

## WHSSC Joint Committee Meeting held in public Tuesday 11 September 2018 at 09.30

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

### Agenda

Item	Lead	Paper / Oral	Time
<b>Preliminary Matters</b>			
<b>1.</b> Welcome, Introductions and Apologies <ul style="list-style-type: none"> <li>- To open the meeting with any new introductions and record any apologies for the meeting.</li> </ul>	Chair	Oral	09.30 - 09.45
<b>2.</b> Declarations of Interest <ul style="list-style-type: none"> <li>- Members must declare if they have any personal, business or 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.</li> </ul>	Chair	Oral	
<b>3.</b> Accuracy of the Minutes of the Meetings held 10 July 2018 <ul style="list-style-type: none"> <li>- To <b>approve</b> the minutes.</li> </ul>	Chair	Att.	
<b>4.</b> Action Log and Matters Arising <ul style="list-style-type: none"> <li>- To <b>review</b> the actions and consider any matters arising.</li> </ul>	Chair	Att.	
<b>5.</b> Report from the Chair <ul style="list-style-type: none"> <li>- To <b>note</b> the contents of the report;</li> <li>- To <b>approve</b> the appointments of Maggie Berry and Lyn Meadows as Independent Members of the Quality and Patient Safety Committee;</li> <li>- To <b>approve</b> the appointment of Dr Christopher Jones as a Member and Vice Chair of the All Wales (WHSSC) Individual Patient Review Panel;</li> <li>- To <b>approve</b> the Quality and Patient Safety Committee Terms of Reference</li> </ul>	Chair	Oral	09.45 - 09.50
<b>6.</b> Report from the Managing Director <ul style="list-style-type: none"> <li>- To <b>receive</b> and <b>note</b> the report and consider any issues raised.</li> </ul>	Managing Director	Att.	09.50 - 10.00
<b>Items for Consideration and/or Decision</b>			

Item	Lead	Paper / Oral	Time
<b>7.</b> Commissioning Intentions for 2019-22 Integrated Commissioning Plan <ul style="list-style-type: none"> <li>- To <b>approve</b> the WHSSC Commissioning Intentions which will inform the development of the WHSSC Integrated Commissioning Plan 2019-22.</li> </ul> <b>Contact:</b> <a href="mailto:Ian.Langfield@wales.nhs.uk">Ian.Langfield@wales.nhs.uk</a>	Acting Director of Planning	Att.	10:00 – 10:20
<b>8.</b> Introduction of Blueteq System for High Cost Drug Management <ul style="list-style-type: none"> <li>- To <b>note</b> the benefits of introducing the BlueTeq high cost drug management system across NHS Wales</li> <li>- To <b>approve</b> recurrent funding for a system which supports both the 7 Health Boards and WHSSC</li> </ul> <b>Contact:</b> <a href="mailto:Sian.Lewis100@wales.nhs.uk">Sian.Lewis100@wales.nhs.uk</a>	Managing Director	Att.	10:20 – 10:30
<b>9.</b> Terms of Reference – Integrated Governance Committee <ul style="list-style-type: none"> <li>- To <b>approve</b> the Terms of Reference of the Integrated Governance Committee.</li> </ul> <b>Contact:</b> <a href="mailto:Kevin.Smith3@wales.nhs.uk">Kevin.Smith3@wales.nhs.uk</a>	Head of Corporate Services	Att.	10.30 – 10.35
<b>10.</b> Sub-Committee and Advisory Group Annual Reports <ul style="list-style-type: none"> <li>- To <b>approve</b> the Annual Reports: <ul style="list-style-type: none"> <li>i. Management Group</li> <li>ii. Integrated Governance Committee</li> <li>iii. All Wales Individual Patient Funding Request Panel</li> <li>iv. Welsh Renal Clinical Network</li> </ul> </li> </ul> <b>Contact:</b> <a href="mailto:Kevin.Smith3@wales.nhs.uk">Kevin.Smith3@wales.nhs.uk</a>	Head of Corporate Services	Att.	10.35 – 10.45
<b>Routine Reports and Items for Information</b>			
<b>11.</b> Integrated Performance Report <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <b>Contact:</b> <a href="mailto:Ian.Langfield@wales.nhs.uk">Ian.Langfield@wales.nhs.uk</a>	Acting Director of Planning	Att.	10:45 – 10:55
<b>12.</b> Financial Performance Report <ul style="list-style-type: none"> <li>- To <b>note</b> the report.</li> </ul> <b>Contact:</b> <a href="mailto:Stuart.Davies5@wales.nhs.uk">Stuart.Davies5@wales.nhs.uk</a>	Director of Finance	Att.	10:55 – 11:05
<b>13.</b> Reports from the Joint Sub-Committees <ul style="list-style-type: none"> <li>- To <b>receive</b> the reports and consider any issues raised. <ul style="list-style-type: none"> <li>i. Management Group Briefings</li> <li>ii. Integrated Governance Committee</li> <li>iii. All Wales Individual Patient Funding Request Panel</li> </ul> </li> </ul>	Joint Sub-Committee Chairs	Att.	11:05 – 11:15

Item	Lead	Paper / Oral	Time
<b>14.</b> Reports from the Joint Advisory Groups <ul style="list-style-type: none"> <li>- To <b>receive</b> the reports and consider any issues raised. <ul style="list-style-type: none"> <li>i. NHS Wales Gender Identity Partnership Group</li> </ul> </li> </ul>	Joint Advisory Group Chairs	Att.	
<b>Concluding Business</b>			
<b>15.</b> Date of next meeting (Extra Ordinary meeting) <ul style="list-style-type: none"> <li>- 18 September 2018, 17:00</li> <li>- Welsh Government Offices, Cathays Park, Cardiff, CF10 3NQ</li> </ul> Date of next meeting (Scheduled) <ul style="list-style-type: none"> <li>- 13 November 2018, 09:30</li> <li>- NCCU, Charnwood Court, Nantgarw CF15 7QZ</li> </ul>	Chair	Oral	

**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)".

## **Minutes of the Meeting of the Welsh Health Specialised Services Committee**

held on 10 July 2018  
at Health and Care Research, Castlebridge 4,  
Cowbridge Road East, Cardiff

### **Members Present**

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Gary Doherty (by VC)	(GD)	Chief Executive, Betsi Cadwaladr UHB
Charles Janczewski	(CJ)	Independent Member/Chair of the WHSSC Quality and Patient Safety Committee
Sian Lewis	(SL)	Managing Director, WHSSC
Lyn Meadows (by VC)	(LM)	Vice Chair
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive, Abertawe Bro Morgannwg UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB
Jennifer Thomas	(JT)	Medical Director, WHSSC
Chris Turner	(CT)	Independent Member/Audit Lead
Allison Williams	(AW)	Chief Executive, Cwm Taf UHB
John Williams	(JW)	Associate Member/Chair of the Welsh Clinical Renal Network

### **Apologies**

Stuart Davies	(SD)	Director of Finance, WHSSC
Steve Ham	(SH)	Chief Executive, Velindre NHS Trust
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

### **In Attendance**

Andrew Champion	(AC)	Assistant Director, Evidence, Evaluation & Effectiveness
Ian Langfield	(IL)	Acting Director of Planning, WHSSC
Robert Mahoney	(RM)	Finance Manager, Cardiff and Vale UHB
Clare Nelson	(CN)	Acting Assistant Director of Planning, WHSSC

### **Minutes:**

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 09:30

JC18/031	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC18/032	<p><b>Declarations of Interest</b></p> <p>There were no declarations to note. The Joint Committee noted the standing declarations.</p>
JC18/033	<p><b>Accuracy of Minutes of the meeting held 15 May 2018</b></p> <p>The Joint Committee <b>approved</b> the minutes of the meeting held on 15 May 2018 as a true and accurate record.</p>
JC18/034	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p> <p><b>Action Log</b></p> <p>The Joint Committee <b>received</b> the action log and noted the following updates:</p> <p><b>JC18003 – Integrated Commissioning Plan 2018-21: Work Plan</b></p> <p>IL reported that the templates that go to the Quality and Patient Safety (Q&amp;PS) Committee had been revised and a report would be produced for Q&amp;PS setting out all the milestones for both this year's and next year's Integrated Commissioning Plan (ICP).</p> <p><b>JC18004 – Integrated Performance Report</b></p> <p>IL reported that following consideration by the planning team, it had not been possible to move any of the tolerances in the Integrated Performance Report but that time had been allocated at the next Management Group workshop to go through each of the tolerances and discuss whether there was any scope to move any of them.</p> <p><b>JC18005 – Report from the Quality and Patient Safety Committee</b></p> <p>VH noted the recommendation of Maggie Berry for appointment to the Committee. CJ noted that additional Committee members were still required as the last two meetings held had been inquorate.</p> <p><b>ACTION: Members agreed to give the matter further consideration and provide VH with the names of potential new members.</b></p>

JC18/035	<p><b>Report from the Chair</b></p> <p>The Joint Committee <b>received</b> an oral report from the Chair.</p> <p>The Chair reported that the Cabinet Secretary for Health and Social Services had completed her appraisal. The Chair reported that Major Trauma and Gender Identity Services were given as areas for particular focus in the forthcoming year.</p> <p>The Chair reported that the Cabinet Secretary had mentioned during the meeting his intention to create a different voting system for Joint Committee, EASC and NWSSP to move away from a unanimous decision requirement as previous Chairs of both WHSSC and EASC had mentioned the difficulty in relation to the operation of the WHSSC and EASC Standing Order process for voting on funding contributions. Following the meeting the Cabinet Secretary wrote a letter to the Chair and she responded in a personal capacity as there was no Joint Committee meeting before a response was due to decide on a collective response. A copy of the Chair's response was circulated to Members. It was noted that the Cabinet Secretary had also written to the Health Boards and that they would be responding separately in due course. Members agreed the Chair's response was consistent with the Committee's view and that no further action was required until such time as the Cabinet Secretary's responded further.</p> <p>The Chair reported that the Cabinet Secretary had appointed her for one more year by which time a decision may have been made on the future of WHSSC, EASC and Shared Services following the Parliamentary Review.</p> <p>The Joint Committee <b>received</b> a written report providing an update on the Chair's action taken concerning the adult thoracic surgery review consultation. Members <b>ratified</b> the Chair's action.</p>
JC18/036	<p><b>Report from the Managing Director</b></p> <p>The Joint Committee <b>received</b> the report from the Managing Director.</p> <p>SL drew attention to the following items within the report which the Joint Committee discussed further:</p> <ul style="list-style-type: none"> <li>• Neonatal Interim Work Stream – Members noted that ABUHB, as the provider-lead for the work stream, would submit a report to WHSSC imminently and that Management Group would consider the report as one of the key risks identified within the ICP that is expected to emerge in year.</li> <li>• Thrombectomy / Stroke Commissioning</li> </ul>

	<ul style="list-style-type: none"> <li>• Home Parenteral Nutrition – significant cost pressure flagged. Cost of the new contract was £500k more than the original £250k allowed for in the plan. Supplier perceived to have submitted low first year quote to secure contract. WHSSC working with C&amp;V to see what can be done to provide nursing support.</li> <li>• Proton Beam Therapy</li> <li>• Inherited Bleeding Disorders</li> <li>• Sickle Cell and Thalassaemia – Members noted that this service was not currently commissioned by WHSSC and that this was a scoping exercise through the collective commissioning framework.</li> <li>• BAHA and Cochlear – Members noted a significant increase in demand in south Wales, as well as the identification of a significant number of patients with BAHA implants that were due to become obsolete in 2018 and 2019</li> <li>• Critical Care – Members noted an increase in demand for critical care within specialised services.</li> <li>• WHSSC Corporate Values – SL reported that she had launched the new WHSSC Corporate Values on 5 July 2018 and distributed a small card showing the values</li> </ul>
JC18/037	<p><b>Use of Crizotinib in the treatment of ROS1-positive advanced non-small-cell lung cancer</b></p> <p>The Joint Committee <b>received</b> the paper setting out a proposal to fund ROS1 gene fusion testing in people with advanced non-small-cell lung cancer (NSCLC).</p> <p>Members noted patients need to have the ROS1 gene mutation to be eligible to receive Crizotinib and that approximately 650 new patients per annum would be eligible for testing. Members further noted that the most definitive test for the gene was fluorescence in situ hybridisation (FISH) but that NICE were recommending that samples are tested using IHC first (which can produce a 17% false positive rate) and then samples that tested positive would be further tested with FISH.</p> <p>AC reported that while the use of Crizotinib was NICE mandated, the draft NICE guidance issued in January 2018 was negative.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Support</b> the funding for ROS1 gene fusion analysis to allow implementation of the NICE Final Appraisal Document (FAD) for the use of Crizotinib in the treatment of ROS1 positive advanced non-small cell lung cancer.</li> </ul>



JC18/038	<p><b>2018-2021 Key Risks – Cystic Fibrosis</b></p> <p>The Joint Committee <b>received</b> the paper that set out the investment requirements for the All Wales Adult Cystic Fibrosis Centre to address the immediate clinical risk and service sustainability issue, and support the ongoing development of the service.</p> <p>Members noted the 2018-21 ICP highlighted Cystic Fibrosis as a key risk that was likely to present in year and require funding due to the service being almost at full capacity, and that additional investment in staff was necessary in order to demand the predicted increase in the patient cohort over the next year.</p> <p>Members noted the Cardiff and Vale UHB business case setting out the requirements for revenue investment for:</p> <ul style="list-style-type: none"> <li>• Investment in multi-disciplinary staff;</li> <li>• Provision of a Premixed intravenous Antibiotic Service;</li> <li>• Establishment and associated costs of proposed expansion from a 7 bed to a 16 bed unit</li> </ul> <p>Members noted the proposal that a phased approach be used to meet the objectives above with Phase 1 encompassing the first two objectives and Phase 2 the third objective.</p> <p>Members discussed standards and service levels across all providers and equality of access across Wales.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the information presented in the report and the impact of non-investment</li> <li>• <b>Approve</b> the investment in the MDT on a recurrent basis, and the part year effect of the Premixed IV Antibiotic Service for the remainder of 2018/19. The Joint Committee <b>agreed</b> that the provider would need to submit a further proposal for recurrent funding for the Premixed IV Antibiotic Service for consideration as part of the 2019-21 Integrated Commissioning Plan.</li> </ul>
JC18/039	<p><b>Neuroscience Strategy Delivery Plan</b></p> <p>The Joint Committee <b>received</b> the paper that sought approval to take forward the actions specified therein to deliver the first two years of the Specialised Neurosciences Strategy in south, mid and west Wales.</p> <p>CN gave a presentation to the Committee in support of the paper.</p> <p>Members discussed:</p>



	<ul style="list-style-type: none"> <li>the key actions at the various stages and the possible domino effect of failing to achieve a key action in line with the proposed timetable;</li> <li>the need to understand what the ideal service would like;</li> <li>the need to understand demand and capacity;</li> <li>the activities to be commissioned through the service;</li> <li>whether it was appropriate to incentivise the movement of patients into the correct beds, if so, how and if not then what other options should be considered.</li> </ul> <p><b>ACTION: It was agreed that the WHSSC Team would lead discussions, linking in with the Chief Operating Officers, as to the appropriate use or otherwise of incentives and other options for driving change.</b></p> <p><b>ACTION: It was agreed that a further paper around the incentivisation element of the Neurosciences Strategy would be brought to a future meeting.</b></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li><b>Approve</b> the delivery plan for the first two years of the Specialised Neurosciences Strategy in south, mid and west Wales</li> <li><b>Note</b> the work underway to develop a delivery plan for north Powys and north Wales</li> </ul>
JC18/040	<p><b>Integrated Performance Report</b></p> <p>The Joint Committee <b>received</b> the Integrated Performance Report.</p> <p><b>ACTION: It was agreed IL would discuss tolerance levels with Management Group at their next meeting and report back to the Joint Committee on those discussions.</b></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li><b>Note</b> April performance and the action undertaken to address areas of non-compliance</li> </ul>
JC18/041	<p><b>Financial Performance Report</b></p> <p>The Joint Committee <b>received</b> the Financial Performance Report.</p> <p>Members noted the financial position reported in Month 2 for WHSSC was an over spend to year-end of £576k with the movements being across various budget headings, improvements in Welsh contracts and deteriorations in non-Welsh contracts and IPFR.</p> <p>ST confirmed contingencies agreed today were included in year-end forecast.</p>

	<p><b>ACTION: It was agreed there would be a more detailed discussion at the next meeting of the year-end position.</b></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the current financial position and forecast year-end position</li> </ul>
JC18/042	<p><b>Reports from the Joint Sub-Committees</b></p> <p><b>Quality and Patient Safety Committee</b> The Joint Committee <b>received</b> the report.</p> <p><b>ACTION: It was agreed members would provide feedback to CS on the draft Terms of Reference and, if there were no major changes, a Chair's Action to approve them would be noted.</b></p> <p><b>ACTION: It was agreed all members would give consideration to proposing new Independent Committee members.</b></p> <p><b>IPFR</b> The Joint Committee <b>received</b> the report.</p>
JC18/043	<p><b>Reports from the Joint Advisory Groups</b></p> <p><b>Welsh Renal Clinical Network</b> The Joint Committee <b>received</b> the report.</p>
JC18/044	<p><b>Date and Time of Next Meeting</b></p> <p>The Joint Committee noted the date of the next meeting as the 11 September 2018.</p>

The meeting concluded at 15:30

**Chair's Signature:** .....

**Date:** .....



**2018/19 Action Log (MASTER)**  
**Joint Committee Meeting**  
**OPEN ACTIONS AND ACTIONS FOR CLOSURE APPROVAL**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
15.05.18	JC18003	JC18/024 <b>Integrated Commissioning Plan 2018-21: Work plan</b>  Share an overview with CJ that includes the key milestones to provide assurance.	Acting Director of Planning	June 2018		OPEN
15.05.18	JC18005	JC18/028 <b>Report from the Quality and Patient Safety Committee</b>  To assist with seeking additional members from within their LHB for the Committee	CEOs	June 2018		OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
10.07.18	JC18007	<p><b>JC18/034 Matters Arising – Report from the Quality and Patient Safety Committee</b></p> <p>Members agreed to give the matter of additional independent Committee members further consideration and provide the Chair with the names of potential new members.</p>	ALL	Sept 2018		OPEN
10.07.18	JC18008	<p><b>JC18/039 Neuroscience Strategy Delivery Plan</b></p> <p>It was agreed that the WHSSC Team would lead discussions, linking in with the Chief Operating Officers, as to the appropriate use or otherwise of incentives and other options for driving change.</p>	Acting Assistant Director of Planning	TBC		OPEN
		<p>It was agreed that a further paper around the incentivisation element of the Neurosciences strategy would be brought to a future meeting.</p>	Acting Assistant Director of Planning	TBC		OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
10.07.18	JC18009	JC18/040 <b>Integrated Performance Report</b>  It was agreed IL would discuss tolerance levels with Management Group at their next meeting and report to the Joint Committee on those discussions.	Acting Director of Planning	Sept 2018	<b>11.09.18</b> – Discussed at Management Group meeting on 23 August 2018.	OPEN
10.07.18	JC18010	JC18/041 <b>Financial Performance Report</b>  It was agreed there would be a more detailed discussion at the next meeting of the year-end position.	Director of Finance	Sept 2018	<b>11.09.18</b> – Agenda Item 12. Action closed	CLOSED
1.07.18	JC18011	JC18/042 <b>Reports from the Joint Sub-Committees - Quality and Patient Safety Committee</b>  It was agreed members would provide feedback to CS on the draft Terms of Reference and, if there were no major changes, a Chair's Action to approve them would be noted.	ALL	Sept 2018	<b>11.09.18</b> – To be approved under Agenda Item 5. Action closed.	CLOSED
		It was agreed all members would give consideration to proposing new independent Committee members.	ALL	Sept 2018		OPEN



**GIG**  
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**NHS**  
WALES

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

		Agenda Item	05
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

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 checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report;</li> <li>• <b>Approve</b> the appointments of Maggie Berry and Lyn Meadows as Independent Members of the Quality and Patient Safety Committee;</li> <li>• <b>Approve</b> the appointment of Dr Christopher Jones as a Member and Vice Chair of the All Wales (WHSSC) Individual Patient Review Panel;</li> <li>• <b>Approve</b> the Terms of Reference for the Quality and Patient Safety Committee</li> </ul>		

**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 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**

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

## **3.0 Assessment**

### **3.1 Vice Chair**

Lyn Meadows has advised me that she will be stepping down as Vice Chair of WHSSC in due course because of a change to her portfolio of responsibilities at Betsi Cadwaladr University Health Board but has agreed to provide support on a transitional basis until a new Vice Chair has been appointed.

### **3.2 Appointment of Independent Members of the Quality and Patient Safety Committee**

I am delighted to recommend the appointment of Maggie Berry as an Independent Member of the Quality and Patient Committee with retrospective effect from 10 July 2018 until the expiry of the initial term of her appointment as an Independent Member of Abertawe Bro Morgannwg University Local Health Board.

Given that Lyn Meadows's new responsibilities at Betsi Cadwaladr University Health Board will include becoming Chair of their Quality, Safety and Experience Committee, Lyn has agreed to join the WHSSC Quality and Patient Safety Committee as an Independent Member with immediate effect.

### **3.3 Appointment of Member and Vice Chair of All Wales (WHSSC) Individual Patient Funding Review Panel**

I am delighted to recommend the appointment of Dr Christopher D V Jones, CBE as a member and Vice Chair of the All Wales (WHSSC) Individual Patient Funding Review Panel effective from 11 September 2018. Chris is Interim Chair of Health Education and Improvement Wales. A general practitioner by background, Chris was a practicing GP for 32 years as Senior Partner in the Taff Vale Practice in Pontypridd. He was Chairman of Cwm Taf University Health Board between 2009 and 2017, and prior to that, had been Chairman of Rhondda Cynon Taff Local Health Board since 2004. Chris was awarded a CBE for his services to healthcare through NHS Wales in 2007, where his interests have included population health and primary care.

### **3.4 Quality and Patient Safety Committee – Terms of Reference**

At the July meeting of the Joint Committee feedback on the draft Terms of Reference for the Quality and Patient Safety Committee was requested. No



feedback has been received. The Committee is therefore now being asked to approve the Terms of Reference.

#### 4.0 Recommendations

Members are asked to:

- **Note** the contents of the report;
- **Approve** the appointments of Maggie Berry and Lyn Meadows as Independent Members of the Quality and Patient Safety Committee;
- **Approve** the appointment of Dr Christopher Jones as a Member and Vice Chair of the All Wales (WHSSC) Individual Patient Review Panel;
- **Approve** the Quality and Patient Safety Committee Terms of Reference

#### 5.0 Appendices/ Annex

Appendix 1 – Quality and Patient Safety Committee - Terms of Reference

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		

## Quality and Patient Safety Committee

### Terms of Reference

<b><i>Document Author:</i></b>	Corporate Governance Manager
<b><i>Executive Lead:</i></b>	Director of Nursing and Quality Assurance
<b><i>Approved by:</i></b>	Joint Committee
<b><i>Issue Date:</i></b>	25 July 2018
<b><i>Review Date:</i></b>	July 2019

## 1.0 Constitution and Purpose

1.1 In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the Local Health Boards (LHBs) jointly or the Welsh Government must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each Local Health Board (LHB) and/or its other committees).

These may consist wholly or partly of Joint Committee members or LHB members or of persons who are not LHB members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly. As a minimum, it shall establish a joint sub-committee whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee. This sub-committee will be known as the **Quality and Patient Safety Committee (the sub-committee)**.

### 1.1. Purpose

The purpose of the Welsh Health Specialised Services Committee (Joint Committee) Quality and Patient Safety Committee is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe 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).

### 1.2. Relationships and accountabilities

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, in accordance with legislation, the LHBs retain overall responsibility and accountability for ensuring the quality and safety of care to their citizens.

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The sub-committee through its Chair and Members shall work closely with the Joint Committee's other joint sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and sub-committee business; and

- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

The sub-committee through its Chair and Members shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

The sub-committee shall embed the Joint Committee's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

## 2.0 Delegated Powers and Authority

2.1 The Quality and Patient Safety Committee will, in respect of its provision of advice to the Joint Committee:

- Oversee the development of a quality assurance framework for the commissioning of safe, effective and sustainable specialised services 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 services for the people of Wales;
- Oversee the development of a patient engagement framework for the commissioning of safe, effective and sustainable specialised services 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 services 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 commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning 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 commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised 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.

## 2.2 **Authority**

The Quality and Patient Safety Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

The sub-committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC's procurement, budgetary and other requirements.

The sub-committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Health Inspectorate Wales, Care Quality Commission, National Audit Office and Wales Audit Office, that relate to the commissioning and delivery of specialised services.

## 2.3 **Access**

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Quality and Patient Safety Committee.

The sub-committee will meet with Internal Audit without the presence of WHSSC officials on at least one occasion each year.

The Chair will also meet with nominated representatives of Healthcare Inspectorate Wales without the presence of officials on at least one occasion each year.

The Chair of the Quality and Patient Safety Committee shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

## 3.0 **Sub-groups**

The sub-committee may, subject to the approval of the Joint Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of sub-committee business.

## 4.0 **Membership**

The membership of the sub-committee shall be determined by the Joint Committee, based on the recommendation of the Chair of WHSSC, taking account of 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.

The Chair of the Joint Committee and the Chair of the sub-committee shall select prospective members, from nominations from the Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. This selection will provide as wide a representation across Wales as possible.

The sub-committee shall consist of not less than five Independent Members drawn from Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. The sub-committee Chair and sub-committee Vice Chair will be appointed from the Independent Members or will be an independent external advisor (as appropriate).

The sub-committee may also co-opt up to two further additional independent members from outside of the organisation to provide specialist knowledge and skills. These members will not count toward the quorum.

The committee will be supported by the following:

- The WHSSC Medical Director;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning; and
- The WHSSC Committee Secretariat.

A representative of the Community Health Council (Wales) will be invited to attend sub-committee meetings as an observer.

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, as appropriate.

## **5.0 Quorum**

At least two members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or sub-committee Vice Chair.

## **6.0 Frequency and Attendance**

The sub-committee will hold a minimum of five meetings per year.

Additional meetings may be called as appropriate with agreement of all members.

Additional meetings may be held with the chairs of the LHB's Quality and Safety Committees where there is urgent business for escalation.

Members will be required to attend a minimum of 75% of all meetings.

## **7.0 Dealing with Members' interest during meetings**

Declarations of interest will be a standing agenda item for all meetings.

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 a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

## **8.0 Decision Process**

Decisions can only be made in line within the parameter of the sub-committee's functions and the delegated powers and authority of the group as set out in section 2.0.

This sub-committee is an assurance committee and therefore where a decision is required the matter will be referred to the WHSS Team or Joint Committee, as appropriate.

## **9.0 Administrative Support**

The sub-committee will be supported by WHSSC Corporate Secretariat, whose duties and responsibilities include:

- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- Taking minutes;
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

## **10.0 Support to Sub-Committee Members**

The Committee Secretary, on behalf of the Chair of WHSSC, shall:

- Arrange the provision of advice and support to the sub-committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for sub-committee members as part of any overall OD programme developed by the Joint Committee.

## **11.0 Circulation of papers**

The Committee Secretariat will ensure that all papers are distributed at least five clear working days in advance of any meeting.

Items for information will not be considered by the sub-committee in accordance with the Business Framework 4.1.7. These items may be circulated outside of the meeting.

## **12.0 Circulation of minutes**

The Committee Secretariat will ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.

The Committee Secretariat will ensure that a Chair's brief is shared with members, where practicable, within five working days following the meeting.

### **13.0 Reporting and Assurance Arrangements**

The sub-committee Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports as well as the presentation of an annual report;
- Bring to the Joint Committee's attention any significant matters under consideration by the sub-committee;
- Ensure appropriate escalation arrangements are in place to alert the WHSSC Chair, WHSSC Directors or chairs of other relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee;

The Joint Committee may also require the Sub-Committee Chair to report upon the committee's activities at public meetings or to partners and other stakeholders including Local Health Boards where this is considered appropriate.

The Committee Secretariat or Director of Nursing and Quality Assurance will, on behalf of the sub-committee Chair, submit written reports to the LHB Board Secretaries for consideration the LHB Quality and Safety Committees.

### **14.0 Training, Development and Performance**

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any task and finish groups established.

An induction process will be established for new members and any training and development sessions will be managed by the sub-committee Chair and the Committee Secretary.

### **15.0 Review**

The sub-committee membership will be reviewed every two years.

Members of the sub-committee will be appointed for a period of two years but should serve no more than four consecutive years. During this time a member may resign or be removed by WHSSC.

These terms of reference shall be reviewed annually by the sub-committee with reference to the Joint Committee.



**GIG**  
CYMRU  
**NHS**  
WALES

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

		Agenda Item	06
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
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	Not applicable	Meeting Date	
		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> <li><b>Note</b> the contents of this report.</li> </ul>		

### 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 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 Management Group Review**

In November 2017 a report was presented to the Joint Committee regarding the function of Management Group. The need for further organisational development (OD) work was agreed. This, however, was paused whilst the outcome of the Parliamentary Review was considered. At Joint Committee in May 2018 the timescale for implementation of the Parliamentary Review was discussed and it was agreed that whilst the Review may lead to changes in organisational structures the timescales are such that the OD work should not be delayed. A timetable for this work has now been agreed with the OD lead within Cwm Taf UHB and it is anticipated that 1:1 interviews would begin in late September or early October 2018. It is estimated that the programme will require 9 months to implement.

### **2.2 Mother & Baby Unit for South Wales**

1000 Lives Improvement have undertaken a piece of work to consider the perinatal psychiatric inpatient stays for Welsh residents which will support the discussions and make recommendations for future work. Following the commissioning workshop WHSSC has received expressions of interest from two Health Boards to provide a Mother & Baby Service. Further work needs to be undertaken with these providers to fully explore the feasibility of their intentions along with potential costings and timescales and will take longer than previously estimated. An update will be provided to the Joint Committee on 11 September 2018.

### **2.3 Neonatal Transport**

A Neonatal Transport Workshop took place on the 27 February 2018 to discuss the current arrangements for the 12 hour transport service, with the aim of exploring potential options for increasing the operational hours of the transport service within the current funding model, as to date no formal proposal had been submitted by one of the three provider Health Boards. The only business case submitted had been submitted by the Neonatal Network. Following the Neonatal Transport Workshop that took place on the 27 February 2018, a meeting was held with Directors of Planning regarding the provision of the current transport service, and the steps required to develop a 24 hour service. The Director of Planning for ABU volunteered for ABU to be the lead provider in developing this work with C&V and ABMU to optimise current provision, and identify solutions for managing urgent out of hours transport requests. A report was submitted on the 16 August 2018 on behalf of the Neonatal Transport Sub-Group. The review presented an in-depth analysis of the resources available presented but concluded that there were no efficiency opportunities identified to enable the service to be extended within existing

resource. The review was attributed to the network rather than the provider and confirmed that it had not been possible to identify any options to extend the delivery of the service beyond 12 hours. Further analysis on the detail is required by the WHSS team and it will be discussed at the Neonatal Network Board meeting in late September. A full analysis of the report and next steps will be presented to Management Group in November.

### **3.0 Recommendations**

Members are asked to:

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

### **4.0 Annexes and Appendices**

None.

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
Not applicable		



		Agenda Item	07
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
Report Title	Commissioning Intentions for 2019-22 Integrated Commissioning Plan		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	

Purpose	This paper outlines the options for Commissioning Intentions to inform the development of the WHSSC three year Integrated Commissioning Plan for Specialised Services 2019-22			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Approve</b> the WHSSC Commissioning Intentions which will inform the development of the WHSSC Integrated Commissioning Plan 2019-22.</li> </ul>		

#### 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
	✓				✓			✓

#### Commissioning Health Boards affected

Abertawe Bro Morgannwg ✓ Aneurin Bevan ✓ Betsi Cadwaladr ✓ Cardiff and Vale ✓ Cwm Taf ✓ Hywel Dda ✓ Powys ✓

#### Providers affected

Abertawe Bro Morgannwg; Betsi Cadwaladr; Cardiff and Vale



## 1.0 Situation

The Commissioning Intentions have been drafted to inform the development of the Welsh Health Specialised Services Committee's (WHSSC) three year Integrated Commissioning Plan for Specialised Services 2019-2022. The intentions have followed a similar format over the last few years, however following discussion at Joint Committee the intentions have been redrafted to be more explicit.

The Commissioning Intentions are intended to be shared with Health Boards and NHS Trusts in Wales in order to inform the development of NHS organisation Integrated Plans with regard to the commissioning and delivery of specialised services. It is hoped that through such co-production, the benefits of working in collaboration across the Health community can be fully realised.

## 2.0 Background

### 2.1 WHSSC Commissioning Intentions to date

The WHSSC Commissioning Intentions including those which informed the 2018-21 ICP, were largely unchanged from previous years. In 2018-21 the notable difference was the inclusion of the Integrated Risk Management Framework.

Feedback from members of Joint Committee in September 2017 on the WHSSC Commissioning Intentions for 2018-21 was that they read more as principles rather than Intentions. An example of this is the Intention of WHSSC to be responsive to Welsh Government legislation but being broad rather than explicit in how this would be achieved 'by working with all stakeholders to ensure that each of the five sustainable development principles of the Future Generations Act – long term thinking, prevention, involvement, collaboration and integration, are reflected in all of the services that it commissions on behalf of Health Boards'.

Although the Commissioning Intentions were approved by Joint Committee, it was agreed that the Intentions would need to evolve over the next year.

It has been customary to write to All Health Boards and Trusts with the WHSSC Commissioning Intentions prior to approval at Joint Committee with the request for organisations to respond to the WHSSC Intentions. Responses to this request have been limited, with only Velindre NHS Trust providing a consistent response.

## 2.2 Welsh Government feedback on the WHSSC 2018-21 ICP

Feedback has recently been received from Welsh Government on the 2018-21 ICP. Although the feedback was positive around early engagement with Health Boards, the Prioritisation process and achievement of financial balance, they highlighted a number of areas that could strengthen, prioritise and focus work for the 2019-22 Planning cycle. The areas for improvement were as followed:

- WHSSC priorities must continue to be consistent with and support health board and Welsh Government policy and expectations
- The Committee must continue to prioritise, strengthen and realise the benefits of quality services through development of commissioning and partnership arrangements, agreements and plans
- The Specialised Services Strategy would benefit from more explicit reference to health inequalities
- WHSSC response to previous feedback indicates a role in commissioning population needs assessments following the end of the previous SLA with Public Health Wales – care should be taken to align work with other needs assessments in order to avoid potential duplication
- Equity of access to specialised services remains a priority and WHSSC must ensure any risks in relation to this issue are adequately managed
- WHSSC must take care to understand its role in relation to the Nurse Staffing Levels (Wales) Act and be clear that their internal and external work reflects the requirements within the Act
- Whilst WHSSC is not a named body in the Well-being of Future Generations (Wales) Act, as joint committee of health boards, care should be taken to understand its role under the Act and to ensure that going forward their commissioning arrangements fully reflect the sustainable development principles, the five ways of working.

## 2.3 Good practice

In order to draft new commissioning intentions we reviewed at the IMTPs of all the Health Boards and other Commissioning bodies to try and identify common themes of intent and good practice.

### 2.3.1 *NHS Wales organisations*

There are few definitions of Commissioning Intentions within NHS Wales. Although a number of Health Boards IMTPs make mention of Commissioning Intentions, they are for the majority, not clearly provided defined as such and the term appears interchangeable with 'priorities' and 'objectives'. Some IMTPs use the 'Commissioning Intentions' terminology solely when referring to the Commissioning Intentions of EASC and WHSSC whilst in other IMTPs, the terminology of 'Commissioning Intentions' does not feature at all.

EASC (Emergency Ambulance Services Commissioner) set out eight Commissioning Intentions, which clearly set out how their achievement of the Intentions would be measured. Equally prescriptive was the expectation of EASC on Health Boards for the EASC Commissioning Intentions 2018/19 to be recognised within both WAST and Health Board IMTPs. WAST and Health Boards were also requested to complete provided tables and include in their Plans. These tables documented how organisations were implementing the intentions and performing against them. What we are not aware of, is the response rate to this request to organisations.

### **2.3.2 NHS England Specialised Commissioning**

NHS England at the beginning of their fifty page document 'Commissioning Intentions for 2017/2018 and 2018/19 for Prescribed Specialised Services' describe their overarching national intentions as:

"providing a basis for constructive engagement between NHS England and providers of specialised services, to inform business plans and contracts. They are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available".

The document sets out Intentions based on Regions, with an overall regional Strategy and then intentions split into Service Areas, including Cancer and Mental Health. The intentions are very specific and task focussed such as 'The Procurement Process for Intestinal Failure will be taken forward in 2017/18' and 'Pathway and network development will continue to ensure appropriate delineation of specialised and non-specialised activity, improve care for patients and improve value overall'.

## **3.0 Assessment**

It is proposed that in order to address the feedback from Joint Committee on previous Commissioning Intentions and to address the feedback on the overall WHSSC Integrated Commissioning Plan 2018-21, that WHSSC draft new Commissioning Intentions rather than re-visiting and adding to those previously used.

### **3.1 Learning from NHS Wales organisations**

Review of the strategic objectives and aims of Health Boards demonstrates, there are areas of focus that WHSSC could also emphasise. These include 'Implement(ing) whole system commissioning to ensure appropriate access to effective services' (Powys) and 'Deliver against the disease specific NHS Wales Delivery Plans' (Cardiff and Vale).

WHSSC following the EASC example could look to take a firmer approach with Health Boards in requesting evidence of how they are working to and

achieving the WHSSC commissioning intentions. We are not however aware of Health Boards compliance with EASC's request for Information and need to be conscious of the burden of requests that WHSSC makes on Health Boards.

### 3.2 Learning from NHS England

We could emulate the NHS England Commissioning Intentions model by setting Intentions for our individual Directorates and Commissioning Teams. Consideration would need to be given as to whether this would be as a feature in the overall ICP rather than within the Commissioning Intentions, mindful of the time it would take to provide this level of detail.

### 3.3 Government Legislation

Given the advice from Welsh Government to have a greater focus on Legislation within the overall WHSSC ICP, an option could be to align the WHSSC Commissioning Intentions with the quadruple aim presented in *A Healthier Wales*. Although WHSSC received specific Welsh Government feedback on ensuring that our commissioning arrangements reflect the sustainable development principles and the five ways of working within the *Wellbeing of Future Generations Act 2015*, it is more appropriate for this to be in our everyday working rather than as an individual intention.

#### 3.3.1 *A Healthier Wales*

One of the four parts of the quadruple aim of *A Healthier Wales* aligns with the over-arching WHSSC aim, by setting out the requirement of 'Improving the experience and quality of care for individuals and families'.

Work is also underway on a second part of the quadruple aim to:

- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste.

Although the underpinning intention of promoting value featured in the 2018-21 Commissioning Intentions it was not explicitly linked back to *A Healthier Wales*.

The remaining two aims to 'Improve population health and wellbeing through a focus on prevention' and 'Enrich the wellbeing, capability and engagement of the health and social care workforce' are more difficult for a Commissioning organisation for Specialised Services with a small workforce but WHSSC's support of work being undertaken in Genetic and Antenatal Services in identifying disease early on through appropriate screening and providing new and innovative treatments through the Prioritisation process could be highlighted.

### 3.4 Proposed Commissioning Intentions

It is proposed that for the 2019/22 Integrated Commissioning Plan:

- WHSSC will have a small number of high level Commissioning Intentions with explicit reference to how WHSSC how these will be implemented and achieved.
- the Commissioning Intentions will be underpinned by the WHSSC aim of "on behalf of the seven health Boards to ensure equitable access to safe, sustainable and effective specialist services for the people of Wales, as close to patients' home as possible, within available resources"
- In response to the Welsh Government feedback and ensuring greater alignment with Welsh Government policies, it is proposed that WHSSC also adopts two of the *A Healthier Wales* aims within its Commissioning Intentions alongside further aims specific to the work undertaken by WHSSC. Details of how WHSSC will explicitly achieve the aims needs to be agreed.

The draft commissioning intentions are set out in Table 1.

**Table 1: WHSSC Commissioning Intentions for 2019/22**

Intention	Measure of Achievement
1. Equitable access to safe, sustainable and effective specialist services as close to patients' homes as possible	<ul style="list-style-type: none"> <li>- Implementation of Referral Management System</li> <li>-Reduction in the range of referrals to NHS England Trusts</li> </ul>
2. Improving the experience and quality of care for individuals and families	<ul style="list-style-type: none"> <li>- Waiting lists for specialised services should not grow and the number of patients waiting over 36 weeks RTT should reduce</li> <li>- Building on the development of new information systems to clearly identify services where there is inequity of access and have effective risk arrangements in place to manage risk</li> <li>- The Quality Team being in place and assessing the performance of services against national standards</li> </ul>
3. Increasing the value achieved from funding of health and care through improvement, innovation, use of best	<ul style="list-style-type: none"> <li>-Achieving Financial Balance</li> <li>-Evaluating all investments over the last five years to identify if intentions of funding have been met and if not</li> </ul>

Intention	Measure of Achievement
practice and eliminating waste	look at options to withdraw and re-invest funding in other schemes -Reduction in spend on non-specialised particularly in London contracts - Specify work on PHT and Inherited Bleeding Disorders
4. Improving information on services in order to drive service change and improve quality of services	-Implementation of the WHSSC database -Access to the NHS England Specialised Services Dashboard and NWIS Commissioning Intelligence Portal
5. Evidencing proactive management of new treatments and services	- Re-consideration of all schemes considered medium priority since current Prioritisation process introduced in 2016 and risk rated on the Risk Management Framework - Assessment of evidence base of new treatments identified in year to be presented at Independent Prioritisation Panel. -Continue to commission evidence reviews from CEDAR, Cardiff University and Health Technology Wales.

## 4.0 Next Steps

Subject to approval by Joint Committee, WHSSC will write out to Directors of Planning and Finance to outline our commissioning intentions for 2019-22 in order to inform assumptions around Specialised Services for the next three years and set out the specific actions required from Health Boards and Trusts to support the WHSSC team in the development of the Plan.

Details of the Risk Management Framework for individual organisations will be issued with the Commissioning Intentions so that Health Boards can feedback on how both they are responding and wish WHSSC to respond, to the risks identified for their Health Board population.



## 5.0 Recommendations

Members are asked to:

- **APPROVE** the WHSSC Commissioning Intentions which will inform the development of the WHSSC Integrated Commissioning Plan 2019-22.





Link to Healthcare Objectives		
Strategic Objective(s)	Development of the Plan Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	These Commissioning Intentions would underpin the WHSSC Integrated Commissioning Plan 2019-22	
Health and Care Standards	Governance, Leadership and Accountability Safe Care Staff and Resourcing	
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	The Commissioning Intentions outline WHSSC’s continued focus on Quality, Safety & Patient Experience.	
Resources Implications	There are no direct resource implications within this report.	
Risk and Assurance	The ICP Risk Management Framework which underpins the commissioning intentions is an assurance mechanism for managing risks.	
Evidence Base	Evidence base is a key commissioning intention referenced within this report.	
Equality and Diversity	Equality issues will be addressed through the commissioning intentions of providing safe and equitable services.	
Population Health	The implications for Population Health are outlined in this report.	
Legal Implications	There are no legal implications within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group	13/08/2018	Proceed to Management Group

Purpose				
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Considerations within the report (tick as appropriate)	
	</

Commissioner Health Board affected													
Abertawe Bro Morgannwg	✓	Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf	✓	Hywel Dda	✓	Powys	✓
Provider Health Board affected													

## 1.0 Situation

Approvals of medicines by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG), are often made on the basis of a Patient Access Schemes (PASs). Such schemes allow a discount, rebate or other variation from the list price of a medicine that may be linked to the number of patients estimated to receive the medicine, the clinical response of patients to the medicine or the collection of new evidence. A PAS allows the pharmaceutical industry to maintain a global market price while also improving the cost effectiveness of medicines, thus allowing NICE or AWMSG to recommend treatments they might otherwise have found not to be cost effective.

For very high cost medications, Managed Access Agreements (MAAs) are increasingly used for provision and assessment. These result from agreements between NHS England, NICE, the pharmaceutical company and patient groups. They allow patients to access very high cost drugs at significantly discounted rates whilst long-term patient outcome data is collected. Typically agreements will last up to 5 years and the additional data is used to inform decisions on whether a new treatment should be routinely funded in the future. MAAs can be associated with particularly complex rebate and data collection arrangements. In England all MAAs are negotiated by NHS England and eligibility criteria and access and outcome data are collected through the BlueTeq system.

In Wales agreements have to be negotiated by individual Health Boards; this is currently facilitated by the all Wales Procurement Specialist Pharmacist.

Wales does not have access to the BlueTeq system which creates a number of problems or potential problems, including:

- NHS Wales does not automatically get access to the same discounted rates as NHS England.
- NHS Wales is unable to provide pharmaceutical companies with the clinical outcome data which is available on English patents and therefore rely on goodwill to access the same discounted price.
- Welsh patients are not contributing to the global evidence base which will help inform future effective access to high cost medicines.
- WHSST does not have access to electronic database of prescribing for audit purposes.
- There is inconsistent data collection on high cost drugs between Health Boards.
- It is likely that NHS Wales is not recouping all the discounts available on high cost drugs. The Chief Pharmacist Group have estimated potential losses at £1.5M

## **2.0 Background**

The BlueTeq system was developed in 2008 to enhance capture and monitoring of high cost medications. In England approximately 150 CCGs and their associated Providers are operating the system live or in the implementation phase and the system is implemented within NHS England for both Specialised Commissioning and the Cancer Drug Fund.

BlueTeq has two interfaces, one for the user and one for the commissioner. The programme is web based. It offers advantages for criteria based interventions for the commissioning of high cost drugs. It is fully compliant with the data security and information governance requirements of NHS England.

The Health Board and WHSSC teams will be able to manage better both the process and budget for drug delivering and therefore a more efficient service to patients, Commissioners and Providers. The flexibility of the system facilitates any further changes in structure so future proofing the system, the investment and the service.

BlueTeq allows consistent collection of PAS data across Health Boards.

BlueTeq can link in with homecare providers.

The company are offering a tailored programme for the whole of Wales, with comparability with the BlueTeq system used by NHS England.

BlueTeq are currently in negotiation with Chemocare to coordinate single point of data entry for oncology patients.

## **3.0 Assessment**

Welsh Government have indicated their support for the acquisition of BlueTeq and suggested they may support implementation costs to ensure equity of access and monitoring of drugs in the New Treatment Fund.

The proposal is supported by the All Wales Pharmacy Group and the All Wales Procurement specialist pharmacist.

If BlueTeq was procured for Wales it is proposed to roll out the implementation in two stages. The initial stage would be implementation within WHSSC for high cost drugs. This initial pilot phase would be managed and overseen by an Implementation Group. Once firmly established and tested there would then be a phased secondary roll out to Health Boards.

Using the system creates additional work for clinicians in registering patients and pharmacy departments in providing prescribing data. Currently in WHSSC

there is a paper based prior approval system for high cost drugs and the electronic system would simply replace an existing step in prescribing. It is therefore anticipated that barriers to implementation would be low. In addition early discussion with NWIS suggests an automated electronic system could be developed for transferring prescribing data.

Early engagement with key clinicians and other healthcare professionals however will be crucial in order to establish confidence in the system. Appropriate training will be needed within each Health Board building on the findings of the pilot phase.

At the moment there is considerable variation across Health Boards in Wales in the definition of 'high cost drugs'. One important precursor to the introduction of BlueTeq will be agreement between healthcare professionals on the list of medicines that should be categorised as 'high cost'.

It can link in with homecare providers. It would be a tailored programme for the whole of Wales, with comparability with the BlueTeq system used by NHS England.

### **Basis of costs (Health Boards)**

The system is priced on a per Health Board basis. The system places no restrictions on the number of Providers, the number of users at either the Health Board or Providers nor the number of requests. Where economies of scale can be found with the implementation and ongoing use of the system, BlueTeq will pass this on to the Health Boards.

### **Basis of costs (WHSSC)**

The system is priced based upon the number of Providers, in line with national funding for these schemes. The system places no restrictions on the number of users at either WHSSC or Providers nor the number of requests.

### **Proposed costs**

Charges are based upon a one-off fee for implementation and an annual charge for the Licence including the Service Level Agreement (see Table 1). The company have made a commitment to maintain the same annual retention fee for the life time of the product.

### **The Implementation fee covers the following:**

- Configuring and amending the system to the needs of the Commissioner
- User Training
- Data import
- Intensive "go live" support.

## The Annual Licence & SLA covers the following:

- The annual licence to use the software
- Telephone and e-mail support
- Minor enhancements or change requests by the client

There are cost savings if BlueTeq is purchased for both WHSSC and the Health Boards.

### Option 1 - System for 7 Health Boards only

	Implementation (One-off Fee)	SLA (Annual)
7 Health Board System	£42,000	£35,000
Available Discount	£21,000	£17,500
<b>System for 7 Health Boards</b>	<b>£21,000</b>	<b>£17,500</b>

### Option 2 - System for WHSSC only

	Implementation (One-off Fee)	SLA (Annual)
30 User System	£30,000	£45,000
Available Discount	£15,000	£22,500
<b>System for WHSSC with 30 Trusts (DGH)</b>	<b>£15,000</b>	<b>£22,500</b>

### Option 3 - System for WHSSC & 7 Health Boards

	Implementation (One-off Fee)	SLA (Annual)
30 User System for WHSSC	£15,000	£22,500
7 Health Board System	£21,000	£17,500
Total All Wales System	£36,000	£40,000
Additional commitment discount	£4,300	£4,400
<b>All Wales System Price</b>	<b>£31,700</b>	<b>£35,600</b>

[All prices are exclusive of VAT, which will be applied at the standard rate.]

## 4.0 Recommendations

It is recommended that WHSSC purchases the BlueTeq system for both WHSSC and the Health Boards given the minimal cost difference. The WHSS Team in collaboration with the All Wales Procurement specialist pharmacist and Chief Pharmacist Groups can then offer leadership to support the roll out the system across the Health Boards.

Members are asked to:

- **Note** the benefits of introducing the BlueTeq high cost drug management system across NHS Wales, including the commitment from the manufacturer to offer NHS Wales the same annual fee for the life-time of the product.
- **Approve** recurrent funding for a system which support both the 7 Health Boards and WHSSC

Link to Healthcare Objectives		
Strategic Objective(s)	Organisation Development Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	This scheme was not accounted for within the ICP 2018-21	
Health and Care Standards	Effective Care Safe Care Staff and Resourcing	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Any issues are described in this paper.	
Resources Implications	The resource implications are outlined in this paper.	
Risk and Assurance	Risks to not supporting the funding are outlined in this paper.	
Evidence Base	The evidence base supporting this case is outlined in this paper.	
Equality and Diversity	There are no implications for equality and diversity in this report.	
Population Health	There are no implications of population health in this report.	
Legal Implications	There may be legal implications associated with the introduction of BlueTeq in Wales	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		



# INTEGRATED GOVERNANCE COMMITTEE

## TERMS OF REFERENCE

### INTRODUCTION

The Standing Orders of the Joint Committee provide that *"The Joint Committee may and, where directed by the Assembly Government must, appoint Committees of the LHBs either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.

In line with standing orders (and the scheme of delegation), the Joint Committee shall nominate a committee to be known as the **Integrated Governance Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

### PURPOSE

The purpose of the Integrated Governance Committee "the Committee" is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

### DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its provision of advice to the Joint Committee, ensure:

- that it maintains an oversight of the work of the Quality and Patient Safety Committee and Audit Committee. The Committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- ensure that appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top level risks and ensuring that plans are in place to manage those risks;
- that it oversees the Joint Committee's major policy objectives such as the Integrated Commissioning Plan for Specialised Services, identifying issues which need Joint Committee action or involvement, and scrutinising the delivery and performance in those areas.
- that it maintains an oversight of the work of the Welsh Renal Clinical Network addressing issues which fall outside or between the work of the network.

## **Authority**

The Committee is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility. In doing so, the Committee shall have the right to inspect any books, records or documents of Welsh Health Specialised Services Committee. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Committee.

The Committee is authorised by the Joint Committee to obtain external legal or other independent professional advice and to secure the attendance of external experts / advisors with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other requirements.

## **Task and Finish Groups**

The Committee may, subject to the approval of the Joint Committee establish task and finish groups to carry out on its behalf specific aspects of Committee business.

## **MEMBERSHIP**

- Chair
- Vice Chair
- Managing Director of Specialised and Tertiary Services
- Audit Committee Lead - Independent member
- Chair, Quality & Patient Safety Committee – Independent member
- Chair, Welsh Renal Clinical Network – Associate member

The Chairman of the Joint Committee shall chair the Committee and in the absence of the Chair, the Vice Chair will deputise.

## **Attendance**

The Internal and External Auditors will be invited to attend on at least one occasion each year to ensure that the Audit Plans provided coverage of the key risk areas.

The following officers will be in attendance:

- Director of Nursing and Quality assurance
- Director of Finance
- Director of Planning

- Medical Director
- Committee Secretary

### **Member Appointments**

The membership of the Committee shall be determined by the Joint Committee and subject to any specific requirements or directions made by the Welsh Government and in line with the Governance and Accountability Framework.

### **Support to Committee Members**

The Committee Secretary, on behalf of the Committee Chair, shall:

- Determine the secretarial and support arrangements for the Committee;
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for committee members.

## **COMMITTEE MEETINGS**

### **Quorum**

The quorum shall be 3 members.

### **Frequency of Meetings**

The Committee will aim to meet on a quarterly basis.

### **Circulation of Papers**

The Committee Secretary will ensure that all papers are distributed at least five working days prior to the meeting.

## **REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the Committee's activities. This may include verbal updates on activity, the submission of committee minutes and/or written reports;
- bring to the Joint Committee's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair, Lead Director or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of WHSSC.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any Task and Finish Groups established.

#### **RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS**

Although the Joint Committee has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for those citizens for whom it secures that healthcare.

The Committee, through the Committee Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and Committee business and sharing of information.

The Committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

#### **APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

These Terms of Reference shall be adopted by the Integrated Governance Committee and subject to review at least on an annual basis.

#### **REVIEW**

## MANAGEMENT GROUP

### ANNUAL REPORT 2017-18

#### 1. BACKGROUND / INTRODUCTION

The purpose of the Management Group (*the "Group"*) is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group is responsible for undertaking the following functions:

- a) To agree, make recommendations and monitor the Annual Plan for Specialised Services for sign off by the Joint Committee;
- b) To receive recommendations from Programme Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change;
- c) To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation;
- d) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues;
- e) To undertake the role of Project Board for specific work streams and projects as approved by the Joint Committee and its Members and monitor their implementation;
- f) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee;
- g) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services; and
- h) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Plan. This will include issues that will have an impact on the plan raised by other subcommittees/advisory groups.

## 2. MEMBERSHIP

Members of the Group are appointed by the Joint Committee and derived from the 7 LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The 7 LHBs are required as a minimum to nominate a Member and a nominated Deputy to sit on the Group. Clinical representation is encouraged. The current membership is:

### Members

Sian Lewis	Managing Director, WHSSC (Chair)
Valarie Attwood	Associate Director Of Contracting, BCUHB
Carole Bell	Director of Nursing and Quality Assurance, WHSSC
John Darlington	Assistant Director of Planning, BCUHB
Stuart Davies	Director of Finance, WHSSC
Darren Griffiths	Assistant Director of Strategy, AMBUHB
Andrew Jones	Head of Finance – Financial Planning & Reporting, CTUHB
Julie Keegan	Assistant Director of Commissioning, CTUHB
Ian Langfield	Acting Director of Planning, WHSSC
Clare Lines	Assistant Director Commissioning Development, PTHB
Huw Llewellyn	Director of Commercial and Strategic Partnerships, ABMUHB
Robert Mahoney	Assistant Director of Finance, CVUHB
Phillip Meredith	Finance Business Partner, ABUHB
Karen Miles	Director of Finance, Planning & Performance, HDHB
Rob Nolan	Finance Director - Commissioning & Strategy, BCUHB
Kevin Smith	Committee Secretary & Head of Corporate Services, WHSSC
Jenny Thomas	Medical Director, WHSSC
Melanie Wilkey	Head Of Outcomes Based Commissioning, CVUHB

### Deputies

Andrew Champion	Assistant Director – Evidence, Evaluation and Effectiveness, WHSSC <i>(Deputy to Sian Lewis)</i>
Greg Chambers	Locality Finance and Performance Manager <i>(Deputy to Clare Lines)</i>
Catherine Dew	Individual Patient Funding Manager, WHSSC <i>(Deputy to Carole Bell)</i>
Iolo Doull	Deputy Medical Director, WHSSC <i>(Deputy to Jenny Thomas)</i>
Maxine Evans	Corporate Planning Manager, ABMUHB <i>(Deputy to Darren Griffiths)</i>
David Eve	Assistant Director of Finance, HDHB <i>(Deputy to Karen Miles)</i>
Charlie Mackenzie	Head of SLR and External Commissioning, ABMUHB <i>(Deputy to Huw Llewellyn)</i>

Christopher Markall	Principal Finance Manager, CVHB <i>(Deputy to Rob Mahoney)</i>
Nigel McCann	Assistant Director of Finance, BCUHB <i>(Deputy to Rob Nolan)</i>
Gill Milne	Finance Officer, BCUHB <i>(Deputy to Valerie Attwood)</i>
Alison Moroz	Finance Manager – Commissioning, CTUHB <i>(Deputy to Andrew Jones)</i>
Claire Nelson	Acting Assistant Director of Planning, WHSSC <i>(Deputy to Ian Langfield)</i>
Stacey Taylor	Finance Manager, WHSSC <i>(Deputy to Stuart Davies)</i>

### 3. MEETINGS

The Group met on the following dates during 2017/18. Each meeting was quorate.

27 Apr	29 June	27 July	31 Aug
21 Sept	16 Nov	14 Dec	1 Jan

### 4. MAIN AREAS OF COMMITTEE ACTIVITY

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

- Preliminary Matters
- Strategy Development
- Development of the Integrated Commissioning Plan
- Implementation of the Integrated Commissioning Plan
- Finance and Performance
- Governance and Assurance
- Items for Information
- Concluding Business

### 5. SUB GROUPS

During 2017/18 the Group held a number of workshops on the development of the Integrated Commissioning Plan for 2018/19.

## **6. LINKS WITH SUB COMMITTEES**

WHSSC Directors on the Group provide linkage with the Joint Committee, its joint sub-Committees and the advisory groups, such as the WHSSC Quality and Patient Safety Committee, Audit Committee (of host organisation) and clinical networks. LHB Members of the Group provide a link to each LHB and the LHB Board and sub-committees of the LHB Board.

The Group direct specific patient risks to the Quality and Patient Safety Committee and the link for this is the Director of Nursing and Quality.

## **7. WORK PROGRAMME**

In order to monitor progress and any necessary follow up action, the Group has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Group and from the Group to the Joint Committee.

Following each meeting, a briefing is provided to Members capturing the main decisions made at the meeting.

The confirmed minutes of the Group are available on the WHSSC website <http://www.whssc.wales.nhs.uk/management-group-sub-committee>

## **8. ASSESSMENT OF GOVERNANCE AND RISK ISSUES**

The Group provides an essential element of the overall governance framework for the organisation. It has operated within its Terms of Reference and in accordance with the Governance and Accountability Framework.

The Group will undertake its annual self-assessment covering the 2017-2018 financial year in June 2018.

## **9. ASSURANCE TO THE JOINT COMMITTEE**

The Group wishes assure the Joint Committee that, based on the work completed by the Committee during 2017/18, there are effective measures in place. There are no outstanding issues that the Group wishes to bring to the attention of the Joint Committee.

## **10. CONCLUSION AND LOOK FORWARD**

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2018/19 in respect of the:

- Completion of the self-assessment for the Committee;
- Review of the Terms of Reference and Membership of the Management Group.



## **INTEGRATED GOVERNANCE COMMITTEE**

### **ANNUAL REPORT 2017-18**

#### **1. BACKGROUND / INTRODUCTION**

The role of the *Integrated Governance Committee* (the "Committee") is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

The Committee will, in respect of its provision of advice to the Joint Committee, ensure that it: -

- maintains an oversight of the work of the Quality and Patient Safety Committee and Audit Committee. The Committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- ensures that appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top level risks and ensuring that plans are in place to manage those risks;
- oversees the Joint Committee's major policy objectives such as the Integrated Commissioning Plan for Specialised Services, identifying issues which need Joint Committee action or involvement, and scrutinising the delivery and performance in those areas.
- maintains an oversight of the work of the Welsh Renal Clinical Network addressing issues which fall outside or between the work of the network.

#### **2. MEMBERSHIP**

The membership enables the Committee to operate independently of the management decision-making processes. Membership during 2017-18 was as follows:

- WHSSC Chair
- WHSSC Vice Chair
- Managing Director of Specialised and Tertiary Services

- Audit Committee Lead - Independent Member
- Chair, Quality & Patient Safety Committee – Independent Member
- Chair, Welsh Renal Clinical Network – Associate Member

Corporate Directors are invited to attend all meetings.

### **3. MEETINGS**

The *Integrated Governance Committee* met on three occasions during 2017-18 and all meetings were quorate.

### **4. MAIN AREAS OF COMMITTEE ACTIVITY**

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

#### **Preliminary Matters**

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

#### **Items for Decision and Consideration**

The Integrated Governance Committee considered a number of items of WHSSC business during 2017-18, an example of which is provided below:

#### **Annual Governance Statement 2016-17 (AGS)**

Members received a draft of the AGS 2016-17. Members were reminded that the AGS was not a statutory requirement for WHSSC; however, it would feed into the Cwm Taf UHB Annual Governance Statement and would also be circulated to each of the seven Health Boards for their assurance.

Members supported the presentation of the draft AGS to the Audit Committee on 15 May 2017.

#### **Health and Care Standards Self-Assessment**

Members reviewed and approved the organisational self-assessment against the Health and Care Standards. Members discussed how to use the Standards alongside the Quality Assurance Framework and consider what WHSSC could do in terms of its own quality assurance, as a commissioner.

#### **Governance Arrangements – Clinical Networks**

Members received and discussed papers which outlined proposals to regularise the governance for the CAMHS and Eating Disorders Network. Members agreed work needed to be undertaken to understand the remit and responsibility of the Advisory Groups.

#### **Alternative Arrangements for Provision of Quality Assurance**

Members received an update regarding the provision of secure mental health services through the mental health framework and associated quality assurance services facilitated by QAIT/NCCU. Members noted that the

WHSSC team were concerned by the lack of quality assurance function in relation to the provision of services through the QAIT/NCCU framework by Welsh providers and duplication of quality assurance for English providers and members agreed that the WHSSC team would develop their thoughts on QAIT/NCCU and take a paper to Management Group for scrutiny and develop a recommendation to Joint Committee.

### **Review of IPFR process for PET**

Members received a report on the interim process, based on the All Wales IPFR Policy, introduced by WHSSC to consider requests for PET scans which did not meet the indications within the extant PET policy. Members agreed there would be liaison with the All Wales Medical Directors Group to seek their support regarding attendance of clinical staff at IPFR meeting and that the WHSSC team would review the IPFR process with a view to improving efficiency, including greater advance scrutiny of applications, and make recommendations to the WHSSC IPFR Panel.

### **Governance and Accountability Framework**

Members received a paper which presented an overview of the proposed amendments to the Governance and Accountability Framework (GAF) for WHSSC and took an action to undertake a full 'deep dive' review of the Framework to be completed by 30 September 2018.

### **WHSSC Joint Committee Annual Business Cycle**

Members received a paper which provided an overview of the Draft Annual Business Cycle for the WHSSC Joint Committee

### **Routine Reports**

During 2017-18, the Integrated Governance Committee received a number of routine reports on an annual or quarterly basis, with a number provided at each meeting.

### **Items for Information**

The Integrated Governance Committee received a number of items for information which are used to ensure that Members remain up to date with any matters pertinent to their role and responsibilities, but which do not require a decision or consideration directly.

## **5. LINKS WITH OTHER COMMITTEES**

Directors on the Sub-committee provide linkage with other committees such as the Quality & Patient Safety Committee, Audit Committee, All Wales IPFR Panel, and Welsh Renal Clinical Network. Members of the Integrated Governance Committee report progress at each meeting and also provide an update on their relevant sub-committee/sub group/network to the Joint Committee. Any patient specific risks are directed to the Quality & Patient Safety Committee and the link for this is the Medical Director in the absence of the Director of Nursing.

## **6. WORK PROGRAMME**

In order to monitor progress and any necessary follow up action, the Sub-committee has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance both to the Sub-committee and from the Sub-committee to the *Integrated Governance Committee* and to the WHSSC Joint Committee.

## **7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES**

The Integrated Governance 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.

## **8. ASSURANCE TO THE JOINT COMMITTEE**

The Integrated Governance Committee wishes assure the WHSSC Joint Committee that on the basis of the work completed by the Committee during 2016-17, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the WHSSC Joint Committee.

## **9. CONCLUSION AND LOOK FORWARD**

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2018-19 in respect of the:

- Completion of the self assessment for the Committee;
- Review of the Terms of Reference and Membership of the Integrated Governance Committee; and
- Further development of the corporate risk and assurance mechanisms.

## **INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL**

### **Annual Report 2017/18**

<b>Sub-Committee/Group Chair:</b>	<b>All Wales Individual Patient Funding Request (IPFR) Panel</b>
<b>Report Approved by Sub-Committee:</b>	

## **1. BACKGROUND / INTRODUCTION**

The All Wales IPFR Panel are constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

## **2. MEMBERSHIP**

The membership of the Committee comprises of 10 members, enabling the Committee to operate independently of the management decision-making processes. Membership during 2017/18 was as follows:

- Independent Chair
- Two Lay representatives
- Nomination at Director level from each of the 7 LHBs

A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist.

## **3. MEETINGS**

The All Wales Individual Patient Funding Panel met in person on 12 occasions. During the period 2017/18 12 meetings were quorate (The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives).

In the same period, 2 virtual (email) Panel decisions and 44 urgent Chair actions were made.

In addition to the members, the following also attended the committee meetings during the year:

- WHSSC Medical Director or Deputy
- WHSSC Director of Nursing or Deputy
- WHSSC IPFR Co-ordinator
- WHSSC IPFR Manager

#### **4. MAIN AREAS OF COMMITTEE ACTIVITY**

The agenda for each meeting follows a standard format which is broken down into:

##### **Preliminary matters**

This section of the meeting covers off standard issues such as apologies, welcome, declarations of interest, minutes of the last meeting, reports on clinical outcomes received, reports on virtual Panels and Chair actions held in the previous month, action log updates and matters arising.

##### **Items for discussion and consideration**

This section covers IPFR Requests for discussion.

The requests are anonymised. The Panel consider on average 15 requests per month (total of 189 requests considered in the 12 month period).

The IPFR Panel cannot make policy decisions. Any policy proposals arising from their considerations and decisions are reported to the WHSSC programme teams.

The Panel have financial authorisation to agree funding up to a set limit of £300,000 for one-off packages and £1million for lifetime packages

Authorisation for any decisions resulting in a financial cost in excess of this limit must be obtained from the relevant Health Board and reported to the Managing Director of Specialised and Tertiary Services.

In financial year 2017/18, the All Wales IPFR Panel committed £955,695 in funding.

##### **Any Other Business**

#### **5. LINKS WITH OTHER COMMITTEES**

The WHSSC Director of Nursing and Quality Assurance and Acting Medical Director have provided a connection with other committees such as the Quality and Patient Safety Committee, Integrated Governance Committee, Clinical Networks and WHSSC Performance and Risk Group.

#### **6. WORK PROGRAMME**

In order to monitor progress and any necessary follow up action the Committee was supported by the WHSSC IPFR Coordinator in developing a work log that captured all agreed actions. This provided an essential element of assurance both to the Committee and from the Committee to the Integrated Governance Committee and the Joint Committee.

## **7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES**

IPFR decisions are at risk of judicial review if not made in line with All Wales policy and procedure. Therefore, the All Wales IPFR Panel provided 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 Panel plans to undertake a self-assessment in the coming months and any actions will be picked up as part of the work plan for 2018/19.

## **8. ASSURANCE TO THE BOARD**

The All Wales IPFR Panel wishes to assure the Board that on the basis of the work completed by the Committee during 2017/18, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Joint Committee.

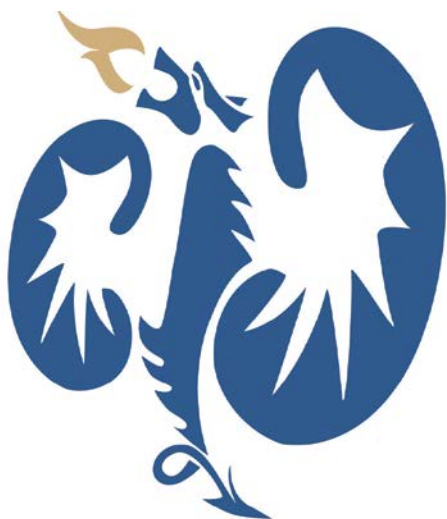
## **9. CONCLUSION AND LOOK FORWARD**

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2017/18 in respect of:

- The continued implementation of the recommendations of the Independent Review of Individual Patient Funding Request Process Report ( January 2017)
- Compliance with the All Wales IPFR Policy (June 2017) and decision making criteria.
- Reducing the number of Chair actions

## **Individual Patient Funding Request (IPFR) Panel ANNUAL REPORT**





**Rhwydwaith Clinigol Arennol Cymru**  
**Welsh Renal Clinical Network**

## **Annual Report**

**2017-2018**

## 1 Background

The WRCN was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of WHSSC in 2011. The WRCN is funded by the LHB's via WHSSC and manages a ring fenced commissioning budget of circa £70m on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.

The WRCN management team is a subcommittee of the WRCN board and acts as an interface between the WRCN as a commissioning group and the LHB renal directorate teams. This provides an effective process of engagement to progress key issues, collectively consider business cases for service change put forward by the individual renal teams across Wales, to ensure consistency of services across the regions and make recommendations to WRCN board.

The collaborative work of the management team has enabled prudent use of resources, reinvestment of ring fenced renal savings and the avoidance of any net financial investment from WHSSC being needed until 2017 despite a continued year on year growth in renal dialysis patients of 5% per annum.

One of the key strengths of the WRCN has been effective patient representation and participation at both a board level and on specific work groups enabling the co-production of renal services that are patient focused and fit for purpose.

Membership of both the Board and Management Team is noted in appendix 1.

## 2 UK Context

In the latest published UK Renal Registry report Wales has the highest rate of incidence (new patients starting Renal Replacement Therapy - RRT); the highest prevalence (patients on treatment at end of Audit year) of RRT; the highest prevalence of Kidney Transplants and Peritoneal dialysis, and the second lowest prevalence on Haemodialysis. This highlights the success of treatment strategies in Wales offering RRT to more patients, and treating more patients whilst promoting / delivering Transplantation and home dialysis as the preferred treatment options.

**Incidence/Prevalence of Home Nations for Renal Replacement Therapy and Renal Transplant**

Patients per million of Population (PMP) and % of Total RRT	Wales	England	Scotland	Northern Ireland	UK
<b>Incidence</b>	<b>126</b>	120	116	119	120
<b>RRT prevalence</b>	<b>978</b>	943	903	919	941
<b>HD prevalence</b>	368 (37.6)	389 (41.3)	358 (39.6)	336 (36.6)	384 (40.8)
<b>PD prevalence</b>	<b>69 (7.1)</b>	56 (5.9)	41 (4.5)	45 (4.9)	55 (5.8)
<b>Tx prevalence</b>	<b>540 (55.2)</b>	497 (52.7)	504 (55.8)	537 (58.4)	501 (53.2)

Source: UK Renal Registry 19th Annual Report

### **3 Key Achievements in 2017-18**

#### **3.1 Safety and Sustainability**

##### **3.1.1 Official opening of new dialysis units in Gwent at Mamhilad (Pontypool) and Cleppa Park (Newport) as part of the successful re tendering of SE Wales Contract**

Service improvements realised as a result include:

- Increased capacity closer to patient homes including a new unit in North Gwent
- Better facilities to improve patient experience
- Improved nurse to patient ratios for closer clinical supervision and acceptance of more dependent patients
- World class facilities and space that is future proofed for at least 5-10 years of anticipated growth

##### **3.1.2 Supporting BCU with an ongoing tender exercise to increase dialysis capacity in North Wales.**

Anticipated service improvements include:

- Increased capacity closer to patient homes including a new unit in the Deeside area
- Refreshed facilities in existing units including the provision of new water treatment plants where necessary

##### **3.1.3 Lead Pharmacist and Medicines management**

- Under the leadership of the WRCN Lead Pharmacist, a review of the therapeutic approach to transplantation immunosuppressant contract was completed in Feb 2018. This secured current arrangements for another tender cycle and provided further opportunity for cost savings for financial year 18-19. A bench marking exercise across Wales has been undertaken to identify how these can be realised.
- Work towards the digitalisation of medicines management underway with the proof of concept achieved and now operational in ABMU via Vital Data. A piloted scheme for an integrated EMPA (Electronic Medicines Prescription and Administration) system is the first of its type in Wales and has the advantage of being fully integrated in to the electronic patient record. This digitisation of medicines management work has been recognised by the achievement of the NHS Digital Award 2018

##### **3.1.4 Home Dialysis – Refresh of national commissioning framework**

- The national framework for home therapies has been reviewed over the last twelve months and a contract refresh process continues to identify areas that can be amended in response to service feedback, and to look for opportunities to increase overall value for money. This has included standardising the basket of consumables provided by each provider, and a review of the technology and prices offered on the framework
- The expansion of home therapies remains a key work area for WRCN and under the leadership of the WRCN Lead Nurse a national programme for nurse education and engagement has been delivered with a planned 'Home dialysis Roadshow' to help promote the services amongst patients and staff alike.

### 3.1.5 Vascular Access

- Vascular Access surgery in Wales has been through a difficult year, in particular in North and West Wales. The issues have mainly related to HB theatre and surgical sessional time allocation, which has been particularly difficult for the WRCN to help to resolve. In North Wales, there has been no vascular surgeon who is able to perform dialysis access surgery in Glan Clwyd for most of the year and when the vacant post was eventually filled, the appointed surgeon needed additional specialist training. This has resulted in a significant increase in the waiting list in the region, with several patients waiting over 300 days for surgery, and a fall in the audited standards of AVF prevalence.
- Unfortunately as the waiting list for vascular access surgery is not monitored by the UHB, and the funding streams for access provision are uncertain, this is not seen as a priority for BCUHB. A similar problem has occurred in West Wales where the theatre management team in Morriston decided, unilaterally, to remove one of the vascular access operating lists and have yet to provide an adequate replacement. This has resulted in an increase in the waiting list, a fall in the audit standards and adverse outcomes for patients. Again, the lack of clarity on funding streams has made this very difficult to resolve. There has been positive progress with sustainability of Vascular Access Nursing roles in North Wales, with a new system of cross covering across the three sites.

### 3.1.6 Renal Transplantation

- The opt out system for organ donation continues to be monitored and is showing very promising outcomes, with steady and sustained increases in consent for deceased organ donation. Both England and Scotland are consulting on a similar change in legislation, and members of the WRCN are providing advice and guidance for these consultations. Kidney transplant numbers have been broadly static, with a slight decrease in live donor numbers and pancreas transplant numbers have increased. Wales continues to perform favourably against the rest of the UK.
- Wales is looking to lead the way on accepting Hepatitis C positive kidney donors as we now have a very effective treatment for this condition that is fully funded by Welsh Government. This has the potential to facilitate a number of high quality transplants if the final stages of the approval process can be overcome (awaiting WHSSC approval). We are in the process of auditing our transplantation work up pathways, and also looking at a clearer way to reimburse live donors who have donated to patients in Wales. This should increase transplant numbers and quality over the coming years.

	Wales	UK
Waiting list (pmp)	57	81
Incident transplants (pmp)	42	51
Prevalent transplants (pmp)	532	482
Median waiting time to deceased donor transplant (days)	490	829
Proportion patients transplanted first year after activation*	52%	25%
Live Donor Transplants (pmp)	17	15
LD transplants proportion of total	41%	30%
LD transplants proportion of waiting list	30%	19%
Pre-emptive LD transplants	54%	37%

## 3.2 Quality

### 3.2.1 Value Based HealthCare- Implementation of prospective collection of patient reported data about outcomes, expectation and experience.

Traditionally the quality of renal services has been judged on data submitted to the UK Renal Registry. This is now supported by analysis of the patient experience and determines whether the treatment offered matches the expected outcome. We now have established, an all Wales database that tracks patient choices and treatment outcomes including PROMS, PREMS and survival. We collect case mix variables including comorbidity and frailty and so are developing a comprehensive understanding of which treatments actually improve patient outcomes. We are leading the rest of the UK in this regard

### 3.2.2 Commencement of Renal Nursing Course South Wales

Degree/Masters level Renal Course in the Swansea University for the South of Wales has commenced. The course will mirror a similar course in North Wales. This will encourage structured learning for renal nursing staff, career progression and recruitment and retention in the Renal service.

### 3.2.3 Presentation of prudent health care principles

WRCN work was presented to the Prudent Healthcare Stakeholder Meeting hosted by Cardiff Welsh Institute of health and social care. The WRCN renal model for collaborative health was recognised as an exemplar of prudent and value based health and as a result WRCN were asked to present at the WHSSC Re-commissioning event in Cardiff and further support has been offered to the WHSSC planning directorate to encourage shared learning

### 3.2.4 Award for south east renal procurement

The WRCN together with the National Renal Procurement Team (UHW) have been awarded the national (UK) award for Best Process/Procurement Initiative or Improvement in relation to their work on South East dialysis expansion.

### 3.2.5 Cardiff Transplant Unit Accreditation

Cardiff Transplant Unit has been awarded European Board of Surgery Accreditation for training for kidney transplantation and organ retrieval. This is the first unit in the UK to have achieved this

### 3.2.6 Service Specifications

- Published in April 2016 (available on WRCN website)
- These set out the minimum requirements of a service, measures of good practice and the national audit requirements and are central to delivering high quality renal services in Wales.
- Produced in collaboration with service users and clinicians, the Welsh Renal Clinical Network led the development of a range of service specifications covering the care pathway across Chronic Kidney Disease, from pre-dialysis care through to end of life care.
- Each regional service will complete an annual self assessment against the service specifications that will assist WRCN in assessing both service quality and service equity across Wales.

- The specifications relate to:

1	Chronic Kidney Disease (CKD)
2	Vascular Access
3	Peritoneal Dialysis
4	Home Haemodialysis
5	Unit Haemodialysis
6	Conservative Management & End of Life
7	Transplantation
8	AKI (Acute Kidney Injury)
9	Unit Haemodialysis Transport

Monitoring of achievement of these specifications will be via a peer review process to be started in 2018. The measurable criteria is therefore currently under review to facilitate this

### 3.2.7 Information Technology

Further development of Renal IT systems to facilitate automated reporting to support all Wales Audit, returns to National registries and to assist more effective day to day clinical management of patients. In addition we have rolled out a single health board electronic prescribing and medication administration system – with plans to roll out to a neighbouring health board later this year.

### 3.2.8 Transport

During 2017/18 the number of reduced treatments due to transport was 256. Although this is significantly lower than the 528 in 2015/16 it did increase from 2016/17 when it was 190.

The causes are varied but include traffic delays, vehicle breakdowns, and resource availability challenges. Improvements were made during the year at Cardiff North and Merthyr dialysis units, but deterioration was experienced at West Wales and Morriston units. Despite these challenges through the year, WAST has maintained a clinically safe service as multiple reduced treatments for the same patient and the use of emergency ambulances are now no-events.

Some of the current challenges around transport provision for dialysis patients may relate to the increasing complexity of patient mobility. The number of patients that need to be transported by ambulance rather than car significantly increased during 2017/18. This equated to an average of 40 extra ambulance journeys per day. Understandably this has created operational challenges for WAST. This increase is being independently evaluated and a national patient profile of dialysis transport patients being developed by the renal hub to better inform the planning of services going forwards with EASC taking responsibility for commissioning NEPTS from 2018 onwards.

### 3.2.9 Clinical Audit Event

The WRCN audit has been running this for the last eight years and is the only specialist service audit in Wales inclusive of all multi disciplinary health professionals and patients. Since its inception, the involvement of different members of the renal multidisciplinary team has been crucial for evaluating compliance with Renal Service Specifications and implementing the principles of Prudent Healthcare. Patients' representatives are always invited to attend this meeting and participate in presentation, discussions and planning for future meetings/ presentations.

Examples of some of the presentation for this year's audit (21/9/18)

- Access to transplantation: obstacles and success
- Vascular access service provision
- Returning to dialysis after transplant failure
- Chronic dialysis adequacy
- PREMS feedback and review
- Youth worker service in Wales.
- Learning from clinical incidents, complaints

For the first time there will also be a session moderated by patients and main presentations by patients as well:

- My 20 year dialysis Journey, ending in home dialysis
- Role of patient groups in assessing care quality: A patient survey conducted by the Paul Popham foundation on three dialysis units.

### 3.3 Financial Management

The WRCN holds the responsibility for an annual budget of £69.5m which is specifically ring fenced for renal dialysis and transplant services across Wales.

The following additional investments into renal services were made during the financial year 2017/2018.

Dialysis Services	£1,500,000
Transplant Services	£237,000
Clinical Staff Posts	£70,000

Within this £861,000 was provided to increase access to dialysis services within the SE region, including the newly opened Pontypool unit and the second year of the expansion of the Newport unit, while a further £261,000 supported dialysis services in West Wales.

£378,000 was provided to LHBs to support specific cost pressures faced by dialysis services.

Further investment was provided to Transplant services across Wales including an additional £84,000 for anti rejection drugs, and an additional £153,000 to fund transplant services to the N Wales population.

In total, the £69.5m ring fenced funding has been invested in the following areas

Dialysis Services North and Mid Wales	£15.28m
Dialysis Services West Wales	£18.45m
Dialysis and Nephrology Services South East Wales	£24.34m
Transplant Services	£9.50m
Dialysis Transport Services	£1.42m
Network Support	£0.51m

## **4 Work Plan for 2017-2018**

### **4.1 Procurement exercise for N Wales expansion**

WRCN will continue to support BCU with the ongoing tender exercise to provide dialysis expansion in North Wales. This will include a new unit in the Deeside area

### **4.2 Redesign and refurbishment of Main Dialysis Unit in UHW**

With the capital business case approved, work is to start on the redesign of the main unit WRCN will provide oversight of the delivery of the agreed capital plan

### **4.3 Peer review process to evaluate service against specifications**

A peer review process led by the WRCN Lead Nurse will be implemented across Wales to assess delivery against the service specifications as part of the Lead Nurse QPS role. This process will help share best practice, identify gaps in service provision and support the delivery of equitable services

### **4.4 Expansion of Llandrindod renal unit**

Support Powys LHB in the submission of business case to Welsh Government for capital investment increasing the existing capacity in Llandrindod Wells Dialysis Unit by two stations. This will enable additional dialysis capacity, provision of an isolation room and clinic space to further aid patients receiving care locally

### **4.5 Home therapies roadshow**

WRCN acknowledge the need to sustain and grow the home therapies service across Wales and have already taken steps to provide national peer support and educational programs for the nursing workforce to help facilitate this. We are currently working closely with Kidney Care UK and independent sector providers to plan a national home therapies roadshow for Summer 2019 where we can visit all units in Wales to educate patients, families, staff and public about CKD and the opportunity to undertake shared care modalities such as shared care and home therapies.

### **4.6 Evaluation of existing renal dialysis and transplant LHB LTAs**

A review of all renal LTAs with both NHS Wales and NHS England is underway in-keeping with WHSSC's ethos of recommissioning. This will focus on resetting baselines based on out turn activity an ensuring in year growth can be easily identified and ensuring that all services that are commissioned are within the commissioning responsibility of WRCN.



#### **4.7 Engagement**

WRCN has acknowledged that there is a lack of representation on the network board for Professional Allied to Medicine colleagues. The contribution to care from these professionals has been recently acknowledged by national patient groups. Therefore a working group of PAMs will be established to report to WRCN board and provide advice across all WRCN workstreams

#### **4.8 Collaborative working with Paediatric Renal Network**

Continuation of provision of advice and support to the paediatric teams to develop a set of national service specifications for paediatric renal care. Amendments will then be made to the Renal Delivery plan to include guidance on paediatric services and co production of a 'cradle to grave' delivery plan. Assistance has also been given to the Women and children and neonatal planning directorate to share some of the prudent principles learnt within WRCN to help identify potential areas for savings.

#### **4.9 Renal Nurse Development**

- Following the success of the renal course in the early part of 2018, a further cohort/intake will be offered in October and then annually going forwards to continue to support the development of the renal nursing workforce across Wales.
- A programme of national renal nurse workshops for peer support, shared learning and standardised practise will continue under the leadership of the Lead Nurse
- A rolling programme of dialysis unit visits to be continued to assess quality, patient experience and provide advice/support to nursing workforce
- The lead nurse is leading collaborative work with our renal teams, WAST, palliative care and Advanced Care Planning facilitators across Wales to develop robust ACPs for all patient with end stage renal failure with an initial focus on patients who are accessing the conservative management care pathway.
- WRCN are working collaboratively NHS England to take forward a Shared care initiative in Wales. The shared care model is to be presented at the National audit day 2018 with subsequent educational programmes established across Wales to develop the skills of the nursing workforce to promote and deliver this modality.

#### **4.10 Pharmacy and medicines management development**

- Provide architecture for the roll out of the EPMA system across starting with HDUHB followed by CVUHB
- Review and standardise the approach for IV iron and iron strategies and calci memetic therapy therapeutic

#### **4.11 Quality Assurance Programme**

A national peer review process will be started under the leadership of the Lead nurse, to assess the quality of services against the service specifications. A series of unit visits is also currently underway to follow up from the PREMs results from the renal registry

## **5 Governance and Reporting Structure**

The WRCN board has a well established structure that includes a QPS sub committee and work groups assigned to the various areas of responsibility. Patient representation and engagement is embedded throughout all work streams and patients are encouraged to participate wherever they feel they can contribute.

The QPS subcommittee works closely with the WHSSC QPS committee and the QPS teams work closely together to respond to risks and incidents identified. The renal QPS lead provides a standing update to the WHSSC QPS agenda at each QPS meeting.

The WRCN through its QPS sub-committee provides national leadership of renal clinical governance and works closely with the LHBs to monitor risk and respond to issues promptly. The WRCN QPS committee, as a standing agenda item to its quarterly meetings, reviews the individual directorate risk registers and holds a discrete WRCN risk register that encompasses all risks to service safety, sustainability and effectiveness.

WRCN is notified of any serious incidents and the WRCN QPS lead works closely with WHSSC QPS team to ensure that all incidents are thoroughly investigated and responded to appropriately.

The WRCN board has met on 5 occasions during 2017-18. Copies of the minutes of these meetings can be found on <http://www.wales.nhs.uk/sites3/page.cfm?orgid=773&pid=50046>

The WRCN management team has met on 4 occasions.

The WRCN QPS committee has met on 5 occasions and has contributed to the WHSSC QPS board meetings as a standing agenda item as required.

## **6 ASSURANCE TO THE JOINT COMMITTEE**

The WRCN Chair:

- Reports formally to the Joint Committee and to the Integrated Governance Committee on the activities of the WRCN Board. This includes updates on activity, the submission of WRCN Board minutes and written reports as well as the presentation of an annual report.
- Brings to Joint Committee's attention any significant matters under consideration by the WRCN Board.

The WRCN QPS Lead:

- Reports regularly to WHSSC QPS board and ensures the escalation of any critical matters that may impact on patient care and service sustainability
- The WRCN lead clinician and network manager advise the WHSSC Management committee regarding relevant aspects of their function that have impact outwith the ring fenced envelope of the WRCN

## Appendix 1

### Remit and Scope of the Welsh Renal Clinical Network

The WRCN has the following discrete areas of responsibility:

- Chronic Haemodialysis including Home Haemodialysis
- Peritoneal Dialysis
- Renal Transplantation
- Transport to and from dialysis
- Vascular Access for dialysis

Other areas where the Welsh Renal Clinical Network supports NHS Wales with advice and planning guidance include:

- Acute Kidney Injury and acute dialysis
- Conservative Management
- Renal Pharmacy
- Renal Workforce
- Service User Engagement
- General Nephrology and Chronic Kidney Disease
- Transport to and from dialysis
- High cost drugs

The WRCN Board has the following membership:

#### Core (voting) members:

- Network Chair
- Network Lead Clinician
- Network Lead Nurse
- Network Clinical Lead for Quality and Patient Safety
- Regional (North, South West and South East Wales) Renal Services Clinical Directors
- WHSSC Management Group representatives (from different health boards for planning and finance);
- Non-officer member LHB representative
- Patient group representative\*
- Community Health Council Representative

\*Patient Groups include:

- Kidney Wales Foundation
- National Kidney Federation

#### In attendance:

- Nominated Director of Welsh Health Specialised Services Team
- Network Manager
- Network Finance Manager
- Deputy Network Manager
- Welsh Government – Policy Lead for Renal Services;
- Individual patient representatives from renal services and dialysis units as agreed advocates.

The membership of the management team is as follows:

#### Membership of the Management Group:

- Network Lead Clinician / deputy (Chair)
- Network Lead Nurse
- Network Manager / deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Network Clinical Information Lead
- National Renal Pharmacist
- National Lead for Transplantation
- Nominated Director of Welsh Health Specialised Services Team
- Provider Health Boards (Abertawe Bro Morgannwg, Betsi Cadwaladr and Cardiff & Vale):
  - Nephrology Clinical Directors
  - Nephrology Directorate Managers
  - Nephrology Lead Nurses
  - Nephrology Finance Managers



**GIG**  
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WALES

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

		Agenda Item	11
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
Report Title	June 2018 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 services commissioned by WHSSC for June 2018 and details the action being undertaken to address areas of non-compliance.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
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Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note</b> June performance and the action being undertaken to address areas of non-compliance.</li> </ul>
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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
	✓			✓				✓

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# WHSSC Integrated Performance Report

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June 2018

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WHSSC

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# **JUNE 2018 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 June 2018. A detailed report is presented at WHSSC's Management Group of which copies are available to committee members upon request.

## **2.0 Structure of report**

### **ESCALATION**

The escalation section provides a summary of the services that are in escalation and the level of escalation.

### **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 targets;
- 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; and
- 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 Escalation

The table below shows the current services that WHSSC has placed at Stage 2 and above of the escalation process. The services for Bariatric Surgery, Neurosurgery, CAMHS and Paediatric Surgery services are at Stage 3 and are being managed in line with the WHSSC escalation process

A 3<sup>rd</sup> visit has already taken place with the CAMHS service provider in North and updated action plan agreed. The action plan has been developed with BCUHB and significant improvements have been made in both capacity and workforce. There is however still workforce issues with medical staffing and interim plan has been implemented whilst long term options are considered. Following the visit in April consideration was being given to de-escalation from level 3 but service informed WHSSC of further capacity issues at end of April due to further qualified nurse vacancies.

The CAMHS service in South Wales at Ty Llidiard was escalated straight to level 4 following an inpatient serious event. The Unit was temporarily closed for admissions until a visit from the Quality Assurance & Improvement Team took place and a report drafted. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.

A commissioning quality re-visit recently took place to the Paediatric Surgery service. The notes and action plan are in draft form and will be shared with the provider in due course.

Quarterly performance meetings with the Lymphoma Panel are in place. Performance against the quality indicators (turnaround times) will be reported in the next performance report.

All Plastic Surgery pathway workshops have now taken place. The final clinical summit meeting will be held on 9<sup>th</sup> July 2018.

Paediatric Intensive Care has been placed at escalation level 2. Monthly meetings are taking place with the service and information to be submitted agreed.

The BMT service in south Wales has also recently been placed into level 2 escalation to explore further concerns raised in relation to the following: i) risks to post transplant patients from delayed laboratory turnaround times; ii) risks to pre transplant patients from delayed admission during peaks in referrals; iii) potential infection risk due to sub-optimal environment. The first meeting was held in June where the data requirements to assess the potential risks were agreed.



### 3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
<b>Cardiac Surgery</b>	2	Monthly performance meetings continue with C&VUHB and bi-monthly with ABMUHB.	➡
<b>Thoracic Surgery</b>	2	Monthly performance meetings continue with ABMUHB and C&VUHB.	➡
<b>Lymphoma Panel</b>	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and ABMUHB).	➡
<b>Bariatric Surgery</b>	3	An assessment of evidence has been undertaken and the bariatric service was de-escalated from level 4 to 3 in April. Bi-monthly performance meetings are in place.	➡
<b>Plastic Surgery</b>	2	Monthly performance meetings continue with ABMUHB	➡
<b>Neurosurgery</b>	3	The Commissioning Quality visit is on hold until the Paediatric Quality process has been completed. This is to ensure that the planning and the lessons learnt from these visits are consistent across all the WHSSC services.	➡
<b>Adult Posture &amp; Mobility</b>	2	Quarterly meetings occur with all three providers but discussions have taken place separately with North Wales regarding their worsening position.	➡
<b>CAMHS</b>	3	An action plan has been developed with BCUHB and significant improvements to workforce issues have been made in last 3 months.	➡
	3	The CAMHS service in South Wales at Ty Llidiard was escalated straight to level 4 following inpatient incident leading to a temporary closure of the unit. Site visit and findings from QAIT report led to unit being reopened to admissions on case by case basis and de-escalated to Level 3 with action plan developed.	➡
<b>Paediatric Surgery</b>	3	An outcome letter was issued to the HB following the Commissioning Quality Re-visit that took place on the 16th of May. The service remains at level 3 of the escalation process and a further re-visit is scheduled to take place on the 24th of October 2018.	➡
<b>Paediatric Intensive Care</b>	2	Monthly performance meetings are scheduled to take place with the service.	➡
<b>BMT</b>	2	The BMT service in south Wales has recently been placed into level 2 escalation to explore further concerns raised. The first meeting was held in June where the data requirements to assess the potential risks were agreed.	➡

## **4.0 PROVIDER PERFORMANCE**

The trend for performance for all provider services has largely remained unchanged in the first quarter of 2018/2019. Of the 27 provider service targets that were monitored by WHSSC, 16 (59.3%) remain in breach at end of June 2018.

## 4.1 Section 1 Service Dashboard

Commissioning Team	Specialty	WHSSC Indicator Ref	Measure	Tolerance Levels			Provider	Apr-18	May-18	Jun-18	Latest Status	Latest Trend
Quality	Serious Incidents	S01	Qrtly Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%	All	100%				↑
Cardiac	Cardiac Surgery	E01	Mthly RTT < 36 weeks	<100%	N/A	100%	All	96%	94%	95%		↑
		E01	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	85%	83%	82%		↓
Cancer & Blood	Thoracic Surgery	E02	Mthly RTT < 36 weeks	<100%	N/A	100%	All	96%	99%	100%		↑
		E02	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	90%	90%	88%		↓
	Lung Cancer	E02D	Mthly USC lung resection < 62 days	>0	N/A	0	All	1	0	-		↑
		E02E	Mthly NUSC lung resection < 31 days	>0	N/A	0	All	0	0	-		↑
	Bariatric Surgery	E03	Mthly RTT < 36 weeks	<100%	N/A	100%	All	100%	100%	98%		↓
		E03	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	90%	89%	93%		↑
	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	98%	98%	97%		↓
	Plastic Surgery	E05	Mthly RTT < 36 weeks	<100%	N/A	100%	All	96%	96%	97%		↑
		E05	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	86%	85%	87%		↑
	Lymphoma	E06	Mthly Specimens tested ≤10 days	<90% within 10 days	N/A	=, >90% within 10 days	All	50%				
Neuro	Neurosurgery	E07	Mthly RTT < 36 weeks	<100%	N/A	100%	All	94%	96%	96%		→
		E07	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	86%	86%	87%		↑
	Adult Posture & Mobility	E08	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=, >90% within 26 weeks	All	84%	83%	85%		↑
	Paediatric Posture & Mobility	E09	Mthly RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=, >90% within 26 weeks	All	94%	96%	95%		↓
Mental Health	CAMHS	E10	Mthly OOA placements	>16	>14, <16	=, <14	All	8	10	10		→
		E10i	Mthly NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	67%	63%	65%		↑
		E10ii	Mthly NHS Home Leave	<20%, >40%	<25%, >35%	25%- 35%	All	28%	22%	19%		↓
	Adult Medium Secure	E11	Mthly NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	89%	95%	95%		→
Women & Children	Paediatric Surgery	E12	Mthly RTT < 36 weeks	<100%	N/A	100%	All	97%	99%	100%		↑
		E12	Mthly RTT < 26 weeks	<95%	N/A	>=95%	All	82%	87%	89%		↑
	IVF	E13	Mthly IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	100%	97%	100%		↑
		E13i	Mthly IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	35%	30%	40%		↑
		E13ii	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	21%	33%	33%		→
	Cochlear Implants	E14A	Mthly Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	52%	57%	50%		↓
		E14B	Mthly Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	0%	100%	88%		↓

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

Please note the addition of 26 week RTT performance indicator for Cardiac Surgery, Thoracic Surgery, Bariatric Surgery, Plastic Surgery, Neurosurgery, Paediatric Surgery Cochlear Implants.

## 4.2 Key Issues for June 2018

### Cardiac

The ongoing under performance and increasing number of breaches at C&VUHB remains a concern. The Health Board's 26 weeks waiting list position is 43 breaches and the 36 weeks waiting list position is 22 breaches reported for June (65 breaches). The current performance management arrangements and escalation level is being reviewed. For June LHCH 26 week's waiting list position is 12 breaches and for the 36 weeks waiting list position 2 breaches were reported, and they are at Stage 2 of the escalation process and joint performance meetings with BCUHB take place bi-monthly.

### Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at ABMUHB. While the delivery plan for 2017/18 set out a profile to eliminate breaches of 36 weeks by March 2018, this was not achieved (circa 100 patients remained in breach of the target). The summit to review pathways for hand and breast surgery, which account for the majority of breaches, was held on 9<sup>th</sup> July 2018. A further meeting is arranged for 1<sup>st</sup> October to progress actions. The next performance meeting is on 20<sup>th</sup> August.

### Neurological & Chronic Conditions

**Neuro-Radiology:** 68 patients were waiting for a DSA procedures and 24 patients were waiting for embolisation at the end of June. The service continue to deliver Saturday lists to manage the angiogram waiting list.

**Neurosurgery:** There has been a continued downward trend, since September 17 of the number of patients waiting over 36 and 52 weeks. In June 18, there were 22 patients waiting over 36 weeks and no patients waiting over 52 weeks.

### CAMHS

CAMHS Out of Area (OoA) performance is much improved and has consistently been below target for last 6 months. This is despite both NHS services being at level 3 escalation and reflects the new investment and increased capacity and capability of the intensive community support teams. The North Wales unit is still working its way back towards full commissioned capacity and the recent escalation of Ty Llidiard may lead to short term pressure on new OoA referrals. Despite this the total number of OoA placements at the end of June (10) remains well below target (14). A review of gatekeeping will take place shortly to consider changes to Consultant staffing in our Tier 4 units.

### Women & Children

**Paediatric Surgery:** The Health Board have reported an increase in the number of patients waiting over 36 weeks for treatment, the number has increased from zero to 33.

### 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. A meeting is scheduled in June with Shrewsbury to better understand their reporting processes and numbers.

Link to Healthcare Objectives		
Strategic Objective(s)	<b>Governance and Assurance</b> <b>Implementation of the Plan</b> Choose an item.	
Link to Integrated Commissioning Plan	This report monitors the delivery of the key priorities outlined within WHSSCs Integrated Commissioning Plan.	
Health and Care Standards	<b>Governance, Leadership and Accountability</b> Choose an item. Choose an item.	
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.	
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	N/A	
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 health 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



**GIG**  
CYMRU  
**NHS**  
WALES

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

		Agenda Item	12
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
Report Title	Financial Performance Report – Month 4 2018/19		
Author (Job title)	Assistant Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	<p>The purpose of this report is to set out the estimated financial position for WHSSC for the 3rd month of 2018/19. There is no corrective action required at this point.</p> <p>The financial position is reported against the 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the Joint Committee in March 2018.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	23/08/2016
	Joint Committee	Meeting Date	11/09/2018
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the current financial position and forecast year-end position.</li> </ul>		

#### 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. Situation

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

## 2. Background

The financial position is reported against the 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the Joint Committee in March 2018.

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 3 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 2018/19 has been amended to adjust out HRG4+ price increases which remain the subject of dispute. The full year outturn HRG4+ risk will be disclosed in full in the risk section of the report in coming months and accompanying financial schedules submitted to Health Boards.

## 3. Assessment

The financial position reported at Month 4 for WHSSC is an overspend to year-end of £1,019k.

The movements are across various budget headings, including over spend in Wales deteriorations in Non Welsh contracts offset by underspends in Mental Health and Developments. In addition, the overall position has benefitted this month from the crystallising non recurrent benefits from the balance sheet.

## 4. Recommendations

Members of the appropriate Group/Committee are requested to:

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



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.	
Link to Integrated Commissioning Plan	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Risk and Assurance	<b>This document reports on the ongoing financial performance against the agreed IMTP</b>	
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Joint Committee		

## Finance Performance Report – Month 4

### 1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 4<sup>th</sup> month of 2018/19 together with any corrective action required.

**The narrative of this report excludes the 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, 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	577,957	192,652	192,664	12	369	1,018	916
<b>Sub-total WHSSC</b>	<b>577,957</b>	<b>192,652</b>	<b>192,664</b>	<b>12</b>	<b>369</b>	<b>1,018</b>	<b>916</b>
WAST	146,984	48,995	48,995	0	0	0	0
Quality Assurance Team	738	246	246	0	0	0	0
EASC - staffing and other non-pay	479	160	160	0	0	0	0
Unscheduled Care team	0	0	0	0	0	0	0
EMRTS - ABMU	2,925	975	975	0	0	0	0
<b>Sub-total WAST / EASC / QAT</b>	<b>151,127</b>	<b>50,376</b>	<b>50,376</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total as per Risk-share tables</b>	<b>729,084</b>	<b>243,028</b>	<b>243,039</b>	<b>12</b>	<b>369</b>	<b>1,018</b>	<b>916</b>

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 2018/19 baselines following provisional approval of the 2018/19 Technical Plan by the Joint Committee in March 2018. 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 4 is an overspend of £12k to date, with a forecast year-end overspend of £1,018k.

The majority of NHS England is reported in line with the previous month's activity returns. WHSSC continues to commission in line with the contract intentions agreed as part of the IMTP and standard 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. Whilst an element of this has been accounted for in the development of the 2018/19 financial baselines, higher levels of activity has been experienced few high costs specialist cases being evident early in the financial year. As with previous months, the forecast position has not yet been extrapolated as these cases tend to be non-recurrent in nature and therefore are treated as "one-off" costs for future months. This will be reviewed in the coming months and forecasts will be amended should this continue.

### **3. Governance & Contracting**

All budgets have been updated to reflect the 2018/19 provisional IMTP, including the full year effects of 2017/18 Developments. Inflation has been allocated to the position. The IMTP sets the baseline for all the 2018/19 contract values. This has been translated into the new 2018/19 contract documents.

Distribution of the reported position has been shown using the 2016/17 risk shares based on 2015/16 outturn utilisation. The Finance Working Group is working on validating prospective changes to the risk-sharing process, and any update will be shared with Management Group for agreement.

## 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	Budgeted to Date	Actual to Date	Variance to Date	Previous month Var to date	Current EOYF Variance	Previous month EOYF Var
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>NHS Wales</b>							
Cardiff & Vale University Health Board	192,376	64,125	65,479	1,354	366	1,620	487
Abertawe Bro Morgannwg Univ Health Board	96,161	32,054	31,854	(200)	(272)	(115)	(37)
Cwm Taf University Health Board	7,602	2,534	2,155	(378)	(186)	(313)	(125)
Aneurin Bevan Health Board	7,890	2,630	2,093	(537)	(387)	(520)	(386)
Hywel Dda Health Board	1,515	505	501	(4)	(3)	(4)	(3)
Betsi Cadwaladr Univ Health Board Provider	39,462	13,154	13,201	47	68	18	(329)
Velindre NHS Trust	39,599	13,200	13,216	16	10	74	74
<b>Sub-total NHS Wales</b>	<b>384,605</b>	<b>128,202</b>	<b>128,500</b>	<b>298</b>	<b>(404)</b>	<b>760</b>	<b>(320)</b>
Non Welsh SLAs	101,609	33,870	35,748	1,878	1,716	1,592	1,228
IPFR	31,486	10,495	10,736	240	188	815	684
IVF	4,671	1,557	1,445	(112)	(61)	0	0
Mental Health	30,781	10,260	9,464	(797)	(574)	(687)	(207)
Renal	5,813	1,938	1,942	4	(169)	79	(134)
Prior Year developments	8,406	2,760	2,030	(730)	(334)	(395)	209
2016/17 Plan Developments	6,874	1,748	1,548	(200)	(292)	463	250
Direct Running Costs	3,711	1,237	1,299	62	47	292	292
Reserves Releases 2016/17	0	0	(633)	(633)	(475)	(1,900)	(1,900)
Phasing adjustment for Developments not yet implemented ** see below	0	585	585	0	0	0	0
<b>Total Expenditure</b>	<b>577,957</b>	<b>192,652</b>	<b>192,664</b>	<b>12</b>	<b>(357)</b>	<b>1,019</b>	<b>101</b>

The reported position is based on the following:

- NHS Wales activity – based on Month 3 data or 2017/18 outturn.
- NHS England activity – based on Month 3 data work is ongoing to analyse the final performances against the 2017/18 Balance Sheet Reserves.
- IVF – one NHS Wales contract, with some NHS England activity and IPFR approvals.
- IPFR – reporting is usually 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 being finalised.
- 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

### NHS Wales – Cardiff & Vale contract:

Various over and underspends from the Month 3 data have been extrapolated to a total reported month 4 position of £1.354m over spent and a year-end position of £1.620m over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiology – across the 5 sub headings, the YTD overspend stands at £437k with a year end forecast of £924k over spent. ICD & PCI activity is the main reason for this overspend and increase in month. Cardiff & Vale are 26 ICD procedures over budget YTD and 84 PCI procedures over budget. There has also been a continuing jump in both the Aneurin Bevan and Cwm Taf Cardiology lines provided by Cardiff & Vale. The former is driven by PCI activity and the latter is a result of 4 ICD procedures in both months 2 & 3 against a full year activity baseline of one. WHSSC are looking into these activity levels with the respective LHBs. As development funding also exists for this service, the full year total forecast remains at £2.7m over spent. Extrapolation has not been used for this forecast as historical trend analysis has shown that the first 3 months of the year have higher activity levels.
- TAVI – the full year forecast remains at breakeven as development funding is available for this service. The YTD figure has increased again this month as the service has carried out 16 procedures YTD against a full year baseline of 18.
- Cardiac Surgery – the service continues to underperform against baseline and currently stands at £253k underspent YTD and £760k as a full year forecast. The service delivery plan for the year shows 798 cases against an LTA baseline of 800. From the last RTT performance data (mid-July), the

service were 45 cases under delivered against this plan and the total waiting list is increasing.

- Neurosurgery – the YTD over performance has jumped to £131k this month and the full year forecast is extrapolated to £392k over budget. This is a result of 2 new beds opening in the service, staffed at risk by C&V which have increased elective activity. Also, C&V have made a conscious effort to increase outpatient clinics in order to reduce patient waits, this is under direct instruction from the Clinical Board due to RTT and patient safety. A risk also exists here as C&V have identified a level of activity that has been coded to critical care rather than neurosurgery. WHSSC are investigating this with C&V.
- ISAT – the YTD figure now stands at £261k overspent. This is now a trend for the year and thus the forecast has been set at the YTD variance. C&V point to the good practices brought by Dr Sastry as a catalyst for this performance.
- Spinal Implants YTD activity now stands at £94k over spent. Due to this continuing trend the forecast has been moved to mirror the YTD position.
- BMT – the YTD figure has jumped to an overperformance of £73k and thus the full year forecast has been set at this level. The service are 4 procedures over their YTD activity baseline currently and they will produce an up to date activity forecast for next months reporting.
- Clinical Immunology – the YTD position has continued to grow and now stands at £84k over spent. Given the presence of some very high cost C1 Esterase patients, it was felt prudent to move the full year forecast to a straight line basis, thus the increase to £253k over spent.
- Paediatric Oncology – the trend of over performance from last year continues this year but has slowed this month and the YTD figures stands at £3k with a full year forecast of £9k which is a reduction of £109k over last month. The clinical board for this service within Cardiff & Vale are looking into whether this is sustainable in the longer term.
- AICU – the YTD position has remained largely stable this month and is now an under spend of £54k. The full year forecast shows a large movement and now stands at £162k, an increase of £201k over last month. This is due to the large amount of development funding that is available for the service meaning the net full year position is currently an over spend of £627k.

### **NHS Wales – ABM contract:**

Various over and underspends from the Month 3 data have been extrapolated to a total reported month 4 position of £200k under spent and a year-end position of



£115k under spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Cardiac Surgery – the YTD position now stands at £422k underspent and full year forecast is moved to £640k under spent. This is a movement of £129k and £150k respectively. The forecast is based upon 700 procedures and does seem realistic given the current trajectory.
- Cardiology – a coding lag at the start of the year has meant that the first few months of 18/19 being slower than usual. The YTD figures now stands at £41k over budget with the full year forecast at £475k over spent. The main driver here being defib procedures but it must be noted that development funding exists for this service giving a total forecast position of £997k over performance.
- Bariatrics – the service had a slow start to the year due to annual leave and currently stands at £28k under budget with a full year forecast of £85k under spent. 4 procedures were undertaken in July but there will be no lists in August due to consultant leave.
- Sarcoma – the YTD figure has moved to £29k underspent with a full year forecast of £90k under budget. The service are doing more activity as day case and thus this reduces the financial performance.

#### **NHS Wales – BCU contract:**

Angioplasty remains in overperformance YTD as they are 26 procedures over the activity baseline for month 3. This continued trend of overperformance has meant the full year forecast has been moved to the YTD level of £76k. This will be monitored to ensure the trend remains.

#### **NHS Wales – Cwm Taf contract:**

ICD activity has continued to be buoyant this month and now stands at £68k over spent and thus the full year forecast has been moved to the same level to be prudent. This activity will be monitored over the coming months to ensure this trend continues and WHSSC have asked Cwm Taf to look into this given the increase in ICD activity seen for Cwm Taf patients in Cardiff and Vale. Neonatal activity has continued to fall well below baseline this month and this is not offset by corresponding levels of Cwm Taf patients being admitted to other units.

#### **NHS Wales – Aneurin Bevan contract:**

Cardiology activity has continued to be buoyant this month and now stands at £22k over spent YTD and thus the full year forecast has been moved £67k over budget. This activity will be monitored over the coming months to ensure this trend continues and WHSSC have asked AB to look into this given the increase in PCI activity seen for AB patients in Cardiff and Vale. Neonatal activity has continued to fall well below baseline this month and this is not offset by corresponding levels of AB patients being admitted to other units.

## **NHS Wales – Hywel Dda contract:**

Nothing to note at this time.

### **5.7 Velindre - Nothing to note at this time.**

### **5.8 NHS England contracts:**

Total £1.878m overspend to month 4 with a full year forecast £1.592m over budget. The English position has been reported based on an extrapolation of month 3 reported actual data. The treatment of HRG4+ remains consistent with the approach taken last year for both year to date figures and full year forecasting.

The larger reported movements/variances are:

- Alder Hey – the trust has a reported YTD overspend of £263k and a full year forecast of £558k as a result of partially reporting the baseline funding gap that exists. WHSSC have discussions upcoming to crystallise the position for this financial year. Blood Factor Products has remained stable this month.
- Birmingham Women & Children's – the YTD position has swung to overperformance this month as a result of several high cost PICU patients. The YTD figures stands at £84k and the year end forecast is at £66k.
- Central Manchester – the YTD position has swung back to underspend this month after the high activity that was experienced last month. The under spend stands at £55k with a full year forecast underspend of £54k.
- Guy's and St Thomas – both YTD and full year forecasts have stayed at an underspend this month, they both currently stand at £103k. YTD activity levels are currently £70k lower than at this time last financial year.
- Imperial – the underspend has increased this month and now stands at £199k and £191k respectively. Month 3 emergency activity has fallen resulting in this being the lowest month of the first quarter.
- Papworth – the YTD position has moved to overspend this month and now stands at £52k YTD and £46k full year. This shift is a result of high cost PTE patients in month 3 date.
- Royal Brompton – both YTD and full year positions have moved to underspend this month and both stand at £115k under budget. Activity is £136k lower than the corresponding point last year but it should be noted that this is only the flex position and there are currently 8 patients on the waiting list for lung transplant.



- Salford – the overspend has increased this month and stands at £128k YTD and £123k full year. This is a result of emergency neurosurgery activity in month.
- St Helen & Knowsley – the YTD and full year positions have moved to overspend this month and stand at £62k and £58k respectively. This is a result of increased elective plastics activity in month. There has also been ophthalmology activity in month that was requested by BCU.
- University Hospitals Birmingham – both YTD and full year forecast positions remain in over spend this month, currently they stand at £498k and £634k over spent respectively. This is largely a result of a high cost neurosurgery patients of over £51k and 2 high costs drugs patients on Blinatumomab & Defibrotide both costing in excess of £50k. Transplant activity at this trust has been quiet during month 3 and has thus resulted in the position moving back to underspend.
- University Hospitals Bristol – the YTD position remains in an overspend position this month and has grown to £190k as a result of PICU and HDU costs during month 3. This was partially negated by a drop in the number of paediatric cardiology and cardiac surgery in month 3.
- Walton – the YTD and full year forecasts have increased by £126k this month and now stand at £315k and £261k over spent respectively. This is due to a new Alemtuzumab patient and high activity in rehab and critical care activity.

## 5.9 IPFR:

A combined overspend of £240k to date has been reported in the Month 4 position with a forecast of £815k. This largely related to general non contract activity approvals of £450k and a new approval last month of a £300k Eculizumab patient being offset by an under in ERT of £300k forecast. The main movement in the forecast this month related to higher levels of Proton Beam activity with 4 cases treated to date.

The HPN forecast remains as per last month and is currently forecasting an overspend of £240k. As this contract is due to renewal this year it is likely that the price paid for the service will increase. Whilst this is currently being worked through with procurement. WHSSC has briefed the Joint Committee of this risk.

## 5.10 IVF:

Reported underspend to month 4 of £112k to date with a break-even forecast.

### 5.11 Mental Health:

Various budgets totalling an underspend to date of £797k and a year-end forecast underspend of £687k. These budgets include:

- Adult Mental Health has a £300k underspend reported YTD and a £900k year-end forecast underspend, based on current and expected patients. The main drivers for this are discharges through the early part of 2018 in Forensic Mental Health. A favourable movement in Perinatal of £127k relates to patient discharges. This improves the overall forecast position by £252k.
- South Wales CAMHS and All-Wales FACTS inpatient budgets have continued low activity and currently have a combined underspend of £338k to date but the forecast now includes a £400k cost pressure as WHSSC are anticipating charges relating to two high cost patient places. The forecast also includes a small adverse movement on the BCU CAMHS out of area position.
- High Secure block contracts at Ashworth & Rampton – both these contracts are currently being finalised. Ashworth is based on a rolling 3 year patient number average in comparison to NHS England patients, and is currently expected to be set for 2018/19 at £10,767k. The Rampton contract has been set slightly higher than expected and therefore a modest overspend of £41k to year end is reported.

### 5.12 Renal:

The main NHS Wales providers are experiencing high levels of demand for dialysis services. The Network are monitoring the position closely but at this point in time across Wales this is not significantly higher than what has been predicted.

Transplant services in both North and South Wales has picked up on performance compared previous years, with both Cardiff and Liverpool reporting activity on target.

### 5.13 Reserves:

Reserves from the 17/18 Balance Sheet will be analysed over the coming months as final 17/18 charges are received. Any developments will be reported as soon as possible. For month 3 £1.9m has been released back non recurrently based on favourable agreements on disputed activity e.g. no PO's. For noting, discussions are still ongoing in relation to HRG4+ for 2018/19, and therefore, the release of this needs to be managed with the risk of the increased prices.

### 5.14 Developments:

In the 2018/19 position, £8,406k relates to developments from prior years. This month, slippage has been reported on schemes and factored into the forecast position of £395k. Some schemes are overspending mainly relating to the high cost drug schemes and PRRT for NET patients at Royal Free.

Asfotase Alfa is also contributing to an overall pressure as a Welsh patient is now accessing this treatment in Birmingham Children's Hospital. There is a PAS agreement whereby commissioners can claim a rebate from the supplier Alexion Pharma UK limited for any costs above the NICE recommended limit of £330k. This has been built into the forecast position and has reduced the risk previous reported by £200k.

As per last month, the cardiology referral management savings scheme is still not achieved therefore is reported as an overspend. WHSSC are currently preparing some work as part of its recommissioning framework to review aortic stenosis pathways which may provide some long term corrective action.

For next month WHSSC would've finalised its phasing plan and will therefore be updated in the reported position.

To note, as with last month TAVI has been phased in this month ahead of plan to offset reported over performance within Welsh provider positions. WHSSC is working with clinical representatives to agree expansion criteria and projections in terms of activity for this service.

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

The running cost budget is currently £62k overspent. This is due to historic overspends in the area of Core non-pay which have continued into 18/19. The year-end forecast stands at £292k overspent which is a combination of an overspend on Cwm Taf hosting fees and the filling of several staff vacancies with staff taking up post very early in 18/19.

Discussions about a move of premises are ongoing and the report will be updated as the situation and negotiations mature.

## **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	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Variance M4	11	(707)	(319)	(234)	(844)	39	292	1,783
Variance M3	(357)	(325)	(313)	(179)	(826)	(214)	150	1,349
Movement	368	(382)	(7)	(55)	(18)	254	142	434

**Table 4 – End of Year Forecast by LHB**

	Allocation of Variance							
	Total	Cardiff and Vale	ABM	Cwm Taf	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
EOY forecast M4	1,018	(1,779)	9	306	(1,493)	471	299	3,205
EOY forecast M3	101	(1,775)	78	456	(1,553)	301	193	2,401
EOY movement	917	(3)	(69)	(150)	60	170	106	804

Material reporting positions or movements include are highlighted in the table below:

WHSCC Analysis of Movement by Commissioner Values																																
Provider	Movement date - C&V	Movement Variance	Movement date - C&V	Movement date - ABM	Movement Variance	Movement date - ABM	Movement date - CT	Movement Variance	Movement date - CT	Movement date - EOY - CT	Movement Variance	Movement date - AB	Movement Variance	Movement date - AB	Movement date - EOY - AB	Movement Variance	Movement date - HD	Movement Variance	Movement date - HD	Movement date - EOY - HD	Movement Variance	Movement date - Po	Movement Variance	Movement date - BC	Movement Variance	Movement date - BC	Movement Variance	Movement date - Total	Movement Variance	Movement date - Total	Movement Variance	
ABM	(6)	(15)	25	-	61	-	10	-	14	-	7	-	1	-	7	-	61	-	22	-	1	-	0	-	4	-	1	-	72	-	78	
Aneurin Bevan	4	4	3	-	3	-	2	-	2	-	144	-	159	-	144	-	9	-	9	-	9	-	20	-	21	-	0	-	150	-	134	
Balancing Adjustment - Phasing	(0)	(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
BCU	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cardiff	283	248	88	-	212	-	188	-	151	-	318	-	315	-	318	-	87	-	182	-	27	-	24	-	24	-	0	-	988	-	1,133	
Cwm Taf	4	(3)	4	-	9	-	175	-	148	-	26	-	22	-	26	-	4	-	1	-	2	-	1	-	1	-	4	-	192	-	187	
DRC	3	0	3	-	3	-	1	-	-	-	-	3	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	16	-	16	-	
Hywel Dda	(0)	(0)	1	-	1	-	0	-	0	-	-	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	52	-	131	
IPM	17	26	3	-	18	-	7	-	7	-	30	-	38	-	30	-	1	-	11	-	11	-	4	-	12	-	4	-	27	-	131	
Non Welsh SLA	(41)	(61)	19	-	47	-	28	-	39	-	36	-	1	-	36	-	2	-	11	-	11	-	108	-	88	-	146	-	469	-	364	
Renal	26	33	29	-	36	-	17	-	21	-	41	-	33	-	41	-	19	-	22	-	22	-	8	-	10	-	40	-	50	-	173	
Velindre	(1)	0	2	-	0	-	1	-	1	-	0	-	3	-	0	-	0	-	-	-	-	-	-	-	-	-	-	6	-	-	-	
FEASC	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
FEASC DRC	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
VF	(3)	0	9	-	-	-	0	-	-	-	-	6	-	-	-	-	5	-	-	-	-	-	5	-	-	-	22	-	51	-	-	
Mental Health	(67)	(142)	54	-	119	-	20	-	91	-	60	-	31	-	60	-	17	-	19	-	19	-	17	-	33	-	17	-	223	-	480	
Prior Year Developments - to 16/17	(100)	(113)	67	-	119	-	28	-	50	-	82	-	47	-	82	-	12	-	45	-	45	-	6	-	16	-	66	-	106	-	324	-
2016/17 Reserves	(500)	0	-	-	-	-	-	-	-	-	158	-	158	-	-	-	125	-	-	-	-	-	-	-	-	-	375	-	158	-	-	-
Developments - 18/19	11	32	12	-	35	-	15	-	21	-	40	-	26	-	40	-	9	-	27	-	9	-	3	-	9	-	16	-	49	-	92	-
Prior Year Developments - to 16/18	(11)	(11)	12	-	12	-	7	-	7	-	14	-	14	-	14	-	9	-	9	-	9	-	3	-	3	-	16	-	72	-	72	-
Developments - 18/20	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Grand Total	(382)	(3)	7	-	69	-	55	-	150	-	60	-	18	-	60	-	254	-	170	-	142	-	106	-	434	-	804	-	368	-	917	-

## 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 – 2018/19 Commissioner Income Expected and Received to Date**

	2018/19 Planned Commissioner Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounted to Date	EOY Comm'er Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABM	122,678	40,893	40,875	104	(86)	40,893	9
Aneurin Bevan	134,758	44,919	45,019	0	(100)	44,919	(1,493)
Betsi Cadwaladr	164,704	54,901	54,902	0	0	54,902	3,205
Cardiff and Vale	121,707	40,569	40,641	0	(72)	40,569	(1,779)
Cwm Taf	67,763	22,588	22,617	24	(54)	22,588	306
Hywel Dda	83,599	27,866	27,866	0	0	27,866	471
Powys	33,874	11,291	11,291	0	0	11,291	299
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	729,084	243,028	243,212	129	(313)	243,028	1,018

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

None

## 8. Overview of Key Risks / Opportunities

The key risks remain consistent with those identified in the annual plan process to date.

The additional risk and opportunities highlighted in this report are:

- 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
- Dealing with in year service risks associated with schemes which are yet to be funded.
- The impact of HRG4+ on non-Welsh contracts and thus the overall position.
- The Asfotase Alfa position is shown net of anticipated income (£85k) loss of income risk.
- Alder Hey potential further risk from contract renegotiation. A high level risk assessment would target this to at least £500k.
- Exposure to unplanned NICE approvals and generic price increases in contract prices
  - HPN £500k

Risks identified in the March Submission of the IMTP:

	March 2018 IMTP	
Risk Areas:	£ ('000)	Comments
RTT Pressures Cleft, lip and palate, IVF & Neurosurgery	-995	
Specialist Service risks identified but unfunded: PET capacity to achieve target rates	-290	
Treatments for GvHD	-75	
Cystic fibrosis	-200	Reduced risk as funding was partly agreed at the July Joint committee meeting to be funded from WHSSC Contingency reserve (inc in M3 forecast)
Cleft lip and palate	-113	
BCU ALAS - war veterans	-72	
Fetal medicine	-225	
Bevacizumab (V.S. in neurofibromatosis type 2)	-14	
Neuro rehabilitation	-100	
Neuro-oncology	-100	

NICU - ABM HDU capacity	-2570	
Neuroendocrine tumours	-225	

## 9. Public Sector Payment Compliance

As at month 4 WHSSC has achieved 99.6% compliance for NHS invoices paid within 30 days by value however, by number WHSSC is currently falling behind target at 86.6%. It is anticipated that an improvement will be sought on finalising of the first quarter.

For non NHS invoices WHSSC has achieved 99.7% in value for invoices paid within 30 days but again falling behind on the number with only 81.9%.

Monitoring information has been introduced for WHSSC this financial year and therefore, the finance team is working on how we can use this information to better improve our process.

## 10. Confirmation of position report by the MD and DOF:

**Sian Lewis,**  
**Managing Director, WHSSC**

**Stuart Davies,**  
**Director of Finance, WHSSC**





		Agenda Item	07
Meeting Title	<b>Joint Committee</b>	Meeting Date	11/09/2018
Report Title	Commissioning Intentions for 2019-22 Integrated Commissioning Plan		
Author (Job title)	Acting Assistant Director of Planning		
Executive Lead (Job title)	Acting Director of Planning	Public / In Committee	

Purpose	This paper outlines the options for Commissioning Intentions to inform the development of the WHSSC three year Integrated Commissioning Plan for Specialised Services 2019-22			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Approve</b> the WHSSC Commissioning Intentions which will inform the development of the WHSSC Integrated Commissioning Plan 2019-22.</li> </ul>		

### 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
	✓				✓			✓

### Commissioning Health Boards affected

Abertawe Bro Morgannwg ✓ Aneurin Bevan ✓ Betsi Cadwaladr ✓ Cardiff and Vale ✓ Cwm Taf ✓ Hywel Dda ✓ Powys ✓

### Providers affected

Abertawe Bro Morgannwg; Betsi Cadwaladr; Cardiff and Vale

## 1.0 Situation

The Commissioning Intentions have been drafted to inform the development of the Welsh Health Specialised Services Committee's (WHSSC) three year Integrated Commissioning Plan for Specialised Services 2019-2022. The intentions have followed a similar format over the last few years, however following discussion at Joint Committee the intentions have been redrafted to be more explicit.

The Commissioning Intentions are intended to be shared with Health Boards and NHS Trusts in Wales in order to inform the development of NHS organisation Integrated Plans with regard to the commissioning and delivery of specialised services. It is hoped that through such co-production, the benefits of working in collaboration across the Health community can be fully realised.

## 2.0 Background

### 2.1 WHSSC Commissioning Intentions to date

The WHSSC Commissioning Intentions including those which informed the 2018-21 ICP, were largely unchanged from previous years. In 2018-21 the notable difference was the inclusion of the Integrated Risk Management Framework.

Feedback from members of Joint Committee in September 2017 on the WHSSC Commissioning Intentions for 2018-21 was that they read more as principles rather than Intentions. An example of this is the Intention of WHSSC to be responsive to Welsh Government legislation but being broad rather than explicit in how this would be achieved 'by working with all stakeholders to ensure that each of the five sustainable development principles of the Future Generations Act – long term thinking, prevention, involvement, collaboration and integration, are reflected in all of the services that it commissions on behalf of Health Boards'.

Although the Commissioning Intentions were approved by Joint Committee, it was agreed that the Intentions would need to evolve over the next year.

It has been customary to write to All Health Boards and Trusts with the WHSSC Commissioning Intentions prior to approval at Joint Committee with the request for organisations to respond to the WHSSC Intentions. Responses to this request have been limited, with only Velindre NHS Trust providing a consistent response.

## 2.2 Welsh Government feedback on the WHSSC 2018-21 ICP

Feedback has recently been received from Welsh Government on the 2018-21 ICP. Although the feedback was positive around early engagement with Health Boards, the Prioritisation process and achievement of financial balance, they highlighted a number of areas that could strengthen, prioritise and focus work for the 2019-22 Planning cycle. The areas for improvement were as followed:

- WHSSC priorities must continue to be consistent with and support health board and Welsh Government policy and expectations
- The Committee must continue to prioritise, strengthen and realise the benefits of quality services through development of commissioning and partnership arrangements, agreements and plans
- The Specialised Services Strategy would benefit from more explicit reference to health inequalities
- WHSSC response to previous feedback indicates a role in commissioning population needs assessments following the end of the previous SLA with Public Health Wales – care should be taken to align work with other needs assessments in order to avoid potential duplication
- Equity of access to specialised services remains a priority and WHSSC must ensure any risks in relation to this issue are adequately managed
- WHSSC must take care to understand its role in relation to the Nurse Staffing Levels (Wales) Act and be clear that their internal and external work reflects the requirements within the Act
- Whilst WHSSC is not a named body in the Well-being of Future Generations (Wales) Act, as joint committee of health boards, care should be taken to understand its role under the Act and to ensure that going forward their commissioning arrangements fully reflect the sustainable development principles, the five ways of working.

## 2.3 Good practice

In order to draft new commissioning intentions we reviewed at the IMTPs of all the Health Boards and other Commissioning bodies to try and identify common themes of intent and good practice.

### 2.3.1 *NHS Wales organisations*

There are few definitions of Commissioning Intentions within NHS Wales. Although a number of Health Boards IMTPs make mention of Commissioning Intentions, they are for the majority, not clearly provided defined as such and the term appears interchangeable with 'priorities' and 'objectives'. Some IMTPs use the 'Commissioning Intentions' terminology solely when referring to the Commissioning Intentions of EASC and WHSSC whilst in other IMTPs, the terminology of 'Commissioning Intentions' does not feature at all.

EASC (Emergency Ambulance Services Commissioner) set out eight Commissioning Intentions, which clearly set out how their achievement of the Intentions would be measured. Equally prescriptive was the expectation of EASC on Health Boards for the EASC Commissioning Intentions 2018/19 to be recognised within both WAST and Health Board IMTPs. WAST and Health Boards were also requested to complete provided tables and include in their Plans. These tables documented how organisations were implementing the intentions and performing against them. What we are not aware of, is the response rate to this request to organisations.

### **2.3.2 NHS England Specialised Commissioning**

NHS England at the beginning of their fifty page document 'Commissioning Intentions for 2017/2018 and 2018/19 for Prescribed Specialised Services' describe their overarching national intentions as:

"providing a basis for constructive engagement between NHS England and providers of specialised services, to inform business plans and contracts. They are intended to drive improved outcomes for patients, and transform the design and delivery of care, within the resources available".

The document sets out Intentions based on Regions, with an overall regional Strategy and then intentions split into Service Areas, including Cancer and Mental Health. The intentions are very specific and task focussed such as 'The Procurement Process for Intestinal Failure will be taken forward in 2017/18' and 'Pathway and network development will continue to ensure appropriate delineation of specialised and non-specialised activity, improve care for patients and improve value overall'.

## **3.0 Assessment**

It is proposed that in order to address the feedback from Joint Committee on previous Commissioning Intentions and to address the feedback on the overall WHSSC Integrated Commissioning Plan 2018-21, that WHSSC draft new Commissioning Intentions rather than re-visiting and adding to those previously used.

### **3.1 Learning from NHS Wales organisations**

Review of the strategic objectives and aims of Health Boards demonstrates, there are areas of focus that WHSSC could also emphasise. These include 'Implement(ing) whole system commissioning to ensure appropriate access to effective services' (Powys) and 'Deliver against the disease specific NHS Wales Delivery Plans' (Cardiff and Vale).

WHSSC following the EASC example could look to take a firmer approach with Health Boards in requesting evidence of how they are working to and

achieving the WHSSC commissioning intentions. We are not however aware of Health Boards compliance with EASC's request for Information and need to be conscious of the burden of requests that WHSSC makes on Health Boards.

### 3.2 Learning from NHS England

We could emulate the NHS England Commissioning Intentions model by setting Intentions for our individual Directorates and Commissioning Teams. Consideration would need to be given as to whether this would be as a feature in the overall ICP rather than within the Commissioning Intentions, mindful of the time it would take to provide this level of detail.

### 3.3 Government Legislation

Given the advice from Welsh Government to have a greater focus on Legislation within the overall WHSSC ICP, an option could be to align the WHSSC Commissioning Intentions with the quadruple aim presented in *A Healthier Wales*. Although WHSSC received specific Welsh Government feedback on ensuring that our commissioning arrangements reflect the sustainable development principles and the five ways of working within the *Wellbeing of Future Generations Act 2015*, it is more appropriate for this to be in our everyday working rather than as an individual intention.

#### 3.3.1 *A Healthier Wales*

One of the four parts of the quadruple aim of *A Healthier Wales* aligns with the over-arching WHSSC aim, by setting out the requirement of 'Improving the experience and quality of care for individuals and families'.

Work is also underway on a second part of the quadruple aim to:

- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste.

Although the underpinning intention of promoting value featured in the 2018-21 Commissioning Intentions it was not explicitly linked back to *A Healthier Wales*.

The remaining two aims to 'Improve population health and wellbeing through a focus on prevention' and 'Enrich the wellbeing, capability and engagement of the health and social care workforce' are more difficult for a Commissioning organisation for Specialised Services with a small workforce but WHSSC's support of work being undertaken in Genetic and Antenatal Services in identifying disease early on through appropriate screening and providing new and innovative treatments through the Prioritisation process could be highlighted.

### 3.4 Proposed Commissioning Intentions

It is proposed that for the 2019/22 Integrated Commissioning Plan:

- WHSSC will have a small number of high level Commissioning Intentions with explicit reference to how WHSSC how these will be implemented and achieved.
- the Commissioning Intentions will be underpinned by the WHSSC aim of "on behalf of the seven health Boards to ensure equitable access to safe, sustainable and effective specialist services for the people of Wales, as close to patients' home as possible, within available resources"
- In response to the Welsh Government feedback and ensuring greater alignment with Welsh Government policies, it is proposed that WHSSC also adopts two of the *A Healthier Wales* aims within its Commissioning Intentions alongside further aims specific to the work undertaken by WHSSC. Details of how WHSSC will explicitly achieve the aims needs to be agreed.

The draft commissioning intentions are set out in Table 1.

**Table 1: WHSSC Commissioning Intentions for 2019/22**

Intention	Measure of Achievement
1. Equitable access to safe, sustainable and effective specialist services as close to patients' homes as possible	<ul style="list-style-type: none"> <li>- Implementation of Referral Management System</li> <li>-Reduction in the range of referrals to NHS England Trusts</li> </ul>
2. Improving the experience and quality of care for individuals and families	<ul style="list-style-type: none"> <li>- Waiting lists for specialised services should not grow and the number of patients waiting over 36 weeks RTT should reduce</li> <li>- Building on the development of new information systems to clearly identify services where there is inequity of access and have effective risk arrangements in place to manage risk</li> <li>- The Quality Team being in place and assessing the performance of services against national standards</li> </ul>
3. Increasing the value achieved from funding of health and care through improvement, innovation, use of best	<ul style="list-style-type: none"> <li>-Achieving Financial Balance</li> <li>-Evaluating all investments over the last five years to identify if intentions of funding have been met and if not</li> </ul>



Intention	Measure of Achievement
practice and eliminating waste	look at options to withdraw and re-invest funding in other schemes -Reduction in spend on non-specialised particularly in London contracts - Specify work on PHT and Inherited Bleeding Disorders
4. Improving information on services in order to drive service change and improve quality of services	-Implementation of the WHSSC database -Access to the NHS England Specialised Services Dashboard and NWIS Commissioning Intelligence Portal
5. Evidencing proactive management of new treatments and services	- Re-consideration of all schemes considered medium priority since current Prioritisation process introduced in 2016 and risk rated on the Risk Management Framework - Assessment of evidence base of new treatments identified in year to be presented at Independent Prioritisation Panel. -Continue to commission evidence reviews from CEDAR, Cardiff University and Health Technology Wales.

## 4.0 Next Steps

Subject to approval by Joint Committee, WHSSC will write out to Directors of Planning and Finance to outline our commissioning intentions for 2019-22 in order to inform assumptions around Specialised Services for the next three years and set out the specific actions required from Health Boards and Trusts to support the WHSSC team in the development of the Plan.

Details of the Risk Management Framework for individual organisations will be issued with the Commissioning Intentions so that Health Boards can feedback on how both they are responding and wish WHSSC to respond, to the risks identified for their Health Board population.

## 5.0 Recommendations

Members are asked to:

- **APPROVE** the WHSSC Commissioning Intentions which will inform the development of the WHSSC Integrated Commissioning Plan 2019-22.





Link to Healthcare Objectives		
Strategic Objective(s)	Development of the Plan Governance and Assurance Organisation Development	
Link to Integrated Commissioning Plan	These Commissioning Intentions would underpin the WHSSC Integrated Commissioning Plan 2019-22	
Health and Care Standards	Governance, Leadership and Accountability Safe Care Staff and Resourcing	
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production Only do what is needed	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Reducing the per capita cost of health care	
Organisational Implications		
Quality, Safety & Patient Experience	The Commissioning Intentions outline WHSSC’s continued focus on Quality, Safety & Patient Experience.	
Resources Implications	There are no direct resource implications within this report.	
Risk and Assurance	The ICP Risk Management Framework which underpins the commissioning intentions is an assurance mechanism for managing risks.	
Evidence Base	Evidence base is a key commissioning intention referenced within this report.	
Equality and Diversity	Equality issues will be addressed through the commissioning intentions of providing safe and equitable services.	
Population Health	The implications for Population Health are outlined in this report.	
Legal Implications	There are no legal implications within this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group	13/08/2018	Proceed to Management Group

<b>Reporting Committee</b>	<b>Integrated Governance Committee</b>
<b>Chaired by</b>	<b>WHSSC Chair</b>
<b>Lead Executive Director</b>	<b>Committee Secretary</b>
<b>Date of last meeting</b>	<b>14 August 2018</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>Members discussed the Annual Self-Assessment Feedback Report and noted a gap in induction training which it was agreed would be best dealt with at a Joint Committee Development Session.</p> <p>Members discussed the Corporate Risk and Assurance Framework as at 31 July 2018. Members noted that the Internal Risk Group had met in July 2018 to identify non-commissioning organisational risks which would be reported and monitored through the Corporate Risk and Assurance Framework in future. Members discussed new risks in Posture and Mobility and Neonatal Transport. Members noted the update provided within the report and received assurance that risks are being appropriately assessed and managed.</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
As recorded above	
<b>Matters requiring Committee level consideration and/or approval</b>	
As recorded above	
<b>Matters referred to other Committees</b>	
None	
Confirmed Minutes for the meeting are available on request	
<b>Date of next meeting</b>	<b>30 October 2018</b>

**Agenda Item 13.3**  
**Joint Committee**  
**11 September 2018**

<b>Reporting Committee</b>	<b>All Wales Individual Patient Funding Request ( IPFR) Panel</b>
<b>Chaired by</b>	<b>Professor Vivienne Harpwood</b>
<b>Lead Executive Director</b>	<b>Director of Nursing and Quality Assurance</b>
<b>Date of last meeting</b>	<b>25 July 2018</b>
<b>Summary of key matters considered by the Committee and any related decisions made.</b>	
<p>The Panels held on the following dates were quorate in relation to Health Board representation and clinical representation.</p> <p><b>27 June 2018</b></p> <p>11 cases were considered by Panel 6 PET as Chair actions</p> <p><b>25 July 2018</b></p> <p>11 cases were considered by Panel 13 PET as Chair actions</p>	
<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<p><b>PET policy</b></p> <p>The revised PET policy was introduced in May 2018. Requests for PET since that date which are outside policy have been primarily for pyrexia of unknown origin, colorectal and staging prior to radical surgery.</p> <p><b>Outcome data</b></p> <p>WHSSC are currently undertaking an audit of the numbers and clinical outcomes of IPFR requests considered by the Panel in 2017/18.</p> <p>Attached at <b>Annex A</b> is an example of treatments funded and the outcome. It is anticipated that the report will be presented to the All Wales Panel in October 2018 and will then be presented to the Joint Committee in November 2018.</p> <p><b>IPFR Annual report</b></p> <p>The IPFR Annual Report 2017/18 which has been published by the All Wales Therapeutics and Toxicology Centre and is available on their website at:  <a href="https://openrepository.awttc.org/app/serve/resource/mxjx2316">https://openrepository.awttc.org/app/serve/resource/mxjx2316</a> </p>	

<b>Matters requiring Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Matters referred to other Committees</b>	
None	
Confirmed Minutes for the meeting held 27 June and 25 July 2018 are available on request.	
<b>Date of next meeting</b>	<b>29 August 2018</b>

<b>Reporting Committee</b>	<b>NHS Wales Gender Identity Partnership Group</b>
<b>Chaired by</b>	<b>Tracy Myhill</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>31 July 2018</b>

**Summary of key matters considered by the Committee and any related decisions made**

**All Wales Gender Variance Pathway: Progress Update**

The group received an update regarding progress made against the new pathway.

- WHSSC have employed an interim Associate Medical Director for gender services to work with London GIC to repatriate the waiting list in preparation for the new service as well as developing the shared care policies and protocols for the service.
- An update re the implementation of the Welsh Gender Team in Cardiff & Vale University Health Board was given. Posts have gone out to recruitment and the Clinical Lead is in place to lead the service. Stakeholder representation will be invited to join the recruitment panels for the posts.
- Welsh Government has been working closely with representatives of Local Health Boards and the General Practitioners Committee (Wales) on the primary care element of the service. The proposed model was described in detail to the group and they were supportive of the current direction of travel. The proposed graduated model of care involves a network of GPs with a Specialist Interest (GPwSIs) who will provide an intermediate tier service between the Welsh Gender Team and Primary Care. It is envisaged that there will be at least one GPwSI per Health Board. The GPwSI will prescribe, initiate and monitor hormone therapy in line with treatment plans from the Welsh Gender Team. Once the individual is stabilised, the GPwSI will work with the individual's registered GP to establish ongoing care arrangements. Registered GPs will have the option to enter into a National Enhanced Service (which attracts an additional payment) to support the longer term hormone treatment of the individual. Options for the delivery of the intermediate service are being considered, including the direct employment of the GPwSIs by Health Boards and Service Level Agreements with individual practitioners and GP Practices.
- A Locum GP was in the process of being appointed by Cardiff & Vale University Health Board (CVUHB) to address the issue of patients who have been to the Gender Identity Clinic (GIC) and are unable to get a prescription for hormones from their registered GP.

## **NHS England Gender Identity Programme Board**

An update was received by the group on the NHS England procurement and consultation process for gender reassignment surgical services. WHSSC as the commissioners of the service are actively involved at Board level and will attend a series of workshops planned for early Autumn.

## **Work Plan**

The Project Lead provided an update on the Task & Finish group position:

- *Communication* – Work is progressing on the development of the website and regular communication with the stakeholders continues through the chairs updates.
- *Education & Training* – Two places had been supported to attend the Voice and Communication within the Trans and Gender Diverse Care pathway: Essential Skills for Speech and Language Therapists. It was agreed that learning would be shared across the network. Professionals will attend the British Association of Gender Identity Specialists (BAGIS) Conference in Belfast on the 4-5 October.
- *Equality & Diversity* – An Equality Impact Assessment of the new service remains ongoing.

## **Meeting with stakeholders**

Whilst the CEO Executive group have agreed to meet with the stakeholder members of the trans community as part of their stakeholder programme the date for that meeting is yet to be arranged.

## **Data standards for Recording Gender**

NWIS had been in contact with the group to consider how GID were recording information and how this could be used to develop national standards. This work will remain ongoing.

## **All Our Trans Tomorrow's Conference**

The group have accepted an invitation to present at the above conference on 17<sup>th</sup> October. This was seen as an excellent opportunity to share the new pathway with stakeholders and professionals alike.

## **Pride Cymru**

A number of individuals were marching with the NHS and manning the stand. It was agreed that lanyards should be ordered for the members of the AWGIPG so that they could be identified at PRIDE in case people wanted to ask specific questions regarding the pathway or the work of the group.

<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<b>All Wales Gender Variance Pathway</b>	
Whilst work in implementing the new pathway is progressing the primary care element of the pathway remains under negotiation.	
<b>Matters requiring Committee level consideration and/or approval</b>	
Date for stakeholder meeting to be agreed	
<b>Matters referred to other Committees</b>	
None	
Unconfirmed Minutes for the meeting held on the 31 July are available on request	
<b>Date of next meeting</b>	Date to be agreed