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9 September 2022

NHS Executive stakeholder questionnaire

RCP Cymru Wales response

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The Royal College of Physicians (RCP) welcomes this stakeholder questionnaire on the new NHS Executive. Below is our response. We have tried to be concise but where you would find more detailed information helpful, we are happy to provide further written or oral evidence. We have also submitted this response through the link provided by Welsh government.

1. What are your thoughts on the role and purpose statement for the NHS Executive?

To date, it remains unclear how the NHS Executive will be able to influence, enable, support, or challenge NHS delivery bodies in Wales at an operational level to address its mission, role, and purpose as outlined above. 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.'*

We have serious concerns about this direction of travel, and in July 2022, we were one of 31 organisations that wrote to the NHS Wales chief executive with our concerns. 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 so far 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.

It is unclear how the NHS Executive will, in practice, direct other organisations to *'transform clinical services'*, without the additional legislative competence required to give them the levers to *'direct'* health boards to change services that they consider appropriate for their populations is not clarified, given the directed functions regulations which came into force on 1 October 2009. It would be helpful if the new NHS Executive could clarify how they have squared this circle and reached agreement with NHS bodies across Wales about how they will deliver this change in practice.

2. If you could set three high level outcomes for the NHS Executive what would they be?

a. The reduction of regional and local variation in service delivery. More equitable, innovative, and safe services and treatments for the people of Wales should be at the heart of the outcomes being driven for the NHS Executive. *Together for health* delivery plans often failed to deliver major improvements or reduce variation because there was no clear or detailed direction on how they should be implemented by health boards. Quality statements and implementation plans could have been the opportunity to improve on this situation; instead, there is a real risk that this chance is being missed.

b. More transparency and accountability on how national policies are being delivered at a local level. It is often unclear how individual health boards and other NHS bodies in Wales implement the policy objectives set by the Welsh government, NHS Collaborative programmes and networks, and other national bodies. There is often little to no transparency on how implementation is measured, how organisations are held to account, and what support and sanctions are in place should targets not be met. We need better, publicly accessible data to be published more regularly so that we can measure progress, alongside regular milestones and deliverables.

c. A stronger clinically led central guiding hand on workforce and service planning. At present, health boards operate very independently of each other on recruitment, retention and service planning. While they are encouraged to work together on a regional basis and communicate across organisational boundaries, this isn't not happening at the scale and pace we need it to. The new NHS Executive should take a stronger central guiding hand to ensure that services and workforce models are genuinely clinically led, and patient centred. This is an incredibly complex system, and the clinical voice must not be excluded: frontline nurses, doctors, therapists, pharmacists and other health and care professionals should be at the very centre of the conversation, making high-level decisions and leading the development of services across

Wales. They should be empowered and enabled to advocate for patients and their support networks.

3. To deliver those outcomes do you think the suggested functions for the NHS Executive are the right ones?

This is a good start, although the devil will be in the detail. A 'once-for-Wales' approach will be useful in some areas, while local innovation should be encouraged in others. However, the over-arching principle should be that health and care professionals should lead change: genuine clinical engagement (not just endorsement) is absolutely essential to how these functions are carried out.

4. What do you think should be included in the first set of priorities for the NHS Executive?

The priorities for the NHS Executive should be to deliver the high-level outcomes for the organisation (as set out in the answer to Q2 – the reduction of regional and local variation in service delivery, more transparency and accountability on how national policies are being delivered at a local level, and a stronger clinically led central guiding hand on workforce and service planning). Priorities along with action plans and performance management targets should be published and regularly reviewed.

5. Are there any other parts of the NHS system that should be brought into the NHS Executive function?

Other bodies that could be considered for inclusion (if they are not already) could include the All-Wales Medicines Strategy Group, Health Technology Wales, WHSSC, NWSSP. The proposed relationship with the Welsh Life Sciences Hub should be clarified.

6. How should the NHS Executive function oversee of the delivery of key priorities by NHS organisations?

The NHS Executive should be as open and transparent as possible in how they hold NHS delivery bodies to account in adopting and implementing national policy. There should be regular, publicly available and accessible updates to benchmark progress being made by individual NHS bodies, with explanatory notes giving reasons for any disparities and the measures being taken to address these.

7. How should we measure the effectiveness of the NHS Executive function?

The effectiveness of the NHS Executive function should be measured against a series of high-level outcomes and priorities set through rigorous targets and performance measures. These should be agreed and monitored not only by the Welsh government and NHS bodies, but also by a wider external stakeholder group. The executive should be enabled to make real change in

the health and care system and if this is not happening, this should be picked up and changes made where action isn't happening.

8. What key skills/expertise are currently lacking in the system that we should strengthen in developing the NHS Executive function?

- Data collection and analysis
- Long- and short-term workforce analysis and planning
- Collaborative and genuine external engagement
- Innovation and transformation of care at scale and pace
- Clinical engagement and inspirational leadership

9. What information and data needs to be available to the NHS Executive to enable it to oversee the system?

Much of the data and information that is available to NHS Wales and the Welsh government is not in the public domain. For greater transparency and the ability to work more collaboratively, the information and data available to the NHS Executive (which informs its targets and work programme) should be made available to those stakeholders with an interest in this area. Without this level of transparency, it is unclear how the executive will be able to robustly defend its role in 'overseeing' the health and care system in Wales or make informed decisions about the impact of its work, or that of the wider health and care system.

10. How best do you think this could be achieved?

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.

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.

11. What mechanisms would need to be in place?

The Welsh government and the NHS Executive should commit to genuine, ongoing public engagement with external stakeholders, patient groups, the third sector and health and care professionals, as well as trade associations and commercial bodies – indeed, any organisation with an interest in the health and care system in Wales. The new NHS Executive should review best practice, strive to be more inclusive and deliver a genuinely co-produced model of care.

12. Are there any further views you would like to share with the implementation programme?

In July 2022, 31 organisations from across the health and care sector, including royal colleges, faculties, third sector bodies and patient groups came together to publish a collective view on the proposed hybrid model for the NHS Executive for Wales. There is real strength of feeling among stakeholders that 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 also recognise that for now, the decision has been made to establish the executive as a hybrid model, a small senior team within government to oversee the work of selected NHS organisations. Now we need the NHS and Welsh government 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: almost eighteen months since the publication of the NCF, we have seen only five quality statements published by the Welsh government, no implementation plans, and very limited progress on setting up national clinical networks. The new executive must be clinically led, with engagement – not endorsement – on how it operates and designs clinical services.

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.

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.

Finally, in the interests of transparency, future consultations on the establishment of the NHS Executive function – as with other changes to the health and care system in Wales – should be carried out through a widely communicated, public consultation. It is disappointing that this survey was sent only to a small number of selected individuals and organisations.

Educating, improving, influencing

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. We represent over 40,000 physicians and clinicians worldwide – educating, improving and influencing for better health and care. Over 1,500 members in Wales work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

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