

**WHSSC Joint Committee Meeting held in public
Tuesday 28 November 2017 at 1.30pm**

Health and Care Research Wales - Castlebridge 4,
19-15 Cowbridge Rd East, Cardiff CF11 9AB

Agenda

Item	Lead	Paper / Oral	Time
Preliminary Matters			
1. Welcome, Introductions and Apologies <ul style="list-style-type: none"> - To open the meeting with any new introductions and record any apologies for the meeting 	Chair	Oral	1.30 - 1.45
2. Declarations of Interest <ul style="list-style-type: none"> - Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting 	Chair	Oral	
3. Accuracy of Minutes of the Meeting held 26 September 2017 <ul style="list-style-type: none"> - To agree and ratify the minutes. 	Chair	Att.	
4. Action Log and Matters Arising <ul style="list-style-type: none"> - To review the actions for members and consider any matters arising. 	Chair	Att.	
5. Report from the Chair <ul style="list-style-type: none"> - To receive the report and consider any issues raised. 	Chair	Att.	1.45 - 1.50
6. Report from the Managing Director <ul style="list-style-type: none"> - To receive the report and consider any issues raised. 	Managing Director, WHSSC	Att.	1.50 - 1.55
Items for Decision and Consideration			
7. Development of the Integrated Commissioning Plan 2018-21 <ul style="list-style-type: none"> - To note Contact: Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.	1.55 - 2.05

Item	Lead	Paper / Oral	Time
8. Neonatal Standards Third Edition Update - To note and support Contact: Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.	2.05 - 2.25

Routine Reports and Items for Information

9. Integrated Performance Report - To note Contact: Ian.Langfield@wales.nhs.uk	Acting Director of Planning, WHSSC	Att.	2.25 - 2.35
10. Financial Performance Report - To note Contact: Stuart.Davies5@wales.nhs.uk	Director of Finance, WHSSC	Att.	2.35 - 2.45
11. Reports from the Joint Sub-committees - To receive the report and consider any issues raised. Sub Committees <ul style="list-style-type: none"> WHSSC Quality and Patient Safety Committee All Wales Individual Patient Funding Request Panel Welsh Renal Clinical Network Audit Committee Advisory Groups <ul style="list-style-type: none"> All Wales Gender Identity Partnership Group 	Joint Sub Committee and advisory group Chairs	Att.	2.45 - 2.55
Concluding Business			
12. Date of next meeting (Extraordinary Meeting of the Joint Committee) - 19 December 2017, 9.30am - The Welsh NHS Confederation, 8 Cathedral Rd, Cardiff CF11 9LJ	Chair	Oral	2.55

The Joint Committee is recommended to make the following resolution:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"
(Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".



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NHS
WALES

Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Minutes of the Welsh Health Specialised Services Committee Meeting of the Joint Committee

held on 26 September 2017
at Health and Care Research, Castlebridge 4,
Cowbridge Road East, Cardiff

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Members Present

Vivienne Harpwood	(VH)	Chair
Lyn Meadows	(LM)	Vice Chair
Marcus Longley	(ML)	Independent Member
Chris Turner	(CT)	Independent Member/ Audit Lead
Gary Doherty	(GD)	Chief Executive, Betsi Cadwaladr UHB(part meeting)
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (via Videoconference)
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
Stuart Davies	(SD)	Director of Finance, WHSSC
Carole Bell	(CB)	Director of Nursing and Quality, WHSSC

Associate Members

Chris Koehli	(CK)	Interim Chair of Quality and Patient Safety Committee
John Williams	(JW)	Chair of Welsh Renal Clinical Network

Apologies:

Alexandra Howells	(AH)	Acting Chief Executive, Abertawe Bro Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Tracey Cooper	(TC)	Chief Executive, Public Health Wales
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust

In Attendance

Shakeel Ahmad	(SA)	Associate Medical Director (Neurosciences & Complex Conditions), WHSSC
Andrew Champion	(AC)	Assistant Director Evidence, Evaluation & Effectives, WHSSC
Sian Harrop-Griffiths	(SHG)	Executive Director of Strategy, Abertawe Bro Morgannwg UHB
Sharon Hopkins	(SH)	Executive Director of Public Health/ Deputy Chief Executive, Cardiff and Vale UHB
Claire Nelson	(IL)	Acting Assistant Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Juliana Field	(JF)	Corporate Governance Officer, WHSSC
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The Meeting opened at **9.30am**



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

JC17/045 **Welcome, Introductions and Apologies**

The Chair formally opened the meeting and welcomed members and the public.

JC17/046 **Declarations of Interest**

Dr Chris Turner declared an interest in relation to item 10, Risk Management Framework Alternative Augmentative Communication (AAC) Service as a Governor of Cardiff Metropolitan University, as it was the University that had been commissioned to undertake the evaluation of the AAC service.

The interest was noted; no action was required.

JC17/047 **Patient Story**

Members received a presentation of two patient stories relating to Motor Neurone Disease; a patient voice, and a family member's perspective.

Members heard how the disease had affected the individuals in their daily lives and the moment at which the diagnosis was made. Members learned about the significant impact Alternative Augmentative Communication technology had on those with the disease, how it had enabled them to have a voice after losing theirs to the disease, and supported a family in spending quality time together.

The Chair thanked the contributors and requested a formal letter of thanks be sent on behalf of the Committee.

Action

- **Chair to send formal letter of thanks to the two contributors**

Members **resolved** to:

- **Note** the patient stories

JC17/048 **Accuracy of Minutes of the meeting held 25 July 2017**

Members reviewed and approved the minutes of the meeting held on 25 July 2017 as a true and accurate record.

Matters Arising

JC17/034 – Perinatal Mental Health

Members received an update noting that that a meeting had been arranged to discuss the feedback from the Joint Committee meeting and review the options appraisal paper and wider evidence. It was noted that a Workforce Group had been established and was scheduled to meet on 13 October 2017 to review the broader model. Members were advised that Health Board Representatives had been invited to attend the

meeting. Members were reminded of the inquiry into Perinatal Mental Health Services and the political interest to find a solution in Wales.

It was noted that a revised options paper would be presented to the WHSSC Joint Committee in January 2018.

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JC17/049 **Action Log**

Members reviewed the action log and received the following updates.

JC011/012/013- Provision of Specialised Neurosciences in NHS Wales
 Members noted that work was progressing on development of the strategy, that these actions would be rolled into the output on the Neurosciences Strategy and it was anticipated that the paper would be presented in March 2018.

JC014/015/016/017 were picked up and addressed within the main agenda items.

JC17/050 **Report from the Chair**

It was noted that this was the inaugural meeting for Professor Harpwood as the new Chair of WHSSC, and as such there were no formal items on which to update Members.

Members noted that the Chair had held meetings with members of staff and other stakeholders and looked forward to working with the WHSSC team.

JC17/051 **Report from the Acting Managing Director**

Members received a report from the Acting Managing Director; the following areas were highlighted:

SL thanked SD for his contribution over the last year as Acting Managing Director and providing stability and leadership for WHSSC.

Members received an overview of the key areas of focus for the organisation over the next few months including; internal reconfiguration and building teams. This also involved taking forward the recommendations of the Culture Review. Members noted that a recent 'temperature check' evidenced positive change within the organisation. It was noted that a paper on the recent review of the Management Group would be presented at a future Joint Committee meeting for consideration.

Members noted that SL had held meetings with a number of stakeholders as part of the work to progress the development of a Strategy for WHSSC.

Neonatal Transport

Work was continuing around reviewing risks associated with the service and funding allocations for the service. Members were informed that the work to date had identified a number of more complicated issues than initially anticipated. It was noted that the Neonatal Transport service was to be reviewed as part of the prioritisation process for the 2018-19 ICP.

It was noted that, in the context of considering schemes for the 2018-19 Plan, it was anticipated that there would be a more challenging financial environment which would require tougher decision making based on available evidence. It was therefore requested that the Joint Committee was given visibility of any issues arising to be fully sighted. In regard to neonatal services, it was suggested that there was a requirement to understand exactly what service provision was needed and whether any alternatives were available to meet that need.

All Wales Blood Service Programme

The programme closure report had been received by WHSSC and was circulated with the meeting papers for information.

Members **resolved** to:

- **Note** the content of the report
- **Receive** the All Wales Blood Service Programme Closure report

JC17/052 **Thoracic Surgery Review: Project Update**

Members received a report which provided an update on progress, consider the timescales for decision making and sought approval for the processes and documentation underpinning the final decision by the Joint Committee regarding the number and location of future services in south Wales.

Members received an overview of the engagement process noting that the engagement documents had been circulated to each Health Board for consideration at their respective Board meetings. The information was also submitted to the Community Health Councils (CHCs). Ultimately the CHCs would determine whether there was a requirement to undertake a formal consultation process.

It was noted that there would be a two phase decision making processes. Phase 1 to determine whether the service should be delivered over one or two sites and Phase 2 to determine the location of the service should the decision be taken that it should be on one site.

Members noted that a second timeline had been circulated to members, this was further to feedback received from engagement leads that the original timeline was too ambitious and that additional time was required to allow a proper and robust process to be followed.

It was noted, given that there had been a substantial length of time since the project was established, that the Project Board had re-reviewed the process documentation and re-approved it at the last Project Board meeting. It was noted that CVUHB had requested a change to the wording in the engagement document and that it had been agreed that this would be reflected in the Frequently Asked Questions document which was being produced.

Members received an overview of the decision making process and members were asked whether they were content for the Project Board to sign off on the criteria that the Independent Panel would use to develop a recommendation, or whether this should be referred back to the Joint Committee – it was agreed to reserve this to the Joint Committee to provide consistency of process with the Neonatal work and also to ensure that there was open challenge and scrutiny. It was further agreed that the criteria could be considered at a virtual meeting of the Joint Committee during December 2017.

A question was raised around the definition of an independent panel and the level of independence of its members. It was noted that the Panel would consist of representatives from the NHS in north Wales as non-conflicted and knowledgeable of NHS service provision in Wales, and expert representation from NHS England. Members were advised that the model would follow that of the Neonatal Workforce project undertaken last year, as it was felt that the process was successful and supported by the CHCs.

It was suggested that a 'process on a page' be developed to clearly outline the key points for decision and who was involved. It was noted that this would assist in providing a greater level of assurance to Health Boards around process and governance and identify where input was required from Health Board.

Action

Process on a page to be developed to clearly outline the process and those involved at key points.

A discussion was held around the alternative timeline, and what point in the process value for money and affordability would be considered. It was noted that SD was leading on the work around value for money and that this would be embedded at every stage of the process, it was confirmed that the alternative timeline would involve the Joint Committee taking a decision at its meeting on 30 January 2018 that would be reported to the Boards of Health Boards at their March 2018 meetings.

A question was raised around the data used to map travel times for patients when considering phase one options and ensuring consideration of proportion of population. It was noted that a number of travel patterns

were being considered including those used for the major trauma centre for non-elective cases.

Action

- **Phase 2 criteria to be presented to Joint Committee for approval at virtual meeting during December 2017**

A question was raised as to whether the CHCs had reviewed the alternative timeline and whether they were supportive. It was agreed that SL would send the revised timeline to the CHCs for information.

Action

- **SL to send revised timeline to CHCs for information.**

GD joined the meeting

Members resolved to:

- **Note** the update to the Thoracic Surgery Review Project
- **Approve** the alternative timeline for the decision process
- **Approve** the Engagement Documentation
- **Agree** that the sign off of the criteria to be used by the Independent Panel is undertaken by the WHSSC Joint Committee.

JC17/053 **Positron Emission Tomography (PET) Policy development**

Members received a paper that presented a business case which mitigated the financial risk associated with proposed changes to the PET policy as recommended by the All Wales PET Advisory Group (AWPET). The proposal was principally based on funding the PET expansion for new indications from the predicted over provision for PET scans in the 2017-20 ICP.

AC presented the paper noting that this had not been previously considered within the ICP as no new interventions were considered. It was noted that PET had been highlighted via the ICP Risk Management Framework and that there was a strong evidence base that the expansion of the PET policy for new indications would result in clinical and cost benefits within Health Boards for patients who were more appropriately managed following successful PET scans but it was difficult to achieve visibility of this.

Members were advised that the Management Group had considered a draft business case in July 2017 and supported the proposal for in-year development subject to receipt of assurances from Welsh Government regarding financial underwriting. A formal response was awaited from Welsh Government but informal indications suggested there would be support for the proposal but that financial underwriting might not be forthcoming.

Members noted the detail provided within the report and the work undertaken by the AWPET, differences between England and Wales and the anticipated levels of activity. It was also noted that current contract for PET would be reviewed as part of the ICP development for next year.

A question was raised in relation to the evidence for clinical and financial impact to support the changes to criteria and indications. It was noted that NICE had modelled this for some indications (e.g. head and neck) but the modelling was resource heavy and took considerable time to develop. Members noted that work had been carried out on different elements of the process which had been taken through Management Group prioritisation and clinical impact assessments with the risk assessment element presented to the WHSSC Joint Committee.

A discussion followed around understanding where PET was being used as an alternative to other diagnostic tools and the cost savings, concerns relating to growth in demand if additional criteria/indications were approved, and the potential of an over spend against the ICP provision in either 2017-18 or the following year. It was noted that the proposal included a significant level of uncertainty in this regard

Members acknowledged there was a clear under provision of services in Wales and the associated issues. A further discussion was held around the funding arrangements and consideration needed around how any cost savings created within the wider health care system should be utilised.

Members wished to see clinical evidence that an increase in PET scans for new indications would result in clinical and cost benefits elsewhere in the patient pathway prior to approving the proposal and asked for this to be channelled through Management Group in the first instance.

Action

- **WHSSC Team to present to Management Group with the clinical evidence that an increase in PET scans for new indications will result in clinical and cost benefits elsewhere in the pathway; review the proposed eight new PET indications as a priority and liaise with Cancer Network to support this (AC)**
- **Update WG and stakeholders. (AC)**

Members resolved to

- **Note** the information within the report and the current risk to patients, providers and commissioning Health Boards; and
- **Note** the support from Management Group to fund the PET policy expansion out of the current PET provision in the WHSSC ICP 2017-20, subject to assurances from Welsh Government.
- **Defer approval** of the proposal to fund the PET policy expansion out of the current PET provision in the WHSSC ICP 2017-20,

referring it to Management Group for consideration of ;

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JC17/054 **Risk Management Framework – Alternative Augmentative Communication (AAC) Service**

Members received a paper which provided a summary of the current position of the All Wales Alternative Augmentative Communication Service, the risks as detailed within the ICP Risk Management Framework and the identified mitigation.

It was noted that a letter of support had been sent to WHSSC from the Wales Neurological Alliance, a third sector organisation supporting all Neurological Conditions.

Members were reminded of the announcement from Welsh Government in June 2016 at which time recurrent funding for staffing was provided however funding for equipment was secured on a non-recurrent basis. Members noted that in September 2016 the Joint Committee supported the extension of the evaluation period for the specialist AAC service until 2017/18, when a full year of service data would be available, and approved the carrying forward of any under spend on non-recurrent budget which was primarily used for the AAC equipment.

It was noted that the funding for equipment was due to expire in Autumn 2017. The WHSSC team and Management Group had carried out a risk assessment within the ICP Risk Management Framework which identified AAC as having one of the highest risks from a patient perspective, as identified in section 3.0 of the report.

It was reported that an informal indication had been received from Welsh Government that equipment funding may be made available for the remainder of the current financial year but this was yet to be formally confirmed.

It was noted that the evaluation report was expected back from Cardiff School of Health Sciences at Cardiff Metropolitan University for presentation to the Committee in November 2017.

Members were presented with an overview of the options set out within the report and were asked to agree an option to progress in order to mitigate the identified risks within the AAC service.

A discussion was held around the original tripartite funding arrangements for the service as it spanned Health, Social Care and Education. It was acknowledged that the right mechanism needed to be identified for this as a regional partnership and it was suggested that the equipment element could be added to the Joint Equipment Inventory given the broader context of the service assisting three domains.

Members agreed to Option 4: Collectively Escalate to Welsh Government. It was suggested that a letter be sent to the Director General of Health and Social Services/Chief Executive, NHS Wales.

Members resolved to:

- **Note** the current risks to the All Wales Alternative Augmentative Communication service as outlined in the Risk Management Framework and the mitigations that have been identified to date.
- **Agree** to progress Option 4

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JC17/055 **Adult Cystic Fibrosis service: Update**

Members received a paper which presented a summary of the current position with regarding the adult Cystic Fibrosis services for mid and south Wales, the risks to the sustainability of this service, and the potential for a commissioning decision regarding the revenue requirements to address these.

It was noted the Cystic Fibrosis service was provided by a dedicated unit which had seen an increase in demand and there was now a need for investment for both facilities and staffing. Members were informed that the service would soon reach capacity and be unable to accommodate new referrals. This would mean that new referrals would be sent to units in England; however it was noted that there were issues with English providers, with Birmingham advising that they were no longer able to accept referrals from Welsh patients. Members noted that a peer review, undertaken by the Cystic Fibrosis Trust in 2015, identified the unit in Wales as having one of the lowest bed bases per patient in the UK.

Members were informed that CVUHB were developing a capital business case for increased inpatient beds at the CF unit and to provide en-suite accommodation for all. A proposal for the required revenue for additional staffing was submitted as part of the ICP process for 2017-18, however it was not funded.

It was noted that there was Welsh Government interest in the service.

Management Group reviewed the risks and case for change in September 2017; when it suggested that further work was needed to develop the business case from CVUHB.

It was suggested that consideration be given to the potential for other models (e.g. greater community based care).

Members discussed the process in place for accepting/reviewing business cases. It was noted that a different approach was being taken in that in the first instance a case for change is to be identified and then a more guided business case will be developed. Members requested that Management Group develop a standard business case template which

could be use for all business cases and provide a consistent approach.

Members supported the case for change and agreed that Welsh Government should be briefed on the prospective need for new revenue funding in support of the capital business case being developed by CVUHB. The business case for change would consider alternative models for delivering the service including outpatient and/ or community services.

Action

- **WHSSC team to work with Management Group to develop a standardised template for Business Cases outlining what should be included.**

Members resolved to:

- **Note** the ongoing risks to patient care associated with the adult CF service at CVUHB, as discussed at the September Management Group workshop
- **Note** that the service will soon reach capacity and be unable to accommodate new referrals, meaning new patients referred to centres in England
- **Support** the case for change in order to mitigate the current risks within the service.

JC17/056 Risk Sharing Update

Members received a paper which provided an update on implementing proposals to move the neutralisation date from the end of 2011-12 to 2013-14 and set out the latest modelling together with the issues and questions raised by the Finance Group.

Members noted the discussions held by the Finance Group at their meeting on 20 October 2017, during which it was recognised that the proposal to move the neutralisation date was considered a reasonable 'best fit' position. It was noted that the impact of this was considered and it was recognised that running the numbers at any point in time led to huge volatility in the financial impact based on relatively small numbers of high cost services/episodes of care.

Members noted the detail provided in relation to the individual Health Boards and that there had been a material shift for some Health Boards. Members were asked whether they wanted the Finance Group to continue working through the number to see if there was a way to create a better balance of risk in the system.

A discussion was held around: the likelihood of being able to achieve a point at which all Health Boards would agree, the preference held by members of the Finance Group for an activity based share, and the concerns around the challenge for individual Health Boards on the

financial outcome.

Members discussed the rationale behind the principles previously established, the process to this point and the impact on the wider system. It was suggested that consideration be given to approaching Welsh Government to ensure that it was sighted on the purpose of the work of the Finance Group and align with the wider system perspective.

It was agreed that an activity based share was desirable but might be unachievable if the financial impact was excessive on a small number of Health Boards and that the Finance Group should have a final attempt to resolve this, also that advice should be sought from Welsh Government on the final option.

Action:

- **Finance Group to reconsider an activity based approach as a final attempt to resolve the issues before the next meeting of the Joint Committee. (SD)**
- **Advice to be sought from Welsh Government around the final option for risk sharing approach. (SD)**

Members resolved to:

- **Note** the impact assessment and the nature of the queries raised by the Finance Group;
- **Consider** options for the next steps; and
- **Receive assurance** that the technical queries raised are being worked through and will be reported to the next Finance Group.

JC17/057 **Cardiac Magnetic Resonance Imaging (CMRI) – future planning responsibilities**

Members received an update on the collective commissioning work completed by WHSSC in respect of CMRI and a recommendation to transfer the responsibility for further planning and implementation to Health Boards with support from the All Wales Cardiac Network.

Members noted the update, approved the adoption of the CMRI Service Specification by Health Boards and agreed the transfer of responsibility from WHSSC. It was suggested that this work could be taken forward through the Regional Planning Boards. Correspondence was to be sent to the All Wales Cardiac Network and Health Boards on behalf of the WHSSC Joint Committee informing them of the agreement to transfer responsibility to the Health Boards.

Action:

- **Correspondence to be sent to the All Wales Cardiac Network and Health Boards on behalf of the WHSSC Joint Committee informing them of the agreement to transfer responsibility to the Health Boards.**

Members resolved to:

- **Note** the collective commissioning work completed by WHSSC;
- **Approve** the adoption of the CMRI Service Specification by Health Boards; and
- **Approve** the recommendation to confirm that WHSSC has completed its role in collective commissioning for this service and to transfer the responsibility for further planning and implementation to Health Boards, supported the All Wales Cardiac Network.

JC17/058 **Development of the Integrated Commissioning Plan 2018-21: Commissioning Intentions**

Members received the paper which outlined the Commissioning Intentions that had been drafted to inform the development of the WHSSC three year ICP for Specialised Services 2018-21.

Members noted that the plan remained largely unchanged and that the ICP Risk Management Framework was developed to support the consideration of schemes for inclusion, which included ministerial priorities. It was noted that the three domains of Safe, Sustainable and Effective were the key areas of consideration and that it was anticipated that once the quality team was established a greater focus on quality would be provided to support the review of the demand and capacity trends and enhance service monitoring.

A query was raised in relation to the apparent lack of detail provided within the report around value based commissioning. It was noted that although value based commissioning was not expressly mentioned it was part of WHSSC's assessment process; also that WHSSC would be working with Health Boards to look through their Integrated Medium Term Plans (IMTPs) to inform both the IMTPs and the ICP in relation to specialised services.

It was suggested that, due to the way they were constructed, the commissioning intentions felt more like principles. It was noted that it was anticipated that between now and next year these would evolve.

Members resolved to:

- **Approve** the WHSSC Commissioning Intentions to inform the development of the WHSSC Integrated Commissioning Plan 2018-21.

JC17/059 **Restructuring of Staffing Models within the Welsh Health Specialised Services Team**

A paper was received that informed members of a planned staffing restructure within the WHSSC Team that included the establishment of a

Quality Assurance Team on a cost neutral basis.

Members approved the cost neutral staffing restructure without the need to seek approval for specific changes.

Members resolved to:

- **Support** the proposed staff restructuring which addressed the recommendations of the Good Governance Institute and Healthcare Inspectorate Wales Reviews through the cost neutral establishment of a Quality Assurance Team within the Directorate of Nursing; and
- **Approve** the future cost neutral staff restructuring without the need to seek approval for specific changes.

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JC17/060 **Governance for Clinical Networks**

Members received a paper that made recommendations to facilitate regularisation of the governance and accountability arrangements for the Child and Adolescent Mental Health and Eating Disorders and Neonatal clinical networks that transferred to the NHS Wales Health Collaborative (the Collaborative), hosted by Public Health Wales, on 1 October 2016. The paper further recommended the formalisation of the ongoing relationship between the five clinical networks managed by the Collaborative and WHSSC.

Members recognised the importance to ascertain clarity around the relationships between WHSSC and the clinical networks to ensure the right advice was received to support the commissioning process.

Members approved the recommendations with a target implementation date of 1 January 2018.

Members resolved to:

- **Note** the information presented within the report; and
- **Approve** the recommendations.

JC17/061 **Integrated Commissioning Plan (ICP) 2017-18 Risk Management Framework**

Members received an update on the implementation of the ICP Risk Management Framework which highlighted schemes that required further review, risk mitigation and escalation in line with the requirements of the Framework. It was noted that the report to the November 2017 meeting would include development of the 2018-21 ICP.

Members were advised that WHSSC had submitted a letter to Welsh Government seeking additional funding from the £50m identified as available. A discussion was held around the Welsh Government expectation that bids would be received from providers and that WHSSC were supportive of these. The discussion continued around population and

equity issues; members supported SD liaising with Welsh Government for clarification on bids from providers and commissioners. It was noted that the WHSSC request was targeted toward funding to reduce waiting times for various specialised services.

Action

- **Clarification to be sought from Welsh Government regarding the availability of additional funding for commissioners. (SD)**

Members resolved to:

- **Note** both the 'Extreme' and 'High' risk rated schemes requiring further review, risk mitigation and escalation.

JC17/062 Integrated Performance Report

Members received the report for June 2017, which provided a summary of the key issues arising and detailed the actions being undertaken to address areas of non-compliance.

The most significant change related to CAMHS OoA placements due to reduced capacity at the north Wales facility which was now in stage 3 escalation, together with Paediatric Surgery and Neurosurgery at CVUHB.

Members resolved to

- **Note** current performance and the action being undertaken to address areas of non-compliance.

JC17/063 Financial Performance Report

Members received the finance report for Month 5 2017-18 noting a year to date over spend of £1,109k with a forecast under spend to year-end of £2,082k, which primarily related to a release of £2,000k of Balance Sheet reserves. The year to date position included around £2,500k of HRG4+ costs for English contracts; however, the year-end forecast included a partial adjustment to HRG4+ costs due to some positive conversations with NHS Improvement.

Members noted that Welsh Government was now fully engaged with HRG4+ situation. A question was raised around when a resolution may be achieved. It was noted that this was still unclear, it was anticipated that further information would be available towards the end of October 2017.

Members resolved to:

- **Note** the current financial position and forecast year-end position.

JC17/064 **WHSSC Joint Committee Annual Self Assessment**

Members received a paper that provided information relating to the Joint Committee's annual self assessment.

Members noted the information provided in the report and supported consideration by the Chair and Committee Secretary of a 'development day' and/ or an induction programme.

Action:

- **Chair and Committee Secretary to review options for a development day for the Joint Committee and induction programme for members.**

Members resolved to:

- **Note** the information presented within the report; and
- **Support** consideration by the Chair and Committee Secretary of a 'development day' and/or induction programme.

JC17/065 **Reports from the Joint Sub-committees and Advisory Group Chairs**

Members received the following report from the Joint Sub-committees and Advisory Group chairs:

Sub Committees

Audit Committee

Members noted the update from the meeting held 11 September 2017.

All Wales Individual Patient Funding Request Panel

Members noted the update from the meeting held 30 August 2017, and received the 2016-17 Annual Report of the Chair of the Panel.

Integrated Governance Committee

Members noted the update from the meeting held 15 August 2017, and received the 2016-17 Annual Report of the Committee Chair.

Quality and Patient Safety Committee

Members noted the update from the meeting held 26 September 2017. Members noted that the Committee had refocused its attention on quality rather than activity performance and sought to adopt a whole pathway approach. It was noted that there had been a reinforcement of Independent Member input.

Members received and approved the revised Quality and Patient Safety Committee Terms of Reference, subject to a further review of the quorum, as it was felt that a quorum comprising two members might be too few.

Action:

- **Review quorum of the Quality and Patient Safety Committee. (CK/KS)**

Welsh Renal Clinical Network

Members noted the update from the meeting held 7 August 2017 and received the 2016-17 Annual Report of the Network Chair.

WHSSC Management Group

Members noted the update from the meeting held 31 August 2017.

Advisory Groups

NHS Wales Gender Identity Partnership Group

Members noted the update from the meeting held 21 August 2017.

Wales Child and Adolescent Mental Health Services and Eating Disorder Network

Members noted the update from the meeting held 1 September 2017 and received the 2016-17 Annual Report of the Network Chair.

Members noted that the Network was undergoing a transition following the move to the Collaborative. It was noted that the Children, Young People and Education Committee were considering CAMH Services and that the Network would be submitting evidence to the meeting of this Committee.

JC17/066 **Items of Any Other Business**

Wales Gender Identity Partnership Group

Tracy Myhill, Chair of the NHS Wales Gender Identity Partnership Group joined the meeting to present the work carried forward by the Group in relation to the development of an All Wales Interim Gender Pathway.

Members noted that there had been a significant increase in the number of stakeholders now involved with the Group, of which there were now 13 who provided a strong and passionate voice.

Members were provided with an overview of the political pressure around this work and the scope of work being developed by the group since the announcement by Welsh Government in August 2017. It was anticipated that the pathway would enable more patients to be treated in Wales, with only more complex cases requiring attendance at the London Clinic. This would reduce duplication and improve patient experience.

It was noted that CVUHB had submitted a bid to host the Gender Team for consideration by the Welsh Government. It was anticipated that the interim service would be established from Autumn 2017 and would support the development of expertise within primary care. The interim

service would consist of expert GPs funded via a Welsh Enhanced Directed Service Contract.

Members noted that it was expected that the majority of Welsh patients would be repatriated by March 2018 and when work on a longer term pathway would commence. Support was sought from members for WHSSC to continue to oversee the interim pathway model until such time that project was in a position to be handed back to the Collaborative drive forward the longer term model.

A discussion was held around the commissioning model for the service and whether an indicative business case was available and it was requested that the project plan be presented to the Joint Committee in November 2017.

Action

- **Project plan for the Interim Gender Pathway to be presented at the November 2017 Joint Committee Meeting.**

A query was raised around the provision of services for children and young people and it was noted that the foregoing arrangements were for the adult pathway. A pathway for children and young people was to be considered separately, however it was noted that Tavistock and Portman NHS Foundation Trust operated an outreach service in Cardiff and discussions were ongoing around opportunities to expand this service. It was noted that NHS England had published a consultation on Gender Services for Children that was due to close week commencing 2 October 2017.

JC17/067 Date and Time of Next Meeting

It was confirmed that the next meeting of the Joint Committee would be held on 28 November 2017 at 1.30pm

The public meeting concluded at approximately **12.50pm**

Chair's Signature:

Date:



2017/18 Action Log Joint Committee Meeting

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC009	JC17/009 - Provision of Specialised Neurosciences in NHS Wales Detailed paper to be presented to a future Management Group meeting regarding the Neuro-rehabilitation pathway/service specification.	Acting Director of Planning	Jul 2017	27.06.2017 It was noted that a Neurosciences Strategy Group had been established and had held its first meeting at which it agreed a timeline and prioritised the consideration of sub speciality services; members requested that the proposed timescales agreed. It was anticipated that an update paper would be presented to the Management Group in July 2017. 25.07.2017 Work was ongoing. It was anticipated that a final paper would be presented to Members in March 2018 – Item to be added to forward plan for March 2018 – Action Closed	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
30/05/2017	JC011	JC17/009 - Provision of Specialised Neurosciences in NHS Wales Details regarding patient and public engagement to be included in the final neurosciences strategy paper when presented to the Joint Committee	Acting Director of Planning	Mar 2018	26.09.2017 - Members noted that work was progressing on development of the strategy, that these actions would be rolled into the output on the Neurosciences Strategy and it was anticipated that the paper would be presented in March 2018.	OPEN
30/05/2017	JC012	JC17/009 - Provision of Specialised Neurosciences in NHS Wales IL to ensure that that the Strategy paper clearly differentiates the commissioning responsibilities of WHSSC and those of the Health Boards	Acting Director of Planning			
27.06.2017	JC013	JC17/019 – Neurosciences Strategy Group timescales Timescales for work agreed by the Neurosciences Strategy group to be circulated to member of the Joint Committee for information	Acting Director of Planning			
26.09.2017	JC018	JC17/047 Patient Story Chair to send formal letter of thanks to the two contributors	Chair	Sept 2017	Nov 2017 - Letters sent, action complete	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC019	JC17/048 – Perinatal Mental Health Revised options paper to be presented to the WHSSC Joint Committee in January 2018	Director of Nursing and Quality Assurance	Jan 2018	Item added to forward planner for January 2018	OPEN
26.09.2017	JC020	JC17/052 Thoracic Surgery Review Process on a page to be developed to clearly outline the process and those involved at key points.	Acting Director of Planning	Oct 2017	Nov 2017 - Action Completed	CLOSED
26.09.2017	JC021	JC17/052 Thoracic Surgery Review Phase 2 criteria to be presented to Joint Committee for approval at virtual meeting during December 2017.	Acting Director of Planning	Dec 2017	Meeting scheduled for 19 December 2017	OPEN
26.09.2017	JC022	JC17/052 Thoracic Surgery Review SL to send revised timeline to CHCs for information.	Managing Director	Sept 2017	Nov 2017 - Action Completed	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC023	JC17/053 PET Policy Development WHSSC Team to present to Management Group with the clinical evidence that an increase in PET scans for new indications will result in clinical and cost benefits elsewhere in the pathway; review the proposed eight new PET indications as a priority and liaise with Cancer Network to support this work.	Acting Director of Planning	Oct 2017	Nov 2017 – Proposal to review the eight new PET indications taken to the All Wales PET Advisory Group who are collectively responding to the request in writing to Chief Executives and Welsh Government.	CLOSED
26.09.2017	JC024	JC17/053 PET Policy Development WHSSC to update Welsh Government and stakeholders	Acting Director of Planning	Oct 2017	Nov 2017 - SL has fed back to Rob Orford, Welsh Government Scientific Advisor.	CLOSED
26.09.2017	JC025	JC17/054 Alternative Augmentative Communication (AAC) Service Evaluation report expected from Cardiff Metropolitan University for presentation to the Committee in November 2017	Acting Director of Planning	Nov 2017 Jan 2018	Report not yet available deferred presentation to JC to January 2018	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC026	JC17/054 Alternative Augmentative Communication (AAC) Service Letter be sent to the Director General of Health and Social Services/Chief Executive, NHS Wales to escalate concerns on behalf of WHSSC	Managing Director	Oct 2017	Nov 2017 – Letter drafted and sent 21.11.2017	CLOSED
26.09.2017	JC027	JC17/055 Standard Business Case WHSSC team to work with Management Group to develop a standardised template for Business Cases outlining what should be included.	Acting Director of Planning	Nov 2017	Nov 2017 – Discussion to be held with Management Group following submission of 2018-21 ICP. Item added to Management Group forward planner.	CLOSED
26.09.2017	JC028	JC17/056 Risk Sharing Update Finance Group to reconsider an activity based approach as a final attempt to resolve the issues before the next meeting of the Joint Committee.	Director of Finance	Nov 2017	Nov 2017 – Finance Group has met and considered alternative approaches which will be shared with Directors of Finance prior to further JC discussions	CLOSED
26.09.2017	JC029	JC17/056 Risk Sharing Update Advice to be sought from Welsh Government around the final option for risk sharing approach.	Director of Finance	Oct 2017	Nov 2017 – Met with Welsh Government office to discuss options and alternatives which have been shared with Finance Group	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC030	JC17/057 CMRI future planning responsibilities Correspondence was to be sent to the All Wales Cardiac Network and Health Boards on behalf of the WHSSC Joint Committee informing them of the agreement to transfer responsibility to the Health Boards.	Acting Director of Planning	Dec 2017	Nov 2017 - On work-plan for new Planning Manager for Cardiac Services who started in post beginning of November 2017	OPEN
26.09.2017	JC031	JC17/061 ICP Risk Management Framework Clarification to be sought from Welsh Government regarding the availability of additional funding for commissioners for RTT initiatives.	Director of Finance	Oct 2017	Nov 2017 – Submission made to Welsh Government. Feedback awaited and being followed up.	CLOSED
26.09.2017	JC032	JC17/064 WHSSC Joint Committee Annual Self-Assessment Chair and Committee Secretary to review options for a development day for the Joint Committee and induction programme for members.	Committee Secretary	Oct 2017 Apr 2018	Nov 2017 – Principles discussed. Scoping work has begun. Development session likely to be scheduled for March – April 2018	OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
26.09.2017	JC033	JC17/065 Quality and Patient Safety Committee Terms of Reference Review quorum of the Quality and Patient Safety Committee.	Director of Nursing and Quality Assurance	Oct 2017	Nov 2017 – Action Completed	CLOSED
26.09.2017	JC034	JC17/065 Wales Gender Identity Partnership Group Project plan for the Interim Gender Pathway to be presented at the November 2017 Joint Committee Meeting.	Director of Nursing and Quality Assurance	Nov 2017 Jan 2018	Nov 2017 – Recruitment gender project post early Dec and task and finish group to scope work. Project plan will go to the Gender Identity Partnership Group on Dec 18th and then JC end January	OPEN



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	5
Meeting Title	Joint Committee	Meeting Date	28/11/2017
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

5

Purpose	The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.		
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Not applicable	Meeting Date	
		Meeting Date	

Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> • Note the contents of the report 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.

2.0 Background

- 2.1 The Chair's report is a regular agenda item to Joint Committee.

3.0 Assessment

- 3.1 Since the last meeting of the Joint Committee I have been able to meet some of the Associate Medical Directors of WHSSC and have gained assurance that some valuable work is being undertaken in respect of a number of key issues for Wales which featured in my recent appraisal with the Cabinet Secretary. A selection of the matters discussed at the appraisal meeting is covered below.

3.1.1 Stroke Thrombectomy

There was a discussion about the problems in interventional neuroradiology that have arisen as a result of staffing problems in Wales, accompanied by lack of capacity to provide thrombectomies at the nearest centres in England. The potential for other consultants, such as interventional neuro-cardiologists, to carry out the necessary procedures in stroke patients within Wales was mooted, and was enthusiastically considered by the Cabinet Secretary and also by the Deputy Chief Medical Officer who attended the appraisal meeting. It was agreed that separate discussions should take place between the Deputy Chief Medical Officer and WHSSC to explore the idea further and to discuss the commissioning support that WHSSC could offer in the short, medium and longer term.

3.1.2 Cardiac Surgery

The Cabinet Secretary emphasised that continued and increasing breaches of the 36 weeks maximum waiting times for cardiac surgery were unacceptable, and he requested an update on the steps that will be taken to deal with this matter following the outcome of forthcoming meetings.

3.1.3 Perinatal Mental Health

A range of possible models to support work on one or more sites in Wales was covered in the meeting, and the Cabinet Secretary agreed to receiving an update on the ongoing scoping work once the number of patients likely to be in need of the service was known, so that consideration could be given to understanding the most appropriate model and how it might be funded.

3.1.4 Neurosurgery

The current shortage of neurosurgeons in Cardiff and the Vale UHB, coupled with insufficient theatre capacity, were recognised as obstacles to achieving waiting time targets. Continued improvement in performance is required. I

agreed to a request by the Cabinet Secretary to update him on developments in advance of our next meeting.

3.1.5 Neonatal Transport

As members of the neonatal network are in the process of developing a draft service specification outlining a proposal on how a 24/7 service should be delivered, the Cabinet Secretary was keen for the question of funding to be given appropriate weight, in order for a proposal to be made to feed into the ICP prioritisation process for 2018/9.

3.1.6 Thoracic Surgery

The Cabinet Secretary was disappointed that there appeared to have been further delay in implementing the recommendation of the Royal College of Surgeons in favour of a single site for thoracic surgery provision for Wales. While I expressed the view that there would almost certainly be no major impact on timescales, he emphasised the need for all organisations to participate actively in this work.

3.1.7 Thalassaemia

I agreed to keep the Cabinet Minister informed on the progress being made in quantifying unmet need and on the outcome of meetings with patients' representatives, and made a commitment to provide an update in advance of our next meeting. Following the appraisal meeting, I met two of the patients' representatives when they attended a meeting with Sian Lewis in the WHSSC offices.

3.1.8 Cystic Fibrosis

I explained that work was continuing to support the development of a revenue case addressing the risks and problems arising in the service, and to develop the capital business case. Issues arising in connection with the cost of new and expensive treatments for cystic fibrosis were also mentioned. I agreed to keep the Cabinet Secretary updated on progress.

- 3.2 The Cabinet Secretary made it clear that effective collaborative work on the Joint Committee is essential to overcoming current problems and to the successful development of all major projects and proposals.

4.0 Recommendations

Members are asked to:

- **Note** the contents of the report.

5.0 Appendices/ Annex

There are no appendices or annexes to this report.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Approval process	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The report suggests that there are some relevant issues that impact Quality, Safety & Patient Experience.	
Resources Implications	The report suggests that there are some relevant issues that impact on resources.	
Risk and Assurance	The report suggests that there are some relevant issues that impact on risk and assurance.	
Evidence Base	Not applicable	
Equality and Diversity	Not applicable	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Not applicable		



		Agenda Item	6
Meeting Title	Management Group	Meeting Date	28/11/2017
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

Purpose	The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	16/11/2017
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of this report. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
		✓		✓				✓

1.0 Situation

- 1.1 The purpose of this report is to provide the Members with an update on key issues that have arisen since the last meeting.

2.0 Updates

2.1 Inherited Bleeding Disorders

Further to support from the Joint Committee in July, a project is currently being scoped to develop a commissioning strategy for the Inherited Bleeding Disorders (IBD) service for Wales. Specific aims for the project include unifying the financial resources for IBD under WHSSC, achieving efficiencies through repatriation and procurement, ensuring a sustainable service model across Wales, and revising the service specification. Work is also in progress to ensure the additional resource required within WHSSC is in place to be able to manage and deliver the project. It is anticipated the preparatory scoping will be completed in December and the project plan agreed in January 2018 to be delivered as part of the 2018/19 work plan.

2.2 Paediatric Rheumatology

A scoping review of Paediatric Rheumatology was considered at the July meeting of the Joint Committee. Whilst the Committee was supportive of the need identified within the report, it also acknowledged that additional funding would be required to address the recommendations which Health Boards would be currently unable to support. In line with the advice of the Joint Committee, the issue was referred back to the Cabinet Secretary for advice.

The Cabinet Secretary has responded and requested that a full review of Paediatric Rheumatology is undertaken, in order to determine need, service model and to quantify the resource requirements to deliver the service. Work on the full review will commence in the January, as the new Planning Manager for Women and Children takes up their post in early December. This review is likely to take a minimum of six months to complete.

2.3 Performance Report - Lung cancer performance data for thoracic surgery

Members may be aware that WHSSC has previously been unable to report lung cancer waiting time performance for thoracic surgery. WHSSC has written to Health Boards to request this information but it has only been provided by one Health Board to date. Instead we have been able to report data provided by Welsh Government within the performance report; however, this is available only to August 2017. Management Group members were asked, at their November meeting, if they would follow up this issue within their Health Boards to enable WHSSC to report the most recent lung cancer waiting time position.

2.4 **Thoracic surgery – additional capacity**

Due to the improved position in ABMUHB over the last 6 months, it has been agreed with ABMUHB and HDUHB that the referral pathway to University Hospital North Midlands is stepped down. However, it is recognised that there are risks to the sustainability of the position and that the pathway to UHNM may need to be re-established.

2.5 **Positron Emission Tomography (PET) Scanning**

On 9 November 2017 the All Wales Pet Scanning Group which was established to provide clinical advice to the WHSS Team met. The Group discussed the proposal to provide individual cost effectiveness business cases for the different indications to Management Group for consideration.

The Group's view was that providing robust analysis for the impact of this diagnostic test on the patient pathway was extremely challenging as exemplified by the NICE work on the head and neck pathway which took a specialist team nine months. They therefore concluded this was not a viable approach. The chair of the Group and COSC will write directly to the Director General regarding this matter.

2.6 **New appointments**

We are currently out to advert for our Information Manager, part time Medical Director and part time Deputy Medical Director posts.

3.0 **Recommendations**

3.1 Members are asked to:

- **Note** the contents of the report.

4.0 **Annexes and Appendices**

4.1 There are no annexes or appendices to this report

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.	
Resources Implications	There is no direct resource impact from this report.	
Risk and Assurance	The information summarised within this report reflect financial, clinical and reputational risks. WHSSC has robust systems and processes in place to manage and mitigate these risks.	
Evidence Base	Not applicable	
Equality and Diversity	There are no specific implications relating to equality and diversity within this report.	
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.	
Legal Implications	There are no specific legal implications relating within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group Meeting	16/11/2017	Noted



		Agenda Item	7
Meeting Title	Joint Committee	Meeting Date	28/11/2017
Report Title	Development of the WHSSC Integrated Commissioning Plan 2018-21		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	This paper outlines the timeline for the development and submission of the WHSSC Integrated Commissioning Plan 2018-22.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	16/11/2017
	Corporate Directors Group Board	Meeting Date	06/11/2017
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the development work to date on developing the 2018-21 Integrated Commissioning Plan; and • Note the timeline for the development and submission of the Plan. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
	✓				✓			✓

1.0 Situation

This paper outlines the timeline for developing and submitting the WHSSC Integrated Commissioning Plan (ICP) 2018-21.

It sets out the timescales for submission of documents as outlined in the 'NHS Wales Planning Framework 2018-21' that was circulated by Welsh Government on 21st October. The Framework set out the principles required to underpin 2018-21 IMTPs which although similar to previous Planning Frameworks seem to have a greater emphasis on providing concise submissions within a continued challenging financial climate.

2.0 Background

The WHSSC ICP is developed from a commissioning perspective informed through the work of the WHSSC Commissioning Teams and sub-groups. As part of the development of the first draft of the ICP 2018-21, the WHSSC team has undertaken the following work:

- Horizon scanning of new interventions;
- Review of the available National Institute for Health and Care Excellence (NICE), the All Wales Medicines Strategy Group (AWMSG) work programmes and the All Wales Therapeutics & Toxicology Centre (AWTTC) Interim Pathways Commissioning Group (IPCG) priorities;
- Worked with Management Group representatives to review the schemes included in the ICP Risk Management Framework, including schemes that have been highlighted by Welsh Government as Ministerial priorities;
- Assessed the performance against the agreed baselines for Welsh and English providers; and
- Circulated the Commissioning intentions approved by Joint Committee to Health Boards and Trusts Directors of Planning and Directors of Finance, copying to Integrated Medium Term Plan (IMTP) Leads in Health Boards and Trusts.

The letter accompanying the Commissioning intentions which are attached as Annex 1 set a number of actions for Health Boards and Trusts on which to respond to WHSSC by the 6th November. These were:

- Quality, Safety and Sustainability – Provider organisations to submit any significant quality, safety or sustainability issues in specialised

services with copies of the relevant entries of the Health Board/Trust's Corporate Risk Register and any covering papers submitted to Health Board/Trust Governance Committees;

- Achievement of Delivery Measures (Tier 1 targets) – Provider organisations to submit their outline demand and capacity plans for specialised services commissioned through WHSSC; and
- Managing within Resources – for Health Boards and Trusts to submit any proposals for achieving savings in relation to Specialised Services.

These responses will be considered internally and inform the preparation of the initial draft WHSSC ICP 2018-21.

3.0 Assessment

3.1 Correlation with Health Board IMTPs

Recognising the Planning Framework's greater focus on working with partner organisations and to ensure appropriate consideration is given to Specialised Services in Health Board IMTPs, WHSSC Planning representatives are in the process of meetings with individual Health Board IMTP Leads. The aim of the meetings is to understand:

- The impact of developments cited in Health Board 2017-20 IMTPs and developments planned in their 2018-21 IMTPs that could potentially impact of WHSSC commissioned services i.e. Hywel Dda Health Board stated in their 2017-20 IMTP that they were introducing a dedicated Paediatric High Dependency Unit;
- Actions that Health Board IMTPs identified/are identifying for working through with WHSSC i.e. Aneurin Bevan Health Board's 2017-20 IMTP stated that they would be agreeing regional service model for Paediatric Endocrinology with WHSSC;
- How areas that have been highlighted to date as priorities for WHSSC through discussions with Providers and Management Group members feature, if at all, in Health Board and Trusts IMTPs.

3.2 Commissioning Priorities

The development of the WHSSC ICP Risk Management Framework over the course of 2017-18 following the lack of available resources for schemes included within the 2017-20 ICP, has led to clear identification of the commissioning priorities within each Commissioning team. These have been informed by WHSSC and Provider risk registers and peer reviewed and

prioritised in collaboration with Management Group for consideration in the 2018-20 ICP.

3.3 Horizon Scanning and Prioritisation

The use of Horizon Scanning and Prioritisation has been embedded in the development of WHSSC IMTPs over the last few years. Due to the reliance of evidence and evaluation work undertaken by NHS England which historically and again this year has only been made available in the last few months of the calendar year, the WHSSC Prioritisation Panel is only able to meet on the 30th November. This is earlier than previous years which allows for the schemes that are not prioritised as mandatory, to be considered alongside the service related schemes featured on the Risk Management Framework, by the Clinical Impact Assessment Group (CIAG) and Management Group members.

3.4 Collaborative prioritisation of schemes

The convening of a CIAG made up predominantly of Associate Medical Directors for Primary Care in order to introduce a clinical perspective on the priority of schemes was deemed a useful addition in providing a clinical perspective in the development process for the 2017-20 ICP.

Although WHSSC has become more clinically led as an organisation with the introduction of Associate Medical Directors for each Commissioning Team, it was felt that due to these roles being relatively new to the organisation, that the CIAG Group would be reconvened again this year to take on the clinical advisory role.

A lack of alignment with the existing prioritisation process in place undertaken by Management Group was recognised and this year's process seeks to address this issue by convening a Joint meeting of the Clinical Impact Assessment Group and Management Group on the 14th December 2017. This again is earlier in the ICP development process than last year, recognising the importance that these Groups have in reviewing schemes and making recommendations on relative priority against limited resources.

3.5 Financial Assessment and Review

The identification of recurrent pressures and under spend within contract and service baselines is an ongoing piece of work by the WHSSC Finance Directorate.

This work has been recently further informed by the work led by the Planning team on establishing the actual spend and realisable benefits on investments made by WHSSC in approximately thirty services during 2015/16 and 2016/17.

As described above, further input from Health Boards and Trusts has been requested in response to the WHSSC Commissioning Intentions on opportunities for making savings and avoiding costs within Specialised Services.

3.6 Timeframes

When integrated with the WHSSC governance processes, the indicative timelines for the development and submission of the ICP is as outlined below and visually in Annex 2.

November 2017

- 6th November-23rd November – Individual meetings with Health Boards
- 23rd November – All Wales Winter Planning Event
- 30th November – Prioritisation Panel meeting

December 2017

- 4th December – Presentation of skeleton Draft ICP v0.1 for Clinical Directors Group Board for comment
- 14th December – Joint Prioritisation of schemes event – Management Group and Clinical Impact Assessment Group (CIAG)
- 31st December – Welsh Government provide Health Boards and Trusts of details of financial allocation for 2018-21

January 2018

- 8th January – Submission of Draft ICP to Clinical Directors Group Board for comments
- 25th January – Submission of Draft ICP to Management Group for comment
- 29th January – Submission of Draft ICP to Joint Committee for approval
- 31st January – Submission of Draft ICP to Welsh Government

February 2018

- 28th February – Welsh Government feedback on January submission

March 2018

- 22nd March – Submission of Final ICP to Management Group for comment
- 27th March – Submission of Final ICP to Joint Committee for approval
- 30th March – Submission of Final ICP to Welsh Government

June 2018

- 30th June – Approval letters issued by Welsh Government

4 Recommendations

Members are asked to:

- **Note:** the development work undertaken to date for the WHSSC Integrated Commissioning Plan 2018-21; and
- **Note:** the timeline for the development and submission of the Plan.

5 Annexes and Appendices

Annex 1. WHSSC Strategic Commissioning Intentions 2018/19

Link to Healthcare Objectives		
Strategic Objective(s)	Development of the Plan Implementation of the Plan	
Link to Integrated Commissioning Plan	This paper sets out how the WHSSC 2018-21 ICP is being developed.	
Health and Care Standards	Governance, Leadership and Accountability Staff and Resourcing Timely Care	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Quality, Safety and Patient Experience are identified in WHSSC's Strategic Commissioning Intentions which underpin the development of the ICP.	
Resources Implications	A financial framework is in place to support the development of the ICP.	
Risk and Assurance	The WHSSC ICP development process is supported by an agreed risk and assurance process – Risk Management Framework (RMF). All individual schemes undergo scrutiny for risk and assurance.	
Evidence Base	Evidence evaluation is central to the WHSSC ICP development process.	
Equality and Diversity	EQUIA are completed where required for schemes considered in the WHSSC ICP development process.	
Population Health	WHSSC ICP process takes account of impact of schemes on population health.	
Legal Implications	There are no known legal implications with the content of this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	06/11/2017	Approved for Management Group
Management Group	16/11/2017	Noted

Annex 1. WHSSC STRATEGIC COMMISSIONING INTENTIONS 2018/19

Aim

These Intentions provide notice to Health Boards and NHS Wales Trusts about the changes and planned developments in the commissioning and delivery of specialised services.

The ICP is structured to support the purpose of the Welsh Health Specialised Services Committee (WHSSC), which is:

“on behalf of the seven Health Boards; to ensure equitable access to
Safe,

Quality and Outcomes Framework - WHSSC will implement the Quality and Outcomes Framework for Specialised Services agreed by Joint Committee supported by the Quality Team which is in the process of being recruited to.

Patient Experience - Patient experience will be captured using a variety of methods – Audit Days, Patient experience surveys, Stakeholder meetings. This will require close working with Health Boards and Trusts and development of relations with Third Sector and other patient focused organisations.

Clinical Risk - WHSSC will work with Health Boards to review their corporate risk registers in order to develop plans to address any clinical risks that have been identified, both within the services that they provide, or that their resident population access from another provider.

Sustainable,

Responsive to Government legislation and new developments in Healthcare – WHSSC will be responsive to legislation such as The Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing Future Generations Act (Wales) 2015 by working with all stakeholders to ensure that each of the five sustainable development principles – long term thinking, prevention, involvement, collaboration and integration, are reflected in all of the services that it commissions on behalf of Health Boards.

WHSSC will need to be aware and take account of the impact that new developments in the way Healthcare is delivered such as through the introduction of Major Trauma Centres, Units and Networks will have on existing specialised services.

Demand and Capacity - WHSSC will expect Health Boards and Trusts to have appropriate referral pathways in place including primary and secondary care provision, in order to ensure that all referrals into specialised services are managed in accordance with the agreed pathways of care. This will include effective repatriation of non specialist activity to secondary and primary care facilities and working with providers to reduce unnecessary referrals to specialised services through providing pre referral advice and where appropriate, non medical interventions such as physiotherapy as a pre-requisite for listing for surgery.

Where clinically appropriate and cost effective, WHSSC will work closely with Welsh providers to identify and develop plans for activity that can be repatriated back into Welsh

services.

Service Risk – WHSSC will work with Health Boards to develop plans to address risks identified by Health Boards relating to the sustainability of specialized services.

and **Effective** specialised services for the people of Wales, as close to patients' home as possible, within available resources."

Value Based Commissioning – WHSSC will work with Health Boards and Trusts to identify and secure improved value, increased efficiencies and opportunities.

Evidence Based Commissioning - WHSSC will consider all proposals for new developments on the basis of the available evidence for clinical and cost-effectiveness.

Clinical Innovation - WHSSC will work closely with Welsh and NHS England providers to review the potential for implementing clinical innovation where it is evidence-based and cost-effective.

Delivery of Tier 1 Targets – Most notably in regard to the Referral to Treatment and Cancer Delivery targets, WHSSC will work with providers on plans to meet and sustain the agreed Delivery Measures and National Priorities. This will include implementation of the recently developed Performance Escalation process which has a series of steps to address specialties which are failing to achieve Tier 1 targets whilst underperforming against the contracted baseline.

Managing within Resources - WHSSC has a duty on behalf of NHS Wales to utilise its allocated resources effectively and efficiently and to manage specialised services within the resources agreed by NHS Wales.

Providers will be expected to ensure that any local cost improvement plans for specialised services are clearly identified, and confirm that plans will have no adverse impact on the quality or performance of the service.

Referral Management system – Implementation of the WHSSC referral system which clearly sets out the WHSSC commissioned services and IPFR/Gate-keeping arrangements for access to treatments which fall outside of the Referral Management system.

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		Agenda Item	8
Meeting Title	Joint Committee	Meeting Date	28/11/2017
Report Title	Wales Neonatal Network – Standards 3 rd Edition update		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an overview of the Health Boards baseline assessment against the Wales Neonatal Standards 3 rd Edition 2017, as requested in the March meeting of the Joint Committee. The paper will also seek clarity on the approval process for these Standards.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	06/11/2017
		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the outcome of the Health Board baseline assessments • Support the proposal for the Collaborative Leadership Forum to consider the standards and advise on the process for approval • Note that Welsh Government will hold Health Boards to account against the revised Standards following their launch by the Network • Support the proposal for WHSSC to work with Regional Planning Boards to develop a fully integrated plan for neonatal cots across South Wales. 		

Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
	✓			✓			✓	

1.0 Situation

The Joint Committee discussed the revised Neonatal Standards 3rd edition in their March meeting and advised that a baseline self assessment of current service be undertaken by the neonatal network in order to determine gaps against standards.

At the same meeting the committee advised that following the self assessment, the Standards should be referred to Welsh Government for formal approval and launch. The baseline self assessment was undertaken over the course of the summer, and presented to the Neonatal Steering Group in September.

The Welsh Government representative at the Steering Group meeting advised that Welsh Government would not approve the Standards, but would hold the Health Boards to account in line the Standards following their launch by the Network.

2.0 Background

The All Wales Neonatal Standards were first published in 2008 as part of a series of standards for specialised services for children and young people in Wales.

These standards were based on recommendations from a number of reviews and on best practice principles published by the British Association of Perinatal Medicine (BAPM).

The standards were updated in 2013, using these same principles. In the third edition the Network aims to continue to build on previous standards to improve services for babies and their families across Wales, incorporating the increasingly important role of the Neonatal Network and the Units working collaboratively in order to share the knowledge and skills required, to promote continuous service improvement, the Network has built upon previous standards, and used the most up to date evidence and best practice guidelines to make them clinically and operationally relevant.

3.0 Assessment

Following the recommendation of the Joint Committee the Network requested a self assessment against the standards. The assessment asked the following:

- How does your current service compare with the standard?
- How would rate your service based on certain criteria of Red (non-compliant), amber (partially compliant with a plan in place to achieve within 12 months) or green (compliant with standard).
- What evidence do you have to support this?
- How is the standards prioritised for service improvement?
- What is your target timescale for achieving the standard?

Each response was analysed to determine the key themes where either the standard is not met, or significant improvement is required in order to meet the standard. Whilst the quality of response was variable across individual Health Boards and Units, the Network was able to identify where services fell short of the required standard.

The self assessment revealed that units across Wales have continued to make progress, and were able to evidence compliance with the majority of standards (annex i). Where compliance could not be evidenced or was indicated as a red or amber rating by the Health Boards the Network grouped them into common themes. The key areas of non compliance are:

- Psychological support for parents and staff
- Transitional care – although most units indicate a plan to deliver transitional care in the future
- Medical staffing – dedicated sessions in job plans for Consultant leads, recruitment and retention at all tiers and compliance with Neonatal Life Support (NLS) training
- Nurse staffing – including an uplift agreement of 27% to cover sickness and maternity leave (not all units), Qualified in Specialty (QIS), recruitment and retention of staff
- Funded Allied Healthcare Professional dedicated to Neonatal Services – Speech and language, Occupational Therapy, Physiotherapy
- Cross unit working for both medical and nursing staff to maintain skills
- Understanding reasons for term admissions (although areas of good practice identified)
- Data entry for compliance with National Neonatal Audit and other National and International Audits

These have previously been identified as areas of non compliance in the previous standards.

In response the Neonatal Network is establishing a work programme to facilitate a more collaborative approach to service improvement against Standards and the Neonatal National Audit Programme (NNAP). However there are clearly gaps in service delivery that will require investment or service reconfiguration on a larger scale at Health Board level.

In addition to the areas listed above, there are two further areas of non compliance which relate to WHSSC:

Neonatal Transport

Access to 24 hour neonatal transport in South Wales - this is scheduled for inclusion on the ICP risk management framework and will be considered as part of the development of the 2018-21 ICP.

It is essential, however, that the provision of neonatal transport is considered in the context of the wider neonatal service model.

Determining the best model for neonatal transport for the future, requires a measured approach, taking into account that:

- A preponderance of evidence supports the association of high volume activity with better outcome with respect to a variety of conditions and procedures. Consideration therefore needs to be given to how a service with sufficiently high level of activity, to reach excellence could be developed.
- A discussion on team configuration and new professional roles are needed.

WHSSC is committed to working with all relevant stakeholders in exploring the options, and taking forward the implementation of an agreed model. This is currently being examined by the WHSSC team alongside an examination of the existing funding and governance arrangements.

Cot Occupancy

Cot occupancy over BAPM recommendations in NICUs – Concern was expressed on the service and capacity issues within South Wales neonatal services at the Neonatal Steering Group meeting in September, and in particular the absence of a supra-regional plan for the services. For example, as part of the 2017-20 ICP, WHSSC received proposals from ABMU and C&VU for additional NICU, HDU, and SCBU cots; however it was clear that the two proposals were not linked, and did not take account of the wider supra-regional impact on neonatal cots across South Wales. The absence of supra-regional planning was also raised at the Directors of Planning Peer Group meeting in October, and it was suggested that this should be devolved to WHSSC. It is therefore recommended that WHSSC works closely with the newly established Regional Planning Boards in order to ensure that there is a fully integrated plan for neonatal cots across South Wales.

4.0 Recommendations

The revised Wales Neonatal Standards (3rd edition) bring together in a single document the best evidence base available for Neonatal services, to ensure the best possible outcomes for sick and premature babies in Wales.

The baseline assessment identified that whilst services are compliant on many of the Standards, there are still significant areas of concern that need to be addressed at Health Board, regional and supraregional levels. As advised by Welsh Government, the Network will continue to monitor unit compliance against the Standards and provide the facilitated support to encourage collaborative improvement. In view of the fact that the governance of the network will be transferring to NHS Wales Health Collaborative on the 1st January, it is recommended Collaborative Leadership Forum consider the standards and advise on the process for approval.

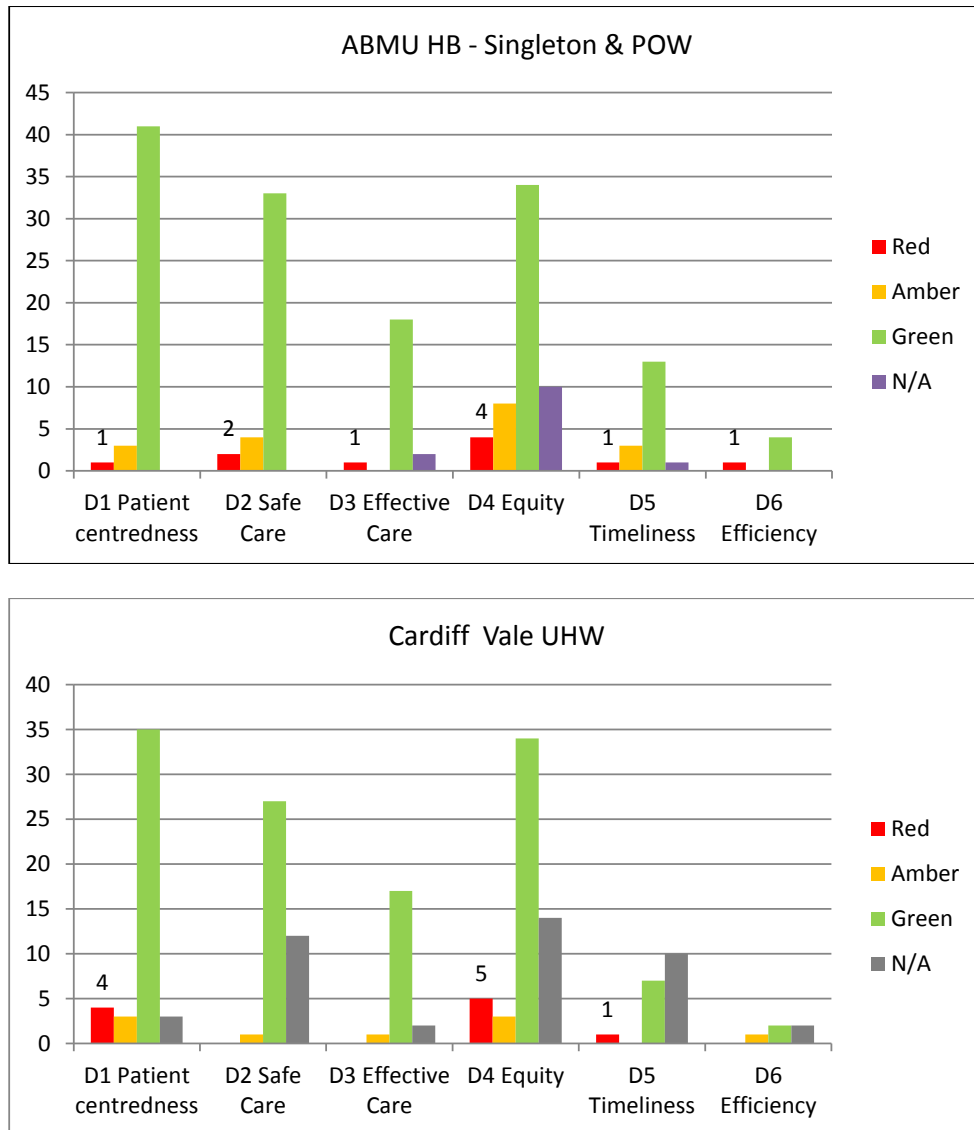
In the absence of supra-regional planning of neonatal capacity across South Wales, it is recommended that WHSSC works closely with the newly established Regional Planning Boards in order to ensure that there is a fully integrated plan for neonatal cots across South Wales. This plan will need to include agreed admission and discharge criteria for all units across the network, along with agreed discharge pathways, which link with the relevant paediatric services.

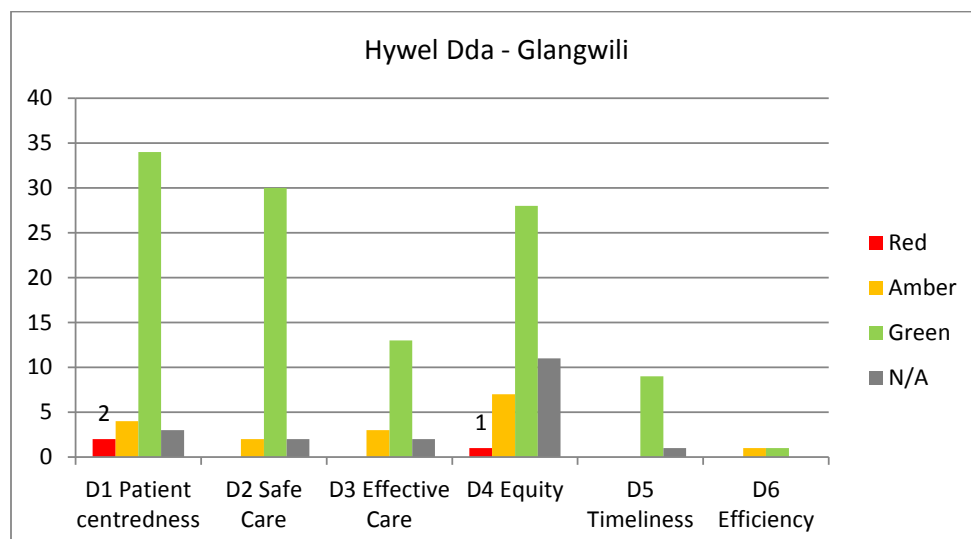
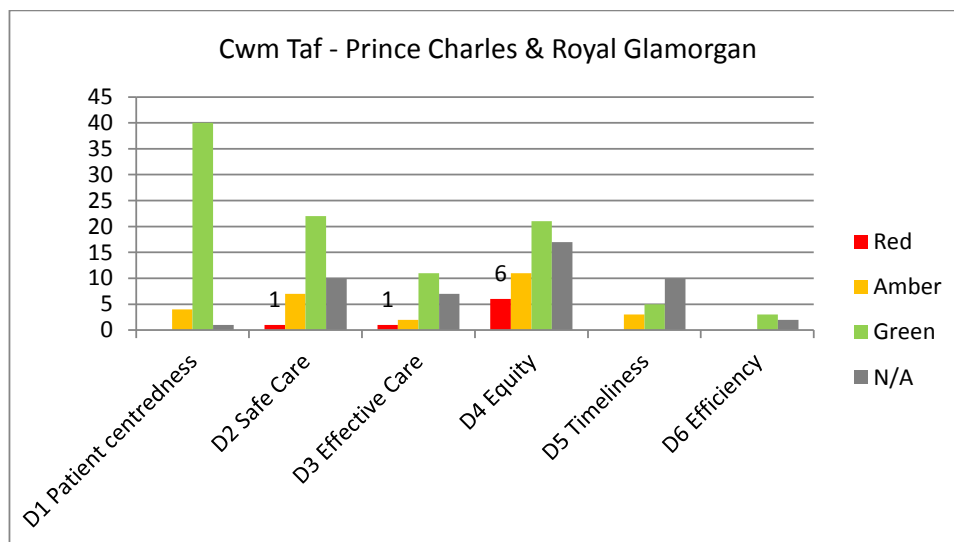
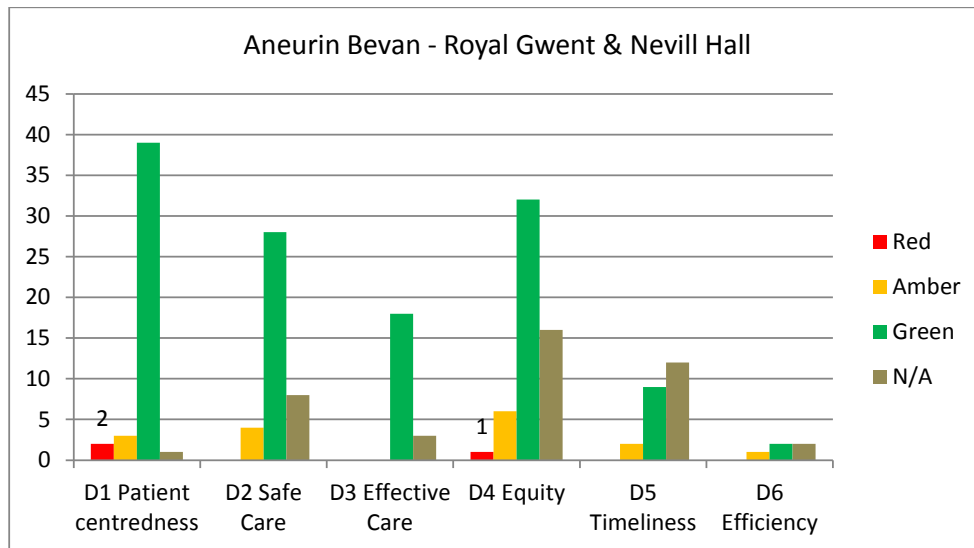
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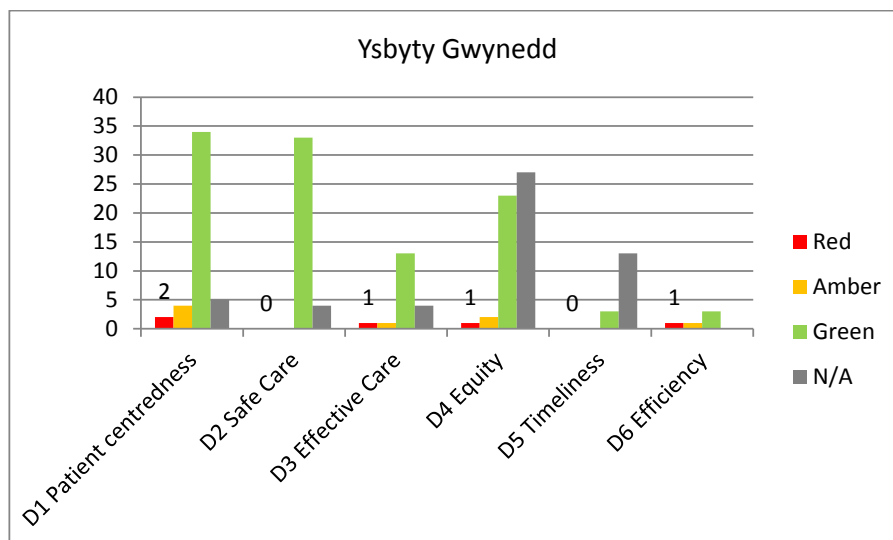
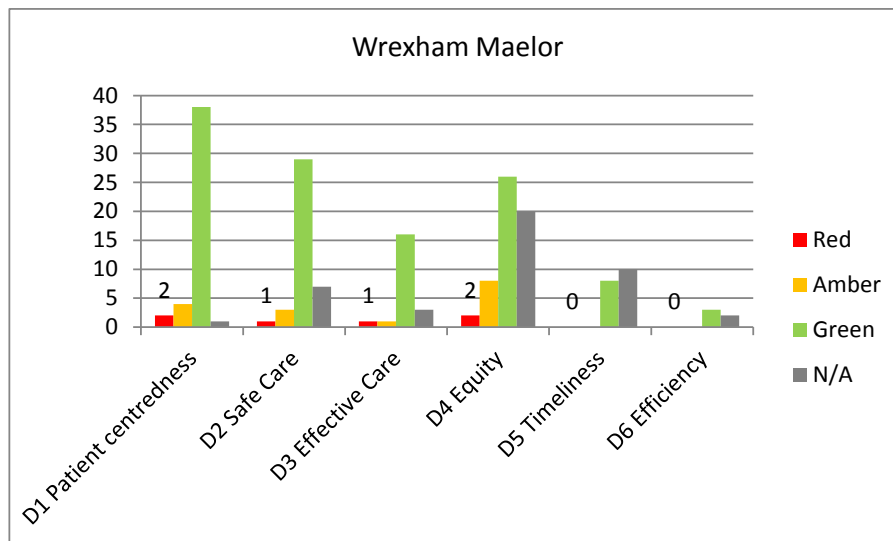
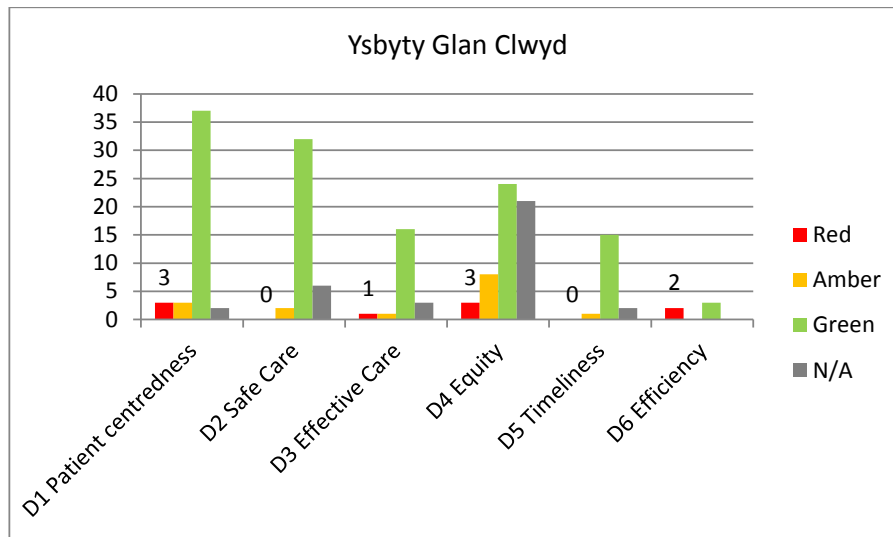
- **Note** the outcome of the Health Board baseline assessments;
- **Support** the proposal for the Collaborative Leadership Forum to consider the standards and advise on the process for approval;
- **Note** that Welsh Government will hold Health Boards to account against the revised Standards; and
- **Support** the proposal for WHSSC to work with Regional Planning Boards to develop a fully integrated plan for neonatal cots across South Wales.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	Not applicable	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations	
Organisational Implications		
Quality, Safety & Patient Experience	Delivery of high quality, safe and effective care is fundamental to neonatal services	
Resources Implications	The initial baseline self assessment by units will identify any resource implications for Health Boards	
Risk and Assurance	Not applicable	
Evidence Base	The standards are based on current evidence and best practice	
Equality and Diversity	The standards consider all aspects of equality and diversity	
Population Health	Taken into consideration	
Legal Implications	None known	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	06/11/2017	Supported for presentation at Joint Committee

Annex i - Health Board compliance with 3rd edition All Wales Neonatal Standards









		Agenda Item	9
Meeting Title	Joint Committee	Meeting Date	28/11/2017
Report Title	September 2017 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	Public

Purpose	The attached report provides members with a summary of the performance of specialised services commissioned through WHSSC for September 2017 and details the action being undertaken to address areas of non-compliance.			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Management Group	Meeting Date	16/11/2017
		Meeting Date	

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note current performance and the action being undertaken to address areas of non-compliance. 		
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓			✓	
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
	✓			✓				✓

WHSSC Integrated Performance Report

September 2017

WHSSC

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SEPTEMBER 2017 WHSSC PERFORMANCE REPORT

1.0 Situation

The purpose of this report is to provide an overview on the performance of providers for services commissioned by WHSSC for the period September 2017.

2.0 Structure of report

PROVIDER PERFORMANCE

Section 1 Provider Dashboard

The report includes an integrated provider dashboard which provides an assessment of the overall progress trend across each of the four domains, and the areas in which there has been either an improvement in performance, sustained performance or a decline in performance.

The dashboard has the following domains:

- Indicator Reference
- Provider – In section 2 aggregate data is used from all providers, in sections 4 onwards, is the exception report providing further detail on services that are not meeting target
- Measure – the performance measure that the organisation is being assessed against
- Target – the performance target that the organisation must achieve
- Tolerance levels – These range from Red to Green, depending on whether the performance is being achieved, and if not the level of variance between the actual and target performance
- Month Trend Data – this includes an indicator light (in line with the tolerance levels) and the numeric level
- Latest Movement – this shows movement from the previous month

Section 2 Individual Service Sheets

Further detail for each service is provided on an individual sheet and covers current performance against RTT that includes a three month trend, a summary of key issues and details the action being undertaken to address areas of non-compliance.

3.0 PROVIDER PERFORMANCE

3.1. Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure	Tolerance Levels			Provider	Jul-17	Aug-17	Sep-17	Latest Status	Latest Trend
				Red	Amber	Green						
Quality	Serious Incidents	S01	Qrtly Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%		50%				↑
Cardiac	Cardiac Surgery	E01	Mthly RTT < 36 weeks	<100%	N/A	100%	All	92%	94%	97%		↑
Cancer & Blood	Thoracic Surgery	E02	Mthly RTT < 36 weeks	<100%	N/A	100%	All	97%	98%	100%		↑
	Lung Cancer	E02D	Mthly Urgent Lung resection < 62 days	>0	N/A	0	All	95%	95%	-		↓
		E02E	Mthly Non-Urgent Lung resection < 31 days	>0	N/A	0	All	95%	0	4		↑
	Bariatric Surgery	E03	Mthly RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	100%		→
	Cancer patients - PET scans	E04	Mthly Cancer patients to receive a PET scan < 10 days from referral	<90% within 10 days	90-95% within 10 days	=,>95% within 10 days	All	99%	98%	98%		→
	Plastic Surgery	E05	Mthly RTT < 36 weeks	<100%	N/A	100%	All	96%	95%	95%		→
Neuro	Neurosurgery	E06	Mthly RTT < 36 weeks	<100%	N/A	100%	All	84%	88%	85%		↓
	Adult Posture & Mobility	E07	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	86%	85%	85%		→
	Paediatric Posture & Mobility	E08	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	96%	95%	95%		→
Mental Health	CAMHS	E09	Mthly OOA placements	>16	>14, <16	=,<14	All	17	14	14		→
		E09i	Mthly NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	78%	69%	69%		↑
		E09ii	Mthly NHS Home Leave	<20%, >40%	<25%, >35%	25%-35%	All	39%	34%	39%		↑
	Adult Medium Secure	E10	Mthly NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	99%	87%	84%		↓
Women & Children	Paediatric Surgery	E11	Mthly RTT < 36 weeks	<100%	N/A	100%	All	92%	92%	97%		↑
	IVF	E12	Mthly IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	100%	100%	100%		→
		E12i	Mthly IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	40%	32%	43%		↑
		E12ii	Mthly IVF patients accepted for 2nd cycle waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	57%	60%	55%		↓

Please note there is a time lag for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government

3.2.1 Provider Performance Summary

The trend for performance for all provider services has largely remained unchanged across the first 2 quarters of 2017/2018. Of the 19 provider service targets that were monitored by WHSSC, 12 remain in breach at end of September 2017; however 8 services have improved from August, 7 services have seen no change in performance, and 4 have seen deterioration.

The table below shows the current services that WHSSC has placed at Stage 2 and above of the escalation process. Although the Bariatric Surgery service remains at a static position at Stage 4, the services for Neurosurgery, CAMHS and Paediatric Surgery services are at Stage 3 which require Commissioning Quality Visits as part of the WHSSC escalation process.

A visit has already taken place with the CAMHS service provider resulting in an agreed action plan where significant improvements are now expected. The next visit scheduled will be to the Paediatric Surgery service provider and is planned for December 2017 with the Neurosurgery Service visit likely to take place in January 2018.

3.2.2 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
Cardiac Surgery	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	→
Thoracic Surgery	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	→
Bariatric Surgery	4	Static position whilst discussions continue with ABMUHB.	→
Plastic Surgery	2	Monthly performance meetings continue with ABMUHB	→
Neurosurgery	3	Monthly performance meetings continue with C&VUHB	↓
Adult Posture & Mobility	2	Quarterly meetings occur with all three providers but discussions have taken place separately with North Wales regarding their worsening position.	↓
CAMHS	3	An action plan has been developed with BCUHB and significant improvements to workforce issues are expected by end of September.	→
Paediatric Surgery	3	A Commissioning Visit is in the process of being organised.	↑

3.3 Key Issues for September 2017

Cardiac

There continues to be breaches of the 36 weeks maximum waiting times target for cardiac surgery patients at ABMUHB and Liverpool. C&VUHB have achieved a 0 breach position.

Cancer & Blood

Thoracic surgery: Due to the improved waiting times position in ABMUHB over the last 6 months, it has been agreed with ABMUHB and HDUHB that the referral pathway to University Hospital North Midlands (UHNM) is stepped down. However, it is recognised that there are risks to the sustainability of the position and that the pathway to UHNM may need to be re-established.

Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB. Pathway workshops with each Health Board are currently in progress with further workshops continuing in October and November 2017. The final clinical summit meeting is planned to take place in early 2018.

Bariatric surgery

The bariatric surgery service at ABMUHB is at escalation level 4. WHSSC's intention is to tender for the future provision of the service. However, following a significant improvement in performance in recent months, WHSSC has temporarily paused the tender while a process is implemented to assess the ABMUHB service against the service specification and delivery requirements, with a view to potential de-escalation, provided the service can demonstrate to the Joint Committee the ability to meet the requirements and standards set by WHSSC.

Neurological & Chronic Conditions

Neuro-Radiology: In the continued absence of a service in Cardiff during September, non elective patients were treated in NHS England. As the patients awaiting elective Interventional Neuro-Radiology procedures reside on the Neurosurgery waiting list, the lack of service is having a slight impact on the over 36 week waiting list volumes. The new consultant interventional neuroradiologist started at the beginning of October, and therefore the number of non elective patients referred to NHS England is likely to decrease in the October report.

Neurosurgery: The number of patients waiting over 36 and 52 weeks has decreased in both cohorts between August and September, despite the number of cancellations half of which were due to emergencies slightly increasing.

CAMHS

CAMHS Out of Area (OoA) performance is starting to improve as the North Wales unit starts to increase capacity towards the commissioned level. The increase in OoA placements was linked directly to reduced capacity in the North Wales unit due to severe staff shortages. The position has now stabilised and the number of OoA placements has fallen from 17 in July to 14 in September.

The issue has been raised with BCUHB and a meeting has been arranged in August as part of the Level 3 escalation process. An action plan has been developed with BCUHB and significant improvements to workforce issues are expected by end of September.

Women & Children

Paediatric Surgery: The Health Board achieved their target of zero 52 week breach patients at end of September and halved the number of patients waiting over 36 weeks. Due to both quality and performance issues with the Paediatric Surgery, a Commissioning Quality Visit is still planned and in the process of being arranged.

IVF

The Hewitt Fertility Centre in Liverpool have no reported waiting list, however activity has been higher than anticipated leading to capacity constraints within the funding available. Discussions are underway to identify the funding required to maintain the service, balanced with the significant waiting times reported in Shrewsbury for which further information has also been requested. It is believed that there are a number of patients currently showing as long waiters on the Shrewsbury who should not be listed for treatment i.e. those awaiting donor egg

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan	
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Not applicable	
Institute for HealthCare Improvement Triple Aim	Not applicable	
Organisational Implications		
Quality, Safety & Patient Experience	The report will monitor quality, safety and patient experience.	
Resources Implications	There are no resource implications at this point	
Risk and Assurance	There are no known risks associated with the proposed framework There are reputational risks to non-delivery of the RTT standards.	
Evidence Base	Not applicable	
Equality and Diversity	The proposal will ensure that data is available in order to identify any equality and diversity issues.	
Population Health	The core objective of the report is to improve population heath through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	16/11/2017	Noted



		Agenda Item	10
Meeting Title	Joint Committee	Meeting Date	28/11/2017
Report Title	Financial Performance Report – Month 7 2017/18		
Author (Job title)	Finance Manager – MH, DRC, IPFR & MM		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the 7th month of 2017/18.</p> <p>There remains material uncertainty regarding the risk of HRG4+ price increases proposed by NHS England providers and their applicability to Wales.</p> <p>The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.</p>			
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RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Management Group	Meeting Date	16/11/2017
		Meeting Date	

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the current financial position and forecast year-end position; and • Note the residual risks for the year including the HRG4+ risk.
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Considerations within the report (tick as appropriate)

Strategic Objective(s)	YES	NO	Link to Integrated Commissioning Plan	YES	NO	Health and Care Standards	YES	NO
	✓			✓				✓
Principles of Prudent Healthcare	YES	NO	Institute for HealthCare Improvement 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
		✓			✓			✓

1.0 Situation

- 1.1 The purpose of this report is to provide the current financial position of WHSSC together with outturn forecasts for the financial year.

2.0 Background

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017.

There remains material uncertainty regarding the risk of HRG4+ price increases proposed and reported by NHS England providers and their applicability to Wales. The reporting methodology used by WHSSC has been discussed and it has been agreed with Welsh Government finance officials to continue for month 8 pending progress on further formal discussions with NHS England. For NHS England providers the year to date position includes all volume and HRG4+ costs for reference purposes. In line with methodology agreed by the Joint Committee in previous months the forecast outturn for 2017/18 has been amended to strip out the HRG4+ price increases which remain the subject of dispute. The full year outturn HRG4+ risk is disclosed in full in the risk section of the report and accompanying financial schedules submitted to Health Boards. A meeting with all parties has been scheduled for 22nd November 2017. An update from this meeting will be made available to members.

3.0 Assessment

- 3.1 The financial position reported at Month 7 for WHSSC is an underspend to year-end of £259k.

A small deterioration in the year end position of £25k includes several large compensating movements, including deterioration on the Cardiff & Vale contract and NHS England, netted against a further release of 16/17 Reserves relating to accruals against NHS England.

- 3.2 Appendix A contains a full report of the Income and Expenditure values which make up this total, with further detail and explanations.

4.0 Recommendations

- 4.1 Members of the appropriate Group/Committee are requested to:
- **Note** the current financial position and forecast year-end position; and
 - **Note** the residual risks for the year including the HRG4+ risk.

5.0 Appendices / Annex

- 5.1 Appendix A – full report of the details behind the reported financial position.
This includes:
- WHSSC Expected Expenditure breakdown across LHB's/budget headings.
This reconciles to the total reported to WG.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan	
Link to Integrated Commissioning Plan	This document reports on the ongoing financial performance against the agreed IMTP	
Health and Care Standards	Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	Not applicable	
Resources Implications	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base	Reported performance is based on reported financial and activity schedules underpinned by contracting information and communications from provider organisations.	
Equality and Diversity	There is a greater financial risk exposure to the populations of North Wales and Powys from contractual relationships with NHS England providers. However, there is a lower service sustainability risk exposure in these areas from access to services which are typically have larger critical mass serving larger populations.	
Population Health	Not applicable	
Legal Implications	Not applicable	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	16/11/2017	Noted

Finance Performance Report – Month 7

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 7th month of 2017/18 together with any corrective action required.

The narrative of this report excludes the detailed financial position for EASC, which includes the WAST contracts, the EASC team costs and the QAT team costs, and have a separate Finance Report. For information purposes only, the consolidated position is summarised in the table below.

Table 1 - WHSSC / EASC split

	Annual Budget	Budgeted to Date	Actual to Date	Variance to Date	Movement in Var to date	Current EOYF	Movement in EOYF position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
WHSSC	557,106	324,979	325,715	737	(1,186)	(259)	25
Sub-total WHSSC	557,106	324,979	325,715	737	(1,186)	(259)	25
WAST	139,479	81,363	81,363	0	0	0	0
EASC team costs	390	228	242	14	0	42	0
QAT team costs	672	392	406	14	0	42	0
Sub-total WAST / EASC / QAT	140,541	81,982	82,010	28	0	83	0
Total as per Risk-share tables	697,647	406,961	407,726	765	(1,186)	(176)	25

Please note that as LHB's cover any WHSSC variances, any over/under spends are adjusted back out to LHB's. Therefore, although this document reports on the effective position to date, this value is actually reported through the LHB monthly positions, and the WHSSC position as reported to WG is a nil variance.

2. Background / Introduction

The financial position is reported against the 2017/18 baselines following provisional approval of the 2017/18 Technical Plan by the Joint Committee in March 2017. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The overall financial position at Month 7 is an overspend of £737k to date, with a forecast year-end underspend of £259k.

The majority of NHS England is reported in line with the previous month's activity returns (Month 6). WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and 2016/17 Pbr rules, and declines payment for activity that is not compliant with the business rules related to out of

time activity. WHSSC does not pay CQUIN payments for the majority of the English activity.

The inherent increased demand led-financial risk exposure from contracting with the English system remains but it is planned that this will have been partially mitigated in 2017/18 as financial baselines have been uplifted based on historic activity. Reported variances are currently in line with this intention.

3. Governance & Contracting

All budgets have been updated to reflect the 2017/18 approved IMTP, including the full year effects of 2016/17 Developments. The IMTP sets the baseline for all the 2017/18 contract values. This has been translated into the new 2017/18 contract documents.

Distribution of the reported position has been shown using the 2016/17 risk shares based on 2015/16 outturn utilisation, and work is ongoing to move these to the 2016/17 outturn utilisation. The Finance Working Group has worked on validating prospective changes to the risk-sharing process, and ongoing updates are being shared with Management Group and Joint Committee regularly. Until there is formal agreement between Health Boards to progress with the new risk sharing process the current system remains in operation.

4. Actual Year To Date and Forecast Over/(Underspend) (summary)

Table 2 - Expenditure variance analysis

Financial Summary (see Risk-sharing tables for further details)	Annual Budget £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	187,484	109,365	110,321	955	493	285	(330)
Abertawe Bro Morgannwg Univ Health Board	95,761	55,861	56,227	367	451	732	745
Cwm Taf University Health Board	7,452	4,347	4,385	38	43	93	95
Aneurin Bevan Health Board	8,833	5,153	4,980	(172)	(132)	(172)	(132)
Hywel Dda Health Board	1,486	867	1,093	226	194	226	194
Betsi Cadwaladr Univ Health Board Provider	38,137	22,247	22,172	(74)	4	(118)	(102)
Velindre NHS Trust	38,421	22,412	22,368	(44)	(49)	(82)	(99)
Sub-total NHS Wales	377,575	220,252	221,547	1,295	1,004	964	372
Non Welsh SLAs	95,774	55,868	60,344	4,476	3,785	3,669	2,401
IPFR	28,458	16,601	16,729	128	153	751	800
IVF	4,375	2,552	2,767	215	219	0	0
Mental Health	32,718	19,085	17,899	(1,187)	(765)	(2,180)	(1,789)
Renal	5,192	3,029	2,889	(139)	(19)	58	370
Prior Year developments	6,035	3,521	3,255	(265)	233	(102)	393
2016/17 Plan Developments	3,395	1,980	1,491	(490)	(450)	(315)	(788)
Direct Running Costs	3,584	2,091	1,837	(254)	(236)	(62)	(45)
Reserves Releases 2016/17	0	0	(3,042)	(3,042)	(2,000)	(3,042)	(2,000)
Total Expenditure	557,106	324,979	325,715	737	1,923	(259)	(284)

The reported position is based on the following:

- NHS Wales activity – based on Month 6 data or Annual Plan values if deemed to vary from the 2016/17 outturn.
- NHS England activity – Month 6 data in most cases. Most final 2016/17 returns have now been received, and work is coming to an end regarding the final performances against the 2016/17 Balance Sheet Reserves.
- IVF – one NHS Wales contract, with some NHS England activity and IPFR approvals. Except for the NHS Wales contract, the other budget lines have been reported as break-even for year-end pending more activity data.
- IPFR – based on approved Funding Requests; reporting dates based on usual lead times for the various treatments, with unclaimed funding being released after 36 weeks.
- Renal – a variety of bases; please refer to the risk-sharing tab for Renal for more details on the various budgets and providers.
- Mental Health – live patient data as at the end of the month, plus current funding approvals. This excludes High Secure, where the 2 contracts are calculated using previous years occupancy.
- Developments – variety of bases, including agreed phasing of funding. Financial impacts of approved funding releases are currently accounted for in the forecasts.

** Please note that Income is collected from LHB's in equal 12ths, therefore there is usually an excess budget in Months 1-11 which relates to Developments funding in future months. To keep the Income and Expenditure position equal, the phasing adjustment is shown on a separate line for transparency and is accrued to date to avoid a technical underspend.

5. Financial position detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 6 data have been extrapolated to a total Month 7 position of £955k overspent, with a year-end forecast of £285k overspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Renal – the trend within the renal service continues to be underperformance in transplants is mirrored by an overperformance in the 3 dialysis areas. This month is no exception with the dialysis areas increasing their overperformance by £407k to £806k over spent year to date. This is partially offset by transplant underperformance increasing by £48k to £438k year to date. The year end forecast across for the 3 dialysis lines stands at £1m which is in line with the recommendation from the LHB. It should be noted that this large increase is due to a combination of better data recording and a large influx of invoices received from the satellite units. Currently C&V are challenging more than 600 sessions with the units so there is a risk of further fluctuation in the coming months.

- Cardiology – activity remains buoyant in this area (particularly with PCI and ICD procedures). The overperformance has increased in month 6 with the overspend now standing at £238k across all 5 sub-headings which is an increase of £105k over last months figures. This overperformance is a continuing trend (as it was last year) and the in month increase can be attributed in the most part to a new embedded process of intensive post op review and thus faster discharge of PCI patients. WHSSC is working with the programme team and the network to assess this area. Please note that budget for 16/17 planned recurrent overperformance has been moved to the Developments area whilst the policy is reviewed. The growth in activity for 17/18 is currently above these levels and the year end forecast is consistent with 16/17 outturn.
- Cardiac Surgery – low activity means the trend of underperformance remains in this area with the YTD underspend across the 3 sub headings increasing to £323k. This position is unlikely to improve as the service have confirmed that the number of cases “lost” year to date will not be recovered. Theatre team availability is still an issue and the year end forecast will worsen as AMBU referrals to Cardiff & Vale stopped at month 3. The year end forecast remains constant at £777k underspent. The potential need for a re-alignment of cardiac services priorities will be explored in the forthcoming IMTP cycle.
- Thoracic Surgery – the service has benefitted from the Cardiac Surgery underperformance as they take advantage of an increased number of theatre slots. YTD overperformance has increased to £74k and thus the full year forecast has been increased to £149k.
- TAVI – 4 patients received the procedure in month meaning the overspend now stands at £16k. The full year procedure forecast has now been revised and thus the financial position has been moved to break even from its predicted underspend. To note, the service have now acknowledged the need to use the prior approval process for the TAVI procedure and have advised this will now be followed.
- Spinal Implants – continued YTD overperformance in this area means the position now stands at £197k. This is a result of an increase in the price of long life products and consumable costs aswell as the casemix being very different to the baseline. Due to this trend, the full year forecast has been increased to £395k.
- ISAT – continued service disruption has meant the YTD position has deteriorated again this month and now stands at £207k underspent. This translates to a SL forecast position of £414k underspent.
- Spinal Injuries – the YTD trend continues to hover around break even and as such, the full year forecast has been moved to mirror this.

- Haemophillia – the reported YTD position has remained at an overspend with the figure now standing at £177k. This is now on a more stable footing as accurate data is once again being received from the service.
- BMT– volatility still remains within the year to date position here and has moved by £23k this month with the underspend position falling to £105k. The service has now submitted a revised forecast of 131 cases so the current forecasted year end forecasted position remains prudent. WHSSC is reviewing the business case investment to ensure appropriate use of resources in line with commissioning approvals.
- AICU – the YTD overspend has increased in month and now stands at £613k, driven by 2 long stay patients. The full year forecast is thus increased to £800k, which is partially offset by development funding. It should be noted that the LHB is undertaking a bedday analysis to ensure accuracy of YTD figures due to outsourcing.
- ALAS – the YTD position has not fallen away this month as expected and remains high at £268k overspent. The full year forecast remains at breakeven as the LHB are investigating the YTD figures with the service.
- Liver Cancer Development – the trend of underperformance continues and now stands at £117k. The service are simply not seeing the same patients volumes as previous years and thus the forecast has been moved to SL and stands at £234k underspent.

5.2 NHS Wales – ABM contract:

Various over and underspends from the Month 6 data have been extrapolated to a month 7 position of £367k overspent, with a year-end forecast of £732k overspent. These figures include the net effect of the development and savings funding available to the LHB. The position includes:

- Renal – a YTD position remains static this month at £120k overspent which is still driven by overperformance in hospital renal dialysis. Due to this slight slow down in performance, the full year forecast has been reducing accordingly to £240k.
- Cardiology – a slight slow down in the overperformance has been witnessed this month with the YTD position now standing at £125k, a £38k reduction compared to last month. This can be traced to a slowing down in defib procedures this month which translates into the full year forecast falling to £858k overspent in total which is offset by development funding. Risk still exists in this area around ablation RTT and emergency PTCA as HD capacity comes on line allowing Morriston to reduce it's backlog.

- Thoracic surgery – the year to date position has grown again this month by £41k and now stands at an overspend of £261k. This is a result of extra resections undertaken by the service but it is unlikely to be sustainable through the year and thus the full year forecast overperformance is reported at £400k.
- Bariatric surgery – the year to date position has reduced by £43k this month and now stands at an underperformance of £36k. A reduction in the waiting list has enabled a temporary redirection of General Surgical capacity – Singleton service will be back on line from October. The forecast remains at breakeven. WHSSC will take stock of the improved sustainability of delivery since WHSSC launched its intentions to tender this service.

5.3 NHS Wales – BCU contract:

There has been a further deterioration in the angioplasty position this month meaning the underperformance has grown to £134k. This trend is at odds with other LHBs and is being investigated by WHSSC. The same is also true for the ICD line as the overperformance has reduced this month to £28k and thus the full year forecast has been moved in line with this. Variation in performance within BCUHB may result in increased overperformance in the LHCH contract, reported elsewhere in this paper.

5.4 NHS Wales – Cwm Taf contract:

To note this month that CAMHS T4 has increased in month by £48k and this has been extrapolated to reach the full year forecast figure. There has been an increase in standard episodes in month. ICD expenditure has fallen back this month and now stands at £7k overspent and again this figure has been extrapolated to reach the full year forecast of £14k, a reduction of £74k over last months reported figure.

5.5 NHS Wales – Aneurin Bevan contract:

No material variances to report at this point in the year.

5.6 NHS Wales – Hywel Dda contract:

No material variances to report at this point in the year.

5.7 NHS Wales – Velindre contract:

The Velindre contract is forecasting £82k under performance in total. Overspends against adhoc NICE Cancer drugs are covered by a higher underspend on Melanoma pathway drugs.

5.8 NHS England contracts:

The English position has been reported using Month 6 monitoring returns in most cases. The additional costs relating to HRG 4+ have been reported in full in the year to date positions, but have been, in the main, excluded from the year-end forecasts with those providers that are overspending, as agreed in recent discussions with WG Finance colleagues. In the interests of prudence, where the extraction of HRG4+ price impact reduces reported positions to an underspend, these have been reported as breakeven. The position will be reviewed following a planned meeting with NHS England colleagues in late November.

Outturn forecast reporting method remains as agreed with Health Boards for 2016/17 which is to report on year to date levels and not extrapolate on a straight line base given the observed natural volatility of specialised services. The exception is that trends in high cost drugs overspend which are more predictable have been factored in.

The total overspend is to month 7 is £4,476k, which is a deterioration of £691k from Month 6. The year-end forecast has moved from £2,401k last month to £3,669k, a deterioration of £1,268k.

A high level detailed schedule was sent out with the M7 risk-share tables on working day 3, which broke down the HRG4+ effects by English provider.

The larger variances include:

- Alder Hey Children's:
Core contract – forecast overspend of £1,095k is only partly due to tariff; majority of cost is driven by two high cost Respiratory ECMO's including associated costs of £135k, a paediatric Nephrology patient of £128k, and long stay PICU/NICU/Critical care bed days for a small cohort of patients. The Trust has written to express concerns regarding increases in activity across its network including Wales. WHSSC have alerted BCUHB and are already working with BCUHB to identify any repatriation or demand management alternatives that can mitigate performance. Corrective action is required in this regard. Due to the level of overperformance in this contract, the provider's Director of Finance have requested a review of the marginal rates in favour of Wales to be brought in line consistent with their English commissioners. Whilst WHSSC dispute this, it may pose a risk to the position in future months.

Blood Factors – overspend of £191k to date due to one high cost patient.

- Imperial – forecast overspend of £469k; the activity in the contract is mainly non-Pbr which accounts for roughly 88% of the expenditure to date. Whilst HRG 4+ have been adjusted out in the forecast, to be prudent an estimate has been included for the drug growth for the remainder of 17/18.

- Liverpool Heart & Chest - the reported over performance of 929k to date which is mainly an HRG 4+ issue. A fully adjusted forecast for HRG4+ would take the contract to an underspend of circa £300k. In the context of the overall contract which is exposed to winter pressures, it is highly likely that activity will increase in the later part of the year and therefore have returned the forecast to break-even.
- Royal Brompton – The overspend on this contract is mainly due to activity, and not HRG 4+ issues as such to date there has been £38k less on Pbr/tariff activity in 2017/18 than in 2016/17. The cost of activity outside the national tariff is currently £734k higher than in 2016/17. Therefore whilst this contract has been adjust for HRG 4+, an additional value has also been included to take into account the non PBR overperformance. The year-end forecast includes 3 additional transplants above baseline due to the levels undertaken and transplant patients still on the list.
- University Hospital Bristol - the reported over performance of 541k to date relates to the HRG 4+ issue.

The PBR element of the contract has increased by £849k compared to last year, with the main area being congenital heart surgery. Please note that adjusting out the HRG 4+ issues leads to a break-even forecast on this contract at this point. However, this should be regarded with caution given the underlying trends in increased congenital heart activity and specialized oncology Therefore; the forecast has been returned to baseline.

- Walton Centre – overspend to date of £988k. Activity to M6 includes NICE drug overperformance of £324k; the remaining overperformance appears to be tariff driven. This has been adjusted out in the forecast position.

10

Detailed explanations and trends on all the English providers are noted on the appropriate tab of the financial Risk-sharing tables sent to all LHB's on the 3rd working day; please see them for any further details. Triangulation of alternative methods of forecasting informs the degree of risk at any time and are reviewed each month and are shared for transparency.

5.9 IPFR:

Various budgets totalling an overspend to year-end of £751k, an improvement of £50k. Please note that all forecasts are extrapolated from the to-date positions except the VAD and ECMO lines, where the underspend to date has been lower compared to 2016/17. As lower activity in the first few weeks of the year does not indicate this will continue for this small patient cohort, the assumption is that future months will mirror last year.

5.10 IVF:

An overspend of £215k has been reported against English and private providers, but break-even for year-end as activity is expected to the planned level for the year.

5.11 Mental Health:

Various budgets totalling an underspend to date of £1,187k and a year-end forecast underspend of £2,180k. This has been in part enabled by the effect of the £500k invested in the Case Management team, and illustrates the benefits of effective investment for both financial and quality (right care level, right time) reasons.

The MH budgets include:

- The High Secure contract with Ashworth has been finalised for 2017/18 as £10,656k, against the Annual Plan budget of £10,767k, leading to a small underspend for the year. The Rampton budget is also underspent due to NHS England continuing to pay for one Welsh DSPD patient this year in line historic agreements in this care category.
- Medium Secure has an underspend reported of £1,032k to date, based on current and expected patients. This area received growth funding in the Annual Plan and is currently expected to have a year-end underspend of £1,573k due to several discharges so far this year.

The new Case Management teams funded in 2016/17 are now progressing through their recruitment, and it was expected that the increased clinical support in this area would reduce patient numbers going forward as staff come into post. The investment of £500k has been more than saved in Medium Secure costs, with the added positive factor of patients receiving appropriate care.

Please note that DTOC recharges have been raised to date following the risk-share table submission for Month 7, and will show in the Month 8 tables. The appropriate LHB's have been emailed details for information. A risk has recently been raised by one health board of potential delays within the system for securing Ministry of Justice clearance for movements from medium to low security. WHSSC will be investigating this further as it could impair current favourable financial performance.

- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £242k to date and £359k year-end.
- The BCU CAMHS inpatient budget has an overspend of £441k to Month 7 due to high occupancy since April. However, following on from the escalation process, the actions outlined by the unit to increase nurse staffing and

return to funded capacity have started to take positive effect, with two additional discharges in October. The current year-end forecast position of £273k overspent has been amended to reflect that there are further discharges from out of area assumed as all are deemed appropriate.

5.12 Renal:

Regarding the devolved renal funding held by the WRCN, cross border services provided by NHS England continue to be lower than expected. Renal transplant services provided by the Royal Liverpool and Broadgreen Trust are continuing to be lower than predicted in their service delivery plan. Although the assumptions in their plan remain robust, the availability of suitable organs and donor matching has been lower than expected. Offsetting this reduced activity, 5 renal transplants have been undertaken by University Hospitals Birmingham and 4 have been undertaken by Central Manchester University Hospitals. For both Trusts this is an unprecedented level of activity and provides reassurance that access to transplant services is fully available to all Welsh patients. Meanwhile, cross border dialysis services are broadly balancing out across providers.

The WRCN is taking on board significant activity increases and associated cost pressures experienced by ABMU relating to the West Wales dialysis units and from Cardiff and Vale relating to the SE Wales units. A validation exercise has already been undertaken by ABMU and, as a result of this exercise, it is clear that the reported activity is accurate, valid and broadly in line with forecast growth predictions. A similar request for further information and analysis has been sent through to Cardiff and Vale and the WRCN is waiting for their response. Meanwhile the WRCN is covering this financial risk.

As with the Liverpool service, the number of transplants undertaken by the Cardiff transplant team since April is lower than predicted. However, data received by the service confirms that this is not having an adverse impact on waiting list numbers which remain stable and continue to be among the lowest in the UK.

The growth in the number of renal transplants received by Welsh residents in recent years is now putting pressure on the provider immunosuppression drugs budgets across Wales. At the moment, this cost pressure is being passed to the WRCN. The WRCN is actively working with service providers, pharmaceutical suppliers and NHS Wales Shared Services Procurement to ensure that best practice in drugs procurement is being applied across NHS Wales renal services.

5.13 Reserves:

Reserves from the 16/17 Balance Sheet have been analysed in detail, and an initial release of £2m was processed into the Month 5 position. This relates to IPFR, Development, IVF and Mental Health accruals from last year.

A further £1m was released in the Month 7 position, all related to NHS England accruals. Further work will be concluded regarding the Balance Sheet before next month with the aim of a final clearance – further details in risk section 8.

5.14 Developments:

There is a total of £9,430k funded developments in the 2017/18 position, £6,035k of which relates to developments from prior years for high cost drugs and new technology investments. The current year-end forecast position is £417k underspent, an improvement of £22k.

The assumptions in the performance provision have been maintained in the month 7 position, with planned performance spend offsetting LTA reported expenditure.

Of the new 2017/18 developments work is currently ongoing to correlate planned genetics scheme spend with funding from the genomic strategy. The £800k provision for dialysis growth has been reported as a full underspend offsetting the growth reported within the provider LTA lines.

5.15 Direct Running Costs (Staffing and non-pay):

The running cost budget is currently £254k underspent. This is due to the significant staffing vacancies the organisation is currently running with; some should be appointed to shortly.

Non-pay overspends include the Cwm Taf hosting fee. Netting off the non-pay forecast overspend with the staffing forecast underspend gives a current year-end forecast of £62k underspent.

Please note that the lease on the current Caerphilly office expires in March 2018, and new premises are being sourced. A provision for dilapidations was entered in the 2016/17 Annual Accounts for £96k which will mitigate much of this risk.

6. Financial position detail – by Commissioners

The financial arrangements for WHSSC do not allow WHSSC to either over or underspend, and thus any variance is distributed to LHB's based on a clearly defined risk sharing mechanism. The following table provides details of how the current variance is allocated and how the movements from last month impact on LHB's.

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M7	737	16	(178)	14	(881)	250	128	1,389
Variance M6	1,922	141	147	92	(763)	277	49	1,980
Movement	(1,185)	(125)	(325)	(78)	(118)	(28)	80	(591)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	ABM £'000	Cwm Taf £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M7	(259)	(3)	(322)	97	(836)	310	102	393
EOY forecast M6	(285)	(141)	(220)	44	(922)	252	(15)	717
EOY movement	26	138	(103)	53	86	58	117	(324)

Please note that as the risk-sharing is still based on last year-end shares, some of these positions may move once that is updated for the new year. Any movements will be reconciled.

Material reporting positions or movements include:

6.1 Cardiff & Vale LHB:

- Cardiff contract – overspend movements of £138k to date and £172k year-end. This includes movements across various areas.
- NHS England – overspend movements of £92k to date and £109k year-end forecast across various providers, mainly Guys & Royal Brompton.
- Additional Reserves release relating to 16/17 NHS England accruals - £179k

6.2 ABM LHB:

- ABM contract – underspend movements of £83k to date and £41k year-end, across various areas
- NHS England – overspend movements of £75k to date and £11k year-end across various providers, mainly Guys & Royal Brompton.
- Developments – movements of £109k underspent to date and £41k overspend year-end across various headings
- Additional Reserves release relating to 16/17 NHS England accruals - £134k

6.3 Cwm Taf LHB:

- Cardiff contract – overspend movements of £76k to date and £133k year-end across various headings, including Renal Dialysis and Spinal Implants/Injuries
- Cwm Taf contract – underspend movements of £59k to date and £100k year-end, primarily on ICD spend.
- NHS England – overspend movements of £71k to date and £95k year-end across various providers, mainly Guys & Royal Brompton.
- Additional Reserves release relating to 16/17 NHS England accruals - £81k

6.4 Aneurin Bevan LHB:

- Aneurin Bevan contract – underspend movements of £42k to date and £42k year-end, primarily on Neonatal Care spend.
- Cardiff contract – overspend movements of £237k to date and £289k year-end, primarily on TAVI's, Renal Dialysis and Spinal Implants.
- NHS England – overspend movements of £41k to date and £51k year-end across various providers, mainly Guys and Royal Brompton.
- Renal – underspend movements of £22k to date and £57k year-end across various headings.
- Additional Reserves release relating to 16/17 NHS England accruals - £214k

6.5 Hywel Dda LHB:

- NHS England – overspend movements of £61k to date and £79k year-end across various providers.
- Additional Reserves release relating to 16/17 NHS England accruals - £77k

6.6 Powys LHB:

- NHS England – overspend movements of £146k to date and £153k year-end forecast overspends across various providers, primarily North Staffordshire.

6.7 BCU LHB:

- BCU contract – underspend movement of £79k to date relating to Angioplasty and ICD spend.
- NHS England - £206k deterioration to date and £670k year-end deterioration across various providers. The largest movements include:
 - Alderhey - £51k overspend to date and £295k year-end
 - Christie – £70k underspend to date and year-end
 - Walton - £124k to date and £391k year-end overspends
 Please refer to the risk-share tables to see further details of the NHS England position.
- Renal – underspend movements of £27k to date and £69k year-end across various headings.

- Mental Health – underspend movements of 157k to date and £473k year-end, with the year-end improvement primarily relating to 2 CAMHS patients discharged within the month.
- Developments – underspend movements of £194k to date and £97k year-end, primarily on the Ivacaftor lines.
- Additional Reserves release relating to 16/17 NHS England accruals - £324k

7. Income / Expenditure Assumptions

7.1 Income from LHB's

The table below shows the level of current year outstanding income from Health Boards in relation to the IMTP and in-year Income adjustments. There are no notified disputes regarding the Income assumptions related to the WHSSC IMTP.

Please note that Income for WHSSC/EASC elements has been separated, although both organisations share one Bank Account. The below table uses the total Income to allow reconciliation to the MMR returns; please refer to the Income tab on the monthly risk-sharing file to see all the details relating to the Commissioner Income if necessary.

Table 5 – 2017/18 Commissioner Income Expected and Received to Date

	2017/18 Planned Commissioner Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounted to Date £'000	EOY Comm'er Position £'000	Other sundry Income (invoiced) £'000	EOY total expected income £'000
ABM	117,583	68,590	68,587	0	3	68,590	(305)	0	117,278
Aneurin Bevan	129,882	75,764	75,754	(18)	28	75,764	(823)	0	129,059
Betsi Cadwaladr	158,127	92,241	92,235	0	6	92,241	409	0	158,536
Cardiff and Vale	115,673	67,476	67,473	0	3	67,476	11	0	115,684
Cwm Taf	64,206	37,453	37,434	(10)	30	37,454	106	19	64,330
Hywel Dda	79,629	46,450	46,405	0	45	46,450	318	0	79,947
Powys	32,548	18,986	18,961	0	25	18,986	109	0	32,656
Public Health Wales						0			0
Velindre						0			0
WAST						0			0
Total	697,647	406,961	406,849	(29)	140	406,961	(176)	19	697,491

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An additional column relating to Other Sundry Income has been shown to reconcile the total anticipated Income as per the I&E expectations submitted to WG as part of the monthly Monitoring Returns Ie. Both risk-shared Commissioner Income plus sundry non-recurring income through invoices. This should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any

differences, as per WG requests. Please note that secondment income is netted against the payroll spend and is therefore included in our Expenditure figures.

Sundry invoices raised:

Cwm Taf - £19,152 relating to EASC Chair WG Allocation 17/18

Please note that Mental Health DTOC invoices for 17/18 to date have been raised and will show in the Month 8 Sundry Income.

Invoices over 11 weeks in age detailed to aid LHB's in clearing them before Arbitration dates:

None

7.2 Expenditure with LHB's

A full breakdown of the expected expenditure across LHB's and budget headings is included as Annex A. These figures are also reported in the I&E expectations submitted to WG as part of the monthly Monitoring Returns. This Annex should help reconciliation between WHSSC and other organisations' I&E tables, and expedite clarifying any differences, as per WG requests.

8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the Annual Plan process to date:

- Phasing of Development funding as projects start; possible slippage in start dates may lead to non-recurrent in-year savings.
- Growth in all activity above that projected in the IMTP. Specific risk identified related to activity growth at Alder Hey Childrens Hospital relevant to BCUHB. Sustainability of current agreed contractual framework maybe at risk if activity levels continue.
- Schemes deemed unaffordable at the time of IMTP approval that are being monitored through the risk management framework:
 - Prioritisation New Technology interventions - £250k – where these rare conditions present they will be presented to IPFR panel and approved on a cases by case basis until direct approval is made by commissioners.
 - Cardiac ablation for AF and VT - £556k – Ablation overperformance at South Wales providers is £175k to date but the position predicted to deteriorate as RTT pressures are addressed.
 - Posture & Mobility – replacement of wheelchairs - £400k – possibly some costs for replacements within C&V ALAS SLA non pay.

- PET policy – new indications growth & target access rates - £486k – no costs to date as in year demand has fallen against growth forecasts.
- Cochlear & BAHA's - £405k – This will possibly be funded through RTT but is likely to be phased over a longer period.
- Implement Thoracic Commissioning Plans – no impact in 2017/18, awaiting outcome of project board decision on future model.
- Renal Replacement Therapy Demand provision - £370k – unfunded growth reported within individual Renal SLA lines
- BCU ALAS – Capacity for war veterans - £72k – no costs to date
- Additional PICU capacity - £275k – currently underperforming
- Neurosurgery RTT clear backlog - £375k – no costs to date
- IVF sustain RTT - £300k – no costs to date
- Neuro-oncology - £240k – no costs to date

The additional risks and opportunities highlighted are:

- HRG4+ - please see section 5.8 regarding the NHS England spend. The total estimated HRG 4+ effect is currently £5.7m, less the £1.085m already reported in the year to date position. Separate schedules have been sent out showing the split in the to date position regarding HRG 4+ and growth by provider, and also the split of the total £5.7m across LHB commissioners.
- Wales OPCS codes to be regrouped; there is the risk of costs being grouped into higher levels than previously.
- Reserves releases – there may be opportunities to write back additional NHS England accruals from 2016/17. WHSSC has continued to review all accruals and balances to clear outstanding positions as quickly as possible. At this point opportunities of up to £2m have been identified and are being verified with a view to write back in month 8. Details by provider and translation to Health Board will be shared with Health Board colleagues for planning purposes. WHSSC advise that any opportunities from this wave of release are held as uncommitted pending resolution of HRG4+ and to cover any deterioration in volume risk.
- Medium secure – new risk of delays in approving step down from medium secure to lower levels of security arising from reported MOJ capacity constraints. The risk is being investigated and will be quantified in the light of findings, but is expected to be containable given the low amount of MH DTOC patients and actions already taken by MOJ to address capacity.

All the areas which are quantifiable have been entered in Table G of the MMR tables.

9. Public Sector Payment Compliance

The WHSSC payment compliance target is consolidated and reported through the Cwm Taf monitoring process.

10. Responses to Action Notes from WG MMR responses

Action Point 6.1/6.2 – please see sections 5.8 and 8 regarding NHS England and Risk for further detail regarding the HRG 4+ risk. Detailed schedules have also already been sent out.

Action Point 6.3 – there are no known discrepancies related to I&E, and reconciliations of WHSSC figures are sent out monthly.
Please note that there will likely be corresponding £500k variances with Aneurin Bevan in both I&E in relation to their raising an invoice to collect some of their risk-sharing position to date; this is being treated as a reduction in Income in our position as usual, as opposed to Spend on services.

Action Point 6.4 – the risk values of the remaining items (excluding HRG4+) have been reduced to correspond with the fewer remaining months in this financial year.

11. Confirmation of position report by the MD and DOF:

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

Annex A - 2017/18 Expected Expenditure

	2017/18 Baseline contract	2017/18 Contract EOYF variance	IPFR	IVF	Mental Health	Renal	Develo- pments & Reserves	WHSSC/ EASC/QAT Running Costs (includes Secondment income)	2017/18 Sub-Total Other Spend	2017/18 Total expected spend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	95,761	745	1,296	2,939	333	796	601	25	6,735	102,497
Aneurin Bevan	8,833	(132)	20			142		(125)	(95)	8,739
Betsi Cadwaladr	38,137	(102)	1,343		168	682	0	(57)	2,034	40,171
Cardiff and Vale	187,484	(330)	7,740			1,410	5,333	53	14,206	201,689
Cwm Taf	7,452	95	13			0		502	610	8,063
Hywel Dda	1,486	194	45			544		0	783	2,269
Powys			0			0		12	12	12
Public Health			(0)			0		(98)	(98)	(98)
Velindre	38,421	(99)	210			105	714	(103)	827	39,248
WAST (managed by EASC)	139,479	0	0			40		0	40	139,519
Total	517,054	372	10,667	2,939	500	3,719	6,647	210	25,055	542,109



Agenda Item
WHSSC Joint Committee
28 November 2017

Reporting Committee	Quality Patient Safety Committee
Chaired by	Chris Koehli
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	17 October, 2017
Summary of key matters considered by the Committee and any related decisions made	
<p>South Wales and South West Congenital Heart Disease Network Annual Report</p> <p>The committee received the annual report for information. Further clarification was requested by committee members on the contribution of the network and the performance management of the providers. In addition the report will be considered by both the Women & Childrens Programme Team and the Congenital Heart Audit & Outcome day.</p> <p>Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children</p> <p>The final meeting of the Steering Group took place on the 4th October. The Board report would be shared with the committee members once it has been ratified by the Board.</p> <p>Corporate Risk and Assurance Framework and Escalation Process</p> <p>The committee received an update on the internal workshop that had taken place on the 9 October 2017. A detailed paper was to be requested for the next meeting.</p> <p>Thoracic Surgery Review</p> <p>An update of the process was received by the committee.</p> <p>WHSSC Quality and Patient Safety Committee Development</p> <p>Following the success of last years development day the committee felt that it would be beneficial to organise a similar day early next year. This would strengthen the relationship and reporting mechanisms between the WHSSC & Health Board Quality Patient Safety or similar Committee.</p>	

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The committee received the following reports: <ul style="list-style-type: none"> • Serious Untoward Incidents • Complaints and Ombudsman Report • WHSSC Policy Group update 	
Updates from the Commissioning Teams and Renal network Updates were received from each of the above and relevant issues highlighted in the next section of the report.	
Quality and Patient Safety Chair's Annual Report The draft annual report was agreed with the addition of a section on a summary of what has been referred to the Joint Committee over the past year.	
Quality and Safety Committee Briefing to Joint Committee Members received the briefing for information.	
Key risks and issues/matters of concern and any mitigating actions	
Cardiac Report from delivery unit received looking at pathway. An update will be brought back to the next committee	
Mental Health Tier 4 CAMHS North Wales level 3 escalation in Aug 2017. An action plan has been developed and progress made since staff recruitment in Sept. Continued monitoring in place.	
Neurosciences WHSSC continues to work for solutions for neuro-radiology working with NHS England in securing alternate arrangements.	
Women & Children Paediatric Surgery has been escalated to level three and appropriate monitoring is in place.	
Matters requiring Committee level consideration and/or approval	
Note the services escalated at level 3 or above Receive and approve Quality and Patient Safety Chair's Annual Report	
Matters referred to other Committees	
None	
Confirmed Minutes for the meeting held 17 th October are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con	
Date of next meeting:	9 January, 2018



Quality Patient Safety Committee

Annual Report

2016/17

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Sub-Committee/Group Chair: **Chris Koehli**

Report Approved by Sub-Committee: **17 October 2017**

Name of Sub-Committee/Group ANNUAL REPORT

1. BACKGROUND / INTRODUCTION

The purpose of the Welsh Health Specialised Services Committee Quality and Patient Safety Sub-Committee is to provide timely assurance to the Joint Committee that it is commissioning high quality and safety services. This will be achieved by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; and
- Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway).

To achieve this, the sub committees programme of work is designed to support and enable the Joint Committee to implement systems that:

- Oversee the development of a quality assurance framework for the commissioning of safe, effective and sustainable specialised for the people of Wales;
- Monitor and support the implementation of the quality assurance framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised for the people of Wales;
- Oversee the development of a patient engagement framework for the commissioning of safe, effective and sustainable specialised for the people of Wales;
- Monitor and support the implementation of the patient engagement framework ensuring that there is continuous improvement in the commissioning of specialised for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all programmes and programme teams, through regular reporting to the committee consider quality and safety as part of service commissioning;
- Receive from the programmes and programme teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of

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- commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of services are priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2. MEMBERSHIP

The membership of the Sub-Committee takes into account the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Membership will provide as wide a representation across Wales as possible and consists of no less than five Independent Members drawn from Health Boards.

Membership during 2016-17 was as follows:

- Interim Chair: Independent Member Aneurin Bevan University Health Board appointed from April 2016
- Vice-Chair: Independent Member of a Health Board
- Members: One other Independent Member and two Clinical Executive Directors of the Local Health Boards

Other attendees include:

- Clinical Director Representatives from NHS Wales Health Boards;
- Managing Director of Specialised and Tertiary Services Commissioning;
- Medical Director of Specialised and Tertiary Services;
- Director of Nursing and Quality;
- Quality and Patient Safety Lead Clinician of the Renal Network;
- Other Directors as required;
- Community Health Council (Wales) representation;
- Committee Secretary; and
- Corporate Governance Manager.

3. MEETINGS

The *Quality and Patient Safety Committee* met on 5 occasions during 2016-17 and was quorate on all occasions.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into 4 main parts:

Preliminary Matters

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting and matters arising.

Governance and Quality

This section of the meeting includes reports on serious concerns, risk issues and reports from programme team.

Items for Information

This section includes reports which will be of interest to the committee that are not usually for discussion. For example the minutes of the National Service User Engagement forum are presented under this section of the meeting.

Concluding Business

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

5. LINKS WITH OTHER COMMITTEES

The Chair links with other committees such as Joint Committee and Integrated Governance Committee. A Chair's report is provided to the Joint Committee and sent to the Chairs of each of the Quality Patient Safety Committees in the Local Health Boards.

Directors and other Members of the Committee provide linkage with other committees such as the Audit Committee and Clinical Networks.

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6. WORK PROGRAMME

In order to monitor progress and any necessary follow up action the Committee was supported by the corporate governance officer in developing a work log that captured all agreed actions. This provides an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee. The following areas were reported to the Joint Committee over the past year:

- Bone Marrow Transplantation Services North Wales JACIE Accreditation
- National exercise on Water Heater Coolers in Cardiac Surgery
- Neonatal Infection Peer Review
- HM Coroner Regulation 28 cardiac services
- Independent Review of the children's cardiac service at the Bristol Royal Hospital for Children
- Annual Quality Statement integrated into the Annual Report.
- Development of Policy Review Group
- Agreement of Patient Engagement Framework
- Support development of WHSSC quality team

7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Quality Patient Safety Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Governance and Accountability Framework. The Committee undertakes a self assessment and this is in the process of being compiled and any actions will be picked up as part of the work plan for 2016/17.

8. ASSURANCE TO THE BOARD

The Quality Patient Safety Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2016/2017, there are effective measures in place to monitor the quality and safety of commissioned services.

Work remains ongoing on the Corporate Risk Assurance Framework (CRAF) and the alignment to the Escalation Process. Whilst there has been significant progress made in terms of the reporting and monitoring of quality indicators the appointment of a quality team to support the Director of Nursing remains outstanding. This does pose a risk to the organisation and is hoping to be fully resolved by the

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beginning of next year.

9. CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2016/17 in respect of the following work plan:

- Further development of the committee members by completion of the self assessment and development day
- Continue to strengthen the relationship between and reporting into Local Health Boards QPS.
- Reporting of the new Policy review Group to the Committee
- Work with members to develop an integrated assurance report to monitor the quality and outcomes for specialised services
- Support the appointment of the quality team
- Ongoing work to improve the monitoring and reporting of untoward incidents and concerns;
- Further development of the corporate risk, escalation and assurance mechanisms;

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Agenda Item 11.
WHSSC Joint Committee
28 November 2017

Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Brian Hawkins
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	25 October 2017
Summary of key matters considered by the Committee and any related decisions made.	
<p>The Panel meeting was quorate in relation to Health Board representation and clinical representation.</p> <p>The Panel considered 20 IPFR cases in October 2017. This consisted of:</p> <ul style="list-style-type: none"> • 11 requests that were considered at the meeting • 9 requests Chair actions (via agreed PET process) <p>The action log of the All Wales IPFR Panel was reviewed and updates provided.</p> <p>Updates were provided where clinical reports had been received on patients previously agreed funding by the Panel.</p>	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> • Replacement Panel Chair <p>The Panel is currently without a permanent Chair. The Panel terms of reference specify that the Chair should be an independent member who is currently serving as an existing member an NHS organisation Board. In the interim, Brian Hawkins, Chief Pharmacist Medicines Management Vice Chair continues to act into the role.</p> <ul style="list-style-type: none"> • Introduction of NHS Wales Policy – Making Decisions on Individual Patient Funding Requests (June 2017) <p>The Panel has formally adopted and applied the revised decision making criteria since September 2017. These are used as the basis for panel discussion, the formal minutes and also the decision letters to the referring clinicians.</p> <ul style="list-style-type: none"> • Independent Review of process followed by the All Wales Panel <p>A meeting was held on 1st November 2017 where Aneurin Bevan University Health Board undertook an independent review of the process followed by the All Wales Individual Patient Funding Request (IPFR) Panel in relation to a recent IPFR request.</p>	

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The review panel concluded that in each case the IPFR panel had been properly constituted and had thoroughly addressed and considered all of the information provided at each discussion.

The decision was not to uphold the grounds submitted for a review and allow the decision of the All Wales IPFR Panel to stand.

Lessons learnt from the review will be fed back at the next Panel meeting.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- Integrated Governance Committee and WHSSC Policy Group have endorsed the NHS Wales Policy – Making Decisions on Individual Patient Funding Requests (June 2017)

Confirmed Minutes for the meeting held 25 October 2017 are available on request.

Date of next meeting

22 November 2017



Agenda Item
WHSSC Joint Committee
November 2017

Reporting Committee	Welsh Renal Clinical Network
Chaired by	Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	16th October 2017
Summary of key matters considered by the Committee and any related decisions made.	
<ul style="list-style-type: none"> • A North East Wales dialysis tender process underway with <u>the first in a series of dialogue days an initial options appraisal</u> held on <u>7th November 31st July 2017</u>. • Plans for the refurbishment of the main dialysis unit in Cardiff are progressing with a the submission of a business case to Welsh Government anticipated next month • An expansion to the dialysis unit at Llandrindod Wells is planned to increase the number of stations from four to six. A business case submission <u>from Powys</u> to Welsh Government is anticipated <u>shortly</u> • <u>The WRCN National Audit Event was held in September where presentations were received from renal teams across Wales. It was a successful multi disciplinary event with the highest attendance to date.</u> • <u>The winner of the Liz Baker Excellence in Renal Nursing award was presented at the National Audit Event to Jenny Williams from ABMUHB in recognition of her contribution to renal patient care, inspirational nursing leadership, pastoral support to her team.</u> • <u>The WRCN board received a presentation from the Renal youth worker. The youth worker post was initially funded as a two-year pilot scheme. Since in post the youth worker has engaged with over 100 young patients and has positively impacted on compliance to treatment, access to education and employment and the preservation of kidney transplants.</u> • <u>A presentation was received from Dr Kieron Donovan on Patient Reported Outcome Measures and value based health care. Dr Donovan reported that data is being collated in Wales that will help informed decision making on renal patient care which is evidence based. This will enable patients to make informed choices about treatment options and offer commissioners of the service assurances around value for money and prudent application of resources</u> • <u>A presentation was received from Roy Thomas from Kidney Wales Foundation that detailed a proposal by the charity to build a wellness centre for renal patients in Wales that would facilitate holiday dialysis/respite care for renal patients and their families. The proposal is in the early stages with Kidney Wales Foundation seeking support in principle before further work is undertaken to ascertain feasibility and a detailed business case.</u> 	

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Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> ABMU transport has presented a cost pressure during 16/17 and will continue to be a risk 17/18 until the transport tender can be resolved <ul style="list-style-type: none"> A review of the renal element of the Cardiff LTA has been undertaken and WRCN board have approved non-recurrent changes to activity baselines to reflect the current use of the ongoing under-spend in transplant activity. The transplant has baseline has been revised downwards from 160 transplants to a 100. The Cardiff dialysis baseline has been revised upwards by £525K to account for the ongoing over-performance. This leaves a forecast net under-spend position of £390K which will be used to off-set the growth requirements submitted to the WHSSC ICP 	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> 	
Matters referred to other Committees	
Annexes:	
Date of next meeting	^{4th} December ^{9th} October 2017

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Comment [n1]: This has happened in principle only. Trying to pin Cardiff down to meet this month about it

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Agenda Item 11.
WHSSC Joint Committee
28 November 2017

Reporting Committee	Cwm Taf UHB Audit Committee
Chaired by	Cwm Taf UHB Audit Committee Chair
Lead Executive	Committee Secretary
Date of last meeting	13 November 2017
Summary of key matters considered by the Committee and any related decisions made.	
<p>Members of the Committee received a report on proposed write off of three irrecoverable debts due from former employees; all of which were within the delegated authority of the Director of Finance. Having considered the circumstances relevant to each case, the Committee endorsed the write off subject to a final attempt at recovery assisted by LCFS.</p> <p>Members received and reviewed a progress report on the implementation of recommendations for WHSSC internal audits undertaken during 2015-16 and 2016-17. It was noted that 23 recommendations had been made, 1 was not yet due for implementation, 15 had been closed and 7 were overdue. 8 recommendations had been closed since the previous meeting of the Committee. S Davies would be pursuing responses from the WRCN Team in relation to 4 of the overdue recommendations.</p> <p>A report was received providing an update on progress made in developing the WHSSC risk management framework. It was noted that feedback had been received from the WHSSC Integrated Governance Committee and the Quality & Patient Safety Committee in addition to the Cwm Taf Quality, Safety and Risk Committee and the Audit Committee in relation to the documents taken to the assurance committees during August and September 2017. A WHSSC Team workshop had been held on 9 October to undertake a high level review and a meeting of the WHSSC Internal Risk Group would be scheduled for later in November or early December to progress matters further. Members acknowledged the amount of work that had been done, noted the content of the report but deferred on the question of receiving assurance, pending the output of the work underway.</p> <p>Members received a report on responses to the LCFS reports on HPN and PHT home delivered drugs and considered the merit of future reviews in this type of spend area. Members noted and approved a proposal to refocus this type of review to provider organisations through Internal Audit.</p> <p>Members of the Committee received the Internal Audit Report on a review of WHSSC's governance framework and action plan, which reported 'Reasonable Assurance'. Three recommendations were noted, one of which was reported as medium level and two of which were reported as low level in the Report.</p>	

11.4

Key risks and issues/matters of concern and any mitigating actions	
• None	
Matters requiring Joint Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
• None	
Date of next meeting	15 January 2018



Agenda Item xx
WHSSC Joint Committee Meeting
November 28th 2017

Reporting Committee	NHS Wales Gender Identity Partnership Group
Chaired by	Tracy Myhill
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	November 10th 2017
Summary of key matters considered by the Committee and any related decisions made	
<p>Pride Cymru NHS Stand Successful representation at Pride Cymru at which the Cabinet Secretary launched the All Wales Interim gender identity pathway. This would be built upon for next year's event.</p> <p>Feedback from British Association of Gender identity Specialist Conference The group received a very helpful presentation on the key topics and what the group needed to consider from a welsh perspective for future work.</p> <p>Cabinet Secretary invitation to meet with the stakeholders. This date had been arranged for December 13th</p> <p>All Wales Gender Variance Pathway: Update on interim model and next steps An update position was given to members. Discussions took place re the Business case for the Welsh Gender Team and the negotiations with the BMA re the Welsh Enhanced Service. Further clarity was required re the roles of each as there seemed to be some misunderstanding and perceived duplication. Welsh Government are leading on that work. The stakeholders were anxious that this has led to a delay in the implementation timescale announced by the Cabinet Secretary. It was agreed that an extraordinary meeting would be arranged to ensure that members were updated as soon as further information was available so that this could be communicated to the wider trans community. A set of Frequently Asked Questions were ready for circulation once final arrangements had been agreed.</p> <p>A task and finish group was planning to meet early December to map out the future work required to cover the implementation and long term model.</p> <p>Gender Identity Project Lead The interview date is set for December 4th. A stakeholder will sit on the interview panel. This post was critical in</p>	

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NHS England Gender Identity Services Consultation A response had been submitted from the group. A welsh representative would also sit on the National Gender Identity Programme Board in the future.	
Annual Report 2016-2017 from the Chair of the NHS Wales Gender Identity Partnership Group The annual report was agreed for approval by Joint Committee.	
Key risks and issues/matters of concern and any mitigating actions All Wales Gender Variance Pathway Ongoing discussions were required regard funding issues before the interim pathway/model could be implemented. This work was being led by Welsh Government and would hopefully be resolved shortly. Clinical representations from the AWGIPG were involved in the discussions.	
Matters requiring Committee level consideration and/or approval Approval of Annual Report 2016-2017	
Matters referred to other Committees No matter have been referred to other committees	
Confirmed Minutes for the meeting held 10 November 2017 are available on request	
Date of next meeting	To be confirmed



All Wales Gender Identity Partnership Group

Annual Report

2016/17

11.5

Sub-Committee/Group Chair: **Tracy Myhill**

Report Approved by Sub-Committee: **November 2017**

All Wales Gender Identity Partnership Group ANNUAL REPORT

1. BACKGROUND / INTRODUCTION

This was formally known as the All Wales Gender Dysphoria Partnership Board. The purpose of the NHS Wales Gender Identity Partnership Group is to advise the Joint Committee on:

- The model for Gender Identity Services;
- The lifespan clinical pathway for individuals with gender variance;
- Gaps in provision of locally delivered services, for example, endocrinology;
- Meaningful engagement with service users, gender identity support groups and providers;
- The quality of care and patient experience; and
- Development of quality indicators and key performance indicators for Gender Identity Services.

The scope of the NHS Wales Gender Identity Partnership Group extends beyond the services currently commissioned by WHSSC, and includes:

- Working with Gender Identity Support Groups;
- Reviewing primary and secondary care services provided and commissioned by Local Health Boards;
- Advising on service provision and support for children and young people;
- Identifying gaps in data around the health needs and experiences; and
- Exploring innovative ways in current business models.

2. MEMBERSHIP

The membership of the group takes into account the balance of skills and expertise necessary with as wide a representation across Wales as possible. This year the group appointed a number of new stakeholders from across the trans-community and third sector representation.

The Chair of the NHS Wales Gender Identity Partnership Group is a NHS Wales Chief Executive

The membership of the NHS Wales Gender Identity Partnership Group will include representatives from the following:

- Stakeholder and Community Groups;
- Third Sector Organisations;
- NHS Wales Centre for Equality and Human Rights (NHS CEHR)
- LHB Lead for Gender Variance

- NHS Wales Directors of Workforce and Organisation Development;
- NHS Wales Directors of Planning;
- NHS Wales Directors of Primary Care and Mental Health;
- NHS Wales Directors of Finance
- WHSSC Executive Lead for Gender Identity Services
- Relevant clinical specialities including:
 - General Practice (GPC Wales and RCGP)
 - Psychiatry
 - Psychology
 - Child and Adolescent Mental Health
 - Endocrinology

A representative of Welsh Government is also invited to attend as an observer.

3. MEETINGS

The *All Wales Gender Identity partnership Group* met on 4 occasions during 2016-17 and was quorate on all occasions.

4. MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into two main parts:

Preliminary Matters

This section of the meeting covers off standard issues such as apologies, welcome, minutes of the last meeting and matters arising.

NHS Gender Services

This section of the meeting has a specific focus on updates from key stakeholders, developments within guidance and progress updates for individual work streams.

11.5

LINKS WITH OTHER COMMITTEES

The Partnership Board reports progress at each meeting and also provides a report to the Joint Committee on its activities including submission of minutes from each meeting.

ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The NHS Wales Gender Identity Partnership Group is an advisory group and therefore where a decision is required the matter is referred to the Joint Committee. Any patient specific risks are directed to the Quality and Patient Safety Committee and the link for this is the Director of Nursing & Quality.

CONCLUSION AND LOOK FORWARD

The group is committed to continuing to develop its function and effectiveness and intends developing gender identity services in 2017/18 by undertaking the following work:

- Strengthen the links with Welsh Government to ensure progress made against the health element of the Trans gender action plan.
- Appointment of gender project lead to support the work of the group
- Implementation and evaluation of an interim pathway with a network of GP 'supported by a Welsh Gender Team
- Establishment of three further task and finish groups to progress the outstanding recommendations:
 - Long term sustainable gender identity
 - model
 - To develop shared care protocols and review of policies to support the above
 - Develop an education and training programme
- Promote the work of the group with the development of the website, communication plan and attendance at the annual Pride Cymru event