Witness Name: Professor Chris Jones

Statement No.: WITN4065010

Exhibits:
WITN4065011-WITN4065021

Dated: 25 November 2022

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF PROFESSOR CHRIS JONES

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21 October 2022.

I, Professor Chris Jones, will say as follows: -

Section 1: Introduction

1. **Please set out your name, address, date of birth and any professional qualifications relevant to the duties you discharge on behalf of the Welsh government.**

   1.1. I am Prof Chris Jones, Welsh Government, Crown Buildings, Cathys Park, Cardiff, CF1 3NQ. My Date of birth is GRO-C 1957 and my professional qualifications are MB BS FRCP.

2. **Please outline your employment history and the positions that you have held.**

2.1. Before being appointed Deputy Chief Medical Officer in Welsh Government in 2010, I was Consultant Physician and Cardiologist at the Abertawe Bro Morgannwg NHS Trust (and precursor organisations) between 1994 and 2009, Senior Lecturer in Cardiology at Cardiff University between 1999 and 2003 and Medical Director of Cardiff and Vale University Health Board between 2009 and 2010. I am Honorary Professor at Cardiff University appointed in 2016.

2.2. Before those appointments I held training posts in London, Texas and Cardiff.

3. Please set out your membership, past or present, of any committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

3.1. I have not held membership of any committees, associations, parties, societies, or groups relevant to the Inquiry's Terms of Reference.

4. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

4.1. I have not provided evidence to, or been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

Section 2: Public Health Structures

5. **Please outline the public health structures and systems in Wales. Please explain how these have developed, how effective they are (and in particular whether there are any gaps) and set out the arrangements for coordination with the other nations of the UK.**

5.1. Please find below details of the public health protection systems and structures in Wales, how they work together and across the other nations of the UK:

5.2. Welsh Government primarily acts as the system steward:

- Determining policy and priorities, leading to the production of statute, advice, plans or instruction
- Allocating resources in line with those priorities
- Setting the system direction and assurance adherence through regulation, enforcement, assurance, accountability
- Commissioning policy evaluation when deemed necessary
- In the context of devolved responsibility, undertakes advocacy on priorities requiring UK action
- Surveillance - through commissioning of national surveys
- Managing the civil contingencies response structure

5.3. Public Health Wales is one of Wales's NHS trusts. Undertaking statutory functions, it has a national role in providing evidence for the development of public health strategies and in the co-ordination of public health activities:

- Leads the public health surveillance system, and undertakes and provides health intelligence to provide information for action nationally and locally
- Jointly identifies and sets the local strategic agenda in partnership with communities, housing, education, police, fire and rescue and the voluntary sector
- Undertakes evaluation and analysis of health status and public health research to guide policy and programmes
- Translates policy into organisational and system wide plans

- Undertakes and/or informs/provides assistance to national prevention and health promotion programmes
- Develops and implements actions to control public health problems and outbreaks
- Provides support and assurance to improve quality of care and treatment
- Supports the ongoing development of a skilled public health workforce in Wales
- Horizon scanning for new and emerging threats to population health

5.4. Health boards in Wales, with partners, have statutory responsibilities in relation to assessing and planning to meet the health and well-being needs of their local populations:

- Planning, leading and management of local health and wellbeing activity, in line with national policy and priorities and local needs assessment, working with partners as necessary
- Local needs and asset assessment both to inform national policy, advocacy and local delivery of priorities
- Delivery of prevention and control programmes, in line with national policy and priorities and local needs assessment
- Undertake public health advocacy
- Employ a Director of Public Health who is supported by the critical mass of expertise employed by Public Health Wales at the local and community level and who, under an honorary contract, manages locally based Public Health Wales staff
- Translate policy into organisational/partnership plans
- Contribution to the surveillance system
- Lead the local approach to healthcare public health
- Delivery of high-quality treatment and care for their local populations
- Partnership working

5.5. Local Authorities in Wales, with partners, also have statutory responsibilities in relation to the well-being of their local population:

- Civic and community leadership role
- Planning and management of defined local health and wellbeing services
- Contribution to prevention and control programmes, in line with national policy and priorities and local needs assessment
- Delivery of some aspects of care for their local populations
- Population advocacy
- Public protection enforcement activity

5.6. Other partners also play a role in wider public health protection, including:

- Food Standards Agency is an independent government department working to protect public health and consumers' wider interests in relation to food in England, Wales and Northern Ireland.
- Natural Resources Wales is a Welsh Government Sponsored Body formed in April 2013, largely taking over the functions of the Countryside Council for Wales, Forestry Commission Wales and the Environment Agency in Wales.

5.7. The Chief Medical Officer for Wales's Health Protection Advisory Group is chaired by the Chief Medical Officer and made up of representatives from all key partner organisations in Wales. It is in place to secure wide integration and effective implementation of health protection policies, maintain an overview of the work of health protection and drive forward the health protection agenda in Wales.

5.8. An independent high-level review of health protection in Wales was undertaken in October 2022 (due to be published in November/December 2022), overseen by a sub-group of the CMO's Health Protection Advisory Group. The group will also oversee the delivery of the recommendations from the review in collaboration with partners.

5.9. UK Health Security Agency (UKHSA) leads on health protection matters that are reserved to the UK Government. This includes:

- Global health security – core global operations functions that UKHSA provides, which include facilitating the delivery of the portfolio of international work programmes, global health security, disaster risk reduction and EU/four-nations strengthening
- Protecting the public from radiation – UKHSA provides radiation protection advice in cases of radiation incidents, be they at UK or overseas nuclear sites. UKHSA also provides radiation protection services in areas relating to medical exposures and natural background exposures
- Centre for Pandemic Preparedness – the CPP is a joint commitment between the UK and US Governments to develop an early warning system that detects new infectious disease threats globally.
- International Data Platform – involves developing integrated UK standalone early alerting and surveillance systems to enhance surveillance procedures both UK-wide and internationally, including replacing capability lost when the UK departed the EU.

5.10. On a four-nations level there are governance arrangements in place to discuss matters relating to health protection that impact on all four nations.

5.11. The Public Health Protection and Health Security Provisional Common Framework was developed because of the UK's exit from the EU and the recognition that a framework was necessary to ensure the continuation of co-operation on serious cross-border health threats, acknowledging the importance of such co-operation in providing a high level of UK-wide human health protection. The main forum for operational level discussion and decision-making is the Four Nations Health Protection Oversight Group. The main forum for strategic level discussion and decision-making is the UK Health Protection Committee.

5.12. There is also a new UKHSA - Devolved Governments Strategic Board (UKHSA-DG) covering all UKHSA activities and their relation to the responsibilities of the Devolved Governments.

6. How public health has developed in Wales over the past few decades.

6.1. Following devolution in 1998, *Better Health - Better Wales,* laid out the need to improve the health of the Welsh people as a primary objective of the newly elected government [**WITN4065011**][1].

6.2. In 2001, *Improving Health in Wales – A Plan for the NHS with its partners*, set out a 10-year plan for the NHS [**WITN4065012**][2]. A programme of re-organisation was introduced, designed to enhance local involvement and planning, promote primary care and ensure greater co-ordination with social care.

6.3. In 2003, the then five health authorities were abolished, and 22 local health boards created. The intention of this strategy was to bring health governance closer to the people, and to enable policy makers to reflect local conditions and needs. It also aligned the local health boards with the 22 unitary authorities created by the 1996 re-organisation of local government.

6.4. In 2007, the then Welsh Assembly Government set out its One Wales agenda: One Wales [**WITN4065013**]. As a consequence, the NHS in Wales underwent major change in 2009 to equip it to deliver better healthcare to the population of Wales in the 21st century. The reorganisation, which came into effect on October 1st 2009, created single local health organisations that are responsible for delivering all healthcare services within a geographical area, rather than the Trust and Local Health Board system that existed previously. The reorganisation also created Public Health Wales NHS Trust, a unified public health organisation for Wales. This involved the unification of the National Public Health Service for Wales, the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit, the Congenital Anomaly Register and Information Service for Wales and Screening Services Wales.

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[1] Also available at: http://www.wales.nhs.uk/publications/stratframe98_e.pdf

[2] Also available at: http://www.wales.nhs.uk/Publications/structure-report-plain-text-e.htm#:~:text=Improving%20Health%20in%20Wales%20%E2%80%93%20A%20Plan%20for,Plan%20presents%20challenges%20that%20will%20demand%20new%20approaches.

6.5. The seven local health boards that were created remain to this day and have control over all hospitals and community services, general practitioner and dental funding. Public Health Wales NHS Trust is one of three NHS Trusts in Wales, the others being the Welsh Ambulance Service NHS Trust and Velindre NHS Trust. Further information on the heath structure in Wales is available via the NHS Wales website[3].

6.6. It should be noted the Welsh Government has taken a strong stance against privatisation of health services and any further introduction of market principles. In the words of the Bevan Commission Report of 2011: 'At present, NHS Wales is travelling a different road from many countries. In particular, unlike the NHS in England, NHS Wales is avoiding the marketplace and competition in favour of an integrated system, where the assets of the health service in Wales are owned by its government and its people'.

6.7. Further information on the history of the NHS in Wales is available via the NHS Wales website[4].

Role of the Chief Medical Officer

6.8. The role of the Chief Medical Officer has changed over time with the role currently defined as advising the government on strategic direction for health in Wales and acting as an advocate for health on behalf of the general public, including the most vulnerable in society. Each year the Chief Medical Officer produces an annual report which typically assesses the state of the nation's health, the key health challenges, and outlines recommendations to meet these challenges. The most recent reports are available via the gov.wales website[5].

Key Strategies

[3] http://www.wales.nhs.uk/NHSwalesaboutus/structure
[4] https://www.wales.nhs.uk/nhswalesaboutus/historycontext
[5] https://gov.wales/chief-medical-officers-annual-reports-and-data

6.9. A range of health strategies have been in place in Wales since 1998 when *Better Health - Better Wales*, laid out the need to improve the health of the Welsh people. *Healthier Wales* is the current long term plan for health and social care in Wales [**WITN4065014**][6].

6.10. A range of other strategies that impact on public health are accessible through the Welsh Government website[7].

Key legislation

6.11. Below are some examples of primary legislation introduced in Wales in recent years with a significant focus on public health:

- The *Well-being of Future Generations (Wales) Act 2015* is about improving the social, economic, environmental and cultural well-being of Wales[8].
- The *Social Services and Well-being (Wales) Act 2014*, introduced a new legal framework that brings together and modernises social services law[9].
- *The Public Health (Wales) Act 2017* sets out provisions in a number of priority areas of public health policy, including obesity, smoking, 'special procedures' (such as body piercing, tattooing), pharmaceutical services, and toilets for public use[10].
- The *Public Health (Minimum Price for Alcohol) (Wales) Act 2018,* established minimum pricing for the sale of alcohol[11].
- The *Health and Social Care (Quality and Engagement) (Wales) Act 2020*, will strengthen the existing duty of quality, establish a duty of candour and strengthen the voice of citizens. Work is underway to bring the Act into force in 2023 [**WITN4065015**][12].

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[6] Also available at: https://gov.wales/healthier-wales-long-term-plan-health-and-social-care
[7] https://gov.wales/health-social-care-strategy
[8] https://gov.wales/well-being-future-generations-act-essentials-html
[9] https://gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf
[10] https://research.senedd.wales/2017/10/03/new-publication-public-health-wales-act-2017/
[11] https://gov.wales/minimum-unit-pricing-alcohol-summary-guidance
[12] Also available at: https://gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary-html

Section 3: Statutory Duty of Candour

7. The Inquiry understands that a statutory duty of candour on NHS bodies in Wales will come into force from 1 April 2023. Please set out:

a. What training healthcare professionals will be given about the duty of candour.

7.1. The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) gained royal assent in June 2020. The act provides for a new organisational Duty of Candour to be applied to NHS bodies in Wales and will be in force from April 2023. The duty applies to NHS bodies in Wales and requires them to be open and transparent with people when they come to harm whilst using services. The duty will be triggered when there is an incident that causes harm that is more than minimal, the harm is unexpected or unintended and health care was or could have been a factor in causing the harm. When this type of incident occurs, the duty requires NHS organisations in Wales to notify the person involved offering a sincere apology for the harm and detailing what investigations will be done to learn from the incident.

7.2. Healthcare professionals in the UK already have an individual / professional Duty of Candour upon them as part of their registrations. Individually they will have been trained on the implications of this in the professional training. The duty of candour as introduced by the Act, is placed on organisations and although it will interrelate with the professional duties, makes no direct change to pre-existing practice in this regard.

7.3. Within Wales, healthcare professionals will be required to work within the candour arrangements of their organisations, many of which are well established in existing practice for incident investigation and management.

7.4. The Act makes specific reference to the training that will be made available to organisations to support the implementation of the duty of candour. These requirements are further supported by funding agreed in the Regulatory

Impact Assessment (RIA) [**WITN4065016**][13]. It should be noted that this detail does not refer to healthcare professionals directly but rather specialist and non-specialist staff within the organisations. (Detail contained in part c).

b. What if any audits will be undertaken to assess how embedded the duty of candour is in day to day medical practice?

7.5. Organisation and sector wide assurance is detailed in part d below. Audit and assurance in day-to-day medical practice will be developed alongside existing assurance mechanisms within organisations.

7.6. Concerns team/data analysis training will be developed to enable providers of NHS services to ensure the duty is being enacted appropriately and to prepare an annual report on the duty of candour. The concerns teams within Local Health Boards (LHBs) and Trusts are likely to be those responsible for collecting the required data as well as monitoring and assuring its quality. To support teams in considering the implications of the duty, the data required to be collected and current processes and procedures will need to be updated.

7.7. Individuals in the concerns teams already receive job specific training with regards their current role in collecting and monitoring data about concerns. It is anticipated this can be delivered via the creation of a Standard Operating Procedure/User Guide specifically for concerns/data analysis teams.

c. What training personnel in NHS organisations will receive about the duty of candour?

7.8. The Implementation Programme has a dedicated work stream established to cover the types and levels of training required in the NHS. These will be tailored programmes dependent on the level / specialism in the organisation being trained.

[13] Also available via: https://gov.wales/sites/default/files/publications/2020-06/health-and-social-care-quality-and-engagement-wales-act-explanatory-memorandum.pdf

Advanced specialist staff training

7.9. A bespoke E-learning package will be developed for key individuals within organisations who will require in-depth training to build the knowledge and skills required when the duty comes into effect.

7.10. It is intended this training will build upon the approach developed when 'Being Open' [**WITN4065017**] was introduced in 2005, and subsequently reinforced via the introduction of Putting Things Right in 2011 [**WITN4065018**]. This required organisations to identify clinical, nursing and managerial opinion leaders to champion the 'Being Open' approach. These champions were to mentor and support fellow clinicians; develop and implement a strategy for training staff; and provide ongoing organisational support.

7.11. It is therefore anticipated advanced awareness training would provide 'Organisational Champions', with the necessary knowledge and skills to provide advice and support to other staff within their organisations.

Board level training

7.12. The bespoke E-learning package will also be used to support and embed the principles of being open and transparent within providers of NHS services; supporting staff in delivering against the duty; and to support the wider leadership, cultural and behavioural changes needed to implement the duty, Board Members will receive this training which will ensure that they are confident in their ability to seek assurance their organisation is doing enough to learn from patient incidents, and they are using this learning to improve services.

Basic all staff awareness training package/support to staff

7.13. A skills-based basic all-staff awareness training material will be developed for organisations to embed a basic level of knowledge and understanding of the duty of candour for all NHS staff directly employed, including across Primary Care. The awareness training would include building on the principles of being open found in the Putting Things Right Guidance.

7.14. It is envisaged that an additional module will be included which will be specifically tailored to better reflect likely scenarios within a primary care setting. Where primary care practices are unable to access the NHS e-learning portal arrangements will be made to identify platforms from which training can be accessed e.g. through existing professional training routes.

d. What if any audits will be done to assess how embedded the duty of candour is in NHS organisations?

7.15. The Act requires NHS bodies and organisations to produce an annual report that must include the number of Duty of Candour notifications within the year, some information on the types and circumstances of those incidents and the improvement and learning the organisation has instituted because of them.

7.16. The current implementation programme has been restructured to focus on the 6 months prior to April (and the following period) on NHS preparedness. This will require executive level representatives from NHS bodies to attend the implementation board to provide assurance to the Welsh Government on the plans and progress within their organisation in implementing the new duty.

7.17. Ongoing monitoring of the Duty of Candour will be done via existing oversight arrangements such as Joint Executive Team and Integrated Performance Quality Dashboards. Health Inspectorate Wales (HIW) will also have a role in assessing the use and practice of the duty within NHS bodies.

7.18. The implementation of the Quality and Engagement Act (which includes the Duty of Candour) will also be subject to a full legislative evaluation over 3 – 5 years. The initial assessment and plan for this evaluation is underway with

the report on evaluability assessment (scope and remit setting exercise for the full evaluation) presented to officials 16th November 2022.

e. Whether any data will be kept on the way in which healthcare professionals and/or NHS organisations have implemented the duty of candour once it becomes a statutory obligation?

7.19. All NHS bodies will be required to maintain accurate records on the number and types of Duty of Candour trigger incidents, as well as the learning and improvement from the incidents. Organisations will also be required to record their assessment of incidents and when these did not meet the requirements for triggering the candour procedure. Across primary and secondary care in Wales, the Datix reporting system has been introduced and will be updated to include a specific section / form on duty of candour triggers and the follow up actions and notifications.

8. Why has it taken until 2023 to bring into force a statutory duty of candour, given that it is already in force in England and Scotland?

8.1. The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendments) Regulation 2011 [**WITN4065019**][14] introduced a redress duty on NHS bodies in Wales, requiring NHS bodies to be open and transparent when things go wrong for patients in their care. Regulation 12(7) states:

'the responsible body must, where its initial investigation determines that there has been moderate or severe harm or death, advise the patient to whom the concern relates, or his or her representative, of the notification of the concern and involve the patient, or his or her representative, in the investigation of the concern'.

8.2. This was the first scheme of its kind in the UK and led the way in how health organisations should work with patients to resolve complaints.

[14] Also available via: https://www.legislation.gov.uk/wsi/2011/704/pdfs/wsi_20110704_mi.pdf

8.3. Following the Francis Report of 2013 and the introduction of a legal duty of candour in England in 2014, Our Health, Our Health Service Green Paper 2015 [**WITN4065020**][15] was consulted on in Wales to test the strength and breadth of the requirements under the redress arrangements. Following consultation, it was felt the existing requirements needed to be strengthened and a formal Duty of Candour was included in the white paper Services Fit for the Future White Paper 2017 [**WITN4065021**][16] and the subsequent Health and Social Care (Quality and Engagement) (Wales) Act 2020.

8.4. Initial implementation of the duty was scheduled for October 2021 following royal assent of the Act in June 2020. Because of the active response to the COVID-19 pandemic, the decision was made to delay the implementation date to allow for resources to be allocated to emergency response areas. This decision was made in March 2021. The subsequently agreed date was April 2023.

Section 4: Quality and Safety Framework

9. Please explain the role of the Quality and Safety Framework [DHWA0000002] and set out where the Framework has had a measurable impact on patient safety.

9.1. In 2018, A Healthier Wales [**WITN4065014**] was published, setting out the ten-year vision for health and social care in Wales. It highlighted that quality and safety should be a priority above all else. That, along with the Health and Social Care (Quality and Engagement) Act 2020 which introduces a strengthened Duty of Quality, Duty of Candour, and creation of a new Citizen Voice Body, have acted as key drivers to develop the Quality and Safety Framework.

9.2. The Quality and Safety Framework outlines high level actions to enhance our approach to quality, and places people at the centre of it. The Framework

[15] Also available via: https://gov.wales/sites/default/files/consultations/2018-01/150703gpconsulten.pdf
[16] Also available via: https://gov.wales/sites/default/files/consultations/2018-01/170628consultationen.pdf

states that organisations at every level should function as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient, and equitable. The Framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be always assured of high-quality services.

9.3. As part of the Duty of Quality, there is a duty to report progress on how organisations are improving the quality of their services and population outcomes. These reports will provide evidence of the improvements made, across the quality domains.

Section 5: Patient Safety and Involvement

10. Please outline the Welsh Government's response to Baroness Cumberlege's recommendation for a Patient Safety Commissioner [RLIT0001833].

10.1. The Cumberlege review was commissioned by the Secretary of State for Health and Social Care for England. The report noted that the recommendations were for England only but hoped that the devolved administrations would consider them.

10.2. The Cumberlege review and report coincided with measures taken by the Welsh Government to enhance patient safety, in particular the Health and Social Care (Quality and Engagement)(Wales) Act 2020. The Act introduced new duties of Quality and Candour on all Wales's health bodies and Welsh Ministers designed to secure improvements in the quality of health and care services and enhance patient safety. The Act also made provision for the establishment of a Citizen Voice Body to represent the interests of the public in respect of health and social services and ensure that their voices are heard. The powers of the Public Services Ombudsman for Wales (PSOW) were also separately strengthened under the Public Services Ombudsman (Wales) Act 2019 to ensure that the Ombudsman is wholly independent of Welsh Government and public bodies in Wales. The Act came into force on

22 May 2019 and gave the PSOW new powers, including an ability to initiate investigations on his own initiative (without waiting for a complaint) and a power to issue model complaints procedures.

10.3. As the Citizen Voice Body has not yet been introduced and it is uncertain how it will operate, we consider that the introduction of a Patient Safety Commissioner at this stage would be premature. It could result in confusion as to the specific roles of the different patient safety bodies and result in duplication. In these circumstances it would be reasonable to wait for the new arrangements in Wales to come into operation before further considering whether to introduce a Patient Safety Commissioner. This would provide an opportunity to determine any proposed Commissioner's functions more closely and better integrate them with the other bodies. In the meantime, it would also provide an opportunity to track the operation of the new patient safety arrangements in Wales to establish their effectiveness and the operation of the Patient Safety Commissioners in England and Scotland to compare their contributions to securing patient safety to establish the most suitable and effective arrangements for Wales. We note finally that the Patient Safety Commissioner in England has powers limited to medicines and medical devices, regulation of which are reserved to UK Government, with lesser responsibilities in these areas for Wales.

10.4. It is hoped that the Health and Social Services Minister will make a further announcement on the Cumberlege recommendations, including the approach to a Patient Safety Commissioner, in the next few months.

11. How are patients involved in (i) the development of healthcare policies and (ii) in the way in which healthcare services are delivered, in Wales? Please explain how this is achieved, and how effective this is. How well, in practice, does patient involvement shape policy and services in Wales?

11.1. The National Health Services (Wales) Act 2006 requires Local Health Boards, with regard to services they provide or procure, to involve and consult citizens in:

- planning to provide services for which they are responsible;
- developing and considering proposals for changes in the way those services are provided; and
- making decisions that affect how those services operate.

11.2. Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.

11.3. The Community Health Councils (CHC) across Wales work with patients and LHBs to support the improvement of Health services throughout the planning, development, and consideration of proposals for service change. The CHCs are also required to be consulted by the LHBs on any proposal for substantial development and can, if dissatisfied about the content, report and refer issues to Welsh Ministers. The Board of CHCs in Wales has a set of national standards for the local CHCs. These standards cover the need to continuously engage with the communities they represent and the health service providers serving those communities; and represent the interests of patients and the public in the planning and agreement of NHS service changes.

11.4. It was identified that improvements could be made in this area and so in April 2023 the CHCs will be replaced with a new national Citizen Voice Body (CVB). The CVB will sit independently of Government, the health system and the social care system and will be at the heart of conversation with people across all of Wales regarding health and social care matters.

11.5. The CVB will work together with NHS bodies and local authorities, and alongside other public, independent, and volunteer organisations to listen, strengthen and amplify the voice of patients and service users, to advocate and support their complaints and to help ensure that people's lived experiences shape the design and improvement of services – influencing local, regional and national plans and policy.

11.6. The CVB are currently exploring how they will collate and present evidence of trends in practice or concerns as viewed from the public's perspective to Health Boards and Local Authorities so that improvements can be made.

11.7. The CVB will support these organisations with their planned improvements, how they manage changes, hold them to account and encourage them to act on the evidence that is presented.

11.8. The Act outlines how Welsh Government will support the CVBs functions with the production of Statutory Guidance on Representations and how NHS Wales must pay due regard to the representations made by, and share information with, the CVB.

11.9. Users of health and social care services must also be involved in the work of the Regional Partnership Boards (RPBs), which bring together local authorities, health boards and other partners to improve the well-being of people and communities through the development of more integrated services. Each board must have at least one member who is a service user and at least one member who is an unpaid carer, as well as wider mechanisms for engaging citizens in the work of the regional partnership. In particular, RPBs are required to involve citizens when they are assessing the care and support needs of their local populations, and the range and level of services that will need to be provided to meet those needs. The Welsh Government is seeking to strengthen arrangements for citizen engagement and voice in the work of the RPBs through its Rebalancing Care and Support Programme. This will have a particular focus on embedding the principles of co-production in the way care and support services are designed, commissioned, and delivered.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed GRO-C

Date	Title	URN
October 1998	Strategic Framework: Better Health - Better Wales	WITN4065011
2001	Improving Health in Wales: Structural Change in the NHS in Wales	WITN4065012
27 June 2007	One Wales: A progressive agenda for the government of Wales	WITN4065013
2021	A Healthier Wales: Our Plan for Health and Social Care	WITN4065014
18 May 2021	The Health And Social Care (Quality and Engagement) (Wales) Act: summary	WITN4065015
June 2020	The Health And Social Care (Quality and Engagement) (Wales) Act: Explanatory Memorandum incorporating the Regulatory Impact Assessment and Explanatory Notes	WITN4065016
2005	Being Open: communicating patient safety incidents with patients and their carers	WITN4065017
November 2013	Putting Things Right: Guidance on dealing with concerns about the NHS from 1 April 2011, Version 3	WITN4065018
2011	The National Health	WITN4065019

	Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendments) Regulation 2011	
6 July 2015	Welsh Government Green Paper: Our Health, Our Health Service	WITN4065020
28 June 2017	Welsh Government White Paper Consultation Document: Services fit for the future - Quality and Governance in health and care in Wales	WITN4065021