



**Royal College of  
Paediatrics and Child Health  
Cymru**

*Leading the way in Children's Health*

## **Royal College of Paediatrics and Child Health (RCPCH) Wales**

Consultation on proposed changes to Welsh Government statistics  
outputs

*February 2026*

# Consultation on proposed changes to Welsh Government statistics outputs

## 1. Which themes would you like to feedback about?

☐ Transport

☐ Economy, trade, labour market and skills

☒ Health and care

☐ Housing

☐ Education

☒ Social justice (including deliberate or grassland fires)

## **Introduction**

Please see below RCPCH Wales's response to the consultation questions. It reflects our strong view that there should be no diminution in the frequency, scope or accessibility of health and NHS performance statistics, especially relating to child health indicators. Our manifesto for the 2026 Senedd election highlights that "*child health data in Wales is poor*" with notable gaps across community health, school readiness, health needs in school, childhood disabilities, detail on waiting lists for

children's services, and granular workforce data<sup>1</sup>. A recently published scoping review commissioned by Welsh Government on child development indicators and measures found that "*there is a significant gap in standardised, population-level data for children aged 2 to 11*" with stakeholders identifying this as a "*key weakness in the Welsh child development evidence eco system*"<sup>2</sup>. These existing gaps already hinder scrutiny, service improvement and informed investment decisions; any reduction risks exacerbating this position.

RCPCH Wales uses Welsh Government official statistics to:

- brief our members, Members of the Senedd, the public and other stakeholders on child health service pressures and indicators;
- inform and evidence policy recommendations on issues such as waiting times, emergency and planned care, workforce planning and training, the impact of health inequalities and the importance of a focus on prevention;
- monitor the impact of health inequalities and regional variation in child health outcomes;
- provide transparent analysis to the public and the paediatric workforce

We recognise the Welsh Government's need to modernise, including transitioning to open-source tools. We also acknowledge the resource pressures driving a need to prioritise and welcome the commitment to engage users, as encouraged by the Office for Statistics Regulation (OSR). To ensure that changes to statistical outputs do not weaken Wales's broader policy architecture, it is essential that any reforms continue to support analysis of the Well-being of Future Generations (Wales) Act 2015 milestones and indicators<sup>3</sup>. These indicators depend on consistent, transparent and accessible data across multiple policy domains. Any reduction in scope or frequency would risk undermining the ability of Welsh Government, public bodies and external organisations to monitor progress against the national indicators and assess whether policies are delivering long-term benefits for children and young people.

The Welsh Government proposes shorter reports, reduced frequency and format changes to free up capacity. While the aims are understandable, these changes risk

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<sup>1</sup> [rcpch-wales-senedd-election-manifesto.pdf](#), RCPCH Wales 2026 Manifesto

<sup>2</sup> [Scoping review of child development indicators and measures used for 2- to 11-year-olds Executive Summary](#), Welsh Government, published 15 January 2026

<sup>3</sup> The national indicators and milestones help track progress towards achieving the well-being goals as set out in the Well-being of Future Generations (Wales) Act 2015: <https://www.gov.wales/well-being-future-generations-act-essentials-html#60686>

weakening transparency and the evidence base for policy development. Prioritisation should protect, rather than reduce the frequency, scope and accessibility of health and NHS performance outputs that underpin transparency and public confidence in our healthcare system. We therefore do not support any reduction in the frequency, scope or accessibility of core health and NHS performance statistics, particularly where these relate to children and young people. Indeed, child health indicators are already under-represented in high-level statistics and there are already significant child health data gaps in Wales. A reduction in the scope and frequency of current reports would only make matters worse.

We do recognise that a case can be made to merge a number of related datasets on workforce matters ('Staff directly employed by the NHS', 'NHS vacancy statistics' and 'sickness absence in the NHS'). However, we strongly believe that this should not result in less detailed, lower quality or overly simplified outputs that weaken the ability of the Senedd, regulators and the public to scrutinise NHS performance. Nor should such changes limit the capacity or organisations such as ours to identify emerging risks, track increases in demand, assess workforce capacity and resilience, and champion improvements in child health services.

Any move to merge workforce datasets must maintain or enhance the current level of granularity, analytical depth and accessibility, and should not have an adverse impact on the availability of evidence that underpins transparency, accountability and informed decision making across the health system in Wales.

## 4. Health and care

This theme includes statistics about activity, performance, workforce and expenditure across the NHS and social services, including primary, secondary and community care. Some of these reports are well used by the Welsh Government and service providers. Others are less used or available from other sources, so we're looking at ways to simplify or reduce them. We're looking at whether these products can be simplified or reduced while still providing the information users need.

We want to make sure we keep the most useful and important data, including high-profile releases, while making better use of tools like StatsWales to share information more efficiently.

8. Do you agree or disagree with the proposals below?

Agree

Disagree

No opinion

**Trends in NHS planned care activity**

Proposal: shorten the report,  
whilst keeping data on  
StatsWales

☐☒☐

**Trends in NHS emergency care activity**

Proposal: shorten the report,  
whilst keeping data on  
StatsWales

☐☒☐

**Maternity and births statistics**

Proposal: shorten the report,  
whilst keeping data on  
StatsWales

☐☒☐

**General practice workforce**

Proposal: shorten the annual  
report and maintain the current  
suite of StatsWales data tables,  
and reduce the frequency of the  
quarterly report

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**Staff directly employed by the NHS**

Proposal: shorten the annual  
report, whilst keeping data on  
StatsWales, and reduce  
frequency of publication. Merge  
the staff directly employed by the  
NHS report with sickness  
absence and NHS vacancy  
statistics

☐☒☐

**Sickness absence in the NHS**

	Agree	Disagree	No opinion
Proposal: shorten the report, whilst keeping data on StatsWales, and reduce frequency of publication. Merge the staff directly employed by the NHS report with sickness absence and NHS vacancy statistics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### NHS vacancy statistics

Proposal: shorten the report, whilst keeping data on StatsWales, and reduce frequency of publication. Merge the staff directly employed by the NHS report with sickness absence and NHS vacancy statistics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### NHS expenditure programme budgets

Proposal: stop this report. The data will still be published in a different format, but likely by a different organisation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Patients in mental health hospitals and units

Proposal: shorten the report, and understand if/how this output is used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Admission of patients to mental health facilities

	Agree	Disagree	No opinion
Proposal: shorten the report, whilst expanding the amount of data on StatsWales	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Social services national outcomes framework: annual reports

Proposal: shorten the report, whilst maintaining the current number of indicators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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9. Please tell us why you agree or disagree. Please be as specific as possible in your feedback, for example, tell us which releases you use and why they are important to you.

Please see specific reasons for why we disagree with the proposals relating to each health and care dataset identified in the consultation document:

#### **Trends in NHS planned care activity dataset**

Proposal: shorten the report, whilst keeping data on StatsWales

We do not support the proposal to shorten this statistical output. Planned care data are fundamental to understanding system pressures, backlogs and recovery, including their impact on children and young people.

While the current publication is high level and includes limited child and paediatric specific analysis, it provides important context on overall activity trends and some insight into changes affecting paediatric specialties. With child health data in Wales already limited and underrepresented, any further reduction in narrative or analysis risks further obscuring child specific pressures, inequalities and regional variation.

We are concerned about a slippery slope towards less analytical commentary and reduced visibility of how planned care pressures affect different population groups.

#### **Trends in NHS emergency care activity dataset**

Proposal: shorten the report, whilst keeping data on StatsWales

We do not support the proposal to shorten the *Trends in NHS urgent and emergency care activity* statistical output. Although this publication is high level

and currently presents little child or paediatric specific analysis, it provides essential system-wide context on ambulance service activity and emergency department demand and acts as an important signpost to more detailed data on StatsWales.

### **Maternity and births statistics**

Proposal: shorten the report, whilst keeping data on StatsWales

We disagree with the proposal to shorten the *Maternity and birth statistics* statistical output. These outputs are foundational to understanding child health outcomes in Wales and are of critical importance to paediatricians, neonatologists, public health specialists and organisations working to improve outcomes for babies, young children and families. Furthermore, with ongoing reviews into Maternity and Neonatal Services, both nationally<sup>4</sup> and at Health Board level<sup>5</sup>, shortening the report on maternity and births seems counterintuitive.

This publication provides essential narrative, analysis and contextual interpretation that go well beyond what can be understood from standalone datasets on StatsWales. It supports understanding of trends in neonatal outcomes, maternal and population risk factors, service configuration and inequalities, and forms a vital part of the evidence base for assessing system performance and informing planning across maternity, neonatal and wider child health services.

With well-established gaps in child health data in Wales, any reduction in analytical commentary or contextual narrative would significantly weaken the value and usability of this dataset. We have particular concerns about what would be lost through a shortened report, how decisions about prioritisation would be made, and the risk that important trends affecting babies and families would receive less visibility or scrutiny.

### **General practice workforce dataset**

Proposal: shorten the annual report and maintain the current suite of StatsWales data tables, and reduce the frequency of the quarterly report.

General practice is the first point of contact for children and families and a key gateway to paediatrics and other secondary services. Pressures in the general practice workforce therefore have system-wide consequences for demand, flow and capacity across children's health services.

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<sup>4</sup> [Maternity and Neonatal National Assurance Assessment - NHS Wales Performance and Improvement](#)

<sup>5</sup> For example, see the Independent Review of Maternity and Neonatal Services at into Swansea Bay University Health Board (July 2025): <https://sbuhb.nhs.wales/files/independent-review-maternity-and-neonatal-services/sbuhb-mns-independent-review-pdf/>.

Quarterly workforce data is particularly important for identifying emerging pressures, regional variation and trends over time. Reducing the frequency of reporting concerning GP workforce numbers may hinder effective, whole-system workforce planning across both primary and secondary care.

We note the intention to retain StatsWales tables, which is welcome. However, timely statistical commentary helps support interpretation and transparency. We therefore believe the current frequency and depth of general practice workforce statistics should be maintained.

### **Merged publication: NHS workforce, sickness absence and vacancy statistics**

Proposal: shorten the report, whilst keeping data on StatsWales, and reduce frequency of publication. Merge the staff directly employed by the NHS report with sickness absence and NHS vacancy statistics.

RCPCH Wales recognises Welsh Government's intention to streamline statistical outputs and accepts that merging the three existing workforce publications could provide a clearer and more coherent picture of workforce pressures, if done well. The topics are closely related and, presented appropriately, could improve usability for some audiences.

However, we do not support any proposal to reduce the publication frequency of a merged workforce report. Workforce levels, vacancies and sickness absence are among the most sensitive indicators of system pressure, service resilience and rota safety. In paediatrics, staffing shortfalls and sickness spikes can rapidly affect patient safety, waiting times and escalation pathways. This data needs to be published at least as frequently as it presently is.

Reducing frequency would weaken the ability of the NHS, the Senedd and others to track emerging pressures affecting children's and wider health services, identify workforce risks and hold the system to account on recruitment and retention.

In addition, any merged publication must maintain or improve the level of granularity available. The current lack of detailed child health workforce data already hampers planning. As we set out in our manifesto<sup>6</sup>, more detailed

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<sup>6</sup> RCPCH Wales 2026 manifesto, 'Empower the child health workforce' section: [Putting children first: Prioritising Wales's future - RCPCH Wales 2026 election manifesto | RCPCH](#)



breakdowns, including by paediatric specialty, grade, location and service model, are essential to understand capacity, risk and equity of provision.

A merger that reduces frequency and/or detail risks diminishing transparency and public value at a time when workforce pressures are a defining challenge for child health services in Wales.

### **NHS expenditure programme budgets**

Proposal: stop this report. The data will still be published in a different format, but likely by a different organisation.

We do not support the proposal to stop publication of the NHS expenditure programme budgets report.

This output provides a unique and valuable overview of how NHS resources in Wales are allocated across organisations, service levels and programmes of care. It brings together, in a single, accessible product, headline analysis of total NHS expenditure by local health boards and NHS Trusts, expenditure per head of population, and spending across primary, secondary and other care. Crucially, it also presents expenditure by programme of care, enabling users to understand how funding is prioritised across different areas of need.

From a child health perspective, the report plays an important role in supporting transparency and accountability. The breakdown by programme of care allows stakeholders to assess whether patterns of investment align with population need, prevention and stated policy priorities. For example, recent editions have highlighted substantial growth in overall mental health spending, while also showing that only a small proportion of that expenditure is allocated to child and adolescent mental health services. Similarly, spending on neonatal care appears among the lowest-funded programmes of care. These insights are essential for informing evidence-based debate about whether children and young people are receiving an appropriate share of NHS investment relative to need.

Without a consistent, authoritative statistical product that brings this information together, it will be more difficult for policymakers, clinicians, third sector organisations and the public to assess whether spending decisions are supporting improved outcomes for children and young people.

While we note the Welsh Government's assertion that the underlying data will continue to be published in a different format, potentially by a third party, this does not address several key concerns. It is currently unclear which organisation would be responsible for producing any replacement analysis and whether that third

party would operate the same statistical standards, quality assurance processes and transparency expected of official statistics.

Maintaining a transparent, authoritative overview of how NHS resources are allocated is essential for informed scrutiny and for ensuring that investment decisions support the health and well-being of children and young people in Wales.

### **Patients in mental health hospitals and units**

Proposal: shorten the report, and understand if/how this output is used.

This annual plays a vital role in understanding mental health inpatient provision in Wales. It includes essential breakdowns by specialty, including child and adolescent psychiatry, alongside statistical analysis and narrative commentary that support correct interpretation of the data.

As the report itself makes clear, these statistics have a wide range of important uses, including advising Ministers, supporting NHS Wales and local health boards to monitor performance, enabling scrutiny and debate in the Senedd, and assisting organisations with their research analysis. The visibility of inpatient activity within child and adolescent mental health services is particularly important in the context of ongoing concerns about access, capacity, use of out-of-area placements and patient experience.

Shortening the report risks reducing transparency, weakening users' ability to understand trends over time, and limiting the contextual information needed to interpret the data safely and accurately. More concise outputs, without sufficient commentary or breakdowns, may also disproportionately disadvantage non-technical users, including clinicians, third sector organisations and families, who rely on clear, accessible analysis rather than raw data alone.

We are also concerned that proposals to reduce or streamline mental health statistical outputs run counter to the findings of the recent review of mental health statistics in Wales by the Office for Statistics Regulation<sup>7</sup>. This review highlights longstanding issues around gaps, fragmentation and the need for more comprehensive, coherent and user-focused mental health data. In this context, we believe the priority should be to strengthen and build upon existing high-quality outputs, not to reduce them.

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<sup>7</sup> Review of mental health statistics in Wales, Office for Statistics Regulation (January 2026)  
[https://osr.statisticsauthority.gov.uk/wp-content/uploads/2026/01/Mental\\_health\\_statistics\\_in\\_Wales\\_report\\_FINAL.pdf](https://osr.statisticsauthority.gov.uk/wp-content/uploads/2026/01/Mental_health_statistics_in_Wales_report_FINAL.pdf)

RCPCH Wales is aware that the Royal College of Psychiatrists Wales will be responding separately to this consultation, including making specific calls for improved mental health data collection and publication. We support those calls and believe they reinforce the case for retaining the current scope and detail of the *Patients in mental health hospitals and units* report.

### **Admission of patients to mental health facilities**

Proposal: shorten the report, whilst expanding the amount of data on StatsWales

In its current form, this report is of more limited relevance from a child health perspective. The published analysis is largely whole-population and is not routinely disaggregated by age or by mental health specialty. In addition, the most recent publication relates to the period April 2021 to March 2022, meaning the data are now several years out of date, which further limits its usefulness for policy development, service planning and scrutiny.

However, we do not believe that shortening the report alone addresses the underlying issue, which is the lack of accessible, timely and child-specific data on admissions to mental health facilities. The Welsh Government's proposal to expand the amount of data available via StatsWales could be beneficial, but only if this expansion meaningfully improves the ability of users to understand patterns of need and service use among children and young people.

At present, linked datasets on StatsWales are primarily grouped by local health board, gender and legal status, with no routine breakdown by age range or by the mental health specialty with which patients are engaged. This represents a significant gap. Without age-disaggregated data, it is not possible to assess trends in admissions involving children and young people, and makes it more challenging to understand how pressures on child and adolescent mental health services compare with adult services.

While we would not oppose changes to the format or length of this report in principle, we believe that any reduction in narrative reporting must be accompanied by a clear commitment to expand, improve and disaggregate the underlying data. The priority should be to strengthen insight into mental health admissions for children and young people in Wales, not simply to streamline existing outputs.

### **Social services national outcomes framework: annual reports**

Proposal: shorten the report, whilst maintaining the current number of indicators.

We welcome the proposal to maintain the current number of indicators within this release. These indicators provide a vital, system-wide picture of well-being and outcomes for people in Wales and are particularly important for understanding the

wider determinants of health, safety and life chances for children and young people.

The report brings together data and analysis across a broad range of domains, including quality of housing, people's satisfaction with care and support, and inequalities between those receiving care and support and those who are not. The inclusion of indicators relating to mental health services, protection from abuse and neglect (including the proportion of children on local authority protection registers), school attendance for children receiving care and support, and community provision for families is especially important. Taken together, these measures support a more holistic understanding of safeguarding, well-being and resilience.

The combination of indicator data with narrative and commentary helps users to understand context, trends and disparities, rather than viewing individual measures in isolation.

Given the above, we are cautious about proposals to shorten the annual report. We feel greater clarity is needed on what shortening would involve and how it would avoid reducing accessibility, context or interpretability. Any changes should not undermine the ability of users to understand relationships between indicators, nor weaken the narrative that supports joined-up policy and practice across health, education and social services.

### **Other observations**

**Existing child-health data gaps:** RCPCH Wales has independently evidenced major gaps in child health data<sup>8</sup>. Any diminution of existing outputs risks further weakening the completeness and granularity needed to advocate for service change, identify bottlenecks and highlight specific investment needs. This would be contrary to the Welsh Governments' prevention agenda and the principles underpinning the Well-being of Future Generations (Wales) Act.

The availability and transparency of statistical outputs are also critical for enabling meaningful tracking of the Act's milestones and indicators. Without high-quality, routinely published data across health, social care and wider determinants, it becomes more difficult to assess progress, identify gaps and support the long-term decision-making that the Act requires.

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<sup>8</sup> Data relating to community child health services in Wales are not routinely published. To obtain this data, RCPCH submitted Freedom of Information requests to all health boards relating to the community paediatric workforce and for waiting lists for community and allied health professional services and neurodevelopmental assessment waits. See 'Collaborative Healthcare in Wales: Delivering the services children need in the community' (June 2025): [collaborative-healthcare-wales-2025.pdf](#)

**Comparability and continuity:** Shortening reports, changing formats or merging outputs can unintentionally create challenges in measuring performance and other indicators. For workforce data, trends in NHS care activity and expenditure data, continuity is critical for analysis, performance management and accountability. We therefore would implore the Welsh Government to carefully consider what mitigations need to be in place to avoid these unintended consequences.

We also emphasise the importance of ensuring that any changes to statistical publications are made in full awareness of cross-government reliance on these datasets. Many indicators used for monitoring child poverty, health inequalities and long-term well-being depend on stable, consistent statistical series. Departments across the Welsh Government that use these data sources for statutory monitoring or programme evaluation should be fully engaged in any redesign, to avoid unintentionally weakening the evidence base that underpins national policy and tracking outcomes.

**Timeliness:** Reducing publication frequency of current reports could materially affect how quickly problems are identified and addressed, including rota risks and access for children and young people to health services. Timely data is central to the consultation's ethos of meeting growing demand for "new and more timely statistics". Reductions would move in the opposite direction for health.

**User engagement:** We welcome the Welsh Government's and OSR's emphasis on genuine engagement. For high-impact health outputs, we would be keen to see the Welsh Government propose engagement with medical Royal Colleges and health boards before final decisions, and co-design of mitigations such as disaggregation of data and time-limited parallel reporting.

## 10. Do you have any other comments or suggestions about these statistics or other related outputs?

We have concerns about the accessibility and usability of statistical data following recent changes to the StatsWales platform. Traditionally, StatsWales provided a structured, familiar and highly navigable interface that allowed users to filter, export and interrogate data with ease. However, the recent changes have reduced functionality and made routine analysis more difficult, particularly for organisations such as ours which rely on timely, disaggregated datasets and tables to scrutinise performance and service pressures.

At the same time, the Welsh Government's proposals would shorten many statistical reports, reducing the narrative interpretation and contextual explanation that have previously supported transparency and accountability. Without improvements to the underlying data platform, the combination of shorter reports and a less intuitive data interface significantly increases the risk that scrutiny becomes harder rather than easier.

If the Welsh Government proceeds with shortening reports as proposed, then there must be substantial improvements to the accessibility, filtering and export features of Stats.Gov.Wales, including:

- clearer and more consistent navigation;
- more intuitive filtering (by age, specialty, Health Board and time period);
- Option to view data in dashboard-style tables

These enhancements would help ensure that users, including clinicians, researchers, policy organisations and the public, can continue to interrogate data meaningfully. Without such improvements, shortening outputs risks undermining the transparency aims of the consultation itself. Ensuring that open data remains genuinely accessible, navigable and user-friendly must be treated as a prerequisite for any streamlining of statistical publications.

## 7. Social Justice (including deliberate or grassland fires)

This theme includes statistics about social justice in Wales, covering topics such as justice, poverty, deprivation, equalities, and fires.

Some of these outputs are well-used and provide important evidence on inequalities, community safety and vulnerable people in Wales. Others are less used or available from other sources, so we're looking at ways to simplify or reduce them.

We want to make sure we keep the most useful and important data, including high-profile releases, while making better use of tools like StatsWales to share information more efficiently.

17. Do you agree or disagree with the proposals below?

Agree

Disagree

No opinion

### Discretionary assistance fund

Proposal: reduce frequency of publication from quarterly to 6 monthly

☐☒☐

18. Please tell us why you agree or disagree. Please be as specific as possible in your feedback, for example, tell us which releases you use and why they are important to you.

Reducing the frequency of reports on Discretionary Assistance Fund (DAF) payments could significantly weaken the ability of interested parties to track trends during an ongoing cost of living crisis, when household vulnerability, financial well-being and the wider determinants of health can shift rapidly. This data is a vital component in helping to understand the pressures faced by families, including those raising children, and helps inform targeted interventions by government, health boards, local authorities and third-sector partners.

This is particularly important given the Welsh Government's Child Poverty Strategy monitoring framework<sup>9</sup>, which draws on multiple datasets to assess the drivers and impacts of poverty on children. Maintaining frequent, reliable reporting helps ensure that indicators relevant to children's health and well-being remain robust and can be used meaningfully to track progress and target support.

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<sup>9</sup> Welsh Government Child Poverty Strategy Monitoring Framework (October 2024): <https://www.gov.wales/sites/default/files/statistics-and-research/2024-10/child-poverty-strategy-monitoring-framework.pdf>

For paediatrics, indicators such as rising claims for financial support and information relating to the condition of residential properties (particularly cold homes or those with damp and mould problems) can help interpret the wider social environment affecting children's health. Lower-frequency reporting risks masking short-term fluctuations or emerging risks, making it harder to identify where and when support is most needed.

If the Welsh Government proceeds with any changes to publication schedules, we strongly urge that reports linked to poverty and the wider determinants of health be maintained at least quarterly, and ideally published more frequently, not less. Reducing the cadence of these outputs would run counter to the consultation's stated aim of meeting growing demand for timely, high-quality statistics and risks weakening transparency at exactly the moment when robust, regular data is needed most.

19. Do you have any other comments or suggestions about these statistics or other related outputs?



## 8. Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

20. Name (optional):

Darren Griffiths

21. Organisation (if applicable):

Royal College of Paediatrics and Child Health (RCPCH) Wales

22. Telephone number (optional):

23. Address (optional):

24. Responses to the consultation may be published. Your response will be anonymous. However, if you would like your name to be published alongside your response, please tick the box.

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I agree to my name being published alongside my response to this consultation