

Agenda – Petitions Committee

Meeting Venue:

Video Conference – Via Zoom

Meeting date: 15 December 2020

Meeting time: 09.00

For further information contact:

Graeme Francis – Committee Clerk

Kayleigh Imperato – Deputy Clerk

0300 200 6565373

Petitions@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

- 1 Introduction, apologies, substitutions and declarations of interest
(Pages 1 – 56)
- 2 Covid-19 new petitions
 - 2.1 P-05-1046 Reconsider lockdown and investigate scientific evidence
(Pages 57 – 68)
 - 2.2 P-05-1054 The Hair & Beauty sector has proved itself COVID secure. Do not close us and risk Welsh jobs again
(Pages 69 – 71)
 - 2.3 P-05-1060 Allow supermarkets to sell "non-essential"
(Pages 72 – 79)
 - 2.4 P-05-1062 Abandon the rt-PCR test for covid-19 testing as its unfit for purpose
(Pages 80 – 86)
 - 2.5 P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection
(Pages 87 – 102)



2.6 P-05-1074 Raise the number of people allowed in outdoor spaces so football can restart for all teams in Wales

(Pages 103 – 105)

2.7 P-05-1076 Allow all the Performing Arts to re-open – live music, dance, theatres and concert halls

(Pages 106 – 108)

2.8 P-05-1095 Implement a 2 week holiday-lockdown for schools before 24 Dec

(Pages 109 – 114)

The following two items will be considered together

2.9 P-05-1099 Don't shut the Hospitality Sector (Pubs, Restaurants, Cafes) without providing scientific evidence

(Page 115)

2.10 P-05-1100 Allow pubs and restaurants in Wales to serve alcohol & stay open after 6pm

(Pages 116 – 122)

Other new petitions

2.11 P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement

(Pages 123 – 129)

2.12 P-05-1056 Give Local Authorities powers to control the housing market in rural and tourist areas of Wales

(Pages 130 – 147)

2.13 P-05-1064 Extend Land Transaction Tax a further 6 months past 31st March and increase the threshold to £300k

(Pages 148 – 156)

2.14 P-05-1069 Save the farmland and green fields at Cosmeston

(Pages 157 – 167)

- 2.15 P-05-1071 Print the vehicle registration on all drive through fast food packaging
(Pages 168 – 175)
- 2.16 P-05-1072 Investigate what powers the Welsh Parliament has in relation to banning conversion therapy
(Pages 176 – 181)
- 2.17 P-05-1073 Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism
(Pages 182 – 187)
- 2.18 P-05-1077 Stop the voting boundary change to Ystrad Mynach south
(Pages 188 – 197)

3 Updates to previous petitions

Housing and Local Government

- 3.1 P-05-908 CF3 against the Incinerator
(Pages 198 – 201)

Environment and Rural Affairs

- 3.2 P-05-1003 Demand an EIA now on the dumping of radioactively contaminated mud in Welsh waters
(Pages 202 – 205)

Health and Social Services

- 3.3 P-05-914 Equal Access to Health Care for the Disabled
(Pages 206 – 218)
- 3.4 P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage
(Pages 219 – 237)

3.5 P-05-995 Freedom to Donate Blood

(Pages 238 – 243)

The following two items will be considered together

3.6 P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

(Pages 244 – 300)

3.7 P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

(Pages 301 – 302)

Education

3.8 P-05-992 We call on the Welsh Government to create a common body of knowledge about Welsh history that all pupils will learn

(Pages 303 – 307)

3.9 P-05-883 National Welsh History Week

(Pages 308 – 309)

3.10 P-05-1025 Ensure fairness for students taking exams in 2021

(Pages 310 – 316)

Document is Restricted

Agenda Item 2.1

P-05-1046 Reconsider lockdown and investigate scientific evidence that it does not work and causes more harm

This petition was submitted by Anne Ellis having collected a total of 2,189 signatures.

Text of Petition:

The Welsh Government is committed to rolling and ever more severe lockdowns based on the rise in the number of Covid positive test results and their belief that this will lead to more cases of Covid and a dramatic rise in deaths. Could they also consider the views of Professors Sunetra Gupta, Carl Heneghan and Karol Sikora (amongst others), and take note of the Great Barrington declaration and its signatories; and acknowledge that lockdown actually causes more harm than good.

Senedd Constituency and Region

- Gower
- South Wales West

Reconsider lockdown and investigate scientific evidence that it does not work and causes more harm

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14570-1

Petition Number: P-05-1046

Petition title: Reconsider lockdown and investigate scientific evidence that it does not work and causes more harm.

Text of petition: The Welsh Government is committed to rolling and ever more severe lockdowns based on the rise in the number of Covid positive test results and their belief that this will lead to more cases of Covid and a dramatic rise in deaths. Could they also consider the views of Professors Sunetra Gupta, Carl Heneghan and Karol Sikora (amongst others), and take note of the Great Barrington declaration and its signatories; and acknowledge that lockdown actually causes more harm than good.



1. Background

On 7 October 2020, when discussing the local coronavirus restrictions that were in place at the time, the Chief Medical Officer for Wales, Dr Frank Atherton, said:

What we don't want to do of course is to simply relax the measures in an area and then have to maybe a week or two weeks afterwards to put those back in. It may be that we do see a rolling programme of putting restrictions in place and removing them. We don't want to do that but that may be something we have to think about as we go through the autumn and the winter.

On 19 October the First Minister for Wales, Mark Drakeford, announced that the local coronavirus restrictions would be replaced by a national 'firebreak' from 23 October 2020 to 9 November 2020. The decision was made following advice from the Welsh Government's Technical Advisory Cell (TAC) and the UK Government's Scientific Advisory Group for Emergencies (SAGE).

TAC has published its report to the Welsh Government on the firebreak which recommended that "a swift and short-term period of simple, extreme restrictions across the whole of Wales that would significantly reduce the prevalence of the virus in Wales".

When the firebreak ended on 9 November, following advice from TAC, a new set of national measures were introduced across Wales. These have remained largely the same since with the exception of tighter measures for hospitality and indoor attractions that were introduced from 4 December 2020.

2. Harms from COVID-19

In April 2020 the Welsh Government published its framework for recovery which included four ways that COVID-19 can cause harm to people. These include:

- **Direct harm to individuals from being infected by the virus** such as being severely ill and in some cases dying.
- **Harm caused if the NHS became overwhelmed** due to a large increase in demand from patients with COVID-19.
- **Harms from non-COVID illnesses** such as those who do not seek medical attention for an illness early and their condition worsens due to the changes in NHS service delivery to respond to the pandemic.

- **Socio-economic and other societal harms** such as the economic impact of not being able to work due to businesses being closed and psychological harm as a result of social distancing.

Over the summer the Welsh Government set out its [coronavirus control plan](#) which outlined its approach to controlling the pandemic. This included that its “actions must be proportionate” and “not be more restrictive than is needed to contain the virus”. The plan said that the government will “take an approach that balances the immediate health risk with the longer-term harms from restrictions, such as on mental health and wellbeing”.

2.1. Public health measures

In November the [Senedd’s Health, Social Care and Sport \(HSCS\) Committee](#) heard from a number of academics on international experiences and COVID-19. Professor Devi Sridhar, Chair of Global Public Health at the University of Edinburgh, told the Committee that countries like Taiwan and South Korea “have managed to keep their numbers low and they’ve kept most of their society running without lockdowns”. She said these countries have done this through “having very good voluntary guidance to their populations around avoiding this virus” this includes measures such as avoiding crowds, getting outdoors and wearing face coverings. Professor Sridhar also highlighted that these countries had strict border measures with testing or quarantine procedures as well as “really good testing, tracing and isolation”.

During the Committee meeting, Professor David Heymann, London School of Hygiene and Tropical Medicine, said that some countries had “identified where transmission was occurring...so shut them down. They didn’t shut down entire economies”.

3. Barrington Declaration

The [Barrington Declaration](#) was signed on 4 October 2020 by three academics: Dr Martin Kulldorff, Professor at Harvard University; Dr Sunetra Gupta, Professor at Oxford University; and Dr Jay Bhattacharya, Professor at Stanford University. There are also a number of co-signatories including Dr Karol Sikora, Professor at the University of Buckingham.

The declaration states that “current lockdown policies are producing devastating effects on short and long-term public health”. It argues that “we know that all populations will eventually reach herd immunity” and, therefore:

The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

This 'Focused Protection' approach involves “[shifting] infection risk from high-risk older adults to low-risk younger adults”. The authors of the declaration believe that:

...because older people were 1000 times more likely to die of COVID-19 than younger people, an 'age stratified' approach could allow resources to be focussed on older and high risk patients while allowing younger and healthier people to attend school and keep businesses open.

4. Reactions to the Barrington Declaration

4.1. A letter to the Chief Medical Officers

While the above group of academics and doctors are arguing for a more targeted approach to restrictions, another group believe that governments should continue with a whole population approach.

Trisha Greenhalgh, Chair of Primary Care Health Sciences at Oxford University, wrote a letter to the four UK Chief Medical Officers and Chief Scientific Advisor arguing against a herd immunity approach. The letter was signed on behalf of twenty two other academics.

The letter acknowledges that “COVID-19 has different incidence and outcome in different groups” but states that “deaths have occurred in all age, gender and racial/ethnic groups and in people with no pre-existing medical conditions”. Professor Greenhalgh highlights the condition termed Long Covid which is “affecting tens of thousands of people in the UK and can occur in previously healthy and young individuals”.

It also argues that herd immunity “rests on the unproven assumption that re-infection will not occur” and says that “we simply do not know whether immunity will wane over months or years in those who have had COVID-19”.

4.1.a. Chief Medical Officer for England

At the beginning of November 2020 the Chief Medical Officer for England, Professor Chris Whitty, and the Chief Scientific Advisor to the UK Government, Sir Patrick Vallance, gave evidence to the House of Commons Science and Technology Committee.

When asked about the Barrington Declaration, Professor Whitty said:

The biggest weakness in this is that it starts from the thesis that inevitably herd immunity will be acquired if you leave things long enough. That is not the case for a very large proportion of the most important diseases in the world. On all the ones I have worked on, you never acquire herd immunity ever. You do not for malaria; you do not for HIV; you do not for Ebola; and you do not for most of the things that come in from the front door of hospitals.

4.2. Age UK

Age UK argues against age-based restrictions and says “restricting the freedom of such a large group of people purely because of their age is discriminatory”.

The charity believes that an “age-related lockdown would mean that many older people would become increasingly frail” and that “we would see an substantial impact on mental health and older people feel locked away”.

It also argues that “characteristics beyond age – namely being male, being obese, having certain other illnesses and being of Black or Asian ethnicity – seem to increase the risk of dying”.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

SUMMARY OF KEY POINTS FOR WELSH GOVERNMENT TO CONSIDER AND RESPOND TO

1. Lockdown does not work
2. Covid 19 is showing seasonal variations in line with every other virus of this type
3. The damage caused by lockdown far outweighs the “benefit”
4. The Welsh government has a duty to publish the scientific evidence used together with evidence that a transparent democratic process has been followed in making decisions of this magnitude

Lockdown does not work (1)

It is now some time since I wrote my petition. At that time the Welsh government were imposing a nationwide lockdown for 17 days. Since then they have introduced the alcohol ban and are now talking about ever more stringent measures - whilst blaming the public for the failure of their policy to date. Please can the Welsh government move away from their tunnel vision focus on lockdowns and take the time to look at other scientific evidence. Mr Drakeford has previously referred to any alternative to his view as “dangerous”, but I think it would be worth listening to facts rather than wreaking more carnage on the economy, people’s lives (especially the young) and civil liberties.

In October 2019 the WHO published a pamphlet on how to deal with a pandemic. It states that:

- 1) quarantining infected people once a pandemic is established is not recommended;
- 2) track and trace is only of benefit in the early stages of a pandemic and once the pandemic is established it should be stopped;
- 3) the wearing of simple paper or cloth masks by the general public is not recommended.

The lockdown of the entire population is not even mentioned in the pamphlet, because that would be an absurd notion never ever considered before. Indeed, the WHO has subsequently stated that such a policy does not work. Why is the Welsh government going against this advice? Is this the sort of “dangerous” science to which Mr Drakeford refers?

If the Welsh government do not consider the advice of the WHO to be acceptable, perhaps they would consider the scientific evidence of at least 22 peer reviewed papers that explain why lockdown does not work. I attach a list of some of these.

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms/>

1. LANCET NO EFFECT ON MORTALITY Paper
2. Was Lockdown in Germany Necessary? – Homburg
3. KOCH Institute Germany Analysis
4. BRISTOL UNIVERSITY Paper
5. NATURE Submission Flaxman et al Response
6. PROFESSOR BEN ISRAEL ANALYSIS
7. NIH Paper
8. WOODS HOLE INSTITUTE Paper
9. EDINBURGH STRATCLYDE UNIVERSITY Paper
10. BRITISH MEDICAL JOURNAL BMJ Paper
11. ISRAEL MASSIVE COST OF LOCKDOWN Paper
12. EPIDEMIOLOGY Too Little of a Good Thing Paper
13. THE TEMPEROL ASSOCIATION Paper
14. SCOTLAND Life Expectancy Paper
15. LOCKDOWN COSTS MORE LIVES Paper Federico
16. DID LOCKDOWN WORK? Paper
17. FOUR STYLIZED FACTS ABOUT COVID-19

18. HOW DOES BELARUS...
19. LIVING WITH CHILDREN IN UK
20. PANDATA COUNTRY ANALYSIS
21. NEJM MARINE STUDY QUARANTINE
22. A MATTER OF VULNERABILITY STUDY

To summarise, these papers show that across over 100 countries there is no correlation between lockdown, lockdown severity and mortality per million. Lockdown has achieved nothing of benefit.

Seasonal variation (2)

Has the Welsh government considered the compelling evidence that Covid is following seasonality as all respiratory illnesses do? There was no lockdown over the summer and cases fell away. We are now in the season of flu and other respiratory illnesses and this year the dominant virus is Covid 19. Every year we are told the NHS is overwhelmed with such illnesses, but we do not shut down the economy and confine everyone to their homes. You can look at statistics for countries all over the world to confirm this seasonality. I refer you to this post and its informative graphs as it explains everything so much better than I can. Why does the Welsh government think that Covid 19 would be any different to other coronaviruses in the way it works across the seasons?

<https://www.youtube.com/watch?v=3cjgicrA504&feature=youtu.be>

The damage caused by lockdown far outweighs the “benefit” (3)

The damage to the economy, health, quality of life and civil liberties inflicted by the Welsh government is inestimable. Considering the latest **Office for Budget Responsibility (OBR)** (<https://obr.uk/download/july-2020-fiscal-sustainability-report-presentation-slides/>) projections for 2020 for the UK as a whole, Welsh GDP could fall by 13% in 2020 and not return to pre-pandemic levels until 2022. Real people are paying the price for this lockdown policy and it falls unfairly on the young, the private sector and certain areas of business – such as hospitality and tourism. I am sure the Welsh government will respond by saying that there are helpful measures in place, but these do not apply to everyone, there are many people who do not qualify for any sort of economic help and just have to struggle on.

In global terms Unicef estimate 1.2 million children worldwide will die of starvation as a direct result of global lockdowns. This is sobering for any government and should be a major consideration in decision making. The impact on health (especially mental health), quality of life and civil liberties is much harder to quantify. In anecdotal terms I know of women giving birth alone, cancer patients waiting an unreasonable length of time for treatment, livelihoods destroyed (including my own) and the unacceptable separation of families. The Welsh government must justify this destruction.

Perhaps the government could consider these papers:

LOCKDOWN HUGE HARMS PAPERS & ANALYSES:

<https://thefatemperor.com/published-papers-and-data-on-lockdown-weak-efficacy-and-lockdown-huge-harms>

Note: also go to <https://collateralglobal.org/>

1. MILLION DOLLAR SOCIAL DISTANCING
2. COST BENEFIT ANALYSIS OF LOCKDOWN
3. BMJ IOANNIDIS DEBATE
4. NIH NEGATIVE IMPACTS OF LOCKDOWN
5. BMJ: HERD IMMUNITY POLICY COULD SAVE LIVES
6. IMPACT OF LOCKDOWN DISORDERS
7. BMJ DELAYED ACCESS TO CARE
8. CAMBRIDGE: LIVING WITH COVID – BALANCING
9. PSYCHIATRY RESEARCH – LIVING WITH COVID
10. JAMA HOSPITALIZATIONS FOR CHRONIC DISEASE
11. IRISH CANCER SOCIETY SUBMISSION
12. ECLINICAL DEATHS OF DESPAIR
13. ONS EXCESS DEATH MESS
14. DEATH BY LOCKDOWN
15. LOCKDOWN – A FOCUS ON THE POOR AND CHILDREN
16. MENTAL HEALTH AND LOCKDOWN
17. PROJECTED DEATHS OF DESPAIR FROM LOCKDOWN
18. THE PRICE OF PANIC

Publish the scientific evidence used together with evidence that a transparent democratic process has been followed in making decisions of this magnitude (4)

Please could the Welsh government consider this – if you calculate the total sum of excess deaths and overall mortality, then subtract the normal annual natural death and the mass increase in death rates from lockdown measures, suicides, cancellations and suspensions of the number one life saving mitigation in the world (early detection cancer, heart attack and stroke) then you find that the actual death rate from Covid is almost nullified. In other words, if it was not for the mitigation attempts of lockdown and the collapse of a globally dependent economy, the excess deaths and overall mortality right now, would be on par with any other year.

So, I would like to ask the Welsh government:

- 1) What is the scientific evidence used to justify lockdown when this has never been done before so it is untried and untested ?
- 2) Did the government carry out a detailed impact assessment and could it be published?
- 3) Lockdown in the UK has cost approximately £400 billion. It has led to delays in treatments for people with cancer, heart disease, dementia etc. It has caused massive damage to the economy and people's lives. Since we now have conclusive proof that lockdowns do not work, do you really think further lockdowns are justified? If your answer is yes, then could you publish the scientific data you are using to justify your action along with the copy of your impact assessment. I would also like to see the

Welsh government publish evidence that decisions are being considered by all parties in a proper democratic manner and that all decisions are being voted on.

- 4) Do you really think people will accept lockdown for much longer?

Agenda Item 2.2

P-05-1054 The Hair & Beauty sector has proved itself COVID secure. Do not close us and risk Welsh jobs again

This petition was submitted by Sarah Bruton having collected a total of 6,074 signatures.

Text of Petition:

The Welsh hair and beauty industry has complied with the strictest regulations since re-opening, and has proved itself as not just covid-secure, but one of the safest settings in terms of transmission. We have extensive PPE, hygiene measures and the ability to comply with track and trace. Our industry was one of the last to re-open and has suffered some of the biggest losses as a result of national and local lockdowns.

We have done everything right and we should not be punished by closure.

Additional Information:

The measures the sector has implemented:

- additional PPE training (including donning and doffing) and adopted the highest requirements for PPE of any non-covid setting;
- undertaken cross-contamination and infection control hygiene measures;
- worked additional hours to space staff and clients to protect jobs.

Public Health England recorded that close contact services/ personal services are routinely the safest environment for covid transmission (exception: prisons). Unfortunately, Public Health Wales does not publish comparable data.

The hair and beauty sector has already lost the summer trading period (estimate: 60% of annual turnover). The period leading up to Christmas represents the second busiest period. Although this year will not see such a big upturn, closing hair and beauty businesses at this time will make job losses and business closures in January inevitable.

Our sector should not be punished when we have proved we can do everything right. We can keep people safe.

Senedd Constituency and Region

- Caerphilly
- South Wales East

Ken Skates AS/MS
Gweinidog yr Economi, Trafnidiaeth a Gogledd Cymru
Minister for Economy, Transport and North Wales



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1054
Ein cyf/Our ref KS/06294/20

Janet Finch-Saunders MS
Chair, Petitions Committee

06 November 2020

Dear Janet,

Thank you for your letter of 19 October on behalf of the Petitions committee regarding the hair and beauty sector.

We recognise the enormous efforts businesses have made to become safe places, particularly in the hair and beauty sector. The firebreak period is not a reflection on those efforts and we appreciate that some business environments make only a low or moderate contribution to the risk of transmitting the virus.

However, at this stage, minimising any contribution to the spread of the virus is important, which is why we are requiring certain businesses to close temporarily. We fully recognise the impact the firebreak will have on businesses and are making a further £300 million available to support them through this difficult period.

All business premises, which have been shut since October 23, will be able to reopen on November 9.

You will appreciate that the response to the crisis is evolving rapidly and we are taking regular advice from Public Health Wales. Unfortunately, we are unable to provide any assurances around any further measures.

Yours sincerely

Ken Skates AS/MS
Gweinidog yr Economi, Trafnidiaeth a Gogledd Cymru
Minister for Economy, Transport and North Wales

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Ken.Skates@llyw.cymru
Correspondence.Ken.Skates@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.

Agenda Item 2.3

P-05-1060 Allow supermarkets to sell "non-essential" items during lockdown

This petition was submitted by Gareth Howell having collected a total of 67,940 signatures.

Text of Petition:

The Welsh Government, as part of its 17 day "firebreak" lockdown, is banning the selling of non-essential goods from shops that are allowed to remain open. We do not agree that this is a prudent or rational measure, and will create more harm than good.

We do not agree for example that parents should be barred from buying clothes for their children during lockdown while out shopping. This is disproportionate and cruel and we ask that the decision be reversed immediately.

Senedd Constituency and Region

- Cardiff North
- South Wales Central

P-05-1060 Allow supermarkets to sell "non-essential" items during lockdown, Correspondence – Petitioner to Committee, 10.12.20

Dear Members

I hope that this finds you all well.

Firstly, I must convey a message of thanks to the Senedd for this opportunity to provide a statement in response to the debate on my petition. This petition, which discusses the ban on the sale of non-essential items in supermarkets during the Firebreak Lock-down sent a clear message from the Welsh public to this Chamber and I am glad it was at least heeded in some form. Whilst the response was remarkable, it was no in principle surprising given the nature of the policy and it is important that Members understand the true nature of the feeling behind this campaign. It was never intended to undermine any important public health message and indeed I will argue in the below that the policy itself has possibly contributed to an erosion of trust between the public and the Welsh Government. This is a worrying trend that the Government must seek to reverse quickly.

To start with, we must discuss the motivations driving the creation and promotion of this petition. It has been said in many social media outlets, and even spoken of implicitly in the Chamber that the subject matter was used to promote partisan political views opposed to that of the Government, and that it had been captured by an audience wider than that of the Welsh public. Let me make it abundantly clear – I am not a member of any political party, have no agenda to that effect and this petition was not set up to generate political capital for any one grouping represented here or otherwise. How others chose to use this campaign while it was open and in the public sphere at this time was a matter for them and them only. It was therefore quite disappointing to note that so much time in the petition debate was dedicated to making personal attacks on the conduct of other Members, rather than striving to answer the important questions at hand.

My reasons for starting the petition were borne out of personal circumstance: I am a father to two young sons and have elderly relatives. When the policy was announced – apparently at some speed in the immediate three days prior to the Firebreak my initial response was one of horror and one that was reflected by many who chose to support the cause when promoting the petition on social media. Such questions raised were (paraphrased here):

“What do I do if my children are in need of emergency uniforms for school?”

“What if my elderly grandmother’s kettle breaks – will she be forced to boil a pan on a stove?”

And so forth. Such rules and controls on the ability of any store to sell goods in such a fashion are unprecedented and always likely to be open to a difference in interpretation and naturally we saw this transpire. Thence, we engender the Sky News quote of the first weekend of the Firebreak – *“I think the Welsh Government has lost the plot”*¹. This is not a difficult stance to sympathise with when faced with the possibility of not being able to purchase underwear for ones’ children in an emergency due to an ill thought-out set of guidance introduced at speed by Government. Whilst I strongly suspect that the *intention* behind the regulations and associated guidance was not cruel or disproportionate, their *execution* were very much so. One would argue that greater time and care should have been applied, however I would also argue that a display of trust to show self-restraint in the public would have negated the need for the policy altogether.

1 See: <https://news.sky.com/video/coronavirus-i-think-the-welsh-govt-has-lost-the-plot-12113025>

Let us be clear – it is ordinarily absolutely not the job of the Welsh Government to dictate to the public what it believes to be essential items for purchase, and what is not. Such a decision and circumstance is conditional on so many individual factors – many of which are personal and not the business of those outside one’s personal circle. In a free society such as our own, the government has no right in principle or legality to challenge this. By shifting the burden of “proving essentiality” to supermarket workers in the way it did following the initial “clarification” of rules, the Government committed a subtle act of burden-shifting onto a group of workers who have supported the Welsh public and economy so bravely over the course of 2020. This administration and its supporters across the Senedd owe those workers a sincere apology if it wishes to begin to rebuild trust with the public at large.

Per the debate, we note that the originally-announced intent of the policy was to ensure a “level playing field” for non-essential retailers in the marketplace, given that the Firebreak regulations mandated their closure. In First Minister Mark Drakeford’s own words:

“The decision is simply based on fair play...it is a straightforward matter of fairness...no organisation or individual is above the effort we all have to make.”

In the furore that was to soon develop, for many signatories and those interviewed by media outlets over the first weekend of the Lock-down, this is likely to have appeared to be somewhat bizarre reasoning given the following factors:

1. The Welsh Government had – apparently – made available a significant cash injection of c.£300million in addition to what was available from UK government at the time to support business through the Firebreak². Why was this capital not used to compensate those stores asked to close during that period more directly? This will surely be of great importance to the signatories of the petition (it is after all, taxpayer funds that are used in these support measures) and the Government missed an excellent opportunity to explain this in the debate of November 11th 2020.
2. Online shopping was encouraged – and for many non-essential retailers, this meant shifting to the so-called *click-and-collect* or *home delivery* method. Of course, one will immediately note that this space in the market is dominated by a small number of large companies for whom 2020 has already been a vastly profitable year. In principle, the policy almost-surely handed those retailers a near-monopoly in so-called non-essential items in Wales during the Firebreak period, mostly due to the maturity of their sales models and ample access to logistics and supply chains. Did the Government not realise the risk that it was actually creating a distorted playing-field at the time? What also of the risks incurred by increased courier footfall moving from house to house over the country? The debate of 11th November would have been an ideal opportunity to discuss thinking in further detail, and yet this opportunity was not taken.
3. The Welsh Health Minister, Vaughan Gething MS, made a very targeted attempt in his statement of Monday 26th October to shift the narrative of the policy toward “remembering why the Firebreak was introduced: to save lives”³. This is, of course, the central point around why this debate has been brought about (and for which we must all – this Senedd included - play our part in supporting in a compassionate and proportionate manner) – however while the Government makes an argument on “level playing field” in one hand, it can appear somewhat politically motivated in the other to shift the reasoning behind the policy directly to a health argument in the following days once criticism is levied against the policy. If any of the apparent “confusion” that a number of Members referenced during

2 See: <https://www.southwalesargus.co.uk/news/18828497.access-300m-lockdown-support-wales-businesses-today/>

3 See: <https://www.itv.com/news/wales/2020-10-25/welsh-government-to-review-clarity-of-non-essential-item-ban-in-supermarkets>

the debate was to reign on the matter – this is surely one such potential area where it could occur. So we ask: was this a public health control, an economic control, both, or just a confused mess? The public are owed an answer.

- It is worthy of note that the recent English lock-down (despite being based on similar modelling methodologies to that used to justify the Welsh Firebreak⁴) no such policy around supermarket non-essential items was recommended, despite several Members appearing to believe that this was the case. If the models are the same, why do the Welsh Government not believe that Welsh shoppers are capable of showing the same restraint in respect of COVID-19 controls as the UK Government believes is the case for their English counterparts? Again, there was a missed opportunity during the recent debate to explain this thinking.
4. In his interview given to ITV Wales News on Sunday, 25th October, Mr Drakeford remarked: *“I won’t need, I don’t think, to buy clothing over this two weeks and I think many, many people in Wales will be in that position too. For me it won’t be essential, but I recognise that there will be some people who for entirely unexpected reasons which they couldn’t have foreseen will need to buy items”*. While the prescient (ahead of the ‘clarification’ of the following Tuesday) wording of the time is notable and should be acknowledged in light of the petition, it will have appeared remarkable to many that the Welsh Government’s test of proportionality in this moment will have *appeared* to be based on the immediate needs of its leader. Whilst this unlikely to have *actually* been the case, the likelihood is that this presented itself to the public as dispassionate and uncaring: after all, the First Minister is known to be remunerated handsomely for his role, and has the capacity to live in a secondary dwelling on his property. His reach, influence and access to resources are far greater than the average person. This was not an ideal piece of PR for the policy and indeed it appears to betray an apparent disconnect with the average Welsh person. Once again, an opportunity to address the point further was sorely missed on November 11th.
 5. There are specific points of law that became the subject of debate and circumstance during the Firebreak – and arguably even more so following the clarification of Tuesday 27th October. To the understanding of many, the legislation in place at the time did not give the Welsh Government authority to mandate the banning of sale of non-essential items in appropriately licensed premises – which indeed led to rumours on social media of certain retailers ignoring the regulation / guidance completely. This being a legal matter with potential penalties for non-compliance, clarification for the lay audience of what matters are the subject of Welsh law, and which are guidance will have likely been of benefit. This point also carries retrospectively, especially given the likelihood of another Firebreak in future, and yet again it is disappointing that November 11th was missed as an opportunity to discuss this further.

Let us all be clear – the Coronavirus Crisis represents a remarkably complex challenge to governments and populations the world over. The sympathies of us all lie with the victims of those who have suffered as a result and for those front line workers who have battled so gallantly to protect and save as many lives as possible. Their efforts will be held in the hearts of us all forever. The Welsh Government itself will no doubt have had to work extraordinarily hard in its efforts to present a clear and coherent policy for Keeping Wales Safe – and for this I pay tribute to its work ethic. It must be said in this same breath, however, that the evidence presented by the weight of the petition and the related commentary on this matter from across the political spectrum, that the Government would appear to have lost its sense of balance and proportionality when considering its policy response. It is generally bad practice to not lead from a position of trust and this situation is arguably escalating as we speak.

4 See:

https://www.whatdotheyknow.com/request/700516/response/1677510/attach/3/ATISN%2014458%202020%2011%2018%20Response%20letter.pdf?cookie_passthrough=1 .

In addition, I am grateful that a point on wider signatory was rightfully dismissed during the debate by the Chair of the petitions committee: this was in the majority a Welsh issue debated and brought forward by the Welsh public. For further illustration to Members, you may see a detailed breakdown by region of those that signed this petition, and it will be firmly apparent to those that do that the makeup of those who signed was both predominantly Welsh and distributed fairly evenly across our nation. Constituency and Global data are presented as an appendix. This must be taken as fairly strong evidence of the petition's broad appeal and its Welsh-centricity. The eagle-eyed among you may cast doubt on the handful of signatures captured from the Falkland Islands; given the evidence otherwise on the veracity of this campaign, I'm sure a conceit may be granted to the data-entry or statistical aberration. One specific fact did startle, however: the near 68,000 signatories (at least, the Welsh participants therein) applied to this petition represent around 2% of Wales' population. That is, around 1 in 50 of your fellow constituents will have taken a moment to apply a signature to the petition at some point while it was open. Even the statistically uninitiated must accept that this belies a genuine depth to public opinion on the matter.

Region Name	signature_count	AllPop (estimate)	percSigned
North Wales	14321	632900	2.3%
South Wales Central	15316	703300	2.2%
South Wales East	13840	639500	2.2%
South Wales West	9384	538600	1.7%
Mid and West Wales	8643	577800	1.5%
<i>Wales Total (w/constituency data)</i>	<i>61504</i>	<i>3092100</i>	<i>2.0%</i>

(Welsh population data based on Senedd estimates by constituency area)

Quite simply, the sum total effect of the points raised here mean that the public health message has likely been dearly undermined. The Welsh Government's failure to show any contrition or substantive effort to put the record straight only makes this worse. This was quite eloquently highlighted as a risk by *Wales Online's* Will Hayward on the 24th October 2020⁵ in his editorial piece in response to the growing criticism at the time. Since then, the Government has – while relaxing restrictions on one hand for a month – since moved toward another apparently bizarre round of rules which ban the sale of alcohol on licensed premises with little scientific justification given or reasons why this is proportionate being put forward at the time of writing. This against the backdrop of a worsening Coronavirus position relative to the rest of the United Kingdom here in Wales, one can only surmise that this administration is desperately clutching at whatever it can to regain control of the situation. If the Welsh Government wishes to regain this said control – given the points raised here, it should now engage much more honestly and apolitically with the Welsh public, and work proactively to build trust in the public health message again. One only needs to see the level of dignity and compassion displayed by the Welsh public over the Summer of 2020 and beyond in reaction to the Crisis as evidence to this. Failure to engage will surely end in catastrophe for the the health of the nation, its economy and indeed may – far from being a validation of devolution as implicitly referenced in the debate – soon usher in a political ideology hell-bent on undoing the Cardiff Bay project forever.

In closing, I – and the signatories of this petition – again ask the Welsh Government to reconsider its position on non-essential goods should another Firebreak (or similar) Lock-down be required in the near future, for the reasons outlined above. This, and the resultant damage it has caused, is not simply a matter of 'misunderstanding' but a poorly thought out policy and an admission to this effect will go a long way to repairing trust between those who work in this Government and the wider Welsh public. This is itself essential at a time like the one we find ourselves in now.

5 See: <https://www.walesonline.co.uk/news/politics/coronavirus-supermarket-lockdown-non-essential-19159319>

Thank you, diolch yn fawr.

Gareth Howell

Appendix – Petition Data

Constituency Name	signature_count	AllPop (estimate)	percSigned
Vale of Glamorgan	2717	98700	2.8%
Clwyd West	2030	75000	2.7%
Cardiff North	2382	88700	2.7%
Vale of Clwyd	1885	71700	2.6%
Caerphilly	2264	87800	2.6%
Islwyn	1958	75900	2.6%
Delyn	1779	70100	2.5%
Aberconwy	1388	56800	2.4%
Alyn and Deeside	1973	83700	2.4%
Newport West	2099	85700	2.4%
Torfaen	1918	81700	2.3%
Ynys Môn	1549	70200	2.2%
Bridgend	1821	81500	2.2%
Cardiff South and Penarth	2445	111700	2.2%
Cardiff West	1933	92300	2.1%
Pontypridd	1681	81900	2.1%
Wrexham	1397	71000	2.0%
Clwyd South	1474	73300	2.0%
Cynon Valley	1388	69900	2.0%
Blaenau Gwent	1395	69700	2.0%
Newport East	1555	78900	2.0%
Gower	1492	78100	1.9%
Monmouth	1606	84500	1.9%
Ogmore	1459	75300	1.9%
Rhondda	1224	69500	1.8%
Preseli Pembrokeshire	1302	77800	1.7%
Llanelli	1402	81900	1.7%
Neath	1245	73900	1.7%
Cardiff Central	1546	90700	1.7%
Carmarthen West and South Pembrokeshire	1204	77400	1.6%
Aberavon	1080	66600	1.6%
Brecon and Radnorshire	1080	69100	1.6%
Montgomeryshire	931	63500	1.5%
Swansea East	1225	81000	1.5%
Arfon	846	61100	1.4%
Carmarthen East and Dinefwr	1014	71400	1.4%
Merthyr Tydfil and Rhymney	1045	75400	1.4%
Dwyfor Meirionnydd	783	61200	1.3%
Swansea West	1062	82200	1.3%
Ceredigion	927	75400	1.2%
<i>Wales Total</i>	<i>61504</i>	<i>3092200</i>	<i>2.0%</i>

Table A.1 – Welsh Constituencies

name	Code	signature_count
Wales	GB-WLS	62536
England	GB-ENG	4725
Scotland	GB-SCT	493
Northern Ireland	GB-NIR	73
Ireland	IE	24
United States	US	17
Australia	AU	13
Canada	CA	11
France	FR	7
Falkland Islands	FK	5
Gibraltar	GI	4
Jersey	JE	4
Spain	ES	4
Brazil	BR	2
Germany	DE	2
Italy	IT	2
Netherlands	NL	2
New Zealand	NZ	2
Switzerland	CH	2
Czechia	CZ	1
Denmark	DK	1
Finland	FI	1
Guernsey	GG	1
Isle of Man	IM	1
Malaysia	MY	1
Malta	MT	1
Norway	NO	1
Slovenia	SI	1
South Africa	ZA	1
South Korea	KR	1
Turkey	TR	1

(note, unable to trace constituency data for 1032 Welsh responders)

Table A.2 – Global petition signatories

Agenda Item 2.4

P-05-1062 Abandon the rt-PCR test for covid-19 testing as its unfit for purpose

This petition was submitted by Robert O'Shea having collected a total of 96 signatures.

Text of Petition:

It has come to light that the NHS only used 35x amplification on PCR testing prior to the alleged pandemic. But now the NHS are using 45x amplification and the amount of false positives increases dramatically. This is utterly absurd! The PCR is not testing for a novel coronavirus – it is testing for the subjects nonspecific endogenous cellular exudation! RNA particles. End the case-demic now and cease all swob rt-PCR now.

Additional Information:

At 45x amplification it is clear to those who independently research and have an academic science background that the PCR test is being used to cause fear and hard-hitting headlines.

Senedd Constituency and Region

- Pontypridd
- South Wales Central

Testing for COVID-19 using the rt-PCR test

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-2

Petition Number: P-05-1062

Petition title: Abandon the rt-PCR test for covid-19 testing as its unfit for purpose

Text of petition: It has come to light that the NHS only used 35x amplification on PCR testing prior to the alleged pandemic. But now the NHS are using 45x amplification and the amount of false positives increases dramatically. This is utterly absurd! The PCR is not testing for a novel coronavirus - it is testing for the subjects nonspecific endogenous cellular exudation! RNA particles. End the case-demic now and cease all swab rt-PCR now.

At 45x amplification it is clear to those who independently research and have an academic science background that the PCR test is being used to cause fear and hard-hitting headlines.



1. Background

Covid-19 Testing strategy

The Welsh Government's launched its' first national plan for COVID-19 testing on 28 March 2020. The initial phase of testing for COVID-19 focussed on critical workers, and symptomatic patients in hospital and care homes. Since 18 May 2020, anyone in Wales who has coronavirus symptoms can be tested. The primary test used in Wales and the UK from the outset of the COVID-19 pandemic was an antigen test, in the form of the reverse transcription polymerase chain reaction (RT-PCR) test.

The Welsh Government's updated COVID-19 Testing Strategy was published on 15 July 2020, and updated on 23 July 2020. This reiterated the Welsh Government's commitment to the use of the RT-PCR test, stating that:

We currently have 2 different forms of testing in Wales.

- RT-PCR (virus detection) test, that detects the presence of viral RNA. The test is usually done using a nasal swab taken from the nose or back of the throat. This kind of testing can highlight if someone currently has the infection;
- Antibody test, that detects the antibody response to the SARS-CoV-2 virus, and is used primarily to determine whether a person has been previously infected. At the current time the use of tests is focused on the serosurveillance of defined target cohorts for the purpose of understanding the cumulative level of historical infection.

At the current time, **RT-PCR testing** remains the primary front line test for the diagnosis of infection with SARS-CoV-2 virus.

During November 2020, Welsh Government launched two programmes of mass testing, in Merthyr Tydfil and the lower Cynon Valley. Tests in these programmes made use of Lateral Flow Devices (LFD) which can turnaround results within around 30 minutes. If an individual tests positive via a LFD test, they will be asked to self-isolate immediately and they will be offered a confirmatory traditional RT-PCR swab test.

Evidence on the RT-PCR test

The core principles and recommendations to help guide the use of the reverse transcription RT-PCR test in Wales are provided by the Welsh Government's Technical Advisory Cell (TAC), set out in their report [Core principles for utilisation of RT-PCR tests for detection of SARS-CoV-2](#). This describes the RT-PCR test as:

...an enzymatic and chemical process by which short strands of ribonucleic acid (RNA) are converted to deoxyribonucleic acid (DNA) and copied in a doubling time reaction (amplification) to concentrations that can be detected and visualised by the human eye.

The TAC report also sets out in relation to the RT-PCR test that:

This method has been in use for over two decades for the detection of viruses which have an RNA genome in a range of clinical samples, and most recently it is the primary method to confirm the presence of SARS-CoV-2, the virus that causes COVID19, in suspected cases during the pandemic.

Public Health England [have stated](#) that 'Molecular diagnostic tests, such as real-time PCR, are the gold standard methods for identifying individuals with an active viral infection, such as SARS-CoV-2 (the cause of COVID-19 disease), in their respiratory tract'.

The [TAC report](#) on the RT-PCR test confirmed (p.10) that multiple platforms (representing equipment from different manufacturers) were being used by Public Health Wales (PHW) to support the testing regime. In terms of the number of amplification cycles involved in RT-PCR, PHW responses to Freedom of Information requests ([FOI 451](#) and [FOI 461](#)) indicate that:

The real-time PCR assays in use in Wales for COVID-19 diagnostics all run for 45 cycles however, the cycle number where the sample is defined as RNA NOT DETECTED varies by platform and target gene detected by the system. This is defined by the manufacturer.

The Welsh Government's updated [COVID-19 Testing Strategy](#) also noted that:

- The utility of any additional RT-PCR testing should be considered in the wider context of other testing that is taking place, including the '[Test, Trace and Protect](#)' programme;
- The performance of the RT-PCR is at its best when its use is targeted, for example, when used to support diagnosis in symptomatic individuals.

The National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency have published detailed guidance for test manufacturers in the form of an Evidence standards framework for SARS-CoV-2 and anti-SARS-CoV-2 antibody diagnostic tests. This guidance sets out both the best approaches to evaluating test performance and the minimum reference standards to use, as well as more detailed information about the minimum levels for sensitivity and specificity of tests according to the context in which they are to be used.

PCR tests can produce both false positive and false negative results. The Parliamentary Office of Science and Technology (POST) have published work on Interpreting COVID-19 test accuracy (September 2020) which sets out that:

- No diagnostic or antibody test is 100% accurate. This results in both false positive and false negative results;
- Most tests that detect SARS-CoV-2 infections are benchmarked against the testing type that is seen as the most accurate available so far. This is the RT-PCR test.

This view is echoed by a paper produced in June for the UK Government's Scientific Advisory Group for Emergencies (SAGE).

The summary table of available protocols held by the World Health Organisation (WHO) contains testing RT-PCR protocols from China, France, the United States, Japan, Hong Kong and Germany. The figures from France indicate an amplification cycle of 50 (p.4), whereas those from the USA, Hong Kong and Japan indicate a threshold line of 40 cycles (pp.38-9, 57-8), and 45 for Germany and Thailand (pp.62, 72, 75, 80).

At the same time, in evidence given to the House of Commons Science and Technology Committee on 17 September 2020, Professor Carl Heneghan, Director of the Centre for Evidence-Based Medicine, University of Oxford, outlined his concerns relating to the RT-PCR tests, stating that:

The test is a very helpful one, but if you just use it in a blanket policy without thinking through the strategy of what test you use and with what threshold, you end up with the problem of false positives. You identify too many people who could have had the infection in the past and you do not pick up the one or two people you have just described, the super-spreaders, where you need to isolate them and get to their contacts. Once we accept that the infection is endemic, we need a process whereby we start to develop our strategy around testing. A cycle

threshold above 35 generally involves people who are not infectious, yet NHS England documentation that has not been updated since January runs cycle thresholds to 45 that identify people who are not infectious. (Q1283)

Professor Heneghan's questions about the effectiveness of PCR have also been noted in a BMJ briefing, which argues that:

Another problem with relying on PCR testing alone to define a covid-19 case is that, owing to the sensitivity of the test, it can pick up a single strand of viral RNA—but this doesn't necessarily equate to someone being infected or infectious.

2. Welsh Government response

No response has been received to date from Welsh Government.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

P-05-1062 Abandon the rt-PCR test for covid-19 testing as its unfit for purpose, Correspondence – Petitioner to Committee, 01.12.20

There is worldwide pushback on the deliberate misuse of the rt-PCR test! It should not need any additional supporting evidence. The PCR is an exceptional tool, but it was never designed for detecting an active viral infection. The resulting pandemic has decimated western nations. This fraud has been left to continue by the very people the population trusted (or landed up with) to be in positions of power and influence. But yet, here we are. I'm sure there is plenty of intelligence at the Senedd, so anyone actually paying attention to world affairs should've worked this out by now. If a health sciences Diploma of high education student can work it all out, I'm sure qualified medical professionals at the disposal of the Senedd should've worked it out, also. I guess it's down to citizen activism from people who have not much left to lose.

I trust this will be sufficient supporting evidence for the immediate decommissioning of the rt-PCR test. I'm happy to provide even more evidence if required.

regards

https://www.rt.com/op-ed/508383-fatal-flaws-covid-test/amp/?_twitter_impression=true

<https://www.rt.com/op-ed/507937-covid-pcr-test-fail/>

<https://cormandrostenreview.com/report/>

<https://lockdownsceptics.org/the-pcr-false-positive-pseudo-epidemic/>

Agenda Item 2.5

P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection

This petition was submitted by Carol Dent having collected a total of 252 signatures.

Text of Petition:

Consider the welfare and genuine fears of extremely vulnerable people relating to covid 19 during periods of high community infection rates. Many extremely vulnerable people in Wales are terrified of going out each day to work for up to eight plus hours in what we all know to be unsafe environments.

Additional Information:

Failing to recognise that many of us work in enclosed areas with a significant number of other individuals and minimal ventilation. We cannot reduce contacts, and although masks will reduce virus contamination, it will not stop transmission, such as hospital acquired infections and aerosol particles of covid 19 which remain suspended for hours in enclosed spaces. We are terrified and frightened and risk serious mental health issues and physical injury or death from covid 19.

Senedd Constituency and Region

- Aberconwy
- North Wales

Staying home during periods of high Covid-19 community infection

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-5

Petition Number: P-05-1070

Petition title: Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high Covid-19 community infection.

Text of petition: Consider the welfare and genuine fears of extremely vulnerable people relating to Covid-19 during periods of high community infection rates. Many extremely vulnerable people in Wales are terrified of going out each day to work for up to eight plus hours in what we all know to be unsafe environments.

Failing to recognise that many of us work in enclosed areas with a significant number of other individuals and minimal ventilation. We cannot reduce contacts, and although masks will reduce virus contamination, it will not stop transmission, such as hospital acquired infections and aerosol particles of Covid-19 which remain suspended for hours in enclosed spaces. We are terrified and frightened and risk serious mental health issues and physical injury or death from Covid-19.



1. Background

Shielding was initially introduced in March 2020 and people identified as medically extremely vulnerable received letters from the Chief Medical Officer (CMO) for Wales, or their GP, advising them to stay home to 'shield' so that they could be protected from Covid-19. A list of the relevant conditions is available in the Welsh Government's [shielding guidance](#).

Shielding ended in Wales on [16 August 2020](#), but the Shielding Patient List is being maintained so that the Welsh Government can write again to this group with any updates or if the advice on shielding changes.

A [letter](#) from the CMO was sent to those on the Shielding Patient List in October 2020 providing the latest information and advice.

Welsh Government '[Guidance on protecting people defined on medical grounds as extremely vulnerable from Covid-19 - previously known as 'shielding'](#)' (November 2020) explains why people have not been asked to shield again in response to an increase of Covid-19 cases. The guidance states that since the introduction of shielding, many new safety measures have been introduced in communities and workplaces, which have reduced the need for such restrictive advice. The guidance also states:

Asking people to shield at home for a considerable amount of time can cause harm to mental and physical health and so we will not ask people to shield again unless it is absolutely necessary.

Work and employment

The Welsh Government [guidance](#) and a [Frequently Asked Questions](#) document provide information on work and employment for those defined on medical grounds as extremely vulnerable from Covid-19.

Where possible, the Welsh Government states that such individuals should work from home. Employers are under a duty to [take all reasonable measures to minimise the spread of coronavirus](#), and therefore if a person cannot work from home, they can still go to work. An employer should be able to explain to staff the measures they have put in place to keep employees safe at work.

A [workplace risk assessment tool](#) has been developed by the Welsh Government to help people who are working to see if they are at higher risk of developing

more serious symptoms if they come into contact with coronavirus. It helps people to consider their personal risk factors for coronavirus and suggests how to stay safe. Those who were previously shielding are automatically scored 7 and placed in the Very High Risk group in the tool, which recognises the range and complexity of conditions in this category. This approach recognises that these people will need a further discussion with their line manager to consider their personal risk and workplace setting, this may also need to involve Occupational Health to determine if it is safe to return to work.

All businesses must take all reasonable measures to minimise exposure to coronavirus by ensuring a 2 metre distance is maintained between workers in the workplace (if they can't work from home). The Welsh Government has issued [guidance to employers on taking measures to make the workplace safe](#).

The Welsh Government has urged employers to be as flexible as possible with regards to individuals' personal circumstances during the pandemic.

If an individual's doctor has advised that they should not return to work due to their health condition, they will need to provide a fit note for the purposes of claiming Statutory Sick Pay.

2. Welsh Government action

Correspondence to the Committee from the Minister for Health and Social Services dated 26 November 2020 states that when the CMO wrote to everyone on the Shielding Patient List in Wales in October 2020, emphasis was placed on minimising contact as far as possible with others.

The Minister notes that when the Welsh Government initially advised people who are extremely vulnerable to take shielding measures at the start of the pandemic, the position was very different as there were no measures in any sector of society to reduce the spread of the virus and no rules or regulations in place. The Minister goes on to say that now there are consistent measures in place, asking people to shield at home again is not the best option "as it could cause more harm to people's mental and physical health".

The Minister acknowledges that people will have concerns for their health and safety at work, but in those circumstances the first conversation that people should have is with their employer, and refers to the [risk assessment tool](#) mentioned above. If people remain concerned, the Minister advises that concerns can be raised with union safety representatives, or ultimately with the

organisation responsible for enforcement in the workplace, either the Health and Safety Executive or local authority.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Ein cyf/Our ref VG/08847/20

Janet Finch-Saunders MS
Chair
Petitions Committee

26 November 2020

Dear Janet,

Thank you for your letter of 6 November regarding the following petition:

Petition P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high Covid-19 community infection

The Chief Medical Officer for Wales recently wrote to everyone who is on the Shielding Patient List in Wales, to let them know that he would not be reintroducing strict shielding measures at this time. The letter also contained advice on how to minimise personal risk by strictly following the basic rules, but also emphasising that we are seeing most transmission where people feel most relaxed – in their own homes. The emphasis was placed on minimising contact as far as possible with others.

When we initially advised people who are extremely vulnerable to take shielding measures at the start of the pandemic, the position was very different – there were no measures in any sector of society to reduce the spread of the virus and no rules or regulations in place. Now, with consistent measures in place, asking people to shield at home again is not the best option as it could cause more harm to people's mental and physical health.

The Chief Medical Officer does keep his advice under constant review and will write to everyone on the Shielding Patient List again if there is any change to his advice.

Employers must take all reasonable measures to minimise exposure to coronavirus by ensuring a two-metre distance is maintained between workers in the workplace (if you can't work from home) and the Welsh Government has already issued guidance to employers on taking measures to make the workplace safe: <https://gov.wales/your-responsibilities-employer-coronavirus>.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@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.

I can completely appreciate that people will have concerns for their health and safety at work, but in those circumstances the first conversation that people should have is with their employer. We have published a range of risk assessment tools for people to use to help facilitate that conversation www.gov.wales/covid-19-workforce-risk-assessment-tool

If people remain concerned, concerns can be raised with union safety representatives, or ultimately with the organisation responsible for enforcement in the workplace, either the Health and Safety Executive or local authority.

We have published guidance and a list of frequently asked questions to help support those who are clinically extremely vulnerable to find the answers to questions they may have. This guidance is kept regularly updated with the latest information and can be found here - <https://gov.wales/guidance-protecting-people-defined-medical-grounds-extremely-vulnerable-coronavirus-covid-19>

Our Frequently Asked Questions document is here - <https://gov.wales/protecting-people-defined-medical-grounds-extremely-vulnerable-coronavirus-covid-19-previouslly>

Yours sincerely,

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

Vaughan Gething AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection, Correspondence – Petitioner to Committee, 07.12.20

Petitions Committee

Ref P- 05-1070

CEV Shielding in Wales

Petitioner Carol Dent

07/12/2020

I am a 60 yr old CEV clinical nurse working for BCUHB in North Wales. In March 2020 I was shielded by the Welsh government. From August following a covid 19 risk assessment at work I was evaluated at very high risk and categorized as no face to face contact. For a short period of time I was allocated paperwork to be undertaken part work /part home. On completion I awaited a temporary redeployment from clinical. However before that were organized Infection rates for covid 19 increased and with employer support I was advised to stay home which is my current situation.

I consider myself fortunate that my employer has supported me in this way but do have great concerns this support could stop at any time and I have no confirmation at all if this support will continue

The petition is on behalf of the many CEV in Wales I have been in contact with via a Facebook group shielding in Wales. It is very evident within that group that others have been less fortunate than I

Noticeably has been the terror and fear they are living with by going into work every day during high peaks of community infection rates. Many have been forced into taking sick leave for anxiety and stress. Others are struggling in the workplace because they cannot undertake normal duties and are being accused of mental health issues because they fear the infection. Some have been forced to hand in notice and lose their jobs

Overall I don't believe the Welsh government understands the difficulties and pressures the CEV are experiencing in work places. There is a definite contradiction in the advice given to CEV from the government which does not help the situation. We are told to reduce contact, shop late, have no visitors to our homes. Yet we can go to work in poorly ventilated work places with multiple persons in the same work space, sharing facilities such as canteens, rest rooms without masks and in many cases sharing packed public transport to get to work

I ask the committee to consider the massive impact this is having on the mental health of the extremely clinically vulnerable workers in Wales. It's terror and real fear, they are suffering harassment for those fears. These are not people too ill to work in normal circumstances they want to be working but simply can't safely do their jobs

I disagree with the government's statement it was bad for mental health shielding people. I was one of them, these people I am discussing were shielders. It was a shock and difficult to come to terms with but we were safe and on that basis alone it invalidates the claim mental health suffered.

The current situation of facing death every day for eight plus hours in a work place environment that is far from safe is far more detrimental to wellbeing and stability of mental health

I have forwarded six emails from the group Sheilding in Wales , including an email I sent to the first minister I simply ask the committee to consider the views of those who are really experiencing life with CEV during increase infection of covid 19 in the community in Wales and you recognize how harmful the experiences are in the working environment

With Regards Carol Dent

Pp ,to be read with email attachment sent individually PETITION P-05-1070

P-05-1070 Advise all people who are extremely vulnerable or previously shielding in Wales to stay home, not work, during periods of high covid 19 community infection, Correspondence / Personal Testimonies – Petitioner to Committee, 07.12.20

I support the shielding for wales.

I'm at high risk and seeing today's cases in wales are serious , shielding should be advised without fail . Even for workers . It's wrong to have them working in these conditions at moment . Please please I beg you bring shielding back . My partner would be safer at home protecting me and children than be out catching or even spreading it to us .

Please hear us call for help , don't ignore us

I'm a teaching assistant in a mainstream high school. Been doing this for over a decade and support pupils with all kinds of needs. I was previously shielding, most of that time I was on my own, as advised by the Welsh Gov. Then, after 5 months of 'doing the right thing' everything was relaxed and we were told to forget the shielding that had deemed us so vulnerable. I was very anxious to go back into work considering the previous advice I was given but I did this. Risk Assessments are a farce. Social distancing "Where possible" is basically impossible the vast majority of the time. I wore a mask and was just told to wear a visor as well. Anyway, I ended up in a class full of 31 teenagers with little ventilation and no possibility whatsoever to "stringently socially distance by 2 metres". This is advice from my GP and 2 separate consultants. Not surprisingly I had an acute stress reaction, couldn't catch my breath, thought I was having a heart attack, total panic, shaking, sweating and sobbing. The whole experience has totally taken me, a pretty gutsy independent woman, by a devastating 'surprise'.

Through no fault of my own, just bad luck, I have 2 medical conditions. I have been signed off on the sick by my GP since this happened in September. I do not feel safe at work. I am having to take antidepressants and beta blockers. Soon my pay will be halved. I have requested redeployment or work from home but due to the nature of the job this is proving difficult for the school as is stringent 2 metre social distancing.

I understand the mental health issues that have been discussed endlessly but the genuine and very real fear for those of us who are still referred to as extremely

vulnerable yet are being punished for their medical conditions or are having to make a choice as to whether or not to forgo health advice because of money constraints.

It is so wrong. At least give us the choice to do the right thing, Mr Drakeford!

I hope we see some compassion soon.

Best wishes,

For the attention of the Welsh Government

I understand all of the arguments about the effect on mental health of shielding but I would also point out that shielding was advisory and not mandatory and was never intended as a prison sentence and I feel that the vast majority of shielding people understood this but this was not acknowledged in the media. My real problem with the Welsh Government's refusal to reintroduce formal shielding is that it leaves those working on frontline jobs at the mercy of their employers. In order to illustrate this I will tell you about my own recent experience. I have worked for my employer for the last 21 years, it is a not for profit organisation and we provide respite breaks for carers very often at incredibly short notice. To cut costs most risk assessments are done over the phone and sometimes via a third party agency and this has been the case for some time- not ideal at the best of times. They have no HR department and my line manager and the CEO. have made it clear that the needs of the business come first. They have told me that they will not put me on furlough again because they have clients waiting in my area and they cannot recruit while they have me on furlough it is against HMRC rules. I have checked on this with HMRC, ACAS and an employment officer at the CAB and all of them did not know what they were talking about. They have made no attempt to find an alternative role for me even though their website shows they are offering welfare phone calls to clients I do not trust them to complete a covid risk assessment and I now believe they are using this situation to force my hand i.e. force me to return to work or to resign. I might add that they have experienced long term problems with staff recruitment and retaining staff. I have been forced to go cap in hand to my GP to request sick leave as I am petrified about what would await me at work He has signed me off for a month but he feels this should be between me and my employer and I think he, like the Welsh Government, imagines everyone's employer will play by the

rules which they would in an ideal world So there you have it I feel completely abandoned by the Welsh Government which is a crying shame when you consider how good they have been compared to Westminster.

Yours

I'm writing with a plea for the Senedd to please relook at the shielding process for the clinically extremely vulnerable.

Working in mental health services in North Wales, I fully understand the impact of isolation on mental health however the stress, anxiety and worry of having no choice but to be in an at-risk environment is having a detrimental affect on overall well-being.

For me personally, I reside and work for the BCU Health Board in areas where local restrictions apply and I came off maternity leave early to try help however I could in March. Due to being CEV I have worked from home throughout and contributed well to the team. Now, there are talks of being back in the office despite cases reaching higher levels than when we entered lockdown. This seems to be decisions made daily at the whim of employers; could the working from home guidance be more legislative to give added protection. I can work from home and have proven this fir the past 7 months yet it seems soon this guidance maybe ignored. The daily figures, lack of protection and indecisiveness from work policy is severely heightening anxiety and stress.

Rather than a blanket shielding policy is it a possibility to consider some form of protection for the CEV. Those who do not want to; don't. But those who felt safer with those measures, do, and have the support from employers to complete any work from home. Those who cannot work from home undertake other works; TTP, welfare calls as examples- therefore safe and contributing to the pandemic. It feels ironic that us in health etc. who are CEV, have contact with individuals who admit themselves to not adhering to social distancing measures are attending high risk work places whereas some of the fit and well remain at home financially supported.

In a way it feels like a choice between go to work to survive, support families and be at risk..or not work, protect health and be at risk from economical and social issues.

I think the Senedd have done a good job in these unprecedented times and I thought it may be helpful to see a point from someone on both sides of the shielding debate. To conclude; for me, I would much rather be protected, save spaces in intensive care units, putting less pressure on overall health services and lessen stress and anxiety on myself and my loved ones by having a form of legislative protection.

Diolch yn fawr

Dear Mr Drakeford

I apologise for taking up your time, as I appreciate you're very busy at the moment and as a result, this email may not even reach you. However, incase it does I wish to raise my concern with you below.

Well, let's start with why shielding was initially introduced.. To protect those vulnerable? Protect our NHS? Or both? Please can someone clarify when this changed as from listening to briefings and government guidelines alone, people are still very vulnerable to this virus (perhaps even more now) and our hospitals are getting fuller therefore at risk of getting overrun (This is all taken from daily briefings, not even media which could be exaggerated!)

My husband was one of those written to previously to shield as he has an immune condition (his body doesn't produce antibodies).

We understood the decision previously made to "pause" shielding as the number of cases were decreasing at the time, so we felt reassured by this decision. However, the case numbers are dangerously back on the rise again (along with the increase in deaths), so much so we have had a few lockdowns now (both local and national) and are still left under various strict restrictions. And yet, the government are still not reintroducing shielding! And why? to protect the mental health of those vulnerable and other 'reasons' such as understanding the virus better etc.

Personally, I feel to use mental health as a reason is extremely vague and quite patronising - why? Because you clearly underestimate how people not having the option to shield is effecting that very same thing! People's mental health is at an all time low, as they're extremely anxious and fearing for their lives (and this isn't being dramatic!).

Could you not reintroduce shielding with the following measures to aid mental health:

* Advise people to bubble with another household (as previously done and which is the current rule for every resident in Wales now anyway)

* Advise daily exercise (as done previously)

Shielding to a lot of vulnerable people right now would give a lot of ANXIOUS people who work (especially in frontline jobs) huge peace of mind and the relief of being able to be furloughed once again. These people (like my husband) cannot just choose to stay off work themselves, due to the financial loss this would lead too.

For us personally, my husband isn't able to work from home as he's a patrolman. Therefore sees multiple people a day on his 11hr shifts getting in and out of their cars to assist them. Although his works have put overall measures in place to try and reduce the risk - I cannot put into words how worried/paranoid I am by this.

Please, please reconsider shielding for the extremely vulnerable? Afterall, as the CMO always states it is infact only his advice! But that advice would mean the world to so many families. As I am not alone in worrying about my loved one and feel it very heartbreaking they're almost left feeling they have to choose between their health or wealth!

Thank you for reading, these are such worrying times for everyone - I just wanted to feel like I tried to do something.

Stay safe!

Kind regards,

I am a senior support worker in a mental health and learning disability hospital where 2 metres is impossible. Challenging behaviour means I can be attacked, spat at, need to restrain or simply due to communication issues saliva is constantly airborne. I feel so so unsafe there and there is nothing I can do about it. I have a history of mental health issues anyway and this situation is much more anxiety provoking and detrimental to me than shielding ever was! In fact I have now been signed off on the sick because I have had a complete breakdown. When shielding was introduced we still had a choice not to do so! Now we have no choice at all! By bringing shielding back people can choose which scenario works best for them! I know there are people who would want to continue working and could still do so, give us the choice back to choose how we keep ourselves safe. Now I am not only at risk because of the virus but because of my own mental health too!

Dear Committee,

I right to, to express my concerns as a Clinically Extremely Vulnerable (CEV) member of Public. Back In March we were all safeguarding from the Covid-19 virus. In August this shielding was paused however we were informed shielding can be re-introduced should cases rise again.

The current situation in Wales is one of the worst affected areas of the UK. 69% of the current deaths in Wales are of those classed as CEV.

You're reasoning for not re-introducing shielding as quote by Dr Atherton, Vaughan Gethin and Mark Drakeford, is that it causes extreme harm especially to people mental health. However, you have greatly underestimated the severe adverse effect in not re-introducing shielding is having on the CEV.

The Government's latest guidance is to work from home and minimise contact with those outside your household. However, there are many of us who work in frontline jobs where this option is not available at all.

For example, I work for the Welsh Ambulance service, I am unable to do my job from home. I have been advised by my work that should my GP provide a letter for me to shield against this would be un-sanctioned absence. I have unfortunately seen many patients as well as colleagues in the NHS die because of this virus. I am deeply concerned as I am seeing more and more patients present with COVID, and indeed I am now seeing rising cases in my work place again.

I am suffering severe anxiety due to not being able to make an informed choice to safeguard myself and my family. I cannot afford to have no wages should I decide to stay home. This with the real risk of catching COVID-19 it is having severe effects on my mental health. And before a comment is made, I should speak to my employer and GP to help with my anxiety I have done this on a regular basis, but again if I chose to stay home, I have no support to do this from my GP, Employer and more importantly you the Welsh Government

Shielding was always a **choice** not law, however for us as individuals to be able to exercise our autonomy we need the support from the government to enable us to approach our employers and advise them we need to shield without have financial repercussions in doing so.

We plead with the government to advise those who cannot work from home to stay at home. The guidance thus far seems to completely bypass our vulnerability. I have worked in Healthcare for many years and would want to do so for many more years to come. I currently am having to make a choice between financial stability and my life.

The government have never in my experience governed how we care for our patients, but when I speak to many colleagues and my own GP who advise they cannot advise us to shield until the Government instruct us to, I find totally unacceptable.

Myself and thousands of frontline workers in; retail, NHS, hospitality, local government roles and many more, need the government to do the right thing and re-introduce shielding guidance to allow those who want/need to have support and evidence to produce to their employers. Every individual has a right to autonomy, but you failing to allow us to do this without this clear guidance.

I do not want to see many of my CEV colleagues, friends and family, suffer long term health complication on top of already complex health needs or even worse lose their life to this virus because the Welsh Government seem to be lacking the full scale of how the virus is affecting the CEV community.

Many of us have emailed Mark Drakeford, Vaughan Gethin, Dr Atherton expressing our serious concerns and had no reply acknowledging this.

It is time for the Welsh Government to really start to look after their most vulnerable members of the nation before it is too late.

Yours sincerely

Agenda Item 2.6

P-05-1072 Investigate what powers the Welsh Parliament has in relation to banning conversion therapy

This petition was submitted by Samuel Fletcher having collected a total of 114 signatures.

Text of Petition:

Under Theresa May, the Conservative manifesto had a goal of banning conversion therapy. Almost two years later, this has not happened. This petition calls on the Petitions Committee to investigate what powers the Welsh Parliament has in relation to this issue, and then ban conversion therapy if possible. This barbaric and homophobic act must end.

Senedd Constituency and Region

- Swansea West
- South Wales West



Eich cyf/Your ref P-05-1074
Ein cyf/Our ref DET/03160/20

Janet Finch-Saunders MS
Chair, Petitions Committee

23 November 2020

Dear Janet,

Thank you for your correspondence regarding the petition on the regulations governing the number of people allowed to gather for football matches.

The national coronavirus measures which came into force on 9 November, following the recent lockdown, means that anyone can play sport or exercise in a group of up to 30 participants outdoors or up to 15 indoors, if this is part of an organised activity managed for example by a gym, a leisure centre or a sports club. Coaches and match officials would generally be regarded as participants so the limit of 30 or 15 should include them. However, anybody who is there to organise or support the activity, if they are working or providing a voluntary service, can also attend and do not need to be considered within the limit of 30 or 15. Children under the age of 11 are also excluded from the number in the gathering.

These new measures will also allow additional tiers of sports to return to play. Sport Wales has been provided with the responsibility to consider further additions to the elite designation to enable more team sports to be played outdoors where the 30 person gathering number has previously been restrictive. This will be done in a controlled and phased way and only where clear guidance is in place by governing bodies of sport to protect all participants.

The Football Association of Wales has been invited to submit their proposals for the return of football and the FAW should continue discussions with Sport Wales.

In addition to the above there is now no limit on the number of children under the age of 18 who can participate in or facilitate an [organised sport activity](#) for the development or well-being of children, meaning more youth teams' sports can continue. The activity must be arranged and supervised by a responsible body such as a sports club, a public body, a charity or a gym or leisure centre. The number of children aged under 18 who can legally participate is constrained only by the boundaries of the setting and the need for sufficient adults to be present to supervise.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Dafydd.Elis-Thomas@llyw.cymru
Correspondence.Dafydd.Elis-Thomas@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.

Back Page 104
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 hope this provides more information for yourself and the committee to consider relating to the petition, and highlights that we are taking active steps to enable more team sports to take place over the coming months. However, I must stress that while we are seeking to allow more outdoor team sports to return to play, this must be managed through a phased approach to ensure we do it safely and mitigate any risk to controlling the spread of the virus.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Elis-Thomas'.

Yr Arglwydd Elis-Thomas AS/MS

Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Agenda Item 2.7

P-05-1076 Allow all the Performing Arts to re-open – live music, dance, theatres and concert halls

This petition was submitted by Catherine Tanner having collected a total of 338 signatures.

Text of Petition:

Why can we sit on a plane wearing a mask with no social distancing for 8 hours... but we can't watch a concert under those same conditions?

Why can people in pubs/cafes sit 2m apart, talk and not wear masks... but we can't sit in silence watching live music, sat 2m apart?

Why can we watch a film in the cinema, or listen to a priest in a church, but not watch 1 solo musician perform indoors?

The Welsh Government must stop unfairly treating the arts and live music while everything else has reopened.

Additional Information:

Salzburg festival held this year- no cases.

<https://bachtrack.com/feature-austria-salzburg-festival-covid-19-september-2020>

Berlin Philharmonic opened this year.

<https://www.berliner-philharmoniker.de/en/>

England reopened concert halls and live music this year.

The Statutory Instrument currently in force has concert halls closed until Feb 2021 which means for the first time in history, Wales will have banned live music for a year. Wales also crushed the arts over Summer by banning even outdoor concerts when virtually every other country in Europe allowed them.

The Welsh Governmen refuses to let the arts open on the same terms as it allows schools, shops and hospitality to operate. This is hypocrisy and grossly unfair. Either masks and social distancing work, or they don't.

Senedd Constituency and Region

- Bridgend
- South Wales West

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1076
Ein cyf/Our ref DET/03208/20

Janet Finch-Saunders MS
Chair, Petitions Committee

25 November 2020

Dear Janet

We have started the process of allowing theatres to reopen in a limited capacity. The Welsh Government's guidance has been revised to allow theatres to reopen if the use of premises is to broadcast without an audience present at the premises (whether over the internet or as part of a radio or television broadcast) or to rehearse for such a broadcast.

In light of the wider public health context, theatres, concert halls and live music venues are required to remain closed to the general public and our test events programme is on hold. We see theatres and concert halls integral to our approach to test events which will not resume now until February 2021 at the earliest. Our expectation is that events more generally, including larger gatherings, will not resume until the spring and the £63m Cultural Recovery Fund will be supporting the sector and ensuring its long-term sustainability in the meantime.

Yours sincerely,

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Dafydd.Elis-Thomas@llyw.cymru
Correspondence.Dafydd.Elis-Thomas@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.

Back Page 108
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 2.8

P-05-1095 Implement a 2 week holiday-lockdown for schools before 24th December & enable family time for all

This petition was submitted by Andrew Chambers having collected a total of 10,836 signatures.

Text of Petition:

School are still having issues with COVID cases with whole year groups being sent home in some cases even after the recent 2 week fire break lockdown. A break of 14 days will enable some families to have that all important time over Christmas and New year to revive those family ties and gain some important mental health issues in the young and old.

Additional Information:

There is a similar petition that hopefully will be debated in England.

Senedd Constituency and Region

- Ogmere
- South Wales West

Implement a 2 week holiday-lockdown for schools before 24th December & enable family time for all.

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14805-1

Petition Number: P-05-1095

Petition title: Implement a 2 week holiday-lockdown for schools before 24th December & enable family time for all.

Text of petition: School are still having issues with COVID cases with whole year groups being sent home in some cases even after the recent 2 week fire break lockdown. A break of 14 days will enable some families to have that all important time over Christmas and New year to revive those family ties and gain some important mental health issues in the young and old.



1. Legal background

1.1. Closing schools

Local authorities have powers to close schools by virtue of [the Control of School Premises Regulations 2008](#) and section 29(5) of the [Education Act 2002](#). Authorities may direct schools (except foundation, foundation special schools and voluntary aided schools) to close on safety grounds. However, local authorities cannot require any schools to stay open or to open. Local authorities are not allowed to direct foundation, foundation special schools or voluntary aided schools to close. Local authorities must, however, comply with and implement the governing body's policies on health and safety.

[The Coronavirus Act 2020](#) makes provision enabling the Welsh Ministers to give directions for the restriction of attendance at premises used for the provision of education or childcare.

1.2. Setting school term dates

Section 32 of [the Education Act 2002](#) states that:

Responsibility for fixing term and holiday dates in Wales

(1) A local authority in Wales must determine the term dates for each community, voluntary controlled or community special school or maintained nursery school in its area.

(2) A governing body of a foundation or voluntary aided school in Wales (a "relevant governing body") must determine the term dates for its school.

(3) In exercising its functions under subsection (1), a local authority must co-operate and co-ordinate with—

(a) each relevant governing body in its area, and

(b) every other local authority in Wales,

to ensure that the term dates determined are the same (or as similar as can be) for every maintained school in Wales.

(4) In exercising its functions under subsection (2), a relevant governing body must co-operate and co-ordinate with—

(a) the local authority, and

(b) every other relevant governing body in the local authority's area,

to ensure that the term dates determined are the same (or as similar as can be) for every maintained school in Wales.

2. Calls for schools to close early

On 25 November 2020, the teaching union, UCAC wrote to Kirsty Williams, the Minister for Education asking her to consider the options available to reduce the risk of pupils and staff having to self-isolate over Christmas. They suggested that one option would be to close schools and further education college sites on Friday 11 December with distance learning put in place for the last week of term.

In her response to UCAC, the Minister states that:

my position remains clear that schools should remain open until the end of term. Schools are a controlled and regulated setting, therefore consideration needs to be given to the possible wider health harms that could be caused by them not being in school i.e. wider community mixing and more time spent with older relatives i.e. grandparents (especially in multi-generational households).

She also said that If schools were to close earlier, consideration would need to be given to what happens to pupils whose parents or carers work and the possibility of more vulnerable grandparents providing childcare, and the implications for children of critical works and vulnerable children who would be required to be supported potentially via a hub approach as they were when schools closed in March.

3. Local authorities' position

It has been reported that local authorities and the Welsh Government had agreed that schools would stay open for face to face teaching,. On 4 December 2020, Blaenau Gwent County Borough Council announced that schools in its area were to move to remote learning for all pupils from Thursday 10 December. On 7

December, Rhondda Cynon Taf County Borough Council confirmed that schools in their area will only be open to high priority vulnerable learners and staff on 17 and 18 December. All other learners will be provided with digital or distance learning opportunities on December 17 and 18..

St Martin's School in Caerphilly has decided to close to pupils one week early. The headteacher of the school stated that a number of parents had advised that they would be keeping their children at home for the last week of term. The school will close a week early by moving next summer's inset days to the end of the this term

4. Position in the rest of the UK

On 30 November 2020, Northern Ireland's Education Minister Peter Weir confirmed that schools would not be closing early for Christmas.

On 3 December 2020, in a letter to the Scottish Parliament's Education and Skills Committee, John Swinney, Deputy First Minister and Cabinet Secretary for Education and Skills confirmed that there would be no changes to the dates of schools' Christmas holiday period.

In England, the Government has published guidance that states:

You should continue to attend your school or college until the last day of normal term time. Schools and colleges should not change their Christmas holidays or close early this term. Parents should continue to send their children to school during term time and students should continue to attend college right up until the end of term – our senior clinicians continue to advise that the best place for children and young people is in education. The time-limited change to social restrictions over Christmas does not require any children to be taken out of school prematurely.

5. Petition in England

The UK Parliament's Petitions Committee is considering a petition, Implement a two week school lockdown before 24 December to save Christmas, which called for schools should move to online learning from 9 December. The Petition has attracted 120,707 signatures at the time of writing. The UK Government has responded to the Petition re-iterating that schools should not close early or

change their Christmas holidays and that it remains a national priority to avoid further disruption to education. Parliament debated the petition on 7 December 2020.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Agenda Item 2.9

P-05-1099 Don't shut the Hospitality Sector (Pubs, Restaurants, Cafes) without providing scientific evidence

This petition was submitted by Nathan Gill having collected a total of 25,301 signatures.

Text of Petition:

The Welsh hospitality sector has proven that it is able to comply effectively with the strict COVID regulations, with pubs, bars, restaurants, cafés, and many other settings being equipped to deal with social distancing.

Hospitality has already adapted to using PPE, extra hygiene measures, as well as the government's track and trace system.

Additional Information:

Evidence from the government and the Office of National Statistics shows that only between 1% and 3% of new coronavirus infections are transmitted in pubs, bars, and restaurants. Unless the Welsh Government is willing to publish evidence that shows a greater risk of transmission in hospitality settings, then it would be unfair to penalise the industry once again by shutting it down throughout December.

Pubs, and the hospitality industry generally, have been among the hardest-hit sectors during lockdown. More than a third of hospitality firms say they have little or no confidence of surviving the next three months, according to data collected by the Office for National Statistics (ONS) earlier this month.

This year has left the hospitality sector on the verge of collapse, with much of it being closed throughout 2020 due to the pandemic. Christmas trade is essential for businesses to remain open, and prevent many from having to close for good due to a loss of earnings.

Senedd Constituency and Region

- Ynys Môn
- North Wales

Agenda Item 2.10

P-05-1100 Allow pubs and restaurants in Wales to serve alcohol/stay open after 6pm

This petition was submitted by Gwilym Owen having collected a total of 4,619 signatures.

Text of Petition:

Restrictions announced by Mark Drakeford will come into force 6pm, 4th December, which will see the hospitality industry forbidden from selling alcohol, and having to close at 6pm. These new restrictions will be detrimental to the hospitality industry and they need our support.

Additional Information:

Venues still can't run at full capacity which means businesses are struggling through these difficult times. But now what will make things much worse is the fact that from Friday, 4th December onwards, venues are now being told to stop selling alcohol and to close at 6pm, which will have a devastating impact on the industry. Many of which are family run business, who in the coming weeks, rely on what many would consider to be the busiest time of the year, which is essential for their businesses and livelihoods.

Senedd Constituency and Region

- Ynys Môn
- North Wales

Coronavirus restrictions on the hospitality sector

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14831-1

Petition Number: P-05-1099

Petition title: Don't shut the Hospitality Sector (Pubs, Restaurants, Cafes) without providing scientific evidence.

Text of petition: The Welsh hospitality sector has proven that it is able to comply effectively with the strict COVID regulations, with pubs, bars, restaurants, cafés, and many other settings being equipped to deal with social distancing. Hospitality has already adapted to using PPE, extra hygiene measures, as well as the government's track and trace system.

Evidence from the government and the Office of National Statistics shows that only between 1% and 3% of new coronavirus infections are transmitted in pubs, bars, and restaurants. Unless the Welsh Government is willing to publish evidence that shows a greater risk of transmission in hospitality settings, then it would be unfair to penalise the industry once again by shutting it down throughout December.

Pubs, and the hospitality industry generally, have been among the hardest-hit sectors during lockdown. More than a third of hospitality firms say they have little or no confidence of surviving the next three months, according to data collected by the Office for National Statistics (ONS) earlier this month.

This year has left the hospitality sector on the verge of collapse, with much of it being closed throughout 2020 due to the pandemic. Christmas trade is essential for businesses to remain open, and prevent many from having to close for good due to a loss of earnings.



Petition Number: P-05-1100

Petition title: Allow pubs and restaurants in Wales to serve alcohol/stay open after 6pm

Text of petition: Restrictions announced by Mark Drakeford will come into force 6pm, 4th December, which will see the hospitality industry forbidden from selling alcohol, and having to close at 6pm. These new restrictions will be detrimental to the hospitality industry and they need our support.

Venues still can't run at full capacity which means businesses are struggling through these difficult times. But now what will make things much worse is the fact that from Friday, 4th December onwards, venues are now being told to stop selling alcohol and to close at 6pm, which will have a devastating impact on the industry. Many of which are family run business, who in the coming weeks, rely on what many would consider to be the busiest time of the year, which is essential for their businesses and livelihoods.

1. Background

On 30 November 2020 the First Minister of Wales, Mark Drakeford MS, announced new measures were being introduced “as cases of coronavirus accelerate in Wales”. Since 4 December pubs, bars, restaurants and cafes have not been able to serve alcohol and have been required to close by 6pm and only provide takeaways after that time.

On 1 December the First Minister made a statement in Plenary on the December restrictions. He said that the Welsh Government recognised “the enormous effort made by the [hospitality] sector to comply with the regulations” but that “similar restrictions have had to be introduced in all other parts of the United Kingdom and, indeed, across the world”. The First Minister stated that:

The consumption of alcohol has been identified by health officials and policy makers internationally as increasing the risk of transmission, as social distancing can break down as people have an altered perception of risk.

In response to the First Minister’s statement the Leader of the Opposition, Paul Davies MS, said that “we’re in a public health crisis [...] but we’re also in the middle of an economic crisis too”. Paul Davies voiced his concerns for areas in Wales with

low transmission rates and areas “where there’s no evidence that hospitality interaction is leading to an increase in transmission rates”.

The First Minister said that “the evidence is there” and referred to two papers published by the UK Government’s Scientific Advisory Group for Emergencies (SAGE) in November which, he says, review “the measures that have succeeded across the United Kingdom”. These papers are cited below.

2. Publications from scientific advisory groups

There are two main bodies that provide scientific advice used by the Welsh Government.

The Technical Advisory Cell (TAC) is an advisory body of the Welsh Government. It provides “scientific and technical advice to support Welsh Government decision makers during emergencies”. This includes providing regular updates from the Chief Medical Officer for Wales to senior Welsh Government officials about outputs from SAGE. TAC regularly publishes summaries of the advice it provides to the Welsh Government along with more subject specific research.

The UK Government’s SAGE is responsible for ensuring “timely and coordinated scientific advice is made available to decision makers to support UK cross-government decisions”. It relies on external science and advice from expert groups including its own sub-groups such as the Scientific Pandemic Influenza Group on Modelling (SPI-M) and the Independent Scientific Pandemic Influenza Group on Behaviours (SPI-B). Publications from SAGE are also available on the UK Government’s website.

2.1. SAGE papers referred to the by First Minister

On 12 November SAGE considered a paper from its modelling sub-group (SPI-M) on tiers in England and other measures in the devolved nations. This is one of the SAGE papers that the First Minister referred to in Plenary.

The second paper that the First Minister referred to was from the Impact of Interventions Task and Finish Group dated 19 November on the four nations’ autumn interventions. This paper was updated on 26 November.

2.2. Hospitality settings and transmission

SAGE and TAC have published other papers which includes references to the hospitality sector and the transmission of COVID-19. These include, but are not limited to:

- [Non-pharmaceutical interventions \(NPIs\) table](#), 21 September 2020 (SAGE)
- [SARS-COV-2: Transmission Routes and Environments](#), 22 October 2020 (SAGE)
- [SAGE 63 minutes: Coronavirus \(COVID-19\) response](#), 22 October 2020
- [Summary of evidence on costs and benefits and potential mitigations for measures to address COVID-19 in Wales](#), 25 November 2020 (TAC)

3. The impact of COVID-19 on the hospitality sector

The Office for National Statistics (ONS) carries out a [Business Impact of COVID-19 survey](#) that “captures businesses’ responses on how their turnover, workforce prices, trade and business resilience have been affected”. The responses are published fortnightly.

The [publication on 19 November 2020](#) covered the period 19 October to 1 November 2020. In that survey 27.8% of the accommodation and food services industry said they had low confidence that their business would survive the next three months.

Since the announcement by the First Minister on 30 November, a number of [hospitality businesses have said they will be closing](#) from 4 December and expressed their frustration with the new restrictions.

While [UK Hospitality welcomed the economic support package](#) being provided by the Welsh Government, it described the restrictions as a “massive blow to hospitality in Wales” and feel that the sector is “unjustly bearing the brunt of Government actions”.

3.1. Hospitality restrictions in the other UK nations

3.1.a. Scotland

On 2 November 2020 the Scottish Government introduced COVID protection levels. Each area of Scotland has been assigned to one of the five different protection levels from level 0 through to the highest at level 4.

Restaurants, bars, pubs and cafes in level 3 areas “can open indoors and outdoors for the consumption of food and non-alcoholic drinks”. Alcoholic drinks cannot be served, and the premises must be closed by 6pm.

In level 4 areas, restaurants, bars, pubs and cafes are closed and they can only provide takeaway services. There are eleven areas in Scotland under level 4 restrictions until at least 11 December 2020.

3.1.b. Northern Ireland

From 27 November to 10 December 2020 Northern Ireland has a “stay at home” message in place. As a result, hospitality venues are closed apart from being able to provide takeaways, deliveries and a drive-through service.

3.1.c. England

On 2 December 2020 the national restrictions in England were replaced by a tiered system. Each area in England is in one of three tiers.

Under tier 2, pubs and bars are closed unless they operate as a restaurant. Alcohol can only be served with “substantial meals” and premises must stop taking order after 10pm and be closed by 11pm.

All hospitality settings are closed in tier 3 areas and can only provide takeaway, delivery or drive-through services. Twenty-five areas in England are under tier 3.

4. Legislation in Wales

The Health Protection (Coronavirus Restrictions) (No. 4) (Wales) Regulations 2020 (“the regulations”) underpin the current national restrictions across Wales. The Welsh Government has amended the regulations through the Health Protection (Coronavirus Restrictions and Functions of Local Authorities) (Amendment) (Wales) Regulations 2020 to require bars, cafes, canteens, restaurants and pubs to

be close between 6pm and 6am and to prevent the sale of alcohol for consumption in those settings. There are some exceptions to the restrictions on closing times, including premises located in workplaces, educational settings, and hospitals for example.

The [regulations will be reviewed](#) by the Welsh Ministers by Thursday 17 December, and at least once in every three week period after that date.

The Welsh Government has published [frequently asked questions on the regulations](#).

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Agenda Item 2.11

P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement

This petition was submitted by Tesni Morgan having collected a total of 1,462 signatures.

Text of Petition:

On the 27th of August 2020 our darling Bronwen took her life after a long battle with her mental health.

We as a family truly believe that it could have been prevented. During the last 6 months of her life, Bronwen's mental health deteriorated drastically. She was making multiple attempts to take her life, putting herself in dangerous situations on a regular basis. Bronwen was hopeless, her current care-plan was not fit for purpose and she and the family were begging for something to change.

Additional Information:

We begged to be listened to, so did Bronwen. We were ignored.

We are striving for shared decision making and regular reviews of mental health care and treatment plans. We also call for an opportunity for next of kin to contribute to those reviews. The current NICE guidelines state that shared decision making is essential in order to meet the needs of the patient.

NICE states that shared decision making is important for:

Different choices to be made available to the patient and are discussed openly.

The ultimate decision to be reached together by the health professional and the patient.

To help health and social care professionals to tailor the care or treatment to the needs of the individual.

This in was NOT the case for Bronwen. Shared decision making is ESSENTIAL for patients to receive the best care that is tailored to their individual needs.

Senedd Constituency and Region

- Cardiff Central
- South Wales Central

P-05-1045 To make shared-decision making and monthly mental health care plan reviews a legal requirement

Y Pwyllgor Deisebau | 1 Rhagfyr 2020
Petitions Committee | 1 December 2020

Reference: RS20/14409-6

Petition Number: P-05-1045

Petition title: To make shared-decision making and monthly mental health care-plan reviews a legal requirement.

Text of petition: On the 27th of August 2020 our darling Bronwen took her life after a long battle with her mental health. We as a family truly believe that it could have been prevented. During the last 6 months of her life, Bronwen's mental health deteriorated drastically. She was making multiple attempts to take her life, putting herself in dangerous situations on a regular basis. Bronwen was hopeless, her current care-plan was not fit for purpose and she and the family were begging for something to change.

We begged to be listened to, so did Bronwen. We were ignored.

We are striving for shared decision making and regular reviews of mental health care and treatment plans. We also call for an opportunity for next of kin to contribute to those reviews. The current NICE guidelines state that shared decision making is essential in order to meet the needs of the patient.

NICE states that shared decision making is important for:

- Different choices to be made available to the patient and are discussed openly.
- The ultimate decision to be reached together by the health professional and the patient.



- To help health and social care professionals to tailor the care or treatment to the needs of the individual.

This in was NOT the case for Bronwen. Shared decision making is ESSENTIAL for patients to receive the best care that is tailored to their individual needs.

1. Background

Care and Treatment Planning

Part 2 of the Mental Health (Wales) Measure 2010 gives all people who receive secondary mental health services the right to have a Care and Treatment Plan.

The Guiding Principles are set out in the Code of Practice for Parts 2 and 3. There are six in total and they are as follows;

- Patients and their carers should be involved in the planning, development and delivery of care and treatment to the fullest possible extent.
- Equality, dignity and diversity
- Clear communication in terms of language and culture is essential to ensure relevant patients and carers are truly involved, and receive the best possible care and treatment.
- Care and treatment should be comprehensive, holistic and person-focussed
- Care and treatment planning should be proportionate to need and risk
- Care and treatment should be integrated and co-ordinated

The Code of Practice is clear that professionals should seek to involve a patient and their carers' as fully as possible in their care and treatment.

Local Health Boards and Local Authorities have a joint duty to implement Part 2 of the Mental Health (Wales) Measure 2010. The accompanying Code of Practice sets out the patient's rights, including;

- a **holistic assessment** of the patient's health and social care needs

- a **written care and treatment plan** agreed with all those involved in the delivery of the patient's care
- **allocation of a Care Co-ordinator** to act as the main of point contact, and who is responsible for working with the patient to agree a care and treatment plan
- **monitoring and review** of the patient's care and treatment plan. The Care Co-ordinator has ongoing responsibility for monitoring the implementation of the plan, including continuing assessment of the patient's mental health needs and risks, and ensuring that services are being delivered as agreed. There is a duty to have a formal review at least once a year. The Code of Practice does say that "reviews should be needs-led" and can be triggered by the patient, carer or service provider as well as by the Care Co-ordinator.

Hafal has detailed publications on Care and Treatment Planning.

The Welsh Government **has not yet responded** to the Committee's letter.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement, Correspondence – Petitioner to Committee, 06.12.20

P-05-1045 To make shared-decision making and monthly mental health care plan reviews a legal requirement

WHAT HAPPENED?

We as a family are devastated by our loss and truly believe that it could have been prevented. Throughout Bronwen's years of struggling, we on many occasions came into contact with multiple different strands of Mental Health services across Cardiff and the Vale. During the last 6 months of her life, Bronwen's mental health deteriorated drastically. She was at rock bottom, making multiple attempts to take her life, putting herself and others in dangerous and risky situations on a regular basis. Bronwen was truly hopeless, her current care-plan was not fit for purpose and she and the family were begging for something to change. Urging the professionals that her treatment at that time was not working and we were scared for her safety on a regular basis. The police and her GP (*who came into contact with Bron regularly*) were in agreement that the current care-plan was not working and we requested (*begged*) for a change and this was ignored. Bronwen was left feeling completely hopeless, if her current treatment was not helping her and things were getting worse, yet no individual aspect of her care was changing - how was she ever going to feel better. Ultimately she payed the biggest price and decided that life was no longer worth living.

This can not go on. We as a family were **NOT** consulted when decisions were made regarding Bron's care - despite having written in her notes to consult the family and Bronwen's personal request to consult us. This never happened. Bronwen told the professionals that **SHE** is the expert of herself and the second experts are her family. Yet they did not want to hear anything from us, the people who spend 24 hours a day with her, caring for her. Surely we would be able to give valuable information about her current state of mind? This again was completely ignored and inevitably resulted in extended pain and trauma for Bronwen and the rest of the family.

WHAT NEEDS TO CHANGE?

We are striving for **shared decision making** and **regular reviews of Care and Support Plans**. The current NICE guidelines (*National Institute of Health and Care Excellence*) state that shared decision making is essential for appropriate care and in order to meet the needs of the patient. **Although these guidelines are brilliant and if followed would create an extremely more holistically rounded support system, they are indeed *guidelines*, which means they do not legally have to be followed. From our experience and many, many others – these guidelines are not being followed and we feel it is time for this to change. We are petitioning for these guidelines to be a legal requirement.**

NICE States that shared decision making is important for:

- *Care and treatment options to be fully explored, along with their risks and benefits.*
- *Different choices to be made available to the patient and are discussed openly.*
- *The ultimate decision to be reached together by the health professional and the patient.*
- *People to feel supported and empowered to make informed choices and reach a shared decision about care.*
- *To help Health and social care professionals to tailor the care or treatment to the needs of the individual.*

This in was NOT the case for Bronwen. She was told by professionals that the treatment she was having was not to be changed and when she requested extra support she was not given any options and was simply told no. This needs to stop. Shared decision making is ESSENTIAL for patients to receive the best care that is tailored to their individual needs.

THE SOLUTION.

We are requesting for a review in the legal requirements of a care and support plan review in order for shared decision making to be at the forefront of all changes to care-plans.

We desperately wish for this particular issue to be put up for debate and discuss the below points, we wish for this to be attached to a legally signed document during care-plan reviews for all individuals involved in mental health services.

1. Have the person's circumstances and/or Care and Support needs changed?
2. What is working in the plan, what is not working, and what might need to change?
3. Are there any changes in the person's informal and community support networks which might impact negatively or positively on the plan?
4. Is the person, carer, independent advocate or other person involved satisfied with the plan?
5. With the individuals consent - are the family/guardians satisfied with the plan?

Agenda Item 2.12

P-05-1056 Give Local Authorities powers to control the housing market in rural and tourist areas of Wales

This petition was submitted by Osian Jones having collected a total of 5,386 signatures.

Text of Petition:

In a number of rural and tourist areas, a large proportion of local inhabitants are deprived of homes as house prices have been inflated by demand for second homes and holiday homes. The First Minister could direct the relevant Ministers to engage in urgent discussions with Local Authorities to draw up a strategy to ensure community control of the housing market mainly through amendments to the planning system.

Senedd Constituency and Region

- Arfon
- North Wales

Affordable housing

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-1

Petition Number: P-05-1056

Petition title: Give Local Authorities powers to control the housing market in rural and tourist areas of Wales

Text of petition: In a number of rural and tourist areas, a large proportion of local inhabitants are deprived of homes as house prices have been inflated by demand for second homes and holiday homes. The First Minister could direct the relevant Ministers to engage in urgent discussions with Local Authorities to draw up a strategy to ensure community control of the housing market mainly through amendments to the planning system.



1. Background

There is a shortage of affordable housing in Wales. To address this, the Welsh Government committed to delivering 20,000 new affordable homes during the current Senedd term. This includes delivering rented social housing through housing associations and local authorities, as well as owner occupied homes through the [Help to Buy Wales](#) scheme.

In some rural and coastal areas of Wales there are significant numbers of second homes and properties used as holiday lets. This can increase property prices in communities making homes unaffordable to local residents. While holiday lets in particular support the visitor economy, there are concerns about the long-term impact they could have on communities as younger local people have to leave the area they were raised in to buy or rent a home of their own. In some areas, there are specific concerns about the impact this could have on the Welsh language.

In some communities, the planning system has been used to impose conditions or obligations on new development to enable access to affordable housing. This could, for example, restrict occupation of a property to people who live or work in the area. However, changing an existing residential dwelling to a second home or holiday let would not generally require planning permission.

These issues have been highlighted in the Senedd and recent developments are outlined below.

2. Welsh Government action

The Welsh Government brought forward changes to the law through the [Housing \(Wales\) Act 2014](#) which gave local authorities the power to charge a council tax premium on second homes. It is up to individual local authorities whether to charge a premium. The premium can be up to 100% of the standard rate of council tax. The discretion given to local authorities to charge a premium is intended to be a tool to support local authorities in increasing the supply of affordable housing and enhancing the sustainability of local communities. Some self-catering holiday accommodation is subject to non-domestic rates, rather than council tax. This has proved controversial as owners of holiday lets will then not be subject to the council tax premium and may also be able to claim [small business rates relief](#).

Title:

A higher rate of Land Transaction Tax is charged when you buy a residential property, and you already own one or more residential properties. This would include purchases of second homes or holiday lets.

The Minister for Housing and Local Government, Julie James MS wrote to the Chair of the Petitions Committee on 27 November 2020 and confirmed that she will make a statement on issues related to second homes in January 2021.

In her letter she highlights that any changes to the planning system would require new legislation. The Minister notes:

...will actively consider any necessary changes that support the whole system approach. In any event, changes to the planning system would require primary legislation and are not something that could or should be considered as a 'quick fix'.

3. Welsh Parliament action

On 23 September 2020, a Plaid led debate on second homes was held in the Senedd. Following the debate, the motion that was agreed by the Senedd called on the Welsh Government to:

...undertake an evidenced, thorough review of second home ownership in Wales and the measures that might be necessary to ensure the needs of individuals, communities and the economy, in particular the visitor economy, are well balanced. Such a review should look at the role of taxation, planning, local regulation and the supply and access to affordable housing of all tenures.

On 18 November 2020, Sian Gwenllian asked the Minister for Housing and Local Government, Julie James MS, what plans the Welsh Government had to tackle the issue of second homes across Wales. The Minister said:

We are taking an evidence-based, holistic approach, giving proper consideration to the broad range of interests involved. Across Government, we continue to review all the available evidence. Ministerial colleagues, my officials and I have met with a number of Senedd Members, local authorities and academics to further develop our whole-system response to the issues.

At the same meeting, Adam Price MS asked the Minister what efforts is the Welsh Government making to ensure young people in rural areas are not priced out of their local housing markets? Mr Price went on to say that:

Without doubt, and to build upon the responses to the previous question, a huge increase in second homes does undermine any other work that the Government is doing in terms of ensuring that young people in rural areas can access the housing market. What was a problem already, and had been for decades, has now become a huge crisis.

In response, the Minister confirmed that her officials were looking at the issue of second homes, but highlighted the risk of unintended consequences. The Minister stated:

... we've been looking with interest at the example of capping numbers, for example, in other areas, and they have had some very serious downsides, especially if you go into a recession. So, we have had local people stuck in negative equity and other things as a result of such caps. I'm very actively looking at it, just to be clear, but we just want to be sure that there aren't any unintended consequences. .

The Senedd's Petitions Committee has also recently considered a petition that called for Welsh Councils to apply a minimum 100% Council Tax surcharge on second homes.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref
Ein cyf/Our ref JJ/02747/20

Janet Finch-Saunders MS
Chair – Petitions Committee

27 November 2020

Dear Janet,

Thank you for your letter of 20 October regarding Petition P-05-1056 – “Give Local Authorities powers to control the housing market in rural and tourist areas of Wales.”

The Welsh Government is very much aware of the challenges second homes can present to the supply of affordable housing in some communities in Wales, and we understand the need to have the right balance between the economic and social needs of our communities, including creating the right conditions for the Welsh language to thrive.

As I said on 23 September in an Opposition Motion Debate in the Senedd, and subsequently, there are a number of complex and multi-dimensional issues related to second homes. We recognise fully the various issues at play and do not intend to tackle them in a piecemeal fashion. In balancing the various interests, we will take an approach that draws on the evidence, and assesses the impacts (and avoids unintended consequences) of any whole-system changes we propose.

In terms of the planning regime, as the petition references that, we will actively consider any necessary changes that support the whole system approach. In any event, changes to the planning system would require primary legislation and are not something that could or should be considered as a ‘quick fix’.

In that vein, I have been clear that we do not have all the answers. Along with ministerial colleagues, I am working across the Welsh Government and with Members of the Senedd to develop and refine our thinking about the issues at hand and to shape the systemic actions we will take.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@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.

We have had constructive discussions with oppositions Members of the Senedd and have invited further thought and submissions on the specific issues.

There are, though, a number of narratives and we are anticipating the release of research undertaken on second homes in Wales by Seimon Brooks (on behalf of the Hywel Teifi Academy). This will be helpful in understanding the scope and scale of the issues and the effectiveness of interventions that have been taken forward in other countries.

From a Welsh perspective, the Welsh Government is already making significant progress in helping to help ensure homes are affordable and available. The Welsh Government has a long-standing commitment to providing affordable housing solutions across Wales, and across all tenures. Despite the impact of the pandemic, we will meet our 20,000 affordable homes target by the end of this Senedd term.

The Welsh Government is committed to ensuring second home owners and visitors make a fair contribution to communities and we have already taken practical steps to make that happen.

Unique amongst UK administrations, the Welsh Government did not provide a temporary tax reduction for buy-to-let investors, investors in furnished holiday lets or buyers of second homes. Our temporary Land Transaction Tax reduction for transactions below £250,000 excludes second home and buy-to-let purchases and results, in some cases, in the additional charge being greater than 3%. All rates are kept under review.

Wales is, also, the only UK nation where local authorities are able to charge a premium of up to 100% of the standard rate of council tax, both on second homes and long-term empty properties. At present, no local authority is charging a premium of more than 50%. Our officials have had constructive dialogue with local authorities with large numbers of second homes and will continue to do so.

The issues related to second homes are important to the Welsh Government, as they are for our communities. I will continue to liaise with Ministerial colleagues and with Members of the Senedd on a cross-party basis, and intend to make a statement in January.

Yours sincerely,



Julie James AS/MS

Y Gweinidog Tai a Llywodraeth Leol
Minister for Housing and Local Government

P-05-1056 Rhowch rymoedd i Awdurdodau Lleol reoli'r farchnad dai yn ardaloedd gwledig a thwristaidd Cymru, Gohebiaeth – Deisebydd i'r Pwyllgor, 06.12.20

Rwyt cysylltu ar ran Osian Jones o Gymdeithas yr Iaith mewn ymateb i ebost at Osian gan Kayleigh Imperato (Subject: P-05-1056) a holodd am ein hymateb i llythyr gan y Gweinidog (atodiad 1) at gadeirydd y Pwyllgor ac yn ein holi a oedd y llythyr yn ymateb digonol i'n deiseb a ddenodd 5386 o enwau.

Hoffem hysbysu'r Pwyllgor ein bod yn ddiolchgar iawn i'r Gweinidog am ateb mor brydlon (o fewn 4 niwrnod i ddyddiad cau'r ddeiseb) ac i gadeirydd y Pwyllgor am sicrhau hynny. Fodd bynnag, nid ydym yn derbyn fod y Gweinidog wedi ymateb yn llawn i ofynion y ddeiseb.

Tra bo llythyr y Gweinidog yn cydnabod fod problemau a materion i'w trafod o ran polisiau tai a chynllunio, a'u heffeithiau ehangach, nid yw geiriad yr ail baragraff yn awgrymu fod y Gweinidog yn deall natur brys yr argyfwng mewn llawer o'n cymunedau gwledig Cymraeg. Mae cyfeirio at "heriau sy'n gallu codi yn sgîl ail gartrefi" yn dangos diffyg ymwybyddiaeth â'r ymdeimlad o chwalfa cymunedol sydd gan lawer o drigolion yr ardaloedd hyn. Ac mae cyfeirio at "yr angen i sicrhau'r cytbwysedd iawn rhwng anghenion economaidd a chymdeithasol ein cymunedau" yn awgrymu fod gweithrediad afreolus y farchnad dai eleni yn yr ardaloedd hyn o fudd economaidd, ond gyda photensial i greu problemau cymdeithasol. I'r gwrthwyneb yn ôl llofnodwyr y ddeiseb. Mae'r chwalfa a achosir gan weithrediad y farchnad dai yn yr ardaloedd gwledig a thwristaidd eleni yn chwalfa cymdeithasol ac economaidd ac yn ddiwylliannol, ac yn gadael llawer o bobl ifainc â theimlad o anobaith am unrhyw ddyfodol yn y cymunedau lle cawsant eu magu.

Problem gronig yn yr ardaloedd hyn yw gweithrediad y farchnad dai agored. Achosir y broblem gan anghyfartaledd economaidd rhwng incwm cyffredin mwyafrif trigolion yr ardaloedd, ac incwm uwch rhai o du allan i'r ardaloedd sydd am brynu'r tai. Mae'r galw o du allan wedi ei chwyddo dros amser trwy weld tai'n fuddsoddiad masnachol, yn hytrach nag fel cartrefi - fel tai haf, fel ail gartrefi a chartrefi ymddeoliad. Dros amser, cynyddwyd y duedd trwy fod cyfran helaeth o'r farchnad wedi symud arlein a thrwy ddatblygiadau masnachol fel AirB&B. Dan reolaeth gymunedol, mae lle i bobl a mentrau lleol hybu twristiaeth o'r fath ac ennill atodiad incwm os na ddefnyddir cyfran peryglus o uchel o stoc tai i'r perwyl hwn.

Yr hyn sydd wedi creu'r argyfwng brys eleni mewn tuedd amser hir (nad oes unrhyw lywodraeth wedi ymdrin â hi'n ddigonol) yw argyfwng Covid-19 ac awydd i "ffoi i'r wlad". O ganlyniad, mae prisiau tai yn y cymunedau hyn wedi cynyddu'n aruthrol a

phobl leol yn methu fforddio prynu tai yn eu cymunedau. Yr enghraifft a roddir yn aml yw petref Abersoch yng Ngwynedd lle gosodwyd safon newydd yr haf hwn am brisiau anhygoel pan hysbysebwyd cyn-Dŷ Cyngor (gyda gwelliannau tu fewn) ar werth am £380,000 ! Gan fod cymaint o aneddleoedd y pentref yn dai gwyliau, ail gartrefi a thai i bobl wedi ymddeol, y mae ysgol y pentref yn awr dan fygythiad o'i chau gan yr awdurdod lleol o ddiffyg pobl ifainc yn y pentref. Erbyn hyn y mae tai mor ddrud yn Abersoch fel na all darpar-brynwyr o ddinasoedd Lloegr eu fforddio chwaith, ac mae'r broblem wedi ymledu i gymunedau cyfagos e.e. y mis diwethaf, derbyniodd trigolion pentref Mynytho lythyrau di-ofyn gan bobl yng ngogledd Lloegr yn ceisio eu perswadio i werthu eu tai. Mae'n wir argyfwng brys ar y cymunedau hyn ac ar bobl ifainc sydd am ddarganfod cartref tu fewn iddynt.

Mae trydydd paragraff llythyr y Gweinidog yn ymddangos fel ymarferiad "cut & paste" i'w gynnwys mewn unrhyw lythyr pan fo Gweinidog am osgoi neu oedi rhag gweithredu. Byddai o gymorth i'r Pwyllgor ddeall ein bod fel Cymdeithas, ac fel trefnwyr y ddeiseb, yn deall mai mater amlochrog a chymhleth fydd datrysiaid llawni'r sefyllfa ac y bydd angen newidiadau sylfaenol mewn polisiau tai, cynllunio, datblygu economaidd ac adfywio cymunedol. Deallwn hefyd fod gwahanol agweddau ar y broblem yn amlygu eu hunain mewn gwahanol rannau o Gymru. Yn y bôn, deallwn y bydd angen Deddf Eiddo gyflawn ac amlochrog, ac ni ellid pasio deddfwriaeth o'r fath tan y tymor seneddol newydd wedi cyfnod teilwng o ddrafftio, ymgynghori a chraffu seneddol. Gobeithiwn y bydd y llywodraeth newydd yn gweithredu'n fuan ar ddechrau'r haf nesaf i neilltuo slot yn y rhaglen ddeddfwriaethol ar gyfer hyn.

Ond nid ydym yn derbyn nad oes unrhyw gamau brys y gallai'r Llywodraeth bresennol eu cymryd yn ystod yr wythnosau nesaf i liniaru effaith yr argyfwng ar gymunedau sydd dan bwysau enfawr. Gofynnwn i'ch Pwyllgor alw ar y Gweinidog i drafod a gweithredu ar frys camau o'r fath. Mae modd diwygio deddfwriaeth bresennol ar frys, ac mae modd cyhoeddi rheoliadau a chanllawiau newydd oddifewn i ddeddfwriaeth gyfredol lle rhoddir hawl i Weinidogion wneud hynny a/neu lle na rhywytrir Gweinidogion rhag gwneud hynny. Ar ben hynny, mae modd amrywio graddfeydd a dosbarthiadau trethiannol, a chynnig cymhellion ariannol i liniaru problem sy hefyd wedi'i gwaethygu gan argyfwng Covid. Mae felly ystod gweddol eang o gamau y gall Gweinidog a llywodreth eu cymryd i gwrdd â'r argyfwng os bydd yr ewyllys gwleidyddol i wneud hynny. Yn ymarferol, tri mis o amser sydd i wneud hyn cyn i no ddod at gyfnod cyn-etholiad. Mae'n fater o frys mawr felly.

Rhodddwn ychydig o enghreifftiau yn unig

1) Byddai cynyddu'r raddfa o Dreth Trafodiadau Tir ar dai a werthir fel ail gartrefi neu fel tai masnachol yn mynd rhan o'r ffordd tuag at leihau'r bwlch rhwng yr hyn y gall pobl leol fforddio ei gynnig am dŷ a phris uwch y gall darpar-brynwr ail gartref

fforddio ei brynu. Gellid trafod gydag Awdurdodau Lleol y defnydd o'r arian ychwanegol i gynorthwyo pobl leol yn y farchnad dai. Fel arwydd fod posibiladau gweithredu yn y maes, gofynwyd y cwestiwn i un o brif ymchwilwyr y senedd a rhoddwn ei ateb yn yr ail atodiad ac isod

CWESTIWN - I understand that the Welsh Government can vary the Land transaction tax. Should they wish to do so, what is the process for doing this and the timescale?

ATEB – “Any changes to Land Transaction Tax (LTT) rates and thresholds are made by regulations, which would be subject to a provisional affirmative procedure. This would enable the Welsh Ministers to make regulations so that it has temporary legal effect as soon as these changes are made. Section 25 of the Land Transaction Tax and Anti-avoidance of Devolved Taxes (Wales) Act specifies that any regulations laid before the Senedd relating to any changes to tax rates or thresholds would cease to have effect after 28 days from the date the regulations are made unless it is approved by a resolution of the Senedd. If the regulations are not approved within that period then any tax paid at a higher rate may be refunded by Welsh Government.

However, Section 25 also notes the following:

In calculating any period of 28 days, no account is to be taken of any period during which the Senedd is:

- (a) dissolved, or
- (b) in recess for more than 4 days.”

Dywed llythyr y gweinidog ei hun yr "adiolygir yr holl gyfraddau (treth trafodiant tir) yn gyson", ac mae fely yn cydnabod y gakll weithredu yn y maes hwn.

(2) O ran diwygio ac atal y dull o osgoi talu premiwm ar Dreth Cyngor ar gyfer ail gartrefi trwy fod perchnogion yn cofrestru tai fel eiddo masnachol. Gellid diwygio'r lleiaf-gyfnod y flwyddyn am osod y tai er mwyn ei wneud yn anos i bawb ond achosion dilys gofrestru eu tai fel eiddo masnachol. O wneud hynny, byddai Awdurdodau Lleol yn gallu codi'r premiwm gyda mwy o hyder na byddent yn colli treth cyngor yn gyfangwbl ar y tai hyn, a gallai'r llywodraeth roi hawl codi'r premiwn at lefel uwch yn yr ardaloedd lle bernir fod gormodedd o ail gartrefi'n bard. Cydnabyddwn fod Llywodraeth Cymru wedi cymryd camau yn y maes - sy'n dangos fod cyfle gweithredu ymhellach ar frys mewn ymateb i'r argyfwng newydd eleni. Mae'r papur yn yn trydydd atodiad - gan Gymdeithas y Cyfrifwyr (AAT) yn berthnasol i hyn

(3) Mae nifer o Gynlluniau Datblygu Lleol yn y broses o gael eu cyflwyno i'r Llywodraeth yn ystod y misoedd nesaf, a bydd Sesiynau Cyhoeddus yn cael eu cynnal gan Archwilwyr y Llywodraeth. Mae ofn cyson gan Awdurdodau Lleol na allant gynnwys ffactorau o bwys oherwydd y byddai Archwilydd y Llywodraeth yn dyfarnu nad ydynt yn berthnasol o ran diffiniad cul o ofynion y ddeddfwriaeth. Gallai'r Llywodraeth gyhoeddi canllawiau diwygiedig i'w archwilwyr i dderbyn tystiolaeth i'r holl amgylchiadau perthnasol.

(4) Gallai'r Llywodraeth hwyluso rhannu a gweithredu ar arfer gorau ymhlith Awdurdodau Lleol heb fod angen unrhyw ddeddfwriaeth newydd e.e. cynllun Cyngor Sir Caerfyrddin "Gosod Syml" lle gwahoddir perchnogion tai preifat i'w rhoi i'r Cyngor i'w gosod i deuluoedd lleol yn lle eu rhoi ar y farchnad agored.

(5) Mae gan bawb sy'n weithredol yn y maes syniadau pellach am gamau y gellid eu cymryd yn syth. A derbyn fod ambell gyfarfod trawsbleidiol, a thrafodaeth fewnol tu fewn i adran wedi digwydd, gallai'r Gweinidog godi proffil y drafodaeth trwy drefnu cyfarfod ffurfiolrhithiol gyda chynrychiolwyr Awdurdodau Lleol Ynys Môn, Gwynedd, Ceredigion, Penfro, Sir Gâr, Conwy, Powys, Dinbych ac Abertawe o wrando a thrafod pa gamau i'w cymryd ar frys, gan osod y sylfaen ar gyfer cynhadledd genedlaethol yn fuan yr hydref nesaf wrth i'r Llywodraeth newydd baratoi deddfwriaeth gynhwysfawr.

Wrth grynhoi, ailbwysleisiwn na ddisgwyliwn i'r Llywodraeth gyflwyno deddfwriaeth gynhwysfawr yn y tymor seneddol hwn. Ond, er mwyn y cymunedau sydd tan bwysau enfawr eleni ac er mwyn y bobl sy'n anobeithio rhag medru cael cartref oddifewn i'w cymunedau, credwn fod y Llywodraeth yn cymryd nifer o gamau yn syth.

Cydnabyddir na byddant yn ateb cyflawn ynddynt eu hunain, ond byddant yn arwydd clir i'r farchnad fod Llywodraeth Cymru am ddatrys yr anghyfiawnder hwn, ac yn arwydd clir i deuluoedd mewn angen fod Llywodraeth Cymru o'u plaid.

Gofynnwn i chwi argymhell fod dadl fuan yn y Senedd ar y ddeiseb, a bod y Gweinidog yn ystyried ar frys - gyda Llywodraeth Leol - y camau y gall eu cymryd.

Yn gywir

15.12.20- Drafft o gynnig i fynd gerbron Cabinet Cyngor Sir Gwynedd

(i'w drafod yn gyntaf ym Mhwyllgor Craffu Cymunedau'r Cyngor)

GWAITH YMCHWIL TAI GWYLIAU - Y PENDERFYNIAD A GEISIR

Yn wyneb yr angen i gael gwell rheolaeth ar dai sydd yn cael eu tynnu allan o'r cyflenwad sydd ar gael i bobl leol, a thrwy hynny i roi buddiannau trigolion lleol yn gyntaf, cymeradwyir y gwaith ymchwil (a baratowyd gan swyddogion y Cyngor) i'w gyflwyno i Lywodraeth Cymru ac y dylid:-

a) Galw ar y Llywodraeth ar fyrder i efelychu'r hyn sydd yn digwydd yn yr Alban a diwygio'r Gorchymyn Cynllunio Gwlad a Thref (Dosbarthiadau Defnydd) er mwyn cynnwys dosbarth defnydd ychwanegol ar gyfer llety gwyliau tymor byr. Byddai hynny yn ei dro yn caniatáu i awdurdodau adnabod 'ardaloedd rheoli' lle byddai'n ofynnol derbyn hawl cynllunio ar gyfer newid defnydd tŷ preswyl i'w ddefnyddio fel llety gwyliau tymor byr o fewn yr 'ardal rheoli' penodedig.

b) Er mwyn cynorthwyo i gadw rheolaeth dylid hefyd galw am gyflwyno cynllun trwyddedu gorfodol ar gyfer llety gwyliau tymor byr fyddai'n gyfrifoldeb i'r awdurdod lleol ei weithredu.

c) Tra byddai'r uchod yn cynorthwyo'r Cyngor i gael gwell rheolaeth ar dai sy'n cael eu defnyddio at ddibenion gwyliau, ni fyddai modd osgoi/rheoli tai yn cael eu troi yn ail gartrefi (oni bai am y rhai sydd yn cael eu gosod yn achlysurol/parhaol). Er mwyn sicrhau fod gan y Cyngor y modd ariannol i helpu i wneud yn iawn am y diffygion yn y cyflenwad y byddai hynny yn ei greu, ein bod yn galw ar y Llywodraeth i newid ei safiad ac i weithredu ar fyrder i newid y Ddeddf Cyllid Llywodraeth Leol fel bod unrhyw dŷ annedd sydd ddim yn brif neu unig gartref i unigolyn (boed yn ail gartref neu'n dŷ a ddefnyddir at ddibenion llety gwyliau tymor byr) yn cael ei ddiffinio fel tŷ annedd er pwrpas trethu (a thrwy hynny yn talu unrhyw bremiwm Treth Cyngor a benderfynir arno'n lleol). Fe fyddai unrhyw lety gwyliau tymor byr sydd wedi derbyn hawl cynllunio pwrpasol ar gyfer y defnydd hynny yn parhau i fod yn gymwys ar gyfer talu Treth Busnes Annomestig.

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Agenda Item 2.13

P-05-1064 Extend Land Transaction Tax a further 6 months past 31st March and increase the threshold to £300k

This petition was submitted by Gavin Powell having collected a total of 58 signatures.

Text of Petition:

House sales are a proven method of securing stability within the financial markets and an increase of 6 months on the current guidelines would secure long term stability. In addition in line with Help to buy Schemes the value should be increased from the current £250k threshold to £300k threshold.

Senedd Constituency and Region

- Torfaen
- South Wales East

Extend Land Transaction Tax Holiday and Increase the Threshold

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-3

Petition Number: P-05-1064

Petition title: Extend Land Transaction Tax a further 6 months past 31st March and increase the threshold to £300k

Text of petition: House sales are a proven method of securing stability within the financial markets and an increase of 6 months on the current guidelines would secure long term stability. In addition in line with Help to buy Schemes the value should be increased from the current £250k threshold to £300k threshold.



1. Background

In April 2018, Stamp Duty Land Tax (SDLT) was devolved to Wales. The Welsh Government replaced SDLT with Land Transaction Tax (LTT) and it is responsible for any changes to LTT in Wales.

LTT applies to property purchases in Wales and has different tax rates and bands to SDLT which is paid in England and Northern Ireland.

The Welsh Government published its LTT rates and bands for 2020-21 in its most recent budget. In February 2020, pre-COVID, it was forecast that the residential element of LTT would raise £179 million in 2020-21, which has been revised down to £128 million due to lower transactions and the LTT holiday. The budget set out the rates and bands for purchasing residential properties as shown below.

Table 1. Residential LTT rates and bands for 2020-21

Threshold	LTT rate
£0 - £180,000	0%
£180,001 - £250,000	3.5%
£250,001 - £400,000	5%
£400,001 - £750,000	7.5%
£750,001 - £1.5m	10%
Over £1.5m	12%

UK SDLT changes

On 8 July 2020, the UK Chancellor Rishi Sunak announced in his Summer Statement that residential property transactions up to £500,000 would be exempt from UK SDLT in England and Northern Ireland until 31 March 2021. Previously this exemption only applied to property transactions up to £125,000 and would save buyers as much as £15,000, if they were buying a property of £500,000 or more.

Landlords and second home buyers are also eligible for the tax cut but will still have to pay the extra 3% of stamp duty they were charged under the previous rules.

2. Welsh Government action

In response to these changes, the Welsh Government's Minister for Finance and Trefnydd, Rebecca Evans MS, announced that the Welsh Government would raise the LTT tax exemption threshold from £180,000 to £250,000 for residential property transactions in Wales until 31 March 2021.

The table shows the new temporary tax rates as a result of the changes made by the Welsh Government.

Table 2. Changes to residential LTT rates and bands for 2020-21

Threshold	LTT rate
£0 - £250,000	0%
£250,001 - £400,000	5%
£40,001 - £750,000	7.5%
£750,001 - £1.5m	10%
Over £1.5m	12%

The Minister commented that the change “will take effect on 27 July to coincide with the full reopening of the housing Market in Wales”.

The medium-term outlook for the housing market is highly uncertain, both in terms of house prices and volume of sales. Much will depend on the performance of the wider economy, which will in turn be determined by how the pandemic and restrictions on activity evolve.

Before the announcement of the change to LTT rates, house prices had started to fall and had been expected to fall further, however the reduction in LTT will save £2,450 for a person purchasing a house valued at £250,000, which will somewhat counteract possible falls in prices and increase demand.

The Minister stated “the new threshold will mean that no tax will be paid on around 80% of transactions in Wales where the main residential rates apply”.

Higher rate purchases

Unlike SDLT, the change to the LTT tax exemption threshold in Wales **will not apply to the purchase of additional properties** such as buy-to-lets and second

homes which have to pay an **additional 3% in tax** on top of the existing rate for their value shown in Table 1.

Impact of LTT changes

In her letter to the Chair of the Petitions Committee, the Minister noted that “the overall intended effect of the temporary changes to LTT is to provide an economic stimulus to support the housing market and broader economy in Wales during the remainder of this financial year”.

The Minister further reported:

This is a targeted tax reduction aimed at those who may need additional support to buy their homes during these unprecedented times and the approach we have adopted ensures that we retain a progressive regime that expects those with the broadest shoulders to contribute a larger share in tax.

In terms of the £250,000 threshold, the Minister commented that this has been set to reflect the property market in Wales. She highlighted that “the most recent UK House Price Index indicates that the average price of a home in Wales is £173,000 with first time buyers paying on average £149,000. A home costing £300,000 is approaching the top 10% of homes by value in Wales”.

The Minister **also noted** that by not replicating the UK Government changes to SDLT, for which the Welsh Government received additional funding as a result of the block grant adjustment, they have been able to invest funding to support the social housing sector,:

By setting these rates for Wales I am also able to confirm the £30 million to the Social Housing Programme that ‘will provide additional support to a range of activities that will boost construction within the social housing sector.

The Minister also reported that properties purchased through the next phase of the Help to Buy Scheme, to commence in April 2021, will see a reduction in the scheme price cap from £300,000 to £250,000.

3. Welsh Parliament action

To change LTT rates and thresholds, the Land Transaction Tax (Temporary Variation of Rates and Bands for Residential Property Transactions) (Wales).

Regulations 2020 were made by Welsh Government on 22 July 2020 and laid before the Senedd on 24 July 2020. The Senedd approved the Regulations on 29 September 2020.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1064
Ein cyf/Our ref RE/00825/20

Janet Finch-Saunders MS
Chair, Petitions Committee
petitions@senedd.wales

12 November 2020

Dear Janet,

Thank you for your letter regarding the petition to extend the temporary changes to land transaction tax (LTT) for a further 6 months beyond 31st March 2021 and to increase the temporary threshold to £300,000.

I understand the Petitions Committee have agreed to consider this petition and I thank you for providing me with the opportunity to provide my views before the Committee's consideration.

The temporary changes to LTT mean that from 27 July 2020 until 31 March 2021 all homebuyers subject to the main rates of LTT on properties costing more than £180,000 will now have a tax reduction of up to £2,450 in the period the new rates and thresholds are in force, with those paying no more than £250,000 paying no tax at all. Therefore, during this period, the tax liability on a house purchase at £300,000 is effectively halved. Under the 'normal' starting threshold of £180,000, around 60% of homebuyers liable to the main rates of LTT paid no tax on their purchase. The temporary increase to the threshold to £250,000 increases the proportion of homebuyers who pay no tax to around 80%.

Careful consideration was given to the temporary threshold of £250,000, which has been set to reflect the property market in Wales. The most recent UK House Price Index indicates that the average price of a home in Wales is £173,000 with first time buyers paying on average £149,000. A home costing £300,000 is approaching the top 10% of homes by value in Wales.

Forthcoming changes to Help to Buy in Wales also seek to ensure the property market in Wales is reflected within the terms of the scheme. In September, the Minister for Housing and Local Government announced that the next phase, to commence from April 2021, will see a number of changes from the current scheme, including the reduction of the price cap

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

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.

Back Page 154
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.

from £300k to £250k for homes purchased through the next phase. The Minister for Housing and Local Government took the decision to reduce the price cap based on evidence of average house price purchases through the Help to Buy scheme, future house price forecasts, consideration of home purchase taxation bands and the need to ensure homes are affordable and within reach of buyers.

The overall intended effect of the temporary changes to LTT is to provide an economic stimulus to support the housing market and broader economy in Wales during the remainder of this financial year. This is a targeted tax reduction aimed at those who may need additional support to buy their homes during these unprecedented times and the approach we have adopted ensures that we retain a progressive regime that expects those with the broadest shoulders to contribute a larger share in tax.

In addition, by not replicating the UK government changes to stamp duty land tax (SDLT) the Welsh Government has been able to provide £30million of funding to boost construction in the social housing sector, providing more homes in this sector, with an economic boost to the important construction sector and the economy more widely. This additional funding was possible due to the Welsh Government's fiscal framework, and the workings of the block grant adjustments, whereby a reduction in SDLT revenue results in more resources for the Welsh Government. Had the temporary LTT threshold been set higher than £250,000 then this additional funding would not have been achievable to the same extent.

The LTT rates and thresholds are kept under constant review. As this temporary increase to the LTT threshold for house purchases subject to the main rates was always intended to be a time-limited economic stimulus, there are no current plans to extend the period beyond 31 March 2021.

I hope that you and the Petitions Committee find this response helpful.

Yours sincerely,



Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd

Dear Petitions Committee,

Thank you for providing me the opportunity to give further explanation of the original petition to extend the land transaction tax (LTT) break at least a further 6 months beyond 31st March 2021 and to increase temporary threshold to £300,000.

The main aim of the petition was to allow purchasers (both first time buyers and secondary buyers) who have seen delays in build times due to the COVID-19 pandemic the opportunity to gain access to an excellent scheme. The secondary aim was to also stimulate the economy in a positive manner. A stable and strong construction industry often ties itself with a strong and stable economy.

The rest of the UK devolved parties have considered extending the LTT (Devolved alternatives) to ensure that the economy can prosper on the back of the pandemic especially in light of the now announced vaccination programme.

There was clear evidence that the stimulus introduced by Welsh Government in part worked and it would be recommended that these stimuluses are extended to aide the current crisis.

I am not using the help to buy scheme but are fully aware of how the valuations are based and appreciate that some areas of cutting would be needed to aide the cut in LTT. Second to this the banks have seen a large increase in borrowing not just from first time buyers but homebuyers moving up the property ladder (which is the case for myself) and the uncertainty that the banks once faced could no longer be a stumbling block for many like myself looking at new properties. If the extension is not granted then this could then be an antagonistic affect that could cause the banks to restrict lending and subsequently shrink the economy.

I would like to point to that the number of sales has been decreasing for the last two years and that a stimulus of this nature would ultimately help those numbers increase. This is down a number of factors with primary consideration given to the removal of the toll system on the Prince of Wales Bridge giving a surge in house purchasers from across into England. If there is no incentive then there will be further shrinkage of local economies.

The Welsh Government should consider the effect that the wider media has on the economy. Look at the effect "I'm a celebrity get me out of here" as potentially given North Wales. The airing of such a programme in this country and the perspective that Wales is actually a place to be and live will be supported by the scheme proposals given in the petition.

I believe Wales can be a front runner in doing this and show that we are open for business.

Kind Regards



Mr. Gavin R Powell BSc

Agenda Item 2.14

P-05-1069 Save the farmland and green fields at Cosmeston

This petition was submitted by Michael Philip Garland having collected a total of 5,272 signatures.

Text of Petition:

We call on Welsh Ministers to adhere to their environmental and climate change policies and to the principles of the Well-being of Future Generations (Wales) Act 2005 and urge the Welsh Government to withdraw their plans for a 576 housing units development on the scenic coastal fields and farmland at Lower Cosmeston Farm, Cosmeston.

Additional Information:

These green fields lie on an area of coastline and farming landscape between the Bristol Channel, Wales Coastal Path and Cosmeston Lakes Country Park (SSSI) and any development on these fields will greatly affect the local wildlife ecology and biodiversity here and in the surrounding areas together with a loss of the areas countryside amenity and local cultural historical heritage

Such a large development will be unsustainable due to the lack of local highway and health infrastructure and will exacerbate traffic congestion and flooding in nearby areas.

The land should be kept for farming and associated businesses which together with local community amenity projects will maintain the prospects of the landscape for the well being of Future Generations.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central

P-05-1069 Save the farmland and green fields at Cosmeston

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-4

Petition Number: P-05-1069

Petition title: Save the farmland and green fields at Cosmeston

Text of petition:

We call on Welsh Ministers to adhere to their environmental and climate change policies and to the principles of the Well-being of Future Generations (Wales) Act and urge the Welsh Government to withdraw their plans for a 576 housing units development on the scenic coastal fields and farmland at Lower Cosmeston Farm, Cosmeston

These green fields lie on an area of coastline and farming landscape between the Bristol Channel, Wales Coastal Path and Cosmeston Lakes Country Park (SSSI) and any development on these fields will greatly affect the local wildlife ecology and biodiversity here and in the surrounding areas together with a loss of the areas countryside amenity and local cultural historical heritage.

Such a large development will be unsustainable due to the lack of local highway and health infrastructure and will exacerbate traffic congestion and flooding in nearby areas. The land should be kept for farming and associated



businesses which together with local community amenity projects will maintain the prospects of the landscape for the well-being of future generations.

1. Background

This petition relates to an outline planning application submitted to the Vale of Glamorgan local planning authority (LPA) by the Welsh Government. The outline planning application is for a development comprised of residential development, a primary school, community space and public open space.

Planning applications are determined in accordance with national and local planning policy unless material considerations indicate otherwise. In this instance, the development is located on a site allocated for housing in the Vale of Glamorgan's Local Development Plan (LDP).

A number of documents relating to the application, including an environmental statement have been published on the Vale of Glamorgan's online planning register.

Outline planning applications

The petition relates to an outline planning application. Most planning applications are full applications, which means they include all details of the proposal. However it is also possible to apply for permission in two stages.

First, an outline application is submitted for the LPA to decide if the principle of development on the site is acceptable. The second application will be for approval of 'reserved matters', which will include the remaining details of the proposal.

Even if an outline permission has been granted, the reserved matters application will need to be approved before work can start.

In this instance, the outline permission relates to access, with all other matters reserved.

Pre-application consultation

As this application is for a 'major' development, it has been subject to pre-application consultation.

The requirement for developers to undertake pre-application consultation is set out in part 1A of the *Town and Country Planning (Development Management Procedure) (Wales) Order 2012* (DMPWO). It applies to all planning applications for major development, whether for full or outline permission.

Major development is defined in article 2 of the DMPWO; this particular application is classed as a major development.

Prior to submitting an application for major development, a developer must:

- publicise a draft of the application;
- consult community and specialist consultees; and
- produce a report about the pre-application consultation undertaken.

The pre-application consultation report for this application has been published on the Vale of Glamorgan Council's online planning register (link above). The report shows detail of the consultation undertaken and of the support and objections received.

Planning decisions

Ultimately it is for a LPA to determine planning applications in accordance with its LDP.

Anyone can comment on an application. At the time of preparing this brief the application was open for public consultation and has not yet been determined by the LPA.

However once a decision is made, there is no third party right of appeal. The applicant and the LPA are the main parties to an appeal and any other interested parties are classed as a third party.

The only basis for a third party to challenge a decision would be through judicial review. The grounds for judicial review may only be from one of the following three broad classes: illegality; irrationality and procedural impropriety i.e. on a point of law. An application for judicial review to the High Court must be made within six weeks of the decision and can be an expensive process.

2. Welsh Government action

In her letter to the Chair dated 23 November, the Minister for Finance and Trefnydd, Rebecca Evans MS, highlights the procedures this application is subject to, such as the pre application consultation procedure outlined above.

The Minister highlights that the site is allocated in the LPA's adopted LDP, which has been subject to the independent examination process that applies to developing an LDP.

The Minister also suggests that the scheme will contribute to meeting the identified housing need for the area and highlights that the scheme will provide a number of affordable housing units. The LPA published its Local Housing Market Assessment in 2017.

The Minister states:

I do not consider the application should be withdrawn as to do so would result in the failure of the Welsh Government to deliver much needed affordable homes and would run counter to the strategy identified in the adopted Vale of Glamorgan Local Development Plan which sees this site as key to helping to address the identified housing need in the area.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1069
Ein cyf/Our ref RE/00867/20

Janet Finch-Saunders MS
Chair, Petitions Committee

23 November 2020

Dear Janet,

Thank you for your letter to Ken Skates MS, Minister for Economy, Transport and North Wales, regarding the petition received in respect of the proposed planning application for the residential development of land at Lower Cosmeston Farm, Penarth. Your letter has been passed to me for reply as the proposed development falls within my portfolio of responsibilities.

The majority of the land which is subject to the planning application is allocated for the residential development of 576 units in the adopted Vale of Glamorgan Local Development Plan. The area of land to accommodate the proposed primary school is outside the boundary of the residential allocation although it is considered to be brownfield land as it is the site of the farm buildings which form part of Lower Cosmeston Farm. The residential allocation is a key part of the Council's strategy for the delivery of homes in accordance with the identified housing need for the area. The proposals contained in the Local Development Plan were subject to scrutiny by an independent planning inspector who was appointed to assess the soundness of the Plan, which was adopted in 2017.

The planning application for the residential development of the land was submitted to the Vale of Glamorgan Council on behalf of the Welsh Government on 30 September 2020. The application was supported by a significant amount of technical information and it is now for the Council to determine whether the information provided is adequate and addresses any concerns they may have. This includes issues relating to sustainability, infrastructure, highways, ecology, the environment and heritage. The supporting information also addressed the principles identified in the Well-being of Future Generations Act (the Act). The Vale of Glamorgan Council as defined in the Act as being a 'Public Body' will also need to take into account the provisions contained in the Act when making a decision on the planning application.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Correspondence.Rebecca.Evans@gov.wales
Gohebiaeth.Rebecca.Evans@llyw.cymru

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.

Back Page 162
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 Vale of Glamorgan Council is required to undertake a statutory period of publicity and consultation in respect of the application and the Council, as Local Planning Authority will need to take into account any representations received. It will also need to consider whether the application accords with policies contained in the adopted Local Development Plan before determining whether planning permission should be granted or not.

The proposals have also been subject to consultation by the Vale of Glamorgan Council as part of their preparation of the adopted Local Development Plan and prior to the planning application being submitted pre-application consultation was undertaken with the local community.

If planning permission is granted, the development of this site would be an exemplar housing site being brought forward by the Welsh Government which would deliver in the region of 280 affordable homes. A new primary school would be provided as well as public open space and a cycle route which would link the site to Penarth town Centre.

I do not consider the application should be withdrawn as to do so would result in the failure of the Welsh Government to deliver much needed affordable homes and would run counter to the strategy identified in the adopted Vale of Glamorgan Local Development Plan which sees this site as key to helping to address the identified housing need in the area.

Yours sincerely,

A handwritten signature in black ink that reads "Rebecca Evans". The signature is written in a cursive style with a large initial 'R'.

Rebecca Evans AS/MS
Y Gweinidog Cyllid a'r Trefnydd
Minister for Finance and Trefnydd

**P-05-1069 Save the farmland and green fields at Cosmeston, Correspondence –
Petitioner to Committee, 06.12.20**

**P-05-1069 Response to Petitions Committee Meeting: Tuesday 15th December
by Michael Philip Garland on behalf of the Keep Cosmeston Green Group and the residents
of Cosmeston, Penarth, Sully and surrounding areas.**

To: The Petitions Committee.

I would like to thank the Petitions Committee for allowing myself the chance to respond to the letter of Rebecca Evans MS, Minister of Finance, and respond regarding the Petition Statement.

Response to the letter of Rebecca Evans MS Minister of Finance.

This has been the general response that has been received on many previous occasions by residents from Welsh Government, i.e., the need for houses, and, that it is for the Vale of Glamorgan Council to determine the application.

Response regarding the Petition Statement.

The petition to “Save the farmland and green fields at Cosmeston” has received support not just from residents in the locality, but from across Wales and beyond who are concerned about the large amount of development in this area and the removal of our natural coastal farmland, being replaced by a large housing development and schools, with little or no infrastructure to sustain it.

The development being proposed by the Welsh Government appears contrary to many of the Welsh Government policies in regard to Environmental and Climate Change, (such as Environmental Strategy for Wales, Welsh Government Sustainable Policy, Environmental Growth Plan for Wales, Environment & Climate Change Planning and Strategy, Environmental Principles & Governance in Wales, Woodlands for Wales Strategy), and the Well-being of Future Generations (Wales) Act 2015.

Therefore, I would like to make the following observations in regard to the development application

1. Procedural fairness.

Residents feel that the submission of this planning application on 23rd October 2020, especially the same day that the 17 day “Firebreak Lockdown” was introduced, was a deliberate act. Neighbours letters only arrived 7 days after the consultation period begun. As a result of the restrictions There has been an inability to discuss the matter with the public or hold public meetings, to leaflet residents or to view the voluminous plans and reports, except on-line. Circumstances have made it very difficult for people to have a meaningful input in the planning process within the 21-day consultation period.

2. The Vale of Glamorgan Council may have predetermined the application.

Residents feel that the Council (VoGC) have pre-determined the application and therefore cannot assess this application objectively, since the Welsh Government are providing it with land to build a two-form entry primary school for 450 pupils. In addition, proposals have already been drawn up by VoGC to build a Special Educational Needs Annex for Ysgol Y Deri School to the south of this site, with a principled agreement already reached by both parties in regard to the cost of the school, with the Welsh Government providing £8.25m of the £11m cost, dependent on planning permission being obtained.

3. The application does not conform with the adopted Vale of Glamorgan Council Local Development Plan 2017 (LDP).

The application site is larger than the area allocated for that purpose in the Vale of Glamorgan Local Development Plan 2017 (LDP). The scale of the proposed development significantly exceeds the threshold of 150 dwellings or 6ha requiring a call-in by Welsh Government.

This extension of the proposed development encroaches even further into the Green Wedge identified in the LDP and will lead to “infilling”/ “rounding-off” by future housing development, thus further eroding the Green Wedge leading to coalescence with Sully, even more so if the site is further extended by the Ysgol Y Deri Annex. The extension at the south east corner of this ‘greenfield’ site involves the demolition of Lower Cosmeston Farmhouse and farm buildings which form part of an agricultural holding.

This is in direct conflict with Policy MG18, which seeks to prevent the coalescence of settlements and to retain the openness of land. The policy states that within these areas development which prejudices the open nature of the land will not be permitted. Clearly, 576 dwellings, including a number of high-rise blocks and a school conflicts with this policy.

4. There is a lack of adequate transport/highway infrastructure.

This, together with inadequate public transport services is already leading to significant traffic congestion and consequent air pollution in the locality, surrounding areas and along routes to Cardiff and the M4 Motorway. This unsatisfactory situation will only be exacerbated by this development taken together with the housing developments in Barry, Sully and Landau, which have not been taken into account in traffic assessments. The assessments are therefore misleading, under-estimating traffic volumes and failing to correctly assess the impact of the development on the Merrie Harrier and Baron's Court junctions despite a requirement by the local highways authority to do so.

While the site is close to a bus stop, a specialised restaurant and a private member's golf club, these services and facilities alone are not enough to make the development "sustainable". Many of the essential health services and facilities are further than the maximum permitted walking distance of 2km, which would be by way of the unlit Coastal Footpath and an unlit footpath/cycle track to Penarth, This, plus the use of inadequate public transport would result in more reliance on the motor vehicle for access to basic services.

Examples of actual travel distances to services and facilities

- Penarth Railway Station (2.5km),
- Penarth Town Centre (2.9km).
- Nursery Schools – St Aubin Nursery (2.1km), Bute Cottage Nursery (2.8km), Sully Nursery (3.2km), Cogan Nursery (4.1km).
- Secondary Schools – Stanwell School (2.6km), Westbourne School (2.6km).
- GP Surgeries – Penarth Health Partnership (2.5km), Sully Surgery (3km).
- Dentist Surgeries – Penarth Town Centre Area (2.7km).
- Mainstream Supermarkets are on the extreme northern boundary of Penarth (4.5km).
- Sully Library (2.3km) and Penarth Library (2.7km).

on the motor vehicle for access to basic services.

The train service to Cardiff is unreliable with too few carriages or short notice cancellations.

5. The proposed development would have wide effects beyond the immediate locality.

Residents of the Vale of Glamorgan who travel to the capital city by car or bus for employment, shopping or entertainment purposes are obliged to use one of three bridges across the Ely River. This is acknowledged by all responsible authorities as a major problem that does not have a solution at the present time.

Existing traffic flows through Penarth and Dinas Powys to the extremely busy Merrie Harrier junction which feeds two of the bridges. Traffic flows at the junction are already being increased as a result of the construction of the first phase of the 250-dwelling development at Cog Road, Sully, and by developments at Barry Waterfront and Llandough, without any mitigation measures in place. The proposed development would further exacerbate this problem and, while the supporting documentation suggests that prospective residents would be encouraged to walk and cycle to Penarth Station, it is inevitable that car and bus users from the Vale as a whole would experience even longer delays as a result of additional traffic movements generated by the proposed development.

6. The proposed development would cause substantial controversy beyond the immediate locality.

Traffic generation from the proposed development and the resulting delays, especially to peak commuter traffic is already causing widespread controversy. The traffic problems on the western edge of Cardiff are widely acknowledged, yet this proposal conflict with the applicant's own policies that, amongst other things, require that careful consideration is given to the allocation of new sites which are likely to generate significant levels of movement. This proposal will significantly increase traffic flows through Penarth, resulting in delays, noise and pollution for its residents, as well as for residents of the eastern Vale travelling to and from Cardiff.

7. The development will have an unacceptable impact on the countryside and its biodiversity environment.

The building of 576 dwellings on 60 acres of farmland and green fields will cause the loss of arable and pasture farmland and of important open spaces that contribute to the local amenity, character, and distinctiveness of the area, together with its rich ecology and biodiversity.

The proposed development will have a significant harmful effect on the area, which is of more than local importance due to its position adjacent to the Severn Estuary Special Area of Conservation (SAC) and designated Marine Protection Area. The site is also protected under the Ramsar Convention as part of the coast, together with Cosmeston Lakes Country Park (SSSI), as an assembly and arrival point for migrating birds.

The erosion of Green Wedge and proximity of developments to the Wales Coastal Path would have a harmful impact on both, as well as harming the setting of Cosmeston Medieval Village. Its importance as an effective visual and practical buffer between Sully and Penarth is significant and locally important.

This site is strategically important for wildlife because it lies between a number of wildlife areas, Cosmeston Lakes Country Park (SSSI) to the West, Ty-r-Orsaf, Site of Nature Conversation (SINC) to the South and the Severn Estuary (Ramsar, Special Protection Area (SPA) Special Area of Conservation (SAC) and Penarth Coast (SSSI) to the north, acting as a buffer zone and a corridor to connect them.

For many of these species this area is their natural habitat, while for others it is their natural roosting and foraging area, a corridor to connect them to other areas, such as Cosmeston Lakes Country Park, or used as a migratory passage. The loss of woodland, wetland, grassland, and hedgerows will seriously reduce the insect biomass on which the birds, bats and other species rely on.

The site supports a huge diversity of species, including many protected species.

- Bats - 6 species including common pipistrelle, soprano pipistrelle, Nathusius.
- Great Crested Newts (European Protected Species)
- Reptile – slow worms
- Birds – 56 species of bird including Herring Gull, Skylark, Barn Owl, Cettis Warbler, Peregrine Falcon. 21 species being of conservation concern. Red List 7. Amber List 14.
- Doormice
- Foxes
- Other animals and insects.

The natural habitats of these animals will be lost when the site is developed, being replaced by hedgerows and small green areas in close proximity to populated buildings, gardens, play areas, roads, vehicle noise and pollution. The proposed “central corridor” through the site will be used by walkers and cyclists, to the detriment of other species expected to share it.

8. The development proposals will have an adverse impact on the important architectural heritage and archaeological remains present on the site.

It is concerning that the applicants report dismiss the archaeology, as not identified of being of sufficient significance, and the architecture of Lower Cosmeston Farm as not worth retaining and described it as of ‘moderate to limited heritage significance’, in order to implement this development. This is in contrast to recent trial excavations that revealed archaeological remains of almost certain medieval date which the capacity to transform our understanding of the evolution of Cosmeston as a settlement and its earliest inhabitants.

Lower Cosmeston Farm is recognised as a rare surviving example of a 16th century, single-unit, end-entry hearth passage house and is listed within an inventory of ancient monuments ‘Glamorgan Farmhouses and Cottages’ (RCAHMW 1988).

Glamorgan Gwent Archaeological Trust has stated that there is a strong possibility that further medieval archaeology will be present on the site, advising that some parts of the site may need to be retained as open space in order to protect archaeological features (Vale of Glamorgan Council Statement at LDP Hearing Session 24).

There are layers of Middle Jurassic Lias Cliff formation containing fossilised remains and one recent find of what is thought to be dinosaur footprints is currently under investigation by the Natural Museum of Wales.

There are many points of concern regarding the development site's archaeological, historical, and natural environment that will be lost not only to the public now but to generations to come if this housing development were to proceed.

9. Contamination within the site renders the site unsuitable for development.

Landfill material, comprising both domestic and commercial waste was used to fill three historic quarries on the site during the 1960's and 1970's, resulting in the majority of the site becoming contaminated by the wide variety of substances which were dumped in them.

No records of what materials were placed in the landfill were maintained or kept by the relevant authorities at the time. However, the applicant's Environmental Statement states that testing and investigations found the presence of asbestos materials, sulphates, arsenic and organic compounds. The site was used for cattle pyres during the foot and mouth epidemic in 2001. Area E (The "Old Quarry") was not accessible for investigation, due to ecological constraints and therefore no assessment was undertaken. One area found to be so severely contaminated that it has been recommended not to build in this area but use the area as public open space for use by adults and children. Furthermore, it is concerning that a full and proper assessment has not been undertaken on parts of the site that were not investigated due to ecological constraints.

10. Flooding and Coastal Erosion will affect access to the site.

The stretch of Lavernock Road in close proximity to the west entrances to the site are located alongside a flood zone and Sully Brook. There have been regular occasions of flooding here over the years which have meant closure of the road for long periods of time and therefore access/egress to/from the site from Lavernock Road would be compromised.

The stretch of coast between Penarth and Sully is liable to frequent cliff falls and coastal erosion and proposals to move the Wales Coastal Path 20 metres inland are being made and therefore access /egress to the site will be compromised

11. The development will have an impact on catchment area pupil numbers and thus exacerbate the existing shortage of Nursery and Secondary school places.

Currently the area has a shortage of adequate Nursery, Primary and Secondary School places.

The planning application refers to the provision of land for a new school site, inferring that this site would provide additional primary school education places within walking distance of the new proposed housing development.

This development, together with the housing development at Cog Road, Sully will substantially increase the number of school spaces required and put added pressure onto the Vale of Glamorgan Council Education Department intensifying the shortage of current Nursery and Secondary School places.

The Education Authority has also recommended that a school site be allocated to a 150 place Special Educational Needs School (a satellite operation to Ysgol y Deri), adjacent to the application site. Whilst not objecting to the benefit of additional Special Educational Needs provision, this situation would only intensify increased traffic congestion volumes with the additional minibuses, coaches and cars necessary for the delivery of pupils to the Special Educational Needs School.

Therefore, on behalf of Keep Cosmeston Green and the residents of the communities of Cosmeston, Penarth, Sully and surroundings areas, I request that the Welsh Government withdraw this planning application in order to stop the urbanisation of our countryside and conserve the landscape, amenity, environment, biodiversity and historical heritage for future generations to come.

Agenda Item 2.15

P-05-1071 Print the vehicle registration on all drive through fast food packaging

This petition was submitted by Michael John Powell having collected a total of 8,341 signatures.

Text of Petition:

Fast food packaging is a major contributor to littering in the streets of our communities.

We believe printing the vehicle registration on all drive through fast food packaging will help reduce this costly blight.

Senedd Constituency and Region

- Pontypridd
- South Wales Central

P-05-1071 Print the vehicle registration on all drive through fast food packaging

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-6

Petition Number: P-05-1071

Petition title: Print the vehicle registration on all drive through fast food packaging

Text of petition:

Fast food packaging is a major contributor to littering in the streets of our communities.

We believe printing the vehicle registration on all drive through fast food packaging will help reduce this costly blight.



1. Background

In its [How Clean Are Our Streets? 2018-19](#) report, Keep Wales Tidy (KWT) identified fast food waste on an average of 19.6% of Welsh streets.

A 2018 report by Eunomia, commissioned by the Welsh Government, [Options for Extended Producer Responsibility in Wales](#), estimated that 'around 950 tonnes of takeaway food packaging waste are generated in Wales each year', and it estimated that 'only 8.5% is recycled'. It continued:

While accounting for less than 0.06% by weight of Welsh municipal waste arisings, takeaway food packaging is a highly visible component of litter. We estimate that takeaway food packaging waste (which includes expanded polystyrene (EPS) containers) accounts for 1.6% of litter by weight on the ground and in litter bins, but accounts for a larger proportion overall by volume.

One of the most problematic non-recyclable materials is expanded polystyrene (EPS) or foam polystyrene, which fast food packaging is primarily made from. It is exceptionally lightweight and a good insulator, so is effective for keeping food warm. KWT said that, as well as being not commonly recycled, it is problematic because it:

- is light and therefore easily transported by wind and water;
- breaks up into small pieces making it difficult to clean; and
- stays in the environment for a very long time.

Though some industries have made efforts to promote recycling of polystyrene, within the fast food sector no industry-wide approach has been attempted. Some of the largest fast food chains have taken action to replace EPS with biodegradable alternatives, but many smaller independent fast food businesses still regularly use EPS packaging due to its lower per-unit cost.

Fast food cups were also surveyed by KWT, alongside other drinks receptacles, and were found on 5% of Welsh streets.

The Marine Conservation Society's (MCS) [Great British Beach Clean 2019 report](#) highlighted that small pieces of plastic/polystyrene is still the most commonly found litter on UK beaches, and on average 30.4% of all litter found is that which the public has not disposed of correctly. The report noted that, in Wales, an average of 29 drinks containers are found on every 100m of beach.

Littering offences and enforcement

The act of leaving litter is an offence under the *Environmental Protection Act 1990* as amended by the *Clean Neighbourhoods and Environment Act 2005*.

For a littering offence, a person can be issued a fixed penalty notice (FPN) enforcing a fine. The Welsh Government [guidance on FPNs](#) explains that for littering, the amount a local authority can charge ranges between £75-£150, with £75 set as the default. However, if the person fails to pay the fine or repeatedly offends, they can be prosecuted and fined up to £2,500 by the Magistrates' Court. The guidance also says that local authorities have the power to authorise a person to be an Enforcement Officer, enabling them to issue FPNs on behalf of the local authority.

2. Welsh Government action

In January 2020 the Welsh Government set out proposals to 'move towards zero waste by 2050' in a new circular economy strategy '[Beyond Recycling](#)'. The [summary of responses](#) included the suggestion of 'using Government levers' to apply 'bans or restrictions to phase out the use of unnecessary, highly littered, single use plastic'. The [stakeholder summary](#) showed that a key point raised by young people is the 'need to take action on litter' for reasons that include 'wildlife and for tourism'.

In [recognition of the significant environmental issues](#) arising from the excess use and inappropriate disposal of single-use items, such as take away food containers and plastic cutlery, on 18 March 2020 the Welsh Government announced its [intention to ban single use plastics](#).

The Deputy Minister for Housing and Local Government, Hannah Blythyn MS, said that the proposals are 'part of a wider, integrated approach to address the problems created by excess plastic and litter in communities', and confirmed that 'restrictions [are] due to come into force in the first half of 2021'. A [consultation on the proposals](#) took place between 30 July and 22 October 2020, and responses are currently being reviewed.

On [13 October 2020](#), responsibility for waste policy moved to the Minister for Environment, Energy and Rural Affairs' portfolio.

In response to this petition, the Minister for Environment, Energy and Rural Affairs, Lesley Griffiths MS ('the Minister'), expressed her determination for Wales to become a 'cleaner nation'. The Minister confirmed that littering from vehicles will be a 'key area of focus' in an upcoming 'Litter Prevention Plan', which the Welsh Government intends to publish 'early next year'. The Minister said that:

The aim of the Plan is to achieve a litter Free Wales and will include proposals to enable waste reduction, education and behavioural change and enforcement action. The plan will highlight potential regulatory interventions, including the introduction of new powers to enable financial penalties to be issued to the owner of a vehicle.

Furthermore, the Minister said that her officials have held initial meetings with relevant businesses to 'discuss printing vehicle registrations on all drive through fast food packaging'. According to the Minister, these meetings highlighted 'a number of potential operational and legal barriers' which officials are 'in the process of better understanding' to 'inform next steps'. The Minister said that the Welsh Government had 'proposed a trail relating to the printing of vehicle registrations on drive through fast food packaging', however:

...due to the ongoing COVID-19 pandemic and concerns over General Data Protection Regulation (GDPR) requirements from the fast food companies, we are unable to take this forward at present. My officials continue to work with the sector on this issue and are pursuing other potential interventions which could be introduced in the interim.

The Minister also said that she believes that regulatory and enforcement action to prevent litter is only 'part of the solution', highlighting that 'behavioural change and awareness raising initiatives are equally as important'.

3. Welsh Parliament action

The Petitions Committee has considered the following petitions within the theme of reducing fast food waste and/or littering:

- [P-04-547 Ban polystyrene \(ESP\) fast food and drinks packaging : and](#)
- [P-05-750 For single use items: introduce a Deposit Return System for drink containers and make fast food containers and utensils compostable](#)

In its first full meeting in February 2019, the Welsh Youth Parliament chose 'littering and plastic waste' as one of three topics they would tackle. On 5 November 2020, the Welsh Youth Parliament's Littering and Plastic Waste Committee published its report '**Reduce Reuse Recycle**'.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Ein cyf/Our ref LG/02658/20

Janet Finch-Saunders MS
Chair of the Petitions Committee

3rd December 2020

Dear Janet,

Thank you for your letter of 6 November inviting me to share my views on the petition to print car registration details on drive through fast food packaging to reduce littering.

Littering in all forms is unacceptable and everyone needs to take responsibility for disposing of their rubbish properly. Whilst this is not a problem exclusive to Wales, I am determined to become not only a cleaner nation, but an exemplar nation. I recognise roadside litter in particular is an ongoing concern for communities across Wales. Roadside litter can be costly and difficult to remove, due to its location.

I can confirm littering from vehicles will be a key area of focus in our upcoming Litter Prevention Plan, which we intend to publish for consultation early next year. The aim of the Plan is to achieve a litter Free Wales and will include proposals to enable waste reduction, education and behavioural change and enforcement action. The plan will highlight potential regulatory interventions, including the introduction of new powers to enable financial penalties to be issued to the owner of a vehicle.

I can confirm my officials have already held initial meetings with a number of fast food businesses, which operate “drive through” restaurants in Wales, to discuss printing vehicle registrations on all drive through fast food packaging to better target litter enforcement action. During these discussions, it has become apparent there are a number of potential operational and legal barriers to implementing such a measure. My officials are currently in the process of better understanding these issues to inform next steps. We have proposed a trial relating to the printing of vehicle registrations on drive through fast food packaging. However, due to the ongoing COVID-19 pandemic and concerns over General Data Protection Regulation (GDPR) requirements from the fast food companies, we are unable to take this forward at present. My officials continue to work with the sector on this issue and are pursuing other potential interventions which could be introduced in the interim.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Lesley.Griffiths@llyw.cymru
Correspondence.Lesley.Griffiths@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.

Back Page 174
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 recognise the importance of regulatory and enforcement action to prevent littering. However, I believe this is only part of the solution, as other interventions, for example behavioural change and awareness raising initiatives are equally as important. This is why we are working with a wide range of organisations, including the fast food sector, to develop a national litter awareness raising campaign. We plan to launch the campaign early next year.

We are also working on a number of other measures which will help reduce “on-the-go” and roadside littering. This includes legislation to ban or restrict the sale of a number of single use plastic products, the introduction of a Deposit Return Scheme for drinks containers and an Extended Producer Responsibility scheme.

Yours Sincerely,



Lesley Griffiths AS/MS

Gweinidog yr Amgylchedd, Ynni a Materion Gwledig
Minister for Environment, Energy and Rural Affairs

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Lesley.Griffiths@llyw.cymru
Correspondence.Lesley.Griffiths@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.

Agenda Item 2.16

P-05-1072 Investigate what powers the Welsh Parliament has in relation to banning conversion therapy

This petition was submitted by Samuel Fletcher having collected a total of 114 signatures.

Text of Petition:

Under Theresa May, the Conservative manifesto had a goal of banning conversion therapy. Almost two years later, this has not happened. This petition calls on the Petitions Committee to investigate what powers the Welsh Parliament has in relation to this issue, and then ban conversion therapy if possible. This barbaric and homophobic act must end.

Senedd Constituency and Region

- Swansea West
- South Wales West

Powers of the Senedd to ban 'conversion therapy'

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14687-7

Petition Number: P-05-1072

Petition title: Investigate what powers the Welsh Parliament has in relation to banning conversion therapy.

Text of petition: Under Teresa [sic] May, the Conservative manifesto had a goal of banning conversion therapy. Almost two years later, this has not happened. This petition calls on the Petitions Committee to investigate what powers the Welsh Parliament has in relation to this issue, and then ban conversion therapy if possible. This barbaric and homophobic act must end.



1. Background

There is no universal definition of 'conversion therapy'. The Stonewall charity defines it as "any form of treatment or psychotherapy which aims to change a person's sexual orientation or to suppress a person's gender identity" which, it states, is "based on an assumption that being lesbian, gay, bi or trans is a mental illness that can be 'cured'".

In 2018, under Prime Minister Theresa May, the UK Government's Equalities Office published an LGBT Action Plan ("Action Plan") which said the UK Government would bring forward proposals to "end the practice of conversion therapy" and that it would "fully consider all legislative and non-legislative options to prohibit promoting, offering or conducting conversion therapy".

To date, the UK Government has not introduced proposals to end the practice of conversion therapy.

The House of Commons Petitions Committee has considered a petition calling on the UK Government to "make LGBT conversion therapy illegal in the UK". The petition closed on 13 September and will be considered by the UK Parliament for a debate.

Responding to the House of Commons petition, a Welsh Government spokesperson stated:

"Conversion therapy is banned throughout the NHS. We expect any organisation providing services on behalf of the NHS in Wales to give a firm commitment it does administer this kind of 'therapy'"

"We continue to engage with and work with LGBT+ people in Wales to advance equality for all".

There does not appear to be any discussion of 'conversion therapy' in the Senedd Record of Proceedings.

2. Senedd's Legislative Competence

The UK Government's Action Plan in 2018 stated that "the majority of the commitments" within it would only have effect in England as certain "policy areas such as health and education are fully devolved". However, it specifically stated that commitments to end conversion therapy "will require a UK-wide approach". Although not expressly stated, this may indicate that the UK Government does not consider the prohibition of conversion therapy to be devolved.

However, in considering the admissibility of the petition, Senedd Legal Services concluded that the banning of conversion therapy does not constitute "something that the Senedd clearly does not have the power to do".

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Jane Hutt AS/MS
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1072
Ein cyf/Our ref JH-/01066/20

Janet Finch-Saunders MS
Chair, Petitions Committee

25 November 2020

Dear Janet,

Thank you for your letter dated 6 November regarding **Petition P-05-1072**.

All major UK medical professional bodies, including RCPsych and RCGP and those representing psychological therapies, have made it clear that offering conversion therapy (an attempt by any means to change a person's sexual orientation, gender identity or gender expression) would be in breach of their professional codes of practice.

We strongly advocate the rights of LGBT+ people and recognise the evidence which indicates that efforts to try to change or alter sexual orientation and gender identity through psychological therapies are unethical and potentially harmful.

Yours sincerely,

Jane Hutt AS/MS
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Jane.Hutt@llyw.cymru
Correspondence.Jane.Hutt@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.

Back Page 180
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.

P-05-1072 Investigate what powers the Welsh Parliament has in relation to banning conversion therapy, Correspondence – Petitioner to Committee, 02.11.20

Jane Hutts support for the LGBT+ community was a welcome point, however. The letter itself has no measure as to what the government could/should be doing to ban conversion therapy. This letter was just a generic statement of support and while that's welcome, it doesn't solve the issue. And the member is right to point out that all well respected medical bodies refuse to partake in the act. But, it's not the well respected bodies we need to worry about. It's the dangerous camps and facilities that believe that this conversion therapy works. As long as one conversion therapy location is available in Wales, the welsh government is failing the LGBTQ + community, ban the act.

Agenda Item 2.17

P-05-1073 Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism

This petition was submitted by Kieran Sawdon having collected a total of 103 signatures.

Text of Petition:

The BLM movement has highlighted some ugly truths about Wales' history that a massive amount of us never learned.

This has been because traditionally in Wales, the Empire is largely ignored as we choose to focus on the colonialist elements that we had to face ourselves. This does not wipe Wales' slate clean of any wrongdoing.

A new, dedicated museum run by National Museum Wales would provide us with a proper means to stimulate these difficult conversations and educate our future generations.

Additional Information:

As we begin to discuss what should happen to our relics of colonialism, such as the statue of Thomas Picton in Cardiff City Hall, an awful lot of people are stating that they should be kept "to educate", the problem is that's exactly the thing that they haven't done.

This facility would allow these tainted historical figures to be shown fully and give a platform to explain the atrocities they committed and how they benefited Wales through despicable methods.

It would be a win-win situation, we would have an avenue to properly educate our nation on the dark truths of Wales' history and we would also then be able to make room in our public sphere for BAME people who are far more worthy of Wales' respect such as Betty Campbell, Wales' first black headteacher. A character such as hers belongs in the company of St David and Owain Glyndŵr, not Thomas Picton.

In light of the pandemic, this would also offer a means to stimulate the economy with more jobs and a new tourist destination.

Senedd Constituency and Region

- Cardiff Central
- South Wales Central

P-05-1073 Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14845

Petition Number: P-05-1073

Petition title: Create and build a new branch of National Museum Wales dedicated to Welsh involvement in colonialism

Text of petition: The BLM movement has highlighted some ugly truths about Wales' history that a massive amount of us never learned.

This has been because traditionally in Wales, the Empire is largely ignored as we choose to focus on the colonialist elements that we had to face ourselves. This does not wipe Wales' slate clean of any wrongdoing.

A new, dedicated museum run by National Museum Wales would provide us with a proper means to stimulate these difficult conversations and educate our future generations.



1. Welsh Government action

The Welsh Government's response to this petition states:

Colonialism has undoubtedly influenced our development as a nation and is deeply embedded in many aspects of Welsh history. Colonialism and racism must be explored properly as an integral part of history already presented by the network of museums, local and national, across Wales. Our focus is currently on ensuring that they have the support they require to survive. Beyond that, we will work with them to ensure that they have the capacity and capability to reflect our heritage accurately. This requires a collective effort from all our cultural heritage bodies and cannot be achieved through one organisation in a centralised location.

I welcome the statement already made by Amgueddfa Cymru - National Museum Wales which commits to diversifying its collections and explore issues associated with decolonisation, inequality and racism.

The Welsh Government has also recently published an **audit of statues, street and building names to address Wales' connections with the slave trade and colonialisation**, led by Gaynor Legal, which can be read [here](#). It is now considering what it does with this information.

2. National Museum action

The National Museum's statement on this subject (referenced by the Welsh Government in its response) can be read [here](#). It outlines the following things the Museum is doing:

- We are working with black communities across Wales to build trust and understanding, asking how to make working in the museum a viable option across the board for potential curators, conservators, designers, technicians, palaeontologists and more.
- We are reviewing colonial and racist collections and interpretation with relevant community groups as an urgent priority.
- We are actively collecting the histories, contemporary histories, material culture and art of black communities in Wales and looking at how we can review these collections to better reflect their true histories.

Title:

- We are upskilling and educating our own staff in terms of intersectionality, BLM and black communities, including on the use of language and terminology. This includes Trustees, Friends, Patrons and Volunteers.
- Equality and diversity is one of our top priorities and will remain so; we are committed to this work.

3. Welsh Parliament action

Although not directly related to the petitioners' concerns, the Culture, Welsh Language and Communications Committee is carrying out a piece of work looking at [Who gets remembered in public spaces?](#)

This is not about colonialism per se, but the issue of public commemoration more broadly. However, on 3 December 2020 the Committee took evidence from Gaynor Legall, looking at the audit she had recently led for the Welsh Government. The meeting can be watched [here](#).

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-05-1073
Ein cyf/Our ref DET/03148/20

Janet Finch-Saunders MS
Chair - Petitions Committee

25 November 2020

Dear Janet,

Thank you for your letter of 6 November regarding Petition P-05-1073 for a national museum dedicated to Welsh involvement in colonialism.

Colonialism has undoubtedly influenced our development as a nation and is deeply embedded in many aspects of Welsh history. Colonialism and racism must be explored properly as an integral part of history already presented by the network of museums, local and national, across Wales. Our focus is currently on ensuring that they have the support they require to survive. Beyond that, we will work with them to ensure that they have the capacity and capability to reflect our heritage accurately. This requires a collective effort from all our cultural heritage bodies and cannot be achieved through one organisation in a centralised location.

I welcome the statement already made by Amgueddfa Cymru - National Museum Wales which commits to diversifying its collections and explore issues associated with decolonisation, inequality and racism.

Thank you for seeking my views on these issues.

Yours sincerely,

Yr Arglwydd Elis-Thomas AS/MS
Y Dirprwy Weinidog Diwylliant, Chwaraeon a Thwristiaeth
Deputy Minister for Culture, Sport and Tourism

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Dafydd.Elis-Thomas@llyw.cymru
Correspondence.Dafydd.Elis-Thomas@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.

Agenda Item 2.18

P-05-1077 Stop the voting boundary change to Ystrad Mynach south

This petition was submitted by Philip Morris having collected a total of 912 signatures.

Text of Petition:

The Local Democracy and Boundary Commission for Wales have extremely advanced proposals, now with the Welsh Government, which move Forge Mill estate and Coopers Court into Llanbradach community council. The residents of this entire area were not informed, although their local community councillors were fully aware. We have had no consultation, only just finding out by accident that these proposals exist.

Additional Information:

These proposals divide us from our community, taking our vote away from the community we actively participate in and into a community that we are not part of. This petition is to let you, our representatives at the Senedd, know of our strong opposition to the proposed changes to the voting boundary in the south of Ystrad Mynach. We demand that we aren't divided from our community and trust that you will take the appropriate action to remove us from the proposal.

Senedd Constituency and Region

- Caerphilly
- South Wales East

Stop the voting boundary change to Ystrad Mynach south

Y Pwyllgor Deisebau | 15 Rhagfyr 2020
Petitions Committee | 15 December 2020

Reference: RS20/14800-1

Petition Number: P-05-1077

Petition title: Stop the voting boundary change to Ystrad Mynach south.

Text of petition: The Local Democracy and Boundary Commission for Wales have extremely advanced proposals, now with the Welsh Government, which move Forge Mill estate and Coopers Court into Llanbradach community council. The residents of this entire area were not informed, although their local community councillors were fully aware. We have had no consultation, only just finding out by accident that these proposals exist..

These proposals divide us from our community, taking our vote away from the community we actively participate in and into a community that we are not part of. This petition is to let you, our representatives at the Senedd, know of our strong opposition to the proposed changes to the voting boundary in the south of Ystrad Mynach. We demand that we aren't divided from our community and trust that you will take the appropriate action to remove us from the proposal.



1. Context

The [Local Government \(Democracy\) \(Wales\) Act 2013](#) (“the 2013 Act”) established a legal process for conducting electoral and boundary reviews in Wales. The [Local Democracy and Boundary Commission for Wales](#) (“the Commission”) is responsible for undertaking these reviews. Following extensive public consultation, which includes publication of draft proposals for each County in Wales, the Commission publishes and submits its final recommendations to the Welsh Ministers.

The Commission's final recommendations are then subject to a **six week period when representations may be made to the Welsh Government**. It is then for the Welsh Ministers to decide how to proceed, and whether to implement the Commission’s recommendations by Order.

The electoral review for the county of Caerphilly began in February 2019 when the Commission undertook an initial consultation with representatives of local government in the area. A [draft proposals report for the Electoral Arrangements of the Caerphilly County Borough Council](#) (PDF 12.9MB) was published in January 2020.

The Commission then undertook a further period of consultation on the draft proposals. The consultation was initially to run between 23 January and 15 April 2020, but due to the pandemic, the consultation was paused on 24 March 2020. The consultation was re-opened on 15 June 2020 and closed on 07 July 2020.

In its [Final Recommendations Report](#) (PDF 13MB) the Commission notes that it:

Received 81 representations from Caerphilly County Borough Council, four County Borough Councillors, five community councils, two Town Councillors, two Political Groups, one non-resident, one interested party and 65 residents. The Commission also received a petition with 536 signatures of Blackwood residents that was submitted by a County Borough Councillor.

The Commission noted that it considered ‘all these representations carefully’ before formulating its recommendations. A summary of the representation can be found in the Appendix to the Final Recommendations Report..

The Commission's Final Recommendations for the future electoral arrangements for the County of Caerphilly was submitted to the Welsh Ministers on **5 November 2020**.

Key recommendations include:

- a council of **69** members, a **reduction** from its current size of **73**. This results in a recommended county average of 1,886 electors per member.
- 30 electoral wards, a decrease from **33** existing wards.
- 25 multi-member wards in the County consisting of 12 **two-member** electoral wards; 12 **three-member** electoral wards; and one **four-member** electoral ward.

2. The Local Democracy and Boundary Commission for Wales

The Local Democracy and Boundary Commission for Wales is an independent Welsh Government sponsored body established by the Local Government (Democracy) (Wales) Act 2013. The Commission is able to undertake work on its own initiative, at the request of a principal council in some circumstances or following direction by the Welsh Ministers.

On 23 June 2016, the Cabinet Secretary for Finance and Local Government at the time, Mark Drakeford MS published a Written Statement asking the Commission to restart its 10 year electoral review programme. The programme would have a new prioritised timetable, with an expectation that all 22 electoral reviews be completed in time for the new arrangements to be put into place for the 2022 local government elections.

3. Boundary and Electoral Reviews

Over time, due to changes or shifts in population, there may be a need to make changes to boundaries of community areas or electoral arrangement in some or all of the 22 principal council areas in Wales. The Commission can make recommendations on a number of matters, including the appropriate number of elected members for each principal council, boundaries of electoral wards and whether a ward should be multi-member or not.

The Commission can make recommendations on electoral arrangements to the Welsh Ministers which it feels are in the interest of **effective and convenient local government**. This is set out in [section 21\(3\)](#) of the Act. In its [Electoral Reviews: Policy and Practice](#) document, the Commission notes that:

The Commission must comply with the considerations set out in the legislation that state that the Commission must seek to ensure that “the ratio of local government electors to the number of members of the council to be elected is, as nearly as may be, the same in every electoral ward of the principal area”.

The document goes on to state:

The Commission will seek to provide the best level of electoral equality for each area under review and will take each case on its merit. The Commission takes the view that departing from the average ratio for the council can only be justified by clear evidence of other balancing factors, such as local ties or other relevant considerations.

The current programme of electoral reviews will aim to submit recommendations for **all 22 Principal Council areas** to the Welsh Ministers to be implemented with, or without modification, in time for the 2022 local government elections.

The way the Commission conducts an electoral review is defined by the Act; through its [Electoral Reviews: Policy and Practice](#) document; and by directions issued by the Welsh Ministers. The Commission’s guidance for electoral reviews sets out the procedures and methodology it proposes to adopt in respect of reviews. The guidance also explains how the Commission considers the issue of the appropriate number of elected members identified for each principal council. There is a separate booklet on its [Council Size Policy](#).

4. Senedd Action

Orders and regulations made under sections 37 to 39, and 43 of the 2013 Act (save s.37(1) and 41(1)), are only subject to the requirements and procedures set out in those and associated sections. In practice, what this means is that these can be thought of as ‘**no procedure**’ statutory instruments and, as such, they are not subject to scrutiny by the Senedd via either the negative or affirmative procedure.

It should be noted however, that the specific procedures set out in the relevant sections impose a number of scrutiny type requirements such as consultation

with specified parties, time limits, and where being made other than by Welsh Government, approval of the Welsh Ministers.

The Welsh Ministers will therefore make a decision on whether to implement the recommendations of the Commission by Order, with or without modification – or not at all following a period of representation.

The Senedd's Petitions Committee considered a similar petition calling for the merging of Hope and Caergwrle into a two-member ward in the County of Flintshire following the Commission's Final Recommendations Report on the electoral arrangements for Flintshire. The Petitions Committee considered this petition on 29 September 2020.

5. Welsh Government action

In a letter to the Chair of the Committee, the Minister for Housing and Local Government notes:

It is important that each review follows the statutory process and that the integrity of the process is preserved. I regularly receive correspondence in connection with the reviews being undertaken and while it is not possible to answer them in detail, the points raised are considered when making decisions about each of the recommendations in each of the reports.

While I understand why individuals would seek to pursue petitions in these circumstances I am concerned this could become a routine route of representation which takes place in parallel to the established legal process.

A statutory six week period for making representations to the Welsh Ministers began from the date the Commission's recommendations were submitted to the Welsh Government.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.



Eich cyf/Your ref
Ein cyf/Our ref JJ/02989/20

Janet Finch-Saunders MS
Chair, Petitions Committee,
Senedd Cymru

petitions@senedd.wales

27 November 2020

Dear Janet,

Thank you for your letter of 18 November about petition P-05-1077 Stop the voting boundary change to Ystrad Mynach south

The petition relates to a recommendation contained within the Local Democracy and Boundary Commission for Wales' (the Commission) Final Report into the Review of the Electoral Arrangements of the County Borough of Caerphilly

It may be helpful if I set out the process and timetable for the current programme of reviews as background.

The Commission was established in 1974 under the Local Government Act 1972. It was re-named the Local Democracy and Boundary Commission for Wales in 2013 by the Local Government (Democracy) (Wales) Act 2013 (the 2013 Act). It is responsible for, amongst other things, keeping under review the electoral arrangements for the principal council areas in Wales and making proposals to the Welsh Government about changes it feels necessary in the interests of effective and convenient local government. This includes changes to electoral boundaries, ratios of councillors to electors or name changes to electoral wards.

In June 2016 the then Cabinet Secretary for Finance and Local Government took the decision that all 22 electoral boundary reviews should take place within the current Local Government term i.e. in advance of the next elections in May 2022 and in sufficient time to enable changes in the electoral boundaries to be taken into account and reflected in Orders. In order to be in place before the principal council elections in May 2022 the reviews need to be completed and Orders in force by the end of September 2021 to provide local authorities with sufficient time to implement any changes. This programme of reviews is currently being progressed.

The 2013 Act sets out a detailed statutory process for conducting a review. This includes an initial engagement process with key stakeholders to inform a draft report which is the subject of consultation by the Commission with mandatory consultees and others to inform a final report which the Commission submit to Welsh Ministers.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@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.

Back Page 194
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 Final report is then subject to a six week representation period to enable individuals / organisations to submit comments, observations and concerns about the recommendations contained within the final report. Following this period and consideration of the representations received Welsh Ministers are able to implement any recommendation (with or without modification) or decide to take no action.

It is important that each review follows the statutory process and that the integrity of the process is preserved. I regularly receive correspondence in connection with the reviews being undertaken and while it is not possible to answer them in detail, the points raised are considered when making decisions about each of the recommendations in each of the reports.

While I understand why individuals would seek to pursue petitions in these circumstances I am concerned this could become a routine route of representation which takes place in parallel to the established legal process.

As the Caerphilly report is currently progressing through the statutory process I am sure you will understand this is not a matter for which I can provide further information.

Yours sincerely,



Julie James AS/MS
Y Gweinidog Tai a Llywodraeth Leol
Minister for Housing and Local Government

**P-05-1077 Stop the voting boundary change to Ystrad Mynach south,
Correspondence – Petitioner to Committee, 04.12.20**

Dear Petition Committee,

Regarding the government response in the document you attached, we feel it doesn't consider some of the following key points:

- Residents knew nothing about these proposals until 10 days after the final proposals were submitted to Welsh Government.
- Residents were not afforded the correct level of engagement during the consultation, therefore did not have the opportunity to respond or petition, something which was afforded to Blackwood residents, their local councillors engaging to help reverse the proposals in their area. Our local councillors didn't engage with us, citing that they expected the boundary commission to be more direct in their communications to affected residents. The Caerphilly County Borough Council boundary working group, led by Council Leader Phillipa Marsden, also didn't consult with those impacted by their inputs into the boundary proposals. Basically, every layer of government involved in the writing and reviewing these proposals failed to successfully engage with those affected.
- As outlined by you, the Senedd Petitions Committee, petitions can be used for a number of reasons, two of the possible reasons you quote are relevant in this case:
 - Raise awareness of an issue
 - *This petition is here to help raise awareness of a boundary issue, within the local community and Welsh Government.*
 - Prompt a Committee or individual Members of the Senedd to take further action themselves, for instance by asking questions.
 - *As the final decision on these matters lies with one Minister, Julie James MS, the petition is an effective way to alert Minister James to the level of opposition from impacted residents and to prompt her to take that into account when making her final decision.*

To summarise, we see no reason why the petition cannot be accepted into the boundary process as a form of representation/input from impacted residents. The residents affected have the exceptional circumstances of not being made aware until after these proposals have reached their final stages, 11 months after the first draft was published. This has taken away our opportunity to represent ourselves adequately at the consultation stage as our Blackwood neighbours did successfully. We do not believe this will set a precedent as we hope this failure to effectively engage with the public, thus creating these exceptional circumstances, will not occur again in future.

Given the short space of time we now have to raise awareness within the community and have everyone's objections registered, it would be too inefficient and time consuming to co-

ordinate 528 letters (528 residents are impacted) into Welsh Government communicating the same message as the petition. Therefore, the petition is our collective feedback into the process, representing the collective views of all residents who have signed it and we look to you, the petition committee, to ensure that it will not be put to one side and ignored as the final decisions are made.

The chair of the Local Democracy and Boundary commission for Wales, Dr Debra Williams' foreword within the boundary proposal document states the need for the process to respect local community ties as much as possible. In the case of Forge Mill, it has completely failed to achieve that, the local community hasn't been heard at all and this petition represents both our first and last opportunity to ensure that our immensely strong local community ties to Ystrad Mynach and complete absence of any community ties to Llanbradach are finally taken into account as part of the final decision making process.

Yours Sincerely,

Agenda Item 3.1

P-05-908 CF3 against the Incinerator

This petition was submitted by Andrew Evans having collected 2,224 signatures online and TBC number on paper, a total of 2,224 signatures.

Text of Petition

A new incinerator is planned to be built in CF3 on Newlands Road, Wentloog Cardiff. This is in very close proximity to homes & schools. For example it is only 500 meters away from Eastern High School. Many residences and other schools within the CF3 are also well within a 1/2-mile radius of it.

The planned incinerator will burn 200,000 tonnes of industrial waste per year and will operate 24/7. It is planned to be built as early as 2020/21.

The industrial waste to be burned will be transported to the planned site using 80 lorries everyday each carrying 20 tonnes of waste. The toxic ash generated by the incinerator will also need to be transported away.

The size of the planned site is 1.5 rugby pitches in size with the main building being over 40 meters in height and the chimney stack being over 70 meters in height. We believe this incinerator is not what residents of CF3 want in their community.

We believe this will generate noise, air pollution, traffic and will not be good for the health of those living in the CF3 community.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central



24 July 2020

Janet Finch-Saunders AS/MS
Cadeirydd/Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff CF99 1SN

Dear Ms Finch-Saunders

Petition P-05-908 CF3 against the Incineration

Thank you for your letter of 22 July, and further to our previous correspondence, we are happy to provide the clarification requested, and any other information you need about our proposal.

Number of vehicle movements

We have always been explicit on this issue. The total number of vehicles visiting the site each working day would be 40 HGVs and 18 cars. This means that the total number of vehicle movements per day (to and from the facility) would be 36 cars and 80 HGVs – making a daily total of 116 movements. The HGV figures include those vehicles delivering the fuel and those coming to the site to remove fly and bottom ash.

It is worth noting that the proposed site was previously granted planning permission (by Cardiff Council) for an integrated waste management facility. Our proposal has less than half the total number of vehicle movements previously approved for that application.

Capacity of the facility

The facility has been designed to process up to 200,000 tonnes of predominantly, residual commercial and industrial waste. This would result in the production of 15 Megawatts of electricity.

It is also worth noting that due to the size of the site and the design of the plant, the capacity of the facility cannot be increased. Nor could we exceed the 200,000 tonnes capacity as this would be limited by the technology selected, the planning permission and the operating permit (Environmental Permit) we will need to secure from Natural Resources Wales (NRW).

Continued Page 2

PROTEUS COMMUNICATIONS GROUP LLP

The Granary, Home Farm Drive, Upton Estate, Banbury, Oxfordshire, OX15 6HU

Telephone +44 (0) 1295 678391 | Email info@proteus-cg.com | www.proteus-cg.com

Pack Page 199

Registered in England and Wales No. OC421194. Registered office as above. VAT Registration No. 289014682

Page 2

Janet Finch-Saunders AS/MS

24 July 2020

Potential emissions

All Energy from Waste plants in Wales must obtain an Environmental Permit from NRW who will strictly control emissions from the facility. We are designing this specific facility to meet the latest (2019) emissions standards which will make this plant one of the cleanest in the world.

Further details on these new more stringent emission standards can be found in the attached document, which we sent to you with our letter of 4 June 2020. The information also includes links to the EU site where the regulations can be found.

When we apply for the Environment Permit, there will also be a consultation process, so members of the public can see exactly what we will be permitted to use and what the emission limits will be.

I would also like to mention that the application for the Environmental Permit will be accompanied by all of the necessary operational information including detailed emissions monitoring, a potential health impacts assessment and a WRATE report, which looks at the implications of operation of the facility with regard to climate change. The WRATE report follows the methodology established by the Environment Agency to look at the carbon impacts from operating the facility. This report concludes that the amount of carbon equivalent saved by processing the residual wastes in the proposal facility would be a net benefit compared to sending the same material to landfill.

We hope we have been able to clarify the issues for your committee members, and as mentioned I have attached a more detailed summary of the proposals which your committee may find helpful. The formal and comprehensive documentation supporting the planning application will be submitted to PINs in August for consultation and determination. If you require any further clarification or input from us, please let me know.

Kind regards

Yours sincerely



Paul Davison
CEO

P-05-908 CF3 against the Incinerator, Correspondence – Petitioner to Committee, 07.12.20

The response from the PR firm is still woefully inaccurate.

They forget to mention that the previous planning application is actually no longer valid as it is more than 10 years old and was never renewed.

The previous HGVs on the previous planning application were much smaller type, these new lorries are much bigger.

The roads in those 10 years have got much busier and more polluted.

The claim of being the "cleanest" incinerator in the UK also doesn't appear accurate. They are refusing to capture the Carbon emissions being emitted. No CO2 capture will occur. This means that over 200,000 tonnes of CO2 will be pumped out every year by this plant. Cardiff has declared a Carbon Emergency...this doesn't seem right to me.

They claim it's greener than landfill, but again I find this inaccurate. The only waste that should be being processed in this facility is NON recyclable waste. All food waste, glass, wood, metal and recyclable plastic should have been removed (and already recycled). That would only leave a small mix of non recyclable certain plastics. These could be quite easily stored in the ground with no release of CO2, methane or emissions.

Agenda Item 3.2

P-05-1003 Demand an EIA now on the dumping of radioactively contaminated mud in Welsh waters

This petition was submitted by Cian Ciaran having collected a total of 10,692 signatures.

Text of Petition:

We, the undersigned, call on the Welsh Government to invoke the Environment (Wales) Act 2016 in respect of uncertainties, and to ensure that a full Environmental Impact Assessment (EIA) is carried out before any further sediment from Hinkley Point nuclear power station can be dumped at Cardiff Grounds.

Don't allow the Welsh government to break their own law!

Additional Information

The EIA must provide

- Detailed baseline data on the behaviour and fate of material dumped at Cardiff Grounds;
- Full radiological analysis including detection of alpha-emitting particles;
- A detailed and up-to-date assessment of potential radiological impacts on the population of south Wales;
- Containing nuclear pollutants on land rather than dispersing them at sea;
- Respecting international agreements on marine dumping;
- Protecting the Severn Estuary.
- We also call on the Senedd to ensure that any EIA is NOT scoped by pro-nuclear interests.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central

P-05-1003 Demand an EIA now on the dumping of radioactively contaminated mud in Welsh waters, Correspondence – Petitioner to Committee, 24.11.20

In the debate the general (though not uniform) tenor of MSs' comments was about reassuring the public. The subtext is "we'll reassure them that everything's ok and their concerns are groundless". The EIA is required for complying with regulations and considering alternatives.

The Environment (Wales) Act has high-level requirements about consultation in light of uncertainties.

Our main interest is in;

- 1) the huge uncertainty over whether the average official radiation risk model takes adequate account of inhalable alpha-emitting particles,
- 2) the certainty that such particles are in the mud but are not detectable by the tests CEFAS proposes to use,
- 3) the official silence that surrounds both of those issues.

We ask that the committee acknowledge that there are serious science-backed concerns about nuclear microparticles - requires proper tests for the alpha emissions on the mm-scale, on top of the planned gamma and alpha spectrometry.

That there are serious science-backed concerns about the radiation risk models, especially in regard to internal alpha and beta emitters, NRW needs to consider both the ICRP and ECRR models, not confine their assessment to the IAEA dose model for gamma radiation.

NRW should have considered radon-type alpha detectors, not accepted CEFAS's dismissal of these long-used techniques. NRW rejects the use of CR39 arguing that it can't tell the difference between plutonium and uranium. This is irrelevant and misleading for three reasons:

- 1) 0.1micron diameter particles of Plutonium-239 oxide give the same frequency of alpha tracks as Uranium oxide particles 100 times bigger.
- 2) hotter particles are more likely to kill cells than less radioactive ones. Cell killing doesn't cause mutation; cells with survivable genetic damage can pass mutations to an increasing number of cells so, contrary to conventional dogma, dose is NOT everything and
- 3) the testing techniques used by CEFAS cannot detect particles of alpha emitting oxides at all.

The decision by NRW that the mud dredging and dumping project is an amendment to the Hinkley Power Station development means the full range of alternatives has to be considered.

They are not simply the first proposed dumping outside the Severn "Marine Protection Area" and using the dredgings on EDF's building site, but also using land-based cooling towers instead of the whole seawater extraction plan and its fish/wildlife harm.

Obvious concerns include;

- Impacts on Welsh beaches and people,
- No monitoring of impacts of the 2018 dumping,
- Test for nuclear tracers like americium-241, and that requirement on baseline and post-dumping monitoring be included this time.
- The unsatisfactory outcome of the Titan dumping study (NRW denial that the mounds could be linked to Hinkley)
- Contradiction between CEFAS modelling of the dispersing mud (upstream they say) with the Severn SMP (anti-clockwise circulation - takes the mud to Barry Island)
- the EIA needs to cover/summarise the Fish-kill evidence to the Planning Inquiry, including the breach in the Habitats-Species law.

Another complicated issue that calls for a second Appendix is baseline monitoring in Wales and modelling of the fate of dumped mud.

We ask that the Petitions Cttee consider sending these "scoping" propositions to NRW and the Davidson group and ask for responses?

In order to be of assistance to the Committee, we could write a self-contained paper that they could readily pass on to NRW from the 1 Dec. meeting.

Thanks in advance,

Appendix to Petitions Committee GeigerBay campaign 25 Nov 2020

EDF submitted an EIA Screening request to NRW on 16 August. Both their request and NRW's letter consulting selected consultees on the request omit to mention the special status (since 2018) of Marine Protection Area, with presumption against avoidable industrial activities in it. If the MPA had applied in 2012, the English decisions may have been different, in particular that where the sea-waters are 'sensitive', the EA policy is to build land-based cooling systems for nuclear power plants.

NRW's letter to the chair of 3rd August stated that several items in the Geiger Bay petition are "beyond the scope" or "out-of-scope" of the EIA Regulations and the marine licensing regime. The same error was made in the 2013 and 2018 licensing decisions.

- Sched.3 of the EIA Regs (as amended 2017) requires a description of the "physical characteristics of the whole project" and location of the project within the MPA both on the English side and the Welsh side's dump-site. NRW accepted EDF's application with no description of the whole project
- the EIA Regs specify NRW must reach a conclusion about the likely significant effects of the project including (a) human health (b) biodiversity...;(c) land, soil... ; (d) material assets, cultural heritage.

The EIA Regulations are very wide in scope. NRW tends to rely on its 'expert' opinion to judge "not likely" and "not significant", but case-law has established that quite detailed procedures must be followed to 'reach a conclusion'. Deciding from a position of ignorance that dumped sediments are unlikely to be significant is not permitted; detailed knowledge of contaminants and their human hazards, and modelling the pathways and end-points of the mud are needed, backed up by available studies.

The Petitions Committee report in 2018 summarised the radio-nuclide problem:

The sediments to be dredged adjacent to the waste pipes used for the discharges over 50+ years from Hinkley's reactors are contaminated by radioactive waste discharges.

Studies prove that sedimentary radioactive material does not simply disperse, but re-concentrates in coastal and estuarine mudflats and saltmarshes, and is also available for sea-to-land transfer during onshore winds and coastal flooding. We note the absence of research on the fate of such radioactivity in South Wales inshore waters. In this context we are concerned that the environmental and human health (dose) risks from the proposed disposal have not been adequately researched and that any conclusions based on the current incomplete data, are unreliable.

Since the Committee's 2018 report, information has come to light on the likelihood of particulate nuclear matter being included in the sediments, whether emitted to air or through the 5-micron sized cooling pond filters. The main nuclides (after soluble ones leached out) would be plutonium and uranium, both alpha emitters. Such small "hot" particles would not be detected by spectroscopy (CEFAS's method), but by radon-type detectors that record patterns of alpha tracks.

NRW supposes safety can be decided by the IAEA minimum standards for sea disposal, which apply to gamma emissions alone, but they and their advisors CEFAS are wrong. Only the EIA requirements cover the microparticulate alpha emitters.

- NRW assumed dumping to be in an acceptable disposal site, yet the Cardiff Grounds dump has not been reviewed since the 1980s – not since the Conservation designations and not following tighter requirements in 2014 (IMO guidelines on disposal of dredgings). The *Conservation of Offshore Marine Habitats and Species Regulations 2017* required review "as soon as reasonably practicable".
- Defra in the mid-2000s decided that to satisfy the Habitats and EIA Directives for marine conservation areas (SPA, SAC etc.), full assessments would be needed for each dredging operation, unless a *dredging protocol* was in place for each port. That would need to cover the fate of ordinary dredgings, but also special contaminated capital dredgings if they were to be included. CCW began to develop a protocol for the Cardiff area port dredgings in 2011 but NRW discontinued it. Hinkley's nuclide-contaminated dredgings were never in scope. No dredging protocol was adopted for the Severn Estuary SAC (Cardiff Grounds) dump, so full compliance with the EIA and Habitats Regulations is required for each disposal license.
- the Welsh Government 10 August letter to the chair does not mention Defra's judgment that EIA is required for any disposal of dredgings in the Severn SAC. The letter says it's simply a regulatory

Summary - EIA Issues in-scope that need to be included Geiger Bay October 2020

1. The London (anti-dumping) Convention implemented in UK law forbids sea dumping unless strict and detailed assessments have been carried out. The IMO (*international Maritime Organisation*) issues updates - the latest Dredged Material Assessment Guidelines in 2014 tightens pressure to avoid sea dumping where possible. The EIA must therefore address all the issues in that guidance and in particular detail the alternative re-use or disposal routes.
2. Welsh policy in the *Public Health Wales Act* prescribes participative *Health Impact Assessment* for major projects of high public concern. EDF should have been foreseen the need for HIA from the high public concern experienced in 2018. It normally forms part of Welsh planning EIAs which have to address impacts on humans, so should be in the scope this time.
3. Baseline data on the Severn Estuary: the current Environmental Management Scheme (EMS) is very incomplete. NRW say several designated features, including the fish assemblage, are in an *unfavourable state*. This needs detailing before dumping any more Hinkley mud, as this is quite different from port dredgings. Knowledge on the fate of dumped sediments – where they land up on mudbanks and saltmarsh including in river estuaries - is essential for dumping in any Special Area of Conservation and particularly one containing European Protected Species. The EIA needs baseline data on artificial nuclide levels in the south Wales coastal environment, focussing on ones likely to be released; tests in Somerset's tidal river Parrett were revealing, but none have been done in the Welsh Rhymney, Wye and Usk.
4. Microparticles of plutonium etc. as predicted from the Hinkley nuclear discharges: radon-type detectors (tracks in CR39 plastic) are best to detect alpha-emitters in micro-particles, which are the most dangerous when inhaled into the human body. EDF's consultants CEFAS refused it and NRW omitted it from the testing spec. The EIA should provide information from the alternative testing methods, try them out on the samples, and compare results. EDF should share portions of their samples for independent testing; as was done by the Environment Agency with samples from the river Parrett, where the independent CRIIRAD testing proved superior to EDF's by CEFAS.
5. Assessment of several alpha and beta emitting radio-nuclides ignored by EDF and NRW (Sr-90, Tc-99, S-35, C-14, H-3) was recommended by the independent CRIIRAD (report 18-32, May 2018, *Radiological analysis... close to the Hinkley Point power stations*) which found radio-toxic americium (Am-241) from nuclear discharges. These alpha and beta emitters are relevant because they and not the gamma emitters are relevant for assessing harm to wildlife and humans from ingestion. Only Am-241 and H-3 of CRIIRAD's list are in NRW's testing advice, while EIA's have to be comprehensive.
6. Modelling of potential impacts on the human population, to beach users, seafood eaters and others inhaling microspray and mud particles contaminated by Hinkley nuclides. A model was developed for Cumbria by AEA Harwell, which can be adapted with local data and a local habits survey for the South Wales coast population. It includes

nuclide transfer to land, such as Hinkley microparticles carried ashore by winds. This model requires collecting much local baseline data.

7. Processes that bioconcentrate and magnify nuclear and chemical pollutants in the Estuary waters and the food chain need assessing under IMO dredged material guidelines (2014). Several chemical pollutants in the Hinkley mud exceed UK Action Level-1. The IMO in this case requires 'detailed assessment', where testing of the bio-mechanisms and biosensitivity takes months and gives uncertain results. An EIA has to use the best available science and describe uncertainties. The alternative of managing chemical and nuclide-contaminated wastes on land is normally preferred and must be assessed too.

8. Dredged material intended for disposal is subject to waste management law. The proximity and self-sufficiency principles in Wales's Waste Strategy (*Towards Zero Waste* 2010) say options for managing Hinkley wastes in England must be presented by dumping or reuse eg. in bunds on the power station site, and any reasons given against be critically assessed in the EIA (cf. 'geographical circumstances' of *Towards Zero Waste*).

9. The OSPAR treaty requires us to return nuclides in the sea to historical levels (pre-nuclear power) by the 2020s and artificial nuclides to near zero. Plutonium discharges from Hinkley ceased in 2014. The potential breach by releasing plutonium etc. buried in the mud needs addressing in the EIA.

10. The EIA has to describe the central purpose of the project, to construct a system for extracting cooling water from the estuary, returning it 10°C warmer, and the consequential effects. These include mass fish-kill, the discharge of dead and maimed fish into the Severn Estuary, discharged biocide chemicals used to clear Hinkley's pipework, and killing or harming any individuals of European protected species (EPS) of fish, as well as the critically-endangered European eel. If any EPS would be harmed, the EIA has to show there is no practicable alternative.

11. The EIA has to face the possibility that the Environment Agency might cancel the 2013 licence for water abstraction, because (as the EA say re. the recently announced public inquiry) it's not compatible with the Habitats & Species Regs. Also face the possibility that NRW will reject the dumping application. The EIA should therefore describe what alternative cooling systems they could fall back on (as in countries which ban the use of seawater that's far poorer in ecology than Bridgwater Bay).

matter “having regard to the legal requirements of the EIA Regulations” and nowhere mentions the special conservation status of the Severn. The NRW’s own letter 3 August acknowledges it’s a European marine site (SAC, SPA) in its final sentence but not its Marine Protection Area status.

- Defra and the WG had commissioned CEFAS to regularly review marine dump-sites post-2000, but when NRW took over in 2013, the reviews were discontinued. The WG rushed out a special desktop review by CEFAS “Welsh Disposal Site Review C6268U” (March 2020). This repeats that the dump site is “dispersive” (despite evidence from the 2018 dumping is of mounds of material on the seabed 6 months post-dumping (Titan Environmental report April 2019). CEFAS say the sediments move upstream towards Newport based on a model run for only 60 hours, with no mention of the contradiction with the Shoreline Management Plan that sees the material as circulating towards Barry. On the basis of CEFAS’s 60-hour modelling, deposits on Barry beaches as well as in tidal reaches of the rivers Rhymney, Usk etc. would be ignored.
- NRW wishes to apply IAEA minimal criteria for sea-dumping, even though the mud and sediments to a large extent end up in saltmarsh, riverine mud, mudflats including Barry Old Harbour and beaches, plus very uncertain amounts transferred to land.
- EIA and Habitats laws go wider than sea-dumping laws (IAEA and London Convention), not only in requiring account of bioconcentration of radionuclides but also of their transfer to land and into humans. Bioconcentration of toxic metals has been studied in the Severn bird-life; nuclides have been studied on Flatholm island, but not the systematic studies needed to meet EIA criteria.

Responding to the NRW rejection of points in the Petition

- *“Detailed baseline data on the behaviour and fate of material dumped at Cardiff Grounds”*: This is beyond the scope of the Marine Works (EIA) Regulations 2017

UNTRUE (above)

- *“Full radiological analysis including detection of alpha-emitting particles”*: not required by internationally agreed guidance

FAILS to use radon-type detection of alpha-emitting microparticles (above) to meet EIA requirements for human health protection

- *“A detailed and up-to-date assessment of potential radiological impacts on the population of south Wales”*: out of scope of Marine Works (EIA) Regulations 2017

Very much “in-scope” under EIA (above). NRW and CEFAS previously (2018) used a model of impacts on the Cumbrian population that’s quite inapplicable for the Severn Estuary sediment behaviour and the far more frequented south Wales shores.

- *“Containing nuclear pollutants on land rather than dispersing them at Sea”* safe for disposal following a thorough assessment of the evidence that supports the application.

No evidence was given (or required by IAEA) on bioconcentration in biota and the food-chain; as limited information is available, the precautionary principle says – don’t risk it.

- *“Respecting international agreements on marine dumping”*:

The London (no marine dumping) Convention requires priority to disposal on land; OSPAR requires separation of solid material for land disposal. In cases where chemical pollutants are above Action-levels (as for several) OSPAR requires detailed assessment, which was not done.

- *“Protecting the Severn Estuary”*:

NRW does not even mention the Marine Protection Area designation (in 2018) and avoiding industrial activities within it. They make no mention of the fish-slaughter in the seawater abstraction system (item 10 of Summary). They make no mention of the at-risk European eel and European Protected Species of fish (shad, lampreys) killed by the scheme, contrary to the absolute protection under Habitats law. This is part of the “project” to which EIA law applies, even if NRW argue it’s in English waters, so “indirect” effect.

Agenda Item 3.3

P-05-914 Equal Access to Health Care for the Disabled

This petition was submitted by Tracy Locke having collected a total of 121 signatures.

Text of Petition

We call on the Welsh Government to ensure that it is a legal requirement for all GP surgeries to have wide, adjustable treatment beds and hoists available for the use of disabled patients, so that they can be examined whenever there is need.

I was born with Spinabifida in 1970 and as a survivor of this condition I am paralysed from above the waist down and use a wheelchair full time. In 2017 I was diagnosed with stage 4 bladder cancer. It cannot be legally proven but it is my sincere belief that had I been examined earlier in the years before in my GP surgery on an a wide, adjustable treatment bed, perhaps with the aid of a hoist, then my cancer would not have been diagnosed at such an advanced stage. Since I've been looking into this issue, many disabled women have spoken to me about how they do not have equal access to smear tests because of this issue too. Often people think that disabled access is just about lifts and ramps but in health care, it is so much more complex. Let's join together to make access to health care equal for all people.

Senedd Constituency and Region

- Preseli Pembrokeshire
- Mid and West Wales

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

BMA

Cymru Wales

Petitions Committee
Welsh Parliament
Cardiff Bay, Cardiff

27 August 2020

Petition P-05-914 Equal Access to Health Care for the Disabled

BMA Cymru Wales submission

BMA Cymru Wales would like the opportunity to provide information and details to the Committee to assist them during their consideration of Petition P-05-914 Equal Access to Health Care for the Disabled.

We note that the petitions calls on Welsh Government to make it a legal requirement for all GP surgeries to “have wide, adjustable treatment beds and hoists available for the use of disabled patients, so that they can be examined whenever there is need.

The BMA’s Welsh GP Committee understand the petitioner’s frustration and the difficult situation that attending a GP surgery without the appropriate adaptations can have. We believe that all patients should have the opportunity to access appropriate health services and support, no matter where they live.

We do not however feel that putting a legal requirement in place for all GP surgeries to have all potential adaptations is appropriate for either patients or GP surgeries. Such a process would be extremely costly and would result in GP surgeries needing to be much larger so as to appropriately accommodate all types of equipment. With increasing services being delivered in GP practices and a greater proportion of healthcare training being done in surgeries, space is already at a premium. We are mindful that such an approach would also result in many adaptations and pieces of equipment being unused in many locations.

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

Cofrestrwyd yn Gwmni Cyfyngedig trwy Warant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestredig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Additionally, in the interest of patient safety, it is important to consider that, in the case of hoists, each hoist is patient specific. Both the patient and staff require training in how to safely use and work with the hoist so that the patient is kept safe at all times during use.

The petition however shines a light on some important aspects of patient safety and equality that should not be ignored.

It remains the responsibility of each Health Board to plan for how services will be delivered for patients in their area. This includes adaptations and specialist equipment that is required for patients and the funding to support this. As Health Boards have a wider remit than GP surgeries, as part of their wider planning measures, they may wish to consider how to balance accessibility and access across the footprint of a primary care cluster.

Therefore a discussion regarding the types of adaptations and equipment that are needed to support patients, including those like the petitioner, is required between Welsh Government and health boards along with patient representative groups and groups that represent to voice of doctors in Wales.

Only when these discussions are carried out and appropriate funding made available from Welsh Government to support the outcomes will all patients across Wales have equal opportunity to access health services in their local area that are appropriate to them and their individual requirements.

In support of the spirit of Petition P-05-914 Equal Access to Health Care for the Disabled, BMA Cymru Wales recommends that the Committee recommends that Welsh Government instigate these discussions.

3 September 2020

Janet Finch-Saunders. AS/MS Cadeirydd/Chair
Y Pwyllgor Deisebau / Petitions Committee
Senedd Cymru / Welsh Parliament

Dear Janet Finch-Saunders

Re: Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for the opportunity to respond to the request from the Petitions Committee at the Welsh Parliament to *ensure 'it is a legal requirement for all GP surgeries to have wide, adjustable treatment beds and hoists available for the use of disabled patients, so that they can be examined whenever there is need'*.

Shine supports 12,000 individuals living with spina bifida and/or hydrocephalus (SBH) and their families across England, Wales and Northern Ireland. Our charity has over 50 years of experience and insight into the challenges faced by people whose lives have been affected by spina bifida and/or hydrocephalus.

In Wales, Shine Cymru represents a community of over 800 individuals (babies, children, and adults) living with spina bifida and / or hydrocephalus. Our team of four Support and Development Workers provide advice, information and direct support to those individuals and their families on a wide range of issues directly related to the conditions.

Spina bifida is a little-understood and complex condition, affecting a person's physical, mental and learning development. It is congenital, and many people will have double-incontinence and be prone to risks such as kidney infection and kidney failure. People with spina bifida may have a higher chance than people without spina bifida, of developing bladder cancer, and of developing it at a younger age¹.

Mobility is always severely impacted from birth, and the majority of children growing up with the condition become wheelchair-users. Most will develop hydrocephalus (water on the brain), although hydrocephalus can occur at any time during a person's life. Both conditions can have a huge impact on a person's ability to perform daily tasks, live independently, socialise and sustain employment. They also have an impact on a person's cognitive function, learning ability and mental well-being.

Advances in medical technology and treatments, greater understanding of the conditions, more positive attitudes in society and new ways of communication have brought change for people with SBH. Individuals with the conditions are living into old age, and many are enabled to do things that only a few decades ago

would have been impossible. Yet challenges and barriers faced by our members from birth and throughout their lives of accessing the right health care and treatment at the right time remain.

Shine's 1000 Voices survey 2020 indicates that 40% of our adult members believe that their GPs 'poorly understand' spina bifida and its complexities, and it is this lack of understanding that leads to a delay in referrals to specialists for early diagnosis and treatment. See Shine's information for general practitionersⁱⁱ

The survey also reveals that only 20% of adult members over 25 years of age, living with spina bifida, have regular check-ups with their GPs, with a huge 73% only ever presenting to a GP when they are ill and needing treatment, as opposed to preventative health advice and interventions. Yet our members report that they feel they are not being properly examined when they feel unwell and/or present with symptoms at an early stage due to the lack of facilities at GP surgeries.

Our members tell us that they often present multiple times to a GP with a suspected urinary tract infection, a common issue for people with spina bifida, yet rarely are they referred to a specialist for investigations into the cause, and subsequent appropriate treatment. They report that they are much more likely to be prescribed course after course of antibiotics for a recurring health issue that can eventually lead to much more serious complications.

We understand this to be the case with Shine Cymru member, Tracy Locke, who has called on the Welsh Parliament to review access to examinations and treatment. Had Tracy had the access to the appropriate equipment to enable the examinations she needed but also to health professionals who better understood her condition, Shine Cymru firmly believes that her bladder cancer would have been detected at a much earlier stage.

Barriers to accessing the right equipment and appropriate and thorough examinations reported by our members with spina bifida and staff in Wales include:

- Transferring onto an examination table with mobility issues, whether the individual is a wheelchair user or not, is a challenge because examination tables are not wide enough and / or the height of some tables is not adjustable.
- Not all surgeries have hoists / slings to aid transferring.
- Use of equipment sometimes needs to be pre-booked but often this does not happen, and appointments have to be re-arranged.
- Two members of staff are often needed to operate a hoist, and this is not always possible, and appointments again have to be re-arranged.
- Hoists/slings are not routinely serviced and therefore may be lying unused, creating an additional barrier to accessibility for important examinations for some.

Members report that this lack of access to appropriate equipment and examinations exists in both the smaller, more traditional settings and also in the more modern, better resourced and exemplar primary care centres. Equipment is simply not available, leading to referrals and long waiting lists for other clinics or services.

Access to the Welsh Screening for Life programme in Wales is also difficult for people with spina bifida. Whilst there are numerous references and resources on the Screening for Life website in relation to supporting people with learning difficulties to access the screening services, we cannot find any reference to accessible provision for people with physical disabilities (e.g. women with spina bifida and mobility issues, but who are not wheelchair users, find breast test screenings very challenging as they have difficulty standing and balancing for long periods of time). Informal discussions with Screening for Life staff by our staff have not provided any further clarity.

Many members have to travel out of county to access the Screening for Life services.

Our members also report this lack of access is compounded for wheelchair users, either due to practical access arrangements not being in place, and/or lack of staff knowledge to manage the screening tests / examinations for a wheelchair user.

Shine Cymru has long campaigned for improved access to paediatric and adult continence management services across Wales. Whilst statutory frameworks and toolkits have been developed and a variety of reports published, in reality little has changed since Shine Cymru's 2014 report into continence servicesⁱⁱⁱ. Services remain disjointed across Wales and do not meet the demands of continence issues of people with spina bifida of all ages.

Our adult members and parents of children with spina bifida tell us that access to continence services and regular, routine check-ups are limited and more often than not, our members are only seen when they present with an issue, yet we know that early intervention with continence management can avoid serious complications, improving health and well-being outcomes during childhood and adulthood.

Approximately 24% of our adult members over 25 years of age, living with spina bifida, have had unplanned, emergency admissions to hospital as conditions have worsened and treatment has been delayed. The overwhelming reasons for these emergency admissions are to treat urinary tract infections (UTIs), Urosepsis, skin/tissue breakdown and/or sepsis which develop as a direct result of lack of access to the appropriate services, examinations, diagnosis and preventative treatments.

These on-going issues severely impact the health and well-being, and futures, of children and adults living with spina bifida in Wales.

Shine remains hugely concerned by the fragmented nature of, and access to, health services, examinations and tests for children and adults with spina bifida in Wales. Our experiences and research suggest that the current model of care requires people to become ill in order to access the treatment they need, by which time it is too late for preventative health care, as has been the case with Tracy Locke.

Shine has long advocated for access to a regular, specialist multi-disciplinary clinic in Wales, and we would welcome the opportunity to further discuss the scope for developing this approach for improved health services and treatment for our members across Wales with the Department of Health and Social Services and Local Health Boards.

Thank you again for the opportunity to provide evidence to the Petitions Committee. Shine remains committed to offering you full co-operation and support on this issue so please do let me know if you require additional information to inform your decisions.

With best wishes,



Kate Steele
CEO & Directorate Lead for Wales, Shine

On behalf of Mark Noakes, Chairman, Shine

ⁱ Rove K, Husman D, Wilcox D, Vricella G, Higuchi T *Systematic review of bladder cancer outcomes in patients with spina bifida (2017)*, Journal of Paediatric Urology

ⁱⁱ <https://www.shinecharity.org.uk/spina-bifida/adults-with-spina-bifida-a-information-for-general-practitioners>

ⁱⁱⁱ Improving continence services in Wales - A Call to Action to the Welsh Government. Shine Cymru 2014



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

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

Janet Finch-Saunders, AS/MS
Chair of the Petitions Committee

Sent via Email:
petitions@senedd.wales

Ein cyf / Our ref: SD/CS/JW/CE20-2099/
2635

Eich cyf / Your ref:

Ffôn: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 17th August 2020

Dear Ms Finch-Saunders

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter dated July 2020, received on 5th August by email in relation to the above petition.

In your letter you requested details of how many GP practices are in the BCUHB area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

It is important that people with disabilities are not disadvantaged and can be appropriately examined where the need arises, and practices are reminded of this at least annually within their Clinical Governance assurance reporting. There are 102 GP practices in the BCUHB area, but the Health Board does not hold detailed information regarding the equipment held at each surgery, which is the responsibility of the independent GP contractor in question. Initial enquiries amongst senior GPs within the organisation, however, suggest that there would be very few, if any, practices with both a hoist and an adjustable examination couch although most practices generally have some adjustable examination couches. Where necessary individual GP practices are able to use the facilities within nearby community hospitals.

I hope that this adequately answers your query, but please do not hesitate to come back to me if you require any further information.

Yours sincerely

Simon Dean
Prif Weithredwr Dros Dro
Interim Chief Executive

Private and Confidential

Ms Janet Finch-Saunders
MS for Aberconwy
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Janet

Thank you for your letter dated July 2020 in relation to Petition P-05-914 Equal Access to Health Care for the Disabled.

Firstly can I say that I am pleased to see such an important issue being discussed by the committee as we are very cognisant of the issues of premature mortality in relation to people with disabilities and the contribution we need to make to ensure robust healthcare assessments to help reduce this. You asked that we provided details of how many GP practices are in our area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

To date 41 out of the 52 practices have responded (79%) and we are following up on those yet to respond so we have the full picture locally.

The position at the moment is that out of those 41 practice, 88% do have an adjustable treatment beds, 2% have a hoist and 10% do not have a hoist or adjustable bed available so a good starting position for us. We will work with the practices without appropriate equipment to further improve this position so we have accessible primary care services.

If there is anything further you wish to discuss please do not hesitate to contact me.

Kind regards.

Yours sincerely



Dr Nick Lyons
Prif Weithredwr Dros Dro/Acting Chief Executive

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Professor Marcus Longley Prif Weithredwr Dros Dro/Acting Chief Executive : Dr Nick Lyons

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
Cwm Taf Morgannwg University Health Board yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
Pack Page 214

**P-05-914 Equal Access to Health Care for the Disabled,
Correspondence - Aneurin Bevan University Health Board to Chair,
08.09.20**

Dear Ms Finch-Saunders

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter outlining that the Petitions Committee had recently considered a petition and correspondence to the Minister for Health and Social Services and Equality and Human Rights Commission Wales with regard to the above and your request to Health Board with regard to how many GP practices are in our area, and the percentage of these practices which provide adjustable treatment beds and hoists for the use of disabled patients.

I should be grateful if you would find below, further to your request, a response from Aneurin Bevan University Health Board.

All practices in the Health Board area are required to be Disability Discrimination Act (DDA) compliant and the Health Board supports independent contractors to meet these regulations through schemes such as the Improvement Grant Scheme.

It has been assessed that it is not be practical for all practices in the Aneurin Bevan UHB area to have wide adjustable treatment couches or hoists, however, should a patient need access to these then the Health Board would facilitate this and provide support and access to equipment and services, when required, to support patients needing a consultation or treatment.

Currently the Health Board has 74 GP practices, of which:

- 4 practices have extra wide, adjustable couches
- 0 practices have hoist

I hope the above information is helpful for you. Should you require any additional information, please do not hesitate to contact me.

Kind regards

Judith

Judith Paget
Prif Weithredwr / Chief Executive



Ein cyf/Our ref: CEO.3725
Gofynnwch am/Please ask for: [REDACTED]
Rhif Ffôn /Telephone: [REDACTED]
Dyddiad/Date: 10 September 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Janet Finch-Saunders MS
Chair
Y Pwyllgor Deisebau/Petitions Committee
Senedd Cymru/Welsh Parliament

By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

Re: Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your letter received on 5 August 2020, on behalf of the Petitions Committee in relation to the availability of equipment at GP practices to enable equal access to health care for disabled people.

Hywel Dda University Health Board does not hold a central record of this information and had to communicate with each one of its GP practices to source the requested information.

To date, only 40 of our 48 GP practices have responded to our request; please accept my apologies for this. The Health Board's Primary Care team is following up these enquiries with the outstanding practices and we will forward on additional information once received. However, I did not want to delay submitting our response, and I am providing the information requested for the 40 practices who responded.

The table below shows the number and percentage of practices within Hywel Dda who have adjustable beds available within their practices. Some practices have also advised that they have adjustable phlebotomy chairs within treatment rooms.

Equipment	Number of practices (40)	Percentage of practices
Adjustable beds/chairs	36	75%
Hoists	2	4%

I will be in contact upon receipt of further responses.

Yours sincerely

Steve Moore
Chief Executive

Vivienne Harwood, Cadeirydd / Chair

Ffôn / Phone:

E-bost / Email:

Carol Shillabeer, Y Prif Weithredwr /
Chief Executive

Ffôn / Phone:

E-bost / Email:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

22 September 2020

Janet Finch-Saunders AS/MS
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders,

Petition P-05-914 Equal Access to Health Care for the Disabled

Thank you for your email on 5th August 2020 and please accept my apologies for the delay in my response. I can confirm that all 16 Medical practices in Powys have adjustable clinical couches without sides that can accommodate disabled patients. None of the practices within Powys currently have hoists that are available for use.

I hope this helpful. Please do not hesitate to contact me should you require any further information.

Yours sincerely

Carol Shillabeer
Chief Executive

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithred
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

**P-05-914 Equal Access to Health Care for the Disabled, Correspondence –
Petitioner to Committee, 01.12.20**

To Whom It May Concern

I really appreciate the thoroughness of the review of accessibility in GP surgeries in Wales that has been undertaken and have found it very pleasing to see how most respondents have seen the importance of this issue for disabled people, though the respondent who referred to it being a "frustration" for me is rather under estimating the impact of going unexamined when one has cancer, as I did.

I found it very telling that most Health Boards don't have hoists at all and I would disagree that each disabled person needs a different kind of hoist. They would need a different sized sling perhaps but it's not as difficult as suggested to provide hoisting for disabled people.

The suggestion that these pieces of equipment are held within each cluster possibly x2 (North and South, or East and West) should mean that each disabled person could access what ever they need when required, although some may not have access to transport that would allow for this.

Amongst medic-friends and myself, discussing the issue, it was suggested that a loaning service from a central bank be available for these pieces of equipment, which seems like a good option, as long as it was as responsive as it would need to be.

Obviously my petition only covers one area of accessibility but I feel it is the most crucial, second only to access to the GP surgery buildings and therefore should be seen as a major priority for all clusters to address.

The figures, though sadly incomplete (which tells a story in itself), do show that the provision of hoists and adjustable treatment beds, whether they are wide or not, is woefully inadequate and I hope that something will be decided within clusters to bridge this potentially fatal gap.

Yours Sincerely,

Agenda Item 3.4

P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

This petition was submitted by Peter Leigh-Robinson having collected a total of 52 signatures.

Text of Petition

After seeing what the NHS put me and my wife through when she was having her miscarriage: being sent to have a scan with mums to be and just telling us 'You're having a miscarriage, go home', that was it. Then told to come back a few days later to be made to sit in a room with people coming out with their scan pictures, is not fair. There needs to be a separate ward.

Additional Information

When we asked if there was somewhere else we could wait they said it was there or nowhere. This had a massive detrimental effect on our mental health. How did they know we were strong enough to leave the hospital? They didn't, this needs to change.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref:

CEO.427

Gofynnwch am/Please ask for:

Rhif Ffôn /Telephone:

Dyddiad/Date:

October 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Janet Finch-Saunders MS
Chair
Petitions Committee
Senedd Cymru/Welsh Parliament

By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

P-05-965: Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your letter of 14 October 2020, inviting Hywel Dda University Health Board to provide detail of our services in response to this petition.

The Health Board fully acknowledge the need for a separate space for parents experiencing a miscarriage; the loss of a child in any circumstance is painful and requires a sensitive approach from healthcare teams.

Within our hospitals, an en-suite cubicle is provided on the Gynaecology ward for women experiencing pregnancy loss up to 20-week gestation. Our staff have received tailored training specifically aimed at supporting women and their families. They have access to literature to help families with understanding what they are experiencing, as well as memory boxes within which they can keep photographs and feet and hand prints.

For ladies who lose a child over the 20-week gestation point, women are cared for on the antenatal ward. The staff have access to the same resources for helping families through the loss and memory boxes to enable them to keep items relating to their child. Cold cots are available for families to spend as much time as they need with their baby, and all families are given access to bereavement counselling should they feel it necessary. Patients are signposted to the local and national miscarriage association for additional information and support.

The Health Board recognise the importance of providing families with a safe space to grieve their loss and will always try and accommodate a family within a private en-suite cubicle or side room.

Yours sincerely

Steve Moore
Chief Executive

Swyddfeydd Corfforaethol, Adeilad Ystwyth,
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building,
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Cadeirydd /Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yn gweithredu fel Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwag Hywel Dda University Health Board operates a smoke free environment

Vivienne Harpwood, Cadeirydd / Chair

Ffôn / Phone: [REDACTED]

E-bost / Email: [REDACTED]

Carol Shillabeer, Y Prif Weithredwr /
Chief Executive

Ffôn / Phone: [REDACTED]



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

CS/JR/AE

5 November 2020

Ms Finch-Saunders AS/MS
Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

Dear Ms Finch-Saunders

P-05-965 Correspondence from the Chair of the Petitions Committee

Thank you for your letter dated 14th October 2020 regarding Petition P-05-965: Push the government into introducing a separate ward other than maternity ward for families going through a miscarriage. This issue is clearly of significant importance and I hope this response is helpful in your considerations.

The need for a clinical pathway for women experiencing miscarriage was identified as a key clinical priority by the health board in 2019. As you may be aware Powys Teaching Health Board works with a large number of other NHS health boards and Trusts in both Wales and England in providing whole system pathways of care. Our aim has been to work together with neighbouring obstetric services to improve timely access and experiences for women and their families facing the tragic situation of miscarriage.

In relation to the provision of facilities in hospitals for supporting families experiencing miscarriage, currently the health board accesses Early Pregnancy Assessment Services in neighbouring District General Hospitals and NHS Trusts in England and Wales. The facilities for these

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth yn Gymraeg
Byddwn yn ymateb yn Gymraeg heb oedi
Bwrdd Iechyd Addysgu Powys yw enw gweithred
Bwrdd Iechyd Lleol Addysgu Powys



We welcome correspondence in Welsh
We will respond in Welsh without delay
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

commissioned services are separate from Maternity wards and often part of the Women's Health / Gynaecological facilities.

As part of our strategy 'A Healthy, Caring Powys', we have committed to providing more care closer to home. In relation to early pregnancy services we are currently exploring whether a greater proportion of the care pathway could be provided in Powys, supported by secondary care colleagues where necessary. The design and use of facilities would very much be based on the views of women who would use these facilities.

Work has however already progressed with regards to improving services within the existing midwife led assessment and sonography services. This has focused on developing services closer to home including self-referral, strengthening the mechanism for ongoing support and follow up for women and improving family centred care and psychological support available locally as part of the neighbouring district general pathway of care. We work closely with neighbouring district general hospitals in both Wales and England to provide specialist obstetric and gynaecological services for our residents. We are aware of work at Welsh Government level relating to specialist, recurrent pregnancy loss services.

We very much recognise the physical and emotional impact of baby loss. Ongoing, high quality support made available to families who have been bereaved through miscarriage is key and we are currently working with partner hospitals to strengthen the support available to Powys women and their families. A focus on what more can be done, including at a national level is welcomed.

I hope this helps outline the position in Powys and should you have any further queries please do not hesitate to come back to me.

Yours sincerely



Carol Shillabeer
Chief Executive



5th November 2020

Private & Confidential

Janet Finch-Saunders AS/MS
Chair Petitioners Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your letter of 14th October 2020 in regard to the above.

You have raised a number of issues, for clarity, I will address each in turn.

Information about the provision of facilities within Cardiff and Vale University Health Board for supporting families experiencing miscarriage and specifically whether support is available separately to maternity wards.

I can confirm that we provide care to women who experience miscarriage within two locations depending on their gestation.

<17 weeks

For women who experience a loss up to 16 weeks and 6 days gestation, care is provided within a separate, female only gynaecology ward. Privacy and dignity is maintained within a single room facility. Prior to COVID, partners were welcome to stay with the women. During COVID, the team have maximised the use of virtual visiting and enabled partners to attend to say goodbye in accordance with visiting guidance for end of life care. Compassionate care is tailored to the needs of individual families as we recognise the cultural diversity of our population.

A quiet room is available for women and their partners in the event of breaking bad news.

Every attempt is made by staff to take hand and foot prints and memory boxes are given to families. Medical photography is available for women who would like photographs. In the event that a post-mortem is requested, women are further supported by the Health Board's Bereavement Nurse.

Dedicated early pregnancy assessment services are managed by skilled nurse practitioners who are also trained to provide early ultrasound scans and non-medical prescribing. In the unfortunate event that a miscarriage has been diagnosed, women are given choice of further management, such as conservative, medical (with the ability to go home) or surgical.

In the event of recurrent miscarriage, referral to the Genetic Service is available for further investigation.

≥ 17 weeks

For women who experience a later loss at 17 weeks and above, care is tailored to their individual needs. Pathways are in place for women to receive their care within the delivery suite with one to one care provided by a midwife. Care is provided within a dedicated area which has been developed in conjunction with the stillbirth and neonatal death society. Should women require postnatal care afterwards, they can opt to remain within this room or receive their care within a dedicated bereavement suite. Both rooms have en-suite and facilities and provision for refreshments. Partners are able to remain throughout the woman's stay.

Whether your services could be improved considering the experience of the petitioner

Covid 19 has unfortunately delayed some plans to refurbish the single rooms within the gynaecology ward, may I assure you that these plans will be progressed as soon as reasonably possible to decorate and furnish these areas to be 'less clinical' for women and their families.

Whilst, there is no dedicated funded counselling service in place for women who have miscarried, women are advised to seek initial advice and support from their GP with a view to referral for counselling services if needed.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

There are several support networks available. The Obstetrics and Gynaecology Directorate work closely with the Stillbirth and Neonatal Death Society in order to receive feedback from women about our services and improve the environment of care for bereaved families. Information for women is also provided for The Miscarriage Association and local organisations such as The Junction and The Beresford Centre.

For women who experience a loss <17 weeks gestation, the Obstetrics and Gynaecology Directorate work closely with the Health Board's Bereavement Nurse to ensure ongoing support and guidance for families. The Maternity Service also have a dedicated bereavement midwife to support women and their families who have experienced a loss ≥17 weeks gestation.

Cardiff Rainbow Baby clinic was set up in 2018 to provide care for women and their families who have lost a baby during pregnancy or shortly after birth. A team of midwives, obstetricians, support workers and sonographers provide specialist antenatal care and support after a loss (at any gestation) through their next pregnancy and beyond to provide seamless continuity of care and carer.

We hope that you will find this information helpful and you will be assured that the Cardiff and Vale University Health Board are very much aware of the importance of ensuring that women who have experienced a loss receive all the necessary support in the most appropriate environment.

Yours sincerely



Len Richards
Chief Executive



Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Dyddiad / Date: 10th November 2020

Janet Finch-Saunders MS
Chair of the Petitions Committee

Sent by email: petitions@senedd.wales

Dear Janet

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward for families going through a miscarriage

Thank you for your letter dated 14 October regarding the above petition in relation to the facilities and services available for women experiencing miscarriages. In responding below I have reflected the pre-COVID position, some aspects of which have had to change during the current pandemic, mainly in relation to the presence of partners/ families and visiting on wards. We expect to return to the pre-COVID position when circumstances allow.

1. Our services for women experiencing miscarriages are predominantly based at Singleton Hospital. Women referred for suspected miscarriages are received in our Early Pregnancy Unit which is managed within Gynaecology services, not Maternity Services. Should a woman require admission, she is admitted to a Gynaecology bed, which is in a different part of the hospital from the Maternity Unit. We strive to admit women into individual cubicles to maintain the highest level of privacy and dignity, although this is not always possible. Normally (pre-COVID) partners or key family members are able to be with their loved one at such a distressing time.
2. Women who use our services having suffered a miscarriage are provided with information on a local support group called Keyhope, which has a 24hour helpline with access to trained counsellors, and a centre that women can attend for support. An information leaflet from the Miscarriage Association is also provided. Both of these charitable organisations can help the wider family affected by the miscarriage.
3. We also offer a Memory Box where appropriate and where desired. When a woman has suffered a late miscarriage (over 17 weeks gestation) we are able to call on the services of one of our Specialist Bereavement Midwives. We provide a Consultant-led specialist clinic for women who have had multiple miscarriages.



4. Whilst we believe that we provide high quality sympathetic services, we are not complacent and undertake audits of our compliance with our Miscarriage Pathway. Our Bereavement Midwives provide training sessions for the Gynaecology Nurses on the ward in order to ensure high standards of communication are maintained. We also take concerns received seriously and ensure any lessons learnt are acted upon and embedded into practice.

Please do not hesitate to contact me if you require any further information.

Yours sincerely



Professor Tracy Myhill
Chief Executive



P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage, Correspondence – Cwm Taf Morgannwg UHB to Committee, 12.11.20

Response to Petitions Committee at Welsh Parliament

Early Pregnancy Unit – to 15+9/40 gestation

Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards

PCH, RGH and POW

Women are seen in the EPU department, which is separate to the maternity ward.

In PCH women currently have their USS in an area where they could come into contact with pregnant women, but this is to change from 26.10.2020 when all early pregnancy USS will be performed in main USS department.

Whether your services could be improved considering the experience of the petitioner

PCH

Our service is currently being reviewed with a view to a purpose built gynaecology hub at PCH.

Due to Covid-19 we have recently been moved to the paediatric outpatient department which has given us extra capacity.

We are totally separate from the maternity unit

We now have a room available for women who receive bad news to have privacy away from the main waiting area.

Currently EPU ultrasound appointments are performed in an area with pregnant women. We have recently changed scan times to limit the contact of early and late pregnancy women and from 26.10.2020 all EPU scans will be performed in the main USS department away from the antenatal clinic.

For in-patient care there is a designated female ward for gynaecology and female surgery.

Women experiencing miscarriage are accommodated in a single room whenever possible to ensure privacy.

Women suffering from hyperemesis may be cared for on the maternity unit if there is high activity on the general female ward, but no woman with a potential pregnancy loss in 1st trimester would be cared for on the maternity unit. With the service development there will be provision of rapid hydration clinics for women experiencing hyperemesis which will reduce the need for admission.

We are currently practising within Covid-19 guidelines so partners are only able to attend for the USS but not to any consultation. For those women who wish their partner to be included we have used telephone or Facetime for them to be included.

RGH

There is a designated EPU/GDAU at RGH with USS facilities in the department. There is also a room for women who receive bad news to have privacy.

We are currently practising within Covid-19 guidelines so partners are only able to attend for the USS but not to any consultation. For those women who wish their partner to be included we have used telephone or Facetime for them to be included.

POW

Scanning in POW is undertaken in a small scanning room adjacent to the reception area, clinical room and quiet room for discussion when required.

The EPU is located in the same corridor as the maternity ward and pre Covid, shared a waiting room, which is not optimal.

Partners attending scans causes anxiety for clinicians as social distancing is difficult to maintain in a small room with 4 people present.

Out of hours, woman are supported to come out of the ED at the earliest opportunity and are seen in an assessment area away from the maternity unit.

Any in-patient stays are undertaken on a ward away from the maternity unit.

A business case is in progress to re-locate a Gynaecology Assessment Unit, incorporating EPU into the main hospital. This will improve the scanning room size, make the location more appropriate to the sensitivity of the service.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

PCH, POW & RGH

We have no formal counselling provided within the health board.

All women are given written information about miscarriage in the form of Miscarriage Association leaflets. This is provided with a covering letter offering our condolences and provides parents with our contact details.

Although we offer no formal counselling we provide support individually to women who contact us and are able to signpost women to other counselling providers

Maternity – from 16/40 gestation

Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards

CTMUHB trust have a designated bereavement lead midwife responsible for acting as the point of contact for bereaved families within maternity services, as well as provision of support, training and education for staff. Women are offered a package of support following discharge by the Bereavement lead midwife which includes visits from the community midwife, access to local health board support groups, 1:1 counselling (offered at 8-12 weeks post delivery), link contact with the bereavement lead who will coordinate all follow up with the obstetric team once results become available. Families are provided with the bereavement lead midwife mobile telephone number to discuss contact and support to suit the woman and her family's needs following delivery.

Women are generally cared for in our designated bereavement suite on each site. Both rooms are off central labour ward and have en-suite facilities. In Prince Charles the "Primrose Room" is between labour ward and the birth centre. In Princess of Wales the "Bluebell Room" is situated on the maternity corridor to labour ward but not on labour ward. There may be minimal occasions when due to lack availability of the room (more than one patient suffering a loss being in at any one time) a patient may need to be cared for in a side room on labour ward. Moreover there may also be occasions where due to the clinical need of the patient, labour ward care is required, in a side room. These occasions are however minimal, and we would not expect patients to be care for on the main maternity ward. All families are offered a memory box for their baby/babies and the opportunity to make memories which include; access to "Remember my baby" photography service and/or access to hospital cameras for photos, inkless hand and footprints and/or clay casting. All families are offered the opportunity to spend as much time as they wish with their baby/babies and use of a cold cot is provided to preserve baby/babies. All families are also offered the opportunity to take baby home if they wish and a "cuddle cot" can be provided for this to facilitate preservation of baby in the home environment whilst the family spend time together.

During COVID 19 access to the "Remember my baby" photography service has been limited as this is a voluntary service by a national charity. Access for family visitors in the cases of loss may also be limited due to COVID 19 but has been supported in those exceptional circumstances wherever possible with a thorough risk assessment carried out.

Whether your services could be improved considering the experience of the petitioner

The health board currently offer a service that fits within the gold standard for bereavement care on maternity, identified in local and national standards. The service does not support, at any time, routine to care for families on an open maternity ward.

Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes

On maternity in the UK women from 20 weeks and upwards are predominantly cared for. However in CTMUHB we have lowered the gestation to accepting women from 16 weeks

gestation. To these families all of the aforementioned are offered and ongoing support is offered by;

- Ongoing support from bereavement lead.
- Support from bereavement lead into next pregnancy.
- Follow up care from our obstetric team.
- Counselling sessions 1:1 by our midwife counsellor for baby loss.
- The health board have two support groups locally supported by our bereavement lead midwife- Bro Morgannwg baby loss support group in Bridgend community and The snowdrop support group in Prince Charles.
- Sign posting to national groups- SANDS, Miscarriage association & CRADLE.



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Bloc 5, Llys Carlton, Parc Busnes Llanelwy,
Llanelwy, LL17 0JG

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

Ms Janet Finch-Saunders
Chair
Petitions Committee

Sent via E-Mail:
Petitions@Senedd.Wales

Ein cyf / Our ref: GH/TO/DL/CE20-2683/
2746

Eich cyf / Your ref:

☎: [REDACTED]

Gofynnwch am / Ask for: [REDACTED]

E-bost / Email: [REDACTED]

Dyddiad / Date: 20th November 2020

Dear Ms Finch-Saunders

Re: Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage.

Please see below as requested response to your enquiry in respect of Petition P-05-965, which The Petitions Committee at the Welsh Parliament considered at a meeting on 29 September 2020.

The petitioner highlighted the following issues:

1. The importance of separate wards and screening facilities for families experiencing miscarriage, due to the traumatic experience of being with expectant parents or on the maternity ward;
2. Insufficient support provided to parents in terms of the impact on their mental health; and
3. More support should be provided to the wider family of those experiencing miscarriage.

Please see below response to the specific questions posed by the Petitions Committee

1. Information about the provision of facilities in your hospitals for supporting families experiencing miscarriage, and specifically whether support is available separately to maternity wards.

Within BCU patients, experiencing miscarriage and pregnancy loss are cared for in the following clinical areas:

Women who are of the gestation up to 17 weeks and 6 days are cared for on the Gynaecology Wards.

Women who are of the gestation 18 weeks and over are cared for in a designated area on the maternity units.

Gynaecology Services

Within Gynaecology, care is provided where appropriate on an outpatient basis through the Emergency Gynaecology Units (EGU`s) where there is provision for early pregnancy assessment and treatment. There is an EGU at each District General Hospital in North Wales and the service is available on a Monday- Friday basis. Women`s Services in BCU are in the process of completing a business case to request funding to extend EGU opening hours to provide a weekend service, which will increase accessibility for women in North Wales

BCU offer all options for the management of pregnancy loss in accordance with local and national guidelines, which includes expectant, medical and surgical management options.

Patients requiring inpatient treatment are admitted to Gynaecology Wards and cared for by experienced Gynaecology nursing staff.

It must be noted that under normal circumstances (pre-Covid), the Gynaecology wards are located completely separately from maternity wards and patients experiencing early pregnancy complications/ pregnancy loss are not cared for in close proximity to antenatal and post-natal patients.

However, during the COVID pandemic wards have been re-configured to accommodate clinical pathways, to observe infection prevention and control standards. Consequently, some patients in early pregnancy are cared for in single rooms, which are located on a combined gynaecology and maternity ward. Every effort is made to ensure that early pregnancy patients have minimal exposure to antenatal and post-natal patients.

Review of the recurrent pregnancy loss service within North Wales is a priority and included within the Gynaecology Service Priorities for 2020/2021 with the intention of developing a dedicated recurrent pregnancy loss clinic to support patients in North Wales who experience three or more miscarriages.

Maternity Services

Women are cared for by midwives in dedicated self-contained Bereavement suites based in each of the maternity units. The suites are designed and configured for Bereavement care and include en-suite facilities. Designated rooms are available on each Labour Ward to provide care for women in labour who require one to one monitoring and for women who request epidural analgesia.

2. Whether your services could be improved considering the experience of the petitioner (as highlighted in point 2 above)

Whilst the Women`s Directorate employ two Bereavement midwives who offer support to women who experience pregnancy loss, there is no provision of a dedicated psychology



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

service. BCU have a perinatal mental health team where women can be referred to either by their allocated midwife or the Bereavement midwives. Women are signposted to third party organisations such as Miscarriage Association, Stillbirth and Neonatal Death Society (SANDS) and Tommy`s for counselling and the provision of further advice & support.

3. Details of ongoing support services available to families who have been bereaved, both through miscarriage and through other causes.

Bereavement midwives offer some support to bereaved families, however the service is evolving with the aim of providing support to all women and families depending on their individual requirements. A business case is in the process of being developed to appoint an additional Bereavement midwife; this will ensure that support is made available to all women and families across North Wales.

The Bereavement midwives have close links with Hope House Hospice Services and can directly refer women and their families for advice, support and provision of care.

I hope this information is to your satisfaction however please do not hesitate to contact me again should any further information or clarification be required.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'T. Owen'.

Teresa Owen
Dirprwy Brif Weithredwr Dros Dro
Acting Deputy Chief Executive

Our Ref: JP/RH/lab

Direct Line: [REDACTED]

23rd November 2019

Janet Finch-Saunders MS
Chair of the Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Ms Finch-Saunders

Petition P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage

Thank you for your recent request for the Health Board to comment on the above petition received regarding miscarriage.

Aneurin Bevan University Health Board provides care for women who experience miscarriage in our Early Pregnancy Assessment Unit (EPAU) and Gynaecology Ward. Both the Gynaecology Ward and EPAU are separate from Maternity and staffed by nurses specifically trained in Gynaecology concerns and are sensitive to the needs of women and the partners who experience pregnancy loss up to 20 weeks gestation.

On the 15th November 2020 the Gynaecology Ward and EPAU were relocated to the Grange University Hospital and all women who require hospital admission for management of the miscarriage will receive care in a single room; this provides them with privacy and enables their partners or family to remain with them and provide support throughout the management. Early Pregnancy Ultrasound scans and investigations are provided within the EPAU.

Information and support is provided by Gynaecology Nurses during the management of the miscarriage and women have open access to return to the ward if they choose home management. Support is also provided in

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys,
Ysbyty Sant Cadog
Ffordd Y Lodj
Caerllion
Casnewydd
De Cymru NP18 3XQ
Ffôn: 01633 436700
E-bost: abhb.enquiries@wales.nhs.uk

Aneurin Bevan University Health Board
Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
South Wales NP18 3XQ
Tel No: 01633 436700
Email: abhb.enquiries@wales.nhs.uk

relation to the potential choices for burial, cremation and post-mortem. A contact number is also provided should they require further support following discharge. The service also provides information and contact numbers for counselling in the voluntary sector at the Beresford Pregnancy Counselling Centre, Newport who also provide training for nurses in counselling skills.

A memory box is also offered to the family which includes various items that validates the life of the baby and recognises that parents and the wider family often need time to grieve. The Hospital Chaplains are also available to provide faith based support.

The Health Board is reviewing the service to determine if it can provide enhanced nursing care during medical management of miscarriage alongside additional psychological support, however, this will require additional funding and ring fenced staffing to guarantee this level of care.

I hope the above response is helpful to you. If you require any additional information, please do not hesitate to contact me.

Yours sincerely

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

Judith Paget
Chief Executive/Prif Weithredwr

P-05-965 Push the government into introducing a separate ward other than maternity ward, for families going through a miscarriage, Correspondence – Petitioner to Committee, 30.11.20

I have gone through the papers and my wife along with other women that did not get any thing other that what was said to us and if that is the case they have admitted to failing is this is not good enough there is no separate ward or waiting Rome I don't care what they say happens I only care about what IS happening and what is a breavement mid wife we never had any contact from any one or even have explained what was about to happen and what is this we could have had a burial.

Agenda Item 3.5

P-05-995 Freedom to Donate Blood

This petition was submitted by Arron Glyn Bevan-John having collected a total of 2,726 signatures.

Text of Petition:

In Wales gay and bisexual men are not allowed to give blood – unless they abstain from sex for three months. We would like to campaign for ‘Blood Without Bias’ giving people ‘Freedom to Donate’. This petition asks the Welsh Government to scrap the three-month deferral period, and to introduce an individualised, risk-based approach to assess sexual behaviour, rather than a simplistic process where people are grouped together based on their sexual orientation and are banned from donating blood. This is the best way to ensure that those who want to donate, and can do so safely, are able to. It is a public health issue and one of inequality, that we do not have enough blood in our blood banks and yet we choose to discriminate against a whole group of people based on their sexual orientation. There is only one solution to a national shortage of blood; remove the deferral period and stop discriminating against gay and bisexual men.

Senedd Constituency and Region

- Gower
- South Wales West

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/07785/20

Janet Finch-Saunders MS
Chair
Petitions Committee

24 November 2020

Dear Janet,

Thank you for your letter of 12 October as Chair of the Petitions Committee regarding Petition P-05-995 Freedom to Donate Blood.

I understand that the Committee is supportive of the FAIR study (For the Assessment of Individualised Risk) and am aware that SaBTO is actively considering their position.

Any changes to the MSM guidelines will be announced once we have considered the advice from SaBTO.

I will update you when a decision has been made.

Yours sincerely,

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@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.

BLOOD EQUALITY WALES



✉ bloodequalitywales@gmail.com
Facebook/Twitter: @EqualBloodWales

7 December 2020

Janet Finch-Saunders MS
Chair, Petitions Committee

Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN
petitions@senedd.wales BY EMAIL

Petition: P-05-995-Freedom to Donate Blood

Dear Janet,

Many thanks for hearing our petition to the Minister for Health and Social Care, Vaughan Gething MS, *P-05-995-Freedom to Donate Blood*. Please see our full response to the Minister's letter to you dated 24 November 2020 below.

- What are your thoughts on the attached document?

We understand the need to keep blood safe for recipients, however in our view the current rules make it even more unsafe for patients as there is a chance that somebody completing the questionnaire at the blood bank could lie, meaning the national guidance is contradicted intentionally. Our proposal to introduce an individual, risk-based assessment ensures that all blood is safe and that people are not discriminated against purely on the grounds of their sexuality alone.

The argument that men who have sex with men (MSM) are 'known to have a higher risk of acquiring blood borne infection such as Hepatitis B or HIV' is outdated, untrue and quite frankly offensive.

The change in the law over time, detailed below, is of course very welcome but it does not go far enough in ensuring MSM are able to donate blood freely. Take, for example, two males who are in a committed relationship and know their status. They are still

discriminated against on the grounds of their sexuality and so these changes are still discriminatory.

- ***Prior to 2011 there was a rule in place stating that a man who had sex with another man could never give blood***
- ***In 2011 this permanent deferral was changed to a 12 month deferral period***
- ***In 2017 the deferral period was further reduced to 3 months.***

The United Kingdom has a proud history of supporting Lesbian, Gay, Bisexual, Transgender and Plus (LGBT+) people and causes. Whilst we recognise that the UK is far further forward in this debate/change in blood donation rules, the comparison with other countries who find themselves being more discriminatory than we are is unhelpful.

- Does it adequately address the issues that you raised?

Blood Equality Wales welcomes the opportunity to raise questions with Members of the Senedd and of the Minister, Vaughan Gething MS, on the issue of blood donation. Although we know that blood donation laws are governed nationally and that the Welsh Government/Welsh Parliament does not necessarily have a say on the advice from The Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), we feel that more could be done to ensure the Welsh Blood Service engages with LGBT+ people on the issue of blood donation, for example through lobbying national government on the want/need for a change and through key engagement with LGBT+ people are Pride events/updating website pages.

- Is there anything additional that you would like the Committee to know at this stage, either in response to this document or as an update to the Committee?

Yes, broadly these are;

1. There are many established campaigns like ours in the United Kingdom which are lobbying Government on the historic decisions, such as the rules around blood donation, which continued to have a detrimental impact on LGBT+ people to this day. Although we know that recent work has made donating blood easier for LGBT+ people, it still does not go far enough. LGBT+ people are being labelled as promiscuous and as 'a risk' and this divisive stance only enhances the difficulties LGBT+ people face on a daily basis.
2. The trade union movement, in particular GMB Union, has produced several campaigns linked to ensuring blood donation by MSM is kept as a topic of high interest in debates, motions and at key engagement events. The public outside those who are affected by these rules are often shocked to learn that MSM are unable to donate blood.

3. The paragraph of the Minister's initial letter detailed below is full of contradictions and offensive language. Will the Petitions Committee seek clarity on the Minister's thoughts and in particular the damage labelling has on the LGBT+ community?

The broad basis for deferring MSM who are sexually active from blood donation is based upon the fact that as a group they are known to have a higher risk of acquiring a blood borne infection such as HIV or Hepatitis B which then could be potentially transmitted through a blood transfusion. This increased risk also applies to other groups of people including sex workers, people who have partners known to be infected with transfusion transmissible infections like HIV or hepatitis B, people who have partners from parts of the world with a very high incidence of HIV/AIDS, people who have ever injected themselves with non-prescribed drugs and people who are currently taking Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP). Of course, each individual within these larger groups presents a different level of risk dependant on their specific circumstances. Currently the WBS is unable to adapt these rules for individuals and must adhere to the overarching guidelines.

4. The Minister puts MSM in the same category as drug users and sex workers. Both of these things are choices or are owing to illness, being LGBT+ is not a choice or an illness. This is evidenced in the Equality Act 2010 where gender and sexual orientation feature as protected characteristics. Addiction, unless seen as a disability, and job type do not.
5. The Minister fails to state the benefits of increased blood donations from males, especially in light of COVID19. It is a fact that male blood contains higher levels of antipathogen antibodies i.e. against a virus. This is something that is sought after currently in light of the COVID19 pandemic. MSM blood therefore would be a huge help to healthcare professionals working to remedy this pandemic.
6. The Minister fails to state that the Welsh Blood Service (WBS) is experiencing shortages of O- blood at present, something that MSM could help alleviate, if they could freely donate blood. This is evidenced in the social media pleas from WBS begging donors to come forward.

Points five and six alone highlight the shortcomings of restricting MSM being able to donate blood, the impact of which affects the population as a whole in Wales, not just the LGBT+ community.

Further, we noted Leanne Wood MS' comments at the time when the petition was heard by your committee. **As far as we can see, the Health Minister, Vaughan Gethin MS, has not done what was asked in setting out the Welsh Government position and lobbying Westminster based on its position. We thank Leanne Wood MS for pointing out that MSM being unable to donate blood under the current rules is discriminatory.**

Many thanks for taking the time to read our response. We are extremely grateful for the time you have committed to our petition and for your continued commitment to making Wales a better place in which for LGBT+ people to live and work.

Yours respectfully,
Blood Equality Wales

Agenda Item 3.6

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

This petition was submitted by Amelia Thomas having collected 5,241 signatures online and 107 on paper, a total number of 5,348 signatures.

Text of Petition:

£30M would be spent on roads alone to access the land on which the new Centre is proposed. The old Whitchurch Hospital and the existing Velindre site have access in place already, and are viable alternatives.

The current plan is not in line with best practice for modern joined up cancer care, which is person-centred with services physically linked to larger acute hospitals. Heath Hospital offered Velindre space alongside Cardiff Uni cancer research in their new build due to start in 2023.

Additional Information

Velindre University Health Board would swap their current land (Whitchurch hospital site) for the meadow land, (owned by Cardiff and Vale Health Board). £30M of tax payers money would need be used to build access roads to enable building to take place on this land-locked meadow linked to SSSI.

Taking away the Northern Meadows would be hugely detrimental to physical and mental well-being.

Cancer treatment has become more complex, and patients undergoing treatment have increasingly complex issues. Locating at the Heath alongside Cardiff Uni cancer research, would provide rapid access to intensive care and other key medical and surgical specialties when patients need them.

The proposed Velindre Cancer Centre model is outdated & must be scrutinised. Onsite surgical and medical support services are considered ESSENTIAL: <https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2019/08/Independent-Clinical-Panel-Report.pdf>

https://savethenorthernmeadows.wales/?page_id=1129

Senedd Constituency and Region

- Cardiff North
- South Wales Central



Eich cyf/Your ref P-05-1001
Ein cyf/Our ref VG/05263/20

Janet Finch-Saunders MS
Chair
Petitions Committee

Government.Committee.Business@gov.wales

21 September 2020

Dear Janet,

Thank you for your letter of 27 July on behalf of the Petitions Committee regarding an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre.

The scheme for a new Cancer Hospital in Whitchurch is one of only three schemes that is being progressed through the revenue funded, Mutual Investment Model. The need for a new Cancer Hospital for the population of South East Wales has been a recognised priority for a number of years and was a manifesto commitment for the Government.

Outline Business Cases (OBCs) have been submitted to the Welsh Government by Velindre University NHS Trust for the new Cancer Hospital and the associated enabling works for the scheme. The OBCs are being scrutinised by my officials and formal advice will be provided for me to make the decision on these business cases in due course. I cannot therefore comment at the current time on the specific issues that have been raised, as this would prejudice any later recommendations that are made to me.

The detailed scrutiny will include all aspects of both OBCs. This will include an assessment of the clinical model and the related points in your letter about the proposed location from a clinical perspective. The Chief Medical Officer has discussed the clinical model with Velindre NHS Trust and recommended the Trust secures independent advice to inform the business case and its scrutiny.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@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.

I hope this information is helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

**Nuffield Trust: Independent Advice to Velindre University NHS Trust on the
Planned Regionally Integrated Network Clinical Model for non-surgical tertiary
cancer services**

Terms of Reference

Aim: to provide independent advice to Velindre University NHS Trust on the planned regionally integrated network clinical model for non-surgical tertiary cancer services across South East Wales.

Scope:

Clinical: planned regionally integrated network clinical model for non-surgical tertiary cancer services

Geographical: South East Wales

Outputs:

- Provide a report and recommendations to Velindre UNHST taking account of the following questions
- What are the benefits of the planned regionally integrated network clinical model for non-surgical tertiary cancer services?
- What are the risks inherent in the planned regionally integrated network clinical model including the location of the main non-surgical tertiary cancer centre on the Northern Meadows? i.e. managing the acute care interfaces/optimising the quality and acuity of clinical support for cancer services across all networked sites.
- Are the strategies proposed to manage these satisfactory, and what else might be considered with regard to:
 - o additional opportunities to strengthen planned arrangements;
 - o prioritising/accelerating any specific areas of planned work;
- What are the risks and benefits of the planned regionally integrated network clinical model with regard to research, development and innovation?

- How does the network model support high quality research and development and promote innovation?
- How might any risks be mitigated?
- How could the benefits/opportunities be further optimised with learning from other health care systems? Are there any broader development opportunities related to cancer/related healthcare that could be considered to maximise the opportunity?

The work should take into account:

- Synthesis of existing international evidence;
- Emerging trends e.g. new medicines and technology; policy emphasis on improving access to services/reducing health inequalities; development of digital services; requirements for pandemic resilience.

Method

- Literature and evidence review across UK, Europe and international healthcare systems.
- Information and intelligence gathering.
- Interviews with a cross-section of interested parties.
- Interviews and consideration with external experts.

Timings

Commencement: September 2020

Completion: November 2020

Janet Finch-Saunders MS

Chair
Petitions Committee

2 October 2020

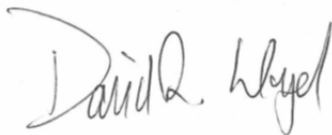
Dear Janet,

Thank you for your recent correspondence which outlined the Petition Committee's approach to the scrutiny of the proposed development of a new Velindre Cancer Centre in Cardiff. The correspondence was shared with Committee members and published as a paper to note.

At Wednesday's committee meeting, Members questioned the Minister for Health and Social Services on the proposals.

The Committee agreed to await the outcome of the review being conducted by the Nuffield Trust before giving consideration to any further action it might take.

Yours sincerely



Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee



**Save the Northern Meadows to
Petition Committee of the Senedd that met 15th September 2020**

Thank-you for your email of 2nd Oct advising us of your handling of our Petition. Ahead of your November meeting. We thank you for your efficiency in considering our petition to hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre. We're grateful that it reached the agenda of the Health, Social Care & Sport Committee for advice on September 30th. Our support letter to the petition emphasised urgency in particular for an independent clinical review and this was indeed given attention. The minute for that Senedd committee meeting is: "6.1 In relation to the Velindre Cancer Centre, the Committee agreed to await the findings of the Nuffield Trust." But this, necessarily, was an early response, actually before Nuffield even posted its project description and terms of reference.

Because of that information in a post by Nuffield on October 6th we write now to stress that along with many others, including clinicians, we can't regard the Nuffield project with Velindre as remotely fulfilling the request of our petition. Nor does it fulfil the similar calls for an independent clinical review made by Julie Morgan Ms and Anna McMorris MP. Why was the bare revelation of the Velindre announcement about Nuffield unveiled to the world precisely one minute before the start of the Petitions Committee of September 15th? Such precision timing surely reveals that this was an attempt to displace the widely proposed, real external, independent, clinical inquiry. Why else done in that place and that way at that time? So far it has in some measure succeeded. But for our part, we still consider our Petition to be in play and awaiting approval as if the Velindre-Nuffield Project did not exist – made possible by your due diligence in September. Compelling reasons for our position are given below.

Your decision not to be pressurised by that announcement has been wholly vindicated. For the Nuffield project, we now know, bears little resemblance to what our Petition and other parties so plainly sought. Nuffield, it transpires, is:

Not external, because New Velindre autonomously selected the project organisation as its preferred choice, then negotiated the project, laying out its needs not anyone else's.

Not independent because (a) New Velindre, Nuffield has told us, has helped select the crucial clinical panel members in phase 3 (whereas those of any other view do not). Nuffield is now 'independent' only in the narrow sense that it has no previous stake in a local controversy. And Nuffield is clear that it certainly has obligations to one particular party more than to any others. In fact its contractual obligation of 'advice', however public, is directed only to New Velindre (b) Velindre will be providing the entire administrative and logistical setup for the engagement phase including the interviewing of the Velindre Trust's staff. How secure does that make any whistle blowers feel? New Velindre will, in practice, be the sole path to engagement for anyone unhappy with the current proposal, including staff.

Not a review if only because Nuffield doesn't describe the project this way, but uses the front title 'Independent advice' (as did even Dave Powell in VCC's news release). An independent review is not 'advice' but a quite different kind of species. A review is

a formal mechanism imposed and conducted by an accrediting or assessing authority to scrutinise and make accountable one of its members or providers. The Velindre-Nuffield project is not remotely like that, and it's likely Nuffield Trust would be surprised if anyone thought it did. All the same, this arrangement has aspired to sideline our Petition's call for a real, external, independent, clinical inquiry into the 'stand-alone' model which nVCC seems to have evaded, through other exercises, for years. And it's plain some have been quite misled by the Velindre-Nuffield move.

For the reasons above, we need to re-emphasise that we see the Petition as still present before Senedd awaiting a response. As is a proper, quite independent clinical review.

Thank-you for listening to us and taking us seriously.

With good wishes,

Chris Marshall

On behalf of Save the Northern Meadows campaign

How can we get people to respect regulations?

IN OUR city, our country and worldwide we are facing a crisis unlike anything any of us have seen in our lifetimes.

Here in Wales we are under a lockdown, a firebreak lockdown designed to do nothing less than save the lives of our fellow Welsh men and women and to protect our cherished NHS.

Most of our fellow citizens seem to be following the restrictions that the Welsh Government was forced to impose because of the growing pandemic. We should all be grateful to our neighbours who are helping to look after us.

However, and sad to say, there do seem to be a small minority of people who refuse to join in this life or death struggle and whose actions are putting all of us in danger.

Whether their anti-social actions are deliberate or come from ignorance of the regulations is unclear but, whatever the reason, they are undermining the firebreak lockdown and therefore putting us all in danger.

So what should be done about this situation and how can these people be corrected?

■ The Welsh Government must ensure its messages are clear.

■ The police have a part to play in enforcing the law, of course.

■ And finally, all the rest of us have a responsibility to tell those not following the regulations that they are letting us down and they are putting lives in danger.

GJ Jones
Cyncoed, Cardiff

We cannot afford to get this wrong

I am writing on behalf of clinical colleagues in response to the letter by John Evans published in the South

“ We have a responsibility to tell them that they are letting us down and they are putting lives in danger

GJ Jones
Cyncoed, Cardiff

Wales Echo on October 27. His letter exemplifies the wonderful care provided by the hard-working and dedicated staff at Velindre hospital.

The same staff are working under increasingly difficult circumstances in an ageing, overcrowded set of buildings.

Everyone agrees Velindre Cancer Centre desperately needs to be redeveloped so it can provide 21st century cancer care.

Sadly, Mr Evans' letter also exemplifies the misinformation being perpetuated by both Velindre NHS Trust and the Velindre Cancer Centre supporters Facebook page.

Two from many examples of misinformation:

■ It has been suggested radio-frequency ablation (RFA) for oesophageal cancer will be delivered at the new Velindre Cancer Centre. It will not. Endoscopy is not planned. RFA is now delivered in Cardiff and Vale so patients no longer need to go to Gloucester.

■ "Fewer than 30 patients a year need an unplanned emergency transfer". These words are directly quoted from Velindre NHS Trust. A Freedom of Information request to the Welsh Ambulance Service PROVES it has been around 100 a year, every year, for the last 5 years.

Even this very newspaper on September 28 suggested breast cancer surgery is performed at Velindre. It is not and it will not be, as the current plans are for a non-surgical oncology cancer centre. Breast surgery is undertaken at Cardiff and Vale.

Regarding his comments about Clatterbridge, I would like to clarify for Mr Evans some of the fantastic work done by the "Transforming Cancer Care" team on Merseyside. I discussed this very matter only this week with a senior oncologist at Clatterbridge who has been at the helm of the development. Clatterbridge re-located the acute

care (in-patient beds) next to the central Liverpool University Hospital in June 2020, now called the Clatterbridge Cancer Centre- Liverpool. There are two other sites separate to this for elective outpatient care at the original Clatterbridge site on the Wirral and in Aintree.

The central Liverpool site has 110 beds, will treat blood cancers as well as solid cancers, and was delivered for £180m. The cancer centre is physically and managerially separate from the acute hospital BUT all of the facilities required for modern 21st century cancer care are on site, whether required in an emergency or elective setting. Complex treatments such as gene and immunotherapy are delivered in central Liverpool so if a patient gets into trouble, which they can do, they are supported by ITU doctors within minutes.

"Cold" services at the Wirral and Aintree sites will deliver Radiotherapy and some of the more straightforward chemotherapies, supported by satellite chemotherapy clinics.

As the direction of cancer treatment continues to change, Merseyside is now well placed to deliver the newer, more effective therapies.

These treatments provide a greater chance of cure, but may have greater initial toxic side effects requiring support from colleagues in different specialities to keep patients alive. Merseyside are truly transforming cancer care, and I suggest interested readers look at their website www.clatterbridgecc.nhs.uk/about-centre/mission-aims-and-values

Clatterbridge is one of many examples of modern, co-located and integrated cancer care. This perhaps explains the growing concern from specialist cancer nurses and doctors in SE Wales, both outside and inside Velindre, regarding the route chosen by Transforming Cancer Services at Velindre NHS Trust. Concerns have also been expressed by cancer experts in Swansea, Glasgow, Oxford and London, as well as Liverpool.

In fact, no one contacted around the UK has supported the proposed model of care.



Cancer Centre to have no surgery, no interventional radiology, no endoscopy, no cardiology, no chest physicians etc, and in particular no intensive care unit, will be safe and effective.

We will have this for 30 years or

more, and cannot afford to get it wrong.

The people of South East Wales deserve better.

Dr Ashley Roberts MB BCH MD
MRCP(UK) FRCR

This isn't going anywhere so get used to a different way of life, do the best you can. But stop pretending it doesn't exist as it is very real.

Dawnie Dawn

Let's bear in mind that deaths from respiratory infections rise at this time of year. If you look at previous years there is little difference. Stop the fear mongering please.

Lesley Jones

Anyone would think its the start of flu season.

Brendan Watkins

Have we got a daily death rate of other causes. And is anyone

WEBCHAT

catching flu or flu that develops into pneumonia
Ray Owen

Lockdown you say? The traffic is quite heavy considering we are in lockdown. When I drove in the first lockdown the roads were empty but this time... no one is listening.

Martin Bobite Pickett

Lots of people saying the lockdown isn't working. The people dying with Covid now were probably infected six weeks ago or more. We won't see the

Our Ref: NP/IW/RB

8 October 2020

Janet Finch-Saunders, AS/MS
Chair
Welsh Parliament
Petitions Committee
Petitions@Senedd.wales

Dear Ms Finch-Saunders

Petitions:

- **P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre**
- **P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry**

Thank you for inviting Aneurin Bevan University Health Board (ABUHB) to comment on the above petitions received by the Senedd concerning the planned development of a new Cancer Centre in Cardiff.

Firstly, we would like to emphasise that Aneurin Bevan University Health Board remains supportive of the Transforming Cancer Services SE Wales Programme and we would not necessarily wish to challenge the model of care for planned, low intensity chemotherapy, the delivery of radiotherapy or outpatient care within a new cancer centre in Cardiff and we have no specific objection to the choice of site.

The primary clinical concern regarding the proposed medical model is that of the significant risk to patient safety that may result from a stand-alone facility for acute oncology care. There is also concern that there is the potential for the delivery of state-of-the-art cancer care in Wales to fall behind that of the rest of the UK, as it will be challenging to deliver certain new cancer therapies without immediate access to high dependence or intensive care facilities, or to attract trainees and future generations of oncologists to a centre where such care cannot be delivered.

Cont/d.....

Bwrdd Iechyd Prifysgol Aneurin Bevan
Pencadlys,
Ysbyty Sant Cadog
Ffordd Y Lodj
Caerllion
Casnewydd
De Cymru NP18 3XQ
Ffôn: 01633 436700
E-bost: abhb.enquiries@wales.nhs.uk

Aneurin Bevan University Health Board
Headquarters
St Cadoc's Hospital
Lodge Road
Caerleon
Newport
South Wales NP18 3XQ
Tel No: 01633 436700
Email: abhb.enquiries@wales.nhs.uk

The recent focus on clinical pathways in Acute Oncology (highlighted through joint workshops with multidisciplinary teams from the SE Wales Health Boards and Velindre Cancer Centre), together with the rapid changes in the delivery of ambulatory care, have highlighted the need for a safe model of care for those cancer patients who require urgent or emergency care.

The clinical feedback is that the new transforming cancer services model and development of a new cancer centre need to consider where and how the provision of urgent and emergency care could be delivered in the context of a new cancer centre using the following examples to illustrate the issues:

- Ambulatory acute oncology assessment unit, with facilities for treatment escalation, if required.
- Immunotherapy – these patients can require critical care support both during the administration of therapy and as a result of its side effects. These patients are likely to have a good response to the treatment with improved long term survival.
- CAR-T therapy. It is imperative this is delivered where there is an ICU on site.
- Access to Interventional radiology – the increased ability to place vascular, biliary, renal and GI tract stents to prolong life and quality of life is one of the most common reasons for transfer of patients to acute sites at present and this is likely to increase.
- On-site specialist advice, including (but not exclusively) cardiology, respiratory, immunology, gastroenterology and surgical specialties.
- A comprehensive research program of new systemic anti-cancer therapies, including those requiring immediate access to level 2 and 3 care.

At the time of the development of the Transforming Cancer Services (TCS) Programme in 2015, it was necessary to make a number of clinical assumptions in designing the model of care for patients. Given the rapid transformation in cancer care seen in the past 4 years and the increasing need to care for patients experiencing new and complex complications of their therapy, we are pleased to note that the proposed clinical model will be subject to an external review by the Nuffield Trust, before the decision regarding the final scope, design and sign off of the cancer facility in Cardiff is confirmed.

The Terms of Reference for this review were jointly agreed between the Health Boards in SE Wales and Velindre Cancer Centre and will address the concern about the model for the delivery of acute oncology to which we look forward to contributing to both constructively and collaboratively.

Yours sincerely



Judith Paget
Prif Weithredwr / Chief Executive



GIG
CYMRU
NHS
WALES

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

Executive Headquarters / Pencadlys Gweithredol

Woodland House
Maes-y-Coed Road
Cardiff
CF14 4HH

Ty Coedtir
Ffordd Maes-y-Coed
Caerdydd
CF14 4HH

Eich cyf/Your ref:
Ein cyf/Our ref: LR-jb-10-8302
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol: 029 2183 6010

Len Richards
Chief Executive

15 October 2010

Janet Finch-Saunders
Chair – Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

P-05-1001 Hold an Independent Inquiry into the Choice of Site for the proposed new Velindre Cancer Centre
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for asking the Health Board to comment on the two petitions which, whilst both relating to the siting of the proposed new Velindre Cancer Centre (VCC), apparently hold conflicting views:

- 1 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
- 2 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

We acknowledge that the site of the new VCC is a matter for the Local Authority planners, Welsh Government, VCC itself and the local population. We also welcome the establishment of an independent process to advise on the clinical model for Cancer Services for the population of South East Wales which is being undertaken by the Nuffield Trust. We are pleased to have been able to contribute to the Terms of Reference for the advice process, and as a Commissioner of services from VCC, alongside Aneurin Bevan Health Board, Cwm Taf Morgannwg Health Board, and Powys Health Board, we look forward to further contributing to that process. We also look forward to working across the system, including with Velindre University NHS Trust, to ensure that the model of care is comprehensive and future-proofed.

In response to the specific request to comment on the clinical model, our comments are as follows:

At the time of the development of the TCS program it was necessary to make a number of clinical assumptions in designing the model of care for patients. Given the rapid transformation in cancer care, even in the past four years, and the increasing need to care for patients experiencing new and complex complications of their therapy, we believe that a further assessment of the clinical model would help to inform the final decision regarding the siting of the acute cancer component of the future service configuration. We are working with Health board partners in the region to plan a collective approach to address this clinical need.

We would though stress that there are likewise several services provided within Velindre Cancer Centre which could be safely delivered on an appropriate stand-alone site eg outpatient services, provision of planned radiotherapy, administration of systemic anti-cancer therapy and other supportive services, and we recognise the importance of the quality of the environment for these services.

However to deliver safe and effective acute cancer care, with access to multidisciplinary specialist clinical services, specialist interventional radiology services and immediate access to high dependency or intensive care, it is essential to consider the required clinical interdependencies and a model of care that supports those services being provided adjacent to an acute hospital facility. The recent rapid changes in cancer care and the development of new, advanced therapies (some with specific and complex toxicities) needs to be considered together with potential benefits.

Specific examples are:

- Immunotherapy – these patients can require critical care support both during the administration of therapy and as a result of its side effects. Many of these patients will have a good response to the anticancer treatment with improved long term survival.
- CAR-T and other advanced therapies. It is imperative this is delivered where ICU is on site
 - Interventional radiology – the increased ability to place vascular, biliary, renal and GI tract stents to prolong life and quality of life is one of the most common reasons for transfer of patients to acute sites at present and this is likely to increase.
- On-site specialist advice, including cardiology, immunology, Gastro-intestinal, and surgery.
- Support for comprehensive research program of new systemic anti-cancer therapies, including those requiring immediate access to level 2 and 3 care with immediate access to early phase studies.

- Training for future medical and clinical oncologists alongside other non-oncologist, cancer-treating clinicians.

In summary whilst we support the view that many aspects of elective specialist cancer care can be safely and effectively delivered on a stand-alone site, we also believe that there is reason to re-consider the best clinical model for the delivery of acute or highly complex cancer care which will be considered by the Nuffield Trust.

Yours sincerely



Len Richards
Chief Executive



Ein cyf/Our ref: CEO.4098
Gofynnwch am/Please ask for: [REDACTED]
Rhif Ffôn /Telephone: [REDACTED]
Dyddiad/Date: 15 October 2020

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Mrs Janet Finch Saunders MS
Chair
Petitions Committee
Senedd Cymru/Welsh Parliament
By email: petitions@senedd.wales

Dear Mrs Finch-Saunders

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for your letter of 25 September 2020, on behalf of the Petitions Committee in relation to the above named petitions.

I am pleased to confirm Hywel Dda University Health Board's support for the development of a new Velindre Cancer Centre to provide specialist care, as the old site is 60 years old. With advances in medicine and technology, it is imperative that we continue to develop and improve our services to incorporate a state of the art facility to cater for cancer patients in Wales.

The ideal location for a Cancer Centre would be to co-exist with an acute hospital; this would enable timely transfer of patients to the acute site should the situation arise.

Although the proposed new site is more accessible to patients due to its proximity to the M4 corridor, its position predominantly caters to patients in east Wales, and so access to the specialist services offered by this new development will need to be considered for the population of mid and west to ensure equity of care.

I trust this satisfies your enquiry.

Yours sincerely

Steve Moore
Chief Executive



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Cadeirydd / Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe Headquarters

Un Porthfa Talbot, Parc Ynni, Baglan, Port Talbot, SA12 7BR Ffôn 01639 683334

Swansea Bay University Health Board Headquarters

One Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR Phone 01639 683334

Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.



Executive Medical Director Department
SBU Health Board Headquarters
One Port Talbot Gateway, Seaway Parade
Port Talbot SA12 7BR

Date 16 October 2020

Your ref/Eich Cyf:

Our Ref/Ein Cyf: RHE/IR/saj

By email to: Petitions@Senedd.Wales

Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

To the Clerking Team

Petitions:

- **P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre**
- **P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.**

I am responding to Janet Finch-Saunders AS/MS letter to Tracy Myhill of 25 September 2020. The letter asked whether it would be possible for Swansea Bay University Health Board (SBUHB) to provide a clinical perspective on the clinical model for the proposed new Velindre Cancer Centre.

Velindre Cancer Centre is a specialist regional cancer centre serving the South East of Wales, whereas SBUHB runs the South West Wales Cancer Centre at Singleton Hospital in Swansea. Residents of SBUHB who need to access the services of the specialist cancer service will be referred to the cancer centre at Singleton.

Therefore I do not feel best placed to comment on the proposed clinical model for South East Wales at the new Velindre centre. I am aware that the Nuffield Trust has been commissioned to provide



an independent view of the model and welcome that approach. Colleagues in Health Boards in the South East of Wales will be better placed to comment on the Velindre model given their direct experience of using the service and any consequences that might arise for them from implementation of the new model.

Yours sincerely



PROF. RICHARD H. EVANS
EXECUTIVE MEDICAL DIRECTOR



Janet Finch-Saunders AS
Chair
Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Dear Ms Finch-Saunders

Petitions:

**P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, and
P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre Cardiff, in any future inquiry**

Thank you for your correspondence on this matter.

I can confirm that there is clinical interest in the development of a new Velindre Cancer Centre and with the associated clinical model of care for our patients.

We are therefore committed to our clinical staff contributing fully to the Nuffield Review which has been commissioned.

Kind regards.

Yours sincerely



Paul Mears
Prif Weithredwr/Chief Executive

Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadiys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Professor Marcus Longley Prif Weithredwr/Chief Executive : Paul Mears

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ydy enw gweithredol Bwrdd Iechyd Lleol Prifysgol Cwm Taf Morgannwg
ICwm Taf Morgannwg University Health Board is the operational name of the Cwm Taf Morgannwg University Local Health Board

Vivienne Harwood, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: Vivienne.Harwood@wales.nhs.uk

Carol Shillabeer, Y Prif Weithredwr /
Chief Executive



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

CS/HT/AE

16 November 2020

Janet Finch-Saunders AS/MS
Chair
Welsh Parliament Petitions Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

Annwyl / Dear Ms Finch-Saunders

PETITIONS:

P-05-1001 Hold an Independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

Thank you for the opportunity to comment on the above petitions concerning the new Velindre Cancer Centre in Cardiff. Please accept my apologies for the delay in responding.

Powys Teaching Health Board is supportive of the Transforming Cancer Services Programme including the model of care proposed for the new hospital. We have no objections to the choice of hospital site for the new Velindre Cancer Centre.

At the time of the completion of the business case for the new hospital, a Collaborative Commissioning process was developed across health boards in the region that delivered positive commissioner support for the new hospital in 2018. It should be noted that a comprehensive process of clinically led discussions and engagement was conducted across the region to develop the Transforming Cancer Services Programme and the detail of the clinical model outlined within the case for investment for the new hospital. We were not made aware of any clinical concerns in 2018 regarding the proposed clinical model, and the commissioner scrutiny process was predominantly designed to

Pencadlys
Tŷ Glasbury, Ysbyty Bronllys,
Aberhonddu, Powys LD3 0LU
Ffôn: 01874 711661



Headquarters
Glasbury House, Bronllys Hospital
Brecon, Powys LD3 0LU
Tel: 01874 711661

Rydym yn croesawu gohebiaeth Gymraeg
Bwrdd Iechyd Addysgu Powys yw enw gweithred Bwrdd Iechyd Lleol
Addysgu Powys



We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

review and agree the planning and financial assumptions contained within the case to deliver the agreed clinical model.

We do understand that there is now concern about the proposed Acute Oncology model and the provision of urgent and emergency care particularly in relation to the following:

- Ambulatory acute oncology assessment and facilities for treatment
- CAR- T therapy co-dependency and access to critical care support.
- Immunotherapy patients access to critical care support.
- Access to Interventional Radiology – resulting in transfer of patients to acute sites.

In light of the rapid developments in cancer care together with rapid changes in ambulatory care, we welcome the external review of the clinical model by the Nuffield Trust to inform the final design of the cancer facility in Cardiff. We welcome the opportunity to contribute to this review as a commissioner of the service in partnership with other health boards across the region.

Yn Gywir / Yours sincerely

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

Carol Shillabeer
Prif Weithredwr
Chief Executive

Save the Northern Meadows Petition

Dear Petitions Committee,

Thank-you for so diligently handling our petition and the issues around it. Events have prompted us to communicate ahead of your meeting on the 2nd December. These include a Welsh Government letter to one of us four days ago, the imminent report from the Nuffield and an email on 13th November from [REDACTED], the CEO of Nuffield, to one of our members.

Mr [REDACTED] made it clear that the Nuffield Project was **not** an independent review:

'On the question of an independent review versus the independent advice... at no point have we referred to it as a review and indeed we've tried to be clear that it's not a review, as you noted. It would be regrettable if it was seen as anything other than the tightly defined advice that it is.'

That it is **not a review** has been communicated to Velindre staff, yet a recent reply from Velindre was **still using the phrase 'independent review', as are members of the Welsh Government**. What this clarification means is that *Save the Northern Meadows* (STNM) made the right call on this when Velindre and others peddled it as the called-for review. But importantly, there's now clearly **no reason to dispense with the Petition** on account of the Nuffield Project. So either a proper independent review or a government U-turn is still needed. That was central to our original pitch for your consideration. In fact, from letters in the S Wales Echo, the clinical argument has been further stiffened by Freedom of Information confirmations.

This reality does not seem to have cut through to those manning the department of Health, Social Care and Sport. A statement on 20th November from [REDACTED] on behalf of the minister Vaughan Gething (to another of our members) affirms the following:

1. *'This process of scrutiny [of Velindre's business case] is independent of the Velindre... and will include... the clinical model and the independent advice from the Nuffield trust.'*

2. If the advice concludes *'...something different to the expert providers of cancer care in South East Wales, then the **government would be the inappropriate party to decide [between them] the best model to treat cancer.**'*

In a convoluted way, this is saying that expert providers like Velindre are untouchable. But that's just the challenging reality of independent reviews - they test and outrank even expert providers. In the NHS it's how life and limb are held sacred.

3. Anyway, Mr [REDACTED] further writes that, '*...it is for the NHS in Wales to decide how best to treat people with cancer and how to arrange services to do so effectively. Their proposals are then subject to detailed scrutiny by Welsh government officials and ultimately decisions by ministers.*'

So Welsh Government (WG) isn't fitted to make the actual decision but it is well fitted to scrutinise it.

1. This dilemma of having inappropriately to arbitrate is entirely of the Department of Health's own making, especially the day it allowed the Nuffield Project. But accept the proposal in our Petition and no clash is involved. You do what the review tells you. The **independent review provides an independent and authoritative decision**, the reasons for which are always set out. And even now, even saddled with a somewhat untidy process, that would still be the case. No official or government tinkering is needed after an independent review. You trust it with the job and implement accordingly.

2. Mr [REDACTED]'s statement seems to settle the trickier question of who or what constitutes expert knowledge of cancer care in SE Wales - it is the Velindre University Hospital of Wales Trust. But in the Trust's decision-making body (its Board), the **degree of cancer expertise present is very thin indeed. Experts are absent altogether from the Transforming Cancer Services project.** This raises the question: **what really constitutes cancer expertise at VUHWT?** Surely not with the management, but with **all the cancer-related clinicians, including medical, nursing, physiotherapy staff etc.** But these true carriers of clinical expertise have **never been given the chance** to offer in complete, safe anonymity, their considered, confidential preference on the choice of clinical model.

3. In the same way, the statement that it 'is for the NHS in Wales to decide...' invites the question of who and what in **all Wales** is the chief player. Why should this be invested in one person, here the Chief Medical Officer? Why not the sum total of senior clinicians, or a distinguished selection of them from all-Wales, be regarded as the experts for all Wales? If not, a major swathe of Welsh cancer experts are to be automatically banished from the entire scrutiny and review process. All to satisfy a small cabal at Velindre, representing only South East Wales and lobbying from its location close to government.

4. The job of the external independent review, supported widely, is to give a clinical judgement not on various mitigations and risk management, but on **which of the clinical models (stand-alone or integrated) should be judged safest and most effective.**

5. Velindre, astonishingly, has still never had an independent, external evaluation of this central critical issue, despite the £20 million already spent on the project.

6. A slightly earlier statement from WG to an STNM member claimed the independent review, 'is not required as the business case is already subject to a formal and impartial review process.' Surely we can already see that what's proposed can't be presented to the world as 'impartial'. Mr [REDACTED]'s message from the Department includes the official privileging of Velindre from the start. But more than that, **the CMO initiated the Nuffield Project in close discussion with Velindre** (according to his statement to the Health Committee on September 30th) and therefore ceases to be independent and impartial. At the very least, let's say he could not safely be *presented to the public* as impartial. But a truly independent panel would be. We venture to suggest that in any other process of Senedd business, the Standards Committee wouldn't jump to declaring impartiality in someone who did all the setting up, however honourable the person.

6. It is both unfortunate and ironic that the department's message through Mr [REDACTED] to an STNM member states the end in view as: that '*...any risks and mitigations can form part of the final business case.*' The definition of mitigations is 'the action of reducing the severity, seriousness, or painfulness of something.' Mitigation is damage management. But in this case, at stake is a new era, **60 years of cancer treatment and the reputation of cancer care and health in Wales.** It **deserves fuller clinical involvement in the decision-making and more than mitigations.** For us, excellence lies in avoiding the damage not in praising its mitigations. Hence our plea again to keep the Petition in play. It only asks Senedd to see us safely through to the **highest and the best.**

With best wishes,

Save the Northern Meadows

NB The original documents can be provided to the committee with recipients' names blocked out, since STNM members, especially female, have been subject to vilification by a significant 'closed' but large Facebook group.

Janet Finch-Saunders MS
Chair, Petitions
Committee
By email to: petitions@senedd.cymru

25th November 2020

Dear Janet,

P-05-1001 Hold an Independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry.

I am writing to respond to the specific questions raised in your letter dated 17th September 2020. I have sought to address these questions below:

1. *For the Trust's response to concerns that have been **reported** in relation to the clinical model underpinning the development of a new cancer centre, and clarification as to whether safety concerns about the standalone cancer centre model have been raised by clinicians at any point during the process.*

Our plans were developed after engaging hundreds of clinicians, patients and partners in a number of meetings before they were supported by the health boards. This [engagement report](#), published on our website, gives an example of engagement with staff and external stakeholders during March - May 2015. The objective was to test the assumptions and principles that underlined the Strategic Outline Plan. Between July-December 2015 an additional 48 workshops were held. Hundreds of staff, health board staff and partners in higher education, industry and the third sector as well as patients and members of the public attended the meetings to develop our proposals further.

Further engagement has been undertaken since. A detailed [timeline](#)¹ outlining some of this is on our website – key points from this are included in the following overview:

- In 2017, we focused on developing our initial plans for the new Velindre Cancer Centre and pre-planning consultation with the public, before submitting our outline planning application.

¹ <http://www.transformingcancerservices.wales/new-velindre-cancer-centre-journey>

- Our Trust Board approved the TCS Programme Business Case, which includes the Clinical Model, and we submitted this to the Local Health Boards in south east Wales.
- We then utilised the engagement undertaken to date to inform our drafting of the OBC in 2018.
- Our new Project Director started in post in 2019 and commenced a programme of attending departmental team meetings within VCC to update staff on the work to develop a new Velindre Cancer Centre, and to take feedback and questions. This continued until March 2020, when the impact of COVID-19 meant that VCC priorities were focused elsewhere.
- An all-staff virtual 'Live Q&A about new Velindre Cancer Centre' event was held on 29th June 2020, followed by another virtual Q&A session for staff based in Whitchurch on 3rd August 2020.
- The new Velindre Cancer Centre Project Director joined the virtual Consultants meeting on 1st July 2020 and 7th October 2020 specifically to discuss the new Cancer Centre Project and the service model.
- A series of social distanced face-to-face and virtual engagement sessions hosted by the Chair and the CEO have been run since August 2020 -14 sessions to date. These are open to all Velindre Cancer Centre staff and they are planned to run over the autumn/winter, mindful of winter pressures and COVID19.

We always encourage our staff to speak openly and, more recently, some staff have contacted me directly regarding their concerns which I welcome and take seriously. We are working together to address them and are working closely and keeping open dialogue with our Local Partnership Forum partners and the Local Negotiating Committee of the BMA.

2. *Linked to this, we would be grateful to receive the following data:*

- a) *Within the last 5 years, have there been any preventable deaths at Velindre or during transfer to an acute hospital site due to the lack of an onsite anaesthetist or critical care facilities?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team.

Over the past 5 years, no serious incidents have been reported to Welsh Government due to preventable deaths onsite relating to a delay in transfer to an acute hospital, or due to the lack of CCU/Anaesthetic support onsite.

- b) *Whether in the last 5 years, any patients have died at Velindre as a result of a medical emergency whilst waiting for a 999 ambulance?*

The Trust has a duty to report any serious incidents that occur onsite (i.e. incidents in which serious harm or death has been caused) to the Welsh Government Patient Safety Team

Over the past 5 years, no serious incidents have been reported to Welsh Government relating to patient deaths as a result of waiting for a 999 ambulance.

- c) *Have any patients at Velindre Hospital waited more than 30 minutes for an ambulance when one has been requested as an emergency?*

We do not have any specific data to indicate the timeliness of response to the emergency 999 calls by The Welsh Ambulance Service (WAST). We suggest that this information is requested directly from WAST.

- d) *How many patient transfers are required each year to acute sites and how many require critical care on arrival, including, for example, urgent and emergency surgical and medical assessment, as well as surgical, endoscopic and interventional radiology procedures?*

The Welsh Ambulance Service (WAST) provides both emergency and non-emergency transport for patients receiving care at VCC.

Non-emergency patient transport (NEPT) is a pre-booked service transporting patients to and from out-patient appointments and non-urgent transfers to other health care providers (for example, hospice, community hospital). This service is available between the hours of 09.00 and 17.00 Monday to Friday. Non urgent patient transport outside of working hours is arranged via the Emergency Medical Service (EMS), and this booking is generated through calling 999.

WAST has confirmed that they received 105 calls from the Velindre Cancer Centre using the 999 service during January to December 2019. However, as described, these include calls for non-urgent 'routine' out of hours transfers (for example, patient transfers to their homes/hospice)

When 999 calls are made to the Welsh Ambulance Service (WAST) from the Velindre Cancer Centre (VCC), WAST utilise their triage system to determine the priority status of the call. Any patient who would have been deemed to have required critical intervention e.g. CCU would have been categorised as a 'RED' call by WAST. The data received from WAST shows that in 2019, there were 11 999 calls to WAST from VCC which were triaged and assessed by WAST as being priority 'RED' calls (i.e. emergency situations which required an immediate WAST response).

Further detail (obtained from WAST) is shown below:

	RED	AMBER	GREEN
2015	0	8	11
2016	6	54	37
2017	13	60	26
2018	11	60	22
2019	11	69	25
2020	2	34	16

The data below, which was provided by the Welsh Ambulance Service Trust, shows the transfer of patients from Velindre Cancer Centre to local Care Providers. These transfers would have been for a variety of non-critical/non-emergency reasons. Patients requiring critical input are all transferred by WAST to UHW (as the nearest site to Velindre).

AS1 and AS3 are defined by WAST as follows:

AS1 – an emergency call/transfer which is prioritised via advanced medical priority based dispatch into Red, Amber and Green categories:

- Red: immediately life threatening,
- Amber: serious but not immediately life threatening, and
- Green: neither serious nor life threatening.

AS3 – a routine call carried out by the Emergency Medical Service not NEPTs. Although carried out by an emergency ambulance either due to timing or clinical need, these are very low level routine calls.

2018	AS1	AS3	Grand Total
University Hsp Of Wales	58	1	59
Royal Gwent Hsp Newport	3	3	6
Royal Glamorgan Hsp Pontyclun	2	3	5
Nevill Hall Hsp Abergavenny	2	3	5
Princess Of Wales Bridgend	3	2	5
Prince Charles Hsp Merthyr	2	2	4
Llandough Hsp	3		3
The New Barry Hsp		1	1
Grand Total	73	15	88

2019	AS1	AS3	Grand Total
University Hsp Of Wales	69	1	70
Royal Gwent Hsp Newport	5	5	10
Royal Glamorgan Hsp Pontyclun	3	6	9
Prince Charles Hsp Merthyr	2	4	6
Princess Of Wales Bridgend	2	3	5
Llandough Hsp	3	2	5
Nevill Hall Hsp Abergavenny	1	3	4
Morrison Hsp Swansea	2		2
Ysbyty Ystrad Fawr Hsp	1		1
County Hsp Pontypool		1	1
Marie Curie (Holme Towers)	1		1
Grand Total	89	25	114

2020	AS1	AS3	Grand Total
University Hsp Of Wales	25		25
Royal Glamorgan Hsp Pontyclun	5	2	7
Royal Gwent Hsp Newport	1	2	3
Nevill Hall Hsp Abergavenny	3		3
Prince Charles Hsp Merthyr	1	1	2
Llandough Hsp	1		1
Princess Of Wales Bridgend		1	1
Grand Total	36	6	42

3. For an overview of the proposed financial model for the development of the new cancer centre and a breakdown of the money spent to date under the Transforming Cancer Services programme.

The Mutual Investment Model (MIM) is a Welsh Government policy to finance major capital projects and support additional investment in social and economic infrastructure projects and help to improve public services in Wales.

As noted on the Welsh Government's website, "MIM schemes will see private partners build and maintain public assets. In return, the Welsh Government will pay a fee to the private partner, which will cover the cost of construction, maintenance and financing the project. At the end of the contract the asset will be transferred into public ownership."

Further technical information about the MIM process is available on the Welsh Government's website [here²](#).

A spreadsheet detailing the expenditure undertaken by Transforming Cancer Services is attached as Annex A. This is information we have previously released in response to a Freedom of Information request and is all we are able to release at this time.

4. *A copy of a review that the Committee has been told was carried out by Dr Jane Barrett around 2017.*

The Trust can confirm a review was carried out – known as a Gateway Review – which is a standard part of the business case process required by the UK Treasury for all large infrastructure projects. Its purpose was to provide assurance to the Senior Responsible Officer (SRO) in terms of the progress of the Transforming Cancer Services in South East Wales programme.

We can confirm the review was carried out in 2017 by a team appointed by Welsh Government.

We have been advised that Gateway Reviews are not published as a matter of course. We then sought legal advice and, as a result, we have concluded that the publication of a Gateway Review would "otherwise prejudice the effective conduct of public affairs."

5. *A copy of any terms of reference or scoping document for the advice sought from the Nuffield Trust.*

A copy of the Terms of Reference for the independent advice sought from the Nuffield Trust is attached as Annex B.

Additionally, the Nuffield Trust has published a dedicated [Project page³](#) on its website for this work.

6. *A to-scale footprint of the proposed new cancer centre and, if possible, for that to be projected onto the current Whitchurch Hospital site for comparison purposes.*

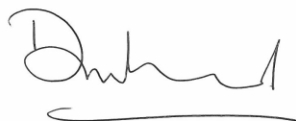
The dimensions that we provided for our outline planning applications provide an indicative footprint to which the planners provided the outline planning application against, within certain design parameters.

² <https://gov.wales/mutual-investment-model-infrastructure-investment>

³ <https://www.nuffieldtrust.org.uk/project/independent-advice-to-velindre-nhs-university-trust>

The proposed outline planning application reflects the business case needs in the specific context of the topography of the site and it is therefore difficult to extrapolate this design into another location. The Maximum Parameters Plan and Enabling Works plan is attached as Annex C.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Donna Mead', with a horizontal line underneath.

Professor Donna Mead, OBE, CStJ
Chair

Encs:

1. Spreadsheet detailing the expenditure undertaken by Transforming Cancer Services (Annex A).
2. Nuffield Trust Terms of Reference.pdf (Annex B).
3. Maximum Parameters Plan and Enabling Works.pdf (Annex C).

Annex A

	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend	Total Project Spend
	ALL YEARS	YEAR 2014 2015	YEAR 2015 2016	YEAR 2016 2017	YEAR 2017 2018	YEAR 2018 2019	YEAR 2019 2020
Programme Management Office	£1,246,342	£35,954	£157,447	£358,858	£318,378	£188,108	£187,597
Project 1 - Enabling Works	£6,191,572	£0	£353,035	£1,845,181	£735,584	£2,099,034	£1,158,737
Project 2 - nVCC	£9,249,167	£292,496	£1,391,398	£2,767,723	£2,046,565	£1,634,988	£1,115,996
Project 3 - Digital and Equipment	£369,009	£0	£0	£80,977	£1,584	£95,513	£190,935
Project 4 - RT Satellite	£297,498	£0	£0	£175,262	£60,577	£0	£61,658
Project 5 - Outreach Centres	£0	£0	£0	£0	£0	£0	£0
Project 6 - Service Delivery, Transformation and Transition	£2,645,652	£0	£496,568	£939,589	£746,374	£249,618	£213,503
Project 7 - Decommissioning	£0	£0	£0	£0	£0	£0	£0
Payroll - reallocated to projects	£0	£0	£0	£0	£0	£0	£0
Total	£19,999,239	£328,450	£2,398,448	£6,167,590	£3,909,063	£4,267,262	£2,928,426

**Nuffield Trust: Independent Advice to Velindre University NHS Trust on the
Planned Regionally Integrated Network Clinical Model for non-surgical tertiary
cancer services**

Terms of Reference

Aim: to provide independent advice to Velindre University NHS Trust on the planned regionally integrated network clinical model for non-surgical tertiary cancer services across South East Wales.

Scope:

Clinical: planned regionally integrated network clinical model for non-surgical tertiary cancer services

Geographical: South East Wales

Outputs:

- Provide a report and recommendations to Velindre UNHST taking account of the following questions
- What are the benefits of the planned regionally integrated network clinical model for non-surgical tertiary cancer services?
- What are the risks inherent in the planned regionally integrated network clinical model including the location of the main non-surgical tertiary cancer centre on the Northern Meadows? i.e. managing the acute care interfaces/optimising the quality and acuity of clinical support for cancer services across all networked sites.
- Are the strategies proposed to manage these satisfactory, and what else might be considered with regard to:
 - o additional opportunities to strengthen planned arrangements;
 - o prioritising/accelerating any specific areas of planned work;
- What are the risks and benefits of the planned regionally integrated network clinical model with regard to research, development and innovation?

- How does the network model support high quality research and development and promote innovation?
- How might any risks be mitigated?
- How could the benefits/opportunities be further optimised with learning from other health care systems? Are there any broader development opportunities related to cancer/related healthcare that could be considered to maximise the opportunity?

The work should take into account:

- Synthesis of existing international evidence;
- Emerging trends e.g. new medicines and technology; policy emphasis on improving access to services/reducing health inequalities; development of digital services; requirements for pandemic resilience.

Method

- Literature and evidence review across UK, Europe and international healthcare systems.
- Information and intelligence gathering.
- Interviews with a cross-section of interested parties.
- Interviews and consideration with external experts.

Timings

Commencement: September 2020

Completion: November 2020

Annex C map will be attached here.



REFERENCE MAP

NORTH



NOTES

- DO NOT SCALE DRAWINGS. WRITTEN DIMENSIONS GOVERN.
- ALL DIMENSIONS ARE IN MILLIMETRES UNLESS NOTED OTHERWISE.
- ALL DIMENSIONS SHALL BE VERIFIED ON SITE BEFORE PROCEEDING WITH THE WORK. HASSELL SHALL BE NOTIFIED IN WRITING OF ANY DISCREPANCIES.
- THIS DRAWING MUST BE READ IN CONJUNCTION WITH ALL RELEVANT CONTRACTS, SPECIFICATIONS AND DRAWINGS.

© COPYRIGHT OF THIS DRAWING IS VESTED IN HASSELL. 2014 HASSELL, LTD.

THIS DRAWING IS AN UNCONTROLLED COPY. UNLESS NOTED OTHERWISE.

DATE	DESCRIPTION	REV	STATUS
06/04/17	First Issue	A	PL

CONSULTANT
 HASSELL Limited CN 7545819
 LEVEL 2 PARK HOUSE
 GREYFRIARS ROAD
 CARDIFF CF10 3AF UNITED KINGDOM
 CARDIFF@HASSELLSTUDIO.COM
 T +44 29 2072 9071

HASSELL

CLIENT NAME	ORIGINATOR NO
VELINDRE NHS TRUST	011282

PROJECT
 VELINDRE CANCER CENTRE
 PARK ROAD, CARDIFF. CF14 7XB

DRAWING TITLE
 MAXIMUM PARAMETERS PLAN AND
 ENABLING WORKS

SUITABILITY STATUS	SCALE
Planning	1 : 2000 @ A1

PROJECT# | ORIGINATOR | VOLUME | LEVEL | TYPE | ROLE | NUMBER | STATUS+REV
 011282-HSL-00-ZZ-DR-A-PL11-A

01.12.20 Statement from Velindre University NHS Trust

Good afternoon,

Today, the Nuffield Trust has published its independent report which outlines advice and recommendations on the integrated clinical model that underpins non-surgical oncology in south east Wales.

The report is available [here](#).

The Nuffield Trust wanted to make sure that they were able to reach out to as many key stakeholders as possible, including patients, leaders within the Trust and within our partner Health Boards as part of the process.

We will continue to work in close partnership with the region to ensure the delivery of excellent cancer services for the people of south east Wales.

Please feel free to contact me should you require further information.

Yours sincerely,

Professor Donna Mead, OBE

Chair, Velindre University NHS Trust

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre, Correspondence – Petitioners to Committee, 07.12.20

Janet Finch-Saunders MS

Chair, Petitions Committee

7th December 2020

Dear Mr Francis,

P-05-1001 Hold an independent inquiry into the choice of site for the proposed new Velindre Cancer Centre

Enclosed our response to your email of 30/11/20. We ask that all of the documents we have already submitted to support the petition to accompany this response together with the Nuffield advice (1/12/20). **We urge the need to undertake an immediate independent inquiry.**

1. Responses from consultees (save Velindre University NHS Trust) – terms of reference

With the exception of Cardiff and Vale Health Board and Vaughan Gething, all other health boards and the Chair of the HSCC&S committee in their responses refer to Nuffield engagement as a “review” or “view”. Nuffield did not conduct a review but provided “independent advice”. Their aim was only to manage or recommend risk reduction on the existing proposal. This engagement was only announced by Velindre University NHS Trust moments before the last Petitions Committee debate despite months of public and medical pressure to do so, and only after they were instructed to do so by the Chief Medical Officer. In itself, this should cause concern.

2. Responses from Health Trust consultees – the need to assess the proposed clinical model

The health trust responses are overwhelmingly supportive of the need to question the clinical model (**save Velindre University NHS Trust**) and all supported the need for review (rather than just advice). Steve Moore, of Hywel Dda University Health Board also pointed out the need for equality of care for those in West and Mid Wales as well as South Wales; therefore, requiring consideration of site location. This does not fall within the ambit of the Nuffield advice.

It is of note that at no point were any of the stakeholders consulted on the decision for a standalone centre, let alone site location. It is also a matter of significant concern that Velindre appears not to have proactively engaged relevant Community Health Councils at appropriate times in the development of their plans as they are required to by Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010. We are investigating this further with relevant CHCs but the level and timing of engagement and informal and statutory consultation on the clinical consequences of the Velindre proposal is now a matter that demands proper scrutiny in light of the Nuffield findings.

3. Response from Prof Donna Mead Velindre University NHS Trust dated 25/11/20

- a. Question One from the Petition Committee (safety concerns raised over clinical model)
- Professor Mead fails to address that the health boards had not been notified/consulted about the need to reassess the proposed clinical model since the Trust Board approved the TCS Business Case in 2017. Professor Mead doesn't acknowledge the letters from medical staff from the Trust expressing their concerns about reliance on an outdated clinical model.

These were obtained via FOI request and are appended at the end of this letter.

Further, the Nuffield advice page 6/56 says *“There are significant opportunities from planning all cancer services in a more integrated way rather than the silos that currently exist. The planning approach for cancer services in South East Wales needs to be reviewed and improved. In particular, the coordination of strategy, the use of a common dataset and the leadership of the process all need to be strengthened.”* This demonstrates the failings in the current proposed plans and highlights the need for fresh leadership within the Trust TCS project which is obviously lacking. An independent, urgent inquiry would do just that.

- b. Question Two (a) and (b) (whether within the last five years have there been preventable deaths at Velindre, or during transfer to acute site due to lack of onsite anaesthetist or of critical care facilities; or whether patients have died at Velindre whilst waiting for a 999 ambulance).
- Professor Mead again submitted the Trust's standard response to this question - which is misleading through selective wording claiming that “no serious incidents have been reported... due to lack of onsite facilities/waiting for an ambulance”. A similar claim recently made in the South Wales Echo by Prof Mead. The wording is carefully chosen to reassure members of the public that there are no concerns over onsite deaths. In contrast, a freedom of information

request (25/8/2020) revealed details of an unexpected death which was not reported, on the Trust's account because "it did not meet the threshold for reporting". Further, in that FOI response when detailing the cause of that death, the Trust claimed that EMRTS and WAST were in attendance. This is false. EMRTS were not in attendance. The fact that the response is so carefully particularised, and apparently false in some respects, demonstrates lack of transparency even now, to the Petitions Committee and in itself demands accountability. The fact of the death is not mentioned in the Nuffield advice, presumably because they were not told of it by the Trust, and it is not reported. How could Nuffield therefore know?

Question Two (c) (patients waiting for more than 30 mins for an ambulance) and (d) (number of patient transfers required). It is of grave concern that Prof Mead cannot answer this question because the Trust do not keep any such records. Frankly that is astonishing. Despite Prof Mead's assertion that there is no problem, the Nuffield advice, page 4 remarks "***The VCC model should not admit patients to VCC who are at risk of major escalation. Changes in the admission criteria and overnight cover are currently being developed. Admissions and transfers to acute care should be kept under regular review and refined.***"

- c. Question Three (breakdown of money spent to date and overview of the financial model). Shows a spend to date of £19,999,239 despite this being still in preliminary stages. There are no plans of the building to be seen only artists' impressions. Planning conditions are not yet satisfied. In the Velindre Trust Committee meeting on 26 November 2020, a further £3 million expenditure has been approved by WG, without it seems any scrutiny. It is clear - if the public and clinicians had not intervened to date, millions of public money would have been spent on an out-of-date project. It is not too late to take this in hand and have an urgent, independent inquiry. The Nuffield advice comments "***However, our expert panel and a number of interviewees raised the question about the desirability of a co-located model in which all VCC services would be moved to be next to University Hospital of Wales (UHW). In Appendix 1, we look at this question and our analysis is that this will not be an option for some considerable time, but may be possible as part of a redeveloped University Hospital of Wales (UHW) in the longer term. We also found that there are future strategic opportunities created by the development of a new Velindre Cancer Centre and the proposed UHW2 that the health system should look to exploit. With careful design investing in a high capacity ambulatory treatment centre is a sensible strategy in a number of different scenarios.***"

This provides hard evidence for the need to review the business case and clinical model immediately. It cannot be seriously proposed that the public spend £200million (estimated build

costs in 2013) on a hospital for a 15-20-year review basis. Nuffield advice: ***“In 15 years, the next generation of linear accelerators at a new VCC will have reached the end of their useful life. At this point there may be an opportunity to strategically review service configuration across the region, and between Cardiff LHB and Velindre University NHS Trust”***

This may well undermine the current business case (which we have requested under FOI for public scrutiny but has been withheld by Welsh Government) particularly since Welsh Government is proposing a Mutual Investment Model – a form of PFI that is likely to see the public paying for any new hospital for 25-30 years – well beyond its useful life according to the Nuffield advice. It would make sense for an inquiry to drive a complete assessment of the local health provisions to deliver recommendations that will be sustainable in the long term.

- d. Question Four (copy of the review the committee was told was undertaken by Dr Jane Barrett in 2017)

Professor Mead does not address this question and appears to be referring to a business review. Again, that raises the issue of transparency. In a document produced by the Trust 21 July 2020, the public were told that this model was subject to an “external review” conducted by Dr Jane Barrett as clinical lead. Dr Barrett has subsequently confirmed that she did not undertake a review of a standalone cancer centre, as proposed, or even redevelopment of Velindre, but merely a paper review of satellite centres in South Wales. The email is attached as an addendum as is the public document from the Trust claiming Dr Barrett conducted external review. Those documents, subsequently challenged by STNM and clinicians, have been withdrawn or changed by the Trust. What is happening in the Trust TCS management that can result in them publishing factually wrong and misleading documents and why would the Trust obfuscate in relation to such a fundamental issue as to the clinical rationale for a £200m new hospital (on which they have already spent £20m)?

- e. Question Five (a copy of any terms of reference/scoping for the advice sought from the Nuffield Trust)

In Nuffield’s own words ***“First, this is not and has never claimed to be a wholesale independent review of the project. The scope of this report is tightly defined and relates specifically to the clinical management of the planned network model for non-surgical tertiary cancer services and new cancer centre....The report does not seek to offer a view on other important issues such as environmental concerns, impact on inequalities or financial or cost considerations.”*** Alone, this establishes the need for independent business and medical

scrutiny, including sites. There are many other sites in South Wales, including co-location outside Cardiff that may provide the suitable options and equality of care for others in Wales. The Trust have never considered them.

- f. Question Six (requesting scale footprint of the proposed nVCC and Whitchurch Hospital Site for comparison)

The Trust have not provided the documents requested although they exist, produced by their own architects from a report (see attached). This plan, if we take note of the roads and car parks disproves the mollifying claim by Velindre that 60% of the meadow will be left untouched (“undeveloped”). It is obvious the footprint of the whole Whitchurch Hospital Site and land, together with the Grange land, is more than large enough to accommodate the size of the nVCC plans with roads and services already in place. It’s clear that the real, underlying plan and the purpose of the architect report for Grange and Whitchurch Hospital was to discount any prospect of re-using the land. The plan is obviously to sell that for houses. The hospital site is secured by perimeter fencing & measures which cost £561k to install and between April 2019 – March 2020 cost Cardiff and Vale NHS Trust £411k to maintain (from FOI requests). Again, this expenditure highlights the urgent need for independent inquiry.

Conclusion

The Nuffield advice highlights the many failings that clearly exist in the current proposals for the New Velindre Cancer Centre. It has thrown a spotlight on the need for full inquiry and demands it, by highlighting a range of unanswered questions. It is perhaps no surprise to read the following from Nuffield advice p13 *“Cancer outcomes in the UK are behind those in other developed countries and South East Wales has some of the worst in the UK and Europe for one-, five- and ten-year survival across all cancer types. The general health status and significant deprivation of a number of communities in South East Wales have a negative impact on the effectiveness of prevention measures, the uptake of screening, early presentation with symptoms, access to treatment and so on.”*

Nuffield advice page 12 *“It is very important to stress that this advice is being given on the proposed model and is not an option appraisal of all the different permutations for siting or distributing services across South East Wales. This also means that we are not making any judgement about the decision to site the new VCC on the Northern Meadows. Such a large-scale option appraisal exercise is not only well beyond our terms of reference but is*

fundamentally about values and the choices that need to be assessed and taken by all involved. It cannot be outsourced.”

An independent inquiry need not take long. It would not have the constraints Nuffield was subject to. Wales has a specific body in the Healthcare Inspectorate Wales designed for this very purpose. Full external reviews were conducted into strikingly similar proposals in locations as diverse as Liverpool (Clatterbridge), Suffolk (Mt Vernon) and Glasgow (Beatson) – all reaching conclusions about the importance of co-location of cancer and acute services. Why do Welsh patients and clinicians deserve any less? It can only result in a better outcome for the clinicians and staff who work so hard and for members of the public of South Wales who deserve better cancer care and the best value for money. It cannot be right that because the Trust have taken so long to undertake this now outdated work, we simply go along with it. It is a poor reflection on the TCS Project management and design, that it has taken so many years and public pressure for the Trust to concede the need for advice.

The findings alone warrant, demand and justify immediate urgent action to be taken by the Petitions Committee and the Welsh Government to resolve this tragic, expensive mess by holding an independent inquiry.

Yours sincerely,

Save The Northern Meadows

Attachments

1. Letter sent to Mr Gething by concerned clinicians, dated 19 August 2020 page7-10
2. Letter sent to Mr Gething, Dr Atherton, Dr Lloyd and Mr Davies from Velindre, dated 13 October 2020 containing multiple letters sent by concerned clinicians over various dates, to Velindre pages 11-16
3. Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?” page 17
4. Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre) page 18
5. [Whitchurch-Hospital-Commentary.pdf \(transformingcancerservices. wales\)](#) Report by John Cooper Architects 24 June 2020 page 19
6. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) extract containing site acreage page 20
7. [Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#) plan showing the original redevelopment proposals page 21

Mr Vaughan Gething MS

Minister for Health and Social Services

19th August 2020

Dear Mr Gething,

We are writing to highlight our deep concern regarding the clinical model that is proposed with the development of a new cancer centre on a stand-alone site. We are committed to transforming cancer care for patients in South East Wales and believe there is an exceptional opportunity to get this right. We are requesting a review of the current model, particularly as it relates to urgent care for cancer patients and future proofing the rapidly developing cancer therapeutics field.

Our concerns relate to:

- a) Patient safety.
- b) Concern of sustainability and viability of a standalone centre in the context of the rapidly changing medical and scientific developments in cancer care which will be
 - a. a huge investment in a model that is not fit for purpose
 - b. unattractive to oncology teams of the future, including attracting trainees to Wales
 - c. a significant limitation to research opportunities in Wales for the foreseeable future.
- c) Lack of service transformation and a lost opportunity for the population of SE Wales.

The ability to deliver new therapies such as immunotherapy, CAR-T and new anti- cancer therapy in the context of early phase research requires timely multidisciplinary specialist care with immediate access to high dependency or intensive care. It is already clear that the recent introduction of immunotherapies, whilst transforming outcomes for some patients with cancer, can result in severe morbidity including endocrine, autonomic,

autoimmune and life threatening complications. As the development of new cancer treatments brings new opportunities for patients, the need to support them with oncology, medical, surgical, interventional radiology and intensive care teams working together, on-site is imperative.

The limitation of the proposed approach has already been apparent through review of other stand-alone cancer centres e.g. Mount Vernon where an independent review identified that in order to provide modern oncology care, “comprehensive medical and surgical support services, including Intensive Treatment Unit (ITU) are needed. Acutely unwell patients require inpatient, multidisciplinary management including for multisystem toxicities from increasing use of immunotherapies.”

It was these concerns that led another stand-alone cancer hospital, Clatterbridge, to put their new build on the Royal Liverpool Hospital site exactly because they understood the need to be able to access acute services.

Co-location of acute cancer care would also afford a significant enhancement of training and education opportunities for all members of the multidisciplinary team. Training in Acute Oncology is part of the core curriculum and a cancer centre aligned with the University and a major teaching hospital would provide a clear opportunity to make Wales a leading centre within Europe for Cancer care.

A major innovation in Cancer treatment – CAR T therapy, has been commissioned by WHSSC and will be based at the UHW site in alignment with the Haematological malignancy service. Indications for Advanced Cell Therapies are expected to expand beyond haematological malignancies and so the opportunity exists for haematology and solid tumour Oncology services to work synergistically in one clinical area. The inability of a new standalone cancer hospital to deliver CAR T will severely diminish the ability of Cardiff to attract Oncology trainees which will lead to the detriment of clinical cancer services in SE Wales.

As clinicians with a major role in cancer care we now request an external independent review of the planned development and proposed model of care. We would welcome the opportunity to contribute constructively to this review. We are concerned that there is no clarity regarding how the proposal for the siting of VCC as a stand-alone cancer centre was reached originally and what other options were explored and appraised.

We are aware that a review has previously taken place (the Barrett Report 2017). Whilst the landscape of cancer care has changed significantly since this review, we have not been able to obtain a copy. We request that an un-redacted copy of this review is made public.

Thank you for your consideration.

Yours sincerely,

The undersigned:

(REDACTED – SECTION 40)

Mr. Vaughan Gething, Minister for Health &
Social Services
Dr. Frank Atherton, Chief Medical Officer for Wales
Dr. Dai Lloyd, Chair, Health, Social Care and
Sport Committee
Mr. Andrew RT Davies, Shadow Health Minister

Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

via e-mail to: [...]Redacted

13th October, 2020

Dear Mr. Gething, Dr. Atherton, Dr. Lloyd and Mr. Davies,

Concerns regarding stand-alone model for new Velindre Cancer Centre

We are writing to make sure that you are aware of two recent letters, each supported by more than 30 senior members of clinical staff within Velindre, raising concerns within the Trust about the proposed 'stand-alone' clinical model for the new Velindre Cancer Centre. They were sent on behalf of a multidisciplinary group of Velindre consultants and senior nurses to the Chair, Chief Executive and Medical Director.

You may already be aware of the existence of these letters but perhaps not their content nor the diverse professional expertise of those expressing concerns. We therefore attach each of the letters.

Together with a letter from our 57 external clinical colleagues that has been referenced publicly by yourselves, there are now more than 90 senior clinicians in the region who strongly feel that the proposed 'stand-alone' model in the proposed location, away from an acute hospital site, will not be suitable for a world class, future proofed 21st century cancer centre.

We trust that this level of professional concern will be appropriately reflected in further public discussion and decision-making on an important issue that will affect the health and well-being of the population of SE Wales for decades to come.

Yours sincerely,

[...] Redacted

[redactions to this email as received]

From: address redacted

Date: Wednesday, 29 July 2020 at 10:58

To: Steve Ham, Jacinta Abraham

Cc: 83 addresses redacted

Subject: Independent external expert review of proposed new location of Velindre Cancer Centre

Dear Jaz and Steve,

Many thanks for your e-mail messages, last Friday (24th July).

As I believe you are aware, at the time of your messages, a multi-disciplinary group had been preparing a document expressing concern about the clinical case for a stand-alone location of the new Velindre Cancer Centre at Coryton, rather than co-location with an acute hospital site. The letter urged an independent, external expert review of that single aspect of the TCS process, whilst acknowledging the many strengths of other aspects. We had been collecting the final few signatures, before sending, when your messages arrived.

At that time, 38 clinicians had confirmed their wish that their signatures should be added. These included 17 consultant oncologists, 4 consultant radiologists, 3 consultants in palliative care and 14 senior nurses at Velindre.

We are keen to keep the conversation flowing, but many of the confirmed signatories are now on leave. Therefore, rather than amending the letter to take into account the points which you raised, re-circulating to all the previous signatories, and awaiting confirmation that they still wish to sign, we attach the letter, unaltered but unsigned.

This will hopefully give you the confidence that our voices are not adversarial, but indeed are those of allies who hope to work with you to build the best cancer centre possible. We believe that by understanding the strength of opinion, across the spectrum of cancer patient care in the Centre, the TCS teams and working groups will be able to focus first and foremost on addressing our pressing concern.

We hope that taking this approach will avoid additional delays and facilitate the continuation of the open dialogue and constructive engagement that we all wish to share.

With that in mind, I would be grateful if you could respond to all those copied here.

Signature redacted



Mr. S. Ham
Chief Executive
Velindre University NHS Trust

Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

Via e-mail to: [...] Redacted

24th July 2020

Dear Steve,

Re: the new Velindre Cancer Centre

We wish to express our concern that recent events clearly demonstrate fundamental problems with the clinical case for the proposed location of the new Velindre Cancer Centre. We request, as a matter of urgency, a new, independent external review of this crucial aspect of the proposed model for Transforming Cancer Services (TCS) in South East Wales.

Since the inception of TCS, various new pieces of information have entered the public domain which strengthen the consensus that the best model for integrated cancer care is as a collocated cancer centre on an acute hospital site with immediate access to specialist medical, surgical, clinical imaging and interventional radiology services, and to intensive care facilities, as necessary. Direct (as opposed to virtual) input from these key care partners is becoming increasingly essential to state-of-the-art cancer care which achieves the best possible outcomes for our patients.

We believe that the currently proposed model of a stand-alone cancer hospital, remote from key professional colleagues, can not adequately meet the key requirements of the modern, world-class, comprehensive cancer centre that the population of South East Wales deserves.

Persisting with the current model risks undermining other excellent work conducted within TCS, a failure to fulfil the strategic vision set for the Centre and damage to the reputation of the Trust.

The current model will not, in our view, be sufficient to ensure the safety of important subgroups of patients treated with both current and emerging cutting-edge treatments and, additionally, does not represent the best model to deliver optimum outcomes and quality of care for a broad range of other cancer patients. Nor is it the best location for a regional approach to integrated, regional management of our sickest patients with major complications of either their disease or their treatment (Acute Oncology). This key group requires timely specialist medical and/or critical care outreach review which is not rapidly available on a separate site.

In addition, our ability to continue delivering world-leading clinical research involving increasing numbers of emerging state-of-the-art treatments will be significantly limited if we are not collocated with appropriate facilities. Systemic therapies, and innovative drug-radiotherapy, vaccine and early phase clinical research, now routinely mandate immediate access to high dependency and intensive care input. The recent coronavirus pandemic has emphasised the need for joined-up, flexible approaches to cancer care and the crucial

importance of team-work for rapid response to novel research challenges. This includes the need for proximity to fellow NHS and academic professionals from other oncological specialties and from clinical and translational researchers.

Furthermore, as a direct result of the UK Shape of Training report, there are imminent changes in the training curricula for both clinical and medical oncology, with a particular emphasis on Acute Oncology. These changes reflect the need to develop a highly skilled, adaptable workforce for safe management of the changing and occasionally severe toxicities which can result from increasing numbers of new oncology treatments. Trainees will be expected to have broad experience of integrated, multi-modality cancer care, and exposure to complex cases presenting as unscheduled care events. These UK-wide curriculum updates necessitate the development of seamless working relationships with a wide range of specialties, which colocation would allow.

Finally, in addition to the changing clinical, research and training issues outlined above, the major reconstruction of University Hospital Wales (UHW) planned by the Cardiff and Vale University Health Board (CVUHB) at the Heath Park site, offers a once-in-a-generation opportunity for an alternative vision for the location of our Cancer Centre. We strongly believe there is an urgent need to re-appraise the location of the cancer centre and to embrace the unique potential for a shared building project which would extend, rather than compromise, the excellent, innovative work already undertaken on TCS.

On this basis, we believe that the most appropriate location for the new Velindre Cancer Centre is at the Heath Park campus. Co-location with University Hospital Wales would promote the integration of Velindre's widely-admired, non-surgical oncology services with the region's other specialist oncology services and research facilities, alongside relevant acute medical services and immediately available facilities for urgent escalation of care, up to and including intensive care.

We believe that this alternative model of a single-site, comprehensive cancer centre will undoubtedly bring greater benefits to cancer patients and their families, in both the short and longer term. It will:

- ensure safety for our acutely unwell patients
- facilitate the introduction of an enhanced, regional model for Acute Oncology services.
- increase the critical mass of oncological expertise, maximising opportunities for multiprofessional interaction and shared education with specialist colleagues in surgical oncology, haemato-oncology, paediatric oncology, pathology and medical imaging
- facilitate interactions with the large cohort of clinical and non-clinical CVUHB and Cardiff University cancer researchers at Heath Park, generating genuine critical mass and thereby enhancing our reputation for world-class cancer research
- more easily meet the requirements of imminent and future changes to the training curricula of oncology trainees, attracting to Wales a broader range of top-class applicants who will be the region's future oncology consultants
- provide an enriching training opportunity for CMT and GP trainees which will more easily facilitate full staffing of our junior doctor rotas
- be more attractive in recruiting, motivating and retaining the very best medical and nonmedical oncology professionals, increasing the influx of high-calibre talent into Wales
- bolster the confidence and professional fulfilment of a substantial majority of consultants and other health care professionals who will practice at the new facilities
- maintain our credibility beyond Wales, ensuring that Velindre Cancer retains our hardearned reputation as a modern centre of excellence for cancer care and research

We are agreed that co-location with other oncological and acute services at Heath Park need not and must not invalidate the great majority of the excellent proposals contained within the package of proposals encompassed by TCS. Much of the important work already done remains entirely valid. There should be no impediment to close co-operation with our health board and primary care partners, and priority would still be afforded to treatment and care of patients as close to home as appropriate to individual circumstances.

Nor do we believe that this approach would jeopardise the autonomy of Velindre or compromise its ability to focus on the necessity of preventing, diagnosing and treating cancer.

We feel certain that, with appropriate backing from Welsh Government and NHS Wales, guarantees could be secured of organisational independence in funding and decision-making for cancer services.

Overall, we feel that a re-consideration of the best and most enduring model of cancer care for South East Wales is imperative, and that understandable concerns regarding delays to the essential up-dating and up-grading of the region's cancer services should not risk missing a one-off, time-limited opportunity to implement a truly transformative change for our region's population. It should be possible, through appropriate discussions with partners in CVUHB and around the region, to implement change rapidly, through close collaboration with willing, likeminded clinical and managerial colleagues.

We welcome the recent open-ness of medical managers within the Trust to extend discussions on these issues and their willingness to listen to an increasing body of senior clinical opinion.

This group includes, critically, the voices of consultants who have been relatively recently appointed, and of trainees who will soon be appointed, many of whom will be central to a sustainable model of excellence.

Following on from these discussions, we feel that it is essential that there should be a thorough, new review which goes beyond the Trust and the previously-constituted Clinical Advisory Group. We strongly believe that the review should involve a range of independent, expert oncological opinion from outside Wales, alongside representatives from our Health Board and primary care partners, as well as members of local communities in both Cardiff and other areas of South East Wales.

We remain committed to the ethos of patient focus, togetherness and mutual support which has been the hallmark and strength of Velindre Cancer Centre, for many years. We believe that serious re-consideration of this crucial issue will benefit from this much-envied team spirit and, ultimately, strengthen and extend it to professional colleagues with whom we desire to work more closely.

We look forward to hearing your views.

Yours sincerely,

[...] Redacted

Velindre Cancer Centre
Velindre Road
Whitchurch Cardiff
CF14 2TL

2nd September, 2020

c/o Dr Nikki Pease
Chair, LNC Velindre UNHS Trust

Dear Professor Mead, Mr Ham and Dr Abraham,

Re: stand-alone model for new Velindre Cancer Centre

Thank you for your e-mails detailing the additional processes that have been put in place to ensure the Transforming Cancer Services program and new Velindre Cancer Centre meet the needs of the population of South East Wales.

Having considered these, and contributed to the discussions and working groups, concerns remain about the ability of a stand-alone cancer centre to provide a safe and effective model for world-class, 21st century patient care. These genuine and significant reservations have been expressed, in writing, both within our organisation, and by a multi-specialty, wide ranging cohort of our medical, surgical, general practice, nursing and allied health professional colleagues.

We therefore request, in the interests of openness and accountability, an independent, expert review, available for scrutiny by all stakeholders and those with public, private or personal interest. We hope it goes without saying that this would give us the reassurance that the model is sustainable and optimal for patient care, and we would of course support the outcomes of the independent expert review, regardless of our current viewpoints.

Yours sincerely,

[...] Redacted

Trust Document dated 21 July 2020, “Why not build a new Velindre Cancer Centre on another hospital site?”

Trin mwy. Byw yn hirach.
Treating more. Living longer.

Outline planning for a new Velindre Cancer Centre was approved in 2018.

Our approach, based on a more integrated care model with the development of Velindre units in other hospitals to support planned and acute care, has also been subject to regular scrutiny and independent review.

The clinical lead in an external review of the project, carried out in 2017, was Dr Jane Barrett OBE, an eminent UK clinical oncologist and past President of the Royal College of Radiologists.

In addition, we also established a Clinical Advisory Group which had senior clinical representation from health boards and from the Wales Cancer Network. The remit of this group was to ensure that the service model was clinically robust and to provide multi-disciplinary and organisational advice and challenge to the Trust.

The new cancer centre in Whitchurch will be ideally located to provide specialist cancer services to patients whether they are travelling from Bridgend, Barry, Brecon or Chepstow.

We treat tens of thousands of patients at the cancer centre every year and fewer than thirty patients a year on average need an unplanned emergency transfer.

Of these thirty patients, fewer than ten patients a year are critically unwell and have access to the Emergency Medical Retrieval and Transfer Service (EMRTs) who can assess and transfer these unwell patients to the University Hospital of Wales (UHW). UHW is less than three miles away and can be reached within minutes.

Email from Jane Barrett confirming the extent of her considerations (not redevelopment of Velindre)

From: BARRETT, Jane (NHS ENGLAND & NHS IMPROVEMENT - X24)
Sent: 22 August 2020 22:16
To: [REDACTED]
Subject: Re: Proposed new development of Velindre Cancer Centre

Dear Dr Roberts

Thank you for your email.

You are correct that I was involved in the review into the siting of satellite centres in South Wales. However it was not a review into the redevelopment of Velindre.

As far as I know there is no stand alone report but the decision was based on presentations and papers received. I imagine Velindre still has the relevant papers.

Please can I refer you to Lauren Fear Lauren.Fear@wales.nhs.uk for the outcome of the review I participated in.

Best wishes

Jane

Page 1 / 3 — 🔍 +

Report by John Cooper Architects 24 June 2020



3. Healthcare and Conservation

Using the existing information it would appear that the ten Whitchurch ward blocks provide approximately 13 600m² of accommodation on two floors and the central spine provides a further 12 000m² of accommodation in one and two story blocks. In addition to this there is around 2000m² of circulation space which makes the total floor area of the Whitchurch Hospital approximately 27 600m².

The agreed floor area for the New Velindre Hospital is approximately 32 000m².

1. Residential - Existing Velindre Cancer Centre

The masterplan proposes residential development within the south of the former hospital campus to link into the existing adjacent residential streets. This development plot comprises the existing Velindre Cancer Centre which would suit redevelopment as a residential estate due to being surrounded primarily by housing and lying within easy reach of Whitchurch's shops and amenities. The development would be accessed from Velindre Road and would benefit from, and link to Whitchurch Library Gardens.

Initial calculations have estimated capacity based upon an average density of 38 dwellings per hectare with a mix of 2, 3, 4 and 5 bed dwellings including semi-detached, detached and short terraced dwellings. Higher densities are likely to be considered for both sites in line with the local plan. We have assumed that 10% of the site may be required for Public Open Space although it is possible that contributions to off-site improvements would be likely given the proximity of Whitchurch Green open space and Whitchurch Library Gardens.

This site has also been appraised as being suitable for retirement type use. 0.6 hectare's/ 1.5 acres has been allocated for a retirement home, which could accommodate an estimated 45-60 beds, depending on market demand.

Site Area: 2.95 ha / 7.3 acres

Standard Density to higher densities of mid-range housing with 20% affordable housing provisions.

Number of homes at 38 homes p/h = 90no.

2. Residential - Brownfield site west of Whitchurch Hospital

The masterplan allocates residential land use to this development plot that offers views west across the river valley and east into the Grade II Listed Whitchurch Hospital site.

This site is bounded to the south and west by mature TPO woodland that slopes steeply towards the Glamorgan Canal. Views of the iconic hospital water tower and formal parkland planting in the hospital gardens suggest that this site would be attractive to both residential developers and homebuyers.

The site is accessed via Velindre Road, a narrow residential street, past a vacant stone built gatehouse and a number of mature parkland TPO trees. There is opportunity to have a pedestrian and cyclist access into Whitchurch Green open space from the north of the site. This route would also be constructed to suit vehicular traffic as a secondary emergency access route to other areas of the site, if required. Access at this northern point would not be available to residents to prevent it becoming a "rat run" and it would likely be controlled remotely for use during emergencies.

Site Area: 2.63 ha / 6.5 acres

[Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#)



[Figure-3.9-Whitchurch-Green-Masterplan.pdf \(transformingcancerservices. wales\)](#)

Agenda Item 3.7

P-05-1018 Support for the current proposed plans to build a new Velindre Cancer Centre, Cardiff, in any future inquiry

This petition was submitted by Natasha Hamilton-Ash having collected a total of 11,392 signatures.

Text of Petition:

We the undersigned call on the Welsh Government to support the current proposed plans to build a new Velindre Cancer Centre at Whitchurch, Cardiff.

The current plan will ensure that Velindre Cancer Centre continues to provide specialist cancer services in a location that is more accessible to patients, with better access from Junction 32 of the M4. It is widely accepted that hospitals set within a natural setting aids patient recovery and lowers the stress levels of families and staff at hospitals.

Additional Information:

The current location lacks adequate parking and accessed is often delayed causing additional stress and anxiety to patients. The 60 year-old Velindre Cancer Centre does not have the facilities or space to meet this future challenge.

We want a space that blends medical care with nature.

The last couple of decades have seen a major development of research into the impact of architectural design on the success of healthcare environments.

One example is 'healing architecture'. The term 'healing architecture' was first coined in the 1980s, and is a specific discipline of the 'healing environment', which investigates the influence of the environment on patients' healing and recovery process. Research shows that patients could be discharged earlier, and needed fewer painkillers post-surgery, if they were in rooms with a view of a park with trees. Later studies demonstrated that such factors are important not only for the well-being of patients and residents, but for employees as well.

Senedd Constituency and Region

- Cardiff West
- South Wales Central

Agenda Item 3.8

P-05-992 We call on the Welsh Government to create a common body of knowledge about Welsh history that all pupils will learn

This petition was submitted by Elfed Wyn Jones having collected a total of 7,927 signatures.

Text of Petition:

Welsh history is important to all pupils, as it provides the background of our nation's history and our heritage for everyone going through the education system. There are aspects of Welsh history, such as the Laws of Hywel Dda, the Glyndŵr Rising and the Drowning of Capel Celyn, which belong to every community in Wales. It is therefore concerning that the Welsh Government has decided to reject the recommendation by the Culture, Welsh Language and Communications Committee to create a common body of knowledge for all pupils studying history. It's important to create a Welsh history curriculum where pupils learn abouts events and matters at a national level, as well as learning about the history of their communities and areas.

Senedd Constituency and Region

- Dwyfor Meirionnydd
- Mid and West Wales

P-05-992 Rydym yn galw ar Lywodraeth Cymru i greu corff cyffredin o wybodaeth am Hanes Cymru fydd pob disgybl yn ei ddysgu, Gohebiaeth – Deisebydd i'r Pwyllgor, 25.11.20

Annwyl aelodau'r pwyllgor deisebau,

Roeddwn yn hynod o falch i weld fod cynnig y ddeiseb i greu system o wybodaeth am hanes Cymru fyddai pawb yn ei ddysgu wedi pasio gyda chynifer o bleidleisiau! Diolch am eich gwaith yn symud y ddeiseb ar y broses o gael ei thrafod o flaen y Senedd.

Rwy'n obeithiol nawr fydd y ddeiseb yma'n creu sylfaen newydd i ddatblygu'r drafodaeth ymhellach gyda dysgu hanes Cymru mewn ysgolion, a chreu system o wybodaeth fydd pawb yn ei ddysgu, gan gynnwys creu adnoddau pendant i athrawon gael defnyddio er mwyn dysgu'r myfyrwyr.

Er fy mod i'n hyderus fod yr ewyllys yno i ddysgu hanes Cymru, rwy'n dal i fod yn bryderus am y ffordd mae'r Gweinidog addysg wedi mynd ati i ymateb gyda dysgu hanes Cymru. Mae Kirsty Williams yn ceisio dweud fod y cwricwlwm sy'n cael ei greu nawr am fod yn ddigonol i ddysgu hanes Cymru mewn ysgolion, ond mae'n glir iawn fod yr hyn mae'r cwricwlwm yn ei gynnig ddim yn ddigonol i gyrraedd y nod yno. Rwy'n bryderus o'r iaith mae'r Gweinidog yn ei ddefnyddio i ddisgrifio'r cwricwlwm, sef ei fod o'n rhoi'r "gallu" neu'r "cyfle" i'r athrawon ddysgu hanes Cymru, nid oes sicrwydd yn y geiriau yma i mi, ac nid ydynt hefyd yn fy ngwneud i'n hyderus i gredu fod y cwricwlwm fel y mae, am wneud dim i newid y broblem bresennol. Dwi eisiau dechrau clywed 'FYDD' y cwricwlwm 'YN' dysgu hanes Cymru, ac 'FYDD' cefnogaeth ac adnoddau ar gael i athrawon i lunio gwersi.

Dwi'n pryderu os na fydd y newidiadau yma'n cael ei gwneud i'r cwricwlwm yna rydym mewn peryg o greu "system loteri" annheg, lle fydd y cynnwys fydd y disgyblion yn ei ddysgu'n dibynnu ar eu hathrawon a'r ysgolion maent yn ei fynychu. Gallai hyn olygu byddai rhai disgyblion yn colli allan ar hanes Cymru'n gyfan gwbl! Dydw i ddim isio gweld yr anghyfiawnder yma'n digwydd.

Mae angen mynd ymlaen nawr er mwyn cael pwyllgor o haneswyr ac athrawon at ei gilydd i benderfynu beth fydd cynnwys yr hanes fydd bobl yn ei ddysgu mewn ysgolion, gan ddatblygu'r adnoddau, megis gwर्सlyfrau a chynlluniau gwersi, er mwyn i athrawon a disgyblion dderbyn y gefnogaeth maent yn ei haeddu i ddysgu am hanes y Genedl.

Rydw i eisoes wedi gyrru e-bost at y Gweinidog addysg yn ei holi am ei chmau nesaf gyda'r cynnig a basiwyd yn y Senedd, a heb dderbyn ymateb eto, ond deallaf fod y sefyllfa'n un anodd gyda'r amgylchiadau'r firws.

Gobeithio o waelod calon daw rhywbeth o'r canlyniad hwn yn y Senedd. Llwyddais i gerdded y 128 o filltiroedd ar y fferm (yr un pellter o Drawsffynydd, fy nghartref, i'r Senedd yng Nghaerdydd) ac rwy'n fwy na pharod i ymgyrchu eto ac eto os bo'r angen i sicrhau buddugoliaeth gyda'r ymgyrch.

Yn ddiffuant,

Elfed Wyn Jones.

Document is Restricted

Agenda Item 3.9

P-05-883 National Welsh History Week

This petition was submitted by Phil Rowe having collected a total of 86 signatures.

Text of Petition

We call on the National Assembly for Wales to urge the Welsh Government to establish a National Welsh History Week.

The aim is to create and promote a celebratory and historically accurate week of learning and educational opportunities about the history of Wales that is more honest than the sanitised British history that many of us took from school and does not seek to bias the information to offer a favourable view of any party.

To challenge the stereotypical and inaccurate historical fantasies of Wales and how it came to be within the hierarchy of modern day Britain.

Through understanding our actual history, promote the importance of Welsh language and culture, its place within modern Britain, and bring about discussion on how we should seek for it to be perceived not only within Wales, but within the other countries of the British isles and the wider world.

Additional Information

Many people in Wales (myself included) grow up with inaccurate assumptions and ideas of how Wales came to be, and of 'races' within the British Isles.

A more complete understanding of who we are and how we arrived where we are today can better place us as a population to consider where we want to be in the future.

Assembly Constituency and Region

- Neath
- South Wales West

Agenda Item 3.10

P-05-1025 Ensure fairness for students taking exams in 2021

This petition was submitted by National Education Union Cymru having collected a total of 2,022 signatures.

Text of Petition:

As the Education Minister acknowledges, the last few weeks have been exceptionally hard for young people, who have already been disadvantaged by Covid-19. We welcome the Education Minister's apology. Now it is vital that the Welsh Government takes urgent steps to ensure students due to sit A-level, Welsh Baccalaureate and GCSE exams in 2021 are treated fairly and are not disadvantaged.

The planned independent review is very welcome, and we look forward to hearing further details.

Additional Information:

In Wales, with AS levels, and more focus on coursework, we have had a solid basis on which to judge students work. However, allowances must be made for the time students have missed in school or college.

It is clear to our members that Welsh Government needs to make changes to next year's exams to build confidence that the grades awarded, upon which young people's life chances are determined, properly recognise and reward their achievements.

We also believe that Welsh Government should now focus on:

- Reducing the curriculum content assessed across GCSE, Welsh Bacc and A-level exams next summer, by making some topics optional across all subjects.
- Working with educators and trade unions to develop a Welsh system of moderated centre assessed grades in case there is further disruption to exams next summer.

- Using this opportunity to develop a robust system which ensures young people are rewarded for their achievements and not held back due to their background.

Senedd Constituency and Region

- Cardiff South and Penarth
- South Wales Central



**Qualifications & Assessment
Cymwysterau ac Aseu**

WJEC, 245 Western Avenue, Cardiff CF5 2YX
029 2026 5000 exams@wjec.co.uk www.wjec.co.uk

CBAC, 245 Rhodfa'r Gorllewin, Caerdydd CF5 2YX
029 2026 5000 arholiadau@cbac.co.uk www.cbac.co.uk

16 November 2020

Dear Ms Finch-Saunders AS/MS

Petition P-05-1025 Ensure fairness for students taking exams in 2021

Thank you for the opportunity to respond to petitioners' concerns in relation to WJEC adaptations to general qualifications for summer 2021. I understand the reasons for petitioners' concerns as I and my colleagues appreciate the very difficult circumstances faced by schools and colleges across Wales.

The adaptations we have made to our GCSE, AS and A level qualifications for assessment in 2021 have been made in the context of the regulatory framework within Wales. Our aim has been to mitigate the issues faced by teachers and learners this academic year. However, it is important to note that in designing these adaptations we have had to act in such a way as to remain fully compliant with all regulatory requirements.

As you are aware, WJEC is in the unique position of offering approved GCSE and GCE qualifications in Wales and as such is subject to specific regulatory requirements of Qualifications Wales.

In the context of the summer 2021 assessments, there are two specific and additional regulatory publications from Qualifications Wales:

- *Adapting assessments for GQ Qualifications in 2021* ([here](#))
- *Requirements for Adapting assessments for GQ Qualifications (GCSE, GCE and Welsh Baccalaureate Skills Challenge Certificate) in 2021* ([here](#))

Within the first of these publications are Special Conditions of Recognition for adapting assessments for general qualifications in 2021. These require that:

- *'WJEC must consider whether or not it is necessary to Adapt assessments for GQ Qualifications which it makes available in spring and summer 2021, and make any such Adaptations required, in accordance with the principles and requirements set out in our document entitled 'Requirements for Adapting Assessments for GQ Qualifications (GCSE, GCE and Welsh Baccalaureate Skills Challenge Certificate) in 2021.'* (SPCWJEC1)
- *'Where WJEC Adapts an assessment under Condition SPCWJEC1, it must ensure that it takes all reasonable steps to – (a) comply with the principles published by Qualifications Wales and revised from time to time, and (b) only where there is a conflict between two or more of those principles, achieve a balance between those principles in line with any requirements published by Qualifications Wales and revised from time to time.'* (SPCWJEC2)

Within the second of these publications, Qualifications Wales has set out seven clear principles with which WJEC must comply in adapting assessments for general qualifications for 2021. To clarify for stakeholders the context in which the adaptations have been developed, we have quoted these principles in our GCSE and GCE adaptations booklets published on the WJEC website. The two below are those mentioned in your communication.

3. WJEC must seek to ensure that qualification content, in general, is not reduced; however, content can be restructured so it can reasonably be streamlined, such as in relation to optional units.

4. WJEC must seek to ensure that the manageability of assessment is maximised, where this will allow for an increase in teaching time in order to minimise the impact on outcomes.”

The content of our specifications remains unchanged, in compliance with Qualifications Wales’ principle 3. This principle was put in place to ensure parity with other jurisdictions, and to ensure that general qualifications awarded to learners in Wales in 2021 are not viewed less favourably than those awarded to learners in England and Northern Ireland. There has been no reduction in content for general qualifications in England, so the adaptations for general qualifications in Wales do not disadvantage Welsh learners in comparison with their peers in England.

However, as per the principle, we have restructured content by either streamlining our assessments e.g. in GCSE Mathematics, or by providing additional optionality, e.g. in GCSE Religious Studies. We have also clarified in our adaptations booklets that some subject content will not be assessed in 2021. We appreciate that teachers and learners have experienced different levels of disruption, and continue to do so. However, we would still encourage teachers, wherever possible, to deliver all aspects of content, in order to allow learners the opportunity to gain valuable skills and knowledge required for progression to the next level of study or employment.

In addition to restructuring content, we have revised our non-examination assessment (NEA) arrangements to make them more manageable for teachers and learners, as per principle 4. We are aware that centres in Wales need to follow specific social distancing guidance and that some teachers and learners are also having difficulty accessing appropriate facilities. Therefore, we have reduced the scope of assessments, relaxed the controls around assessments and allowed alternative evidence to be presented wherever possible. We trust that these changes will also help mitigate lost teaching and learning time.

We note reviewers’ comments about the variation in adaptations made across the suite of approved general qualifications. This is an inevitable consequence of the differences between qualifications, not just in terms of content but also in relation to the scheme of assessment. Some qualifications have been developed in response to approval criteria published by Qualifications Wales, some in response to subject principles published by Welsh Government, while others are closely aligned to subject-level conditions and requirements published by Ofqual, along with associated subject content specified by the Department for Education. Some general qualifications are unitised, others are linear, some are assessed solely by examinations, others include NEA. Within this context it is simply not appropriate to adopt a *one size fits all* approach and we took care to ensure adaptations are specifically tailored to each qualification.

In regard to petitioners' specific comments about why we have made adaptations to some subjects and not others, I offer the following comments. We have made adaptations to every approved general qualification apart from three:

- GCE English Language
- GCE English Literature
- GCE English Language and Literature.

This is not a decision we took lightly. We carefully considered a range of strategies for how we could adapt these qualifications. However, having tested ideas with a focus group and senior examiners, we reluctantly came to the conclusion that it was not possible to adapt these skills-based qualifications in a way that would genuinely benefit learners. In some cases, adaptations we considered would have had a detrimental effect. A full rationale for our decision regarding the three GCE English qualifications can be found in the [GCE Adaptations Booklet](#) pages 14-17. While it has not proved possible to adapt the assessment of these qualifications for 2021, we recognise that the disruption to teaching and learning is likely to impact on learners' depth of knowledge. In order to provide additional support for teachers preparing learners for these qualifications in 2021, we are hosting free monthly teacher network meetings which focus on strategies for teaching and learning.

We recognise that since we published the adaptations for the assessment of approved general qualifications in 2021, the situation in schools and colleges has remained very challenging. Teachers have told us that delivery of NEA is particularly difficult as some have limited access to specialist rooms and/or equipment, and there are limited opportunities to bring learners together to complete work under the required controlled conditions.

We continue to work with Qualifications Wales to ensure that our assessments are manageable while still retaining the rigour of previous years. As a consequence of this work, and to reflect teachers' concerns about NEA, we will be publishing further adaptations to our NEA later this month.

Taking account of these latest adaptations, we believe we have adapted our GCSE and GCE qualifications as far as we are able in the context of the regulatory framework within Wales. The well-being of learners and teachers is at the heart of all the adaptations we have made for assessment in 2021. However, we believe it is important to recognise that there are limits to how adaptations to the assessment of general qualifications can help address the very real challenges faced by schools and colleges in the 2020-21 academic year. They cannot accommodate local differences between centres, or the difficulties faced by centres located in one part of Wales in comparison with those located elsewhere in the country. Nevertheless, we will continue to do all that we can to support teachers and learners across Wales throughout this exceptional academic year.

Yours sincerely



Ian Morgan
Chief Executive

**P-05-1025 Ensure fairness for students taking exams in 2021, Correspondence –
Petitioner to Committee, 07.12.20**

Janet Finch-Saunders MS
Chair
Petitions Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

7th December 2020

Dear Ms Finch-Saunders,

Thank you for the opportunity to comment on the response you have received from the WJEC (dated 16th November).

We can understand WJEC don't want to reduce content across the board, and believe they are acting in line with QW. And yet we have young people who are not going to be in school or college for considerable periods, self-isolating because they, or a contact, has contracted Covid-19. Whatever we do must be fair for these young people. Perhaps then, it is Qualifications Wales which need to rethink their approach, especially in mind of the changes which appear to be coming to the English system, to ensure parity of esteem for all our learners.

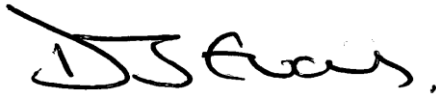
We welcome the planned use of optionality. We believe we need maximum optionality across all subjects in order that students can be assured of a fair grade next summer. Optionality would go some significant way towards accounting for the unequal impacts of Covid-19 around the country. It would restore fairness by ensuring that students have the chance of a grade in their assessments that actually reflects the things they know and can do, rather than topics which could not be accessed due to home circumstances.

It is becoming clearer to us that the centre-managed assessments will feed into an overall centre-assessed grade. But we are still unclear on how these processes will work for everyone in the system. We are working with Welsh Government, as part of their Learning, Qualifications, and Progression - External Stakeholder Reference

Group. We hope that everyone in the exams and regulatory system is able to show maximum flexibility, in order to ensure that young people receive a fair grade, and so that our members have the opportunity to adjust to the changes in the system.

This is not a normal year. Many young people are inevitably going to miss out on some exam content. Expectations must now be managed, so that everyone involved knows how the system will work. We particularly believe that time is of the essence.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Evans', with a stylized flourish at the end.

David Evans
Wales Secretary
National Education Union Cymru