

**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

