

**This letter is signed by:**

Academy of Medical Royal Colleges Wales  
Age Cymru  
Alzheimer's Society Cymru  
Asthma + Lung UK  
ATAXIA UK  
British Dietetic Association  
British Society for Heart Failure  
Diabetes UK Cymru  
Faculty of Intensive Care Medicine  
Fair Treatment for the Women of Wales  
Faculty of Public Health  
Hospice UK  
Kidney Wales  
Leonard Cheshire  
Macmillan Cancer Support  
Marie Curie

MS Society Cymru  
National Autistic Society Cymru  
Parkinson's UK Cymru  
Royal College of General Practitioners  
Royal College of Occupational Therapists  
Royal College of Pathologists  
Royal College of Physicians  
Royal College of Psychiatrists  
Royal College of Surgeons of Edinburgh  
Royal College of Surgeons of England  
Royal College of Speech and Language Therapists  
RNIB Cymru  
Stroke Association  
Tenovus Cancer Care  
Wales Neurological Alliance

**Health and Social Care Committee**

Senedd Cymru  
Cardiff CF99 1SN

**22 July 2022**

Dear Senedd committee members,

**Setting up an NHS executive for Wales**

In response to your email of 10 June 2022, we are writing to you about the Welsh government proposal to establish the NHS executive as a hybrid model rather than a standalone organisation. Thank you for asking for our feedback, which we hope is constructive.

Since the publication of the [Welsh government's national clinical framework](#) (NCF) in March 2021, and before that, [A healthier Wales](#) in 2018, the [parliamentary review of health and social care](#) in 2017, and the [OECD review of healthcare quality in 2016](#), patient advocacy groups, health and care professionals and other stakeholders have awaited further detail about the Welsh government's plans to implement recommendations calling for a stronger central guiding hand, additional transformational capacity and the streamlining of current structures.

*'In Wales, while local autonomy and innovation is encouraged, local health boards (established in 2009) do not appear to have sufficient institutional and technical capacity to drive meaningful innovation and quality gains. A stronger central guiding hand is now needed to play a more prescriptive role.'* ([OECD, 2016](#))

In November 2021, a number of third sector organisations in Wales came together to launch [Ending the postcode lottery](#), which called for a clinically led, independent executive to deliver the NCF, while setting out some key examples of why this was needed.

Instead, on 18 May 2022, the Welsh government announced that they plan to *'establish the NHS executive as a hybrid model, rather than a standalone organisation. It will comprise a small, strengthened senior team within Welsh government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies in the NHS, which will operate under a direct mandate from Welsh government.'*

These national bodies will include the finance delivery unit, the performance delivery unit, Improvement Cymru, and the NHS Collaborative. There will be *'a formal implementation programme [within Welsh government, chaired by Judith Paget, to] oversee the establishment of the NHS executive and the detailed work that will now begin.'* The government's *'aim is to have made substantial progress on how the NHS executive will operate in practice by the end of this year [2022].'*

### **Our collective view**

As a group of organisations, we have serious concerns about this direction of travel. There still seems to be no overall detailed plan or strategic national approach to addressing the growing sense of crisis in health and social care. There is still huge variation in the quality of services provided by different health boards and local authorities, especially in the context of growing waiting lists and the planned care backlog. Most condition-specific delivery plans have now (or are about to) come to an end, risking the loss of a coherent and joined up approach for the NHS bodies and clinicians responsible for delivering these services across Wales.

The lack of available detail on how the executive will function means that external stakeholders are unable to offer constructive feedback to the Welsh government. Lengthy timescales for implementation do not imply urgency, and the overall lack of open and genuine consultation around clinical strategies, quality statements, and implementation plans with the third sector, health and care professionals, patient groups, and other stakeholders is concerning. The new executive should be at arms-length from government and clinically led, with the patient voice at the centre, yet it is difficult to see how this will be the case, given the proposed model.

Perhaps most concerningly, there appears to be a lack of recognition at a very senior, national level that this proposal – *'a small, strengthened senior team within Welsh government'* – does not meet the recommendation of the 2017 cross-party parliamentary review that the NHS in Wales would benefit from *'a clearer separation between the NHS Wales national executive function, and the national civil service function ... there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and social care priorities as set by Welsh government ministers.'*

### **Why is this important?**

An independent NHS Wales executive would separate operational management from political strategy; at present, there is no real distinction between the Welsh government and the NHS. An elected government is (by definition) a political machine that sets objectives and targets within a limited timeframe. As an example, Welsh government ministers should decide whether cancer is a priority, but not what the cancer implementation plan should look like.

An identifiable, respected and independent NHS leadership could provide stability outside of the electoral cycle, facilitate politically difficult debate about the future of health and care, challenge traditional thinking, and encourage clinically led innovation and improvement. Political arguments can damage the reputation of the NHS which in turn affects staff morale, patient care, and service delivery – an independent NHS would put in place a buffer between politics and healthcare. This would reduce political interference, encourage cross-party compromise, and allow decisions on planning and resource to be made based on high quality patient care, not populism.

Clearly, ministers would retain ultimate accountability for the NHS. They would still appoint the board, negotiate funding and set priorities and objectives, while the Senedd would still pass and scrutinise legislation, agree funding and improve financial accountability.

However, we need the NHS to show more ambition, drive and vision, while being more open and transparent in how it collaborates with patient groups, the third sector, and other stakeholders. The people of Wales must be given the opportunity to take a more active role in the way their public services are developed and delivered. The pace of change needs to speed up: sixteen months since the publication of the NCF, we have seen only five quality statements published by the Welsh government, no implementation plans, and no tangible progress on setting up national clinical networks. The proposed hybrid model lacks legislative competence over health boards and trusts and cannot mandate action – at present, for example, there is no way to require NHS health boards and trusts to work together regionally across organisational boundaries – something which will be absolutely vital to improving performance outcomes and tackling the planned care backlog in the coming years.

### **Collaboration is key**

In our letter to Judith Paget, dated 31 March 2022 (attached) we asked a number of specific questions around quality statements, implementation plans and clinical networks. Her reply, dated 4 May 2022 (also attached) does not set out any specific timelines or provide detailed answers to many of our questions. She did, however, tell us that:

- The NCF remains a key commitment and priority for the Welsh government.
- An implementation programme has been agreed by the NHS Wales Leadership Board.
- The NCF interim clinical programme director:
  - has established a stakeholder group within Welsh government
  - meets regularly with the deputy CEO for NHS Wales
  - chairs a monthly meeting of clinical leads.
- An external stakeholder forum will be established in the coming months.
- A workstream to develop national clinical networks is being developed.
- The Welsh government is in the process of agreeing the next set of quality statements.
- NHS bodies should collect, present and use outcome data to improve care.

The Welsh government has repeatedly made a clear commitment to working in partnership with public bodies, the third sector, professional bodies and other stakeholders. [Health and social care in Wales – COVID-19: Looking forward](#) (March 2021) acknowledges that ‘the pandemic has provided an opportunity for key partners to work in much closer collaboration and this approach needs to be built on during recovery.’ The [NHS Wales annual planning](#)

[framework 2021–2022](#) says that ‘all plans for service change must be grounded in evidence, informed and shaped by effective collaborative arrangements with patients, carers, clinicians, staff, local communities and wider partners.’ The [Welsh government’s programme for transforming and modernising planned care and reducing waiting lists in Wales](#) recognises that ‘third sector organisations continue to play a vital role in this area [and the Welsh government] will involve the public more in service design and transform services through co-production and collaboration.’

It is difficult to see how the Welsh government sees the third sector and other stakeholders as essential partners in the planning and delivery of health and care services when external organisations are not being routinely or effectively involved in decision-making. At the time of writing, we have not yet received any further detail on the schedule for the next set of quality statements. Neither have we received any more information about the wider external stakeholder forum, a term which implies arms-length dissemination of information and not the genuine collaboration and partnership working that we would like to see.

Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014, and we are repeatedly told that it is a guiding principle of the Welsh government and the NHS in Wales, yet many third sector organisations are still struggling to engage effectively with the development of quality statements and implementation plans – organisations that have the expert knowledge and skills to ensure that these work for the people of Wales.

### **Next steps**

The written statement from the minister for health and social services, *Update on setting up an NHS executive for Wales* (18 May 2022) suggests that the new executive will support the NHS to deliver improved quality of care by providing strong leadership and strategic direction. However, it is not immediately clear what will change in practice to enable this outcome, which is disappointing given the urgency of the current challenges facing the NHS in Wales.

In previous correspondence with you, we suggested that the Senedd health and social care committee may want to consider how the Welsh government can be best held to account in delivering its ‘*vision for the strategic and local development of NHS clinical services*’ (NCF, 2021) – possibly by holding a short/one-day inquiry into the implementation of the national clinical framework and proposals for the NHS Executive. In addition, some five years since the publication of [A healthier Wales](#), the committee may also want to consider whether this is an opportunity to review the progress made in implementing the Welsh government’s long term plan for health and social care. While we acknowledge that the pandemic has caused unprecedented disruption over the past two years, it is now more important than ever that we move forward with developing a world-class health and care service for the people of Wales.

We are keen to reiterate that closer collaboration, open and transparent two-way communication, and genuine co-production of clinical services with patient groups and health and care professionals will be vital to the success of this vision.

We would be very happy to meet with you to discuss these issues in more detail.

We look forward to hearing from you.

This response is signed by:



Coleg Brenhinol y Meddygon (Cymru)



Gofal a chefnogaeth drwy salwch terfynol  
Care and support through terminal illness



31 March 2022

Dear Judith,

## **A patient centred, clinically led recovery plan for NHS Wales**

A year since the launch of the [National Clinical Framework](#) (NCF), we have come together as 34 organisations working across health, social care and the third sector in Wales to ask you for an update on the implementation of the NCF and the establishment of an NHS Wales Executive.

Although the concept of the NCF pre-dates the pandemic, it has huge potential to help the NHS in Wales recover from the impact of COVID-19. Developing national clinical networks at scale and pace under the new NHS Wales Executive will enable a learning health and care system that works with health boards and trusts to improve patient care and outcomes. This is an approach resonant with the findings of the [LSE–Lancet Commission on the future of the NHS](#) (2021) and one we endorse.

In November 2021, a group of 22 organisations came together to launch [Ending the postcode lottery](#), which called for a clinically led independent NHS Wales Executive, tasked with delivering the NCF. However, progress appears to have stalled and there seems to be little knowledge of the NCF or the proposed Executive among wider stakeholders.

To be successful in driving change within the NHS and helping our health service to recover from the pandemic, the NCF will require specific resource: not only to develop and roll out the framework across Wales, but also to build effective national clinical networks.

As a group of organisations, we are therefore writing to you today to ask:

- How many people at a national level in Welsh Government are working to develop the NCF?
- How is the NCF being used to inform NHS service delivery and COVID-19 recovery plans?
- How does the Welsh Government intend to engage more widely with external and clinical stakeholders on the implementation of the NCF?

### **National clinical networks**

So far, there appears to be little progress made in setting up national clinical networks. We would like to know:

- How many networks will there be, and what will they be responsible for?
- How will they be established and governed?
- How will the networks be managed and held to account for delivering the aims of the NCF?

Many of the existing NHS Wales collaborative networks, major conditions groups and national programmes are already unsure of their own position in the health landscape. The current system is overly complex to navigate and it is not clear how much open consultation is taking place with external and clinical stakeholders and third sector organisations. We would like to know:

- How does the Welsh Government intend to engage constructively, openly and proactively with external stakeholders during the implementation of the NCF, the design of quality statements and the establishment of the NHS Wales Executive?

### **Quality statements**

Neither is it clear how many quality statements are planned: we know that four have been published online (cancer, heart conditions, critical care and stroke) and we believe that at least seven others

are in development (end-of-life, women's health, neuro-conditions, respiratory, diabetes, renal and liver) – but there is no obvious public engagement process in place for either individuals or organisations to feed back on the content of these quality statements or implementation plans. Where quality statements have been published, the process of formally agreeing implementation plans has, in some cases, slowed down or stalled completely.

More worryingly, where quality statements and implementation plans have not yet been agreed, there is no national plan for some of these areas because many of the existing strategies and delivery plans have now (or are about to) come to an end. This risks a lack of direction for the NHS bodies and clinicians responsible for delivering these services across Wales.

With this in mind, we would like to know:

- What is the intended purpose of quality statements?
- How many quality statements are planned? What will they cover?
- What is the relationship between quality statements and the clinical networks?
- When will the Welsh Government publish the implementation plans for the four existing quality statements?
- How will the Welsh Government ensure that implementation plans are monitored and evaluated for how they improve patient outcomes?
- How will the Welsh Government work with patient-led organisations to ensure high-quality patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) are consistently gathered, evaluated and used across all NHS delivery bodies?

The Minister for Health and Social Services recently announced that she was expecting to receive advice on a system for prioritising, agreeing and publishing quality statements. Given that the NCF was published a year ago, it is concerning that such a system has not been designed before now. She also said that existing and future quality statements are being taken forward by health boards and trusts in their IMTPs and national programmes, networks and implementation groups will support NHS organisations through the development of enabling plans. We would like to know:

- How does the Welsh Government intend to hold NHS organisations to account in delivering quality statements/implementation plans and ensuring consistency across health boards?
- Will there be a specific process in place to monitor and evaluate their progress?

Some of our organisations have recently had sight of the draft NHS Wales Plan to Transform Planned Care Services and Reduce Waiting Times. A plan of this nature is likely to be most effective when driven by a national organisation (the new Executive) which has the authority to hold NHS bodies to account and take a strategic approach incorporating the NCF and other government plans.

### **Next steps**

In July 2021, we wrote to your predecessor, Dr Andrew Goodall to ask the Welsh Government to:

- establish the new NHS Wales Executive as an independent statutory body, with the oversight and levers to drive improvements across all NHS organisations in Wales
- undertake a public-facing mapping exercise to clarify how many national programmes and networks will sit under the Executive, and how the third sector can engage proactively with their work
- explain how NHS Wales delivery bodies will be held to account in delivering the National Clinical Framework.

His response was that ‘we are currently considering the proposals for the NHS Executive and it would be helpful to have a discussion when these are further developed.’ Unfortunately, we have not received any further communication since this response, dated 4 August 2021.

We recognise and understand that the past two years have been the most difficult in NHS history. The pandemic has exacerbated ongoing financial pressures, worsened health inequalities, increased NHS workforce shortages and disrupted health professional education and training. However, as we said in our previous letter to Dr Goodall, it has never been more important for our nation that the NHS is truly empowered to tackle disease, promote wellbeing, and become sustainable for future generations: the National Clinical Framework, driven by the NHS Wales Executive provides us with the opportunity to do this, but only if it has the profile, resource and authority to deliver results.

We are very much looking forward to your responses to the important questions raised above. We would also be very happy to meet with you to discuss the points that we have raised and we are especially keen to support you to engage with clinicians and patient advocates as quality statements are developed and clinical networks and national programmes are established.

We look forward to hearing from you.

With best wishes,

**This letter is signed by:**

Academy of Medical Royal Colleges Wales	Parkinson’s UK Cymru
Asthma + Lung UK Cymru	Prostate Cancer UK
Cancer Research Wales	RNIB Cymru
Cancer Research UK	Royal College of Anaesthetists, Welsh Advisory Board
Chartered Society of Physiotherapy	Royal College of General Practitioners
Child Brain Injury Trust	Royal College of Occupational Therapists
Diabetes UK Cymru	Royal College of Ophthalmologists
Faculty of Dental Surgery of the Royal College of Surgeons of England	Royal College of Pathologists
Faculty of Intensive Care Medicine	Royal College of Physicians
Fair Treatment for the Women of Wales	Royal College of Psychiatrists
Hospice UK	Royal College of Speech and Language Therapists
IHPN Wales	Royal College of Surgeons of Edinburgh
Kidney Wales	Royal College of Surgeons of England
Macmillan Cancer Support	Stroke Association
Marie Curie	Tenovus Cancer Care
Motor Neurone Disease Association	Wales Neurological Alliance
MS Society Cymru	
National Autistic Society Cymru	

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Lowri Jackson  
Head of policy and campaigns for Wales  
Royal College of Physicians  
By Email: [REDACTED]

Our Ref: JP/JJ/SB

4 May 2022

Dear Lowri

### **A patient centred, clinically led recovery plan for NHS Wales**

Thank you for your letter dated 31 March 2022. I agree that the National Clinical Framework will be an important part of our recovery from the pandemic. The National Clinical Framework (NCF) remains a key commitment and priority under *A Healthier Wales* and as such we are taking a number of steps to accelerate progress as we begin to move out of the immediate Covid-19 pandemic response. Some of the detailed plans are still in development but I am able to share the following details with you.

### **Implementation Programme Arrangements**

I can confirm that an implementation programme to support delivery of the priority actions contained within the NCF was recently agreed at the NHS Wales Leadership Board. It will be overseen by our Chief Medical Officer, Sir Frank Atherton and will be accountable to a NCF Steering Group.

Many of the actions are already in train. For example: The Welsh Value in Health Centre is leading the implementation of the Value in Health Strategy; a Quality and Safety Implementation Programme is being established to implement the Quality and Safety Framework and the Planned Care Programme is leading on a number of transformational clinically led programmes, such as the PSA self-management programme. Progress on these will be reported through the respective programme structures.

A core team is providing leadership and coordination of the implementation programme. The core team currently comprises of the NCF Interim Clinical Programme Director and a senior planner. They have established a stakeholder group within Welsh Government to ensure collaboration with key policy leads in both progressing implementation of the NHS and in ensuring alignment of policy to the underpinning principles of the NCF.

This core team is accountable to the Welsh Government Chief Medical Officer via the overarching NCF Steering Group.

### **Links between the NCF and Planned Recovery Programme**

The NCF Interim Clinical Programme Director meets on a frequent basis with the Deputy CEO for NHS Wales who leads the recovery programme. The Deputy CEO is also a member of the NCF Steering Group. We are working closely to ensure the principles within the NCF inform and align the development of recovery plans and the direction of national programmes. The NHS Wales Planning Framework 2022-25 also required NHS organisations to align their recent Integrated Medium Term Plans (IMTPs) submissions to delivery of the National Clinical Framework. We are currently assessing the ITMPs which were submitted on 31 March.

### **Engagement and the future role of clinical networks in the delivery of the NCF**

The NCF Interim Clinical Programme Director chairs a monthly meeting of clinical leads including those leading Clinical Networks and national Programmes from across the NHS and uses this forum to engage clinical leaders in shaping the implementation programme. A wider external stakeholder forum will also be established as part of the NCF Implementation Programme in the coming months.

We are establishing a work stream to implement the actions in the NCF relating to clinical networks which will be tasked with reviewing and determining the future arrangements for clinical networks, including their future role and function. Their future governance arrangements will also be considered but will be part of the wider NHS Executive governance arrangements, once established.

It is important to note that it is not the sole responsibility of clinical networks to deliver the NCF. In this respect they provide an enabling role in supporting implementation of the NCF by NHS organisations, for example, by agreeing national pathways, sharing best practice, peer review and data comparison. NHS organisations will also be held to account for delivery of the NCF.

### **Development of quality statements and role of clinical network**

Quality Statements set out the vision for specific clinical services, underpinned by more detailed service specifications. They describe the outcomes and standards we expect to see in high quality, patient focussed services. These are then underpinned by more detailed service specifications which will be developed by Clinical Networks, for example the Cancer Quality Statement is now supported by service specifications for Hepato-Pancreato-Biliary Surgery and Oesophago-Gastric Surgery.

We are in the process of agreeing the next set of Quality Statements. We will be able to provide further detail on the schedule of these once confirmed.

The Welsh Government officials responsible for leading the development of quality statements do so through existing Clinical Networks and Implementation Groups which include a range of external stakeholders from the NHS and third sector in addition to patient representatives / specific patient engagement processes. As noted above, a wider external stakeholder forum will be established in the coming months to ensure we engage with colleagues on specific issues and also report progress with the implementation programme; this will include third sector and professional representation.

## **Development of the NHS Executive**

We are continuing to develop plans for a new national NHS Executive function to provide stronger leadership and strategic direction to the health system, as announced in *A Healthier Wales* and reconfirmed in the Programme for Government. Whilst work was paused in order to focus efforts on the Covid response, this has allowed learning from the pandemic to be built into developing thinking and proposals are now at an advanced stage. We have undertaken informal engagement with NHS system leaders to test our thinking further and will make a formal announcement, including next steps on its establishment and plans for wider engagement, in due course.

These plans are intended to ensure a more transparent and consistent approach to implementation and ensure an all-Wales overview, including in respect of delivery of the NCF and related quality statements as part of a wider mandate. Whilst these strengthened national and regional planning arrangements will not remove the accountability of local organisations to deliver against the plans, the NHS Executive will provide more central direction to ensure consistency and equity of approach.

## **Use of outcome data**

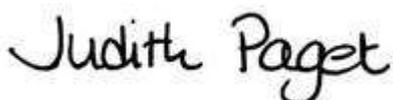
With the recently published Welsh Health Circular on Welsh Value in Health Centre: data requirements (WHC/2022/005), we have updated and strengthened the expectation that data on clinical and patient-reported outcomes is collected, presented and used to inform value-based decision making and direct clinical care. Health boards and trusts are also required to share this outcome data with Digital Health and Care Wales who will produce information tools visualisations to support delivery and engagement.

A key objective of the Value-Based Recovery Allocation to health boards for 2022-23 was the development of a delivery programme for PROM collection, with organisations setting out how they will expand PROM collection in their IMTPs. The Welsh Value in Health Centre provides support and leadership to health boards and trusts to ensure a coordinated approach to national PROMs.

I appreciate the broad range of colleagues that have taken the time to engage and consider the NCF constructively and I hope this response is helpful.

In the meantime, I will share your letter with the NCF Steering Group and will ask them to consider the points you raise as part of their discussions.

Yours sincerely



**Judith Paget CBE**