

Welsh Health Specialised Services Committee Governance Arrangements

Report of the Auditor General for Wales

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary report

Background

- 1 The Welsh Health Specialised Services Committee (WHSSC) is a joint committee of each local health board in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven health boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of agreed specialised and tertiary services.
- 2 The Joint Committee is hosted by Cwm Taf Morgannwg University Health Board and is responsible for the joint planning and commissioning of specialised services on behalf of local health boards in Wales. WHSSC is made up of, and funded by, the seven local health boards with an overall annual budget of £680 million with the financial contributions determined by population need. Some health boards in Wales provide specialised services. In particular, Cardiff and Vale and Swansea Bay University Health Boards receive significant funding for the services that they provide.
- 3 On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services (WHSS) Officers, through the management team (**Exhibit 1**) and supported by six multidisciplinary commissioning teams. These teams commission specialised services, including:
 - Cancer and Blood
 - Cardiac
 - Mental Health and Vulnerable Groups
 - Neurosciences and long-term conditions
 - Renal
 - Women's and children's

Exhibit 1: WHSS management structure



Source: Welsh Health Specialised Services Standing Orders

- 4 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. The Good Governance Institute highlighted concerns relating to decision making and conflicts of interest, and identified the need to improve senior level clinical input as well as the need to create a more independent organisation that is free to make strong and sometimes unpopular (to some) decisions in the best interest of the people of Wales. In the same year, Healthcare Inspectorate Wales (HIW) conducted a review of clinical governance at WHSSC. That review found that WHSSC was beginning to strengthen its clinical governance arrangements but needed to strengthen its approach for monitoring service quality and also improve clinical engagement.
- 5 Time has now passed since these reviews. Considering the increasing service and financial pressures, and the potentially changing landscape of national collaborative commissioning and NHS Executive as set out in A Healthier Wales, the Auditor General felt it was timely to review WHSSC's governance arrangements. This report considers the extent to which there are effective governance arrangements and whether the planning approach effectively supports the commissioning of specialised services for the population of Wales. Given the impact of COVID-19 on the capacity and productivity of services, we have also highlighted some specific challenges which relate to recovery.
- 6 Much of our review was carried out between March and June 2020, but as a result of the pandemic, we paused aspects of the review, restarting in July with a survey to all health boards and concluding the fieldwork in October. The delivery of our work included interviews with WHSS officers and WHSSC independent members, observations of Joint Committee and sub-committee meetings, questionnaires of health board chief executives and chairs and a review of documentation.

Key findings

- 7 Overall, we found since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within A Healthier Wales.

Governance arrangements have improved but decision making is likely to become more challenging as a result of COVID-19

- 8 Our work has found improvements in the overall governance arrangements in WHSSC since 2015. WHSSC is formed of a mix of independent members, health board chief executives, and WHSS officers who work in collaboration to lead specialised services commissioning on behalf of the population of Wales. There are benefits to this system of governance which provides partners with the opportunity to collaborate on service developments. In general, we found that the Joint Committee operates well and there is normally a healthy working relationship between Joint Committee members. There are, however, occasions when this has become more challenging, such as discussions around new service models for major trauma and thoracic surgery. This tends to occur when new services are commissioned from providers who are Joint Committee members. This can present a risk of conflict of interest but the negative impact of this has been reduced through the introduction of a new majority voting system. These conflict-of-interest issues will remain a live risk, particularly when considering post-pandemic service recovery.
- 9 The agenda of the Joint Committee meetings appears appropriate and proportionate. However, our observations highlighted opportunities to increase the attention given to finance, performance, and quality reporting at Joint Committee. We also identified a need to review the independent member recruitment arrangements and the level of remuneration that they receive to help deal with the challenges of independent member turnover.

- 10 The Joint Committee's sub-committees and groups are well-chaired and administered, although there is a need to strengthen the Integrated Governance Committee to ensure it discharges its terms of reference. WHSSC is hosted by Cwm Taf Morgannwg University Health Board which provides administrative support such as ICT, HR, Facilities, and Communications. WHSSC also forms part of the governance and accountability framework of the Health Board via the Audit and Risk Committee and requirement for financial disclosure in annual reports and accounts. Work is ongoing to strengthen the role and function of the Health Board's Audit and Risk Committee in respect of its hosted statutory joint committees.
- 11 WHSSC has developed good risk management processes using a corporate risk assurance framework. The risks are regularly scrutinised at corporate and Joint Committee levels with a specific arrangement to capture COVID-19 risks since the onset of the pandemic. Likewise, performance management arrangements provide a good foundation, adopting a tiered model for service escalation and appropriate operational monitoring. WHSSC has adapted these arrangements as a result of the pandemic but may need to become more robust in future to ensure specialised services minimise the risk of harm as a result of delays in treatment.
- 12 After an initially slow response, WHSSC has responded to the recommendations made in 2015 relating to the need to strengthen quality assurance arrangements. In 2019, WHSSC established a Quality Assurance Team, which is embedding well and is now taking steps to update its quality assurance framework.

Planning arrangements provide a good foundation but there is a need for a clear strategy to respond to the challenges presented by COVID-19

- 13 Annual planning arrangements are generally effective. Year on year, development and approval of the Integrated Commissioning Plan has become timelier and there are clear formal arrangements for the identification and prioritisation of emerging specialised care services and treatments. Welsh Government officials told us of the additional capacity and capability they received from WHSSC planning officers to help drive through review of health board and trust quarterly plans during the first wave of the pandemic. This provides a good indication of the expertise within the team. Information to support planning and commissioning is improving and this is supported by a performance information system which continues to develop. Delivery of existing commissioned service plans is well managed, but elapsed time for the introduction of new services such as new service models for major trauma and thoracic surgery in South Wales has been slow. This is not within the sole remit of WHSSC but indicates the need for wider 'end to end' programme management at regional levels.
- 14 Financial planning arrangements are sufficiently robust and linked appropriately to the Integrated Commissioning Plan. COVID-19 has significantly reduced access to some specialised services, and recovery will have some significant financial consequences. There is a need to understand the financial consequences resulting from the pandemic in terms of service recovery. Value-based commissioning approaches are improving, but to maximise recovery with finite resources, this now needs to become more ambitious and more strongly linked to patient outcomes, prioritisation, and decommissioning (where there isn't good evidence that services/interventions are leading to improved outcomes).
- 15 COVID-19 has delayed specialised services strategy development and will no doubt continue to impact on the timeline for the development of the strategy. Specialised service officers can start to shape a strategy that focusses on the impacts of COVID-19 alongside advances in technological, therapeutic and policy developments. Strategy renewal is more crucial than ever and will need to be shaped around the changing risks and opportunities for specialised services taking consideration of the issues and opportunities identified in this report.

Future arrangements for commissioning specialised services

- 16 **A Healthier Wales**, the Welsh Government's plan for health and social care in Wales, signalled an intention to review a range of hosted national functions, including WHSSC, with the aim of consolidating national activity and clarifying governance and accountability. Whilst the governance arrangements for WHSSC have continued to evolve positively in the main, there would still be benefits in the Welsh Government including WHSSC in the planned review of national hosted functions. In looking at potential future governance and accountability arrangements for specialised services, it should be recognised that the current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialist services. However, it also has some inbuilt risks that see individual Joint Committee members having to balance all-Wales needs with those of their population and the individual NHS bodies they lead.

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The Welsh Health Specialised Services Committee (WHSSC) commissions around £680 million of specialised services on behalf of the population of Wales and is a vital component of the Welsh healthcare system. Given this level of responsibility and investment, I'm encouraged by the progress WHSSC has made to improve its governance, management, and planning arrangements over recent years.

An immediate challenge for WHSSC is to develop a clear strategy to address the challenges associated with recovering specialised services following the Covid-19 pandemic. My report also shows that there is still a need to take a more fundamental look at the model for commissioning specialised services, in line with the commitment set out in the Welsh Government's NHS Plan 'A Healthier Wales'. It is important that this commitment is taken forward and I hope that the findings set out in this report can helpfully inform that debate.

Adrian Crompton
Auditor General for Wales





Recommendations

17 Recommendations arising from this audit are detailed in **Exhibits 2 and 3**.

Exhibit 2: recommendations for the Welsh Health Specialised Services Committee

Recommendations

Quality governance and management

- R1 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.

Programme management

- R2 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 (ie 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.

Recommendations

Recovery planning

- R3** 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:
- a the backlog of waits for specialised services, how these will be managed whilst reducing patient harm.
 - 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.
 - 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.

Recommendations

Specialised services strategy

R4 The current specialised services strategy was approved in 2012. WHSSC should **develop and approve a new strategy during 2021**. This should:

- 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.
- 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. The review should assess services:
 - which do not demonstrate clinical efficacy or patient outcome (stop);
 - which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer);
 - where alternative interventions provide better outcome for the investment (change);
 - currently commissioned, which should continue (continue).

Exhibit 3: Recommendations for the Welsh Government

Recommendations

Independent member recruitment

R5 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.

Sub-regional and regional programme management

R6 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 (ie early in the development through to post-implementation benefits analysis).

Future governance and accountability arrangements for specialised services

R7 **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.



Main report

Governance and assurance

- 18 Our review has examined WHSSC's governance and assurance arrangements, such as the way the Joint Committee and its sub-committees conduct business, systems for managing performance and risk, and arrangements to ensure probity and propriety. We found that **governance arrangements have improved but decision making is likely to become more challenging as a result of COVID-19.**

Conducting business effectively

- 19 We looked at the clarity of governance structures, decision-making arrangements and conduct at the Joint Committee and its sub-committees. We found that **committee arrangements have improved, although challenges around conflicts of interest remain and there is a need for stronger focus on quality, finance, and performance at Joint Committee meetings.**

The Joint Committee is well administered with a healthy relationship between members. However, there is scope for greater scrutiny of service quality and routine finance and performance reports, and an opportunity to look afresh at independent member recruitment arrangements

- 20 The Joint Committee is made up of 15 voting members and three associate members. The voting members include the chief executives of the seven health boards, four independent members (three of whom are drawn from health boards), including the Chair (a Ministerial appointment) and Vice Chair, and four WHSS officers. In October 2020, a new Chair was appointed, taking over from the Interim Chair who had been in post for a little over three years. WHSSC is expecting turnover of independent members in the coming months which will present both capacity and recruitment challenges. It was reported that recruiting independent members is difficult, especially since the pool from which they can be recruited is limited to health boards only. Consideration should be given to widening the recruitment pool to include all NHS Wales organisations, not just health boards. In addition, there is no additional remuneration for independent members of WHSSC, which makes the position less attractive. Thought, therefore, should be given to whether the current remuneration arrangements reflect the commitment expected of independent members of WHSSC.

- 21 We observed the Joint Committee both before and during the pandemic. Meetings were well attended and the relationship between members was respectful with a healthy level of challenge. Due to the pandemic, WHSSC moved to holding virtual meetings from March 2020. At this time, the Joint Committee's agenda had a COVID-19 focus with updates on commissioning independent hospitals, which the WHSS team was responsible for, risk management and delivering specialised services during the pandemic. WHSS officers fed back that the revised arrangements improved meeting efficiency and engagement and created better approaches for responding to questions. Moving forward, we would encourage WHSSC to review and consider the advantages of retaining these arrangements.
- 22 Those we interviewed were positive about the Joint Committee, indicating that it had matured in the past one to two years. Generally, it was felt the Joint Committee works effectively, is open and transparent, that chief executives are supportive of each other, and that roles and responsibilities are clear. Our observations at Joint Committee indicated a tendency to focus on new service modelling which resulted in a south Wales focus in meetings. We also saw limited discussion about the performance of commissioned services. Despite good systems for quality assurance at an operational level within WHSSC, there is a lack of sufficient oversight at Joint Committee. These need to be strengthened as part of a focus on service recovery.

Decision making arrangements have improved, but conflicts of interest remain a risk

- 23 WHSSC commissions specialised health services for Wales as a whole. Whilst membership of the Joint Committee is drawn from existing health boards, the members are supposed to be independent. However, decision-making for some members poses a potential conflict of interest. This is because the larger Welsh health boards are substantial providers of specialised services, especially in south Wales. Those we spoke to reported that there can be some tensions around negotiations, citing the major trauma centre and thoracic surgery, and potential to draw attention on these specific issues at committee meetings at the expense of wider aspects of the agenda.

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- 24 As a result of previous challenges in decision making, WHSSC's voting arrangements changed from 100% agreement required to a two-thirds majority vote in accordance with a Ministerial direction dated 12 November 2018. This was subsequently reflected in an amendment to WHSSC's standing orders. The new voting system is more pragmatic and ensures quicker decision-making, but this was introduced relatively recently, so WHSSC should keep this new arrangement under review. The governance arrangements mean that chief executives and independent members take part in votes on commissioning services from their own health board. As a result, the previous interim Chair of WHSSC reinforced the need to act on behalf of the all-Wales position when making decisions. Moving forward, the difficulties presented by the pandemic are likely to be challenging. When acting on behalf of 'all-Wales' and to minimise patient harm as a result of delays in receiving specialised care, shifts in investment may be necessary. This again may increase the risk of conflicts of interest if chief executive members are required to vote on diverting investments from their own health boards.

Flows of assurance between the Joint Committee and individual health boards are variable

- 25 As the Joint Committee commissions specialised services on behalf of the seven health boards, we would expect to see clear lines of assurance from the Joint Committee to individual Boards. On reviewing health board papers¹ we found that as a minimum all seven health boards had approved their own standing orders, which set out their responsibilities regarding WHSSC, and WHSSC's standing orders. All health boards report WHSSC's assurance reports and minutes of the Joint Committee meetings (or provide a link to the minutes).
- 26 However, health board minutes show some variability in the extent of discussions of WHSSC services. For example, the programme business case approval for major trauma and thoracic surgery prompted extensive papers and good discussion at health boards. But at other times WHSSC papers were just noted with limited discussion. We found that Board level oversight of quality and escalated specialised services appears limited, but we note that this is something WHSS officers are working to improve through their engagement work with health boards across Wales.

¹ For each health board, we reviewed its Board papers and papers for its quality and safety, finance and performance meetings.

WHSSC's hosting arrangements function largely as intended, albeit there are occasional operational challenges and an opportunity to strengthen the governance role of the host health board's Audit and Risk Committee

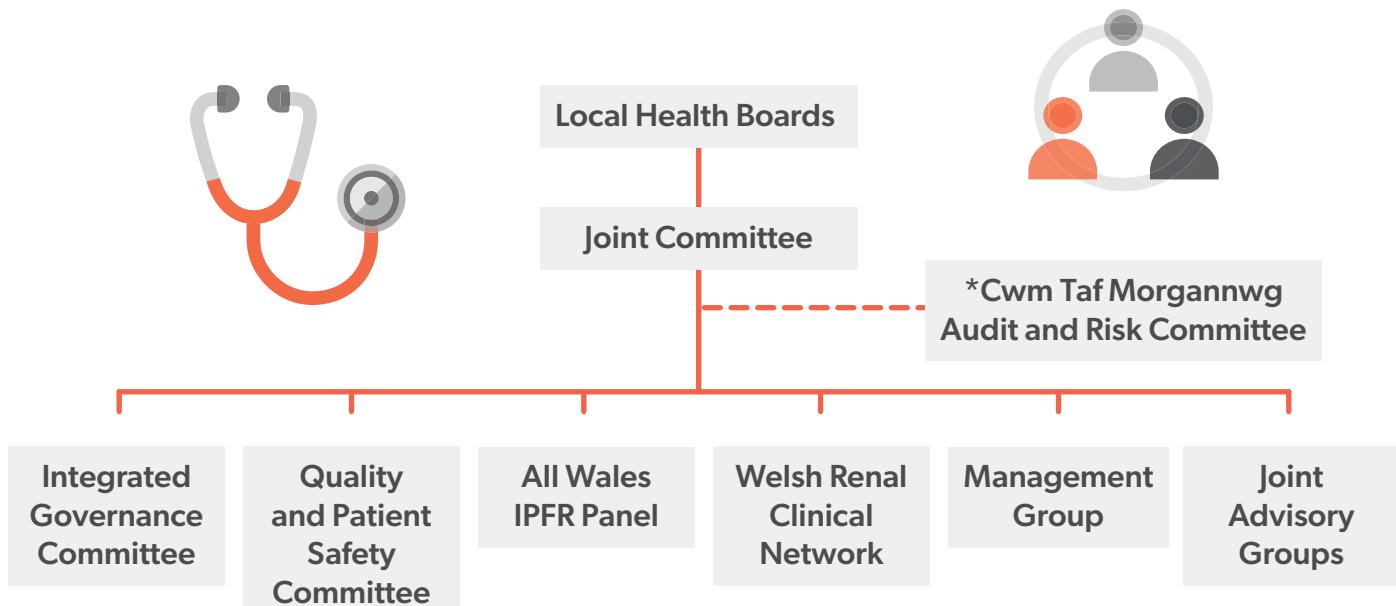
- 27 WHSSC is hosted by Cwm Taf Morgannwg University Health Board which provides administrative support such as ICT, HR, Facilities and Communications. WHSSC employees have a contract of employment with Cwm Taf Morgannwg University Health Board and WHSSC's Managing Director has a line of accountability to its Chief Executive. Interviewees indicated that in general these arrangements operated sufficiently, but there were some concerns expressed about Cwm Taf Morgannwg University Health Board's capacity to support WHSSC, particularly in relation to HR and ICT support services. In addition, it was noted that Cwm Taf Morgannwg University Health Board is a provider of specialised services commissioned by WHSSC, which could provide further conflicts of interest over and above the inherent provider/commissioner tension at Joint Committee.
- 28 A hosting agreement exists between WHSSC and the seven Welsh health boards which includes provision for Cwm Taf Morgannwg University Health Board's Audit and Risk Committee to assist in the discharge of WHSSC's governance and assurance responsibilities. However, the existing hosting agreement has limited detail on how these arrangements should work, and the degree of scrutiny of WHSSC business at the committee can be fairly limited. Hosted organisations are considered at Part 2 of Audit and Risk Committee meetings. Cwm Taf Morgannwg University Health Board is working to clarify the assurance requirements of the hosted bodies² through developing an assurance framework. The new framework aims to define the role, function, responsibilities and accountabilities of the Audit and Risk Committee, the host, the all-Wales statutory joint committees and the directors involved. We understand that this work is ongoing and will require further engagement across all bodies affected.

² Cwm Taf Morgannwg University Health Board is also the host for the Emergency Ambulance Services Committee (EASC) and the NHS National Imaging Academy.

WHSSC's sub-committees and groups generally operate well, although there is a need to ensure that all aspects within terms of reference are appropriately covered

- 29 WHSSC is required through its standing orders to have committees responsible for quality and safety, and audit. As identified earlier, the Audit and Risk Committee is facilitated through hosting arrangements. However, the Joint Committee is also supported by a range of its own sub-committees and groups (**Exhibit 4**). Some provide scrutiny and receive assurances, while others are more focussed on delivery and decision making. The Quality and Patient Safety Committee, forms part of WHSSC's own committee and group structure. The Joint Committee also has three advisory groups, which at the time of our fieldwork were under review.

Exhibit 4: WHSSC Governance Structure³



* Functions as both the Health Board's Audit and Risk Committee and WHSSC's Audit Committee.

Source: WHSSC

³ See section 2.3 of the [2019/20 WHSSC Annual Governance Statement](#) for more information on the arrangements for Cwm Taf Morgannwg's Audit and Risk Committee and Quality and Patient Safety Committee in relation to WHSSC governance.

- 30 Most of our observations took place prior to the pandemic. Generally, we found that the meetings had a clear agenda, were well administered with formal procedures observed as expected, such as declarations of interest and review of previous minutes. Meeting papers were clearly written with a templated cover report detailing the purpose of the paper such as for approval, noting and assurance. The sub-committees have an up-to-date work programme and terms of reference.
- 31 WHSSC's Quality and Patient Safety Committee effectively scrutinises assurance reports from all of its commissioning teams on escalated services, service risks, quality visits, inspections and any incidents or concerns. The committee also receives reports on concerns, serious incidents, ombudsman reports, clinical policy review and COVID-19. WHSS officers are also aiming to improve the flow of information between WHSSC and the quality and safety committees of health boards.
- 32 During 2019-20, the Integrated Governance Committee met infrequently, leaving a six-month gap between the October 2019 and April 2020 meetings. However, the number of meetings was still in line with the committee's terms of reference and, since April 2020, the frequency of meetings has increased. Our work indicates that there needs to be greater clarity on the role and function of this committee. At present, part of the Integrated Governance Committee's remit is to maintain oversight of the work of the Quality and Patient Safety Committee, Audit and Risk Committee, and the Welsh Renal Network. The Integrated Governance Committee is also responsible for scrutinising delivery and performance of the Integrated Commissioning Plan. Whilst there was good oversight of the plan's development by the committee, we found that with the exception of a routine report on escalated services, there was no evidence of wider scrutiny of delivery against the plan.
- 33 Our observations found that Management Group, an officer-level group which makes recommendations to the Joint Committee, is well chaired, and in general papers are well discussed. But, as with Joint Committee, we saw a need for better discussion of performance, finance, and service quality and patient safety.

Systems of assurance

- 34 We examined whether the Joint Committee has an effective system of internal controls to support assurance systems. We found that **in recent years there has been notable strengthening of systems of assurance, but there is scope to strengthen them further.**

Arrangements to promote probity and propriety are in place

- 35 WHSSC's governance and accountability framework was last fully reviewed in September 2019. This version reflects the amended voting arrangements and includes:
- Standing Orders
 - Memorandum of Agreement
 - Hosting Agreement
 - Joint Committee Business Framework
- 36 To help ensure probity and propriety, WHSSC maintains registers for declarations of interest and gifts, hospitality, and sponsorship. The registers are appropriately updated, with records available on the WHSSC website and declared within the Annual Governance Statement.
- 37 WHSSC keeps an internal audit recommendation tracker, which is clearly formatted and reviewed at each Audit and Risk Committee meeting. There were no external audit recommendations on the tracker when we conducted our review, but we are told that historically recommendations have been listed on the tracker and they were scrutinised in the same way as they were for the host. We would particularly expect the recommendations made in this review to appear on the tracker and be subjected to scrutiny.
- 38 WHSSC also monitored progress against the 2015 Good Governance Institute and HIW reviews. WHSSC developed a governance action plan and most actions are closed. The Integrated Governance Committee received six-monthly updates on the outstanding actions, the last of which was in March 2019.

Good risk management processes are in place, with risks regularly scrutinised at corporate and Joint Committee level, and systems in place to capture risks arising from COVID-19

- 39 WHSSC has a Corporate Risk Assurance Framework (CRAF) which identifies high-level risks to commissioned services. Each of the commissioning teams has a risk register. Risks rated 15 or above after controls are put in place are escalated to the CRAF. The Joint Committee has sight of the CRAF twice a year and it is reviewed regularly by the sub-committees and the Corporate Directors Group Board. The CRAF is clearly presented and includes the information we would expect to see on a corporate risk register including a lead director and assuring committee for each risk.
- 40 WHSSC has recently updated its integrated risk management framework including reviewing existing risk registers, developing a new risk register template, and training staff. The framework sets out accountabilities, responsibilities, and the organisation's risk appetite. WHSSC is seeking further improvements to tighten escalation and de-escalation processes and by introducing an electronic risk management system. It hopes to roll out new risk processes in spring 2021.
- 41 During the pandemic, a separate risk assessment and register was completed to assess how essential specialised services were impacted by COVID-19. The assessment is a live document which is updated as providers supplied more information. The Joint Committee continues to review both the COVID-19 risk register and the CRAF.

WHSSC is taking necessary action to strengthen its performance management arrangements but will need to consider how these are adapted to monitor and manage the post-pandemic recovery of services

- 42 WHSSC predominantly monitors a service's performance through national key performance indicators. The measures are set out in contracts and service specifications. Underperformance is managed through WHSSC's escalation framework, which has four levels of escalation, with level four being the highest. The WHSS team holds regular Service Level Agreement (SLA) meetings with Welsh providers, and at least an annual contract meeting with English providers. Escalated services are subject to enhanced performance management arrangements until significant improvement can be demonstrated to allow de-escalation.

- 43 During the height of the pandemic, WHSSC stood down SLA monitoring in line with the Welsh Government's practice. At this point only essential specialised services were being delivered. During this time, the WHSS team found it difficult to engage with both Welsh and English providers who were heavily focussed on the pandemic. Pragmatically, to overcome this they adopted a direct monitoring system, reviewing available performance data and challenging providers on the findings. WHSSC is still 'direct monitoring' services and is sharing information with the Welsh Government. Where the WHSS team has been able to proactively engage with providers they have been able to negotiate the continuation of some services. WHSSC reported that despite the pandemic, escalation arrangements continued to work well, and it has helped to highlight differences in activity and productivity between different providers.
- 44 The pandemic has also highlighted the need to review performance management arrangements and metrics. For example, performance against referral to treatment (RTT) waiting times was often used to determine escalation levels⁴. But in the current climate where RTT waiting times have risen across the NHS, it is difficult to differentiate risk of harm or patient outcome when so many patients are delayed and waiting. As a result, WHSSC is currently in the process of reviewing each service in escalation to see if it is still relevant. WHSSC does not currently have an overarching Performance Management Framework, although it has developed a performance analysis system called 'MAIR' (My Analytics and Information Reports). However, the team is developing a Commissioning Assurance Framework. The framework will set out a new performance assurance process alongside more outcome focussed performance measures. It also proposes an annual meeting between WHSSC executives and health board executives to understand commissioner priorities to feed into the Integrated Commissioning Plan development process. It is hoped the new framework will be launched alongside the refreshed Integrated Commissioning Plan. This is a positive development as monitoring services as they recover from the pandemic will need a different approach. Reviewing data on patient outcomes and harm will need to be an important part of these developing arrangements.
- 45 WHSSC's integrated performance dashboard is presented to the Corporate Directors Group Board and Management Group monthly, and to the Joint Committee bi-monthly. While there is discussion and challenge at commissioning team meetings, as stated earlier, we observed little scrutiny of this report at Joint Committee. The existing reports do not have a breadth of measures, reporting mainly on waiting times and RTT performance and there is opportunity to refresh these as part of post-pandemic recovery and the new Commissioner Performance Assurance Framework.

4 The escalation framework works on a four-tier basis with level four being the highest level of escalation. Services can be escalated for performance and/or quality issues.

WHSSC is driving quality improvement through its Quality Assurance Team and quality assurance framework

- 46 In 2015, the Good Governance Institute and HIW made several recommendations related to quality governance. Since these reviews, WHSSC has made good progress in improving quality governance. The Joint Committee has senior clinical representation, the Director of Nursing and Quality Assurance is a member of the Joint Committee and the Medical Director attends the meeting. At an operational level, each of the six multidisciplinary commissioning teams has an associate medical director for clinical advice and guidance.
- 47 A Quality Assurance team, led by the Director of Nursing and Quality Assurance, was established in 2019. The team is responsible for monitoring and learning from quality and patient experience to help improve commissioned services. Specifically, this includes managing and responding to complaints, near misses, serious incidents and never events. The team is also part of the multidisciplinary commissioning teams and is involved in planning and quality assuring commissioned services. In addition, WHSSC has updated its Quality Assurance Framework which was agreed in 2014 and will form part of the new Commissioning Assurance Framework.
- 48 To share intelligence and reduce duplication, the Quality Assurance team maintains good relationships with providers and regulators. For example, the team holds quarterly meetings with the quality leads at provider health boards to review a range of quality measures and information. They also use intelligence from regulators, clinical audit, and the National Collaborative Commissioning Unit (mental health services) to feed into planning and monitoring of services. There is a different system for English providers. NHS England has a quality assurance portal, which WHSSC accesses. Information on the portal is detailed and benchmarked against similar NHS England providers. WHSSC plans to replicate this approach for Swansea and Cardiff and Vale University Health Boards.

Strategic planning

- 49 Our work examined whether WHSSC has a clear and robust approach to strategic and financial planning. As a result of the pandemic, the specialised services environment has changed, with some services, particularly surgical, stopping or significantly curtailed. Our review found that **planning arrangements provide a good foundation but there is need for a clear strategy to respond to the challenges presented by COVID-19.**

Annual planning arrangements are generally effective, but recovery of services will be challenging

- 50 WHSSC currently undertakes planning each year culminating in a rolling three-year Integrated Commissioning Plan. This plan is agreed annually and has become increasingly timely and mature in recent years. There are clear stages of development and engagement with health boards as part of the approval process, prior to formal ratification/approval at the WHSSC Joint Committee. There is also a clear process and accountability for different stages of preparation and approval and, if necessary, consultation with relevant stakeholders.
- 51 WHSSC consults key stakeholders and the public on new commissioning policies, service specifications and revised commissioning policies where there are material changes to the service. There are good examples of this in relation to major trauma and thoracic surgery with the relevant community health councils actively engaging in stakeholder feedback and analysis. Community health council feedback informs both WHSSC planning and the relevant health boards whose population may be affected by proposed service changes.
- 52 The extent that health boards incorporate specialised services within their own integrated medium-term plans is variable across Wales. For example, Powys Teaching Health Board and Hywel Dda University Health Board rely more significantly on externally commissioned specialised services and we see these featuring in their plans more so than in the plans of the health boards that are specialised service providers.

- 53 Our work indicates that WHSSC has sufficient capacity and capability to support planning. That capacity and capability was drawn upon in 2020 to help support the Welsh Government's NHS Planning Team's review of health boards' quarterly plans, using their knowledge and experience of complex service planning. WHSSC's planning arrangements include significant contribution from each of the specialised services commissioning teams, clinical impact advisory group and WHSSC Management Group. Clinical advice helps to shape specialised services and WHSSC intends to increase the level of internal 'consultant-level' expertise further.
- 54 WHSSC has adopted a continuous approach for identifying and evaluating new research, treatments and using NICE⁵ guidance to shape commissioned services. This 'horizon scanning' is supported by a consistent and transparent prioritisation process (**Exhibit 5**) to help ensure that investment decisions are affordable, offer value for money and are supported by convincing evidence of safety and effectiveness. The robustness of the approach helps to secure agreement of new proposals at the Joint Committee.

Exhibit 5 – key principles of the prioritisation process adopted by WHSSC

- Scoring and ranking of interventions by the WHSSC Prioritisation Panel is carried out using formal and agreed methodology
- The prioritisation process is intended not to duplicate work already completed (for example by NICE)
- There must be appropriate and timely engagement with NHS Wales as part of the process
- There are clear and agreed scoring criteria and voting technology is utilised during assessment. The criteria include:
 - Strength of clinical evidence
 - Patient benefit
 - Economic assessment
 - Burden of disease (severity of condition and also impact on the population)
 - Reducing inequalities of access



Source: Audit Wales fieldwork

5 National Institute for Health and Care Excellence <https://www.nice.org.uk/>

55 COVID-19 has significantly affected the delivery of specialised services across Wales and England. After the first wave of the pandemic, we understand that variation in service productivity between providers was increasing, with some providers able to restart specialised services earlier and with greater degrees of success than others. This creates a commissioning challenge as WHSSC looks to develop post-pandemic recovery plans on behalf of the population of Wales.

Information to support planning and commissioning is improving and will need to adapt to the challenges brought about by the pandemic

56 WHSSC's development of My Analytics and Information Reports (MAIR) in 2018-19 was a notable improvement on previous arrangements. WHSSC has worked closely with health board teams to ensure that health boards now have access to the comprehensive information sets now available. Reports can be tailored by health board or provider, by specialty and point of delivery. Results can also be made available using a variety of visualisation tools including maps, charts, tables, and pathways. This has enabled health boards to gain a deeper understanding of their demand patterns for specialised services and compare their own access rates to other health boards and inform areas for targeted review.

57 Plans for further development of MAIR include:

- Producing performance management dashboards and heat mapping
- Improving the timeliness of performance reporting
- Exploring how quality and outcomes data can be incorporated
- Improving the familiarisation of health boards with the variety of WHSSC's contracts by the production of deep dive reports.

58 Commissioning and contracting services can only be effective if there is robust information to inform operational and strategic decisions. Our work has identified that prior to the COVID-19 pandemic, there was a good track record of analysis of demand and capacity of services both in Wales and England. This will become even more important post-pandemic, to help provide options for recovering service performance and reducing risk of harm as a result of delays in access to care.

Delivery of Integrated Commissioning Plans is effective, but development and implementation of new services can be slow

- 59 For services that are already commissioned and being delivered, the necessary arrangements are in place to ensure they are resourced and being delivered as intended, with arrangements to escalate matters should there be any concerns.
- 60 Commissioning of new services from first consideration through to the launch of new services can, however, be a lengthy process, particularly for services provided in Wales. For example, the major trauma network in south Wales was launched in September 2020, after having been originally identified as necessary back in 2013, although WHSSC's involvement only commenced in 2018-19. Similarly, the improvements to thoracic surgery services, identified as necessary by the Royal College of Surgeon's report in 2016, are not expected to go live until 2024, and this is subject to a capital business case requiring Welsh Government funding.
- 61 Whilst introduction of new services is by no means simple, there has been protracted debate on where the new developments mentioned above should be housed, although the statutory engagement and consultation process, which is integral to this, can consume considerable time. The roll out of such schemes is not the sole domain of WHSSC and depends upon the wider architecture that supports regional service development within the NHS in Wales. There is scope, however, to strengthen end-to-end programme management of such schemes to improve timeliness of service development. The pandemic has created a common sense of urgency amongst providers. This momentum needs to be maintained to identify and rapidly develop or reshape services to accelerate recovery.

Financial planning arrangements are sufficiently robust and linked appropriately to the Integrated Commissioning Plan but will need to ensure value for money as services restart and aim to recover

- 62 Financial planning is an integral element of the Integrated Commissioning Plan. Health boards are fully engaged in discussions on costs and projected cost growth for the coming financial year during planning and agreement stages, prior to ratification of the plan. Cost growth is explicitly defined in the plan and justified through the agreed process for horizon scanning and prioritisation. Financial planning has two distinct elements:
- determining overall specialised services costs and the apportionment of these costs to health boards; and
 - contracting and commissioning health boards and trusts in relation to provision of specialised services.

- 63 These are managed through financial risk-sharing agreements. These agreements set out who pays for what in relation to the provision and receipt of services. The risk sharing agreements are based on a financial formula and this is used both as part of planning and at the year-end to look at variance in activity against plan and determine distribution of under and overspends. There are different models for risk sharing designed to suit different types of commissioned services. For most services, planning is based on actual utilisation and a two-year average of activity. This is designed to smooth some peaks and troughs but also create incentive for efficiency. Highly specialised services which are not utilised often are funded using a population-based formula which is designed to provide continuity of income. This is to ensure services are sustainable, but also to protect against peaks of extreme costs when services are required.
- 64 Our review of health board expenditure on specialised services for the period 2014-15 to 2020-21⁶ indicates the overall costs have increased above inflation. We understand that this is typical when new specialised therapies and treatments are developed and adopted into commissioning agreements.
- 65 In the short to medium term, however, the impact of COVID-19 on finances presents a number of challenges, including:
- payments to providers have continued in Wales and England albeit recent negotiations have resulted in rebates/reductions where there is under-delivery by providers;
 - lack of service delivery during the pandemic has created a backlog of waits for some specialised services; and
 - lack of patients presenting to primary and secondary care with symptoms during the pandemic may mean that there is greater hidden demand, and that conditions may have exacerbated, requiring more costly intervention downstream.
- 66 The Joint Committee should seek to understand the short and medium term financial impacts of COVID-19 to determine what this means for service recovery plans.

6 2019-20 data is taken from the Month 12 Health Board expenditure on Welsh Health Specialised Services. 2020-21 costs are based on forecast expenditure budgeted within the 2020-21 integrated commissioning plan. We acknowledge that 2019-20 data is currently unaudited, and 2020-21 data is subject to significant variation as a result of the COVID-19 outbreak.

Value-based commissioning approaches are improving, but to maximise recovery with finite resources, this now needs more strongly to link to patient outcomes, prioritisation, and de-commissioning

- 67 Prudent and value-based care is a core aspect of the 2020-2023 Integrated Commissioning Plan. This focussed on increasing the value achieved through improvement, innovation, use of best practice and eliminating waste. The value-based commissioning approach adopted by WHSSC is logical and methodical. This includes identifying commissioning opportunities, refining these, and engaging the WHSSC Management Group members and wider teams. WHSSC has developed thematic areas for value-based commissioning. Some of these will be easier to achieve than others and some may need to be pursued over a multi-year period. The areas include procurement, efficiency, service rationalisation, disinvestment, and assessing access criteria.
- 68 While COVID-19 has changed the position significantly, the extent of the original value-based commissioning savings for 2020-21 was around £2.75 million. Overall, our review has identified that WHSSC's value-based approach is developing and there is opportunity to exploit this further. In doing so, we expect there will need to be a clear and strong focus on collecting patient outcome information to inform the development of opportunities to reduce waste and maximise the benefit of investment in specialised care. For example, there remains greater opportunity to assess services:
- which do not demonstrate clinical efficacy or patient outcome (**stop**);
 - which should no longer be considered specialised and therefore could transfer to become core services of health boards (**transfer**);
 - where alternative interventions provide better outcome for the investment (**change**);
 - currently commissioned, which should continue (**continue**).

COVID-19 has delayed the development of a new specialised services strategy, but this now provides the opportunity to shape the direction to focus on recovery, value and to exploit new technology and ways of working

- 69 A key function of commissioning relates to planning of services to meet population need. The specialised services strategy provides a framework for commissioning services, but the current version is dated 2012. Senior specialised services officers had intended to refresh the strategy in 2020, but this has been delayed by the pandemic. However, this gives specialised service officers the opportunity to shape the strategy to focus on COVID-19 recovery arrangements alongside routine technological, therapeutic and policy developments.

Future arrangements for commissioning specialised services

- 70 Our review, in examining both WHSSC's governance and planning arrangements indicates that **there would still be merit in reviewing the future arrangements for commissioning specialised services in line with the commitments of A Healthier Wales.**
- 71 **A Healthier Wales**, the Welsh Government's plan for health and social care in Wales signalled an intention to create a national executive to strengthen national leadership and strategic direction across a range of areas. Linked to this, **A Healthier Wales** signalled an intention to review a range of hosted national functions, including WHSSC, with the aim of consolidating national activity and clarifying governance and accountability.
- 72 Whilst the findings in this report show that the governance arrangements for WHSSC have continued to evolve positively in the main, they do also point to a need still to undertake the wider review signalled within **A Healthier Wales**. The current collaborative commissioning model has strengths in that it creates a collective and jointly owned approach to the planning and delivery of specialist services. However, it also has some inbuilt risks that sees individual Joint Committee members having to balance all-Wales needs with those of their population and the individual NHS bodies they lead.
- 73 The Good Governance Institute's report in 2015 questioned the hosting arrangements for WHSSC, suggesting that a more national model might be appropriate. WHSSC's hosting arrangements have remained unchanged since that report and our work has shown that in respect of WHSSC's governance, the use of the hosting health board's Audit and Risk Committee needs to be reviewed to ensure there is sufficient depth of debate and scrutiny (see **paragraphs 27 and 28 above**).



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Trefniadau Llywodraethu Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru

Adroddiad gan Archwilydd Cyffredinol Cymru

Mai 2021

Paratowyd yr adroddiad hwn i'w gyflwyno i'r Senedd o dan Ddeddf Archwilio Cyhoeddus (Cymru) 2004 a Deddf Llywodraeth Cymru 1998

Mae'r Archwilydd Cyffredinol yn annibynnol o'r Senedd ac o lywodraeth. Mae'n archwilio ac yn ardystio cyfrifon Llywodraeth Cymru a'r cyrff cyhoeddus sy'n gysylltiedig â hi ac a noddir ganddi, gan gynnwys cyrff y GIG. Mae ganddo'r pŵer i gyflwyno adroddiadau i'r Senedd ar ddarbodaeth, effeithlonrwydd ac effeithiolrwydd y defnydd a wna'r sefydliadau hynny o'u hadnoddau wrth gyflawni eu swyddogaethau, a sut y gallent wella'r defnydd hwnnw.

Mae'r Archwilydd Cyffredinol hefyd yn archwilio cyrff llywodraeth leol yng Nghymru, mae'n cynnal astudiaethau gwerth am arian mewn llywodraeth leol ac yn arolygu cydymffurfiaeth gydag anghenion Mesur Llywodraeth Leol (Cymru) 2009.

Mae'r Archwilydd Cyffredinol yn ymgymryd â'i waith gan ddefnyddio staff ac adnoddau eraill a ddarperir gan Swyddfa Archwilio Cymru, sydd yn fwrdd statudol wedi'i sefydlu ar gyfer y nod hwnnw ac i fonitro a chyngori'r Archwilydd Cyffredinol.

© Archwilydd Cyffredinol Cymru 2021

Archwilio Cymru yw brand ymbarél Archwilydd Cyffredinol Cymru a Swyddfa Archwilio Cymru, sy'n endidau cyfreithiol ar wahân gyda'u swyddogaethau cyfreithiol eu hunain. Nid yw Archwilio Cymru ei hun yn endid cyfreithiol. Er bod gan yr Archwilydd Cyffredinol y swyddogaethau archwilio ac adrodd a ddisgrifir uchod, prif swyddogaethau Swyddfa Archwilio Cymru yw darparu staff ac adnoddau eraill ar gyfer arfer swyddogaethau'r Archwilydd Cyffredinol, ac i fonitro a chyngori'r Archwilydd Cyffredinol.

Cewch ailddefnyddio'r cyhoeddiad hwn (heb gynnwys y logos) yn rhad ac am ddim mewn unrhyw fformat neu gyfrwng. Os byddwch yn ei ailddefnyddio, rhaid i chi ei ailddefnyddio'n gywir ac nid mewn cyd-destun camarweiniol. Rhaid cydnabod y deunydd fel hawlraint Archwilydd Cyffredinol Cymru a rhaid rhoi teitl y cyhoeddiad hwn. Lle nodwyd deunydd hawlraint unrhyw drydydd parti bydd angen i chi gael caniatâd gan ddeiliaid yr hawlraint dan sylw cyn ei ailddefnyddio.

Am fwy o wybodaeth, neu os ydych angen unrhyw un o'n cyhoeddiadau mewn ffurf ac/neu iaith wahanol, cysylltwch â ni drwy ffonio 029 2032 0500 neu drwy e-bostio post@archwilio.cymru. Rydym yn croesawu galwadau ffôn yn Gymraeg a Saesneg. Gallwch ysgrifennu atom hefyd, yn Gymraeg neu'n Saesneg, a byddwn yn ymateb yn yr iaith rydych chi wedi ei defnyddio. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

This document is also available in English.

Cynnwys

Ers yr adolygiadau blaenorol yn 2015, mae trefniadau llywodraethu, rheoli a chynllunio wedi gwella, ond bydd effaith COVID-19 yn gofyn am strategaeth glir i adfer gwasanaethau bellach a byddai manteision o hyd mewn adolygu'r trefniadau llywodraethu ehangach ar gyfer gwasanaethau arbenigol yn unol â'r ymrwymiadau yn **Cymru Iachach**.

Adroddiad cryno

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Argymhellion	10

Prif adroddiad

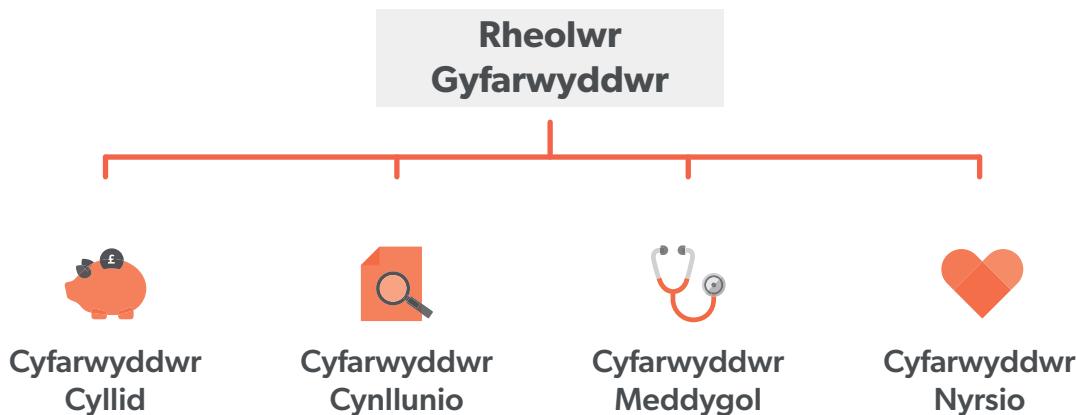
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Adroddiad cryno

Cefndir

- 1 Mae Pwyllgor Gwasanaethau lechyd Arbenigol Cymru (PGIAC) yn gydbwyllgor o bob bwrdd iechyd lleol yng Nghymru, ac fe'i sefydlwyd o dan Gyfarwyddiadau Pwyllgor Gwasanaethau lechyd Arbenigol Cymru (Cymru) 2009 (2009/35). Cylch gwaith y Cydbwyllgor yw galluogi'r saith bwrdd iechyd yng Nghymru i wneud penderfyniadau ar y cyd ynghylch adolygu, cynllunio, caffael a monitro perfformiad gwasanaethau trydyddol ac arbenigol y cytunir arnynt.
- 2 Bwrdd lechyd Prifysgol Cwm Taf Morgannwg sy'n lletya'r Cydbwyllgor, ac mae'n gyfrifol am gynllunio a chomisiynu gwasanaethau arbenigol ar y cyd ar ran byrddau iechyd lleol yng Nghymru. Mae PGIAC yn cynnwys y saith bwrdd iechyd lleol ac yn cael ei ariannu ganddynt â chyllideb flynyddol gyffredinol o £680 miliwn, a phennir y cyfraniadau ariannol gan angen y boblogaeth. Mae rhai byrddau iechyd yng Nghymru yn darparu gwasanaethau arbenigol. Yn benodol, mae Byrddau lechyd Prifysgol Caerdydd a'r Fro a Bae Abertawe yn cael cyllid sylweddol ar gyfer y gwasanaethau y maent yn eu darparu.
- 3 O ddydd i ddydd, mae'r Cydbwyllgor yn dirprwyo cyfrifoldeb gweithredol dros gomisiynu i Swyddogion Gwasanaethau lechyd Arbenigol Cymru, drwy'r tîm rheoli (**Arddangosyn 1**) ac fe'i cefnogir gan chwe thîm comisiynu amlddisgyblaethol. Mae'r timau hyn yn comisiynu gwasanaethau arbenigol, gan gynnwys:
 - Canser a Gwaed
 - Cardiaidd
 - Grwpiau lechyd Meddwl ac Agored i Niwed
 - Niwrowyddorau a chyflyrau hirdymor
 - Arennol
 - Menywod a phlant

Arddangosyn 1: Strwythur rheoli Gwasanaethau Iechyd Arbenigol Cymru



Ffynhonnell: Rheolau Sefydlog Gwasanaethau Iechyd Arbenigol Cymru

- 4 Yn 2015, tynnodd dau adolygiad ar wahân sylw at faterion yn ymwneud â threfniadau llywodraethu PGIAC. Tynnodd y Sefydliad Llywodraethu Da sylw at bryderon yn ymwneud â gwneud penderfyniadau a gwrthdaro buddiannau, a nododd yr angen i wella cyfraniad clinigol lefel uwch yn ogystal â'r angen i greu sefydliad mwy annibynnol sy'n rhydd i wneud penderfyniadau cryf ac sy'n amhoblogaidd (i rai) o bryd i'w gilydd er lles pobl Cymru. Yn yr un flwyddyn, cynhaliodd Arolygiaeth Gofal Iechyd Cymru (AGIC) adolygiad o'r drefn llywodraethu glinigol yn PGIAC. Canfu'r adolygiad hwnnw fod PGIAC yn dechrau cryfhau ei drefniadau llywodraethu clinigol ond bod angen iddo gryfhau ei ddull o fonitro ansawdd gwasanaethau a gwella ymgysylltiad clinigol hefyd.
- 5 Mae amser wedi mynd heibio bellach ers yr adolygiadau hyn. O ystyried y pwysau cynyddol o ran gwasanaethau a chyllid, a'r posibilrwydd o newid tirwedd gomisiynu gydweithredol genedlaethol a Gweithrediaeth y GIG fel y nodir yn Cymru lachach, teimlai'r Archwilydd Cyffredinol ei bod yn amserol adolygu trefniadau llywodraethu PGIAC. Mae'r adroddiad hwn yn ystyried i ba raddau y ceir trefniadau llywodraethu effeithiol ac a yw'r dull cynllunio yn cefnogi'n effeithiol y broses o gomisiynu gwasanaethau arbenigol ar gyfer poblogaeth Cymru. O ystyried effaith COVID-19 ar gapasiti a chynhyrchiant gwasanaethau, rydym hefyd wedi tynnu sylw at rai heriau penodol sy'n ymwneud ag adferiad.

- 6 Cynhaliwyd llawer o'n hadolygiad rhwng mis Mawrth a mis Mehefin 2020, ond o ganlyniad i'r pandemig, gwnaethom oedi agweddu ar yr adolygiad, gan ailddechrau ag arolwg i bob bwrdd iechyd ym mis Gorffennaf a gorffen y gwaith maes ym mis Hydref. Roedd cyflawni ein gwaith yn cynnwys cyfweliadau â swyddogion Gwasanaethau Iechyd Arbenigol Cymru ac aelodau annibynnol o PGIAC, arsylwadau o gyfarfodydd Cydbwyllgor ac is-bwyllgorau, holiaduron prif weithredwyr a chadeiryddion byrddau iechyd ac adolygu dogfennau.

Canfyddiadau allweddol

- 7 Yn gyffredinol, canfuom **ers yr adolygiadau blaenorol yn 2015, fod trefniadau llywodraethu, rheoli a chynllunio wedi gwella, ond bydd effaith COVID-19 yn gofyn am strategaeth glir i adfer gwasanaethau bellach a byddai manteision o hyd mewn adolygu'r trefniadau llywodraethu ehangach ar gyfer gwasanaethau arbenigol yn unol â'r ymrwymiadau yn Cymru lachach.**

Mae trefniadau llywodraethu wedi gwella ond mae'n debygol y bydd gwneud penderfyniadau yn fwy heriol o ganlyniad i COVID-19

- 8 Mae ein gwaith wedi canfod gwelliannau yn y trefniadau llywodraethu cyffredinol yn PGIAC ers 2015. Mae PGIAC yn cynnwys cymysgedd o aelodau annibynnol, prif weithredwyr byrddau iechyd, a swyddogion Gwasanaethau Iechyd Arbenigol Cymru sy'n cydweithio er mwyn arwain y broses o gomisiynu gwasanaethau arbenigol ar ran poblogaeth Cymru. Ceir manteision i'r system lywodraethu hon sy'n rhoi cyfle i bartneriaid gydweithio ar ddatblygiadau yn y gwasanaethau. Yn gyffredinol, canfuom fod y Cydbwyllgor yn gweithredu'n dda a bod perthynas waith iach fel arfer rhwng aelodau'r Cydbwyllgor. Fodd bynnag, mae adegau pan fo hyn wedi dod yn fwy heriol, megis trafodaethau yng'hylch modelau gwasanaeth newydd ar gyfer trawma mawr a llawdriniaeth thorasig. Mae tuedd i hyn ddigwydd pan gomisiynir gwasanaethau newydd gan ddarparwyr sy'n aelodau o'r Cydbwyllgor. Gall hyn beri risg o wrthdaro buddiannau, ond mae effaith negyddol hyn wedi ei lleihau trwy gyflwyno system bleidleisio fwyafrol newydd. Bydd y materion gwrthdaro buddiannau hyn yn parhau i fod yn risg fyw, yn enwedig wrth ystyried adfer gwasanaethau ar ôl y pandemig.

- 9 Ymddengys fod agenda cyfarfodydd y Cydbwylgor yn briodol ac yn gymesur. Fodd bynnag, amlygodd ein harsylwadau gyfleoedd i gynyddu'r sylw a roddir i gyllid, perfformiad ac adroddiadau ansawdd yn y Cydbwylgor. Gwnaethom nodi hefyd yr angen i adolygu'r trefniadau reciwtio aelodau annibynnol a lefel y taliad cydnabyddiaeth a gânt i helpu i fynd i'r afael â heriau trosiant aelodau annibynnol.
- 10 Caiff is-bwylgorau a grwpiau'r Cydbwylgor eu cadeirio a'u gweinyddu'n dda, er bod angen cryfhau'r Pwyllgor Llywodraethu Integredig er mwyn sicrhau ei fod yn cyflawni ei gylch gorchwyl. Lletyir PGIAC gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg sy'n darparu cymorth gweinyddol megis TGCh, Adnoddau Dynol, Cyfleusterau a Chyfathrebu. Mae PGIAC hefyd yn rhan o fframwaith llywodraethu ac atebolwydd y Bwrdd Iechyd trwy'r Pwyllgor Archwilio a Risg a'r gofyniad am ddatgeliad ariannol mewn adroddiadau blynyddol a chyfrifon. Mae gwaith yn mynd rhagddo i gryfhau rôl a swyddogaeth Pwyllgor Archwilio a Risg y Bwrdd Iechyd mewn cysylltiad â'r cydbwylgorau statudol y mae'n eu lletya.
- 11 Mae PGIAC wedi datblygu prosesau rheoli risg da gan ddefnyddio fframwaith sicrwydd risg corfforaethol. Craffir ar y risgiau yn rheolaidd ar lefelau corfforaethol a Chydbwylgor, gyda threfniant penodol i gofnodi risgiau COVID-19 ers dechrau'r pandemig. Yn yr un modd, mae trefniadau rheoli perfformiad yn darparu sylfaen dda, gan fabwysiadu model o lefelau ar gyfer uwchgyfeirio gwasanaethau a monitro gweithredol priodol. Mae PGIAC wedi addasu'r trefniadau hyn o ganlyniad i'r pandemig, ond efallai y bydd angen iddo fod yn fwy cadarn yn y dyfodol er mwyn sicrhau bod gwasanaethau arbenigol yn lleihau'r risg o niwed o ganlyniad i oedi mewn triniaethau.
- 12 Ar ôl ymateb araf i ddechrau, mae PGIAC wedi ymateb i'r argymhellion a wnaed yn 2015 mewn cysylltiad â'r angen i gryfhau trefniadau sicrwydd ansawdd. Yn 2019, sefydlodd PGIAC Dîm Sicrwydd Ansawdd, sy'n ymsefydlu'n dda ac sydd bellach yn cymryd camau i ddiweddar ei fframwaith sicrwydd ansawdd.

Mae trefniadau cynllunio yn darparu sylfaen dda ond mae angen strategaeth glir er mwyn ymateb i'r heriau a gyflwynir gan COVID-19

- 13 Mae trefniadau cynllunio blynnyddol yn effeithiol ar y cyfan. Bob blwyddyn, mae'r gwaith o ddatblygu a chymeradwyo'r Cynllun Comisiynu Integredig wedi dod yn fwy amserol a cheir trefniadau ffurfiol clir ar gyfer nodi a blaenorriaethu triniaethau a gwasanaethau gofal arbenigol sy'n dod i'r amlwg. Dywedodd swyddogion Llywodraeth Cymru wrthym am y capaciti a'r gallu ychwanegol a gawsant gan swyddogion cynllunio PGIAC er mwyn helpu i ysgogi adolygiad o gynlluniau chwarterol byrddau iechyd ac ymddiriedolaethau yn ystod ton gyntaf y pandemig. Mae hyn yn rhoi syniad da o'r arbenigedd yn y tîm. Mae gwybodaeth i gefnogi'r broses gynllunio a chomisiynu'n gwella, a chefnogir hyn gan system gwybodaeth am berfformiad sy'n parhau i gael ei datblygu. Mae'r gwaith o gyflawni cynlluniau gwasanaeth a gomisiynwyd presennol yn cael ei reoli'n dda, ond mae'r broses o gyflwyno gwasanaethau newydd fel modelau gwasanaeth newydd ar gyfer trawma mawr a llawdriniaeth thorasig yn ne Cymru wedi bod yn araf. Nid yw hyn o fewn cylch gwaith PGIAC yn unig ond mae'n nodi'r angen i reoli rhagleni 'o'r dechrau i'r diwedd' yn ehangach ar lefelau rhanbarthol.
- 14 Mae trefniadau cynllunio ariannol yn ddigon cadarn ac wedi eu cysylltu'n briodol â'r Cynllun Comisiynu Integredig. Mae COVID-19 wedi lleihau'r gallu i ddefnyddio rhai gwasanaethau arbenigol yn sylweddol, a bydd adferiad yn arwain at ganlyniadau ariannol sylweddol. Mae angen deall y canlyniadau ariannol sy'n deillio o'r pandemig o ran adfer gwasanaethau. Mae dulliau comisiynu ar sail gwerth yn gwella, ond er mwyn sicrhau'r adferiad gorau posibl ag adnoddau cyfyngedig, mae angen i hyn fod yn fwy uchelgeisiol erbyn hyn a chysylltu'n gryfach â chanlyniadau cleifion, blaenorriaethu a datgomisiynu (pan nad oes tystiolaeth dda bod gwasanaethau/ymyraethau yn arwain at ganlyniadau gwell).
- 15 Mae COVID-19 wedi oedi'r gwaith o ddatblygu strategaeth gwasanaethau arbenigol ac mae'n siŵr y bydd yn parhau i effeithio ar yr amserlen ar gyfer datblygu'r strategaeth. Gall swyddogion gwasanaethau arbenigol ddechrau ffurfio strategaeth sy'n canolbwytio ar effeithiau COVID-19 ochr yn ochr â datblygiadau technolegol, therapiwtig, ac mewn polisiau. Mae adnewyddu'r strategaeth yn bwysicach nag erioed, a bydd angen siapio'r gwaith hwn o amgylch y cyfleoedd a'r risgiau newidiol ar gyfer gwasanaethau arbenigol, gan ystyried y materion a'r cyfleoedd a nodir yn yr adroddiad hwn.

Trefniadau comisiynu gwasanaethau arbenigol yn y dyfodol

- 16 Nododd **Cymru lachach**, sef cynllun Llywodraeth Cymru ar gyfer iechyd a gofal cymdeithasol yng Nghymru, fwriad i adolygu amrywiaeth o swyddogaethau a letyir yn genedlaethol, gan gynnwys PGAC, gyda'r nod o gyfuno gweithgareddau cenedlaethol ac egluro trefniadau llywodraethu ac atebolrwydd. Er bod y trefniadau llywodraethu ar gyfer PGAC wedi parhau i esblygu'n gadarnhaol ar y cyfan, byddai manteision o hyd pe byddai Llywodraeth Cymru yn cynnwys PGAC yn yr adolygiad arfaethedig o swyddogaethau a letyir yn genedlaethol. Wrth edrych ar drefniadau llywodraethu ac atebolrwydd posibl ar gyfer gwasanaethau arbenigol yn y dyfodol, dylid cydnabod bod gan y model comisiynu cydweithredol presennol gryfderau gan ei fod yn creu dull cyfunol mewn cydberchnogaeth er mwyn cynllunio a darparu gwasanaethau arbenigol. Fodd bynnag, mae ganddo risgiau cynhenid hefyd sy'n golygu bod angen i aelodau unigol y Cydbwyllgor gydbwyso anghenion Cymru gyfan ag anghenion eu poblogaeth a'r cyrff GIG unigol y maent yn eu harwain.

“

Mae Pwyllgor Gwasanaethau lechyd Arbenigol Cymru yn comisiynu tua £680 miliwn o wasanaethau arbenigol ar ran poblogaeth Cymru ac mae'n elfen hanfodol o system gofal iechyd Cymru. O ystyried y lefel hon o gyfrifoldeb a buddsoddiad, mae'r cynnydd y mae Pwyllgor Gwasanaethau lechyd Arbenigol Cymru wedi ei wneud i wella ei drefniadau llywodraethu, rheoli a chynllunio yn ystod y blynnyddoedd diwethaf yn fy nghalonogi.

Her uniongyrchol i Bwyllgor Gwasanaethau lechyd Arbenigol Cymru yw datblygu strategaeth glir i fynd i'r afael â'r heriau sy'n gysylltiedig ag adfer gwasanaethau arbenigol yn sgil pandemig COVID-19. Mae fy adroddiad hefyd yn dangos bod angen edrych yn fwy sylfaenol o hyd ar y model ar gyfer comisiynu gwasanaethau arbenigol, yn unol â'r ymrwymiad a nodir yng Nghynllun GIG Llywodraeth Cymru 'Cymru lachach'. Mae'n bwysig bod yr ymrwymiad hwn yn cael ei hybu a gobeithiaf y gall y canfyddiadau a nodir yn yr adroddiad hwn lywio'r ddadl honno'n ddefnyddiol

Adrian Crompton
Archwilydd Cyffredinol Cymru



◀ Argymhellion

17 Ceir manylion yr argymhellion o'r archwiliad hwn yn **Arddangosyn 2 a 3**.

Arddangosyn 2: argymhellion ar gyfer PGIAC

Argymhellion

Llywodraethu a rheoli o ansawdd

A1 Cynyddu'r pwyslais ar ansawdd yn y Cydbwyllgor.

Dylai hyn sicrhau pwyslais a thrafodaeth effeithiol ar gyflymder y gwelliant i'r gwasanaethau hynny o ran uwchgyfeirio ac ysgogi gwelliannau i ansawdd a chanlyniadau ar gyfer cleifion.

Rheoli rhaglenni

A2 Gweithredu trefniadau rheoli rhaglenni clir er mwyn cyflwyno gwasanaethau a gomisiynir newydd.

Dylai hyn gynnwys cerrig milltir clir ac amlwg a bennir o bwynt y cysyniad hyd nes eu cwblhau (h.y. yn gynnar yn y broses ddatblygu hyd at y dadansoddiad ôl-weithredol o'r manteision). Yna dylai adroddiadau cynnydd o'u cymharu â'r cerrig milltir hynny ffurio rhan o'r adroddiadau i'r cydbwyllgor.

Argymhellion

Cynllunio adferiad

- A3** Yn y tymor byr i ganolig, mae effaith COVID-19 yn cyflwyno nifer o heriau. Dylai PGIAc gynnal dadansoddiad adolygu ac adrodd o:
- a ôl-groniad yr amseroedd aros ar gyfer gwasanaethau arbenigol, sut y caiff y rhain eu rheoli gan leihau niwed i gleifion.
 - b yr effaith a'r gost bosibl o reoli galw cudd. Hynny yw cleifion na wnaethant ymwneud â gofal sylfaenol nac eilaidd yn ystod y pandemig er i'w cyflyrau waethyg o bosibl.
 - c canlyniadau ariannol gwasanaethau a gomisiynwyd ac a dangyflawnodd o ganlyniad i COVID-19, gan gynnwys tangyflawniad gwasanaethau a gomisiynwyd o Loegr. Dylid defnyddio hyn i lywio'r gwaith o negodi contractau.

Argymhellion

Strategaeth gwasanaethau arbenigol

A4 Cymeradwywyd y strategaeth gwasanaethau arbenigol bresennol yn 2012. Dylai PGIAC **ddatblygu a chymeradwyo strategaeth newydd yn ystod 2021.**

Dylai hyn:

- a groesawu arloesedd therapiwtig a thechnolegol newydd, ysgogi gwerth, ystyried arferion gorau o ran modelau comisiynu sydd ar waith mewn mannau eraill, ac ysgogi dull tymor byr, canolig a hir er mwyn adfer ar ôl y pandemig.
- b cael eu llywio gan adolygiad o raddau'r gwasanaethau ehangach a gomisiynwyd eisoes gan PGIAC, trwy ddatblygu asesiad o wasanaethau ar sail gwerth er mwyn llywio'n well fwriad a dewisiadau comisiynu er mwyn ysgogi gwerth a datgomisiynu yn ôl yr angen.
Dylai'r adolygiad asesu gwasanaethau:
 - nad ydynt yn dangos effeithiolrwydd clinigol na chanlyniadau cleifion (atal);
 - na ddylid eu hystyried yn arbenigol mwyach ac felly y gellid eu trosglwyddo i wasanaethau craidd byrddau iechyd (trosglwyddo);
 - pan fo ymyraethau eraill yn rhoi gwell canlyniad i'r buddsoddiad (newid);
 - sydd wedi'u comisiynu ar hyn o bryd ac y dylid parhau â nhw (parhau).

Arddangosyn 3: Argymhellion ar gyfer Llywodraeth Cymru

Argymhelliaid

Recriwtio aelodau annibynnol

A5 Adolygu'r dewisiadau ar gyfer recriwtio a chadw aelodau annibynnol PGIAC. Dylai hyn gynnwys ystyried dulliau o ehangu'r ystod o gyrrf y GIG y gellir denu aelodau PGIAC ohonynt, a thaliad cydnabyddiaeth am ymgymryd â'r swyddogaeth.

Rheoli rhaglenni isranbarthol a rhanbarthol

A6 Mae hyn yn gysylltiedig ag **Argymhelliaid 2** a wnaed i PGIAC yn yr adroddiad hwn. Pan gynllunnir gwasanaethau arbenigol rhanbarthol neu isranbarthol newydd nad ydynt yn gyfrifoldeb PGIAC yn unig, sicrhau bod trefniadau rheoli rhaglenni aml bartner effeithiol ar waith o bwynt y cysyniad hyd nes eu cwblhau (h.y. yn gynnar yn y broses ddatblygu hyd at y dadansoddiad ôl-weithredol o'r manteision).

Trefniadau llywodraethu ac atebolrwydd ar gyfer gwasanaethau arbenigol yn y dyfodol

A7 Roedd **Cymru lachach** yn cynnwys ymrwymiad i adolygu trefniadau PGIAC ynghyd â swyddogaethau cynghori a letyir yn genedlaethol ac arbenigol eraill. Mae COVID-19 wedi cyfrannu at oedi wrth fwrw ymlaen â'r camau hynny. Argymhellir bod Llywodraeth Cymru yn pennu amserlen ddiwygiedig ar gyfer y camau gweithredu ac yn defnyddio canfyddiadau'r adroddiad hwn i lywio unrhyw waith ychwanegol, gan edrych ar drefniadau llywodraethu ac atebolrwydd er mwyn comisiynu gwasanaethau arbenigol yn rhan o broses ehangach o atgyfnerthu gweithgareddau cenedlaethol presennol.



Prif adroddiad

Llywodraethu a sicrwydd

- 18 Mae ein hadolygiad wedi archwilio trefniadau llywodraethu a sicrwydd PGIAC, megis y ffordd y mae'r Cydbwyllgor a'i is-bwyllgorau yn cynnal busnes, systemau ar gyfer rheoli perfformiad a risg, a threfniadau i sicrhau cywirdeb a phriodoldeb. Canfuom fod **trefniadau llywodraethu wedi gwella ond ei bod yn debygol y bydd gwneud penderfyniadau yn fwy heriol o ganlyniad i COVID-19.**

Cynnal busnes yn effeithiol

- 19 Gwnaethom edrych ar eglurder y strwythurau llywodraethu, y trefniadau gwneud penderfyniadau a'r ymddygiad yn y Cydbwyllgor a'i is-bwyllgorau. Canfuom fod **trefniadau pwylgor wedi gwella, er bod heriau sy'n ymwneud â gwrhdaro buddiannau yn parhau ac mae angen pwyslais cryfach ar ansawdd, cyllid a pherfformiad yng nghyfarfodydd y Cydbwyllgor.**

Gweinyddir y Cydbwyllgor yn dda, gyda pherthynas iach rhwng aelodau. Fodd bynnag, mae lle i graffu'n fwy ar ansawdd gwasanaethau ac ar adroddiadau rheolaidd ar gyllid a pherfformiad, a chyfile i edrych o'r newydd ar y trefniadau reciwtio aelodau annibynnol

- 20 Mae'r Cydbwyllgor yn cynnwys 15 aelod sy'n pleidleisio a thri aelod cyswllt. Mae'r aelodau sy'n pleidleisio yn cynnwys prif weithredwyr y saith bwrdd iechyd, pedwar aelod annibynnol (y mae tri ohonynt yn dod o fyrrdau iechyd), gan gynnwys y Cadeirydd (penodiad Gweinidogol) a'r Is-gadeirydd, a phedwar swyddog Gwasanaethau Iechyd Arbenigol Cymru. Ym mis Hydref 2020, penodwyd Cadeirydd newydd, gan gymryd yr awenau oddi wrth y Cadeirydd dros dro a fu yn y swydd am ychydig dros dair blynedd. Mae PGIAC yn disgwyl trosiant o aelodau annibynnol yn ystod y misoedd nesaf, a fydd yn cyflwyno heriau o ran capaciti a reciwtio. Adroddwyd bod reciwtio aelodau annibynnol yn anodd, yn enwedig gan fod y gronfa y gellir eu reciwtio ohoni wedi ei chyfyngu i fyrrdau iechyd yn unig. Dylid ystyried ehangu'r gronfa reciwtio i gynnwys holl sefydliadau GIG Cymru yn hytrach na byrrdau iechyd yn unig. Hefyd, nid oes taliad cydnabyddiaeth ychwanegol ar gyfer aelodau annibynnol PGIAC, sy'n gwneud y swydd yn llai deniadol. Felly, dylid ystyried a yw'r trefniadau taliadau cydnabyddiaeth presennol yn adlewyrchu'r ymrwymiad a ddisgwylir gan aelodau annibynnol PGIAC.

- 21 Gwnaethom arsylwi'r Cydbwyllgor cyn ac yn ystod y pandemig. Roedd nifer da yn bresennol yn y cyfarfodydd ac roedd y berthynas rhwng yr aelodau yn barchus, gyda lefel iach o her. Oherwydd y pandemig, symudodd PGIAC i gynnal cyfarfodydd rhithwir o fis Mawrth 2020. Bryd hynny, roedd agenda'r Cydbwyllgor yn canolbwytio ar COVID-19 â diweddariadau ar gomisiynu ysbytai annibynnol yr oedd tîm Gwasanaethau Iechyd Arbenigol Cymru yn gyfrifol amdanyst, rheoli risgau a darparu gwasanaethau arbenigol yn ystod y pandemig. Dywedodd swyddogion Gwasanaethau Iechyd Arbenigol Cymru fod y trefniadau diwygiedig yn gwella effeithlonrwydd ac ymgysylltiad mewn cyfarfodydd, gan greu dulliau gwell o ymateb i gwestiynau. Wrth symud ymlaen, rydym yn annog PGIAC i adolygu ac ystyried manteision cadw'r trefniadau hyn.
- 22 Roedd y rhai y gwnaethom gyfweld â nhw yn gadarnhaol ynglŷn â'r Cydbwyllgor, gan nodi ei fod wedi aeddfedu yn ystod y flwyddyn neu ddwy ddiwethaf. Yn gyffredinol, teimlwyd bod y Cydbwyllgor yn gweithio'n effeithiol, yn agored ac yn dryloyw, bod prif weithredwyr yn cefnogi ei gilydd, a bod swyddogaethau a chyfrifoldebau yn glir. Dangosodd ein harsylwadau ar y Cydbwyllgor duedd i ganolbwytio ar fodelu gwasanaethau newydd, a arweiniodd at bwyslais ar dde Cymru mewn cyfarfodydd. Gwelsom drafodaeth gyfyngedig hefyd ynghylch perfformiad y gwasanaethau a gomisiynwyd. Er gwaethaf systemau da ar gyfer sicrwydd ansawdd ar lefel weithredol yn PGIAC, mae diffyg goruchwyliaeth ddigonol yn y Cydbwyllgor. Mae angen cryfhau'r rhain yn rhan o bwyslais ar adfer gwasanaethau.

Mae trefniadau gwneud penderfyniadau wedi gwella, ond mae gwrthdaro buddiannau yn parhau i fod yn risg

- 23 Mae PGIAC yn comisiynu gwasanaethau iechyd arbenigol i Gymru gyfan. Er bod aelodau'r Cydbwyllgor yn dod o fyddau iechyd cyfredol, mae'r aelodau i fod yn annibynnol. Fodd bynnag, mae gwneud penderfyniadau yn achosi gwrthdaro buddiannau posibl i rai aelodau. Y rheswm am hyn yw bod byrddau iechyd mwy Cymru yn darparu gwasanaethau arbenigol sylweddol, yn enwedig yn ne Cymru. Dywedodd y rhai y buom yn siarad â nhw y gall rhai tensiynau godi ynghylch trafodaethau, gan gyfeirio at y ganolfan trawma mawr a llawdriniaeth thorasig, a'r gallu i dynnu sylw at y materion penodol hyn mewn cyfarfodydd pwyllgor ar draul agweddau ehangach ar yr agenda.

24 O ganlyniad i heriau blaenorol wrth wneud penderfyniadau, newidiodd trefniadau pleidleisio PGIAC o ofyn am gytundeb 100% i bleidleisio drwy fwyafrif o ddwy ran o dair yn unol â chyfarwyddyd Gweinidogol dyddiedig 12 Tachwedd 2018. Adlewyrchwyd hyn wedyn mewn diwygiad i reolau sefydlog PGIAC. Mae'r system bleidleisio newydd yn fwy ymarferol ac yn sicrhau bod penderfyniadau'n cael eu gwneud yn gyflymach; ond yn gymharol ddiweddar y cyflwynwyd hyn, felly dylai PGIAC barhau i adolygu'r trefniant newydd hwn. Mae'r trefniadau llywodraethu yn golygu bod prif weithredwyr ac aelodau annibynnol yn cymryd rhan mewn pleidleisiau ar gomisiynu gwasanaethau o'u bwrdd iechyd eu hunain. O ganlyniad, atgyfnerthodd Cadeirydd interim blaenorol PGIAC yr angen i weithredu ar ran sefyllfa Cymru gyfan wrth wneud penderfyniadau. Wrth symud ymlaen, mae'r anawsterau a gyflwynir gan y pandemig yn debygol o fod yn heriol. Wrth weithredu ar ran 'Cymru gyfan' a lleihau niwed i gleifion o ganlyniad i oedi wrth dderbyn gofal arbenigol, mae'n bosibl y bydd angen symud buddsoddiadau. Unwaith eto, gallai hyn gynyddu'r risg o wrthdaro buddiannau os yw'n ofynnol i aelodau prif weithredwr bleidleisio ar ddargyfeirio buddsoddiadau i ffwrdd o'u bwrdd iechyd eu hunain.

Mae llifau sicrwydd rhwng y Cydbwyllgor a byrddau iechyd unigol yn amrywio

- 25 Gan fod y Cydbwyllgor yn comisiynu gwasanaethau arbenigol ar ran y saith bwrdd iechyd, byddem yn disgwl gweld llinellau sicrwydd clir o'r Cydbwyllgor i Fyrrdau unigol. Wrth adolygu papurau byrddau iechyd¹, canfuom fod pob un o'r saith bwrdd iechyd o leiaf wedi cymeradwyo eu rheolau sefydlog eu hunain a oedd yn nodi eu cyfrifoldebau o ran PGIAC, a rheolau sefydlog PGIAC. Mae pob bwrdd iechyd yn adrodd adroddiadau sicrwydd PGIAC a chofnodion cyfarfodydd y Cydbwyllgor (neu'n darparu dolen i'r cofnodion).
- 26 Fodd bynnag, mae cofnodion byrddau iechyd yn amrywio rhywfaint o ran graddau'r trafodaethau ynghylch gwasanaethau PGIAC. Er enghraifft, ysgogodd cymeradwyaeth achos busnes y rhaglen ar gyfer trawma mawr a llawdriniaeth thorasig bapurau helaeth a thrafodaeth dda mewn byrddau iechyd. Ond ar adegau eraill, gwnaed dim ond nodi papurau PGIAC â thrafodaeth gyfyngedig. Canfuom fod goruchwyliaeth ar lefel Bwrdd o ansawdd a gwasanaethau arbenigol wedi'u huwchgyfeirio yn ymddangos yn gyfyngedig, ond nodwn fod swyddogion Gwasanaethau Iechyd Arbenigol Cymru yn gweithio ar hyn i'w wella trwy eu gwaith ymgysylltu â byrddau iechyd ledled Cymru.

1 Ar gyfer pob bwrdd iechyd, gwnaethom adolygu ei bapurau Bwrdd a phapurau ei gyfarfodydd ansawdd a diogelwch, cyllid a pherfformiad.

**Mae trefniadau lletya PGIAC yn gweithredu fel y bwriedir i raddau helaeth,
er bod heriau gweithredol achlysuol a chyfle i gryfhau swyddogaeth
llywodraethu Pwyllgor Archwilio a Risg y bwrdd iechyd lletyol**

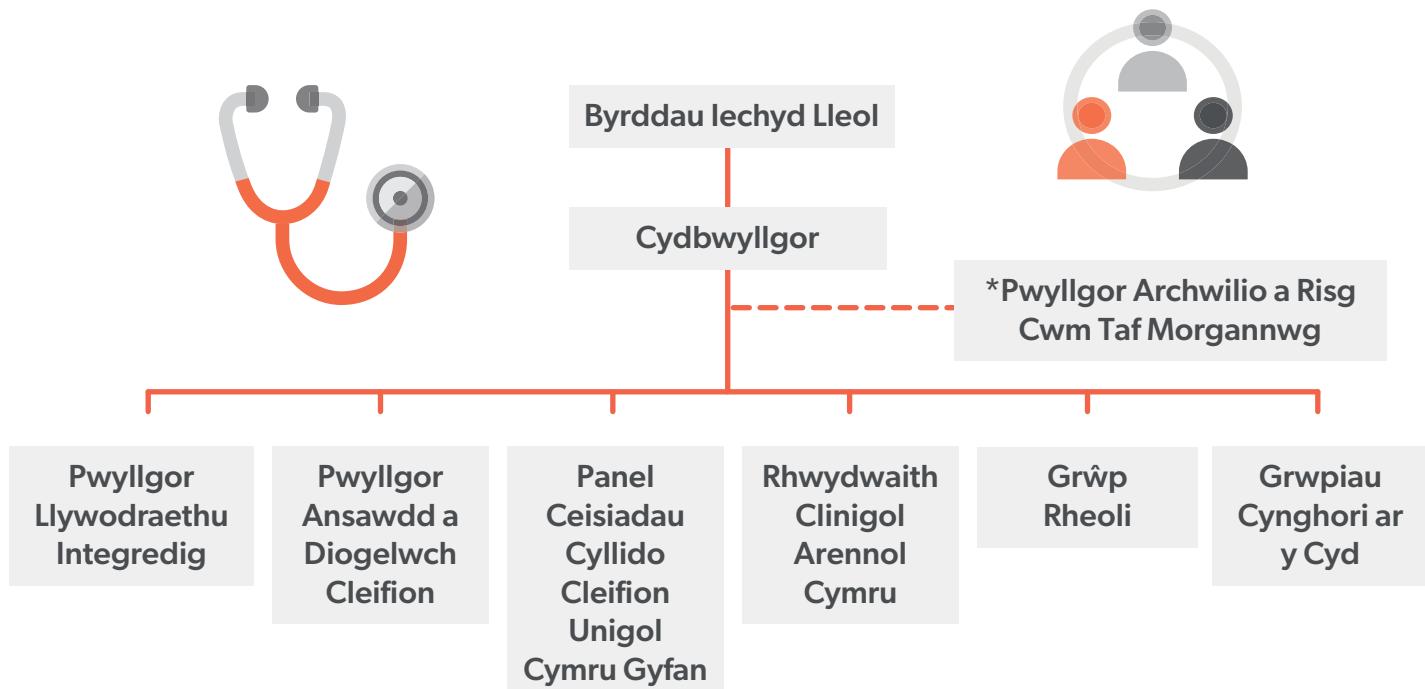
- 27 Lletyir PGIAC gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg sy'n darparu cymorth gweinyddol megis TGCh, Adnoddau Dynol, Cyfleusterau a Chyfathrebu. Mae gan gyflogelion PGIAC gontract cyflogaeth â Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ac mae gan Reolwr Gyfarwyddwr PGIAC linell atebolrwydd i'w Brif Weithredwr. Nododd cyfweledigion fod y trefniadau hyn yn gweithredu'n ddigonol ar y cyfan, ond mynegwyd rhai pryderon ynghylch gallu Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg i gefnogi PGIAC, yn enwedig mewn cysylltiad ag Adnoddau Dynol a gwasanaethau cymorth TGCh. Hefyd, nodwyd bod Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn ddarparwr gwasanaethau arbenigol a gomisiynir gan PGIAC, a allai beri rhagor o wrthdaro buddiannau yn ychwanegol at y tensiwn cynhenid rhwng y darparwr a'r comisiynydd yn y Cydbwyllgor.
- 28 Mae cytundeb lletya'n bodoli rhwng PGIAC a saith bwrdd iechyd Cymru sy'n cynnwys darpariaeth ar gyfer Pwyllgor Archwilio a Risg Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg er mwyn helpu i gyflawni cyfrifoldebau llywodraethu a sicrhau PGIAC. Fodd bynnag, prin yw'r manylion sydd yn y cytundeb lletya presennol ynghylch sut y dylai'r trefniadau hyn weithio, a gall graddau gwaith craffu ar fusnes PGIAC yn y pwyllgor fod yn wedol gyfyngedig. Ystyrir sefydliadau a letyir yn Rhan 2 o gyfarfodydd y Pwyllgor Archwilio a Risg. Mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg yn gweithio i egluro gofynion sicrwydd y cyrff a letyir² trwy ddatblygu fframwaith sicrwydd. Nod y fframwaith newydd yw diffinio rôl, swyddogaeth, cyfrifoldebau ac atebolrwydd y Pwyllgor Archwilio a Risg, y sefydliad sy'n lletya, cydbwyllgorau statudol Cymru gyfan a'r cyfarwyddwyr dan sylw. Rydym yn deall bod y gwaith hwn yn mynd rhagddo a bydd angen rhagor o waith ymgysylltu yn yr holl gyrrff yr effeithir arnynt.

2 Mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg hefyd yn lletya'r Pwyllgor Gwasanaethau Ambiwlans Brys ac Academi Ddelweddu Genedlaethol y GIG.

Yn gyffredinol, mae is-bwyllgorau a grwpiau PGIAC yn gweithredu'n dda, er bod angen sicrhau yr ymdrinnir â phob agwedd ar y cylch gorchwyl yn briodol

- 29 Trwy ei reolau sefydlog, mae'n ofynnol i PGIAC fod â phwyllgorau sy'n gyfrifol am ansawdd a diogelwch, ac archwilio. Fel y nodwyd yn gynharach, hwylusir y Pwyllgor Archwilio a Risg trwy drefniadau lletya. Er hynny, cefnogir y Cydbwyllgor gan amrywiaeth o'i is-bwyllgorau a'i grwpiau ei hun hefyd (**Arddangosyn 4**). Mae rhai ohonynt yn gwneud gwaith craffu ac yn cael sicrwydd, ac mae eraill yn canolbwytio'n fwy ar gyflawni a gwneud penderfyniadau. Mae'r Pwyllgor Ansawdd a Diogelwch Cleifion yn ffurfio rhan o strwythur pwylgorau a grwpiau PGIAC ei hun. Mae gan y Cydbwyllgor dri grŵp cynghori hefyd, a oedd yn cael eu hadolygu ar adeg ein gwaith maes.

Arddangosyn 4: Strwythur Llywodraethu PGIAC³



* Yn gweithredu fel Pwyllgor Archwilio a Risg y Bwrdd Iechyd ac fel Pwyllgor Archwilio PGIAC.

Ffynhonnell: PGIAC

- 30 Cynhaliwyd mwyafrif ein harsylwadau cyn y pandemig. Yn gyffredinol, canfuom fod gan y cyfarfodydd agenda glir, eu bod wedi'u gweinyddu'n dda a bod gweithdrefnau ffurfiol yn cael eu cadw yn ôl y disgwyd, megis datganiadau o fuddiannau ac adolygu cofnodion blaenorol. Roedd papurau cyfarfodydd wedi'u hysgrifennu'n glir â thempled adroddiad clawr yn nodi diben y papur megis cymeradwyo, nodi a sicrwydd. Mae gan yr is-bwyllgorau raglen waith a'r cylch gorchwyl diweddaraf.

3 Gweler adran 2.3 o Ddatganiad Llywodraethu Blynnyddol PGIAC 2019/20 er mwyn cael rhagor o wybodaeth am y trefniadau ar gyfer Pwyllgor Archwilio a Risg Cwm Taf Morgannwg a'r Pwyllgor Ansawdd a Diogelwch Cleifion mewn cysylltiad â llywodraethu PGIAC.

- 31 Mae Pwyllgor Ansawdd a Diogelwch Cleifion PGAC yn craffu'n effeithiol ar adroddiadau sicrwydd gan bob un o'i dimau comisiynu am wasanaethau wedi'u huwchgyfeirio, risgiau gwasanaeth, ymweliadau ansawdd, arolygiadau ac unrhyw ddigwyddiadau neu bryderon. Mae'r pwyllgor hefyd yn cael adroddiadau am bryderon, digwyddiadau difrifol, adroddiadau ombwdsmon, adolygiadau o bolisiau clinigol a COVID-19. Mae swyddogion Gwasanaethau lechyd Arbenigol Cymru hefyd yn bwriadu gwella'r llif gwybodaeth rhwng PGAC a phwyllgorau ansawdd a diogelwch byrddau iechyd.
- 32 Yn ystod 2019-20, cyfarfu'r Pwyllgor Llywodraethu Integredig yn anaml, gan adael bwlch o chwe mis rhwng cyfarfodydd Hydref 2019 ac Ebrill 2020. Er hynny, roedd nifer y cyfarfodydd yn dal i fod yn unol â chylch gorchwyl y pwyllgor ac, ers mis Ebrill 2020, mae amlder y cyfarfodydd wedi cynyddu. Mae ein gwaith yn dangos bod angen gwell eglurder ynghylch rôl a swyddogaeth y pwyllgor hwn. Ar hyn o bryd, rhan o gylch gwaith y Pwyllgor Llywodraethu Integredig yw goruchwyliau gwaith y Pwyllgor Ansawdd a Diogelwch Cleifion, y Pwyllgor Archwilio a Risg, a Rhwydwaith Arennol Cymru. Mae'r Pwyllgor Llywodraethu Integredig hefyd yn gyfrifol am graffu ar gyflawniad a pherfformiad y Cynllun Comisiynu Integredig. Er bod y pwyllgor wedi goruchwyliau datblygiad y cynllun yn dda, canfuom nad oedd unrhyw dystiolaeth o graffu ehangach ar yr hyn a gyflawnwyd o'i gymharu â'r cynllun, ac eithrio adroddiad arferol am wasanaethau wedi'u huwchgyfeirio.
- 33 Canfu ein harsylwadau fod y Grŵp Rheoli, sef grŵp lefel swyddogion sy'n gwneud argymhellion i'r Cydbwyllgor, wedi ei gadeirio'n dda, a bod papurau'n cael eu trafod yn dda ar y cyfan. Ond, yn yr un modd â'r Cydbwyllgor, gwelsom fod angen trafod perfformiad, cyllid ac ansawdd gwasanaethau a diogelwch cleifion yn well.

Systemau sicrwydd

- 34 Gwnaethom ystyried a oes gan y Cydbwyllgor system rheolaethau mewnol effeithiol i gefnogi systemau sicrwydd. Gwelsom fod **systemau sicrwydd wedi eu cryfhau'n sylweddol yn ystod y blynnyddoedd diwethaf, ond bod lle i'w cryfhau ymhellach.**

Mae trefniadau i hybu uniondeb a phriodoldeb ar waith

- 35 Mis Medi 2019 oedd y tro diwethaf yr adolygwyd fframwaith llywodraethu ac atebolwydd PGIAC yn llawn. Mae'r fersiwn hon yn adlewyrchu'r trefniadau pleidleisio diwygiedig ac yn cynnwys:
- Rheolau Sefydlog
 - Memorandwm Cytundeb
 - Cytundeb Lletya
 - Fframwaith Busnes y Cydbwyllgor
- 36 Er mwyn helpu i sicrhau uniondeb a phriodoldeb, mae PGIAC yn cadw cofrestrau ar gyfer datganiadau o fuddiannau a rhoddion, lletygarwch a nawdd. Caiff y cofrestrau eu diweddar u'n briodol, ac mae cofnodion ar gael ar wefan PGIAC ac maent wedi eu datgan yn y Datganiad Llywodraethu Blynnyddol.
- 37 Mae PGIAC yn cadw traciwr argymhellion archwilio mewnol, sydd wedi ei fformatio'n glir a chaiff ei adolygu ym mhob un o gyfarfodydd y Pwyllgor Archwilio a Risg. Nid oedd unrhyw argymhellion archwilio allanol ar y traciwr pan wnaethom gynnal ein hadolygiad, ond dywedir wrthym fod argymhellion hanesyddol wedi eu rhestru ar y traciwr ac y craffwyd arnynt yn yr un modd ag ar gyfer y sefydliad sy'n lletya. Rydym yn disgwyl yn arbennig i'r argymhellion a wneir yn yr adolygiad hwn ymddangos ar y traciwr, a bod yn destun gwaith craffu.
- 38 Bu PGIAC yn monitro cynnydd hefyd o'i gymharu ag adolygiadau 2015 y Sefydliad Llywodraethu Da ac AGIC. Datblygodd PGIAC gynllun gweithredu llywodraethu ac mae mwyafrif y camau gweithredu yn gyflawn. Bu'r Pwyllgor Llywodraethu Integredig yn cael yr wybodaeth ddiweddaraf am y camau gweithredu nas cyflawnwyd bob chwe mis, ac ym mis Mawrth 2019 oedd yr olaf o'r rhain.

Mae prosesau rheoli risgiau da ar waith, ac archwili'r risgiau'n rheolaidd ar lefel gorfforaethol a lefel y Cydbwyllgor, ac mae systemau ar waith i gofnodi'r risgiau sy'n deillio o COVID-19

- 39 Mae gan PGIAc Fframwaith Sicrwydd Risg Corfforaethol sy'n nodi risgiau lefel uchel i'r gwasanaethau a gomisiynir. Mae gan bob un o'r timau comisiynu gofrestr risgiau. Caiff risgiau a ystyrir yn 15 neu'n uwch ar ôl i reolaethau gael eu rhoi ar waith eu huwchgyfeirio i'r Fframwaith Sicrwydd ar gyfer Risgiau Corfforaethol. Mae'r Cydbwyllgor yn gweld y Fframwaith Sicrwydd Risg Corfforaethol ddwywaith y flwyddyn ac fe'i hadolygir yn rheolaidd gan yr is-bwyllgorau a Bwrdd Grŵp y Cyfarwyddwyr Corfforaethol. Cyflwynir y Fframwaith Sicrwydd Risg Corfforaethol yn glir ac mae'n cynnwys yr wybodaeth y disgwyliwn ei gweld ar gofrestr risgiau corfforaethol, gan gynnwys cyfarwyddwr arweiniol a phwyllgor sicrhau ar gyfer pob risg.
- 40 Yn ddiweddar, mae PGIAc wedi diweddaru ei fframwaith rheoli risgiau integredig, gan gynnwys adolygu cofrestrau risgiau presennol, datblygu templed newydd ar gyfer cofrestr risgiau, a hyfforddi staff. Mae'r fframwaith yn nodi atebolrwydd, cyfrifoldebau a pharodrwydd y sefydliad i dderbyn risg. Mae PGIAc yn ceisio rhagor o welliannau er mwyn tynhau prosesau uwchgyfeirio a llacio a thrwy gyflwyno system rheoli risgiau electronig. Mae'n gobeithio cyflwyno prosesau risgiau newydd yn ystod gwanwyn 2021.
- 41 Yn ystod y pandemig, cwblhawyd asesiad risg a chofrestr ar wahân er mwyn asesu sut yr oedd COVID-19 yn effeithio ar wasanaethau arbenigol hanfodol. Dogfen fyw yw'r asesiad a gaiff ei diweddaru wrth i ddarparwyr ddarparu rhagor o wybodaeth. Mae'r Cydbwyllgor yn parhau i adolygu cofrestr risgiau COVID-19 a'r Fframwaith Sicrwydd ar gyfer Risgiau Corfforaethol.

Mae PGIAc yn cymryd y camau angenrheidiol i gryfhau ei drefniadau rheoli perfformiad, ond bydd angen iddo ystyried sut y caiff y rhain eu haddasu er mwyn monitro a rheoli'r broses o adfer gwasanaethau ar ôl pandemig

- 42 Mae PGIAc yn monitro perfformiad gwasanaeth trwy ddangosyddion perfformiad allweddol cenedlaethol yn bennaf. Nodir y mesurau mewn contractau a manylebau gwasanaeth. Rheolir tanberfformiad trwy fframwaith uwchgyfeirio PGIAc, sydd â phedair lefel uwchgyfeirio, a lefel pedwar yw'r lefel uchaf. Mae tîm Gwasanaethau Iechyd Arbenigol Cymru yn cynnal cyfarfodydd Cytundeb Lefel Gwasanaeth (CLG) rheolaidd â darparwyr yng Nghymru, ac o leiaf un cyfarfod contract blynnyddol â darparwyr o Loegr. Mae gwasanaethau sydd wedi'u huwchgyfeirio yn ddarostyngedig i drefniadau rheoli perfformiad uwch hyd nes y gellir dangos gwelliant sylweddol er mwyn caniatáu llacio.

- 43 Yn ystod cyfnod gwaethaf y pandemig, rhoddodd PGIAC y gorau i fonitro'r CLG yn unol ag arferion Llywodraeth Cymru. Bryd hynny, dim ond gwasanaethau arbenigol hanfodol oedd yn cael eu darparu. Yn ystod y cyfnod hwn, roedd yn anodd i dîm Gwasanaethau Iechyd Arbenigol Cymru ymgysylltu â darparwyr o Gymru a Lloegr a oedd yn canolbwytio'n ddwys ar y pandemig. Yn ymarferol, er mwyn goresgyn hyn, mabwysiadwyd system fonitro uniongyrchol sy'n adolygu'r data perfformiad sydd ar gael ac yn herio darparwyr o ran y canfyddiadau. Mae PGIAC yn dal i fonitro gwasanaethau 'yn uniongyrchol' ac yn rhannu gwybodaeth â Llywodraeth Cymru. Pan fo tîm Gwasanaethau Iechyd Arbenigol Cymru wedi gallu ymgysylltu'n rhagweithiol â darparwyr, maent wedi gallu negodi parhad rhai gwasanaethau. Dywedodd PGIAC fod trefniadau uwchgyfeirio yn parhau i weithio'n dda er gwaethaf y pandemig, a bod tynnau sylw at wahaniaethau mewn gweithgareddau a chynhyrchiant rhwng gwahanol ddarparwyr wedi helpu.
- 44 Mae'r pandemig hefyd wedi amlygu'r angen i adolygu trefniadau a metrigau rheoli perfformiad. Er enghraifft, defnyddiwyd perfformiad o'i gymharu ag amseroedd aros rhwng atgyfeirio a thriniaeth yn aml i bennu lefelau uwchgyfeirio⁴. Ond yn y sefyllfa sydd ohoni lle mae amseroedd aros rhwng atgyfeirio a thriniaeth wedi cynyddu ym mhob rhan o'r GIG, mae'n anodd gwahaniaethu'r risg o niwed neu ganlyniadau cleifion pan fo cynifer o gleifion yn wynebu oedi ac aros. O ganlyniad, mae PGIAC wrthi'n adolygu pob gwasanaeth sydd wedi'i uwchgyfeirio er mwyn gweld a yw'n berthnasol o hyd. Ar hyn o bryd, nid oes gan PGIAC Fframwaith Rheoli Perfformiad trofwaol, er ei fod wedi datblygu system dadansoddi perfformiad o'r enw 'MAIR' (Fy Nadansoddeg ac Adroddiadau Gwybodaeth). Er hynny, mae'r tîm yn datblygu Fframwaith Sicrwydd Comisiynu. Bydd y fframwaith yn nodi proses sicrwydd perfformiad newydd ochr yn ochr â mesurau perfformiad sy'n canolbwytio'n fwy ar ganlyniadau. Mae hefyd yn awgrymu cyfarfod blynnyddol rhwng swyddogion gweithredol PGIAC a swyddogion gweithredol byrddau iechyd i ddeall blaenoriaethau'r comisiynydd er mwyn llywio'r broses o ddatblygu'r Cynllun Comisiynu Integredig. Gobeithir y bydd y fframwaith newydd yn cael ei lansio ochr yn ochr â'r Cynllun Comisiynu Integredig newydd. Mae hwn yn ddatblygiad cadarnhaol oherwydd bydd angen dull gwahanol o fonitro gwasanaethau wrth iddynt adfer ar ôl y pandemig. Bydd angen i adolygu data ynghylch canlyniadau cleifion a niwed fod yn rhan bwysig o'r trefniadau datblygol hyn.

4 Mae'r fframwaith uwchgyfeirio yn gweithio ar bedair lefel, a lefel pedwar yw'r lefel uwchgyfeirio uchaf. Gellir uwchgyfeirio gwasanaethau oherwydd materion perfformiad a/neu ansawdd.

45 Cyflwynir dangosfwrdd perfformiad integredig PGIAC i Fwrdd Grŵp y Cyfarwyddwyr Corfforaethol a'r Grŵp Rheoli bob mis, ac i'r Cydbwyllgor bob deufis. Er bod trafodaeth a her mewn cyarfodydd tîm comisiynu, fel y nodwyd yn gynharach, ychydig o waith craffu ar yr adroddiad hwn a arsylwyd yn y Cydbwyllgor. Nid oes gan yr adroddiadau presennol ystod eang o fesurau, gan adrodd yn bennaf ar berfformiad o ran amseroedd aros a rhwng atgyfeirio a thriniaeth ac mae cyfle i adnewyddu'r rhain yn rhan o adfer ar ôl y pandemig a Fframwaith Sicrwydd Perfformiad newydd y Comisiynydd.

Mae PGIAC yn ysgogi gwelliant ansawdd trwy ei Dîm Sicrwydd Ansawdd a'i fframwaith sicrwydd ansawdd

- 46 Yn 2015, gwnaeth y Sefydliad Llywodraethu Da ac AGIC nifer o argymhellion yn ymwneud â llywodraethu ansawdd. Ers yr adolygiadau hyn, mae PGIAC wedi gwneud cynnydd da o ran gwella trefniadau llywodraethu ansawdd. Mae gan y Cydbwyllgor gynrychiolaeth glinigol uwch; mae'r Cyfarwyddwr Nyrsio a Sicrwydd Ansawdd yn aelod o'r Cydbwyllgor ac mae'r Cyfarwyddwr Meddygol yn bresennol yn y cyfarfod. Ar lefel weithredol, mae gan y chwe thîm comisiynu amlddisgyblaethol gyfarwyddwr meddygol cyswllt i roi cyngor ac arweiniad clinigol.
- 47 Sefydlwyd tîm Sicrwydd Ansawdd dan arweiniad y Cyfarwyddwr Nyrsio a Sicrwydd Ansawdd yn 2019. Mae'r tîm yn gyfrifol am fonitro a dysgu o ansawdd a phrofiadau cleifion er mwyn helpu i wella gwasanaethau a gomisiynir. Yn benodol, mae hyn yn cynnwys rheoli ac ymateb i gwynion, damweiniau a fu bron â digwydd, digwyddiadau difrifol a digwyddiadau byth. Mae'r tîm hefyd yn rhan o'r timau comisiynu amlddisgyblaethol ac yn cymryd rhan mewn cynllunio a sicrhau ansawdd gwasanaethau a gomisiynir. Hefyd, mae PGIAC wedi diweddu ei Fframwaith Sicrwydd Ansawdd y cytunwyd arno yn 2014 ac a fydd yn rhan o'r Fframwaith Sicrwydd Comisiynu newydd.
- 48 Er mwyn rhannu gwybodaeth a lleihau dyblygu, mae'r tîm Sicrwydd Ansawdd yn cynnal perthynas dda â darparwyr a rheoleiddwyr. Er enghraifft, mae'r tîm yn cynnal cyarfodydd chwarterol â'r arweinwyr ansawdd yn y byrddau iechyd sy'n darparu er mwyn adolygu ystod o fesurau ansawdd a gwybodaeth. Maent hefyd yn defnyddio gwybodaeth gan reoleiddwyr, archwiliadau clinigol, a'r Uned Gomisiynu Cydweithredol Genedlaethol (gwasanaethau iechyd meddwl) er mwyn llywio'r gwaith o gynllunio a monitro gwasanaethau. Ceir system wahanol ar gyfer darparwyr yn Lloegr. Mae gan GIG Lloegr borth sicrwydd ansawdd y mae PGIAC yn ei ddefnyddio. Mae gwybodaeth am y porth yn fanwl ac wedi ei meincnodi o'i chymharu â darparwyr tebyg yn GIG Lloegr. Mae PGIAC yn bwriadu efelychu'r dull hwn ar gyfer Byrddau Iechyd Prifysgol Abertawe a Chaerdydd a'r Fro.

Cynllunio strategol

- 49 Archwiliodd ein gwaith a oes gan PGIAC ddull clir a chadarn o gyflawni cynllunio strategol ac ariannol. O ganlyniad i'r pandemig, mae sefyllfa y gwasanaethau arbenigol wedi newid, gyda rhai gwasanaethau, yn enwedig gwasanaethau llawfeddygol, yn stopio neu'n cael eu lleihau'n sylweddol. Canfu ein hadolygiad fod **trefniadau cynllunio yn darparu sylfaen dda ond mae angen strategaeth glir er mwyn ymateb i'r heriau a gyflwynir gan COVID-19.**

Mae trefniadau cynllunio blynnyddol yn effeithiol ar y cyfan, ond bydd y broses o adfer gwasanaethau yn her

- 50 Ar hyn o bryd mae PGIAC yn gwneud gwaith cynllunio bob blwyddyn, gan arwain at Gynllun Comisiynu Integredig am gyfnod treigl o dair blynedd. Cytunir ar y cynllun hwn yn flynyddol ac mae wedi dod yn fwyfwy amserol ac aeddfed yn ystod y blynnyddoedd diwethaf. Ceir camau datblygu clir ac ymgysylltu â byrddau iechyd yn rhan o'r broses gymeradwyo, cyn cadarnhau/cymeradwyo yn ffurfiol yng Nghyhydbwylgor PGIAC. Ceir proses glir ac atebolrwydd hefyd ar gyfer gwahanol gamau paratoi a chymeradwyo ac, os oes angen, ar gyfer ymgynghori â rhanddeiliaid perthnasol.
- 51 Mae PGIAC yn ymgynghori â rhanddeiliaid allweddol a'r cyhoedd ar bolisiau comisiynu newydd, manylebau gwasanaeth a pholisiau comisiynu diwygiedig pan fo newidiadau perthnasol i'r gwasanaeth. Ceir engrifftiau da o hyn mewn cysylltiad â thrawma mawr a llawdriniaeth thorasig wrth i gynghorau iechyd cymunedol perthnasol gymryd rhan weithredol mewn sylwadau a dadansoddiadau rhanddeiliaid. Mae sylwadau gan gynghorau iechyd cymunedol yn llywio gwaith cynllunio PGIAC a'r byrddau iechyd perthnasol y gallai newidiadau arfaethedig i wasanaethau effeithio ar eu poblogaeth.
- 52 Mae'r graddau y mae byrddau iechyd yn ymgorffori gwasanaethau arbenigol yn eu cynlluniau tymor canolig integredig eu hunain yn amrywio ledled Cymru. Er enghraift, mae Bwrdd Iechyd Addysgu Powys a Bwrdd Iechyd Prifysgol Hywel Dda yn dibynnu'n fwy sylweddol ar wasanaethau arbenigol a gomisiynir yn allanol a gwelwn y rhain yn cael eu cynnwys yn eu cynlluniau nhw yn fwy o'u cymharu â chynlluniau byrddau iechyd sy'n ddarparwyr gwasanaethau arbenigol.

- 53 Mae ein gwaith yn dangos bod gan PGIAC gapasiti a gallu digonol i gefnogi cynllunio. Defnyddiwyd y capaciti a'r gallu hwnnw yn 2020 i helpu i gefnogi adolygiad Tîm Cynllunio'r GIG Llywodraeth Cymru o gynlluniau chwarterol byrddau iechyd, gan ddefnyddio'u gwybodaeth a'u profiad o gynllunio gwasanaethau cymhleth. Mae trefniadau cynllunio PGIAC yn cynnwys cyfraniad sylwedol gan bob un o'r timau comisiynu gwasanaethau arbenigol, grŵp cynghori ar effaith glinigol a Grŵp Rheoli PGIAC. Mae cyngor clinigol yn helpu i ffurfio gwasanaethau arbenigol ac mae PGIAC yn bwriadu cynyddu lefel yr arbenigedd mewnol ar 'lefel ymgynghorwyr'.
- 54 Mae PGIAC wedi mabwysiadu dull parhaus o nodi a gwerthuso ymchwil a thriniaethau newydd ac o ddefnyddio canllawiau NICE⁵ i lunio gwasanaethau a gomisiynir. Cefnogir y gwaith hwn o 'sganio'r gorwel' gan broses flaenoriaethu gyson a thryloyw (**Arddangosyn 5**) er mwyn helpu i sicrhau bod penderfyniadau buddsoddi'n fforddiadwy, yn cynnig gwerth am arian ac yn cael eu hategu gan dystiolaeth argyhoeddiadol o ddiogelwch ac effeithiolrwydd. Mae cadernid y dull yn helpu i sicrhau y cytunir ar gynigion newydd yn y Cydbwyllgor.

Arddangosyn 5 – egwyddorion allweddol y broses flaenoriaethu a fabwysiedir gan PGIAC

- Mae Panel Blaenoraiethu PGIAC yn sgorio a graddio ymyraethau gan ddefnyddio methodoleg ffurfiol y cytunir arni
- Nod y broses flaenoriaethu yw peidio â dyblygu gwaith sydd wedi'i gwblhau eisoes (er enghraifft, gan NICE)
- Mae'n rhaid ymgysylltu'n briodol ac yn amserol â GIG Cymru yn rhan o'r broses
- Ceir meini prawf sgorio clir y cytunwyd arnynt, a defnyddir technoleg bleidleisio yn ystod yr asesiad. Mae'r meini prawf yn cynnwys:
 - Cryfder dystiolaeth glinigol
 - Budd i gleifion
 - Asesiad economaidd
 - Baich clefydau (pa mor ddifrifol yw cyflwr a'i effaith ar y boblogaeth)
 - Lleihau anghydraddoldeb o ran mynediad



Ffynhonnell: Gwaith maes Archwilio Cymru

5 Y Sefydliad Cenedlaethol dros Ragoriaeth mewn lechyd a Gofal <https://www.nice.org.uk/>

55 Mae COVID-19 wedi effeithio'n sylweddol ar ddarpariaeth gwasanaethau arbenigol ledled Cymru a Lloegr. Yn dilyn ton gyntaf y pandemig, deallwn fod amrywiadau rhwng darparwyr yn cynyddu o ran cynhyrchiant gwasanaethau, wrth i rai darparwyr allu ailddechrau gwasanaethau arbenigol yn gynharach ac yn fwy llwyddiannus nag eraill. Mae hyn yn creu her o ran comisiynu wrth i PGIAC geisio datblygu cynlluniau adfer ar ôl y pandemig ar ran poblogaeth Cymru.

Mae gwybodaeth i gefnogi'r gwaith cynllunio a chomisiynu yn gwella a bydd angen addasu i'r heriau a achoswyd gan y pandemig

56 Roedd gwaith PGIAC o ddatblygu Fy Nadansoddeg ac Adroddiadau Gwybodaeth (MAIR) yn 2018-19 yn welliant nodedig ar y trefniadau blaenorol. Mae PGIAC wedi gweithio'n agos gyda thimau byrddau iechyd er mwyn sicrhau bod byrddau iechyd bellach yn gallu defnyddio'r setiau gwybodaeth cynhwysfawr sydd ar gael erbyn hyn. Gellir teilwra adroddiadau yn ôl bwrdd iechyd neu ddarparwr, yn ôl arbenigedd a'r man darparu. Hefyd, gellir sicrhau bod canlyniadau ar gael gan ddefnyddio amrywiaeth o offer delweddu, gan gynnwys mapiau, siartiau, tablau a llwybrau. Mae hyn wedi galluogi byrddau iechyd i gael dealltwriaeth ddyfnach o'u patrymau galw am wasanaethau arbenigol a chymharu eu cyfraddau mynediad eu hunain â byrddau iechyd eraill, a llywio meysydd ar gyfer adolygiad wedi'i dargedu.

57 Mae cynlluniau ar gyfer datblygu MAIR ymhellach yn cynnwys:

- Cynhyrchu dangosfyddau rheoli perfformiad a mapio gwres
- Gwella prydlondeb y broses o adrodd ar berfformiad
- Archwilio sut y gellir ymgorffori data ansawdd a chanlyniadau
- Gwella ymgyfarwyddiad byrddau iechyd â'r amrywiaeth o gontactau PGIAC trwy lunio adroddiadau at wraidd y mater

58 Ni all gwasanaethau comisiynu a chontractio fod yn effeithiol oni bai bod gwybodaeth gadarn i lywio penderfyniadau gweithredol a strategol. Nododd ein gwaith cyn pandemig COVID-19 fod hanes da o ddadansoddi galw a chapasiti gwasanaethau yng Nghymru a Lloegr. Bydd hyn yn bwysicach byth ar ôl y pandemig, er mwyn helpu i ddarparu dewisiadau ar gyfer gwella perfformiad gwasanaethau a lleihau'r risg o niwed o ganlyniad i oedi o ran mynediad at ofal.

Cyflawnir Cynlluniau Comisiynu Integredig yn effeithiol, ond gall y broses o ddatblygu a gweithredu gwasanaethau newydd fod yn araf

- 59 Ar gyfer gwasanaethau sydd eisoes wedi eu comisiynu ac sy'n cael eu darparu, mae'r trefniadau angenrheidiol ar waith i sicrhau eu bod yn cael adnoddau ac yn cael eu darparu fel y bwriadwyd, gyda threfniadau i uwchgyfeirio materion pe byddai unrhyw bryderon.
- 60 Er hynny, gall comisiynu gwasanaethau newydd o'r ystyriaeth gyntaf hyd at lansio gwasanaethau newydd fod yn broses hir, yn enwedig ar gyfer gwasanaethau a ddarperir yng Nghymru. Er enghraift, lansiwyd y rhwydwaith trawma mawr yn y de ym mis Medi 2020, ar ôl nodi ei fod yn angenrheidiol yn wreiddiol yn 2013, er mai dim ond yn 2018-19 y dechreuodd cyfraniad PGIAC. Yn yr un modd, ni ddisgwylir i'r gwelliannau i wasanaethau llawdriniaeth thorasig, y nodwyd eu bod yn angenrheidiol yn adroddiad Coleg Brenhinol y Llawfeddygon yn 2016, fod yn weithredol tan 2024, ac mae hyn yn amodol ar achos busnes cyfalaf sy'n galw am gyllid gan Lywodraeth Cymru.
- 61 Er nad yw cyflwyno gwasanaethau newydd yn symbl o bell ffordd, cafwyd trafodaeth hirfaith ynghylch ble y dylid lleoli'r datblygiadau newydd a grybwyllyd uchod, er y gall y broses ymgysylltu ac ymgynghori statudol, sy'n rhan annatod o hyn, gymryd cryn amser. Nid PGIAC yn unig sy'n gyfrifol am gyflwyno cynlluniau o'r fath ac mae'n dibynnu ar y seilwaith ehangach sy'n cefnogi'r broses o ddatblygu gwasanaethau rhanbarthol yn y GIG yng Nghymru. Er hynny, mae lle i gryfhau'r broses o reoli rhaglenni o'r fath o'r dechrau i'r diwedd er mwyn gwella prydlondeb wrth ddatblygu gwasanaethau. Mae'r pandemig wedi creu ymdeimlad cyffredin o frys ymhlið darparwyr. Mae angen cynnal y momentwm hwn er mwyn nodi a datblygu neu ailffurfio gwasanaethau'n gyflym er mwyn cyflymu adferiad.

Mae trefniadau cynllunio ariannol yn ddigon cadarn ac wedi'u cysylltu'n briodol â'r Cynllun Comisiynu Integredig ond bydd angen sicrhau gwerth am arian wrth i wasanaethau ailddechrau a cheisio adfer

- 62 Mae cynllunio ariannol yn elfen annatod o'r Cynllun Comisiynu Integredig. Mae byrddau iechyd yn cymryd rhan lawn mewn trafodaethau ynghylch costau a thwf rhagamcanol mewn costau ar gyfer y flwyddyn ariannol i ddod yn ystod y camau cynllunio a chytuno, cyn cadarnhau'r cynllun. Diffinnir twf costau yn benodol yn y cynllun ac fe'i cyfiawnheir trwy'r broses y cytunwyd arni ar gyfer sganio'r gorwel a blaenoriaethu. Mae dwy elfen benodol i gynllunio ariannol:
- pennu costau gwasanaethau arbenigol cyffredinol a dyrannu'r costau hyn i fyrrdau iechyd; a
 - chontractio a chomisiynu byrddau iechyd ac ymddiriedolaethau mewn cysylltiad â darparu gwasanaethau arbenigol.

- 63 Rheolir y rhain trwy gytundebau rhannu risg ariannol. Mae'r cytundebau hyn yn nodi pwy sy'n talu am beth mewn cysylltiad â darparu a derbyn gwasanaethau. Mae'r cytundebau rhannu risgau wedi'u seilio ar fformiwla ariannol a defnyddir hyn yn rhan o'r broses gynllunio ac ar ddiwedd y flwyddyn i edrych ar amrywiant mewn gweithgareddau o'i gymharu â'r cynllun ac i bennu dosbarthiad tanwariant a gorwariant. Mae gwahanol fodelau wedi'u cynllunio ar gyfer rhannu risgau, sy'n gweddu i wahanol fathau o wasanaethau a gomisiynir. Ar gyfer mwyafrif y gwasanaethau, mae cynllunio wedi'i seilio ar ddefnydd gwirioneddol a chyfartaledd gweithgaredd dros ddwy flynedd. Bwriad hyn yw llyfnhau uchafbwyntiau ac isafbwytiau, ond hefyd creu cymhelliant ar gyfer effeithlonrwydd. Caiff gwasanaethau arbenigol iawn na chânt eu defnyddio'n aml eu hariannu gan ddefnyddio fformiwla sydd wedi'i seilio ar y boblogaeth, a'i fwriad yw darparu parhad incwm. Mae hyn er mwyn sicrhau bod gwasanaethau yn gynaliadwy, ond hefyd er mwyn diogelu rhag cyfnodau pan fo costau eithafol, pan fydd angen y gwasanaethau.
- 64 Mae ein hadolygiad o wariant byrddau iechyd ar wasanaethau arbenigol ar gyfer y cyfnod o 2014-15 i 2020-21⁶ yn dangos bod y costau cyffredinol wedi cynyddu yn fwy na chwyddiant. Deallwn fod hyn yn nodwediadol pan ddatblygir therapiâu a thriniaethau arbenigol newydd a phan gât eu mabwysiadu i gytundebau comisiynu.
- 65 Yn y tymor byr i ganolig, fodd bynnag, mae effaith COVID-19 ar gyllid yn cyflwyno nifer o heriau, gan gynnwys:
- mae taliadau i ddarparwyr wedi parhau yng Nghymru a Lloegr er bod trafodaethau diweddar wedi arwain at ad-daliadau/gostyngiadau pan nad yw darparwyr wedi darparu cymaint;
 - mae diffyg darparu gwasanaethau yn ystod y pandemig wedi creu ôl-groniad o amseroedd aros ar gyfer rhai gwasanaethau arbenigol; a
 - gallai cleifion â symptomau nad ydynt wedi ymwneud â gofal sylfaenol ac eilaidd yn ystod y pandemig olygu bod rhagor o alw cudd, ac y gallai cyflyrau fod wedi gwaethygu, gan ofyn am driniaeth fwy costus yn y pen draw.
- 66 Dylai'r Cydbwyllgor geisio deall effeithiau ariannol tymor byr a thymor canolig COVID-19 er mwyn penderfynu beth mae hyn yn ei olygu i gynlluniau adfer gwasanaethau.

6 Daw data 2019-20 o wariant Mis 12 Byrddau lechyd ar Wasanaethau lechyd Arbenigol Cymru. Mae costau 2020-21 wedi'u seilio ar y gwariant a ragwelir sydd wedi'i gyllidebu yng nghynllun comisiynu integredig 2020-21. Rydym yn cydnabod nad yw data 2019-20 wedi'u harchwilio ar hyn o bryd, a bod data 2020-21 yn destun amrywio sylweddol o ganlyniad i COVID-19.

Mae dulliau comisiynu ar sail gwerth yn gwella, ond er mwyn sicrhau'r adferiad gorau posibl ag adnoddau cyfyngedig, mae angen i hyn gysylltu'n gryfach â chanlyniadau cleifion, blaenoriaethu a datgomisiynu erbyn hyn

- 67 Mae gofal gochelgar wedi'i seilio ar werth yn agwedd graidd ar Gynllun Comisiynu Integredig 2020-2023. Canolbwytiodd hyn ar gynyddu'r gwerth a gyflawnwyd trwy wella, arloesi, defnyddio arferion gorau a dileu gwastraff. Mae'r dull comisiynu ar sail gwerth a fabwysiadwyd gan PGIAC yn rhesymegol ac yn drefnus. Mae hyn yn cynnwys nodi cyfleoedd comisiynu, mireinio'r rhain, ac ymgysylltu ag aelodau Grŵp Rheoli PGIAC a thimau ehangach. Mae PGIAC wedi datblygu meysydd thematig ar gyfer comisiynu ar sail gwerth. Bydd rhai o'r rhain yn haws eu cyflawni nag eraill ac mae'n bosibl y bydd angen mynd ar drywydd rhai ohonynt dros sawl blwyddyn. Mae'r meysydd yn cynnwys caffael, effeithlonrwydd, rhesymoli gwasanaethau, dadfuddsoddi, ac asesu mein prawf mynediad.
- 68 Er bod COVID-19 wedi newid y sefyllfa'n sylweddol, oddeutu £2.75 miliwn oedd graddau'r arbedion gwreiddiol o gomisiynu ar sail gwerth ar gyfer 2020-21. Yn gyffredinol, mae ein hadolygiad wedi nodi bod dull gweithredu PGIAC ar sail gwerth yn datblygu a bod cyfle i fanteisio ymhellach ar hyn. Wrth wneud hynny, rydym yn disgwyl y bydd angen canolbwytio'n glir ac yn gryf ar gasglu gwybodaeth am ganlyniadau cleifion er mwyn llywio datblygiad cyfleoedd i leihau gwastraff a manteisio i'r eithaf ar fuddsoddiad mewn gofal arbenigol. Er enghraift, ceir cyfle mwy o hyd i asesu gwasanaethau:
- nad ydynt yn dangos effeithiolrwydd clinigol na chanlyniadau cleifion (**atal**);
 - na ddylid eu hystyried yn arbenigol mwyach ac felly y gellid eu trosglwyddo i wasanaethau craidd byrddau iechyd (**trosglwyddo**);
 - pan fo ymyraethau eraill yn rhoi gwell canlyniad i'r buddsoddiad (**newid**);
 - sydd wedi'u comisiynu ar hyn o bryd ac y dylid parhau â nhw (**parhau**).

Mae COVID-19 wedi oedi datblygiad strategaeth gwasanaethau arbenigol newydd, ond mae hyn bellach yn rhoi cyfle i lywio'r cyfeiriad i ganolbwytio ar adfer a gwerth, a manteisio ar dechnoleg a ffyrdd newydd o weithio

- 69 Mae un o swyddogaethau allweddol comisiynu yn ymwneud â chynllunio gwasanaethau er mwyn diwallu anghenion y boblogaeth. Mae'r strategaeth gwasanaethau arbenigol yn darparu fframwaith ar gyfer comisiynu gwasanaethau, ond mae'r fersiwn bresennol wedi ei dyddio 2012. Roedd uwch swyddogion gwasanaethau arbenigol wedi bwriadu adnewyddu'r strategaeth yn 2020, ond mae'r pandemig wedi arwain at oedi yn hynny o beth. Fodd bynnag, mae hyn yn rhoi cyfle i swyddogion gwasanaethau arbenigol lunio'r strategaeth er mwyn canolbwytio ar drefniadau adfer yn sgil COVID-19 ochr yn ochr â datblygiadau polisiau, therapiwtig a thechnolegol arferol.

Trefniadau comisiynu gwasanaethau arbenigol yn y dyfodol

- 70 O archwilio trefniadau llywodraethu a chynllunio PGIAC, mae ein hadolygiad yn dangos **y byddai gwerth o hyd mewn adolygu'r trefniadau comisiynu gwasanaethau arbenigol yn y dyfodol yn unol ag ymrwymiadau Cymru lachach.**
- 71 Nododd **Cymru lachach**, cynllun Llywodraeth Cymru ar gyfer iechyd a gofal cymdeithasol yng Nghymru, fwriad i greu gweithrediaeth genedlaethol i gryfhau arweinyddiaeth genedlaethol a chyfeiriad strategol ar draws ystod o feysydd. Yn gysylltiedig â hyn, nododd **Cymru lachach** fwriad i adolygu amrywiaeth o swyddogaethau a letyir yn genedlaethol, gan gynnwys PGIAC, gyda'r nod o gyfuno gweithgareddau cenedlaethol ac egluro trefniadau llywodraethu ac atebolrwydd.
- 72 Er bod canfyddiadau'r adroddiad hwn yn dangos bod y trefniadau llywodraethu ar gyfer PGIAC wedi parhau i esblygu'n gadarnhaol ar y cyfan, maent hefyd yn cyfeirio at angen o hyd i gynnal yr adolygiad ehangach a nodir yn **Cymru lachach**. Mae gan y model comisiynu cydweithredol presennol gryfderau gan ei fod yn creu dull cyfunol mewn cydberchnogaeth er mwyn cynllunio a darparu gwasanaethau arbenigol. Fodd bynnag, mae ganddo risgiau cynhenid hefyd sy'n golygu bod angen i aelodau unigol y Cydbwyllgor gydbwyso anghenion Cymru gyfan ag anghenion eu poblogaeth a'r cyrff GIG unigol y maent yn eu harwain.
- 73 Cwestiynodd adroddiad y Sefydliad Llywodraethu Da yn 2015 y trefniadau lletya ar gyfer PGIAC, gan awgrymu y gallai model mwy cenedlaethol fod yn briodol. Mae trefniadau lletya PGIAC wedi parhau heb eu newid ers yr adroddiad hwnnw ac mae ein gwaith wedi dangos, mewn cysylltiad â llywodraethu PGIAC, fod angen adolygu'r defnydd o Bwyllgor Archwilio a Risg y bwrdd iechyd sy'n lletya er mwyn sicrhau bod y trafodaethau a'r gwaith craffu yn ddigon dwfn (gweler **paragraffau 27 a 28** uchod).



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		Agenda Item	4.5
Meeting Title	Joint Committee	Meeting Date	13/07/2021
Report Title	WHSSC Committee Governance Arrangements – Management Response		
Author (Job title)	Committee Secretary & Head of Corporate Services		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public	Public

Purpose	The purpose of this report is to present the management response to the Audit Wales report WHSSC Committee Governance Arrangements.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Audit Committee	Meeting Date	09/06/2021
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, • Note the Welsh Government response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report. 		

Strategic Objective(s)		YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
		✓							
Principles of Prudent Healthcare	YES	NO		IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
Resources Implications	YES	NO		Risk and Assurance	YES	NO	Evidence Base	YES	NO
Equality and Diversity	YES	NO		Population Health	YES	NO	Legal Implications	YES	NO

Commissioner Health Board affected											
Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓
Provider Health Board affected (please state below)											

WHSSC COMMITTEE GOVERNANCE ARRANGEMENTS – MANAGEMENT RESPONSE

1.0 SITUATION

The purpose of this report is to present the management response to the Audit Wales report WHSSC Committee Governance Arrangements.

2.0 BACKGROUND

In 2015, the Good Governance Institute (GGI) and Healthcare Inspectorate Wales (HIW) undertook two separate governance reviews for WHSSC which highlighted issues with WHSSC's governance arrangements. The GGI highlighted concerns relating to decision making and conflicts of interest, and identified the need to improve senior level clinical input as well as the need to create a more independent organisation that is free to make strong and sometimes unpopular (to some) decisions in the best interest of the people of Wales. HIW conducted a review of clinical governance and found that WHSSC was beginning to strengthen its clinical governance arrangements but needed to strengthen its approach for monitoring service quality and also improve clinical engagement.

Since then, considering the increasing service and financial pressures, and the potentially changing landscape of national collaborative commissioning and NHS Executive as set out in Welsh Government's "A Healthier Wales", the Auditor General for Wales felt it was timely to undertake a review WHSSC's governance arrangements.

The Audit Wales review into Committee Governance arrangements at WHSSC was undertaken between March and June 2020, however as a result of the COVID-19 pandemic, aspects of the review were paused, and re-commenced in July. A survey was issued to all Health Boards and the fieldwork was concluded in October 2020.

The scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from questionnaires issued to Health Board Chief Executive and Chairs and a review of corporate documents.

The findings were published in May 2021 in the [Audit Wales Committee Governance Arrangements at WHSSC](#) report.

The report outlined 4 recommendations for WHSSC and the 3 recommendations for Welsh Government.

3.0 MANAGEMENT RESPONSE

3.1 WHSSC Management Response

The report outlined 4 recommendations for WHSSC and the draft management response has been circulated to Health Board CEO's, Welsh Government and Audit Wales for comment and feedback.

The feedback received has been reviewed and the updated WHSSC management response is presented at **Appendix 1** for information and assurance.

Progress against the actions outlined within the management response will be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and a full progress report will be presented to the Joint Committee 18 January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events have been completed.

3.2 Welsh Government Management Response

The report outlined 3 recommendations for Welsh Government (WG) and the management response is outlined in the letter from Dr Andrew Goodall, Director General Health & Social Services/ NHS Wales Chief Executive to Mr Adrian Crompton, Auditor General for Wales which is presented at **Appendix 2** for information and assurance.

Progress against the WG management response will be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief executive.

4.0 GOVERNANCE & RISK

Audit Wales undertake an annual programme of independent external audits on NHS services, and NHS bodies are required to present a formal management response to recommendations through a public report.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** the Welsh Government response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and
- **Note** the proposed arrangements for monitoring progress against the actions outlined in the management responses.

6.0 APPENDICES / ANNEXES

Appendix 1 - WHSSC Management Response to the Audit Wales Report

Committee Governance Arrangements at WHSSC

Appendix 2 – Letter from Welsh Government to Audit Wales – Welsh

Government's Management Response

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Implementation of the agreed ICP	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The Management responses outline activities to strengthen and develop WHSSC's impact on quality, safety and patient experience.	
Resources Implications	Some improvement actions may require the application of additional resources.	
Risk and Assurance	Risk management is a key element of developing WHSSC's services and risk assessments will be undertaken as required.	
Evidence Base	-	
Equality and Diversity	There are no equality and diversity implications.	
Population Health	There are no immediate population health implications.	
Legal Implications	There are no direct legal implications.	
Report History:		
Presented at:	Date	Brief Summary of Outcome

Response to the Recommendations from the Audit Wales Report

Welsh Health Specialised Services Committee Governance Arrangements

In May 2021, Audit Wales published the "Welsh Health Specialised Services Committee Governance Arrangements"¹ 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 to the WHSSC recommendations are outlined below:

Recommendation	Response/ Action	By when	By whom
Quality governance and management			
R1 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.	<p>We accept the recommendation and intend to take the following actions.</p> <p>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.</p> <p>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).</p>	Sept 2021 Mar 2022	WHSSC Executive leads WHSSC Executive leads

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



Recommendation	Response/ Action	By when	By whom
	<p>We will encourage members of the JC to engage in consideration and discussion of key areas of concern that are highlighted.</p> <p>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 & Patient Safety Committee (Q&PSC) based on the written report from the Chair of Q&PSC.</p>	Sept 2021 Sept 2021	Chair of WHSSC Chair of WHSSC
Programme Management			
R2 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>We accept the recommendation and intend to take the following actions.</p> <p>a) Building Programme Management competency/capacity</p> <p>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</p>	To commence Sept 2021	WHSSC Director of Planning



Recommendation	Response/ Action	By when	By whom
	<p>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> <p>b) Programme management on WHSSC commissioned services. 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> <p>c) HB Commissioned Services – 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</p>		



Recommendation	Response/ Action	By when	By whom
	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.		
Recovery Planning			
R3 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: <ol style="list-style-type: none"> the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. 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. 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. 	<p>We accept the recommendation and recognise the post COVID-19 recovery challenges. We intend to take the following actions.</p> <p>a) Managing backlog of waits whilst reducing harm</p> <ul style="list-style-type: none"> i. Introduction of real-time monitoring and reporting of waiting times to Management Group and Joint Committee ii. Review of recovery plans with Welsh provider Health Boards, 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 iv. Introduction of the WHSSC Commissioner Assurance Framework (CAF), v. Workshop with Joint Committee members on how to deliver 'equity' in specialised services. Report shared with HBs and WG. 	Sep 2021 Jul 2021 From Apr 2021 In place In place Completed May 2021	WHSSC Executive leads WHSSC Executive leads WHSSC Executive leads



Recommendation	Response/ Action	By when	By whom
	<p>b) Potential impact and cost of managing hidden demand.</p> <ul style="list-style-type: none">i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported to the WG Planned Care Board and HBs to inform non-WHSSC commissioned pathway development.ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact. <p>c) Financial consequences of services that were commissioned and under-delivered as a result of COVID-19</p> <ul style="list-style-type: none">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. <p>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</p>	<p>In Place</p> <p>Q3/Q4 2021/22</p> <p>In Place</p>	<p>WHSSC Executive leads</p>

Recommendation	Response/ Action	By when	By whom
	<p>and where appropriate will secure recovery funding from WG to direct to providers for recovery performance if above established contracted baseline levels.</p> <p>d) Reporting Analysis 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>	Sept 2021	
Specialised Services Strategy			
<p>R4 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"> 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. b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by 	<p>We accept the recommendation and work had begun on developing a new Commissioning strategy, however the COVID-19 pandemic delayed progress. To move forward the new specialised services strategy will be informed by the WG policy for reset and recovery.</p> <p>We intend to take the following actions.</p> <p>a. Embrace New Innovations</p> <ul style="list-style-type: none"> i. We will continue to utilise our well-established horizon scanning 	Q4 2021/22 In place Jul 2021	WHSSC Managing Director

Recommendation	Response/ Action	By when	By whom
<p>developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning.</p> <p>The review should assess services:</p> <ul style="list-style-type: none"> • which do not demonstrate clinical efficacy or patient outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer); • where alternative interventions provide better outcome for the investment (change); • currently commissioned, which should continue (continue). 	<p>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 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</p>	<p>Q3 2021/22</p> <p>In place</p> <p>Dec 2021</p> <p>Dec 2021</p>	



Recommendation	Response/ Action	By when	By whom
	<p>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>b. Approach to Review of Services will be considered in strategy engagement</p> <ul style="list-style-type: none">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,ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned,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,iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the development of an outcome	Sept 2021	



Recommendation	Response/ Action	By when	By whom
	<p>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>		



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2 June 2021

Dear Adrian

**Welsh Health Specialised Services Committee (WHSSC) Governance Arrangements:
Report of the Auditor General for Wales, May 2021**

Thank you for the above Audit Wales report, published on 12 May.

I welcome your conclusion that governance arrangements and decision making at WHSSC have improved since previous reviews. The WHSSC team has worked hard to make these changes and I will expect them to make further progress by addressing your recommendations in relation to an increased focus on quality, programme management, COVID-19 recovery and the specialised services strategy. My officials will be following up on these areas at their regular meetings with WHSSC.

In terms of your recommendations to the Welsh Government, I set out my initial response below, although these may well be subject to any views from the new Minister in light of her priorities.

Recommendation 5: Independent Member recruitment – accepted and action in train

I am aware there have been challenges in securing nominations from health boards 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.

Recommendation 6: Sub-regional and regional programme management (linked to recommendation 2 directed to WHSSC) – accepted

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. 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.

Recommendation 7: Future governance and accountability arrangements for specialised services – accepted in principle

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 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.

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 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.

Yours sincerely



Dr Andrew Goodall CBE

cc: Chair of the Senedd Public Accounts Committee.