

## Recommendations from the Audit Wales Report Welsh Health Specialised Services Committee Governance Arrangements

### Audit Tracker– Update January 2022

In May 2021, Audit Wales published the “Welsh Health Specialised Services Committee Governance Arrangements”<sup>1</sup> which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government’s long-term model for health and social care ‘A Healthier Wales’, and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<b>Quality governance and management</b>				
<b>R1</b> Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.				
a) We will include in our routine reports to Joint Committee (JC) on quality, performance and finance a section highlighting key areas of concern to promote effective focus and discussion.	Sept 2021	Director of Finance  Director of Nursing & Quality  Director of Planning	As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each Joint Committee (JC) meeting have evolved to include additional detailed analysis of the position and any key points to promote effective focus and discussion. For 2021 the position is very stable with an improving underspend position.	Completed

<sup>1</sup> [Welsh Health Specialised Services Committee Governance Arrangements \(audit.wales\)](https://audit.wales.gov.uk/reports-and-publications/welsh-health-specialised-services-committee-governance-arrangements)

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>In addition, to ensure effective governance we have reviewed the structure of the committee report template for routine reports (including for quality, performance and finance) and have updated it to include a section on governance, quality and risk which specifically captures key areas of concern to promote effective focus and discussion. This ensures effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients. This will be used from January 2022 onwards.</p> <p>The new template was considered by the Corporate Directors Group Board (CDGB) in September and in November 2021, and was considered by the Integrated Governance Committee (IGC) on the 12 October and will approved by them on the 13 December 2021.</p> <p>The JC received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			concern. The presentation was also given to the Management Group (MG) sub committee on the 23 September 2021 for assurance.	
b) We will develop a revised suite of routine reports for JC that will include elements of the activity reporting, that we introduced during the pandemic, and will take into account the quality and outcome reporting that is currently being developed by Welsh Government (WG).	Mar 2022	Director of Finance  Director of Nursing & Quality  Director of Planning	As a consequence of the COVID-19 pandemic the routine reports on activity, quality and financial performance presented to each JC were reset to include more explicit, measurable intentions to measure achievement against. This includes detailed analysis of the position and any key points to promote effective focus and discussion.  Detailed activity performance reports are prepared on a monthly basis and provide qualitative information and quantitative data to the JC and MG. The reports detail delivery by provider and specialty against historic performance and waiting times. Prospectively activity reports will also include performance compared to provider agreed recovery plans and waiting list profiles. A presentation dashboard format of the waiting times position has been agreed and details variation from agreed activity delivery, referral rates and overall waiting lists whenever possible.	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>The activity dashboard will evolve and align to the quality and outcome reporting that is currently being developed by Welsh Government (WG).</p> <p>The WHSSC Commissioning Assurance Framework (CAF) was considered by the JC in May 2021 and approved in <u>September 2021</u>. Assurance against the CAF is achieved through service specifications, Service Level Agreement (SLA) and performance monitoring through the Quality and Patient Safety Committee (QPS) and the Integrated Governance Committee (IGC).</p>	
<p>c) We will encourage members of the JC to engage in consideration and discussion of key areas of concern that are highlighted.</p>	<p>Sept 2021</p>	<p>Chair of WHSSC</p>	<p>The Joint Committee received a detailed presentation on "Recovery" at its meeting on the 7 September 2021 which focussed on quality, performance and finance and which highlighted key areas of risk and concern.</p> <p>The Recovery presentation encouraged wide-ranging discussion and it was agreed that structured highlight reports will be presented to the JC from November 2021 onwards.</p> <p>Following on from the recovery discussion WHSSC have requested further detailed plans from providers as</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>additional detail was required from HBs in some areas.</p> <p>As part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked on a development programme, which included the JC participating in an equity workshop in May 2021, and there are plans for further development sessions to review the Integrated Commissioning Plan (ICP) and to revisit equity going forward.</p>	
<p>d) We will include routinely at JC an invitation for an oral report to be delivered by, or on behalf of, the Chair of the WHSSC Quality &amp; Patient Safety Committee (Q&amp;PSC) based on the written report from the Chair of Q&amp;PSC.</p>	<p>Sep 2021</p>	<p>Chair of WHSSC/ Committee Secretary</p>	<p>Each JC meeting receives a Chairs assurance report from each of the sub-committees which provides an update on the business discussions of each sub-committee meeting. Each relevant chair is asked to present the Chairs report and to outline any salient points during the JC meeting.</p> <p>The Chair of WHSSC invites the Chair of the Quality &amp; Patient Safety Committee (QPSC)/and or the Director of Nursing and Quality as Executive lead to provide a verbal update based on the written report at each JC meeting.</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<b>Programme Management</b>				
<b>R2</b> Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.				
<p><b>a) Building Programme Management competency/capacity</b> A number of new staff have recently joined WHSSC in senior positions in the planning team who bring with them strong programme and project management skills. There are 'lunch and learn' sessions planned to share this approach, and the use of common templates is embedding, it is anticipated that this approach will grow programme management competency and capacity within the organisation. The approach is already starting to embed in the way the planning team operates, with programme management approaches already applied to the two strategic pieces committed to through the 2021 ICP (namely paediatrics and mental health) and to the management of the CIAG prioritisation process. Common templates apply to highlight and exception reporting, risk logs and timelines/milestones.</p>	Nov 2021	Director of Planning	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including:</p> <ul style="list-style-type: none"> <li>• undertaking a recruitment exercise to appoint 3 dedicated Project Manager roles (2 generic PM roles and one to specifically support Traumatic Stress Wales (TSW)), The posts work as part of the PMO hosted within the planning directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC,</li> <li>• the PM roles will review our existing programme management methodology, and introduce new specific templates for project initiation, project highlight reports, risk assessments and project closure reports,</li> </ul>	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<ul style="list-style-type: none"> <li>develop a project management training package,</li> <li>provide project highlight updates to JC.</li> </ul> <p>Programme Management arrangements are now in place for all new programmes of strategic work (e.g. Paediatrics and Mental Health).</p>	
<p><b>b) Programme management on WHSSC commissioned services.</b> Programme arrangements have previously been used for strategic service reviews and the development of the PET (positron Emission Therapy) business case. We will further develop this approach as outlined above, i.e. through a common approach to programme management across the organisation and to and the use of common templates. These will become the basis of reporting through programme structures and as necessary to Joint Committee.</p>	Nov 2021	Director of Planning	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of new commissioned services including:</p> <ul style="list-style-type: none"> <li>the programme management arrangements for the All Wales Positron Emission Tomography (PET) Programme demonstrate how WHSSC has developed and strengthened its approach to programme management and the Programme Business Case (PBC) for the project was approved by HBs and endorsed by Welsh Government (WG) Ministers on the 25 August 2021. The All Wales PET Programme Board will utilise its governance structure and reporting arrangements to provide ongoing assurance on</li> </ul>	Completed

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>progress and it is proposed that it reports into the JC going forward,</p> <ul style="list-style-type: none"> <li>• we have appointed 3 dedicated Project Manager roles. The posts work as part of the PMO hosted within the planning Directorate to share learning, skill and competencies, as well as integrating a project management approach across WHSSC,</li> <li>• the PM roles will review our existing programme management methodology, and introducing specific templates for project initiation, project highlight reports, risk assessments and project closure reports,</li> <li>• developing a project management training package,</li> <li>• providing project highlight updates to JC.</li> </ul> <p>With increased project and programme management capacity and competency, this structured approach will be adopted consistently for all future major projects.</p>	



Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p><b>c) HB Commissioned Services</b> – when services are not the sole responsibility of WHSSC, and where the senior responsible officer is outside of WHSSC, we will contribute to the programme arrangements, offering clarity about the role of WHSSC and the scope of the responsibilities it has within the programme. We will seek to deliver against any key milestones set, and report progress, risk and exception accordingly.</p>	<p>Oct 2021</p>	<p>Director of Planning</p>	<p>We have built programme management capacity and competency and implemented programme management arrangements for the introduction of projects for new commissioned services. Each project has its own specific terms of reference outlining the purpose and scope of the project, and including the membership and roles and responsibilities.</p> <p>Where services are not the sole responsibility of WHSSC we ensure that the membership includes representatives from Health Boards (HBs), professional groups etc and that the project plan includes measurable milestones with regular reports on progress being presented to the reporting sponsor, for example the JC.</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<b>Recovery Planning</b>				
<p><b>R3</b> In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on:</p> <ul style="list-style-type: none"> <li>a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.</li> <li>b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening.</li> <li>c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.</li> </ul>				
<p><b>a) Managing backlog of waits whilst reducing harm</b></p> <ul style="list-style-type: none"> <li>i. Introduction of real-time monitoring and reporting of waiting times to Management Group and Joint Committee</li> <li>ii. Review of recovery plans with Welsh provider Health Boards,</li> <li>iii. Regular Reset and Recovery meetings with services to monitor performance against plans. Significant variance from plans will be managed through the WHSSC escalation process</li> <li>iv. Introduction of the WHSSC Commissioner Assurance Framework (CAF),</li> <li>v. Workshop with Joint Committee members on how to deliver 'equity' in specialised services. Report shared with HBs and WG.</li> </ul>	<p>Sep 2021</p> <p>Jul 2021</p> <p>From Apr 2021</p> <p>In Place</p>	<p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p>	<ul style="list-style-type: none"> <li>i. Real time monthly monitoring and reporting of waiting times are presented to the MG on a monthly basis and to each JC meeting through regular performance reports, which include trend analysis and information on comparisons to support effective performance management,</li> <li>ii. WHSSC have discussed recovery plans with Welsh providers through Service Level Agreement (SLA) meetings and received recovery positions from each of the Welsh providers of tertiary services. There was an initial delay in receiving the recovery plans, and some detail is still awaited,</li> <li>iii. WHSSC hold regular Reset and Recovery meetings with services</li> </ul>	<b>Completed</b>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>to monitor performance against plans. A joint Executive to Executive meeting has been agreed between WHSSC, CVUHB, SBUHB and BCUHB, in order to discuss the Welsh position across the plans and where necessary identify alternate pathways or Welsh patients. Any Significant variance from plans will be managed through the WHSSC escalation process, discussed with the relevant provider and reported to the QPS Committee and the JC,</p> <p>iv. The final Commissioning Assurance Framework (CAF) was formally approved by the JC on the 7 September 2021 and is supported by a Performance Assurance Framework, Risk Management Strategy, Escalation Process and a Patient Engagement &amp; Experience Framework,</p> <p>v. Following on from a discussion at JC in February 2021, as part of WHSSC's commitment to improving the effectiveness and efficiency of the Joint Committee and WHSSC we have embarked</p>	



Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>i. This information is already captured through our contract monitoring process and compared against the national block contract framework implemented to maintain income stability through COVID-19. This will inform future planned baselines and contract negotiation, where the negotiation is within our control. WHSSC is working with contracted providers across Wales and England to establish their specialised recovery trajectories and where appropriate will secure recovery funding from WG to direct to providers for recovery performance if above established contracted baseline levels.</p>			<p>monitored through block contracts which remain in place during 2021-22 with the position reviewed for 2022-23. The planned position for 2022-23 will be return to cost and volume contracting to ensure full incentives to deliver commissioned volumes. WHSSC are fully participating in the English recovery incentive process with additional funding secured from Welsh Government.</p>	
<p><b>d) Reporting Analysis</b> We will review and analyse the business intelligence gathered from the actions outlined in points a, b and c above and use the real-time and historical data to inform our decision making on managing existing, and developing new specialised commissioned services. We will report our analysis and outcomes to the Joint Committee, Welsh Government and the Management Group as appropriate.</p>	<p>Sept 2021</p>	<p>Director of Finance  Director of Nursing &amp; Quality  Director of Planning</p>	<p>We have reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions.</p>	<p>Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			We report our analysis and outcomes to the JC, Welsh Government and the MG as appropriate.	
<b>Specialised Services Strategy</b>				
<p><b>R4</b> The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should:</p> <ul style="list-style-type: none"> <li>a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery.</li> <li>b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</li> </ul> <p>The review should assess services:</p> <ul style="list-style-type: none"> <li>• which do not demonstrate clinical efficacy or patient outcome (stop);</li> <li>• which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);</li> <li>• where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue.</li> </ul>				
<p><b>a. Embrace New Innovations</b></p> <p>i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery,</p> <p>ii. We will continue to develop our relationship with NICE, AWMSG and</p>	<p>Jul 2021</p> <p>Q3</p>	<p>Managing Director</p> <p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p>	<p>i. The dual processes of horizon scanning and prioritisation is firmly embedded in WHSSC’s commissioning practice and has been applied successfully since 2016. The process helps ensure the NHS in Wales effectively commissions’ new and innovative treatments that are both clinically and cost effective, and are made available in a timely manner.</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>HTW in relation to the evaluation of new drugs and interventions,</p> <p>iii. We will engage with developments for digital and Artificial intelligence (AI),</p> <p>iv. We will continue our regular dialogue and knowledge sharing with the four nations' specialised services commissioners,</p> <p>v. We will continue to build upon our existing relationships with the Royal Colleges,</p> <p>vi. We will continue to develop our work on value-based commissioning,</p> <p>vii. We will develop a communication and engagement plan to support and inform the strategy.</p> <p>viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long-term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan.</p>	<p>2021-22</p> <p>In Place</p> <p>Dec 2021</p> <p>Dec 2021</p>	<p>Director of Planning</p>	<p>Horizon scanning identifies new interventions which may be suitable for funding, and prioritisation allows them to be ranked according to a set of pre-determined criteria, including clinical and cost effectiveness. This information when combined with information around demands from existing services and interventions will underpin and feed into the development of the WHSSC Integrated Commissioning Plan (ICP). A horizon scanning exercise was undertaken by the Medical Directorate between January and May 2021, which informed the new Interventions Prioritisation Panel on the 20 July 2021, and the Clinical Impact Advisory Group (CIAG) prioritisation day on the 3 August 2021,</p> <p>ii. WHSSC continues to develop its relationships including:</p> <p>a. Three members of the WHSS team are current members of NICE appraisal committees (AC – TA committee A; ID – TA committee D; SD – HST committee). AC is also Chair of the NICE Welsh Health Network,</p>	<p style="background-color: yellow;"> </p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>b. WHSSC has a built a strong working relationship with HTW. A MoU was signed in 2018 (currently being updated) and WHSSC is represented on their Assessment Group, Appraisal Group and Stakeholder Forum. A joint proposal to support all Wales policy development of HTW guidance was supported by MG in June and the HTW Executive Board in July 2021. Funding for two posts (Project Manager and Admin) to support this work is now being sought from WG</p> <p>c. WHSSC also has a close working relationship with AWMSG, focused mainly on medicines management and horizon scanning. A MoU is now being developed between WHSSC and AWMSG to formalise these links and to share knowledge and expertise. The appointment of a WHSSC Medicines Management Pharmacist (due to start January 2022) will</p>	



Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>further strengthen this partnership.</p> <ul style="list-style-type: none"> <li>iii. We continue to engage with developments for digital and Artificial intelligence (AI)</li> <li>iv. We continue to attend the four nations' specialised services commissioners meetings,</li> <li>v. We continue to build upon our existing relationships with the Royal Colleges,</li> <li>vi. We continue to develop our work on value-based commissioning,</li> <li>vii. We have developed a communication and engagement plan to support and inform the strategy which will be presented to the CDGB in January 2022,</li> <li>viii. It was previously agreed with Joint Committee that a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the</li> </ul>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			system pressures related to the current wave of the pandemic and the letter from Judith Paget CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities.	
<p><b>b. Approach to Review of Services will be considered in strategy engagement</b></p> <p>i. The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and undertake a value based services assessment to assess if existing services are still categorised as specialised,</p> <p>ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned,</p> <p>iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services,</p> <p>iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the</p>	<p>Sept 2021</p> <p>March 2022</p>	<p>Director of Finance</p> <p>Director of Nursing &amp; Quality</p> <p>Director of Planning</p>	<p>i. The draft new specialised services strategy:</p> <p>a. It was previously agreed with Joint Committee a stakeholder engagement exercise would be undertaken in December 2021/January 2022 to gain insight on long term ambitions and to inform how we shape and design our services for the future. This would inform the Specialised Services Strategy which would be presented to the JC in January/March 2022. The timetable for this is however being revised in response to the system pressures related to the</p>	<p>Partially Completed</p>

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.</p>			<p>current wave of the pandemic and the letter from Judith Paget, CEO of NHS Wales regarding use of the Options Framework and the necessity to step down non-essential activities.</p> <p>b. On the 28 September 2021 the WHSSC executive team met with Improvement Cymru (IC) to discuss and explore potential options for them to support WHSSC in developing its new specialist services strategy and WHSSC agreed to hold a Quality Improvement workshop facilitated by IC in January 2022 and to develop improvement and audit days with nursing teams with a view to undertaking our own internal competency assessment to drive improvement, and considered predictive modelling for interventions, and international collaborative networks,</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>c. WHSSC are required to agree annually those services that should be planned on a national basis and those that should be planned locally (section 1.1.4 WHSSC SO's), to support this, following a discussion at the JC 7 September 2021 a workshop was held with the MG on the 25 November 2021 to evaluate the commissioning of services. MG members were requested to submit expressions of interest to evaluate specific commissioned services in order to evaluate the merits of the service being commissioned locally at HB level or through WHSSC.</p> <p>d. A recovery workshop was held with the MG on the 16 December 2021 to discuss recovery Planning and Quality and Outcome Improvement for Patients.</p> <p>ii. The annual prioritisation panel with HB's to assess new specialised services that could be commissioned was held on the 20 July 2021,</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
			<p>iii. The process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services was undertaken between January and May 2021 and informed the prioritisation panel on the 20 July 2021,</p> <p>iv. We have investigated opportunities for strengthening our information function through internal re-organisation and investment and have strengthened the staffing model of the information function to enable more timely information. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.</p>	
<b>Welsh Government Recommendation - Independent member recruitment</b>				
<b>R5</b> Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> I am aware there have been challenges in securing nominations from health boards</p>			<p><u>WG update received 15/12/21</u> WHSSC are in discussions with WG on the IM remuneration and time commitment issues and a report was</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>to undertake the independent member role at WHSSC. My officials have been looking at options in relation to recruitment, remuneration and retention of independent members and I am currently considering their advice before the matter is raised with the Minister. There are a number of options, some of which could be achieved relatively simply and others which would require changes to the legislation. I will write to you again when we have a clear way forward.</p>			<p>presented to the Chairs group in October 2021 requesting their views.</p> <p>The Chair of WHSSC and the Committee Secretary meet with WG officials on a monthly basis to progress the IM remuneration discussions.</p> <p>A progress report will be presented to the Joint Committee on the 18 January 2021.</p>	
<p><b>Welsh Government Recommendation - Sub-regional and regional programme management</b></p>				
<p><b>R6</b> This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).</p>				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened.</p>			<p><u>WG update received 15/12/21</u> This is linked to R2 and an update will be received in due course.</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.</p>				
<p><b>Welsh Government Recommendation - Future governance and accountability arrangements for specialised services</b></p>				
<p><b>R7</b> A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.</p>				
<p><b>Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated:</b> A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner</p>			<p><u>WG update received 15/12/21</u> Welsh Government have advised that the advice on the NHS Executive is still being considered by the Minister.</p> <p>The Public Accounts and Public Administration Committee has written to the Director General/Chief Executive NHS Wales following her recent appearance before them to ask for an update on the WHSSC Audit Wales Reports recommendations 5, 6 and 7 and a</p>	

Response/ Action	Target Date	Exec Lead	Progress/Comments January 2022	RAG
<p>and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate.</p> <p>In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.</p>			<p>response will be issued in due course.</p>	