

**Programme Initiation Document:**  
National Commissioning Implementation Programme



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Llywodraeth Cymru  
Welsh Government

**PROGRAMME INITIATION DOCUMENT**

Programme Name: National Commissioning Functions Implementation Programme  
Programme: National Commissioning Functions Programme

**Release**      Version:  
Date:

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Owner:	Samia Edmonds Senior Responsible Officer
Client:	Minister for Health and Social Services
Document Number:	Version 0.9

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**Document History**

Revision History      First Draft 21 June 2023

Revision Date	Previous Revision Date	Summary of Changes
22-6-23		KP additions
12-07-23	21-07-23	SE and Policy Leads comments and amendments
28-07-23		KP Additions NB Appendices not available in this draft
16-08-23	28-07.23	ME additions reflecting feedback from Oversight Board 09/08/23 and individual comments received
24-08.23	16-08-23	ME additions reflecting feedback from Implementation Board 22/08/23
06-09-23	24-08-23	ME amendments to all references of 'new body' within review recommendations (section 2) replaced with 'new (joint committee) Me amendments – added a high level summary of the workstreams main roles (made clear that legislation requirements fall under the Governance workstream) Me amendments to programme organogram moving programme support team to the side

Approvals      This document has been approved by:

Name	Date of Issue	Version
Oversight Board subject to amendments agreed at its meeting on 06-09-23	13-09-2023	0.9

Distribution      This document has been distributed to:

Name	Date of Issue	Version
Oversight Board	06-09-2023	0.9
Implementation Board	19-09.2023	0.9
Implementation Group	12-09.2023	0.9
Programme Support Team	19-09-2023	0.9
Health Boards x7	26-09-2023	0.9

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## **Programme Initiation Document:**

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### **1. Purpose**

This Programme Initiation Document (PID) establishes oversight and programme arrangements to implement the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

The PID addresses the following fundamental aspects of the programme:

- The stages and phasing of the programme.
- The aims and objectives of the programme.
- The expected benefits and outcomes of the programme.
- The roles and responsibilities of those involved in managing the programme.
- Delivery of the programme.

### **2. Background**

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the independent review recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.

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- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

### 3. Programme Relationships

Key to the programme is the recognition of the relationship between the extant two Joint Committees and the seven Local Health Boards (LHBs).

Local health boards have a statutory responsibility for the commissioning and provision of services to meet the needs of their populations. Whilst they remain accountable, two Joint Committees were established as national, hosted bodies to support LHBs in discharging their commissioning function for an agreed portfolio of services. Health Boards provide the funding for these Joint Committees who have been given delegated responsibility for decision making via the seven Chief Executives on behalf of their individual Boards.

- **Welsh Health Specialised Services Committee (WHSSC)** - established in 2010 to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is responsible for the joint planning of specialised and tertiary services of the LHBs.
- **Emergency Ambulance Services Committee (EASC)** - established in 2015 with responsibility for planning and securing sufficient emergency and non-emergency ambulance services for the population. It includes the Welsh Ambulance Services NHS Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).
- **The National Collaborative Commissioning Unit (NCCU)** - responsible for delivering national commissioning programmes for mental health and learning disability services. The NCCU is managed by the Chief Ambulance Services Commissioner (CASC).

### 4. Programme Definition

The Programme is defined as:

Implementation of the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

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### **5. Programme Scope**

The Programme will include the following:

- WHSSC, EASC, NCCU commissioning bodies (the services that are currently commissioned by these bodies is included at appendix 4 – to be finalised in final draft)
- NHS 111 Wales Service – commissioning (not service delivery)
- Sexual Assault Referral Centres (SARC) commissioning (not service delivery)

### **6. Programme Aim and Objectives**

The overall **aim** is:

To fully implement the Ministerial Directive following the independent review into national commissioning. Within this aim, the following principles from the original terms of reference will need to be considered:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC, EASC/ NCCU, the NHS 111 Wales programme and the SARC commissioning service
- Any changes to be implemented should be resource neutral as a minimum and will maximise the value and efficiencies delivered by current commissioning arrangements as the new Joint Committee matures (post April 2024)
- Exploit where possible, economies of scale through the establishment of a new Joint Committee by 1 April 2024.
- Enhanced improvement in transparency, rigour and accountability to the delivery of commissioned services through the new Joint Committee to health boards

The overall **objective** of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime

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- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards
- Relationship with NHS Executive clarified

## **7. Programme Structure**

See **Appendix 1** for organigram of the programme and workstream structure

### **7.1 Welsh Government Oversight Board**

An Oversight Board will be established by Welsh Government, which will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishment of the new committee by 1 April 2024. The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/ Chief Executive of NHS Wales. Its terms of reference (draft) can be found in **Appendix 2**.

### **7.2 NHS Implementation Board**

The Joint Committees of WHSSC and EASC will form the basis of the programme's Implementation Board. It will lead on the execution of the programme providing assurance and advice to the Oversight Board. Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning joint committee for Wales in line with the review's recommendations and the decision of the Minister for Health and Social Services. Membership will be adapted to reflect and further explore other national commissioning opportunities, including the commissioning of 111 services and SARC services. The Implementation Board will provide assurance and make recommendations to the WG Oversight Board. It will retain some delegated decision making on minor matters to ensure the timely progression of certain milestones. Through its membership, the Chief Executive Officers will provide assurance to their individual Health Boards and CEO Leadership Board, on the direction and decisions of the programme. Its terms of reference (draft) can be found in **Appendix 3**.

### **7.3 Implementation Group**

The Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services, and will meet monthly. Its terms of reference (draft) can be found in **Appendix 4**.

### **7.4 Programme Support Team**

The Programme Support Team will be responsible for carrying out the programme activities through five dedicated workstreams, ensuring that timescales are met. Within its responsibilities, it will ensure all risks and issues are identified, logged and flagged

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through the programme structure as appropriate. The Programme Support Team will undertake all administrative tasks associated with the programme including the production of workstream highlight reports, papers and action notes for the Implementation Group and Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services.

#### **7.5 Workstreams**

1. Workforce (People) –
  - a. Management of the Organisational Process (OCP)
  - b. Values and Behaviours
2. Comms and Engagement
  - a. All communication and engagement with staff
3. Function and Form
  - a. Functions and future structure of the new Joint Committee
4. Finance
  - a. Merger of budgets, financial systems and supporting standing financial instructions
5. Governance
  - a. Supporting legislation and governance framework for the new Joint Committee

#### **8. Product Breakdown and Deliverables**

The following are the high-level deliverables within the programme:

- Programme approval.
- Development of programme infrastructure.
- Reporting of risks, mitigations and progress to the WG Oversight Board.
- Scoping the current commissioning Joint Committees.
- Communication and engagement with affected staff.
- Communication with external stakeholders.
- Completion of Organisational Change Process (OCP).
- Establishment of infrastructure for new single commissioning Joint Committee and its management structure including any required statutory or regulatory instruments.
- Establishment of governance arrangements.
- Recruitment of single Chair and independent members to the new Joint Committee.
- Development and agreement of Model Standing, Reservation and Delegation of Powers and Standing Financial Instructions for issue to new Joint Committee and Health Boards.
- Launch of the new Joint Committee

#### **9. Programme Activities and Timeline**

A summary of key milestones, by month and workstream, can be found in **Appendix 5**. Each workstream lead will develop its own detailed work plan to underpin the delivery of the programmes activities within the agreed timescales.



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### **10. Constraints**

- Capacity of programme implementation team.
- Timeframe for Ministerial decision.
- Timeliness and availability of information and documentation required from each organisation affected (WHSSC, EASC, NCCU, 111 and SARC).
- Capacity of workforce to focus on the establishment of the new Joint Committee whilst performing current roles and responsibilities.
- Availability of resources to deliver programme.

### **11. Assumptions**

Assumptions made in the planning of this programme are:

- This is a priority for Welsh Government and the organisations affected.

### **12. Tolerances**

To be agreed by the Oversight Board but deadline for go live of 1<sup>st</sup> April 2024 is a fixed point.

Shadow running period can be flexed.

### **13. Risk**

A risk register for the programme will be developed and maintained as the programme progresses. This will assess and identify actions to mitigate the constraints highlighted above.

### **14. Reporting**

The programme will report to the Implementation Board, which will feed into the Oversight Board which has overall accountability for the delivery of the programme.

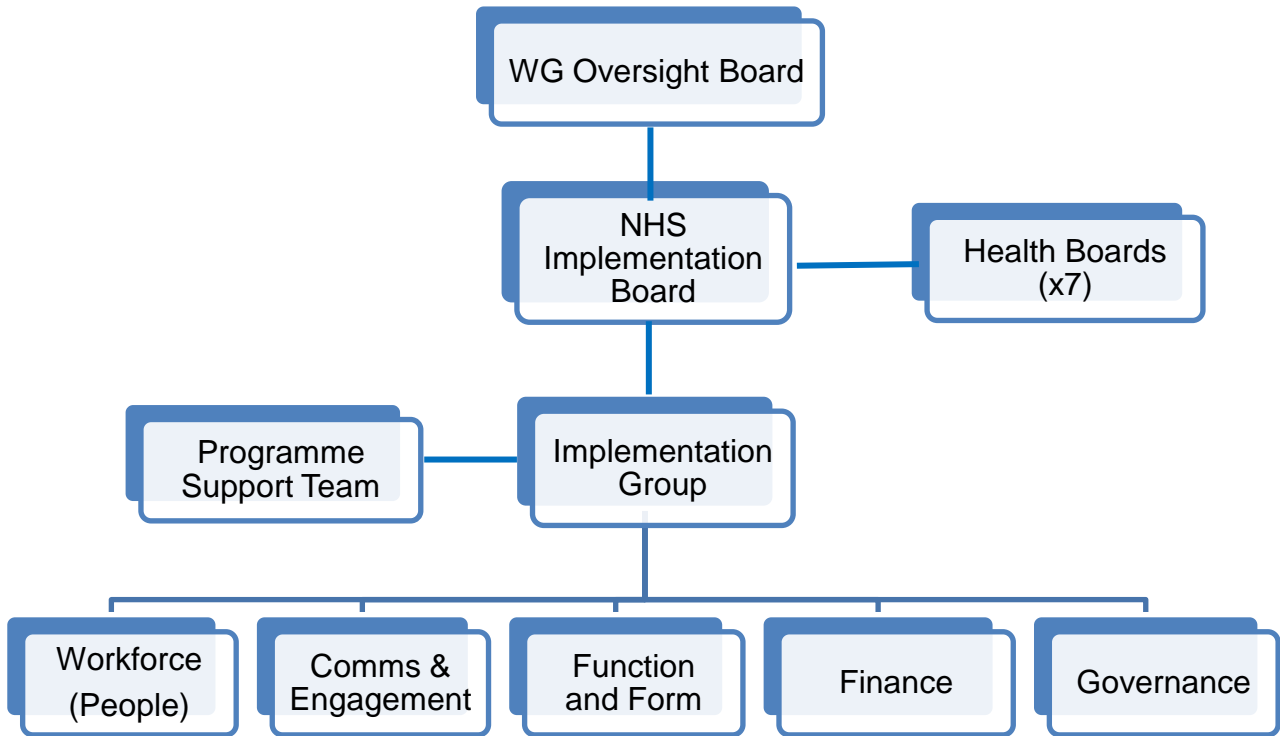
Update reports will be taken to both Boards on a monthly basis.

### **15. Footnote**

This programme is separate to the Care and Support programme which is pending establishment. However, shared learning that can be brought into this programme will be considered.

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**Appendix 1 - National Commissioning Implementation Programme/Workstream Structure**



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### **Appendix 2 - Oversight Board Terms of Reference**

#### **National Commissioning Functions Oversight Board**

##### **Terms of Reference v0.5**

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### **1. Context**

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee) creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

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Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

## **2. Purpose of the Oversight Board**

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- A clear identity
- Confirmed hosting agreement
- Delegation of functions by health boards
- Clarify the alignment and interface with the NHS Executive, particularly in relation to the commissioning of 111 services and the relationship with national programmes more broadly

In this context, the Board will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishment of the new Joint Committee by 1 April 2024.

The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales.

Updates will also be provided to the Health & Social Services Group Executive Directors Team and the NHS Wales Leadership Board.

Specifically, the Board will:

- Provide assurance to the SRO about the deliverability of the programme, including the designated workstreams.
- Support the SRO with decision making.
- Enable the SRO to provide briefings to the Minister for Health & Social Services, the Director General/ CEO of NHS Wales and the Public Bodies Unit.

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- Support the programme with the management of key stakeholders.

### **3. Remit of the Board**

- The NHS Implementation Board will report to the Oversight Board which, in turn, will support the SRO with assurance and decision making.
- Ensure the resources required are regularly reviewed and considered against agreed programme deliverables.
- To provide scrutiny and seek assurance from the Implementation Board to enable the Oversight Board to support the SRO in decision making and provide assurance to the Minister for Health and Social Services and the Director General/Chief Executive for NHS Wales
- Provide a point of escalation and resolution for significant risks and issues which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Provide a point of escalation and resolution for areas of dispute which cannot be managed or agreed within the implementation arrangements that may impact on delivery.
- Provide the SRO with advice, guidance, and assurance on matters of governance to ensure the programme is managed in line with Welsh Government PPM requirements.
- Provide the assurance mechanism to the Minister for Health & Social Services and the Director General/ CEO of NHS Wales on the implementation of the recommendations from the independent review of national commissioning functions.

### **4. Membership**

- **Chair/SRO:**
  - Samia Edmonds
- **Deputy Chair:**
  - Chris Jones, DCMO
- **Hosting body representatives and lead CEOs:**
  - Paul Mears
  - Nicola Prygodzicz
- **Chairs of the current national commissioning functions:**
  - Kate Eden
  - Chris Turner
- **Directors of the current national commissioning functions:**
  - Sian Lewis
  - Stephen Harrhy
  - Richard Bowen
- **Policy Leads:**
  - Melanie Westlake (NHS Wales Governance)
  - Aled Brown (Urgent & Emergency Care)
  - Pat Vernon (WHSSC)
  - Iain Hardcastle (Planning)
  - Finance (tbc)
  - Workforce?

## Programme Initiation Document:

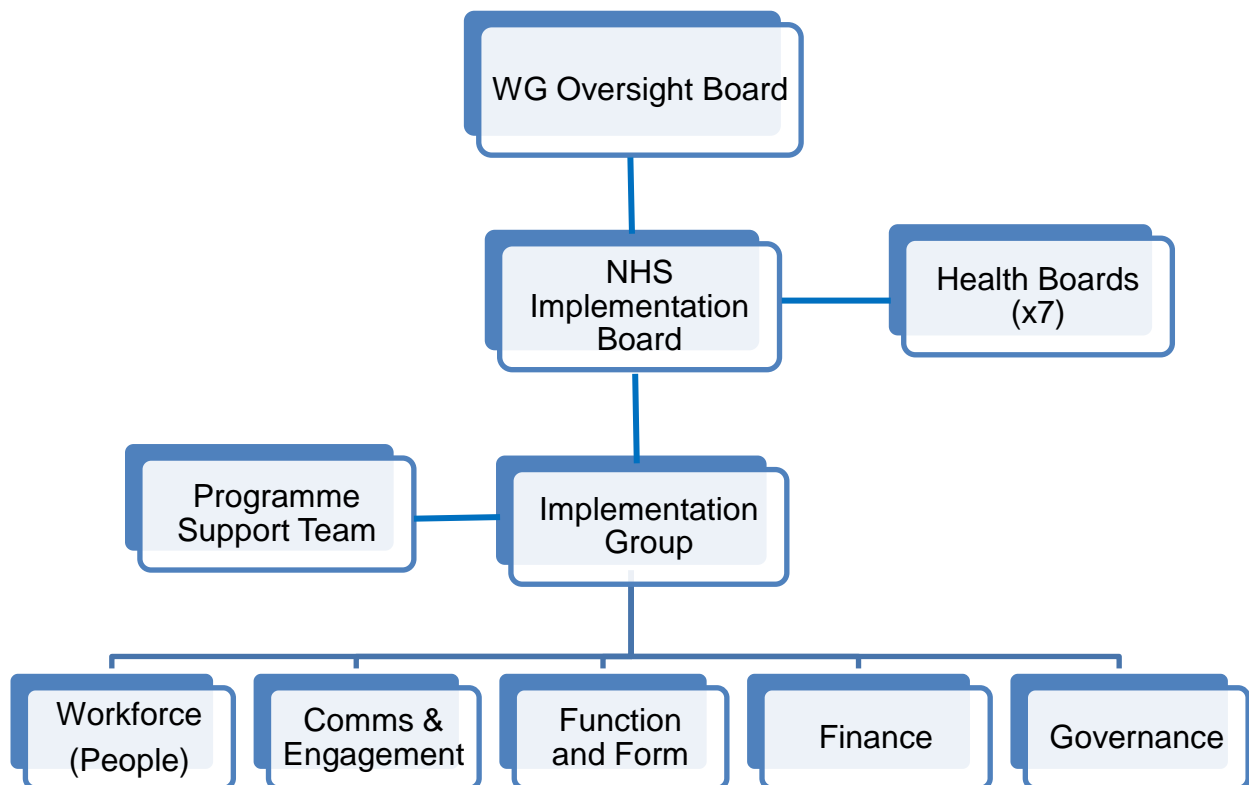
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- **Independent members:**
  - Mari Williams (Legal Services)
  - Christopher Griffiths (Legal Services)
- **Observers:**
  - Programme Director
  - Programme Lead

Audit Wales will act as an independent strategic advisor. Papers of all meetings will be shared routinely.

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

## 5. Accountability/ Structures



## 6. Meetings

- The Oversight Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
- Chair or Deputy Chair; at least two WG policy leads; at least two representatives from the national commissioning bodies; and one representative from a hosting body.

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- Other WG & NHS directors / senior leaders to be invited to oversight board meetings as necessary, depending on subject matter to be discussed.
- Standing agenda items will include:
  - programme update;
  - highlight reports;
  - risks and issues;
  - programme decision log;
  - communications and engagement.
- Secretariat will be provided by the Health & Social Service Group Planning Team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

## **7. Agenda/Papers**

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

## **8. Close**

The programme board will conclude upon completion of its business and as agreed by the SRO.

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### **Appendix 3 - Implementation Board Terms of Reference**

#### **National Commissioning Functions IMPLEMENTATION BOARD**

##### **Terms of Reference v0.10**

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## **9. Context**

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.



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Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

## **10. Purpose of the Implementation Board**

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Board will lead on the execution of the programme providing assurance and advice to the Oversight Board.

Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning Joint Committee for Wales in line with the review's recommendations and the decision of the Minister for Health and Social Services.

## **11. Remit of the Implementation Board**

The Implementation Board will report, provide assurance and make recommendations to the Oversight Board. It will be responsible for the delivery of the programme, providing assurance to the SRO about the deliverability of the key milestones through the designated workstreams.

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Specifically the Implementation Board will:

- Provide expertise to enable the establishment of a single commissioning Joint Committee for NHS Wales, ensuring it is supported by a robust governance structure and remains within the constraints of legislation, regulations and standing orders.
- Review the appropriate level of resources for transfer to the new Joint Committee to ensure it can effectively discharge its functions as a platform for a once for Wales commissioning function.
- Provide assurance to the Oversight Board that the programme is being managed and controlled effectively through the Implementation Group.
- Provide a steer and direction to the Implementation Group to ensure progression of the programme within the agreed timescales.
- Provide assurance to the Oversight Board that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Monitor programme risks and issues and escalate as appropriate to the Oversight Board.
- Ensure interdependencies across the workstreams are being managed and optimised.
- Escalate significant risks and issues to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Escalate areas of dispute to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Through routine reporting, providing assurance to the Oversight Board that all project and workstream activities, including critical milestones have been delivered effectively and on time.
- Ensuring timely communication with external key stakeholders.
- Ensure effective management of the project/programme budget,

## **12. Membership**

Recognising that the new commissioning Joint Committee will remain a joint committee of Health Boards membership of the Implementation Board will be drawn from the most senior leaders within the current Joint Committees of WHSSC and EASC, adapted to reflect wider potential national commissioning opportunities, including the commissioning of 111 and SARC services. It will be co-chaired by the chairs of EASC and WHSSC and will have the following membership. The CEO of PHW has been added as a full member given that one of the recommendations from the Independent Review was to secure public health input to the new commissioning Joint Committee.

- **Members:**
  - Co-Chairs x 2
  - WHSSC Vice Chair and Independent Members (x 2)
  - Health Board Chief Executive Officers (x 7)
  - Chief Executive Officer Public Health Wales
  - Chief Ambulance Services Commissioner

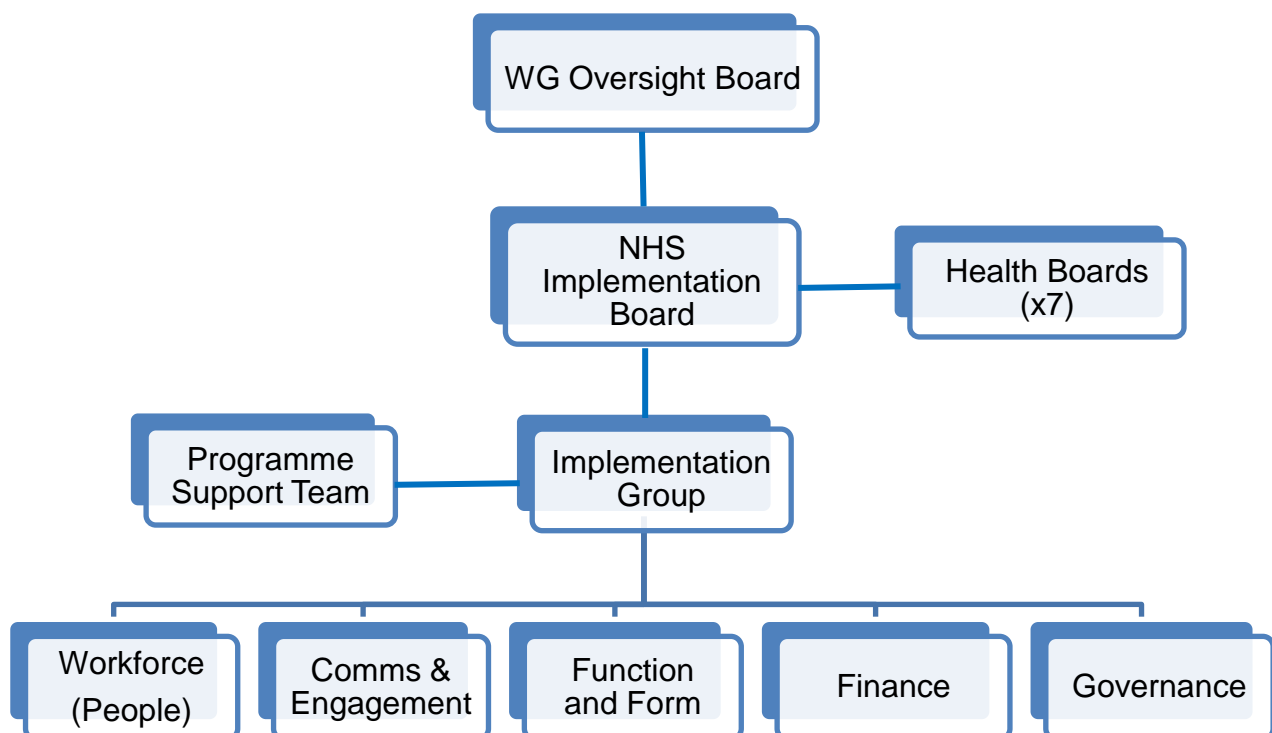
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- Managing Director WHSSC
- Chair of all Wales Directors of Planning
- Director of the National Programme for Urgent & Emergency Care 111 and Six Goals Programme
- Director of Finance WHSSC, EASC/NCCU
  
- **In Attendance:**
  - Programme Director for Project
  - Committee Secretaries x 2
  - Chief Exec WAST
  - Chief Exec Velindre
  - Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

### 13. Accountability/ Structures



### 14. Meetings

- The Implementation Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
  - One of the Chairs

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- 4 Health Boards (in line with EASC and WHSSC Standing Orders)
- 1 person representing WHSSC,
- 1 person representing EASC and the NCCU
- 1 person representing 111 Programme Board
- At least one of the programme support team will be expected to be present.
- Standing agenda items will include:
  - Programme update;
  - Highlight reports;
  - Risks and issues;
  - Programme decision log;
  - Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.
- Members of the Implementation Board will be responsible for ensuring that their own organisation is kept fully briefed on the programme. Written briefings will be provided following each meeting to aid this process.

## **15. Agenda/Papers**

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

## **16. Review**

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

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### **Appendix 4 - Implementation Group Terms of Reference**

#### **National Commissioning Functions Implementation Group**

##### **Terms of Reference v0.4**

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## **17. Context**

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

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Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

## **18. Purpose of the Implementation Group**

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board.

Specifically the Implementation Group will:

- Provide a steer and direction to the Programme Support Team to ensure progression of the programme within the agreed timescales and provide operational advice to support activities where they are off-track
- Review the outcome of workstream activities to ensure they are fit for purpose prior to reporting to the Implementation Board
- Review all highlight reports and papers prior to sharing with the Implementation Board
- Ensure the programme is being managed and controlled effectively through the Programme Support Team.

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- Ensure that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Ensure significant risks and issues are being tracked and managed effectively by workstream leads and support them in their risk management activities
- Escalate areas of dispute to the Implementation Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Identify interdependencies across the workstreams are identified, managed and optimised.
- Ensure the Programme Support Team is adequately resourced to deliver the programme

## **19. Membership**

- **EASC/NCCU:**
  - Chief Ambulance Services Commissioner EASC/NCCU – Co-Chair
  - Deputy Chief Ambulance Service Committee
  - Clinical Director for NCCU
  - Deputy Director Communications and Engagement (EASC/NCCU)
  - Deputy Director and Head of Nursing (NCCU)
  - Committee Secretary
- **WHSSC:**
  - Managing Director WHSSC – Co-Chair
  - Director of Finance WHSSC and EASC/NCCU
  - Medical Director WHSSC
  - Director of Nursing WHSSC
  - Director of Planning WHSSC
  - Director for Mental Health & Vulnerable Adults WHSSC
  - Committee Secretary
- **111 and Six Goals Programme:**
  - Head of the National Programme for Urgent & Emergency Care 111 – Nicola
  - Workforce and Commissioning Lead for the 111 Programme Board
- **Health Boards:**
  - Director of Strategic Planning, or nominated deputy
  - Director of Finance, or nominated deputy
  - Board Secretary
- **Provider:**
  - Executive Director of Operations, WAST
  - Executive Director of Strategic Transformation, Planning and Digital, Velindre

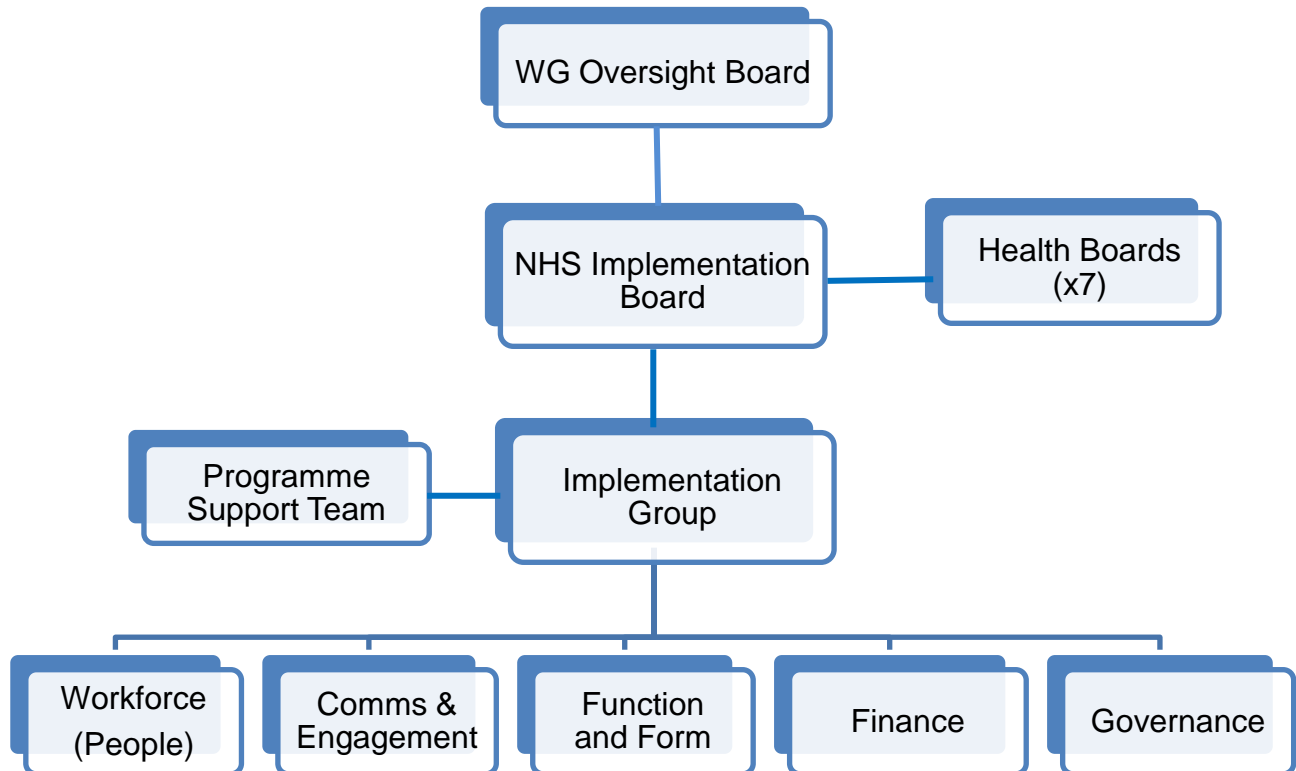
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- Programme Director for Project
- Programme Finance Director for Project
- Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Group fully meets its purpose and work plan.

## 20. Accountability/ Structures



## 21. Meetings

- The Implementation Group will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
  - 1 person representing WHSSC,
  - 1 person representing EASC and the NCCU
  - 1 person representing 111 Programme Board
  - 1 person representing Health Boards
  - At least one of the Programme Support Team will be expected to be present.
- Standing agenda items will include:
  - Programme update;
  - Highlight reports;
  - Risks and issues;



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- Programme decision log;
- Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

## **22. Agenda/Papers**

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

## **23. Review**

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

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### Appendix 5 - Key Programme Activities and Timeline

Month	Key Activities	Workstream
Aug – Sept 23	Sign off PID	
Aug – Sept 23	Establish and provide sign off to programme structure, sub-structure, and terms of reference	
Aug 23	Fully explore opportunities for national commissioning functions with health boards and key stakeholders	Function & Form
Aug 23	Scope 111 and SARC commissioning functions to determine inclusion within the new Joint Committee	Function & Form
Aug 23	Map committee structures, where appropriate, of WHSSC, EASC and NCCU	Workforce
Aug 23	Engage with Trade Unions on proposed new Joint Committee and planned OCP	Workforce
Aug 23	Develop Communication & Engagement Plan, including staff survey, FAQ sheet and staff bulletin to share with affected staff and wider key stakeholders	Comms' & Engagement
Aug 23 – Mar 24	Schedule joint staff meetings for the duration of the programme, to provide key updates and listen to feedback	Comms' & Engagement
Sept 23	Agree name for new Joint Committee (will require Ministerial approval)	Function & Form
Sept 23	Develop and agree commissioning functions for new Joint Committee	Function & Form
Sept 23	Produce legacy statements for WHSSC, EASC, NCCU, 111 and SARC commissioning to support future evaluation of new Joint Committee	Function & Form
Sept 23 – Oct 23	Develop structure for new Joint Committee	Function & Form
Sept 23 – Oct 23	Undertake financial assessment of WHSSC, EASC, NCCU, 111 and SARC commissioned services, and identify a budget for transfer to the new Joint Committee	Finance
Sept 23 – Oct 23	Map all fixed assets and lease arrangements	Finance
Sept 23	Map staffing structures of WHSSC, EASC, NCCU, 111 and SARC commissioning, and gather job descriptions in readiness for OCP process	Workforce
Sept 23 – Oct 23	Confirm structure for Tier 1 (Executive and Senior Management AfC 8c and above)	Workforce

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Month	Key Activities	Workstream
Sept 23	Produce Staff Consultation paper for phased OCP process (Tiers 1, 2 and 3)	Workforce
Sept 23	Board secretaries advised of decision-making process and timelines for approval of delegation of functions to their individual Health Boards, and built in to Board agenda's	Governance
Sept 23 – Oct 23	Seek Ministerial approval to proceed with recruitment of a single Chair and Independent Members for the new Joint Committee	Governance
Oct – Nov 23	Develop branding for new Joint Committee in line with guidelines	Function & Form
Oct – Dec 23	Scope IT infrastructure and IG requirements, including transfer of documents, for new Joint Committee (NWSSP and DHCW support required)	Function & Form
Oct – Nov 23	Map all new sources of information re: 111 and SARC	Finance
Oct – Nov 23	Map all contracts for commissioning	Finance
Oct 23	Scope statutory instruments and legislation required for the establishment of the new Joint Committee	Governance
Oct – Nov 23	Scope Governance Framework and identify products for development (SO's, SFI's, Reservation and Delegation of Powers, MoU's, Policies and Procedures)	Governance
Oct 23 – Nov 23	Chief Executives to take agreed delegation of functions of the new Joint Committee to their individual Health Boards (supporting SO's and SFI's under development)	Governance
Oct 23	Carry out 4 week OCP consultation with affected staff and trade unions	Workforce
Oct 23 – Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 1	Workforce
Oct 23 – Jan 24	Commence recruitment process for new Chair	Workforce
Nov – Dec 23	Undertake Tier 1 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Nov 23	Confirm structure for Tier 2 (Snr/Middle Management AfC 8b - 7)	Workforce
Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 2	Workforce
Nov – Dec 23	Prepare for transfer of documents to new website as appropriate (NWSSP and DHCW support required)	Function & Form
Nov 23 – Jan 24	Develop SO's, SFI's, Reservation and Delegation of Powers and MoU's for approval by committee and boards of Local Health Boards on establishment	Governance
Dec 23 – Jan 24	Undertake Tier 2 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce

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Month	Key Activities	Workstream
Dec 23	Commence recruitment process for Independent Members	Workforce
Jan 24	Confirm structure for Tier 3 (Officer AfC 6 - 3)	Workforce
Jan 24	Where required, produce and approve through HR process, job descriptions for Tier 3	Workforce
Jan 24	Commence process for securing Public Health involvement to support the commissioning functions of the new Joint Committee	Workforce
Jan 24	Develop OD Programme, including a Behaviour Framework, to support the principles and values of the new Joint Committee	Governance
Jan – Feb 24	Chief Executives to take Governance Framework including SO's, Reservation and Delegation of Powers and SFI's to the individual Health Boards for approval	Governance
Feb – Mar 24	Undertake Tier 3 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Feb 24	Interview process and appointment of Independent Members	Workforce
Mar 24	OCP process concluded	Workforce
Mar 24	Public Health support in place	Workforce
Mar 24	Chair and Independent Members in post	Workforce
Mar 24	Health Board approved delegation of functions in place	Governance
Mar 24	OD and Behavioural Framework in place	Governance
Mar 24	Website live	Function & Form
Mar 24	Go live of new Joint Committee	Function & Form