grow and meet the ever growing currently unmet demand for ophthalmic services.*

*A "rightsizing" paper is currently being worked up to determine the service model for our sub-specialty Ophthalmology services. Our ask to Welsh Government is to support our plans to develop the service, based on an efficient and best utilised workforce across all specialties in order to create a sustainable service that does not require short term, high cost variable funding to address gaps in demand and*

*capacity. Short-term fixes have previously required a very challenging turnaround and does not deliver a sustainable solution.*

6. The Committee has heard about the importance of commissioning equipment and ensuring it is properly maintained. Is your health board setting aside an appropriate part of its budget to replace essential equipment in a timely fashion?

*There are two methods employed within the Health Board to enable timely commissioning and maintenance of equipment. For Ophthalmology, a Managed Service contract is in place with Alcon to replace and maintain equipment. Should issues arise outside of this, the Health Board has an Annual Discretionary Capital Budget for which any ad-hoc requests outside of the Alcon contract arise through the Directorate Risk Register. There is then a well recognised process in place within the organisation to prioritise discretionary capital to support applications according to clinical risk.*

7. Given the current challenges in ophthalmology, including shortages of ophthalmologists and optometrists, imbalances in sub-specialties, and the need for effective collaboration with HEIW and universities, what comprehensive strategies is your health board implementing to ensure a sustainable and well-equipped workforce?

*The Health Board are fully engaged with the All Wales Clinical Implementation Network (CIN) and their recommendations around workforce and job descriptions/roles. We have made attempts to obtain best practice models on evidence-based outputs, to influence our future modelling of the service and have been exploring service models being used in other NHS organisations in Wales and England. We have also commissioned reviews by the CIN and Royal College of Ophthalmology to obtain recommendations for improvement.*

*We are and have been working closely with our partners at Cardiff University School of Optometry and Vision Sciences to utilise their skilled workforce and support the upskilling of community optometrists. Prior to the implementation of WGOS we had a number of pathways set up with the University which the WGOS pathways replicate and through our ongoing collaboration we are hopeful that the range of services will grow and develop.*

*As outline above, we are engaging and making plans to partner with the University additionally to support the movement of services that do not require to be undertaken in Hospital Eye Services, such as DMO diagnostics.*

*Finally, growing our imaging and technical workforce to support and release our medical workforce time is another key area of development for us.*

8. Are any vitreoretinal surgeons currently being trained in Wales, or are you still dependent on tertiary centres like St. Paul's Eye Unit in Liverpool and Bristol Eye Hospital for these treatments? (i.e. are health boards collaborating to ensure treatment and care for complex eye conditions are available within Wales, or is relying on English services the best option)?

*Cardiff and Vale UHB provide the VR service for South East Wales and we would like to grow our VR service to further support the region and repatriate the current spend and activity going to NHS England Trusts back into Wales.*

*There is a requirement to grow the VR service to meet the demand in our region and we have requested that the South East Regional Ophthalmology Programme consider this service as the next area to focus on delivering regionally.*

*The Health Board have recently employed a new full time VR consultant in November 2024 and engaged in a succession planning exercise to mitigate our imminently retiring VR workforce over the coming years.*

*Promisingly, two high calibre VR trainees have recently undertaken training within the Health Board; the current position being one individual currently undertaking a fellowship and the other individual approaching completion of ST7 of training. Both individuals are geographically based in Cardiff.*

*Our current emergency theatre lists are undertaken on Monday, Wednesday and Friday to meet 48-hour requirements of care; however, we would like to expand this and increase our throughput in Emergency Eye Care to support this.*

9. Dr. Pyott noted in his review of Eye Care Services that there had been challenges engaging clinicians. Is this still a problem, and if so, how are you addressing these challenges through the Clinical Network?

*The Health Board has held conversations on this matter with the national CIN as part of our review, as well as through the Clinical Lead. Updates to historic, long established contract recommendations and ways of working should be reviewed and we have made this clear in our discussions with the CIN.*

*The CIN and South East Wales Regional Programme have suggested engagement sessions with the clinicians on Friday afternoons (in line with the national weekly teaching session) to be held quarterly.*

*Locally, the Health Board have appointed a new Clinical Director from outside of Ophthalmology to bring an external viewpoint aligned to other specialties ways of working, which has improved the levels of engagement within the department. We continue to work with our clinical colleagues to try to improve the service and secure support to redesign pathways and some of the wider challenges facing Ophthalmology. We feel these challenges stems from a number of years where the demand on services has been allowed to grow, but perhaps not met the capacity requirements in a substantive way, which has caused a lack of belief that there is a desire to recurrently resolve the resulting gap.*

# Agenda Item 3.4

## Inquiry into Ophthalmology Services in Wales

### Service Delivery

- 1. Changes have been made to the Welsh General Ophthalmic Services (WGOS) to enable primary care optometry to manage more patients in the community, thereby reducing demand on hospital eye departments. When do you expect to see the impact of these changes?**

The benefits of the WGOS 4 initiative are beginning to materialise.

The Glaucoma element of the WGOS 4 pathway was introduced across Hywel Dda in September 2024. This involved a desktop review of all low-risk Glaucoma referrals, to identify patients suitable for monitoring in Primary Care and to date, 292 Glaucoma patients have been discharged to Primary Care. Since implementation, 578 patients' care pathways have been delivered by our Primary Care based Optometrists.

Prior to implementation of WGOS 4, it was identified that 20 practices were suitably qualified to deliver the filtering and monitoring pathway. The Medical Retina element of the WGOS 4 pathway was introduced across Hywel Dda in December 2024. This pathway involved an already established consultant connect platform, which has identified patients suitable for monitoring in Primary Care and to date, 466 Medical Retina patients have been discharged to Primary Care.

The WGOS 5 pathway allows Optometrists to prescribe in Primary Care. This was implemented in January 2024 and is provided by 20 practices across the Health Board area. During 2024/2025, there were 4,806 episodes of care delivered under this pathway in Primary Care, with many not requiring accessing care via Hospital Eye Services (HES).

The introduction of these services has allowed patients to be seen in Primary Care and closer to home and has already positively impacted on the quality of patient experience and timeliness of appointments. In total, the introduction of the WGOS pathways is supporting the clinical management of over 5,747 patient contacts away from the HES.

- 2. What other strategies are in place to reduce demand on hospital eye care, specifically to help balance the priorities of seeing patients waiting for new appointments and those waiting for follow-up appointments, both of which are equally important? Additionally, how is emergency ophthalmology care coping, and has demand increased due to long waits?**

Other strategies adopted by the HB include,

- Referral refinement is undertaken at the point of triage, by four trained Optometrists, who review all referrals to draw out the moderate and low risk patients and advise next steps. All high-risk patients are then triaged by an Ophthalmology Consultant. All patients deemed as high risk within two weeks are then sent to the Emergency Eye care clinic for review.

- R1 capacity, new capacity and follow up capacity is built into each clinic template. Additional WLI clinics are secured for both Eye Care Measures and Ministerial Measures targets to increase capacity.
- Validation of the follow up waiting lists is ongoing with the 100% delayed category clerically validated, drawing out potential patients who can be converted to SOS/PIFU. These patients are then sent for Clinical validation to ensure the correct pathway has been selected prior to outcome.
- The national Clinical Implementation Network (CIN) guidance has been circulated to all consultants and discussed in our monthly Consultant meeting and Quality and Safety meeting, to ensure compliance from all clinicians.
- The Hywel Dda UHB Ophthalmology service is piloting a DNA prediction tool to inform whether clinics can be overbooked, to increase capacity.

Emergency eye care service capacity is challenged with the demand of urgent referrals under two weeks and required follow up appointments for this service. Additional follow up clinics for Emergency Eye care services have been secured through the outpatient model. Our triage doctors now triage on site, which has contributed to increased capacity to respond to the most urgent patients.

To further support sustainability, the service is planning the development of Emergency Eye Care practitioners, which will release the medical clinicians from Emergency Eye Care pathways to support clinic capacity in their respective sub-specialty pathways.

**3. Do you believe the target, set out by the Ministerial Advisory Group, of performing 8 cataract surgeries in a 4-hour training session and 10 in a consultant-only session is achievable? What challenges do you foresee in meeting these targets?**

The target to reach eight cataracts in a surgical session can be achieved with the right infrastructure support in place.

The Health Board currently delivers seven to eight cataracts at our Amman Valley Hospital (AVH) unit due to the high flow principles applied in this pathway. The One stop Pre-assessment clinic has helped with the high flow principles. All patients who attend one stop clinics receive a complete work up for theatre, inclusive of testing, preassessment and consent. This has generated efficiencies on the day of theatre. We are pursuing opportunities to replace the existing microscope at AVH, which will further improve productivity at the unit.

Throughput via our main theatre lists at Glangwili Hospital average five to six patients, due to the inclusion of more complex patients and challenges re theatre staffing availability. Our theatre optimisation project is reviewing the theatre staffing model to ensure more consistent provision of theatre nurses dedicated to cataract lists, alongside improvements to the operational policies and pathways supporting the flow of patients between the ward area and the theatre suite. Once resolved, these factors will support progress towards target levels of throughput via our main hospital lists.

**4. How prepared are you to establish Local Theatre Optimisation Boards, and what support do you need to ensure their effectiveness?**

With the recent restructure of our operational function and the establishment of a new Clinical Care Group operational structure, a new Theatre Optimisation Board has been established to drive productivity towards GIRFT recommended standards, and address long standing workforce challenges.

As a Health Board, we have worked closely with the former NHS Executive in support of our theatre optimisation improvement at AVH and look forward to continuing this engagement with the new Performance & Productivity Unit.

Over the longer term, review and development of a bespoke theatre management information system is a priority for the Health Board.

**5. What are your plans to handle the projected 6.4% increase in demand for ophthalmic services by 2030? What support do you need from the Welsh Government to help you provide a permanent solution and ensure the long term sustainability of eye care services?**

The Hywel Dda UHB Ophthalmology Service continues to experience a significant workforce challenge, which has necessitated the continued reliance on the independent sector in recent years, to help maintain progress in reducing waiting lists volumes and length of wait.

We are pursuing a range of complimentary strategies to improve the sustainability of our services as we face future forecast increases in demand:

The Hywel Dda UHB Clinical Services Plan review has identified Ophthalmology as a fragile service and our teams have considered a range of options to reconfigure the service that meet the needs of the future. Alongside service transformation priorities, options also consider opportunities to reduce the number of locations from which care is currently delivered, which in turn will concentrate clinical expertise and support service efficiency and consistency.

With implementation of CIN guidance, our teams will reduce follow up demand, releasing clinical time to prioritise our sub-specialty pathways.

In parallel, we are reviewing our workforce model to support the development of extended roles within the team, appropriate to the needs of particular pathway groups. This includes expanding our nurse injector workforce in support of our IVT pathway.

The development of the WGOS services will ensure that patients who can be monitored and treated in Primary Care are managed outside of the HES, reducing demand on the service.

For 2025/26, £3.2 million has been invested recurrently to expand support of our R1 (high risk of sight loss) cohort of patients to increase medical retina delivery within the intra-vitreous service. Non recurrent funding has been secured for cataract delivery in line with the Ministerial Measures.

Alongside these local initiatives, we are committed to the development of regional pathways and are actively working with Swansea Bay UHB in support of a Regional Eye Care Programme, overseen by the Joint Committee established by both Health Boards. This work will prioritise the development of regional subspecialties, initially for Medical Retina, VR, Glaucoma, Cataracts and Paediatrics. This will enable consultants to work as part of a team of Consultants for each sub-specialty, moving away from single handed consultant models to build more sustainable services.

In order to continue to progress towards a sustainable Ophthalmology service in the future, further national coordination is required to drive access to training in Wales both for medical and nursing staff, who often have to travel to England to access courses relevant to their development. It would also be helpful to continue to develop guidance through the CIN programme on safe staffing levels, training, competency pathways, waiting list management etc so we standardise the approach to Ophthalmology throughout Wales.

### **Facilities and equipment**

- 6. The Committee has heard about the importance of commissioning equipment and ensuring it is properly maintained. Is your health board setting aside an appropriate part of its budget to replace essential equipment in a timely fashion?**

Discretionary capital resources across all Health Boards are limited and the Health Board has to prioritise the needs of the Ophthalmology service alongside all other services and priorities.

The Health Board currently faces a significant capital infrastructure backlog, which in part, along with related service and workforce pressures, has influenced the Health Board's longer term strategic thinking and the need for changes to the configuration of our acute hospital estate infrastructure for the longer term.

Equipment replacement priorities of all services are assessed in a consistent, risk assessed manner on a continuous basis.

### **Workforce**

- 7. Given the current challenges in ophthalmology, including shortages of ophthalmologists and optometrists, imbalances in sub-specialties, and the need for effective collaboration with HEIW and universities, what comprehensive strategies is your health board implementing to ensure a sustainable and well-equipped workforce?**

Within the Health Board, we are pursuing a range of complimentary workforce development strategies:

- Access and support to the Certificate of Eligibility for Specialist Registration (CESR) pathway within the HB. There are currently two Specialist and Associate Specialist (SAS) doctors working towards their exams in order to apply for this pathway. The Service has circulated the requirements and competency framework to all SAS doctors to work towards Specialist posts where CESR is not intended. The Health Board is looking to support the introduction of Specialist posts to support Ophthalmology fragility.
- Securing junior doctors training
- Development of Optometrists in the community continues to be supported by secondary care for WGOS pathways. One secondary care Optometrist has been secured with advanced paediatric and medical retina training. A further secondary care Optometrist post is being considered for paediatric delivery. Contracts and competency pathways are being developed for 3 Optometrists to undertake laser training, to increase laser delivery within the HB.
- Dual roles have been developed for the Orthoptists to include paediatrics, adult motility and intravitreal injections, with two orthoptists now delivering dual roles and a third on-boarding.
- An SBAR is being developed to detail the requirements needed to develop advanced roles for emergency eye care nurses. This will release Clinicians from Emergency Eye Care triage back to clinics and intravitreal injection delivery.

**8. Dr Pyott's report noted the fragility of service in South West Wales, specifically due to consultant ophthalmologist shortages. Have these issues been resolved, and are posts still hard to fill?**

Whilst consultant ophthalmology posts continue to be hard to recruit into, considerable work has been undertaken to support the CESR pathway within the Health Board. This has resulted in the development of a further substantive consultant, enabling five substantive consultants in total. The service is supported by two locum consultants, one of whom is considering the CESR pathway.

To support further progress, two consultant vacancies have been prioritised for regional recruitment in partnership with Swansea Bay UHB, with the objective of recruiting into VR and Medical Retina subspecialties.

Specialist posts are being considered for more remote areas within the HB, where consultant support is currently via remote means only.

**9. Are any vitreoretinal surgeons currently being trained in Wales, or are you still dependent on tertiary centres like St. Paul's Eye Unit in Liverpool and Bristol Eye Hospital for these treatments? (i.e. are health boards collaborating to ensure treatment and care for complex eye conditions are available within Wales, or is relying on English services the best option)?**

The Health Board has one VR consultant, and we are partially dependent on the Bristol Eye Hospital during periods of annual leave and absence. The proposed Regional VR consultant post will be advertised in Swansea Bay University Health Board (SBUHB) with clinics delivered out of HDUHB and theatre delivery in SBUHB. The aim of this recruitment will be to move towards a regional VR model, supported by four VR consultants, which will give opportunity for training (HUDUHB currently has two SAS doctors training in VR) and consideration to a VR out of hours service in SBUHB.

**10. Dr. Pyott noted in his review of Eye Care Services that there had been challenges engaging clinicians. Is this still a problem, and if so, how are you addressing these challenges through the Clinical Network?**

The introduction of a new management team structure in July 2023 has generated improved engagement within and between the wider clinical and service team and the development of a multi-disciplinary approach between clinicians, nursing staff, primary care optometrists, orthoptists, administration and managerial staff. This has included clinical engagement in a regional approach with SBUHB, which is developing at pace.

Within our Ophthalmology service, we now have a Consultant Clinical lead, a Consultant CIN lead, a Consultant Regional Lead, a Consultant Training Lead and Subspecialty leads for regional work.

# Agenda Item 3.5

Y Cymru'n Iechyd a  
Cofal Cymdeithasol

## Health and Social Care Committee

Jeremy Miles MS  
Cabinet Secretary for Health and Social Care

4 June 2025

Dear Cabinet Secretary

### Comprehensive service review of main theatres at the University Hospital of Wales

I am writing following the recent publication of the above report, which I know you agree to be both shocking and deeply disturbing. The report uncovered a number of very worrying themes, including patient safety concerns, leadership failures, the poor state of the hospital and a poor culture.

On 7 May, you told colleagues in the chamber that you intended to meet very soon with the chair of the health board to discuss the specific steps being put in place to address the report's findings. Are you now in a position to update the Committee on the outcomes of that meeting, including any agreed actions. What assurances can you give the Committee, as well as the hospital's staff and patients, that the very serious issues identified in the report, and the range of recommendations it makes, will be addressed fully and with urgency, and what steps do you intend to take to ensure that this happens.

I look forward to your response.

Yours sincerely



Peter Fox MS  
Chair, Health and Social Care Committee

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

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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

Peter Fox MS  
Chair  
Health and Social Care Committee

24 June 2025

Dear Peter

Thank you for your letter dated 4 June 2025 asking for an update on the meeting that I had with the Chair of Cardiff and Vale University Health Board following the publication of the UHW theatres internal service review.

I met with the Chair of the health board, along with members of the Executive team on 8 May to discuss the report and to seek assurances that the issues identified will be addressed at pace and that immediate action has been taken to ensure that the immediate safety risks and quality issues have been addressed.

I am concerned about many of the issues raised in this service review and the failure of the health board to take appropriate, timely and corrective action. I confirmed with the Chair that I expect the Board to take appropriate and immediate action in response to the recommendations, ensuring staff are fully supported as they make the necessary improvements.

The Chief Medical Officer and Chief Nursing Officer visited the service shortly after publication of the report. This has resulted in some all-Wales actions including a multiprofessional learning event on surgical safety and exploring the current learning development offer. These will support improvements in Cardiff and across other health boards in Wales.

I received a letter from the Chair of the health board on 5 June. The letter provided an overview of the Board discussion on 29 May 2025 and confirmed the Board's intention to agree a detailed response and action plan in July 2025. The [covering report, a brief setting the context of the work and the actions undertaken so far](#), the [improvement plan approach and design](#), the [letter received from HIW](#) and the review itself were all discussed in the meeting and simultaneously made available to the public.

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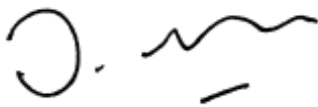
Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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.

Whilst I understand that the Board needs time to develop an effective response to this service review, I have urged them to proceed with pace given the volume and scale of the recommendations to be taken forward. The health board have committed to sending me a copy of the final action plan at the end of July, together with an update on tranche zero and tranche 1 in early July. Officials will monitor the health board progress closely and the health board are required to provide progress reports every two months.

I hope this provides the committee with the assurances they require.

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

**Y Pwyllgor Deddfwriaeth,  
Cyfiawnder a'r Cyfansoddiad**

**Legislation, Justice and  
Constitution Committee**

**Welsh Parliament**  
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Sarah Murphy MS  
Minister for Mental Health and Wellbeing

8 July 2025

Dear Sarah

**HMP/YOI Parc**

You may be aware that members of the Legislation, Justice and Constitution Committee and the Equality and Social Justice Committee visited Parc Prison in June 2025, following a previous visit by the Legislation, Justice and Constitution Committee in December 2024.

During the visit, Members were told by senior leaders at the prison about issues relating to disproportionately lengthy ambulance response times to calls from the prison, and also issues relating to the continuity of healthcare provided to prisoners that have experienced multiple prison transfers. In respect of this latter issue, Members were told that some prisoners had experienced medication that was previously prescribed to them at one Welsh prison being withdrawn during their admission to another prison due to different approaches by health boards, with associated impacts on their health and wellbeing.

Members agreed to bring these issues to your attention. I would be grateful to receive a response addressing these points by 10 September 2025.

I am copying this letter to the Chair of the Health and Social Care Committee and the Chair of the Equality and Social Justice Committee.

Yours sincerely,

Mike Hedges

Mike Hedges

Chair



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

Agenda Item 3.8  


Ein cyf/Our ref MA/JMHSC/1718/25

Llywodraeth Cymru  
Welsh Government

Peter Fox MS,  
Chair  
Health and Social Care Committee

10 July 2025

Dear Peter,

I would like to extend my sincere thanks to the Health and Social Care Committee for undertaking the recent pre-appointment hearings. I appreciate the Committee's time, scrutiny, and thoughtful consideration of the candidates.

Your role in this process is vital in ensuring transparency and maintaining public confidence in senior public appointments, and I am grateful for your continued support and engagement.

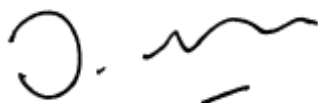
I am pleased that, based on the candidates' performance and responses to questioning at the hearing, the Committee sees no reason why the preferred candidates - Kirsty Williams and Sara Moseley - should not be appointed as Chair of Cardiff & Vale University Health Board and Velindre University NHS Trust, respectively.

I have therefore made the decision to appoint Kirsty Williams as Chair of Cardiff & Vale University Health Board and Sara Moseley as Chair of Velindre University NHS Trust.

These are undoubtedly challenging times for both organisations, but I believe both candidates bring a wealth of experience, insight, and resilience. I am confident they possess the leadership, skills, and commitment needed to guide their respective boards through these challenges and add real strength to the organisations.

Thank you once again for your time.

Yours sincerely,



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

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[Correspondence.Jeremy.Miles@gov.wales](mailto:Correspondence.Jeremy.Miles@gov.wales)

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

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



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Agenda Item 3.9

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Llanelwy, LL17 0JG

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

Carolyn Thomas MS,  
Chair,  
Petitions Committee,  
Welsh Parliament,  
Cardiff Bay,  
Cardiff,  
CF99 1SN

**Ein cyf / Our ref:** CS/CT(CE25/0453)

**Ffôn:** 01745 448788 ext 6382

**Gofynnwch am / Ask for:** Emma Hughes

**E-bost / Email:** [emma.hughes19@wales.nhs.uk](mailto:emma.hughes19@wales.nhs.uk)

**Dyddiad / Date:** 10<sup>th</sup> July 2025

By email – [seneddCovid@Senedd.wales](mailto:seneddCovid@Senedd.wales)

Dear Chair,

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

Thank you for your further letter of 21<sup>st</sup> May 2025, requesting additional information about the Health Board's menopause services, following further consideration of the above petition on 12<sup>th</sup> May 2025.

I am grateful to you for sharing the latest comments from the petitioner, Ms Delyth Owen, and I am pleased to have a further opportunity to address her concerns.

I share Ms Owen's desire to see women have access to menopause care as close to their homes as possible. Since our first correspondence with the Petitions Committee about this issue, the Health Board's ability to provide such local support has improved considerably, with a number of Consultant Gynaecologists undertaking the British Menopause Society's (BMS) Menopause Certificate.

As I indicated in my previous response, Consultants who hold the BMS Certificate are able to manage 90% of referrals for menopause support, and appointments are now being delivered in each of our three acute hospitals (Ysbyty Gwynedd, Glan Clwyd Hospital, and Wrexham Maelor Hospital).

As more of these BMS qualified Consultants are based in Ysbyty Gwynedd than in Glan Clwyd Hospital or Wrexham Maelor Hospital, there is a greater opportunity for women from North West Wales to be invited to an appointment at their local hospital.

That said, as we operate a treat in turn policy, based on our Women's Services pan North Wales capacity, it is possible that some women from Gwynedd and Môn may be invited to appointments at Glan Clwyd or Wrexham Maelor, if this means that they can be seen more quickly.

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

**Paec Page 53** [www.bcu.cymru.nhs.uk](http://www.bcu.cymru.nhs.uk) / **Web:** [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)

I must stress that this pan-North Wales, treat-in-turn approach has a number of key benefits, which include:

- **Fairer access** for all patients, not limited by postcode.
- **Better use of capacity** across the region, reducing delays.
- **Resilience** against local staff shortages or recruitment gaps.
- **Shorter waiting times**, as patients can be treated where slots are available.

In contrast, dividing waiting lists by geography can lead to unequal access and underused capacity.

Ms Owen has also raised concerns that not all women will be able to travel to appointments offered at venues further away from their local acute hospital. Where this is the case, the Health Board will explore options available to the patient, including the Non-Emergency Patient Transport Service (NEPTS) or financial reimbursement for using public transport to travel to an appointment.

Should patients decline to travel, and they are part of a registered vulnerable group or have additional requirements, yet are unable to access NEPTS or reimbursement for transport costs, the service will review their circumstances on a case-by-case basis.

While our BMS qualified Consultants are able to support women with 90% of menopause related issues – often with appointments at their local hospital, our three Menopause Specialists are continuing to provide more specialist advice and support to the smaller number of women (c10%) with more complex presentations, through both face-to-face and virtual appointments.

In her letter to you, Ms Owen queried whether this more specialist support was being provided in face-to-face clinics at Ysbyty Gwynedd. Unfortunately, it is not always possible to arrange face-to-face clinics with our Menopause Specialists across all three of our acute hospital sites, however, additional activity has now been introduced during the weekends at Glan Clwyd Hospital.

This arrangement is similar to how NHS bodies across Wales and the wider UK provide access to more specialist care, with services provided at regional centres, or at a limited number of venues across a smaller geographical area, in order to make the best use of resources.

Ms Owen also queried the allocation of face-to-face and virtual appointments. I can confirm that our Menopause Specialists triage all referrals and decide on the most appropriate mode of appointment, based on a patient's clinical complexity and any pertinent additional information from their clinical notes or letter of referral. Women are always asked if they are agreeable to a virtual appointment and the vast majority of patients are happy to proceed on this basis. As a consequence, we are increasing the number of follow up appointments provided on a virtual basis.



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

I do hope that Ms Owen finds these additional comments helpful, and I thank her once again for highlighting this important issue. I can assure you and Ms Owen that the Health Board will continue to closely monitor its menopause service arrangements, including feedback provided by women who access care and treatment, in order to ensure that we provide the best possible experience and outcomes.

Yours sincerely,

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

---

**Carol Shillabeer**  
**Prif Weithredwr/Chief Executive**

# Agenda Item 6

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# Agenda Item 7

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# Agenda Item 8

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