

**WHSSC Joint Committee Meeting held in public
Tuesday 28 January 2020 at 09:30**

WHSSC, Unit G1, The Willowford, Main Ave, Treforest
Industrial Estate, Pontypridd CF37 5YL

Agenda

Item	Lead	Paper / Oral	Time
1. Preliminary Matters			
1.1 Welcome, Introductions and Apologies	Chair	Oral	09:30 – 09:50
1.2 Declarations of Interest	Chair	Oral	
1.3 Accuracy of the Minutes of the Meeting held 12 November 2019 and 06 January 2020	Chair	Att.	
1.4 Action Log and Matters Arising	Chair	Att.	
1.5 Report from the Chair	Chair	Att.	09:50 – 09:55
1.6 Report from the Managing Director	Managing Director	Att.	09:55 – 10:00
2. Items for Consideration and/or Decision			
2.1 Cystic Fibrosis - Update on Implementation of the Home IV Antibiotics Service	Director of Planning	Att.	10:00 – 10:20
2.2 Cardiac Surgery Performance	Director of Planning	Att.	10:20 – 10:35
2.3 Neonatal Transport Review Recommendations	Director of Planning	Att.	10:35 – 10:55
2.4 Major Trauma Network Programme Business Case	Director of Planning	Att.	10:55 – 11:15
2.5 WRCN Transformation Fund Application Briefing Paper	Interim Chair of WRCN	Att.	11:15 – 11:25
2.6 Tier 4 Perinatal Mental Health in Wales	Director of Nursing	Att.	11:25 – 11:40
2.7 Adult Thoracic Surgery Service for south Wales	Director of Planning	Att.	11:40 – 11:55

3. Routine Reports and Items for Information			
3.1	Integrated Performance Report	Director of Planning	Att. 11:55 - 12:05
3.2	Financial Performance Report	Director of Finance	Att. 12:05 - 12:15
3.3	Corporate Risk Assurance Framework	Director of Planning	Att. 12:15 - 12:25
3.4	Reports from the Joint Sub-Committees <ul style="list-style-type: none"> i. Management Group Briefings ii. Individual Patient Funding Request Panel iii. Quality and Patient Safety Committee iv. Welsh Renal Clinical Network 	Joint Sub-Committee Chairs	Att. 12:25 - 12:30
4. Concluding Business			
4.1	Any Other Business	Chair	Oral
4.2	Date of next meeting (Scheduled) <ul style="list-style-type: none"> - 10 March 2020 at 13:30 - Conference Room, WHSSC, Unit G1 The Willowford, Main Avenue, Treforest, CF37 5YL 	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 WHSSC Joint Committee Meeting held in public on

Tuesday 12 November 2019
at Unit G1, The Willowford, Main Ave, Treforest Industrial Estate,
Pontypridd, CF37 5YL

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sharon Hopkins	(SH)	Interim Chief Executive, Cwm Taf Morgannwg UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member

Deputies Representing Members:

Martin Driscoll	(MD)	Executive Director Of Work and Occupational Development, Cardiff and Vale UHB
Sian Harrop-Griffiths	(SHG)	Director of Planning, Aneurin Bevan UHB

Apologies:

Tracy Myhill		Chief Executive, Swansea Bay UHB
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB

In Attendance:

Kieron Donovan	(KD)	Interim Chair, Welsh Renal Clinical Network
Stephen Harrhy	(SH)	Chief Ambulance Service Commissioner, EASC
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC
Simon Dean	(SD)	Observer, Welsh Government
Melanie Wilkey	(MW)	Observer, Cardiff and Vale UHB

Minutes:

Michaella Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 13:30hrs

JC19/044	<p>Welcome, Introductions and Apologies</p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/045	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/046	<p>Minutes of the meeting held 16 September 2019</p> <p>The Joint Committee approved the minutes of the meetings held on 16 September 2019 as a true and accurate record.</p>
JC19/047	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted:</p> <p>JC19004: Cystic Fibrosis Business Case – Management Group had requested more time to scrutinise the evaluation of the Home IV Antibiotics Service. Item carried forward to the January meeting.</p> <p>There were no matters arising not dealt with elsewhere on the agenda.</p>
JC19/048	<p>Chair's Report</p> <p>The Joint Committee received an oral report from the Chair. The Chair confirmed that Emrys Elias, Vice Chair, Aneurin Bevan UHB had agreed to be appointed an Independent Member of the Joint Committee and Chairman of the WHSSC Quality and Patient Safety Committee with effect from 1 December 2019.</p> <p>ACTION: Members agreed the appointment would be dealt with by way of a Chair's Action.</p>
JC19/049	<p>Report from the Managing Director</p> <p>The Joint Committee received the report from the Managing Director. SL drew attention to the following items within the report:</p> <p>Perinatal Mental Health – Mother & Baby Unit (MBU)</p> <p>Members noted a paper on the possible interim models would be going to Management Group on 28 November for their consideration and that it was intended to approve the preferred option business case at Joint Committee in January 2020.</p> <p>Vulnerable Groups Portfolio</p> <p>Members noted Welsh Government had formally requested that WHSSC take forward the commissioning of an All Wales Traumatic Stress Service and support the further development of the Gender Service, Forensic</p>

	<p>Adolescent Consultation and Treatment Service as well as refugee resettlement. SL reported Welsh Government had agreed to provide two years of funding for a Senior Planner and Associate Medical Director to join the WHSSC team to take forward the development of a Vulnerable Groups Commissioning Team. Members noted there would be a review 18 months into the project to agree with Welsh Government the longer term support of the work stream.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report
JC19/050	<p>Risk Register for Thoracic Surgery Implementation</p> <p>Members received the report that shared the south Wales thoracic surgery services centre Risk Register.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report.
JC19/051	<p>WHSSC Governance and Accountability Framework</p> <p>The Joint Committee received the report that explained the proposed changes to be made to the WHSSC Governance and Accountability Framework, including the WHSSC Standing Orders and Associated Documents.</p> <p>KS drew Members' attention to the Scheme of Reservation and Delegation of Powers for the Welsh Health Specialised Services Committee annexed to the Standing Orders and the matters reserved to the Joint Committee including those not applicable to WHSSC but which were applicable to the local Health Boards.</p> <p>Members noted that the discharge of some of their responsibilities as set out in the Standing Orders was via the work of the WHSS Team rather than through Committee Members.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the content of this report; and • Approve the amended WHSSC Standing Orders and Associated Documents; and • Support the amended WHSSC Standing Orders being taken forward for approval by the seven Welsh Local Health Boards.

JC19/052	<p>Integrated Governance Committee Terms of Reference</p> <p>The Joint Committee received the report that set out the revised Terms of Reference for the Integrated Governance Committee for approval.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the revised Integrated Governance Committee Terms of Reference.
JC19/053	<p>Finance Report Month 6 2019-20</p> <p>The Joint Committee received the report the purpose of which was to set out the financial position for WHSSC for the sixth month of 2019-20.</p> <p>Members noted the financial position reported at Month 6 for WHSSC was a year to date under spend of £2,048k and forecast year end under spend of £3,862k.</p> <p>SD highlighted the continued risk of the over performance on the CVUHB cardiology contract lines.</p> <p>SD highlighted the issues that potentially affect the accuracy of forecast figures during the year.</p> <p>JP noted the forecast year end underspend of £307k in respect of the Bone Marrow Transplant service in CVUHB despite the substantial additional investment. SD reported an interim review of the investment had been undertaken and the clinical model modified to enable the activity to take place and that it was anticipated that activity levels would recover during the year.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the current financial position and year end forecast.
JC19/054	<p>Integrated Performance Report – November 2019</p> <p>The Joint Committee received a report which provided members with a summary of the performance of services commissioned by WHSSC for August 2019 and details the action being undertaken to address areas of non-compliance.</p> <p>KP highlighted the worsening cardiac surgery position with the Cardiac Surgery service at CVUHB continuing to be managed on Escalation Level 3 and the growing concern over the waiting time position at SBUHB. KP noted the ongoing work with those provider units and reported that the WHSS Team was looking at a potential outsourcing position with the providers. KP reported a full paper would be presented at the December 2019 Management Group meeting for consideration with a view to making a recommendation to the Joint Committee in January 2020.</p>

	<p>KP reported the IVF Shrewsbury service had been de-escalated since the report was drafted.</p> <p>KP reported that, since the report was drafted, the CTMUHB Cochlear and BAHA service had been suspended and placed in Escalation Level 4 as a result of patient quality and safety concerns and noted more detail was provided in the Report from the Chair of the Quality and Patient Safety Committee at Agenda Item 3.3.3.</p> <p>Members noted one of the issues with the cardiac surgery service was the availability of theatre scrub staff. SD reported that CVUHB had appointed six additional theatre staff but that, because of the length of the training programme, they would not be available until Summer 2020 which would help with capacity but that the WHSS Team was concerned about waiting that long to intervene. KP noted that more detail on potential outsourcing options would be included in the December Management Group and January Joint Committee papers.</p> <p>Members discussed the effect of late referral on pathway and noted work was being undertaken on the whole system pathway.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note August performance and the actions undertaken to address areas of non-compliance.
JC19/056	<p>Reports from the Joint Sub-Committees</p> <p>Management Group The Joint Committee received the September and October 2019 briefings.</p> <p>Integrated Governance Committee The Joint Committee received the November 2019 report.</p> <p>Quality and Patient Safety Committee (the 'Committee') The Joint Committee received the November 2019 report, together with a schedule of services in escalation.</p> <p>CB noted the Committee's thanks to Delyth Raynsford for acting as Interim Chair of the Committee until such time as Emrys Elias could take up the role. CB further noted a Committee Development Day would be organised to look at the Quality Assurance Framework and the Escalation Process.</p>

	<p>CB reported that Birmingham Children's Hospital had suspended their own Paediatric Sarcoma service and that WHSSC Corporate Directors Group Board had approved the service being put into Escalation Level 4.</p> <p>CB reported that 3 safeguarding cases were scheduled to be discussed by the CTMUHB Executive Safeguarding Group.</p> <p>CB further reported there were two additions to the Table of Services in Escalation since it was drafted – Paediatric Sarcoma at Birmingham Children's Hospital and CTMUHB Cochlear and BAHA service.</p> <p>All Wales Individual Patient Funding Request Panel The Joint Committee received the October 2019 report.</p> <p>Members noted the potential for a Judicial Review in relation to an IPFR case being considered by WHSST's legal advisors.</p> <p>Welsh Renal Clinical Network The Joint Committee received the report of the meeting of 25 September 2019.</p> <p>Members noted the appointment of Susan Spence as permanent Renal Network Manager.</p> <p>KD reported IT services in Nephrology were being improved across Wales and more detail would be provided at the January meeting.</p> <p>Members noted the successful implementation of the HCV positive kidney transplant programme with 8 transplants undertaken to date.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the content of the reports from the Joint Sub-Committees
JC19/057	<p>Reports from the Joint Advisory Groups</p> <p>NHS Wales Gender Identity Partnership Group The Joint Committee received the November 2019 report.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the content of the reports from the Joint Advisory Group
JC19/058	<p>Any Other Business There being no other business the meeting closed.</p>

JC19/059	Date and Time of Next Scheduled Meeting The Joint Committee noted the next scheduled meeting would take place at 9:30hrs on 28 January 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest, CF37 5YL
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The meeting closed at 14.20hrs.

Chair's Signature:

Date:

UNCONFIRMED

**Minutes of the Meeting of the
WHSSC Joint Committee Meeting held in public on
Monday 06 January 2020
at Unit G1, The Willowford, Main Ave, Treforest Industrial Estate,
Pontypridd, CF37 5YL**

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell		Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member
Paul Griffiths	(PG)	Independent Member/Audit Committee Representative
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive, Hywel Dda UHB (by phone)
Judith Paget	(JP)	Chief Executive, Aneurin Bevan UHB (by phone)
Len Richards	(LR)	Chief Executive, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive, Powys THB

Deputies Representing Members:

Sian Harrop-Griffiths (SHG)

Apologies:

Gary Doherty	Chief Executive, Betsi Cadwalader UHB
Sharon Hopkins	Interim Chief Executive, Cwm Taf Morgannwg UHB
Tracey Myhill	Chief Executive, Swansea Bay UHB
Ian Phillips	Independent Member
Jenny Thomas	Medical Director, WHSSC

In Attendance:

Julie Keegan	(JK)	Assistant Director of Commissioning, CTMUHB
James Leaves	(JL)	Finance Manager, WHSSC
Claire Nelson	(CN)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Michaella Henderson (MH) Corporate Governance Officer, WHSSC

The meeting opened at 09:10hrs

JC19/060	<p>Welcome, Introductions and Apologies</p> <p>The Chair formally opened the meeting and welcomed members.</p> <p>Apologies were noted as above.</p>
JC19/061	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC19/062	<p>2020-23 Integrated Commissioning Plan</p> <p>Members received the paper the purpose of which was to request support for the approval of the Integrated Commissioning Plan ('ICP' or the 'Plan') for Specialised Services 2020-23.</p> <p>Members received a presentation from KP and SD that provided additional information regarding the most recent progress in reducing the financial gap, the current uplift required (and risk share impact), a comparison between NHS England and NHS Wales funding of specialised services and the impact of Welsh Government's funding letter. Various options for further reducing the financial gap were also set out in the presentation.</p> <p>Members recognised the contributions Welsh Government would be making in respect of Major Trauma and Advanced Therapeutic Medicinal Products but questioned the critical care element. SD noted that no assumptions had been made in the ICP around critical care funding to eliminate the risk of double counting against Health Board IMTPs but acknowledged there would be a critical care element of Major Trauma which was assumed to be funding from within Major Trauma directly. SD also reported that in respect of CVUHB, if central monies were allocated to critical care, a share of that money would come back to WHSSC as part of the baseline contract negotiation.</p> <p>SD noted RTT funding would need to be tracked in year and discussions held around over performance if they become necessary.</p> <p>KP reported that she would be attending Welsh Government Quality and Delivery Board meetings and the Policy Delivery meetings Welsh Government have with the individual Health Boards as a mechanism for understanding where the waiting time issues are within specialised services and the resulting effect on RTT outturns. Members agreed that it would be preferable if all future funding supplements from Welsh Government for RTT performance should be routed via the Commissioner rather than direct to Providers and that SL should formally write to Welsh Government to confirm that position.</p> <p>Members discussed efficiency savings in respect of the ICP. SD noted</p>

that the WHSS Team was confident about the level of savings set out in the Plan but would continue to work with Management Group to monitor savings and identify new opportunities where possible.

SL noted the WHSS Team was in the process of formalising documenting and monitoring savings.

Members discussed the advantage of the integrated health board structure including cross health board pathways and having the discretion to decide where potential savings could be reinvested. Members agreed it would be a matter for Joint Committee to decide on the mechanism for making those kinds of decisions.

Members discussed the potential risks around the assumptions made when forecasting NICE funding and agreed that allocation of any slippage money should only take place after a thorough risk assessment of the investment options by Management Group and will not be automatically re-invested into specialised services.

Members discussed risk sharing and the Health Board Members asked for assurance that the risk sharing process and the impact on individual Health Boards was being continually reviewed by the WHSSC Finance Working Sub-group. Members agreed to support discussions with Welsh Government for individual Health Boards impacted by the risk share process.

Members discussed the discretionary elements of the ICP and agreed that IPFR process should not be used to circumvent any decision not to commission any particular schemes. Members also acknowledged the financial impact of not commissioning CIAG approved schemes was small

CS reported she was meeting with Welsh Government later in the week to progress Powys specific issues and would update Members with any relevant outcomes of those discussions.

ACTIONS: Members agreed the following actions for the WHSS Team:

- Add further narrative within the ICP on how the WHSS Team would be formalising the WHSSC savings plan, including ongoing monitoring through Management Group and Joint Committee;
- Bring a paper to the March Joint Committee meeting on the savings plan and the value based commissioning work that is being undertaken with particular reference to accelerating the work on pathways within the integrated healthcare system (this paper will reference the outputs from the value based commissioning workshop scheduled with Management Group for 4 February 2020);
- Add further narrative to the ICP on the robust process already in place for any funding release, including scrutiny and rigour around

	<p>business cases, and confirm that there will not be any financial commitments associated with the ICP until at least April 2020 when the ICP implementation begins;</p> <ul style="list-style-type: none"> • Confirm that allocation of any slippage money will only take place after a thorough risk assessment of the investment options and will not be automatically re-invested into specialised services; • Write to Welsh Government on behalf of the Joint Committee asking that all future funding supplements for RTT performance are routed via the commissioner rather than direct to providers; • Provide assurance to health boards that the risk share process and the impact on individual organisations is being continually reviewed by the WHSSC Finance Working Sub-group; and • Support discussions with Welsh Government for individual health boards impacted by the risk share process ; and • Prepare a supporting paper (an SBAR) to accompany the ICP within health board papers for consideration at health board January 2020 Board meetings, focussing on the actions that the WHSS Team is taking, following the ICP being agreed in principle by the Joint Committee on 6 January 2020. <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the ICP in principle, subject to: <ul style="list-style-type: none"> ○ The actions above being completed; and ○ Further discussions with Welsh Government for individual health boards most impacted by the risk sharing process; and ○ The WHSS Team providing a supporting paper to accompany the ICP within health board papers for consideration at health board January 2020 Board meetings, focussing on the actions that the WHSS Team is taking, following the ICP being agreed in principle by the Joint Committee on 6 January 2020.
JC19/063	<p>Any Other Business</p> <p>There being no other business the meeting closed.</p>
JC19/064	<p>Date and Time of Next Meeting</p> <p>The Joint Committee noted the next meeting would take place at 09:30 on 28 January 2020 in the Conference Room, WHSSC, Unit G1 The Willowford, Treforest Industrial Estate, CF37 5YL.</p>

The meeting closed at 10:35hrs.

Chair's Signature:

Date:

UNCONFIRMED

JOINT COMMITTEE MEETING Action Log January 2020

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
23.07.19	JC19004	<p>JC19/025 - Cystic Fibrosis Business Case</p> <p>AR reported that the Home IV trial had started, that initial feedback had been positive and the WHSS Team would be evaluating the full trial at the end of August.</p> <p>ACTION: It was agreed an update would be provided at the September or October Joint Committee meeting to align with health board IMTP timetables and to include the full evaluation of the trial.</p>	KP	<p>Nov 2019</p> <p>Jan 2020</p>	<p>16.09.19 – Information not available in time for September meeting. Carried forward to November meeting.</p> <p>24.10.19 – Carried forward to the January meeting at the request of Management Group.</p> <p>28.01.20 – Agenda Item 2.1. Action closed.</p>	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
12.11.19	JC19006	JC19/048 – Chair’s Report ACTION: Members agreed the appointment of Emrys Elias would be dealt with by way of a Chair’s Action.	VH	Jan 2020	28.01.20 – Agenda Item 1.5. Action closed.	CLOSED
06.01.20	JC19007	JC19/062 - 2020-23 Integrated Commissioning Plan ACTIONS: Members agreed the following actions for the WHSS Team: Add further narrative within the ICP on how the WHSS Team would be formalising the WHSSC savings plan, including ongoing monitoring through Management Group and Joint Committee;	CN	Jan 2020	13.01.20 – Included in ICP circulated to Health Boards. Action closed.	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19008	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Bring a paper to the March Joint Committee meeting on the savings plan and the value based commissioning work that is being undertaken with particular reference to accelerating the work on pathways within the integrated healthcare system (this paper will reference the outputs from the value based commissioning workshop scheduled with Management Group for 4 February 2020);</p>	KP	Mar 2020		OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19009	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Add further narrative to the ICP on the robust process already in place for any funding release, including scrutiny and rigour around business cases, and confirm that there will not be any financial commitments associated with the ICP until at least April 2020 when the ICP implementation begins;</p>	CN	Jan 2020	13.01.20 – Included in ICP circulated to Health Boards. Action closed.	CLOSED

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19010	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Confirm that allocation of any slippage money will only take place after a thorough risk assessment of the investment options and will not be automatically re-invested into specialised services.</p>	SL	Jan 2020		OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19011	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Write to Welsh Government on behalf of the Joint Committee asking that all future funding supplements for RTT performance are routed via the commissioner rather than direct to providers;</p>				OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19012	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Provide assurance to health boards that the risk share process and the impact on individual organisations is being continually reviewed by the WHSSC Finance Working Sub-group.</p>				OPEN
06.01.20	JC19013	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Support discussions with Welsh Government for individual health boards impacted by the risk share process.</p>	SL			OPEN

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
06.01.20	JC19014	<p>JC19/062 - 2020-23 Integrated Commissioning Plan</p> <p>ACTIONS: Members agreed the following actions for the WHSS Team:</p> <p>Prepare a supporting paper (an SBAR) to accompany the ICP within health board papers for consideration at health board January 2020 Board meetings, focussing on the actions that the WHSS Team is taking, following the ICP being agreed in principle by the Joint Committee on 6 January 2020.</p>	KP	Jan 2020	13.01.20 – SBAR circulated to all Health Boards. Action closed.	CLOSED



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

Your ref/eich cyf:
Our ref/ein cyf: VH.KS
Date/dyddiad: 14th November 2019
Tel/ffôn: 01443 443 443 ext. 8131
Email/ebost: Kevin.Smith3@wales.nhs.uk

WHSSC Joint Committee Members

Dear Colleague

Re: Appointments to Joint Committee and Q&PS Committee

I am writing in relation to the appointments that I mentioned at this Tuesday's Joint Committee meeting. I advised that I would deal with the formal appointments by Chair's Action.

I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Paul Griffiths, an Independent Member of WHSSC, I have taken Chair's Action to approve the following appointments:

1. Mr Emrys Elias, as an Independent Member of the Joint Committee; and
2. Mr Emrys Elias, as an Independent Member and Chairman of the WHSSC Quality & Patient Safety Sub-committee.

These appointments will be for an initial term of two years commencing 1st December 2019, subject to and in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

This matter will be reported on at the Joint Committee meeting scheduled for 28th January 2020 for ratification.

If you require further information or clarification regarding this matter, please contact Kevin Smith, Committee Secretary, in the first instance.

Yours sincerely

Professor Vivienne Harpwood
Chair

**Welsh Health Specialised Services
Committee**
Unit G1, The Willowford,
Treforest,
Pontypridd
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned G1, The Willowford,
Treforest,
Pontypridd
CF37 5YL

Chair/Cadeirydd: *Professor Vivienne Harpwood*
Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr
Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

		Agenda Item	1.6
Meeting Title	Joint Committee	Meeting Date	12/11/2019
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	

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	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the contents of this report. 		

Considerations within the report (tick as appropriate)

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

1. 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. UPDATES

2.1 All Wales Medical Genomics Service

The All Wales Medical Genomics Service (AWMGS), commissioned by WHSSC, has recently won an Efficiency through Technology Programme High Impact Award. AWMGS developed a new non-invasive prenatal test (NIPT) which is now offered to pregnant women in Wales. The NIPT screens for Down syndrome, Edwards syndrome and Patau syndrome and will substantially reduce the number of pregnant women being offered invasive procedures such as amniocentesis or chorionic villus sampling which have an associated risk of fetal loss as well as being expensive procedures for the NHS. This is significant for Welsh Government and WHSSC as Wales is the only country in the UK which offers NIPT as part of an antenatal screening programme; implementation has been delayed in England and Scotland. Since its introduction, NIPT has shown a 65% reduction in invasive samples received by the genetics laboratory.

3. RECOMMENDATIONS

Members are asked to:

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

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

		Agenda Item	2.1
Meeting Title	Joint Committee	Meeting Date	23/01/2020
Report Title	Cystic Fibrosis - Update on Implementation of the Home IV Antibiotics Service		
Author (Job title)	Specialist Services Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	To update CDG on the implementation of a prepared Home IV antibiotics service for patients with Cystic Fibrosis in South Wales and Southern Powys			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Support taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020/21 ICP; and • Support further evaluation of the impact on inpatient demand to inform the planned bed base to be supported by WHSSC within Phase 2 of the business case 		

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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓			✓			✓

Commissioner Health Board affected

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

Cardiff and Vale

1. SITUATION

This paper provides an evaluation on the implementation of a prepared home Intravenous (IV) Antibiotic service for patients with Cystic Fibrosis (CF) in south Wales and Southern Powys.

2. BACKGROUND

As Cystic Fibrosis become more advanced patients become chronically colonised with bacteria, the standard therapy is regular intravenous antibiotics. These patients therefore often spend around two weeks every three months receiving intravenous antibiotics up to four times a day resulting in lengthy hospital stays.

A small number of patients can self-administered IV antibiotic courses at home, albeit not through a formal homecare arrangement. Such patients are admitted for a short period at the start of treatment to ensure no reactions to the treatment. The drugs are then dispensed through University Hospital Llandough pharmacy and patients return for follow-up. Only a small number of patients are able to take advantage of this option because of the complexity of self-administration and the travel commitment.

The 2015 CF Peer review of the All Wales Adult Cystic Fibrosis Centre at C&VUHB identified that it is the only centre in the UK without a home prepared IV antibiotic service and recommended that a service be developed to meet the CF Standards of Care guidelines.

The implementation of such a service would:

- Reduce hospital admissions and length of stay.
- Reduce patient travel times.
- Where patients are currently self-administering intravenous treatments at home, reduce the clinical risks through the provision of pre-prepared infusions.
- Satisfy the Health Board and Welsh Government vision of providing care closer to home wherever possible.

It also has the advantages to the patient of:

- An improved quality of life related to the reduction in the number of hospital admission days and visits to the hospital.
- Increased independence from the hospital.
- Reduced risk of cross-infections with *Pseudomonas aeruginosa*

Therefore homecare delivery of pre-prepared home IV antibiotics should be considered and when appropriate offered to assessed and selected patients.

In July 2019, Joint Committee agreed the release of £359k from in year slippage on the Cystic Fibrosis scheme to support the further development of the satellite clinics and to continue a trial of a home prepared IV antibiotic service. The funding was released on a non-recurrent basis as whilst the funding for additional staffing aligned to the capital case for ward expansion had been secured through the 2019/22 ICP, the funding for the satellite staffing posts and the Home IV service were in excess of this, with the recurrent costs being sought through the 2020/23 ICP process.

At the meeting Joint Committee requested that an evaluation of the prepared home IV antibiotic service be brought back to a subsequent meeting in order for a decision to be made regarding recurrent funding.

3. ASSESSMENT

Following the release of in year funding the service introduced a trial of a prepared Home IV antibiotic service in April 2019. An evaluation of the service has been undertaken with the aim to:

- Evaluate patient/carers' satisfaction with the new service for home administration of IV antibiotics to cystic fibrosis patients and identify ways of improving this service to reduce treatment burden.

The objective of the evaluation being:

- To evaluate how satisfied patients/carers' are with the new service for patients administering their IV antibiotics at home.
- To determine patients and carers' views on the provision of the service using pre-prepared IV antibiotics at home.
- To calculate the proportion of IV treatment time spent reconstituting the IV antibiotics to ascertain whether treatment burden could be reduced by providing pre-prepared syringes.

The WHSSC team have also evaluated the data to estimate the service impact.

3.1 Patient Reported Outcomes and Experience.

Methods: The service undertook the patient evaluation through the completion of patient questionnaires between April and July 2019. The evaluation focused on patients who had previously self-administered IV antibiotics and who were now receiving treatment from the home-care. The evaluation did not assess patients who had only previously received in-patient care.

Results: During the evaluation period a total of 26 patients were offered Home IV antibiotics.

- 26 patients completed the survey (17 female and 9 male)
- Age range was 20-56 years (median 36 years)
- 12% (n. 3) were in full-time employment and 27% (n. 7) in part-time employment.
- 58% (n. 15) were not currently working and 3% (n. 1) was retired.
- 2 of the patients not currently working were in full time education.
- 31% (n. 8) had dependents (total no dependents 17) with an age range of 6 months to 18 years (median 8 years).

Overall patients reported a reduction in time for antibiotic administration; for a patient who is on 3 x daily antibiotic the pre prepared syringes can save up to 2 hours of time. Patients reported feeling confident and safer in administering the antibiotics with the prepared syringes rather than having to reconstitute antibiotics and self-administer.

Patients reported increased compliance with 48% patients missing doses when constituting their own medication and 0% missing doses with homecare constituted infusions.

Overall the patients/carers' have reported a high level of satisfaction with the service. Example comments are:

"No longer would I have to dread doing home IVs; my life was normal whilst on the new Homecare provided IVs"

"Feels safer as drawing up IVs when you're unwell takes effort"

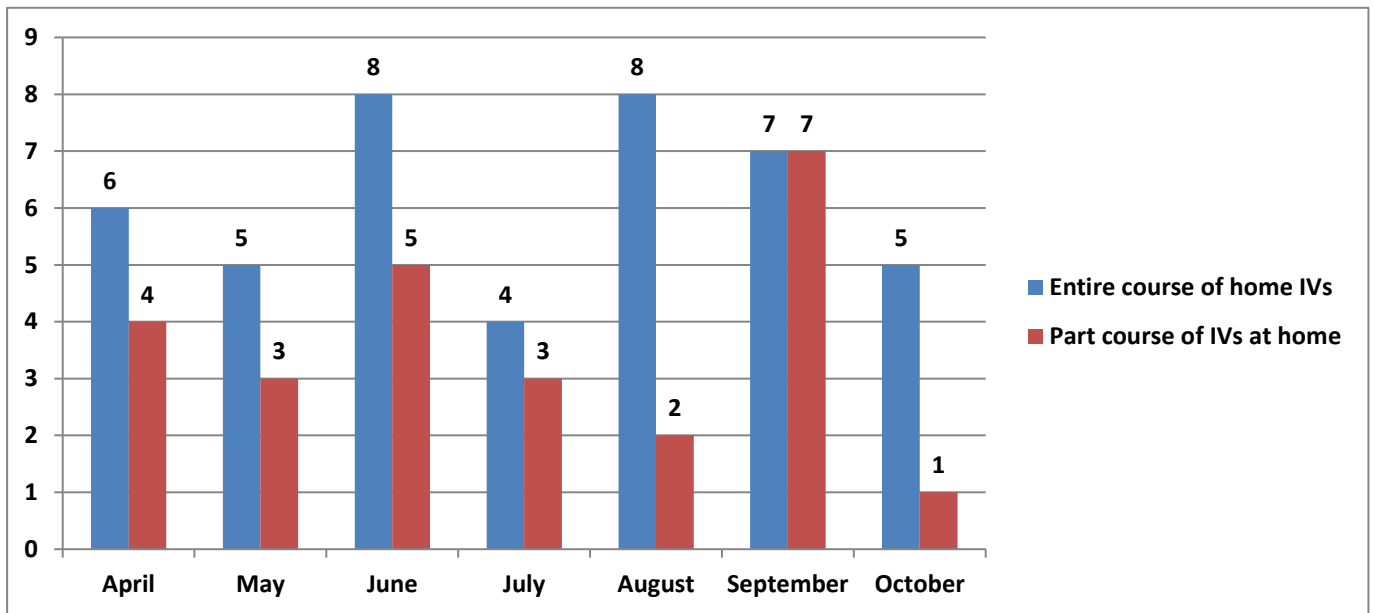
Positive outcomes were reported with earlier and timelier relief from respiratory symptoms enabling improved quality of life and a return to 'normal life' sooner i.e. return to work, college or university.

To date 68 patients have now received Home IV antibiotic courses.

3.2 Service Impact

Method: The numbers of days of home IV antibiotics was measured between April and October and the potential gain in beds calculated from this number of actual bed days saved.

Results:



- A total of 68 patients were treated during this period with the potential saving of 798 bed days. The average length of stay of a patient requiring in-patient antibiotics is 14 days. This would be equivalent to 2.2 beds at 100% occupancy, 1.97 at 90% and 1.85 at 85% occupancy.
- The service have reported that the new treatment option has enabled patients to be discharged sooner, once clinically stable, with twenty five patients discharged home earlier than would otherwise be possible to complete their course of treatment. Forty three patients completed the entire course of home IVs in the home environment.
- The service has also reported improved access to inpatient treatment for those who need it. Prior to the introduction of the service the average wait for a bed was 3.3 days (range 0-23 days). At the time of writing most patients who are suitable for home IV administration are being treated at the point that need is identified.
- The service have also reported that treatment is now starting earlier because patients do not have to wait for an inpatient bed to become available. This was also reflected in the patient experience report. The service has reported that the inpatient waiting list is now more manageable, with less patients waiting at any given time and often for a shorter period of time.

The model of care being trialled within the C&V service is in line with the model of home antibiotics service provided by Liverpool Heart and Chest Hospital and Birmingham.

Conclusion: There is good reported evidence of an improvement in the patient experience and patient reported outcomes. There is indirect evidence of an improvement in length of stay and bed occupancy with earlier access to inpatient beds for those who need it.

Currently the number of beds being proposed in the phase 2 in-patient investment which includes an expansion in the number of in-patient beds in the unit is lower than what is nationally recommended for the population. This development however supports the lower bed base suggested within the business case.

3.3 Financial Assessment

To the end of November a total of £100k has been spent against the £250k in year allocation.

Total recurrent funding to be considered for 2020/23 Strategic Development	£k 2020/21	£k 2021/22	£k 2022/23
Home IV service - recurrent funding pending trial outcome	250	470	470
Phase 2 Part A Satellite Clinics recurrent funding	109	218	218
Strategic Development 2020/23	359	688	688

4. RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report; and
- **Support** taking forward the case for a recurrent Home IV service and satellite clinic staff to the 2020/21 ICP; and
- **Support** further evaluation of the impact on inpatient demand to inform the planned bed base to be supported by WHSSC within Phase 2 of the business case

Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Organisation Development Choose an item.	
Link to Integrated Commissioning Plan	Cystic Fibrosis service development included in the 2020/23 ICP as a strategic priority	
Health and Care Standards	Staying Healthy Timely Care Individual Care	
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The report highlights the risks around not providing a	
Resources Implications	The report highlights the resource required to support a home IV service	
Risk and Assurance	The report highlights the risk of not providing a prepared home IV service	
Evidence Base	The commissioning Intentions are evidence based.	
Equality and Diversity	No equality issues are highlighted within the report	
Population Health		
Legal Implications	No legal implication are highlighted within the report	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	13/01/2020	Proceed to Management group
Choose an item.		

		Agenda Item	2.2
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Cardiac Surgery Performance		
Author (Job title)	Specialised Services Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	To provide members with an update on Cardiac Surgery Performance in south Wales.			
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	02/12/2019
	Management Group	Meeting Date	12/12/2020

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the information presented within the report
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Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Cardiff and Vale, Swansea Bay

1. SITUATION

This paper describes the current situation in regards to the delivery of Cardiac Surgery in Wales.

2. BACKGROUND

Cardiac surgery waiting times at both south Wales centres are of concern. The sustained improvement at SBUHB over the last year has recently deteriorated with a number of over 36 week breaches being reported alongside an increase in the number of over 26 week breaches. C&VUHB have been consistently reporting a high number of over 26 week and 36 week breaches.

Liverpool Heart and Chest (LHCH), the main provider of Cardiac Surgery for North Wales have been reporting a very low number of breaches for circa 18 months. WHSSC hold bi-monthly performance meetings with LHCH. BCU colleagues also attend this meeting. It is clear from these meetings and the monthly data set that the late referrals from BCUHB is driving the low number of breaches at LHCH.

There are no reported issues from other Providers.

Performance management arrangements are in place at both south Wales centres with SBUHB at stage 2 and CAVUHB at stage 3 of the WHSSC escalation process. LHCH are at stage 2. The focus of the meetings is to monitor the overall patient cohort numbers, waiting times, number of patients who breach the RTT, the actions being taken to resolve the reasons behind the breaches and to pick up any quality and safety issues which may be impacting on the delivery of the service.

The main focus has been on the number of patients who have waited over 36 weeks for treatment, however the Cardiac Commissioning team also monitor the number of patients over 26 weeks for treatment.

A Commissioning Quality Visit (CQV) was held in February 2019 with C&VUHB as part of the Stage 3 Escalation process. The HB developed an action plan which has been monitored at the monthly performance meetings. The action plan has not delivered the required improvement. Subsequently a follow up CQV meeting was held on 19 November 2019. Whilst some progress has been made in the last few months, particularly in regards to the recruitment and retention of key staff, the benefits of this will not be seen until mid-summer 2020.

In addition to the performance meetings with both south Wales centres WHSSC has also held 2 joint meetings with the providers; the purpose being to discuss alternative options for improving the long waiting times for patients, particularly at C&VUHB. These discussions have also included the potential to outsource.

It had previously been proposed that SBUHB would support a cohort of patients from Cardiff to mitigate the risks and reduce the numbers of 36 week breaches. This is no longer a viable option due to a recent deterioration in the waiting times in SBUHB.

WHSSC have therefore made contact with several providers in NHS England to scope out the potential to outsource. Support has been offered from Liverpool Heart and Chest Hospital and the University Hospital of North Midlands and discussions are ongoing at the current time.

WHSSC have also commissioned the NHSE Improvement Getting It Right First Time (GIRFT) Team to undertake an assessment of the both south Wales centres in order to gain a more detailed analysis of the key issues that may be driving poor waiting time performance whilst providing an opportunity to assess the overall quality of the services. WHSSC are concerned as to how long it has taken the both providers to complete the Data Sharing Agreements to enable the review to commence. However it is hoped that this will commence in early 2020.

During the summer of 2019 the Delivery Unit (DU) at the request of WG and WHSSC undertook a follow up review of the Health Board Cardiology to Cardiac Surgery Pathway Start Date (PSD's) action plans. It was noted that improvements had been made at a number of Health Boards since the 2017 review (particularly noted was the work undertaken at C&VUHB to achieve 100% accurate PSD). However issues remain at all other health boards and it was noted that there were no PSD on internal referrals to cardiac surgery in SBUHB and only 40% of the referrals from HDUHB had PSD recorded although there was 100% accuracy in the recording of those 40%.

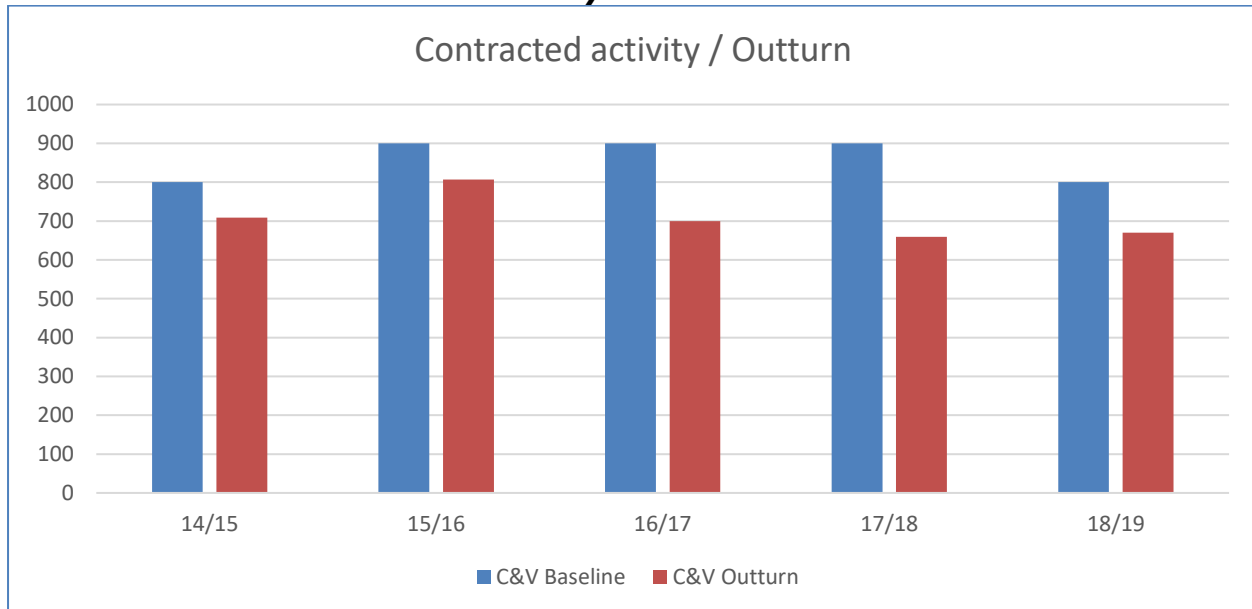
The late referrals from BCU to Liverpool Heart and Chest are the main reason for the low number of breaches per month at LHCH.

The long waits for a cardiology appointment were noted and that this is likely to be driving poor performance of cardiac surgery given the late referrals noted at the review.

3. ASSESSMENT

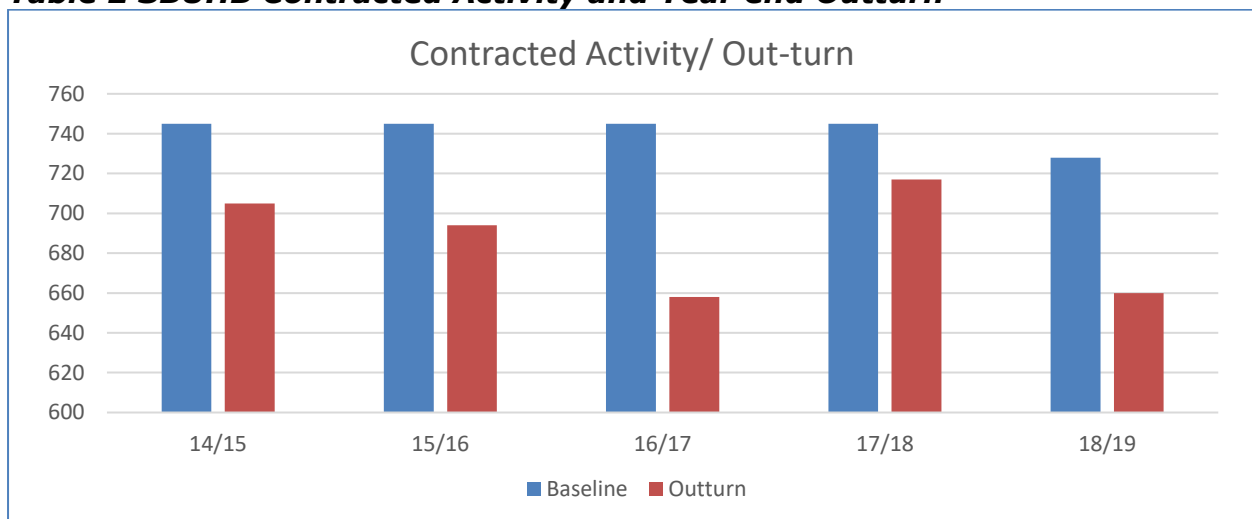
3.1 Commissioned Activity and Outturn

Table 1 C&VUHB Contracted Activity and Year end Outturn



* The 900 baseline between 2015 and 2017 included an additional 100 cases: 20 South East Wales, 80 West Wales.

Table 2 SBUHB Contracted Activity and Year end Outturn



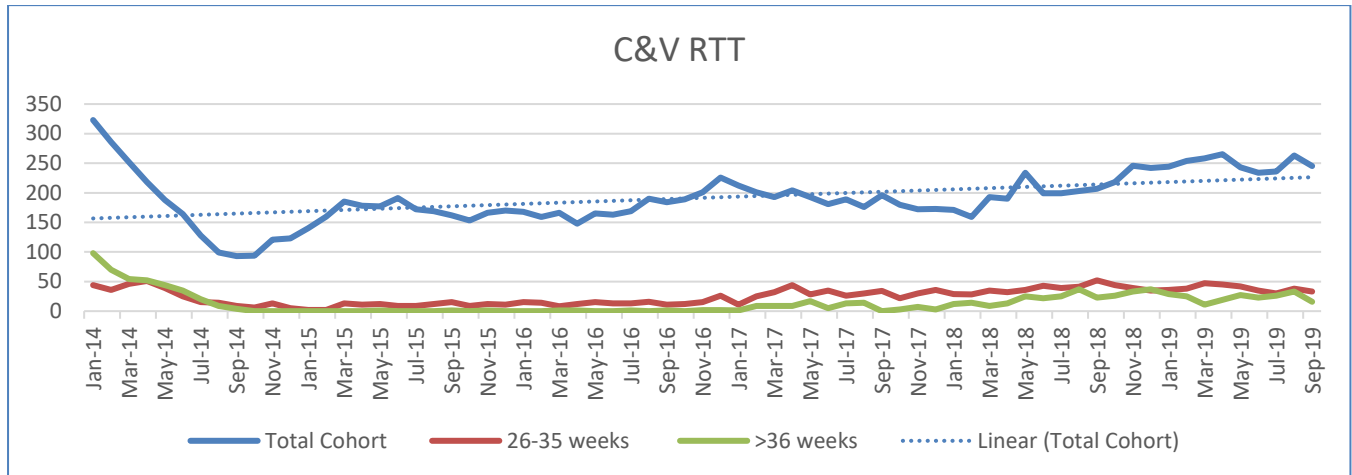
Neither provider has met its contracted activity since 2014 resulting in significant underperformance.

3.2 Current Cardiac Surgery Waiting Times

3.2.1 C&VUHB Cardiac Surgery RTT

Performance meetings are held monthly with C&VUHB due to number of breaches reported each month, under activity against contracted levels and the lack of progress in achieving improvement in service delivery.

Table 1 depicts the total patient cohort at C&VUHB split by weeks waiting and the overall number of patients waiting over 36 weeks.



Following the second outsourcing exercise in early 2014 the service reduced the overall number of breaches to between 0 and 2 per month (99%-100% compliance) and sustained this position from October 2014 until March 2017. From March 2017 the overall position started to deteriorate with a further deterioration occurring from April 2018.

C&V reported that the deterioration in the waiting list position followed the 2017 Delivery Unit (DU) review of the Cardiology to Cardiac Surgery of Pathway Start Dates (PSD's) and the application of correct PSD's. It was noted that a large number of breaches related to late referrals into centre, some of which are received post 36 weeks.

Despite the enhanced monitoring arrangements put in place by WHSSC and the Health Board's development of an action plan, the service continue to report a significant number of patients waiting over 36 weeks with the number of breaches reported being on average 25 per month (89%).

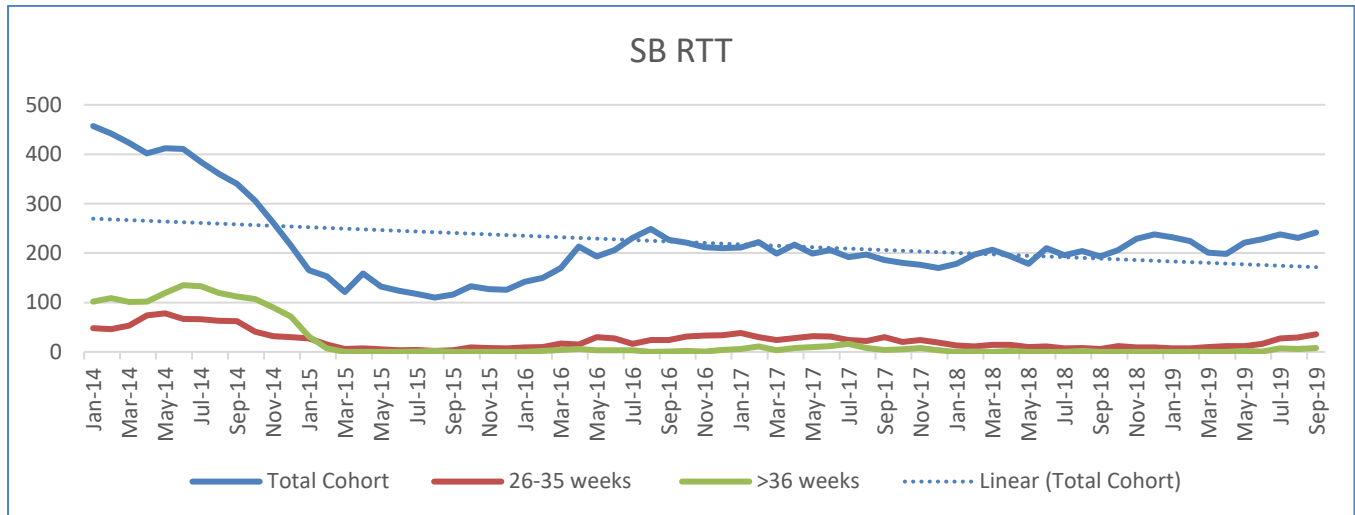
At the CQV on 21 November the C&V team confirmed that recent recruitment would enable the service to deliver 22 session per week from mid-summer 2020.

In order to prevent a reoccurrence of a large outsourcing exercise similar to 2009 and 2014, the WHSS team are scoping the potential to outsource now as an interim solution until C&V plans come on line.

3.2.2 SBUHB Cardiac Surgery RTT

Performance meetings are held bi-monthly with SBUHB due to under activity against contracted levels and to ensure on-going dialogue with the service in regards to sustainability of the waiting list position.

Table 2



Following the 2014 outsourcing exercise, SBUHB had significantly reduced their overall patient cohort and achieved a 0 breach position by March 2015, maintaining this until February 2016. A low number of breaches were reported from this time through to January 2018. Since February 2018 a sustained improved position has been reported with a 0 breach position from April 2018 until May 2019. Since May 2019 a low number of breaches have been reported. SB attributed this to short term theatre staffing sickness and the HMRC pension changes.

The DU follow up review of the Cardiology to Cardiac Surgery PSD identified that only 40% of referrals from HDUHB had PSD's and that there were no PSD on internal referrals. WHSSC are unable to quantify the risk but essentially this could mean that the current waiting list performance is under reported and that a significant correction is required. The HB has been undertaking work to correct this position and in November the projected number of breaches increased to 20. At the current time there is uncertainty as to whether further validation will worsen the position.

SB are currently preparing a delivery plan to achieve a 0 breach position by end of quarter 4 2020. The WHSS team will review this plan and dependant on the level of assurance will determine whether SB will be included in the outsourcing exercise.

Additionally following receipt of the delivery plan the current escalation stage will be reviewed as to whether there is a need to escalate to Stage 3 which will include a Commissioning Quality Visit.

3.3 Summary

Waiting times at both south Wales Centres are in excess of the 36 week RTT waiting times. Whilst there are multifactorial issues affecting delivery, the majority of the reported long waits for cardiac surgery particularly at Cardiff have been driven by the late referrals from cardiology.

The recent DU findings regarding the lack of PSD on referrals to Swansea are of concern as previous assurance had been given to WHSSC that the actions from the 2017 DU review had been completed. It is highly likely that the reported waiting time at Swansea has been understated for the last 2 years.

Welsh Government have agreed to move towards component waiting times for the cardiology to cardiac surgery pathway which will enable more focused attention on the whole pathway.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report
- **Support** a workshop with the Delivery Unit and Health Boards to look at opportunities for improvements across the patient pathway.

5. APPENDICES / ANNEXES



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	N/A	
Health and Care Standards	Timely Care Safe Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Choose an item. Reduce inappropriate variation Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Long waits for cardiac surgery impact on both the quality of the service provided and on the patient experience	
Resources Implications	Outsourcing will require additional resources which are being scoped out	
Risk and Assurance	The report highlights the actions WHSSC are taking to manage the current risk relating to long waits for cardiac surgery	
Evidence Base		
Equality and Diversity	No specific issues highlighted	
Population Health	No specific issues highlighted	
Legal Implications	There are no legal implications highlighted	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	02/12/19	Proceed to MG
Management Group	12/12/19	Proceed to JC

		Agenda Item	2.3
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Neonatal Transport Review Recommendations		
Author (Job title)	Specialised Planning Manager for Women and Children		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose		This paper sets out the key recommendations from the Review of the South Wales Neonatal Transport Service and seeks support for the next steps to develop a 24 hour Neonatal transport service.		
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	13/01/2020
	Management Group	Meeting Date	23/01/2020

Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the draft recommendations within the report; and • Support the development of future commissioning arrangements for neonatal transport services in South Wales.
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Considerations within the report (tick as appropriate)

Conclusions With and Without Evidence (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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

Commissioner Health Board affected

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

Aneurin Bevan, Cardiff and Vale and Swansea Bay

1. SITUATION

A review of the current Neonatal Transport service in Wales was agreed by Joint Committee in November 2018. The review was commissioned by the Women and Children Commissioning Team during 2019 and a draft report has recently been issued to WHSSC. This paper sets out the key recommendations within the report and seeks support for the next steps.

2. BACKGROUND

Neonatal transport services across south Wales are provided by Cymru Inter Hospital Transfer Service (CHANTS). WHSSC commissions the CHANTS service for 12 hours per day, 7 days per week. This service runs on a 1 week in 3 rotational basis between the three Neonatal Intensive Care Units (NICU's), Aneurin Bevan, Abertawe Bro Morgannwg and Cardiff & the Vale. Each day there is a neonatal transport nurse and neonatal consultant dedicated to the service with a dedicated vehicle and driver provided by Welsh Ambulance Service Trust (WAST).

The CHANTS service model was established in 2010, following the allocation of additional recurrent funding from Welsh Government. The three service providers in south Wales were allocated £364,000 each in order to deliver a 12 hour neonatal transport service. In addition there is the cost of the ambulance and ambulance staff which is provided by WAST for £200,000. This takes the total cost of the transport service to £1,292,000.

In 2013 a paper was submitted by the Neonatal Network for consideration in the Integrated Commissioning Plan. The paper sought an additional £377,869 to take the service from a 12 hour to a 24 hour service, with an additional nurse to be based on each of three NICU units on a supernumerary basis, a Consultant to be on call from home and two ambulance staff. However, this was not supported by the WHSSC Management Group as a 24 hour service at a cost of £1,669,869 was deemed expensive given the forecast number of 500 in hour and 35 out of hour transfers per year and it was agreed that other potential options for providing the 24 hour service needed to be considered.

In February 2018, WHSSC hosted a workshop to take a collaborative approach in finding a possible solution for creating a 24 hour transport service. In attendance were a variety of stakeholders including, Neonatal Nurses, Neonatal Consultants, Clinical Leads and Senior Managers from both the provider Health Boards and referring Health Boards. At the event each provider was given the opportunity to discuss the risk score for their respective HB in relation to the current 12 hour service and the lack of 24 hour service.

Whilst the feedback received from the network was that the 12 hour service worked well and compared favourably to other services in the UK, it was reported to WHSSC that referring Health Boards have varying equity of access dependant on the service on rota. They also expressed concerns regarding the variation in operational advice received, depending on which centre was responsible for providing the service.

A case note review looking at the 21 serious incidents raised outside of the current operating hours, was commissioned by WHSSC and concluded in September 2018. The review was carried out by Dr Puddy, from the University Hospital Southampton Foundation Trust and it was recommended that 24 hour neonatal transport service was commissioned.

Due to the recommendations within the case note review along with the known risk of the lack of 24 hour service, it was agreed by Joint Committee in March 2018 that a full external service review should be undertaken in 2018/19 in order to assist the development of a sustainable transport service going forward. This proposal was agreed and it was noted that the outcomes of the review would inform the ICP process for 2019/20.

Terms of reference were developed and shared with the Neonatal Network in advance of Commissioning the review. Dr Grenville Fox, Consultant Neonatologist, Guy's & St. Thomas NHS Foundation Trust, Clinical Director London Neonatal Operational Delivery Network and NHS England Neonatal Critical Care Clinical Reference Group (CRG) Member was commissioned to complete the report.

3. ASSESSMENT

The review of the current Neonatal Transport Service was undertaken throughout the summer and autumn of 2019 and a draft report was provided on 16 December 2019. The draft recommendations from within the report are attached as **Annex A**. The WHSS team have reviewed the draft report and have compiled comments and suggested revisions to address accuracy in order to return to the review team prior to the issuing of a final report. The final report will be shared with the Maternity and Neonatal Network Board as per the agreed terms of reference for the review.

The recommendations within the report broadly align to the commissioning priorities identified by the WHSS team in particular that:

- A future service model should have co-location or close proximity location of ambulance and clinical teams.
- A detailed demand and capacity review should be undertaken to ensure that capacity transfers within and out of the network are minimised.

- Funding for the clinical components of the transport service need to be clearly defined and transparent and separate from other service funding.
- A 24 hour service would be best provided from a single site provider.

In light of the recommendations within the report the WHSS team has raised the question about the current commissioning arrangements for the Neonatal Transport Service.

Currently ambulance commissioning in Wales is the responsibility of the Emergency Ambulance Services Committee (EASC). EASC commissions the Welsh Ambulance Services NHS Trust (WAST) and the Emergency Medical Retrieval and Transfer Service (EMRTS) on behalf of the seven Health Boards, operating a Joint Committee model, mirroring that used within WHSSC.

The WHSS team holds the view that in light of the expertise held by EASC in commissioning emergency transport and the synergies that Neonatal Transport services could have with other transport services, that the exploration of transferring the commissioning and budgetary responsibility of the Neonatal Transport Services to EASC should be considered. Any change of commissioner will require significant and detailed planning and approval of Joint Committee.

Members are asked to support further work to develop a future commissioning model for neonatal services to run in tandem with the development of a safe and sustainable 24 hour neonatal transport service. A full financial assessment will be required in order to assess the full funding implications.

A number of potential risks have been identified with the transfer of commissioning responsibility, in particular the current complexity around the interlinked arrangements for both the Neonatal Transport service and the Neonatal units. This will be a key consideration of any future discussions and all risks will be monitored and mitigated as appropriate.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the draft recommendations within the report; and
- **Support** the development of future commissioning arrangements for neonatal transport services in South Wales.

5. APPENDICES / ANNEXES

Annex A – The Review of the South Wales Neonatal Transport Service Recommendations.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Development of the Plan	
Link to Integrated Commissioning Plan	The development of a 24 hour neonatal transport service featured in the WHSSC ICP for 2018-21 and is included in the approved 2019-22 plan.	
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	A number of Datix incident reports have been raised by Health Boards in South Wales due to the lack of 24 hour service. A case note review in to these incidents was carried out in 2018 and an action plan is in place and reported to the WHSSC QPS on a regular basis.	
Resources Implications	There is a provision for additional neonatal transport funding included in the WHSSC Integrated Commissioning plan 2019-22 with £0.450m available in year, increasing to a recurrent £0.6m full year effect from 2021/22 onwards. This is in addition to the £1.292m already provided for the current 12 hour service.	
Risk and Assurance	The lack of 24 hour Neonatal Transport service has been a high risk on the W&C commissioning team risk register since April 2017.	
Evidence Base	The case note review as commissioned by an expert in the Neonatology transport field.	
Equality and Diversity	There are no equality and diversity implications.	
Population Health	There are no specific issues for population health.	
Legal Implications	There are no legal implications.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		

Annex A

Recommendations from the 'Review of the South Wales Neonatal Transport Service (CHANTS) in order to recommend future models of delivery for a 24 hour transport service'.

Conclusions and recommendations

- a. Support for how to provide a high quality 24-hours per day neonatal transfer service for South Wales should continue from all stakeholders, in order to ensure the best possible clinical outcomes to babies born in the region, with equitability of access, similar to all other parts of the United Kingdom. The need to change the current service arrangements in order to achieve this should not be questioned and are urgent.
- b. With respect to the urgency required to change the current service arrangements, a timeline needs to be defined by WHSSC. The reviewers suggest that 24-hours per day service provision is operational within no more than 6-12 months from the date of this report.
- c. Funding for the clinical components of a 24-hours per day service needs to be clearly defined and transparent, so that this is completely separate from NICU or other service funding. This will require agreement between WHSSC and all Health Boards initially, and then between WHSSC and the CHANTS provider Health Board(s).
- d. Funding for the Ambulance and transport costs of a 24-hours per day service need to be considered separately and agreed between WHSSC and the Wales Ambulance Service NHS Trust (WAST).
- e. The current service model, with ambulance teams being based at distance from all three provider sites, causes unacceptable delays to transfer team mobilisation times, as well as limiting service provision to considerably less than 12-hours per day. The clinical risks associated with this are obvious, and have been highlighted by an external case review, completed in August 2018. A future service model with either co-location or close proximity location of ambulance and clinical teams is recommended.
- f. The proportion of capacity transfers performed as emergencies in South Wales is excessive when compared to neonatal networks in other parts of the UK. A demand and capacity review, including consideration of the transfer acceptance policy and pathway, is required to fully assess NICU occupancy levels. This is likely to identify a need to increase cot numbers at the NICU centres across the network. Commissioning of the required number of cots would improve clinical outcomes, reduce the need for

families to travel longer distances to access the care their baby needs as well as reducing the burden on CHANTS and avoid delay to clinically urgent transfers. The proportion of babies less than 27 weeks gestation born in maternity centres with NICU facilities across the network has improved recently but was low (around 70%) as recently as 2017. Clearly some effective work has been carried out in conjunction with maternity services to ensure that extremely preterm babies are born in the right place, but this needs to be advanced further by ensuring that capacity constraints are minimised. A reduced number of postnatal transfers will decrease CHANTS activity, but more importantly, recent evidence suggests improved outcomes for extremely preterm babies when postnatal transfer is avoided.

- g. A single point of contact system is required for all emergency referrals. It is understood that this is currently being progressed by the Wales Neonatal Network. This should also include emergency referrals for in-utero transfers, by providing a call-handling and liaison service, so that capacity for maternal transfer and potential NICU admission is identified. Use of an App or web-based portal such as Cot Locator should be used to facilitate this process but would require the engagement of all maternity and neonatal teams across the network. The single point of contact system should be integral to the neonatal transport service and facilitate conference calls between the referring clinicians, transport team and the receiving NICU, preferably at consultant to consultant level, so that advice and information to referring clinical teams is safe, clear and unambiguous. A single point of contact for referrals should mean that referrers are only required to make one phone call in order to arrange transfer of a patient (i.e. mother and/or baby) and that for ex-utero transfers they are updated regularly by the NTS regarding the estimated time of arrival and for clinical advice.
- h. The current CHANTS service has many positive attributes, despite formal agreement not being in place for 24-hours per day provision. All clinically important key performance indicators compare favourably to other neonatal transfer services after taking into account the lack of an out-of-hours service. Service user feedback from parents has been positive to date and feedback from referring clinicians is also positive apart from the obvious issue with the lack of a night-time service and some concerns regarding variation of clinical practice between the three providers.
- i. Medical staffing is almost entirely consultant delivered and experienced senior neonatal nurses are available for all shifts. Service delivery has not been stood down due to staff sickness, absence or unavailability for any shifts over many years. Clinical and ambulance staff shift overruns occur on a regular basis and clinical staff do provide an unofficial out-of-hours service on an ad hoc basis, largely based on goodwill. The service is highly organised and well-managed but has significant challenges and

constraints due to the current limited hours operational model. Staff remain extremely proud of their service despite expressing concern and frustration due to the limited hours of provision. It is recommended that any future service model should consider how to best utilise current CHANTS staff, so that as many as possible are able to continue contributing to a clinically excellent expanded 24-hours per day service.

- j. The current three site provider model clearly has some advantages with respect to availability of medical and nursing staffing, and a similar arrangement does work well for shared out-of-hours transfers in one neonatal transport service in the South of England (Kent, Surrey and Sussex (KSS) Neonatal Transfer Service). However, this region is considerably different to South Wales, which has a significantly lower population density, lower activity volumes and more challenging geographical constraints. These factors appear to have contributed to difficulty in co-location of the ambulance service and NICUs, as well as availability of ambulance and clinical staff out-of-hours.

Furthermore, the recent external case review suggested variability between the three providers with respect to mobilisation times and clinical practice. WHSSC have also expressed concern regarding the split in clinical governance responsibilities between the three providers, and although CHANTS have provided what appears to be a reasonable response to this, an element of concern persists.

On balance, the opinion of the reviewers is that from a clinical perspective, a 24-hours per day service would be best provided by a single-site and single-point of contact provider, co-located or closely located to a dedicated ambulance and ambulance staff. This model is also likely to be sustainable from a workforce recruitment and retention, education and training perspective.

- k. Of the models described in 7. above, option 3 would appear to provide the best solution to establishing a 24-hour NTS for South and West Wales. Although this requires some reconfiguration and flexibility from existing staff, it could be established relatively quickly once funding has been agreed. It is clear that additional funding must be provided to avoid destabilising the three NICUs. It is also clear that the alternative, as has been suggested, to find the additional funds from 'within the system' is not possible without forcing the NICUs to significantly deviate from being able to operate in accordance to national standards. These standards are evidence based or by professional consensus where evidence is unavailable and are upheld in other parts of the UK where at all possible. Reducing these standards would present significant clinical risk for babies born in Wales.

- l. Implementation of this option would require significant compromise from all stakeholders, with commitment to increased funding from WHSSC and acceptance of the relatively limited service reconfiguration by Health Board staff, so that the staffing models for both NICUs and CHANTS are safe and sustainable 24 hours per day on a long term basis in order to maximise patient benefit.
- m. Estimated maximum likely total additional staff costs are outlined in section 9. below. It should be stressed that these are the maximum likely costs as further detail of current consultant out-of-hours supplementary availability payments need to be obtained as well as more detailed contract negotiation with WAST regarding ambulance staff. In reality, it is likely that the final agreed additional staff costs will be considerably less than those outlined below.



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NHS
WALES

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

		Agenda Item	2.3.3
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Neonatal Transport Review – Update Following Management Group		
Author (Job title)	Karen Preece, Director of Planning		
Executive Lead (Job title)	Karen Preece, Director of Planning	Public / In Committee	Public

Purpose	This paper is to provide the Joint Committee with an update on the discussion at Management Group on 23 rd January 2020 of the draft recommendations and proposed next steps from the neonatal transport review. Also to update Joint Committee on a recent letter received from the Welsh Government officials regarding their wish to see an interim solution to the delivery of a 24 hour service until a permanent solution can be delivered.			
	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>
				INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note that Management Group have discussed the next steps at their meeting on 23rd January 2020 and felt that WHSSC should remain as commissioners of the neonatal transport service in the short to medium term. • Note the view of the WHSS Team that EASC is the organisation that has the expertise in this area and that they should lead the commissioning which would allow the service to be better aligned and exploit synergies with other transport services. • Discuss and Agree who should commission the service • Note the letter received from Welsh Government officers regarding an interim solution • Support the recommendation that WHSS Team develops a timeline for the permanent 24/7 solution and that this is agreed by Management Group at the February 2020 meeting. Only if this timeline is unacceptably long should consideration be given to an interim solution. 		



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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

Commissioner Health Board affected

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

Cardiff and the Vale University Health Board, Swansea Bay University Health Board, Aneurin Bevan University Health Board, Welsh Ambulance Services NHS Trust

1. SITUATION

This is an update paper following discussion at Management Group on 23rd January 2020 regarding the proposed next steps to deliver the recommendations in the draft neonatal transport review. It also updates Joint Committee on a recent letter received from the Welsh Government officials regarding their wish to see an interim solution to the delivery of a 24 hour service until a permanent solution can be delivered. This letter is provided at appendix 1.

2. BACKGROUND

Joint Committee received a paper providing the draft recommendations and proposed next steps with their meeting papers. However due to a timing issue regarding distribution of papers it was not possible to include the discussion at Management Group in that paper. Additionally since the distribution of the papers a letter has been received from Welsh Government Officers which Joint Committee also needs to consider.

This paper therefore updates Joint Committee with that discussion and proposes some further recommendations.

3. ASSESSMENT

Management Group met on 23rd January 2020 and noted the draft recommendations from the review and considered the next steps proposed by the WHSS Team.

The next steps included the consideration of which organisation is best placed to commission neonatal transport services in the future. As described in paper 2.3.1, it is the opinion of WHSS team that EASC hold the expertise in this area and that if they assumed responsibility of future commissioning they would ensure synergies with other transport systems including EMRTS and emergency ambulances. Management Group felt that in the longer term this is a good solution but were concerned that EASC does not have the extensive background in this service that WHSSC have and that implementation of a permanent solution would likely be slower as a result. They therefore recommend that WHSSC continue to commission the service in the short to medium term with a view to this passing to EASC once established. Further they recommended that WHSSC and EASC work together in the implementation of a new model, with WHSSC taking the lead. Subsequent to Management Group, WHSS officers have given further consideration and remain of the view that EASC is best placed to commission the service and given the very clear



and vital synergies with other services in their portfolio they need to have the leading role, with WHSSC support.

Management Group was informed of the letter received from Welsh Government Officers regarding an interim solution. Whilst Management Group recognised the risk of not having a 24 hour model they felt that the best solution was to move quickly to implement a permanent 24 hour solution. They also recognised that an interim solution would take some time to implement and would likely be a distraction to driving the implementation timeline for the permanent solution. Management Group therefore recommended that WHSS Team develop a timeline for implementation of the permanent solution which should be as short as possible and that this is considered and agreed by them at the February 2020 meeting. If the timeline is unacceptably long then consideration should be given to an interim solution.

4. RECOMMENDATIONS

Members are asked to;

- **Note** that Management Group have discussed the next steps at their meeting on 23rd January 2020 and felt that WHSSC should remain as commissioners of the neonatal transport service in the short to medium term.
- **Note** the view of the WHSS Team that EASC is the organisation that has the expertise in this area and that they should lead the commissioning which would allow the service to be better aligned and exploit synergies with other transport services.
- **Discuss and Agree** who should commission the service
- **Note** the letter received from Welsh Government officers regarding an interim solution
- **Support** the recommendation that WHSS Team develops a timeline for the permanent 24/7 solution and that this is agreed by Management Group at the February 2020 meeting. Only if this timeline is unacceptably long should consideration be given to an interim solution.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Implementation of the Plan	
Health and Care Standards	Safe Care Effective Care Choose an item.	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		



Llywodraeth Cymru
Welsh Government

Professor Chris Jones
Dirprwy Brif Swyddog Meddygol
Deputy Chief Medical Officer
Dirprwy Gyfarwyddwr Gofal Iechyd Poblogaeth
Deputy Director Population Healthcare Division

21 Jan 2020

Dr Sian Lewis
Managing Director
WHSSC

Dear Sian

Andrew Sallows and I writing in our capacity as Co-Chairs of the Quality Delivery Board. We discussed the issues around neonatal transport at the QDB meeting this morning and we wanted to apprise you of our collective thoughts.

It has been clear for some time that the current neonatal transport arrangements place babies in South and West Wales who require transfer to a neonatal intensive care unit at unacceptable risk of avoidable harm. I know that WHSSC is aware of the risks around the current arrangements and has commissioned two independent reviews to look into the issue. The report from Dr Puddy highlighted several cases of likely avoidable patient harm due to delayed transfer and recommended that a 24-hour neonatal transfer service should be commissioned. More recently, the draft report from Dr Fox has recommended that revised arrangements should be agreed and brought online as soon as possible, within a timeline defined by WHSSC but certainly no later than 6-12 months.

Karen Preece attended this morning's meeting and we were very grateful for both her input and her assurance that the issue was going to be discussed with the Maternity and Neonatal Network tomorrow and at Joint Board on 28 January with a view to identifying a long term solution. We are also grateful for WHSSC's continued efforts to obtain the final report from Dr Fox.

Following discussion, the Quality Delivery Board members were united in a wish to see interim arrangements introduced as soon as possible, so as to minimise the risks of further avoidable harm being caused by the absence of a 24 hour neonatal transport service for South and West Wales.

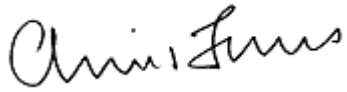
We would like your firm assurance that WHSSC will do everything it can to introduce such interim arrangements and look forward to hearing what they will entail. We suggest that they are presented to a future QDB meeting so that the membership can be given equal assurance of urgent progress.



BUDDSODDWR MEWN POBL
INVESTOR IN PEOPLE

Ffon/Tel 03000257028
Parc Cathays, Caerdydd CF10 3NQ Cathays Park, Cardiff CF10 3NQ
Ebost/Email: PSChiefMedicalOfficer@gov.wales

Yours sincerely

A handwritten signature in cursive script, appearing to read "Chris Jones".

PROFESSOR CHRIS JONES

A handwritten signature in cursive script, appearing to read "A. Sallows".

ANDREW SALLOWS

		Agenda Item	2.4
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Major Trauma Network Programme Business Case		
Author (Job title)	Karen Preece, Director of Planning		
Executive Lead (Job title)	Karen Preece, Director of Planning	Public / In Committee	Public

Purpose	<p>To provide the Joint Committee with an update on:</p> <ul style="list-style-type: none"> the non-financial caveats raised by Health Boards in their support of the major trauma network programme business case at their November 2019 meetings; and recruitment and acknowledgement of the responsible recruitment process; and the NHS Wales Budget Allocation 2020/21 as it relates to major trauma. 			
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RATIFY <input type="checkbox"/>	APPROVE	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the outcomes of the health boards' consideration of the MTN PBC; and Note the progress to address any non-financial caveats; and Note the NHS Wales Budget Allocation 2020/21 as it relates to major trauma; and Note the progress made by the Major Trauma Centre on recruitment and acknowledge the responsible recruitment process. 		

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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓				✓
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
		✓		✓				✓

Commissioner Health Board affected

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

Cardiff & Vale University Health Board and Swansea Bay University Health Board

1. SITUATION

At its meeting on 12 December 2019, Joint Committee noted the outcomes of the health boards' consideration of the major trauma network programme business case and requested that an update on the progress to address any non-financial caveats be provided at the January Joint Committee meeting. This was also to include an update on recruitment and acknowledgement of the responsible recruitment process referenced in the paper to be presented at the January meeting.

2. BACKGROUND

At their meetings during November 2019 all health boards supported the major trauma network programme business case, with some caveats, themes of which were:

- The requirement for assurance regarding workforce planning and mitigation across the region
- The importance of the rehabilitation model and responsiveness
- The requirement for additional assurances on the operational readiness assessment
- The requirement for boards to be able to decide on the allocation of slippage
- More detail on cost per case/value for money (VfM) evaluations and phasing
- Concerns regarding scale of investment and need for clarity on next steps in terms of governance, noting this was expected to be clearer following confirmation of NHS resource allocation in December
- Assurance that the latest Gateway Review recommendations are being dealt with
- Assurance on the ODN and the associated governance framework
- More information on patient flow.

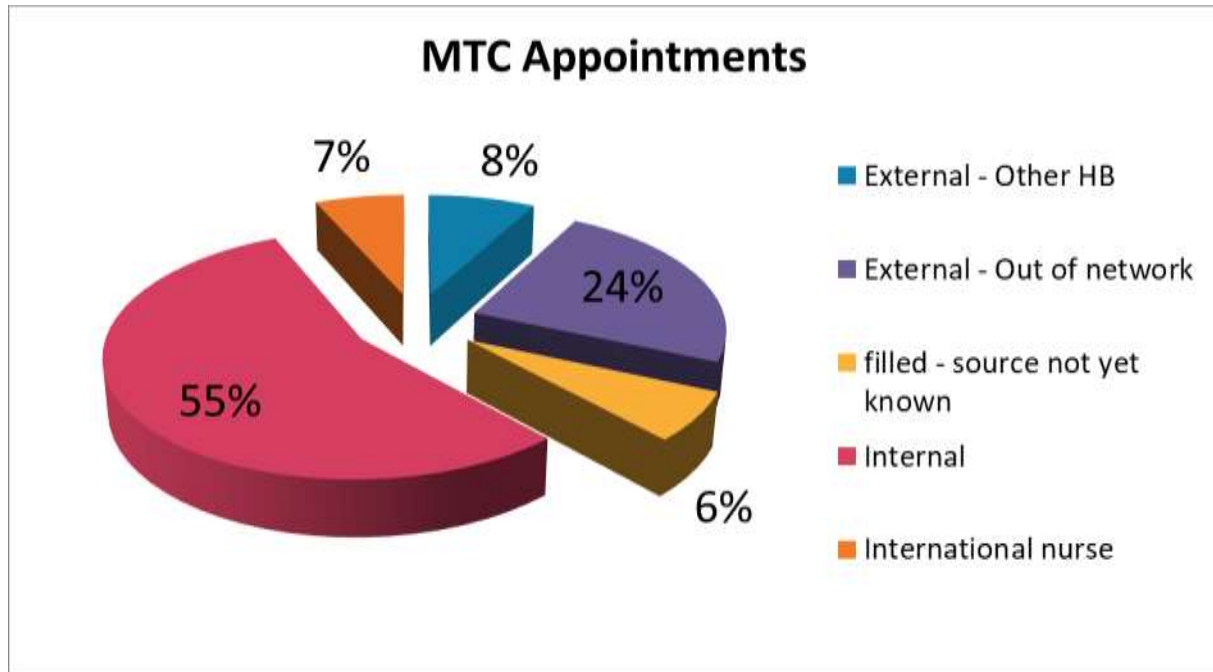
This paper provides an update against these caveats

3. ASSESSMENT

Caveat 1 - The requirement for assurance regarding workforce planning and mitigation across the region

The current programme structure has included a workforce workstream and this is being replaced by a workforce implementation group to maintain attention on workforce through the implementation phase. The group will ensure effective recruitment and whole network sustainability, whereby an initiative in one area of the network must not negatively affect a different part and is a principle agreed as part of the responsible recruitment process.

Weekly reports are provided on progress with recruitment and, as at 23rd December 2019, the position was that 73.84 WTEs had been successfully recruited to out of the required 175.55 WTEs. This chart also shows that only 8% of the posts filled have come from other Health Boards in Wales.



Caveat 2 - The importance of the rehabilitation model and responsiveness

Work continues to implement the rehabilitation model included in the programme business case including recruitment to specialist posts to support each Health Board.

Caveat 3- The requirement for additional assurances on the operational readiness assessment

State of readiness visits have been organised by the MTN Programme Team for all MTUs and WAST in February and for the MTC in March. The purpose of these visits will be to assess progress against the quality indicators and the service specification and enable the Implementation Board to determine each organisation's status in terms of readiness for 'Go Live' in April 2020. Furthermore, the visits will act as a means of developing contingency plans to mitigate any possible delays to the 'Go Live' date.

Health Board	Trauma Unit	Date
Cwm Taf UHB	Prince Charles	03/02/2020
Aneurin Bevan	Nevill Hall	10/02/2020
Aneurin Bevan	Royal Gwent	12/02/2020
Cwm Taf UHB	Princess of Wales	17/02/2020
Swansea Bay UHB	Morrison	24/02/2020
Cardiff and Vale UHB	University Hospital Wales	09/03/2020
Hywel Dda UHN	Glangwili	TBC 10/03/2020
Powys THB	TBC	TBC

In addition to the assurance visits described above, transition and assurance arrangements will be developed for handover to the ODN from the NHS Wales Health Collaborative to Swansea Bay UHB.

The Major Trauma Implementation Board will meet at the end of March 2020 to assess the state of readiness and to provide a recommendation to Joint Committee, whose decision it is to agree whether or not the Network is ready to go live. An extraordinary Joint Committee has been arranged for 8th April 2020 to consider the recommendation.

Caveat 4- The requirement for boards to be able to decide on the allocation of slippage

This is a key principle of the support given by Joint Committee to the Specialised Services Integrated Commissioning Plan (ICP). WHSSC has a robust process, through Management Group to Joint Committee, whereby any slippage in agreed investment through any service on the ICP is actively dealt with and this same principle will apply to major trauma.

Caveat 5 - More detail on cost per case/value for money (VfM) evaluations and phasing

Action complete. Further information has been provided to Health Boards by the Director of Finance at WHSSC.

Caveat 6 - Concerns regarding scale of investment and need for clarity on next steps in terms of governance, noting this was expected to be clearer following confirmation of NHS resource allocation in December

The 2020-21 Revenue Allocation for NHS Wales was issued on 19th December 2019. This confirmed that 'Welsh Government will be providing funding for the Major Trauma Centre, specialised services, pre hospital and network costs for the Major Trauma Network for South Wales, West Wales and South Powys. Health Boards will fund the Trauma Unit elements'.

Caveat 7 - Assurance that the latest Gateway Review recommendations are being dealt with

An action plan has been developed by the Major Trauma Programme Team. This is attached at appendix 1 which also shows that the majority of the actions are complete with the remaining ones in progress.

Caveat 8 - Assurance on the ODN and the associated governance framework

Swansea Bay University Health Board has been designated as the host of the ODN for the network. The primary purpose of the ODN is to provide the management function for the network and to coordinate operational delivery. The ODN will not have any statutory responsibility for clinical governance, rather it will act as a facilitator within a collaborative model.

Specific responsibilities of the ODN include, but are not limited to:

- Providing professional and clinical leadership across the network
- Benchmarking and audit across the network through use of the TARN information and other sources of data
- Development of an annual work plan for the network ensuring delivery against the quality indicators
- Overseeing the development of the network against key milestones identified in the PBC
- Development of a long term plan
- Development of coordinated patient clinical pathways between services over a wide area to ensure access to specialist major trauma care
- Development of a comprehensive system of delivery through:
 - a pre-hospital triage tool and criteria for immediate inter-hospital transfer and transfer within 48 hours of referral
 - automatic acceptance and repatriation policies
 - rehabilitation pathways
- Responsibility for monitoring day-to-day capacity across the network, agreeing and working to an escalation plan (with agreed thresholds for escalation triggers) both within and across the network monitor and manage surges in demand;
- Development and implementation of network protocols for trauma patients
- Delivery of a clinical governance framework with the MTC, TUs, Rural Trauma Facilities and LEHs, pre-hospital services and rehabilitation services including a process for incident reporting with follow up action plans and network morbidity and mortality review. This includes collaborative serious incident investigation;
- Delivery of a network-wide training and education programme encompassing the whole patient pathway prioritising key areas;
- Engagement with third sector organisations.

In order for the ODN to ensure seamless operational delivery and in keeping with the OGC Gateway recommendations, it is essential that it holds 'operational authority'. To enable the ODN to carry out its responsibilities with regards to flow through the network, there will be an updated repatriation policy in place. This will crucially include an automatic acceptance of all patients back into their 'home' health board immediately after the critical trauma element of their care is completed.

The ODN will discharge its governance responsibilities within Swansea Bay UHB by means of reporting to its Senior Leadership Team (SLT) on a quarterly basis with an Annual Governance Return provided to the Director of Corporate Governance. SBUHB will identify the Senior Responsible Officer (SRO) in January and agree this with the network. This is expected to be at Executive Director level who will report performance of the ODN to the Swansea Bay UHB Board.

The ODN will be responsible to Welsh Health Specialised Services Committee for performance delivery against the individual elements contained within the service specification.

A draft governance framework for commissioning assurance was presented to the Major Trauma Network Board on 20 January 2020 and will be formally presented to Joint Committee at its March 2020 meeting for approval. The commissioning assurance framework suggests a Delivery Assurance Group as a sub-committee of Joint Committee and EASC and chaired by an executive director of WHSSC.

As part of the of the PBC submission, a clinical governance structure has been developed including the role of the ODN and reporting of clinical governance issues into the ODN structure. As part of the assurances in relation to clinical governance the following activities have taken place:

1. The establishment of a quality and governance clinical group (currently the network governance subcommittee).
2. The development of clinical guidelines and non-clinical policies.
3. Rolling out of a network education and training programme, supported by HEIW.
4. A working plan for improving Trauma Audit Research Network (TARN) data collection. All HBs to have at least 1 year of back dated complete data by go live
5. The development of a core dataset for quality improvement, commissioning and research (in development).
6. Specific working groups including paediatrics and rehabilitation, involving the clinical community from across the region.

Caveat 9 - More information on patient flow.

The importance of effective patient repatriation has been highlighted from the outset of the work to plan a major trauma network for the region. A patient-flow working group was established following two stakeholder workshops and its work has led to a proposed automatic acceptance policy for repatriation of major trauma patients from the MTC. There has been significant engagement in the development of the policy from all stakeholders (incl. Medical Directors, Chief Operating Officers, WG policy leads). This proposed policy was supported by the Trauma Network Board in December and it is being proposed that a desktop exercise will be undertaken, followed by a period of evaluation as the network goes live. If the policy is successful, it will be applied to repatriation from the MTC, Swansea Bay specialist trauma unit and Rookwood and Neath Port Talbot specialist rehabilitation centres. There is also an opportunity to scale it up to include all repatriations.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the outcomes of the health boards' consideration of the MTN PBC
- **Note** the progress to address any non-financial caveats
- **Note** the NHS Wales Budget Allocation 2020/21 as it relates to major trauma
- **Note** the progress made by the Major Trauma Centre on recruitment and acknowledge the responsible recruitment process



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.	
Link to Integrated Commissioning Plan	Implementation of the Plan	
Health and Care Standards	Safe Care Effective Care Choose an item.	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience		
Resources Implications		
Risk and Assurance		
Evidence Base		
Equality and Diversity		
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		

March 2019

Supporting the WRCN bid for the Transformation Fund: a technical briefing paper for renal centres.

Collaborative kidney care for a Healthier Wales: a blueprint for spreading innovation and effective change to all of Wales

Recognising, preventing and managing kidney disease across Wales

Gofal yr arennau cydweithredol ar gyfer Cymru: glasbrint ar gyfer lledaeu arloesedd a newid yn effeithiol I Gynru gyfan

Gen gydnabod atal a rheoli clefyd yr arennau ledled Cymru

Project leads: Chris Brown & James Chess

Delivery organisation: Welsh Renal Clinical Network

Delivery units: South West, South East and North Wales Renal Regions



Gwasanaeth Arennau Cymru
Renal Services Wales
innovation in kidney care

A five point plan for digital kidney care Wales:

In pockets of Wales **digital** transformation is pushing the boundaries of how care is accessed and delivered. It has been recognised as an exemplar for delivering value and Prudent Health Care.

Digitisation has raised the ambition, and expectation, for how modern kidney care can look. Developments to our Vital Data system have produced real benefits for quality and efficiency.

By moving to a single instance of Vital Data a fully consolidated renal electronic patient record (EPR) can offer an effective tool for delivering kidney care for all of Wales. This can place everything needed to deliver care at the finger-tips of health professionals; and of course be accessible to patients on their own devices. This includes the digital prescribing and recording of medicines administration. The South West Wales region has a clear blueprint on how it has achieved a regional rollout of integrating digital clinical and medicines management into the ESR.

Upscaling to all of Wales, with a plan for further digital functionality, is possible with the Transformation Fund.



An infographic of the digital transformation can be viewed on:
www.youtube.com/watch?v=65RYA-II9jA

This Fund provides a real opportunity to deliver on a vision modernising kidney care.

This plan offers a five point programme for an ambitious, but realistic blue print to deliver both a digitally enabled renal patient group, and workforce, for **recognising, preventing and managing** kidney disease across Wales.

The regions are invited to support this plan to enable the WRCN to submit a Fund application.

Program ONE: Digitally delivered in-centre haemodialysis

Background: Across Wales around 3,500 haemodialysis sessions each **week** are performed in a healthcare setting. In order to **enable** haemodialysis around 15,000 medications **per week** (mainly injections) will be administered on dialysis.

Our dieticians, vascular access nurses, pharmacists and doctors all visit the peripheral dialysis units – but patient review is currently constrained to visit schedules; which may be as infrequent as once a month.

The solution: Electronic prescribing and recording of medicines.

This is functional across South West Wales. This is done on an in-house designed system, enabled by the Welsh Governments Efficiency Through Technology Fund (ETTF). In its showcase it is described as '**one of the lowest funded, highest impact projects enabled by ETTF**'.

Here the digitalised dialysis program is safer, more responsive and more efficient and avoids treatment delays. Designed in-house by the end users it is intuitive and fit for purpose.

This is the first EPMA system in Wales. It is designed to deal with the complexities of dialysis and is, crucially, consolidated in a **comprehensive** electronic patient record; in a way that standalone commercial systems are not.

Robust business continuity processes have been inherently built in; and proven to be robust.

Treatments can be prescribed digitally from any renal centre and instantly available to anywhere the patient is receiving care. Drug, dietary and dialysis treatment are all house into a single renal EPS.

Additional benefits: Mobilising all nurses on the dialysis units with video enabled laptops means they are able to facilitate *ad-hoc* consultations with healthcare professionals in the coordinating centre using Skype to supplement regular face-to-face clinical reviews. Equipping staff in dialysis units with mobile devices will enable them to use the suite of products for NHS teams including email, the renal electronic patient record & the Welsh Clinical Portal; enabling full service available at the point of care.

Plan: Equip every dialysis nurse with a mobile device at the bedside. We will up-scale the EPMA system in use in ABMU and Hywel Dda Health Boards to all of Wales. We will enable nurse assisted video consultations (using Skype 4 Business) with health professionals from peripheral dialysis units.

Methodology: National upscale of regional innovation - adopting innovation across Wales

Delivery Organisation: Welsh Renal Clinical Network



Program TWO: Digitally delivering renal services

Digitising clinical, logistical and medicines management with a comprehensive electronic patient records.

Background. For people with CKD a huge amount of data is held in different care setting. Timely, accurate and accessible information sharing amongst healthcare professionals, care-givers and the patient is essential for a seamless delivery of care.

Across Wales much of this information is housed in our common platform (Vital Data) which is already integrated within NHS IT systems.

In South West Wales the development of the EPR has digitised the service by integrating every aspect of patient care on a single platform and allowing for highly efficient clinical and medicines management process. Clinical, nursing and pharmacy notes are housed with, drugs, prescriptions, dialysis treatments, observations, investigation to automate letters, communications and outpatient prescriptions. Patients are given access to this via PatientView

Mindful of digital inclusion, paper based output tailored to be patient friendly, are available for people who do not wish to access their information digitally.

Plan: Upscale the current electronic document generation & electronic outpatient prescription modules to all renal centres in Wales – sending documents to the Welsh Clinical Portal and the GP electronically where possible.

Methodology: National upscale of regional innovation

Delivery Organisation: Welsh Renal Clinical Network



Program Three: Digitally shared care summaries

Tailored renal care summaries for primary care and community care-givers

Background: People with chronic kidney disease will access their care in primary and secondary care setting.

People with renal disease are commonly co-morbid and may access many discrete care settings.

Renal units can access primary care records on demand via clinical portals. This is essential.

Primary care are provided with regular letters from renal units; but most of the information on the renal EPR is not accessible to our primary, and even secondary care, colleagues. While much of this may not be of direct relevance, some will be essential for informed decision making and seamless collaborative care.

Clearly there is need for our community colleagues to have access to a contemporary renal care record.

This renal care summary should contain a:

1. Comprehensive drug lists and vaccination schedules
 - a. who supplies and manages these
 - b. recent changes and specific monitoring instructions
 - c. how and who to contact for advice
2. Summary of any renal replacement therapies
 - a. recent dialysis sessions and observations
 - b. waiting list status for transplantation
3. Relevant recent investigations and blood test results
4. Links to recent correspondences
5. Recent entries made in clinical notes

With the benefit of the Transformation Fund it is possible that community colleagues can be provided with a digital renal care summary. This will be pushed to national non-renal systems to provide a single instance of the most recent summary, accessible on demand when this information is required.

Surveillance reports will ensure that drug therapies supplied by renal units are recorded on the GP record. This is essential for GPs and other prescribers or pharmacy staff to be vigilant to potential drug related adverse effects, side effects or drug-drug interactions. Improving safety will be a key benefit; inappropriate addition or change in concurrent medications (e.g. an antibiotic) have been known to push blood levels of anti-rejection medication to toxic high levels or low enough when a transplant may be rejected.

Plan: To push a single instance of a contemporary renal care record to national non-renal systems.

Methodology: National strategy for regional delivery – new innovation for all of Wales

Delivery Organisation: Welsh Renal Clinical Network in partnership with NWIS



Program Four: CKD surveillance & targeted intervention

Recognising, preventing and targeted managing for CKD

Background The majority of people with known CKD are managed in primary care. In general only patients with more severe, progressively declining or complicated CKD need to be managed in secondary care. Patients with progressive CKD whose kidney function is declining ideally should be referred at least 1 year prior to the requirement for renal replacement therapy – to allow for patients to choose their renal replacement therapy (or to opt for non-dialytic or conservative care) and ideally be wait-listed for renal transplant (if appropriate) and have dialysis access formed in good time.

We know that patients when given the choice and time and health literacy may pick transplantation or home dialysis – which are favoured, lower cost treatments that offer a better quality of life and longevity. More patients choosing these options will also create capacity in the system.

It has been shown that patients who present late (e.g. under 6 months) prior to requiring renal replacement therapy are more likely to be hospitalised, have poorer outcomes, less likely to receive a transplant or a home-therapy.

The reasons why a patient may present late have not been fully elucidated, and are likely to be multifactorial – for instance some patients have ‘acute kidney injury’ or causes of CKD that are not predictable and have a rapid time to declining to established renal failure.

The Health Boards of ABM, Hywel Dda and Betsi Cadwallader have implemented a system known as Assist-CKD. The renal units in these regions monitor the tests undertaken in primary care, and send out an ‘alert’ in the event a patient has progressive CKD – or if known to renal services already – may arrange a prompt renal review. This system has reduced the rate of late referral.

By bringing patients with progressive CKD into secondary care for review earlier we can maximise the time available to plan for transplant/home dialysis where possible – or where renal replacement therapy is not appropriate to offer discussions around non-dialytic choices prior to an acute hospitalisation.

A balance needs to be struck between bringing large numbers of patients with stable CKD to hospital in secondary care and discharging patients back to primary care. Progressive CKD may stabilise with treatment – but often there is a reluctance to discharge the patient back to primary care. Aneurin Bevan Health Board has been using virtual clinics to manage patients with severe, yet stable, CKD to either reduce the rate patients are brought back to clinic, or to avoid completely.

Aim:

1. Introduce Wales-wide screening of kidney function to identify the deteriorating patient with progressive CKD – and either alert the responsible clinician in primary or secondary care
2. Introduce a coordinated, customised alerting system – to allow patients to be discharged from secondary care – and automatically prompt or bring back to clinic in the event of a change in results.

Plan: We will roll out CKD surveillance using a single national instance, provide intelligent alerts and send the alerts electronically to the Welsh Clinical Portal and to the GP where possible.

Methodology: National strategy for regional delivery – new innovation for all of Wales

Delivery Organisation: Welsh Renal Clinical Network /NWIS



Program Five: **Enabling supported self-care**

Providing the support, tools and health literacy to empower people in their own care

People's responsibility: Direct access to supported self-care programmes and better health-literacy means people with chronic kidney disease can take more responsibility for their own health and wellbeing. By giving people access to their own health records, in a way they can understand it, allows them to be active partners in their own healthcare, and to make informed lifestyle choices and treatment decisions of their own.

Patients with the later stages of CKD have to take many medicines and adhere to strict dietary and fluid restriction. If given access to their blood results and treatments patients can adjust their own drug doses, diets and even dialysis regimens to optimise their own health for better a wellbeing and longevity.

A suite of information videos can be prescribed to patients – providing targets intervention to improve health literacy to enable them to understand their health data to self-manage their condition and treatments.

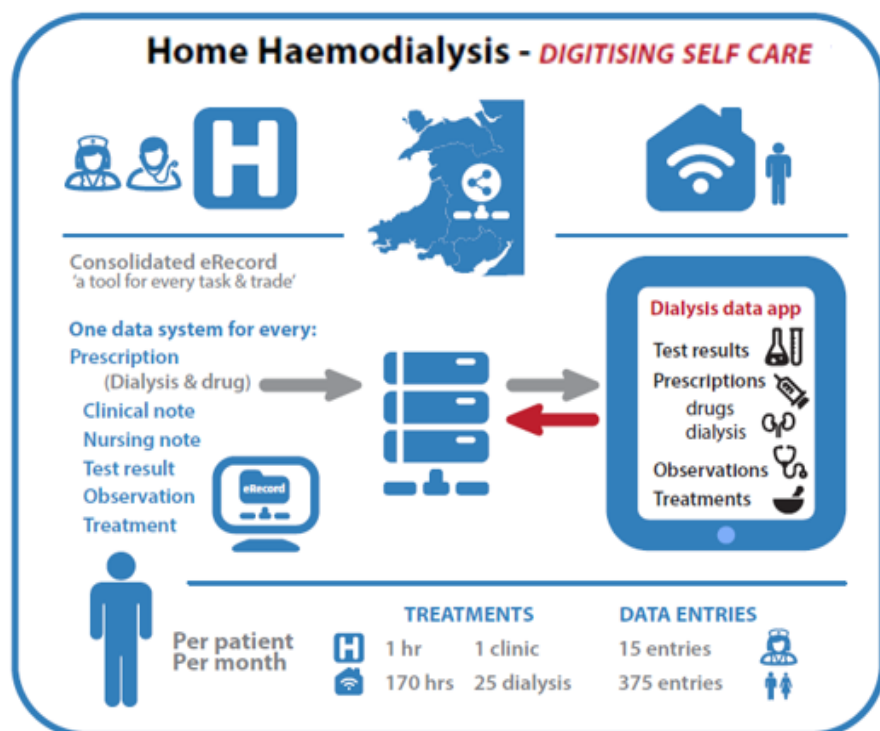
More patients use our patient portal (patientview.org) than any other secondary care portal in Wales. We want to take this a step further. The plan is to develop the system to allow patients to self-enter data that is written back to the renal electronic patient record to facilitate virtual consultations.

For the patients who aren't confident enough to use the patient portal we want to tackle digital exclusion by giving our staff time to show patients how to install and use the app during their visits.

We want to deliver bespoke patient care plans to the patient in the format most convenient to them – whether it be on paper, email or via the patientview app. We will deliver clinic letters & correspondence direct to the patient's smartphone – and allow our multi-professional team to create bespoke care plans.



For people on **home dialysis**, access to their record means they can amend their own treatments and have ready access to decisions made by the renal centres. These decisions require the daily observation and measurements made by patients themselves. Digitising this process to give patients the ability to upload their own data in real time means problems can be avoided and the process becomes far more efficient and robust.



Plan: We will provide on-going support to enable patients to use digital to help monitor their condition. We will adapt our systems to allow patients to self-enter data into the renal electronic patient record & adapt the existing portal to allow patients to be sent correspondence, care plans & patient information.

Methodology: National strategy for regional delivery – new innovation for all of Wales

Delivery Organisation: Welsh Renal Clinical Network

DRAFT



Conclusion

This project is ambitious in its scale; it offers the opportunity to bring value transformation and disruptive change to all of Wales' renal services. As a Network we have the tools, the expertise and the need to deliver this project.

The project funding will run between April 19 to March 2020. The Transformation will need to be business as usual by September 2020.

Much of this program involves the national adoption of local and regional innovation. We know the value of digitisation. Our established relationship with industry sustains high-impact efficiencies at very low-cost and takes a whole healthcare system approach to rapid digital development.

The timetabled and resource requirements are heavily loaded with time from the multi-disciplinary team. These key personnel are experienced in delivering change through digital innovation. Involving the multidisciplinary team from the project inception will give the team ownership of the project which will enable early communication and response to risks as the project progresses.

Renal services are facing increasing demand. We face mounting challenges; a growing and increasing frail and co-morbid population, greater therapeutic complexity, a huge geography and difficulties with the recruitment of specialist staff.

The WRCN is predicated on collaborative working. It has an established reputation of up-scaling regional developments in renal services to national programmes and enabling new national strategies through regional delivery.

The Transformation Fund provides a real opportunity to deliver on the promise of a Healthier Wales through value transformation. **This plan offers an ambitious, but realistic blue print to deliver to all Wales a digitally enabled patient group and a digitally equipped workforce for recognising, preventing and managing kidney disease across Wales.**

Action point

Regions are asked to endorse this plan for submission to the Transformation Fund application

Please direct questions and responses to christopher.brown@wales.nhs.uk and james.chess@wales.nhs.uk

		Agenda Item	2.6
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Tier 4 Perinatal Mental Health in Wales		
Author (Job title)	Director of Nursing & Quality		
Executive Lead (Job title)	Director of Nursing & Quality	Public / In Committee	

Purpose	The purpose of this report is to seek approval for an interim option for a Mother & Baby Unit located in South Wales.			
RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>

Sub Group /Committee	Management Group	Meeting Date	28/11/2019
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Support the proposed option from Swansea Bay UHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital; and • Support the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding; and • Approve the establishment of a task and finish group to review the options for a permanent solution 		

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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓			✓	

Commissioner Health Board affected

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

All Health Boards

1. SITUATION

The purpose of this report is to provide the members with an update on key progress since the November 2019 meeting of the Joint Committee on the development of a Mother and Baby unit located in south Wales and make recommendations on a preferred interim option in line with the letter from the Minister.

2.0 BACKGROUND

In January 2019 the Minister for Health reported to the Children, Young People & Education Committee that the Swansea Bay Health Board would be hosting the Unit. He subsequently wrote to the chair of the Children's & Young Peoples Committee on 01 October 2019 (see Appendix 1) confirming his commitment to establishing a Mother and Baby Unit in Wales. It was acknowledged that the implementation of such a specialised service is complex and requires consideration of a number of factors including location, workforce and premises. He was concerned that the timescales had slipped with an anticipated operational start date of summer 2021 and asked for his officials to work with WHSSC and the Health Board to explore options for an interim solution and/or to accelerate planning.

In addition, the Committee has agreed to conduct further follow up work on its [perinatal mental health inquiry](#). It has requested a representative from WHSSC Swansea Bay University Health Board and Betsi Cadwalader University Health Board to give evidence at a formal committee meeting, in order to explore MBU provision in particular. The date for the above has been confirmed as Wednesday 26 February 2020, it is therefore imperative that progress can be reported in line with the Ministers expectations.

A further letter dated 19 December (Appendix 2) has been sent to the Chair of that Committee from the Minister explaining that as it has not been possible to accelerate timescales for a permanent six bedded unit, he has asked officials to prioritise an interim solution to ensure that there is a level of Mother & Baby provision within Wales as soon as possible.

3.0 ASSESSMENT

3.1 South Wales Mother & Baby Unit

Following the request from the Minister, WHSSC & Swansea Bay UHB have revisited the position, reported to Management Group at the end of November, and identified a preferred option for an interim MBU service. The preferred option is based on an expanded ward refurbishment at Tonna Hospital. The clinical and staffing models for the service have been agreed by Management Group and the options paper from Swansea Bay UHB is attached (Appendix 3).

The interim option at Tonna Hospital, originally identified in the November MG paper was based on a 4 bedded unit but did not include the co-location of the Swansea Bay Community Perinatal Mental Health team. The staffing costs of providing a 6 bedded interim option at Tonna Hospital are identical to the 4 bedded option and will provide additional space and allow the co-location of the local community team. Due to the minimum staffing levels the revenue costs of a 6 bedded interim option are £1,488k (only £38k increase on original 4 beds) and will provide both additional capacity and clinical benefits associated with co-location. The capital requirement of the preferred 6 bedded interim option is £1,496k, an increase of £617k for the additional 2 bed capacity and enough space for community team.

To support and progress discussions Swansea Bay UHB hosted a meeting with WHSSC, the national MH Lead, Perinatal Network Lead & WG officials on 9th January to agree recommendations to WHSSC Joint Committee & the Minister. The UHB Director of Planning outlined the benefits of the 6 bedded interim option given the limited additional revenue costs and the associated clinical and capacity benefits. Welsh Government indicated that capital funding would be made available for the preferred commissioning option.

The outcome of the meeting was:-

- Swansea Bay UHB will proceed with setting out the interim solution at Tonna Hospital of 6 beds
- Welsh Government to formally write to WHSSC to confirm this subject to Ministerial confirmation. This would include confirmation of the capital requirement as well as the initial (ie start up) revenue costs (6 months max). Letter received 22 January 2020 (Appendix 4).
- Once Swansea Bay UHB receive the instruction to proceed following discussion at this committee there would be an expectation that the capital works would take approximately 12 months to enable opening of the Tonna 6 bed interim option. Swansea Bay UHB will work with any appointed contractor to see if the timescales could be reduced at all.
- Swansea Bay UHB will develop a recruitment and training plan to ensure that the Unit is able to operate as required as soon as available.
- At the same time a small task & finish group to be established to undertake the option appraisal (to include a cost benefit analysis) of the permanent solution being either the 6 bedded unit at Tonna or a new build at Neath Port Talbot. This would need to be informed by a stakeholder consultation.
- Swansea Bay UHB to submit Business Justification Case following WHSSC JC approval thereafter.

3.2 Mother & Baby provision for Mid & North Wales

The National Assembly's Children, Young People and Education Committee report recognised that travelling to South Wales was unlikely to be appropriate for all

mothers and babies in mid and north Wales. They also noted that mid and north Wales alone did not have the necessary birth rates to sustain a specialist MBU, and recommended proactive engagement with providers in England to discuss options for the creation of a MBU in North East Wales that could serve the populations of both sides of the border.

WHSSC have held initial discussions with NHSE to consider options for securing a contract with NHS England (North) re access to perinatal inpatient services for residents from North Wales. However further discussions have been put on hold by NHSE due to the pace of change in England particularly around the development of Provider Collaboratives and what this will mean for perinatal MH services (part of phase 2 service area for rollout to new structures). They have suggested recommencing these discussions later in the year as when they hope more clarity on the Provider Collaborative initiative will be available.

In a recent meeting held on 16 January with north Wales colleagues WHSSC have agreed that patients from North Wales will be offered access to the new MBU in South Wales as well as continuing with existing arrangements and accessing Mother and Baby bed in NHS England on a cost per case basis. NHS England have confirmed access will continue to be based on clinical need irrespective of residency. WHSSC will continue to explore options with BCUHB about future provision once Provider Collaboratives responsibilities have been confirmed.

Separately, BCUHB are proposing to undertake further work in line with the transformation of their mental health strategy to consider a model for care for those women who do not wish to access specialised beds.

3.3 Updated activity data

The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 5+ years is shown in the table below:

Table 3 – Number of referrals, placements and costs of MBU patients

WHSSC MBU referrals	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20 to end Dec
Number of funding requests for MBU beds	6	7	13	20	29	17
Number of actual inpatient placements at MBUs	Less than 5	Less than 5	6	14	22	11
Cost of Placements	£321k	£150k	£327k	£635k	£831k	£950k

Whilst the total number of funding requests and actual MBU placements have dipped in 2019/20 the costs continue to increase. This is due to a significant increase in average LoS from 32 days in 2017/18 to current 61 days. In addition we have had 3 patients who have been discharged in 2019 with LoS in excess of 100 days with a longest stay of 274 days.

Since April 2017 BCUHB have had 9 MBU placements out of the total of 47 MBU admissions. 5 of these were in 2018/18, 3 in 2018/19 & only 1 in 2019/20 to date. As at the time of writing this report it is interesting to note we have no patients from Wales in MBU placements.

3.4 Further Financial Arrangements

The detailed financial information for this development are included in the Swansea Bay UHB options paper and have been previously scrutinised by Management Group.

A summary of the key financial position points previously agreed:

- Funding for the new unit is to be provided by health boards from the mental health funding already provided by Welsh Government.
- Financial risk between health boards is proposed to be as per the current risk sharing agreement as a national service on a population basis.
- Financial risk between commissioner and provider is proposed to be that the commissioner will be responsible for the demand side risk. The provider will be responsible for the availability of the agreed capacity within the agreed resources.
- Welsh Government have agreed to fund the Capital costs for the unit for the Commissioner's preferred option.

The value for money is sensitive to planned demand and utilisation levels and WHSSC will support the proposed Task & Finish Group and work with the provider to agree the most cost effective model for the permanent solution.

4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the proposed option from Swansea Bay UHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital
- **Support** the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding
- **Approve** the establishment of a task and finish group to review the options for a permanent solution

5.0 APPENDICES / ANNEXES

Appendix 1 – Letter from Minister for Health and Social Services to the Chair, Children, Young People and Education Committee dated 01 October 2019.

Appendix 2 – Letter from Minister for Health and Social Services to the Chair, Children, Young People and Education Committee dated 19 December, 2019.

Appendix 3 – Swansea Bay UHB Options to provide a Perinatal Mental Health Mother & Baby Inpatient Unit – Management Group Paper November 2019.

Appendix 4 – Letter from Minister for Health and Social Services to Managing Director, WHSSC dated 22 January 2020.

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	2.5.6 2.12 4.2.2
Health and Care Standards	Safe Care Individual Care Effective Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production
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	As there is no mother and baby provision within Wales patient experience is poor and women often chose not to be admitted due to the long distances away from their homes. In many cases women chose to access local acute psychiatric services which are not fit for purpose and lack specialist knowledge in this field of practice. As such practice does not follow the standards and guidance recommended.
Resources Implications	There is a cost implication associated with any of the options to improve the current service as outlined in the paper. The cost of an interim solution would increase overall cost of development of the new service if it does not become permanent solution.
Risk and Assurance	There is a risk that women are being managed locally and this can have a detrimental effect on the long term recovery for both the woman and her baby. It is becoming increasingly difficult to secure a bed which can lead to a delay in transfer and therefore a risk to the woman health and subsequent treatment pathway.
Evidence Base	There is extensive evidence to support the appropriate care and management of women who require specialist Perinatal mental health services. All of the evidence has been considered as part of the work and is referenced throughout the body of the paper.
Equality and Diversity	There is inequity in terms of travel distances and access to units. However it must be acknowledged that the majority

	of mothers will continue to need travel to access specialised services but not the distances that they currently have to travel.	
Population Health	Women have to access services outside of Wales which does not meet the needs of the local population. In some case women are not even offered the choice of a mother and baby unit as part of their ongoing treatment pathway.	
Legal Implications	If harm were to occur as a result of a delay or the inability to place a woman in a designated service then this could have legal implications as a direct result.	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Management Group	28 November 19	Support for discussions with WG to obtain capital funding for preferred option for final decision at January WHSSC JC meeting



Ein cyf/Our ref MAP-VG-3447-19

Lynne Neagle AM
Chair
Children, Young People and Education Committee

1 October 2019

Dear Lynne,

I am pleased to inform the Committee that since the appointment of the National Clinical Lead for Perinatal Mental Health, the Wales Perinatal Mental Health Network has been formally established. The National Clinical Lead has focused on developing connections between services across Wales and developing a common understanding of the current status of services, alongside expectations for future development. This work has been prioritised due to variances in practice and service development across the health board areas and is supporting clear communication of the expected strategic direction of perinatal mental health services. In order to develop these connections, the National Clinical Lead has engaged with health boards to support them in establishing or re-focusing their perinatal mental health steering groups. This will assist individual health boards to develop work plans which focus on partnerships, pathways, people and performance. These work plans will complement the themes of the national work plan which is structured to drive the same objectives.

The National Clinical Lead has made progress in a number of other areas, with an early key success being the establishment of professional forums for midwives, health visitors, mental health practitioners, specialist team leads, psychologists and psychiatrists. These forums will make a significant contribution to the wider network, and develop clinical practice. The National Clinical Lead is currently working with the Neonatal Network to shape '*All Wales Guidelines for Psychotropic Medication and the Newborn*' having identified this as an area where improvements could be made to the clinical pathway.

With the National Clinical Lead now in place and the Network established, I expect there to be an acceleration in the pace of implementing the Welsh Government's response to the Committee's report, published in October 2018. To support the increased pace, we have also provided additional resource to the core network team with two new posts, both of which have been appointed to support project management. This core network team has re-established meetings of the Perinatal Mental Health Community of Practice group which is providing opportunities for peer support and the sharing of good practice.

In line with the recommendations of the Perinatal Mental Health in Wales Report, Welsh Government continues to make progress with the development of a mental health core data

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

set. The data set will ensure formal mechanisms for collecting performance management and outcome data from the new community perinatal mental health services which are in place. As with any new health service, building a comprehensive and robust data collection system is a complex process and takes time. Data requirements for perinatal mental health services are being built into this dataset and there are two stakeholders workshop events planned in October to consolidate the data to be collected and to ensure consistent definitions are utilised. The dataset will be fully operational by 2022, in line with the Together for Mental Health delivery plan. Whilst the formal data collection systems are being established, as part of our monitoring of the community services in health boards, we continue to request information including the number of staff in posts, numbers of referrals and interventions offered every six months.

This data is incomplete as not all health boards have yet been able to collect the relevant information, though all health boards are building their data collection capacity to facilitate this, which understandably takes time. Whilst the data is incomplete, they do provide a sense of the volume of activity and the settings of treatments.

Within the data returns received health boards reported a wide range of interventions offered within their services. These included;

- individual interventions such as cognitive behaviour therapy, cognitive analytical therapy, REWIND, anxiety management around childbirth
- group interventions such as dialectic behaviour therapy, play and development groups
- wellbeing sessions
- birth planning
- medication review
- professional advice, signposting and education
- crisis management

Health boards have also responded to Welsh Government's request to report on the composition of the Community Perinatal Mental Health Teams. Welsh Government does not routinely collect workforce data by health board and therefore any information provided offers only a snapshot of staff composition. However, we are aware that individual health boards are building perinatal teams with a range of roles which include specialist perinatal midwives, specialist perinatal visitors, psychologists, community psychiatric nurses, occupational therapists and nursery nurses.

According to the data received for the period of 1 August 2018 to 31 March 2019, a total of 2,667 referrals were received across Wales, with 2,320 referrals accepted. There is significant variance across health boards, with the numbers of referrals received ranging from 55 to 794 for the period. Health boards provided a range of reasons for referrals being rejected, including referrals not being appropriate for the service, women no longer requiring the referral and the referred women not meeting the referral criteria. Health boards reported providing signposting for inappropriate referrals. The Network is currently reviewing the functions of these specialist teams, to ensure that women across Wales receive appropriate care.

Within the data that was provided to Welsh Government, 928 women were treated for perinatal mental ill health by the Community Mental Health Team, 32 women were treated at home or by a crisis team, 16 women were treated within a mother and baby unit and 11 women were treated in an adult psychiatric ward without their child. No women were treated in an adult psychiatric ward with their child. It should again be noted that these figures should be viewed as indicative due to the incomplete status of the data and do not reflect the total numbers of women treated in perinatal settings. Incidences of women being treated in a mother and baby unit were limited. However, I am aware that the feedback suggests

that the low numbers of women receiving treatment in a mother and baby unit is predominantly driven by limited availability of facilities in appropriate locations rather than low demand.

We therefore remain committed to establishing a Mother and Baby Unit in Wales and this work, led by the Welsh Health Specialised Services Committee (WHSSC), is being progressed as a matter of priority. As previously stated, the implementation of such a specialised service is complex and requires consideration of a number of factors including location, workforce and premises. WHSSC Management Group have been working with Swansea Bay University Health Board to develop a business case for a six bedded Mother and Baby Unit to be hosted in the region. The latest indicative planning set out by the Health Board indicates a timescale with the Unit becoming operational in summer 2021. I am concerned that this timetable has slipped and I have therefore asked my officials to work with WHSSC and Swansea Bay to quickly explore options for an interim solution and/or to accelerate planning. These discussions are being taken forward as a matter of urgency.

In our previous update to you in February we outlined our expectation that perinatal mental health community services should meet the All Wales Perinatal Mental Health Standards by March 2020 and to meet the relevant Royal College of Psychiatrists' quality standards by the end of the following financial year. These will be clear milestones for the Welsh Government to monitor through the life time of the Together for Mental Health Delivery Plan 2019-2022 which will be published later this year.

Perinatal mental health has also been made a priority of the mental health service improvement funding which commences from 2019/20, with health boards investing an additional £500,000 per annum for perinatal mental health services.

I hope this information is helpful and I will provide a further update in six months, as agreed with the Committee.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

Vaughan Gething AC / AM

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

CYPE(5)-01-20 - Paper to note 11

Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Ein cyf/Our ref MA-VG-5938-19

Lynne Neagle AM

Chair, Children, Young People and Education
Committee National Assembly for Wales
Cardiff Bay
CF99 1NA



Llywodraeth Cymru
Welsh Government

19 December 2019

Dear Lynne,

Thank you for your letter of 27 November. I note the additional scrutiny you will be undertaking in this important area, and look forward to providing further updates.

As you are aware, the major milestones in this area are that perinatal mental health community services should meet the All Wales Perinatal Mental Health Standards by March 2020 and should meet the relevant Royal College of Psychiatrists' quality standards by March 2021. Each of these milestones have a number of standards which health boards are working towards.

I would also like to take this opportunity to provide an update on the key milestone of the development of a Mother and Baby Unit in Wales. At the time of my previous update I set out my concern that the timetable for a six bedded Mother and Baby Unit to be hosted by Swansea Bay University Health Board had slipped and that I had asked officials to explore options to accelerate planning or for an interim solution. Unfortunately, it has not been possible to accelerate timescales for the permanent six bedded unit, so officials are now prioritising an interim solution to ensure that there is a level of provision within Wales as soon as possible. Please be assured that I will provide an update on the timings for an interim solution as soon as I am in a position to do so. I can confirm that Welsh Government remains committed to establishing a permanent Mother and Baby Unit in Wales at the earliest opportunity.

I can also confirm that I will be providing my next 6 monthly update in April 2020. At this time I will be able to provide information on the next round of perinatal mental health data received from health boards, alongside updates on progress against our key milestones and the work streams being managed by the Perinatal Mental Health Network.

Yours sincerely,

Vaughan Gething AC / AM

Minister for Health and Social Services

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



SWANSEA BAY UNIVERSITY HEALTH BOARD

OPTIONS TO PROVIDE A PERINATAL MENTAL HEALTH MOTHER AND BABY IN PATIENT UNIT

1. SITUATION

There are currently no specialist in-patient beds for perinatal mental health (Mother & Baby Unit) in Wales. Women and their babies have to access beds in NHS England commissioned through WHSSC. This has significant implications in relation to the individual mothers, their spouses, other siblings and their local perinatal teams regarding continuity of care.

As a result a Tier 4 task & finish group which included clinical representation, the third sector and women with lived experience was set up and undertook a high level options appraisal and presented the work to the Joint Committee in July 2017. Subsequently, in October 2017 the National Assembly's Children, Young People and Education Committee published a report following its inquiry into perinatal mental health care in Wales. They concluded that whilst they recognised that Wales's geography posed challenges for the provision of specialist MBU beds, their absence in Wales was not acceptable and needs to be addressed by the Welsh Government as a matter of urgency.

A commissioning workshop was held on the 17th May, 2018 where Health Boards were invited to express an interest in hosting a Mother & Baby Unit in South Wales. Initially two Health Boards expressed an interest however one has subsequently withdrawn leaving only Swansea Bay University Health Board to submit a proposal to develop the service.

A further workshop was undertaken with the Perinatal Clinical Network on 4th April 2019, to seek the collective view regarding the priorities to be considered in the development of the Mother and Baby Unit clinical model for Wales. This workshop included representatives of third sector organisations and women with lived experience.

This paper aims to set out the options for an interim and long term proposal for a Perinatal Mother and Baby Unit in Wales.

2. BACKGROUND

Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point, many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re-emerge or be exacerbated during pregnancy and the postnatal period. Postpartum psychosis affects between 1 and 2 in 1000 women who have given birth. Women with bipolar disorder are at particular risk, but postpartum psychosis can occur in women with no previous psychiatric history.

Between 2006 and 2008 there were 1.27 maternal deaths per 100,000 maternal deliveries in the UK as a result of mental health problems. Although response to treatment for mental health problems is good, these problems frequently go unrecognised and untreated in pregnancy and the postnatal period. If untreated, women can continue to have symptoms, sometimes for many years, and these can also affect their babies and other family members.

Almost a quarter of women who died between six weeks and one year after the end of pregnancy died from psychiatric disorders. For many women who died, the unique features of perinatal mental illness and its rapid escalation were not recognised by staff in general adult mental health services. This reinforces the need for Perinatal Mental Health Networks and the importance of ensuring that all women have access to expert perinatal mental health care. A key component of these perinatal services is access to Specialist Inpatient Perinatal Mental Health Services.

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The number and costs of inpatient placements in mother and baby units commissioned by WHSSC for the last 4 years is shown in the table below:

Placements outside Wales	2014-15	2015-16	2016-17	2017-2018	2018-19
Number of funding requests for placements at mother and baby units	6	7	13	20	29
Number of inpatient placements at mother and baby units	Less than 5	Less than 5	6	14	22
Cost of inpatient placements	£321,000	£150,000	£327,000	£635,000	£831,000

Mother & Baby IPFR Requests 2018/19

Referral Status						Rate per 1,000 Live Births			
LHB	Live Births	Approved	Cancelled	Ongoing	Total	Approved	Cancelled	Ongoing	Total
AB	6,376	2	1		3	0.314	0.157	0.000	0.471
ABMU	5,308	7	1	1	9	1.319	0.188	0.188	1.696
BCU	6,981	3	3		6	0.430	0.430	0.000	0.859
C&V	5,530	2	1	2	5	0.362	0.181	0.362	0.904
CT	3,315	1		1	2	0.302	0.000	0.302	0.603
HD	3,480	3	1		4	0.862	0.287	0.000	1.149
Powys	1,109	1			1	0.902	0.000	0.000	0.902
Total	32,099	19	7	4	30	0.592	0.218	0.125	0.935

The average cost per bed day of these placements is £860 with a range of £465 to £1,123.

Whilst it is acknowledged that the current data relating to clinical demand is incomplete at a national level it is widely accepted by the clinical network that there is a cohort of patients whose needs are not being captured in existing data. This cohort includes women admitted to local acute psychiatric units and women who would benefit from, but currently decline admission due to distance from home (or other reasons). In the event of under occupancy it is essential that staff are retained in the Unit rather than dispersed, to ensure minimum required standards of being able to accept admissions at all times including out of hours and emergencies are achieved. In the event of under occupancy staff will

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participate in training, research and audit, outreach and consultation activities – this could for example include outreach to other Health Board areas to provide staff training, joint consultation sessions and professional networking to support service development.

3. ASSESSMENT

In January 2019 the Minister for Health reported to the Children, Young People & Education Committee that the Swansea Bay Health Board would be hosting the Unit. Swansea Bay has strong clinical interest from Mental Health and Women & Child Health in providing a service with strong clinical leadership.

A project group was formed in January 2019 to address these challenges and to identify potential interim and long term solutions. This group comprised provider representatives (Swansea Bay HB), commissioner representatives (WHSSC) and the Clinical Network Lead for Peri-natal Mental Health.

A solution was identified to provide an interim unit at Tonna Hospital and a long term unit at Neath Port Talbot Hospital. After further work looking at timescales for deliverability and value for money the interim solution at Tonna Hospital was discounted by WHSCC at its Management Group on 28th March 2019 and the Project Group asked to focus on the long term solution of a new build on the Neath Port Talbot Hospital site.

This decision has now been revisited because of concerns about the timescales for delivering a new unit on the NPT site. The Project Group has now been asked to re-examine the option of Tonna as both an interim and long term solution as well as continuing to work up the long term option of a purpose built option on the NPT site.

The options now under consideration therefore are:

3.1 Interim Option

- 4 bedded unit on the Tonna Hospital site. This is the only option for an interim solution but it should be noted that the timescales for the deliverability of the interim solution and the provision of a 6 bedded final solution at Tonna are the same.

The interim solution will not allow the co-location of the Swansea Bay Community Perinatal mental health team.

3.2 Permanent Options

- Maximum of 6 bedded unit on the Tonna Hospital site.
- 4-8 bedded unit on the Neath Port Talbot Hospital site

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Both permanent solutions include accommodation for the co-location of the Swansea Bay Community Perinatal Mental Health Team. This has significant advantages in terms of clinical leadership, continuity of care, staffing and education and training.

As part of the work undertaken by the National Collaborative Commissioning Unit (NCCU) all of the options on both sites have been reviewed against the standards for inpatient Perinatal Mental Health Services. (CCQI March 2018). This work has included a review of local considerations including access to motorway and proximity to other clinical services.

An additional factor that needs to be considered is that it is possible that the Mother & Baby Unit could become the only inpatient service on the Tonna site if the strategic direction for Older Peoples Mental Health Services and investment in Community Services leads to further reduction in in-patient beds for older people. This would need to be mitigated by the addition of 1 wte RMN at night in the Mother & Baby Unit. Whilst the timescales for this change have not been confirmed it is anticipated that this could be within 1-5 years.

3.3 Spend Objectives & Long Term Options

- Spend Objective 1 - To provide a fit for purpose South Wales' mother and baby mental health services in-patient facility with appropriate capacity by the end of 2020.
- Spend Objective 2 - To comply with national quality standards, including, NICE guidelines and RCPSYCH's Quality Network for Perinatal Mental Health Services' standards by the end of 2020.
- Spend Objective 3 - To improve economy of South Wales' mother and baby mental health services as demonstrated by e.g. providing a local service to the population of South Wales and by reducing the need for outsourcing by the end of 2020.
- Spend Objective 4 - To promote service efficiencies of South Wales' mother and baby mental health services, as demonstrated by e.g. improving South Wales' clinical care pathway, reducing perinatal mental health inequalities and by reducing referral to treatment waiting times by the end of 2020.
- Spend Objective 5 - To improve effectiveness of South Wales' mother and baby mental health services, as demonstrated by e.g. ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services and by improving continuity of care by the end of 2020.

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Options		Comments
1	Business as Usual – continue to contract for placements outside of Wales	Retained as the baseline comparator
2	Interim 4 bedded Unit on Tonna Hospital site	
3	Permanent 6 bedded Unit on Tonna Hospital site	
4	Do Minimum - Develop a South Wales 4-bed in-patient facility (future proofed for additional 2 beds in next phase) - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	
5	Intermediate Do More - Develop a South Wales 6-bed in-patient facility (future proofed for additional 2 beds in next phase) - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	
6	Do Maximum - Develop a South Wales 8-bed in-patient facility - Co-locate with Swansea Bay's Community Perinatal Team. New Build solution at NPT Hospital.	

3.4 Indicative Capital Implications – Interim & Long Term Options

The indicative financial implications of the proposed investment for each of the options are identified below. These costs can only be indicative at this stage as detailed design work has not yet been undertaken.

	£000's				
	Option 2 Interim 4 x bedded unit on Tonna site	Option 3 6 x bedded unit on Tonna site	Option 4 4 bedded unit on NPT site	Option 5 6 bedded unit on NPT site	Option 6 Do Maximum 8 bedded unit on NPT site
Works Costs	557.2	920.75	3,125.5	3396.3	4,178.3
Fees	78.6	150.2	567.8	617.2	756.5
Non Works Costs	5	15	20	25	30
Equipment Costs	70	130	100	110	120
Planning Contingency (10%)	55.7	92.07	323	351	429.8
Base Project Cost (exclusive of VAT)	766.5	1308.0	£4,135.2	£4,399.5	£5,514.62
VAT	112	188	827.3	899.9	1,102.9
Base Project Cost (inclusive of VAT)	878.5	1496.0	£4,963.5	£5,399.4	£6,617.52

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3.5 Indicative Revenue Implications Interim & Long Term Options

The revenue affordability of each option above baseline are as follows:

	Option 1 Business As Usual	Option 2 Interim 4 bedded unit on Tonna site	Option 3 Permanent 6 bedded unit on Tonna site	Option 4 4 bedded unit NPT site	Option 5 6 bedded unit NPT site	Option 6 8 bedded unit NPT site
	£'000	£'000	£'000	£'000	£'000	£'000
Staffing Costs	0	1319	1319	1319	1319	1632
Non Staff Costs	831	130	168	322	395	459
Total Recurring Revenue	831	1450	1488	1,652	1,715	2,091

The Unit will have appropriately trained multidisciplinary staffing to provide a highly specialised therapeutic environment, responsive to the needs of mother, babies and families using the Unit, including access to highly specialised psychological therapies.

3.6 Proposed Staffing

Staff Group	WTE	Comment
Consultant	1.0	Standard 3.3.2 indicates need for at least 0.5 wte Consultant. It is the Health Board's view that this needs to be 1 wte to meet the standard of daily ward rounds, clinics and outreach work. The post would cross cover with the Community Consultant to ensure that Consultant cover is available for the MBU during periods of leave.
Junior Doctor	0.5	Standard 3.3.3 applies
Ward Administrator	1.0	3.3.12 applies
Service Manager	0.5	This post is considered essential to support the strategic development of the service and engagement with Commissioners and Partner HBs
Ward Manager	1.0	Standard 3.2.4 applies
Occupational Therapist	0.5	Standard 3.3.5 applies
Psychologist	0.6	Standard 3.3.4 applies
Pharmacist	0.2	Standard 3.3.14 applies
Systemic Family Therapist	0.4	This post has been included after review of models already functioning in England and consultation with the Clinical Network about the therapeutic model and approach of the unit.

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Family Support Outreach Worker	0.5	Available evidence talks about the impact on the wider family when a mother is admitted. Both the CYP and NSPCC have highlighted the need to support partners and the wider family. MATRIX Cymru also suggests that the wider family context should be considered when treating perinatal mental illness.
Specialist Midwife	0.2	Standard 3.3.9 applies
Specialist Health Visitor	0.2	Standard 3.3.7 applies
Social Worker	0.5	Standard 3.3.6 applies
Nursing Inpatient Unit 4 or 6 beds (includes Nursery Nurse 24/7)	19.07	Based on minimum of 2 qualified per shift – Standard 3.1.1a, 3.1.1b, 3.2.2 and 3.2.3
Nursing Inpatient Unit 8 beds (includes Nursery Nurse 24/7)	27.24	Based on minimum of 2 qualified nurses per shift – Standard 3.1.1a, 3.1.1b, 3.2.2 and 3.2.3

*If the Mother and Baby Unit became the only inpatient service on the Tonna site there would be a need to increase nurse staffing at weekends and nights to mitigate the risk of not being able to call upon assistance from a neighbouring ward (Standard 3.1.3). The cost of this additionality would be £175k per annum.

3.8 Main Benefits

This investment delivers a new model of care and the following benefits:

- Provides South Wales with a dedicated, safe and fit for purpose Mother and Baby Unit for women requiring in-patient care after giving birth in accordance with NICE guidelines and RCPSYCH's Quality Network for Perinatal Mental Health Services' standards;
- Ensures equality of access to specialised local Mother and baby service, improves continuity in care and patient pathways in accordance with best practice, and;
- De-stigmatises and normalise the mother's experience in an appropriate and accessible environment.

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3.9 Main Risks

Risk Description	Probability	Impact	Score	Mitigating Actions
Internal approvals delayed	3	4	12	(1) Continued liaison with key stakeholders' SROs (2) Clear governance routes
Funding approval delayed or timing of funding does not match our current programme due to WGov cashflow constraints	3	4	12	(1) Maintain regular dialogue re the procurement arrangements with WG and other key stakeholders.
Revenue affordability - Affordability of revenue model is over/under estimated	3	4	12	(1) Develop and sign off revenue model with DoF(s); (2) Project Board to review at each formal meeting.
Service model is over/under estimated	3	4	12	(1) Carry out demand analysis to underpin agreed service model
Service requirements/scope may change significantly at a strategic / regional / local level, impacting on service scope, capital costs/ revenue affordability / design footprint	3	4	12	(1) Agree service/revenue model with key stakeholders and evidence in business case
Capital costs are hi-level and exclude equipment costs/on costs, landscaping, etc.	3	4	12	(1) Agree Brief (2) Agree design; (3) Tender works; (4) Obtain planning approvals; (5) identify Equipment costs & Landscaping / Security fencing costs – determine at outline planning stage; (6) detail Schedules of Accommodation and sign off with client at outline planning stage
Availability of capital - There is a risk that the scope of the project is reduced in order to fit within financial limit	5	3	15	(1) Continued liaison with WGov.
Programme is indicative at this stage	3	4	12	(1) Confirm build programme;
Detailed planning and design has not yet been undertaken.	3	4	12	(1) Progress design following confirmation of commissioner support for preferred model.

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3.10 Indicative Programmes

The indicative programme for the **interim unit and the permanent unit on the Tonna site** is as follows:

Activity - Tonna interim and immediate follow-on long term solution	Indicative Date
Appoint design team, following confirmation of commissioner support	January 2020
Develop design	January – March 2020
Project Board sign off design	March 2020
Fully tender scheme (Sell to Wales)	March – May 2020
Internal approval of Business Case	May 2020
Submit business case to Welsh Government for approval	July 2020
Welsh Government approve business case	August 2020
Appoint constructor	August 2020
Commence works	August 2020
Complete works	November 2020
Commissioning	November/December 2020
Operational	January 2021

The indicative programme for a **new build on the NPT site** is as follows:

Activity	Due Date
Appoint design team, flowing confirmation of commissioner support	January 2020
Develop design	January-July 2020
Internal approval of Business case	July-September 2020
Submit Business case to Welsh Government for approval	September 2020
Welsh Government approve Business Case	October 2020
Agree target cost	November 2020
Commence works	January 2021
Complete Works	June 2021
Commissioning	July –August 2021
Operational	September 2021

3.11 Clinical Model

The Regional Mother and Baby unit will form the 'Hub', within a broad 'hub and spoke' model of perinatal care across Wales. This will delivering highly specialised Mother and Baby Unit Inpatient care, alongside providing a national hub for training and research. The hub will lead innovative developments within the national perinatal mental health care pathway and be guided by the best evidence available.

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The development of a Wales Regional Mother and Baby Unit Inpatient service will drive forward service development in existing local Health Boards perinatal mental health pathways, with an ambition to see a standardised whole pathway approach to perinatal mental health and well-being, achieving equity of access and quality standards for women and families across all areas of Wales. As identified in the Children's and Young People's Committee Enquiry into perinatal mental health care for Wales, Local Health Boards have developed vastly differing services independently from each other. In order to achieve the equity required, significant systemic change is required, with strategic priority given to developing the perinatal pathway in all Health Boards. Existing models of community perinatal mental health care can be strengthened and transformational change supported through the development of a perinatal hub role of the MBU. Much needed transformational change will be supported by providing a focus for wider workforce training events, conferencing, community of practice events and increasing opportunities to model and showcase innovative practice, including partnership working with statutory services/third sector collaboration such as peer support forums, family group interventions and outreach functions.

The Mother and Baby Unit will provide specialist multi-disciplinary care to women currently pregnant or with a baby up to 1 year of age, who are experiencing mental illness that is moderate to severe in nature.

The service will consider all referrals based on clinical need, including those mothers under the age of 18 (where it is expected that the mother will be the principal carer for the child). For patients under 17 years 9 months at point of admission a named worker within Community CAMHS (from patient's Host Health Board) should be allocated for the duration of admission to ensure a supported and timely discharge. Swansea Bay University Health Board are working with the local CAMHS Network to ensure the needs of this patient group can be met with timely access to Specialist CAMHS professionals.

The service will ensure that women and families who wish to communicate through the medium of Welsh are cared for in an environment where the use of Welsh language is promoted, welsh language needs of women and families will be considered in the recruitment of staff to the unit.

Mothers and babies will have access to stimulation and activity appropriate to their individual needs, supported by professionals with appropriate skills and training promoting positive mother-infant interactions.

Service Aims:

- To provide expert assessment of women presenting with complex mental health needs during the perinatal period.

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- To provide treatment and care for those with complex perinatal mental health needs.
- To ensure specialist in-patient care is available without delay so that no woman is unnecessarily separated from her baby.
- To provide treatment for women within the perinatal period who can benefit from medical, psychological and social inclusion interventions (signposting to appropriate services) provided within a highly therapeutic specialist in-patient environment.
- To provide expert advice and consultation in the care and treatment planning of women experiencing perinatal mental illness, including recommendations for care and signposting to appropriate agencies including secondary care mental health services, universal services, other agencies such as social services and 3rd sector organisations.
- To provide support and advice to carers of women experiencing perinatal mental illness, and deliver treatment within a systemically informed framework, promoting the involvement of woman and child support network as appropriate.
- To ensure the safety and well-being of infants and promote positive mother-infant attachment, promoting development of positive infant mental health.
- To work alongside other agencies (in primary care, secondary mental health services, the local authority and children's services, the voluntary and independent sector) to ensure information is shared and that a robust care plan is in place before the mother is discharged from inpatient services.
- To ensure that women, partners/significant others and families are able to make informed decisions about care and treatment, where they are able, including through provision of appropriate information and signposting to other relevant support.

In the event of formal separation between mother and baby during admission to MBU i.e. social services care arrangements or similar, mothers should be transferred to alternative general in-patient provision (if inpatient care required), this includes access to appropriate CAMHS inpatient care, without delay, where applicable.

As a new and developing area of mental health practice, Perinatal Mental Health Practitioners from community-based services will be encouraged to spend time on the mother and baby inpatient unit, and visa versa, as part of workplace inductions, professional development and clinician-to-clinician networking to share good practice ideas and developments. Positive and familiar interface

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between community based professionals and MBU will promote smooth transitions for service users across the perinatal pathway.

3.12 Proposed Future Scope of the Unit

Initially the Unit will focus on delivering the core functions. However after evaluation in the future it will work with the Commissioner to broaden the scope of the Unit. Key areas for future development would be to consider the extension of the upper age limit for admissions to two years post partum.

Another area of sub-specialisation suggestions could be to offer a service for patients with substance misuse or parenting assessments.

Some concern has been raised in relation to the risk of community based staff becoming de-skilled as a result of Wales developing the Mother and Baby Inpatient unit. This risk is considered to be low, due to the approach of MDT working *across the Perinatal pathway*, including for women admitted to MBU. The vast majority of women experiencing Perinatal Mental illness will continue to be appropriately nursed in the community by local specialist perinatal mental health services, enabling the current highly skilled workforce to continue their specialised work. In addition to this, the model of mutually beneficial shared learning opportunities (outlined previously in this document) will further enhance the training and development of all practitioners across the pathway. Additionally it is expected that community care co-ordinators remain actively involved in the care planning of patients during any inpatient admission, providing the dual benefits of continuity for women and families **and** preventing de-skilling of community clinicians in the treatment and management of serious mental illness in the perinatal period.

3.13 Environment of Care

Facilities for families and visitors will be included in the design of the Unit if a new build and in adapted accommodation if the Unit is created on the Tonna site. Systemic interventions and family support will be integral to the clinical model.

The Unit will be purpose built, with a focus on a safe and therapeutic environment. Patients will have access to individual bedrooms with en-suite facilities. There will be appropriate facilities to ensure dignity and confidentiality are maintained. Mothers and babies will have access to stimulation and activities appropriate to their individual needs.

4. RECOMMENDATION

The management group is asked to consider the options available for the provision of a Mother & Baby Unit on both an interim and permanent basis and approve moving this project to the next stage of the planning process.

November 2019



Ein cyf/Our ref: MA-P/VG/6054/19

Dr Sian Lewis
Managing Director WHSSC
3a Caerphilly Business Park
Caerphilly
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Sian.lewis100@wales.nhs.uk

22 January 2020

Dear Dr Lewis,

I understand that WHSSC considered the options for the delivery of a Perinatal Mental Health Mother and Baby Unit in Wales at its management meeting on 28 November 2019. As you are aware, I am committed to establishing a permanent Mother and Baby Unit in Wales at the earliest opportunity. However, I have been concerned at the timescales for the delivery of a permanent unit on the proposed Neath Port Talbot site.

Given the timetable for the agreement of a permanent solution, I would like WHSSC to proceed with an interim option which I understand will be the establishment of a six bedded unit on the Tonna site within Swansea Bay University Health Board. I have been advised that this would take approximately 12 months at an estimated capital cost of £1,496,000. I have therefore approved a capital ceiling for this amount, to be accommodated from my capital budget in the period to 31 March 2021. Draw down of the funding will be subject to scrutiny of works design and costs by NHS Shared Services Partnership and any overspend must be met by the contracting Health Board.

In addition to this, I would like you to undertake a further options appraisal to determine the appropriate model for a permanent Perinatal Mental Health Mother and Baby Unit, considering whether to continue to use the refurbished site at the Tonna Hospital site, or to develop a new build Mother and Baby Unit on the Neath Port Talbot site.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Cc: Carole Bell, Joanna Jordan, Sharon Fernandez

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

		Agenda Item	2.7
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Adult Thoracic Surgery Service for South Wales		
Author (Job title)	Assistant Director of Strategy & Partnerships, SBUHB		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this report is to update the WHSSC Joint Committee on the position in relation to the development of a single Adult Thoracic Surgery Service for South Wales based at Morriston Hospital and the network of services which are required to support this.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee		Meeting Date	
Recommendation(s)	Members are asked to: <ul style="list-style-type: none"> Note the information presented within the report from the Thoracics Programme Implementation team 		

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	IHI Triple Aim	YES	NO	Quality, Safety & Patient Experience	YES	NO
	✓			✓			✓	
Resources Implications	YES	NO	Risk and Assurance	YES	NO	Evidence Base	YES	NO
	✓			✓			✓	
Equality and Diversity	YES	NO	Population Health	YES	NO	Legal Implications	YES	NO
	✓			✓				✓

Commissioner Health Board affected

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

Swansea Bay University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	21 January 2020	Agenda Item	
Report Title	Adult Thoracic Surgery Service for South Wales		
Report Author	Siân Harrop-Griffiths, Director of Strategy Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This report updates the WHSSC Joint Committee on the position in relation to the development of a single Adult Thoracic Surgery Service for South Wales based at Morriston Hospital and the network of services which are required to support this.		
Key Issues	In November 2018 all Health Boards in South Wales were advised about the outcome of the public consultation on the future of thoracic surgery services in South Wales and agreed the recommendations of the associated report prepared by WHSSC. All Health Boards approved the recommendations that thoracic surgery services for the population of south east Wales, west Wales and south Powys should be delivered from a single site and that this should be Morriston Hospital. This report sets out the outcome and outlines the work which has been carried out and to plan for the new Adult Thoracic Surgery single centre for South Wales.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the work which has been undertaken to plan for the new Adult Thoracic Surgery Centre for South Wales and the associated local support network. NOTE the attached risk register for the project and note the mitigating actions being taken. 		

ADULT THORACIC SURGERY SERVICE FOR SOUTH WALES

1. INTRODUCTION

This report updates the Health Board on the position in relation to the development of a single Adult Thoracic Surgery Service for South Wales based at Morriston Hospital and the network of services needed to support this.

2. BACKGROUND

Work is ongoing across the six affected Health Boards, WHSSC and the relevant CHCs through an Adult Thoracic Surgery Implementation Board to finalise the service model for the new single service and develop a detailed implementation plan to support the establishment of the centre at Morriston Hospital and the associated services which are required to support this new service model. The agreed governance process was that progress would be reported through the Swansea Bay Health Board through to WHSSC. An update report was presented to the November Swansea Bay University Health Board, which has been updated for the WHSSC Joint Committee.

Three Clinical Summits have been held with between 60-75 attendees at each from a wide range of professions and all Health Boards in South Wales. In addition a number of Task and Finish Group meetings have been held focusing on the development of the service model using the WHSSC service specification and benchmarking from other areas; scoping requirements for benign conditions; and planning workforce and training, each of which again has representation from across Health Boards.

A draft Service Model was presented to the Thoracics Implementation Board in October and was discussed at the Clinical Summit on 15th November and amendments made. The final draft was presented to the Implementation Board in December for approval. It will be finalised once the consultation planned on the Service Specification by WHSSC has been completed and the revised service specification signed off.

A project implementation plan has also been developed and signed off by the Thoracics Implementation Board which identifies detailed activities for 2019-20 and broad areas of work for 2020-2024. The “go live” date for the new Centre and associated new Model of Service is anticipated to be 2024, based largely on the time required to plan and build / refurbish the required facilities through the Welsh Government capital business case process. The Strategic Outline Case is due to be completed in March/April 2020 once the service model has been finalised.

A patient and carer engagement process has also taken place to ensure that their views are taken into account as part of the service model development. A total of 34 patients and carers agreed to be interviewed / participate in a discussion group around their experiences of current Thoracic services, both in

Cardiff and Swansea, aimed at identifying the positives, negatives and those things which would have made a difference to them as part of their experience. The emerging findings were presented to the Summit in November and all of these views have been incorporated into the final draft Service Model.

The Benign Conditions Task and Finish Group have now concluded their work on scoping the activity requirements for this cohort of patients. As a result they have identified that the additional activity required to meet this need equates to approximately 600 cases on top of those already planned for the new Thoracic Surgery centre. A meeting has subsequently been held with WHSSC officials to agree that this workload will be added to the activity requirements of the new service which is currently based on current activity at Swansea and Cardiff plus 20%.

A standard wording for inclusion in all South Wales Health Boards' IMTPs has been agreed by the Implementation Board so that there is a clear line of sight on this work across all the affected organisations. This has been issued to all Health Boards for inclusion in their IMTPs/Annual Plan.

Meetings are being arranged between the Strategy Department of SBUHB and each Health Board in South Wales to explain the service model, and support carrying out a baseline assessment of services in operation in each area against the requirements in the service model.

3. GOVERNANCE AND RISK ISSUES

Attached as **Appendix A** is the risk register for the Thoracics Project which has been discussed and amended at the Implementation Board and amended following the WHSSC Joint Committee in November and the Swansea Bay University Health Board.

4. RECOMMENDATIONS

The WHSSC Joint Committee is asked to:

- **NOTE** the work which has been undertaken to plan for the new Adult Thoracic Surgery Centre for South Wales and the associated local support network.
- **NOTE** the attached risk register for the project and note the mitigating actions being taken.

Ref	Comments	Author	Date
[enter the next number in the sequence]	[Enter a description here of the changes made to this version]	[Enter the initial of the person making the changes]	[Enter the date when the changes were made]
v1	Draft - issued to JAD for comment	PJ	8/19/2019
v2	Revised version issued to Thoracic Implementation Board	PJ / JAD	20.9.19
v3	Version amended by Thoracic Implementation Board on 27.9.19	PJ	11.10.19
v4	Version amended by Thoracic Implementation Board on 18.10.19	PJ	5.11.19
v5	Version amended after WHSSC Joint Committee on 12.11.19	PJ / JAD	18.11.19
v6			
v7			
v8			
v9			
v10			
v11			
v12			
v13			
v14			
v15			
v16			
v17			

Risk Register - South Wales Thoracic Surgery Services Centre at Morriston Hospital

Date of Update - 19.11.19

Project Element	Ref	Risk	Impact	Initial Risk Score			Action Plan	Action Lead	Date added	Current Risk Score			Current Position	Target Date to be achieved	Change in Rating from previous month	Status
				Consequence	Likelihood	Rating				Consequence	Likelihood	Rating				
Implementation Board	IB1	securing patient representative for Board	to ensure patient views are included within discussions for the programme and development of service model	4	4	16	Contact Hywel Dda and Aneurin Bevan Engagement Leads to identify a patient representative.	Asst. Director of Strategy & Partnerships SBUHB	15.02.19	2	2	4	Due to the large geographical areas securing a patient representative would not be feasible. As part of the programme alternative patient engagement has been carried out to ensure patient / family feedback is taken on board in the new service model.			closed
Implementation Board	IB2	No Clinical Lead(s) with agreed role(s)	To ensure clinical leadership across the programme	5	3	15	Medical Director of SBUHB working with Medical Director of C&VUHB to agree role / funding	Medical Director, SBUHB	15.02.19	2	2	4	Malgorzata Kornaszewska has been appointed as clinical lead			closed
Implementation Board	IB3	Development and agreement of the consultant thoracic workforce proposal to support MTC agreed by all health boards.	Additional thoracic surgeons are required to meet the requirements for involvement in MTC cases	5	4	20	Discussions undertaken with WHSSC and external Expert Review scrutiny completed. Revised proposal submitted as part of MTC Programme Business Case and interim arrangement agreed.	Asst. Director of Strategy & Partnerships SBUHB & Director of Planning, WHSSC	15.02.19	4	2	8	Considered at WHSSC Joint committee and included in MTN programme business case for consideration by Health Boards in November 2019. WHSSC funding confirmed. Residual risk relates to likelihood of appointing to agreed additional post.			closed
Implementation Board	IB4	Thoracic Surgery is not part of the All Wales Capital Programme	Potential delay in development of new unit - refurbishment or new build	5	4	20	WHSSC Director of Planning to attend SBUHB Capital Investment meeting with Welsh Government to discuss requirements	SRO	15.02.19	5	4	20	To be discussed at the SBUHB Capital Review Meeting on 26.11.19			open
Implementation Board	IB5	Go live date for thoracic centre not set	Lose momentum, hearts and minds of all involved if go live date not agreed	5	4	20	PID and Implementation Plan being finalised which should give an indication of go live date. Caveated that if a new build is required this is likely to be the longest time component .	SRO	16.08.19	4	3	12	Documentation has been agreed by IB members and maintained through the course of the programme. Indicative "go live" date of 2024 based on new build / refurbishment timeline.	Mar-20		open
Implementation Board	IB6	Failure to appoint to the additional thoracic consultant posts	Inability to deliver additional service requirements of MTC	5	3	15	C&V currently recruiting to 3rd thoracic surgeon post, if there is more than one suitable candidates , clarity sought if they could appoint to the locum post. KP advised funding has been requested via Management Board for critical time appointments. Agreed.	Director of Planning, WHSSC	16.08.19	4	3	12	Hopeful that MTC will prove attractive to additional Thoracic Surgeons along with intention to develop new single site Centre	Mar-20		open
Implementation Board	IB7	Failure to secure funding for Project Manager to support implementation of Thoracic service model	Inability to deliver required planning for implementation of new service model	5	4	20	Inclusion of requirement into WHSSC plans for 2019 onwards	SRO / Director of Planning WHSSC	16.8.19	4	3	12	Costings to be included in WHSSC priorities plan	13.12.2019		open
Implementation Board	IB8	Failure to appoint Project Manager	Failure to appoint Project Manager to support implementation of Thoracic service model leads to delays in programme	5	4	20	Appointment to be progressed urgently once funding secured	Asst. Director of Strategy & Partnerships SBUHB	16.8.19	4	3	12	Experience shows ability to recruit to equivalent project manager posts	Mar-20		open
Implementation Board	IB9	Lack of Patient engagement	Lack of engagement from patients across Health Boards to influence service model	4	4	16	Information packs distributed to clinical nurse specialists across all HBs for distribution to patients	Asst. Director of Strategy & Partnerships SBUHB	16.08.19	3	2	6	Total of 34 patients as at 15.11.19 offered to take part in focused interviews on their experiences so that this can be incorporated into the new service model.	13.12.19		open

Implementation Board	IB10	Access to support services	Capacity to deliver requirements in the service model	4	3	12	HBs to map out their ability to deliver service model and identify any gaps	HBs	27.09.19	4	3	12	Following sign off of service model, discussions with individual HBs to work through what services they can provide as local and identify the gaps within the model	Mar-20		open
Implementation Board	IB11	Screening Services	Impact of additional clinical workload identified when screening service is introduced which will not be incorporated into scoping of new service.	4	4	16	The NHS Wales Health Collaborative are leading on lung cancer screening which is being scoped out over the next year to establish what this means for Wales. Experience in Wales shows for patients identified through screening a resection rate of 75% can be expected which will put additional pressures on the new Centre.	Improvement Lead, NHS Wales Health Collaborative	27.09.19	3	3	9	Once implementation timeframe is known, service implications arising from screening will need to be scoped and costed as part of implementation of this service. Business Case will be developed to reflect possible additional resultant activity which will need to be funded separately.	Sep-20		open
Implementation Board	IB12	Cost of Services	Potential for service not to meet cost neutrality intentions due to changing requirements and revised expectations in the service specification	4	5	20	Meeting in December to review Service Specification in line with new requirements which will clarify resources	Director of Planning, WHSSC	03.10.19	3	3	9	Agreement that activity for benign conditions will be added to the baseline activity / cost of the service. Business Case will fully reflect cost of services.	Mar-20		open
Benign Conditions T&F Group	BC1	Data accuracy	Accuracy of data of numbers as data not being retrieved from same data source at individual health board levels leading to no activity assumptions being included for benign conditions.	4	4	16	Current benchmarking of English providers with similar demographics to benchmark against	Chair, T&F Benign Conditions	28.06.19	4	3	12	information obtained from UK sites and current workload in C&V and SB has been incorporated into the activity assumptions for the new unit, but will need to be funded on top of the previous cost neutrality assumptions.	Mar-20		open
Benign Conditions T&F Group	BC2	Variation of practice for interventional work across SB & C&V	variation in interventional procedures undertaken by thoracic surgeons in C&V and respiratory physicians in SB requiring change in practice in order	5	4	20	Clinical lead needed to facilitate work across 2 HBs to align practice	Clinical Lead	16.08.19	4	4	16	Welsh Thoracic Society (WTS) Lead has requested all chest physicians across HBs to share audit data for one year period 19-20 and also to prospectively collect data 20-21. to inform activity. Meeting to be held by Clinical Lead with clinicians from C&V and SB to align practice.	Mar-20		open
Service Model T&F Group	SM1	Prehabilitation Framework being developed	Concerns that individual health boards will not be able to deliver the framework in their areas within current resource envelope	5	4	20	Incorporate requirements into service model so that HBs can plan for requirements and understand resource implications over coming 4+ years.	Asst. Director of Strategy & Partnerships & HBs	26.07.19	4	3	12	Following sign off of service model, discussions with individual HBs to work through what services they can provide as local and identify the gaps within the model. Business Case to reflect requirements for inclusion, if necessary, in local IMTPs.	Mar-20		open
Service Model T&F Group	SM2	Radiology PAC systems require health board wide system changes	images will not be available to be reviewed across all health boards . Project currently in place to amalgamate PAC, programme led by Dr Ballan Palaniappan . This will not only impact the thoracic service but also Trauma Network information systems	5	4	20	Clinical lead to discuss with PACS programme lead to understand implications. Clinical lead will feedback to the Implementation Board.	Clinical Lead	26.07.19	5	4	20	awaiting update from clinical lead at Implementation Board	13.12.19		open
Service Model T&F Group	SM3	Information systems do not align such as WCP, pathology, LIMS	Lack of integration of systems means that information on patients may not be accessible for the new service across HBs	5	4	20	Issues need to be identified to clinical lead who will report to the Implementation Board	Clinical Lead	26.07.19	4	4	16	when service model signed off, Clinical lead to contact services to identify any IT issues	Mar-20		open
Service Model T&F Group	SM4	WCN set target of 25% by 2025 for 5 year survival rates	to be able to achieve this our resection rates will need to increase by 30% (600 cases)	5	4	20	Meeting in December to review Service Specification in line with new requirements which will clarify resources	Director of Planning, WHSSC	16.08.19	3	2	6	Service Model puts in place all required components to enable resection rates to increase, learning from best in class across UK and beyond.			closed
Recruitment & Skills T&F Group	RS1	No HR representative from SB & C&V	Representation required to ensure that HR implications of new service model can be achieved and that workforce issues can be addressed in the run up to the new service	5	4	20	Representation escalated	SRO	16.08.19	3	2	6	Representation from both HBs confirmed.			closed

Recruitment & Skills T&F Group	RS2	staff will/may not have the right level of competency/skills training for go live date.	staff will be exposed to new procedures or patients repatriated back to local hospital who they would not have previously cared for	5	4	20	Recruitment and skills framework will need to identify how these requirements can be achieved	Chair, T&F Recruitment & Skills	16.08.19	5	4	16	Will be informed by the workforce plan which is being developed	28.02.20		open
Recruitment & Skills T&F Group	RS3	Current staff not transferring to new service	The new combined service will be unable to fully operate because the small number of suitable qualified clinicians have been depleted.	5	4	20	Recruitment &Skills T&F group will need to scope the workforce requirements and transfers	Chair, T&F Recruitment & Skills	13.09.19	4	3	12	Commitment made by C&V and SB UHBs to work together over implementation period to become more closely aligned. Plan for transfers and continued involvement of C&V staff in planning the new service / centre will be critical.	2024		open
Recruitment & Skills T&F Group	RS4	unable to recruit new staff	already a shortfall in staffing levels which will need to be addressed alongside any requirements for additional / different staff	4	3	12	currently mapping out staffing requirements against the proposed service detailed in the service specification.	Chair, T&F Recruitment & Skills	13.09.19	4	3	12	costings are being scoped out and awaiting costing for external provider (John Radcliffe Hospital) to be included in the WHSC proforma to be considered 20-21	28.2.20		open

Rag Status

Risk Matrix	LIKELIHOOD				
CONSEQUENCES	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Expected
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Critical	5	10	15	20	25

KEY - Reference:
IB - Implementation Board
SM - Service Modelling T&F Group
BC - Benign Conditions T&F Group
RS - Recruitment & Skills T&F Group

Key - Leads	
SRO - Senior Responsible Officer - Siân Harrop-Griffiths	
Asst. Director of Planning & Partnerships - Joanne Abbott-Davies,	
Director of Planning, WHSCC - Karen Preece	
Clinical Lead - Malgorzata Kornaszewska	
Medical Director - Richard Evans , SBUHB	
Chair T&F Recruitment &Skills - Tracy Walmsley, Senior Workforce Development Manager, HDUHB	
Improvement Lead, NHS Collaborative Wales - Dana Knoyle	
Chair T&F Benign Conditions - Vasileios Valtzoglou, Consultant Thoracic Surgeon, CVUHB	
HBs	SBUHB
	CVUHB
	CTMUHB
	ABUHB
	PTHB
	HDUHB

1 - 4 LOW	This level of risk is considered acceptable and no additional action is required over and above existing management measures.
5 - 8 ACCEPTABLE	This level of risk is marginally acceptable and efforts should be made to reduce the risk although the costs of reduction must be carefully considered. Risk reduction actions should be completed within 12 months. Managed by the Project Lead and escalated, as appropriate, to the Programme Manager.
9 - 15 Amber Significant	This level of risk should be completed within 6 months and will be managed by the Programme Manager and escalated, as appropriate, to the Strategic Change Board.
16 - 25 High	This level of risk should be completed within 1 month and must be routinely reported by the Programme Manager to the Strategic Change Board and reported to the Health Boards' Board within the Corporate Risk Register and within reports from the Strategic Change Board to the Board.

		Agenda Item	3.1
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	October 2019 Integrated Performance Report		
Author (Job title)	Performance Analyst		
Executive Lead (Job title)	Director of Planning	Public / In Committee	In Committee

Purpose	The attached report provides members with a summary of the performance of services commissioned by WHSSC for October 2019 and details the action being undertaken to address areas of non-compliance.			
RATIFY <input type="checkbox"/>	APPROVE <input 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"> Note October performance and the actions undertaken to address areas of non-compliance.
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Considerations within the report (tick as appropriate)

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

WHSSC Integrated Performance Report

October 2019

WHSSC

Table of Contents

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3.0	ESCALATION	5
4.0	PROVIDER PERFORMANCE	7

OCTOBER 2019 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 October 2019.

2.0 Structure of report

ESCALATION

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

PATIENT SAFETY CONCERNS

The Patient Safety Concerns section provides a summary of the services where there is concern for patient safety.

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;
- 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.

3.0 Escalation

The table below shows the current services that WHSSC has placed at stages 2 and above of the escalation process. The Cardiac Surgery service at C&VUHB and CAMHS continue to be managed on escalation level 3 whilst Bone Marrow Transplantation service, Cardiac Surgery at SBUHB, Neurosurgery, Paediatric Intensive Care, Paediatric Surgery and Plastic Surgery services are at stage 2. All are being managed in line with the WHSSC escalation process.

Cardiac Surgery, C&VUHB – no change since last report.

Cardiac Surgery SBUHB

Cardiac Surgery LHCH – service de-escalated

CAMHS service north Wales – no change since last report.

CAMHS service south Wales – no change since last report.

Lymphoma Panel – no change since last report.

Neurosurgery – no change since last report.

Plastic surgery – no change since last report.

The BMT service south Wales – no change since last report.

Sarcoma service south Wales – no change since last report.

3.0.1 Services in Escalation

Specialty	Level of Escalation	Current Position	Movement from Last Month
Cardiac Surgery	2	Performance meetings continue bi-monthly with SBUHB.	➡
	3	Monthly performance meetings continue with C&VUHB.	➡
	2	Performance meetings continue bi-monthly with LHCH.	➡
Thoracic Surgery	2	Bi-monthly performance meetings continue with SBUHB and C&VUHB.	➡
Lymphoma Panel	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and SBUHB).	➡
Plastic Surgery	2	Monthly performance meetings continue with SBUHB	➡
Neurosurgery	2	The zero wait 36 week breach position continues to be maintained in October. The service will be de-escalated following three months of zero reported breaches and assurance from a performance meeting that they have the capacity to continue to maintain this position and continue to reduce the number of patients waiting over 26 weeks for Neurosurgery.	➡
Adult Posture & Mobility	2	The service has consistently maintained the 90% target for provision of wheelchairs within 26 weeks and will be de-escalated.	➡
CAMHS	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.	➡
Paediatric Surgery	2	The service has reported 39 breaches over 36 weeks. The service remains in escalation level 2.	➡
Paediatric Intensive Care	2	Regular meetings are taking place with the service whilst the recruitment to staff for a seventh bed is undertaken and will continue to take place until the effects of this additional capacity on key performance indicators is known.	➡
BMT	2	The BMT service in south Wales remains at level 2 escalation to explore further concerns raised.	➡
Sarcoma	2	WHSSC has arranged weekly input into MDT from surgeon at Royal Orthopaedic. WHSSC is coordinating discussions with health board leads for cancer and radiology to reach an agreement on the diagnostic pathway in south east Wales.	➡

4.0 PROVIDER PERFORMANCE

The trend for performance for all provider services has largely remained unchanged moving into the new financial year 2019/20. Of the 27 provider service targets that were monitored by WHSSC, 20 (74.1%) remain in breach at end of October 2019 compared to 74.1% at the end of September 2019.

4.1 Section 1 Service Dashboard

Specialty	WHSSC Indicator Ref	Measure		Tolerance Levels			Provider	Aug-19	Sep-19	Oct-19	Latest Status	Latest Trend
				Red	Amber	Green						
Serious Incidents	S01	Qrtly	Number of new Serious Incidents reported to WHSSC by provider within 48hours	<50%	50-99%	100%	All	<div><div></div></div> 29%			<div></div>	<div>↑</div>
Cardiac Surgery	E01	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 92%	<div><div></div></div> 95%	<div><div></div></div> 94%	<div></div>	<div>↓</div>
	E01	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 80%	<div><div></div></div> 82%	<div><div></div></div> 81%	<div></div>	<div>↓</div>
Bariatric Surgery	E03	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 97%	<div><div></div></div> 94%	<div><div></div></div> 100%	<div></div>	<div>↑</div>
	E03	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 84%	<div><div></div></div> 85%	<div><div></div></div> 93%	<div></div>	<div>↑</div>
Thoracic Surgery	E02	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 100%	<div><div></div></div> 99%	<div><div></div></div> 98%	<div></div>	<div>↓</div>
	E02	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 94%	<div><div></div></div> 92%	<div><div></div></div> 90%	<div></div>	<div>↓</div>
Lung Cancer	E02D	Mthly	USC lung resection < 62 days	>0	N/A	0	All	<div><div></div></div> 4	<div><div></div></div> 2	-	<div></div>	<div>↑</div>
	E02E	Mthly	NUSC lung resection < 31 days	>0	N/A	0	All	<div><div></div></div> 1	<div><div></div></div> 1	-	<div></div>	<div>→</div>
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	<div><div></div></div> 80%	<div><div></div></div> 76%		<div></div>	<div>↓</div>
Plastic Surgery	E05	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 92%	<div><div></div></div> 94%	<div><div></div></div> 91%	<div></div>	<div>↓</div>
	E05	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 84%	<div><div></div></div> 84%	<div><div></div></div> 83%	<div></div>	<div>↓</div>
Lymphoma	E06	Mthly	Specimens tested ≤10 days	<90% within 10 days	N/A	=,>90% within 10 days	All				<div></div>	
Neurosurgery	E07	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 99%	<div><div></div></div> 100%	<div><div></div></div> 100%	<div></div>	<div>→</div>
	E07	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 95%	<div><div></div></div> 93%	<div><div></div></div> 92%	<div></div>	<div>↓</div>
Adult Posture & Mobility	E08	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	<div><div></div></div> 94%	<div><div></div></div> 95%	<div><div></div></div> 95%	<div></div>	<div>→</div>
Paediatric Posture & Mobility	E09	Mthly	RTT < 26 weeks	<85% within 26 weeks	85-89% within 26 weeks	=,>90% within 26 weeks	All	<div><div></div></div> 96%	<div><div></div></div> 96%	<div><div></div></div> 97%	<div></div>	<div>↑</div>
CAMHS	E10	Mthly	OOA placements	>16	>14, <16	=,<14	All	<div><div></div></div> 10	<div><div></div></div> 8	<div><div></div></div> 9	<div></div>	<div>↓</div>
	E10i	Mthly	NHS Beddays	<85%, >105%	< 90%, >100%	90% - 100%	All	<div><div></div></div> 80%	<div><div></div></div> 70%	<div><div></div></div> 65%	<div></div>	<div>↓</div>
	E10ii	Mthly	NHS Home Leave	<20%, >40%	<25%, >35%	25%- 35%	All	<div><div></div></div> 29%	<div><div></div></div> 28%	<div><div></div></div> 27%	<div></div>	<div>↓</div>
Adult Medium Secure	E11	Mthly	NHS Beddays	<90%, >110%	< 95%, >105%	95% - 105%	All	<div><div></div></div> 97%	<div><div></div></div> 97%	<div><div></div></div> 99%	<div></div>	<div>↑</div>
Paediatric Surgery	E12	Mthly	RTT < 36 weeks	<100%	N/A	100%	All	<div><div></div></div> 99%	<div><div></div></div> 98%	<div><div></div></div> 97%	<div></div>	<div>↓</div>
	E12	Mthly	RTT < 26 weeks	<95%	N/A	>=95%	All	<div><div></div></div> 85%	<div><div></div></div> 83%	<div><div></div></div> 83%	<div></div>	<div>→</div>
IVF	E13	Mthly	IVF patients waiting for OPA	<95% within 26 weeks	95%-99% within 26 weeks	100% within 26 weeks	All	<div><div></div></div> 99%	<div><div></div></div> 100%	<div><div></div></div> 99%	<div></div>	<div>↓</div>
	E13i	Mthly	IVF patients waiting to commence treatment	<95% within 10 weeks	95%-99% within 10 weeks	100% within 10 weeks	All	<div><div></div></div> 64%	<div><div></div></div> 73%	<div><div></div></div> 52%	<div></div>	<div>↓</div>
	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	<div><div></div></div> 51%	<div><div></div></div> 57%	<div><div></div></div> 60%	<div></div>	<div>↑</div>
Cochlear Implants	E14A	Mthly	Adult Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	<div><div></div></div> 53%	<div><div></div></div> 42%	<div><div></div></div> 49%	<div></div>	<div>↑</div>
	E14B	Mthly	Paediatric Cochlear Implant patients to be waiting < 26 weeks	<95% within 26 weeks	N/A	>=95% within 26 weeks	All	<div><div></div></div> 44%	<div><div></div></div> 50%	<div><div></div></div> 40%	<div></div>	<div>↓</div>

***Please note there is a delay for Lung Cancer data as this is currently being submitted to WHSSC by Welsh Government. No Lymphoma data submitted. No PETIC information received for October.**

4.2 Key Information for October 2019

Cardiac Surgery

In October C&VUHB reported 34 patients waiting over 26 weeks, 20 patients over 36 weeks and <5 over 52 weeks. The Health Board remains at Stage 3 of the WHSSC escalation process and a follow up Commissioning Quality Visit is planned for the 21st of November 2019.

SBUHB position worsened further in October with 31 patients waiting over 26 weeks, 6 patients over 36 weeks and <5 over 52 weeks. This deterioration was reported as the impact of a short term sickness issue which has now been resolved and issues relating to the HMRC pensions. However the position is likely to deteriorate by November once the current waiting list is adjusted to account for more accurate Pathway Start dates.

LHCH continue to report low numbers of patients waiting over 36 weeks. In October the <5 patients waiting over 36 weeks were related to late referral from BCU cardiology services.

LHCH has been de-escalated from level 2 and quarterly joint meeting between BCU/LHCH and WHSSC have been put in place to ensure continued dialogue between commissioners and provider.

Plastic Surgery

Patients continue to breach maximum waiting times for hand and breast surgery at SBUHB. In October, there were 258 patients waiting in excess of 36 weeks, 80 of whom were waiting in excess of 52 weeks. One room in the Plastic Surgery Treatment Centre is now operational and averaging the expected 3 cases per list. This is providing increased day case capacity and supporting an increase in throughput, treating cases under local anaesthetic which are currently being undertaken in theatre. A second room, which will have capacity to carry out slightly more complex cases is due to become operational by the end of November.

Thoracic Surgery

SBUHB continues to meet RTT targets for Thoracic Surgery. In October there were <5 breach of the 36 week target at CVUHB. WHSSC continues to hold performance meetings with both south Wales providers on a bi-monthly basis. There were no breaches at LHCH.

Lymphoma

The current KPIs (turnaround times) are drawn from Royal College of Pathology (RCP) standards. These standards have been under review by the RCP since it is recognised that the current turnaround time targets are designed for general pathology tests and are not appropriate for the more complex testing undertaken by the lymphoma panel. New RCP standards are expected to be published shortly. At the last AWLP quarterly performance meeting in September, it was agreed to assess the service against the expected turnaround time targets until these are published.

CAMHS

CAMHS Out of Area (OoA) performance is much improved and has been consistently below target for an extended period. Part of the improvement is due to increase in capacity at the North Wales unit that is now working at its full commissioned capacity (subject to acuity levels) following successful recruitment. Ty Llidiard has continued to experience some short term pressure on new OoA referrals due to restrictions on admissions linked to environment work which is now completed. Despite this the total number of OoA placements at the end of September (8) remains comfortably below the target (14). A review of gatekeeping will commence shortly and incorporate the changes to Consultant staffing in our Tier 4 units.

Women & Children

Paediatric Surgery: The end of October position was 39 patients waiting over 36 weeks. There were capacity issues early in the financial year, due to two consultant vacancies, impacting on waiting list times more significantly than expected. The Health Boards reported position is zero breaches > 36 weeks by 31st March 2020 and a recovery plan is in place to achieve this target. Bi-monthly meetings continue to be held with the service until it is consistently meeting the 36 week RTT target.

Paediatric Intensive Care Unit: The scheduled opening of the 7th bed was 24th November however the service reported at a recent SLA meeting that this date was now not achievable. The planned date for the 7th bed has now slipped to the 2nd week of December as a result of low activity in October, which prevented the newly appointed nursing staff achieving their nursing competencies for sign off prior to the 24th November. Bi monthly meetings are continuing to be held with the service as the service is still in escalation level 2.

Cochlear and BAHA

There has been a temporary suspension of the cochlear services in CTM UHB which has been made by the commissioner, as a result of staffing shortfalls. There have been a series of discussions between the CTM and Cardiff and Vale UHB regarding the future short and medium term delivery plan for the service. The surgical plan for the delivery of the 26 week RTT target across the South Wales programme is being progressed and finalised for November.

Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Implementation of the Plan 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	Governance, Leadership and Accountability Choose an item. Choose an item.	
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	The 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 heath through the availability of data to monitor the performance of specialised services.	
Legal Implications	There are no legal implications relating to this report.	
Report History:		
Presented at:	Date	Brief Summary of Outcome

		Agenda Item	3.2
Meeting Title	Joint Committee	Meeting Date	28/01/2020
Report Title	Financial Performance Report – Month 9 2019/20		
Author (Job title)	Finance Manager - Contracting		
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 financial position for WHSSC for the 9th month of 2019/20.</p> <p>The financial position is reported against the 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2019.</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	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the current financial position and forecast year-end position. 		

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.

This report will be shared with WHSSC Management Group on 23 January and Joint Committee on 28 January.

2. BACKGROUND

The financial position is reported against the 2019/20 baselines following approval of the 2019/20 WHSSC Integrated Commissioning Plan the Joint Committee in January 2019.

In line with the cross border agreement reached with NHS England, the English SLA position includes the HRG4+ and 19/20 tariff uplift and the income assumes the additional WG funding issued and 2% allocation uplift due from HBs has been collected. The forecast position assumes year end provider settlements will exclude the CQUIN element that was rolled into the uplift.

3. ASSESSMENT

The financial position reported at Month 9 for WHSSC is a forecast year end under spend of £3,312k.

There is movement across various budget headings. The forecasted overspend within Welsh & English providers, IPFR and DRC is being offset by underspend movements in mental health, developments and the release of prior year reserves.

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	This document reports on the ongoing financial performance against the agreed IMTP	
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	This document reports on the ongoing financial performance against the agreed IMTP	
Risk and Assurance	This document reports on the ongoing financial performance against the agreed IMTP	
Evidence Base		
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 9

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 9th month of 2019/20 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	630,909	473,182	468,086	(5,096)	(753)	(3,312)	118
EASC (WAST, EMRTS, NCCU)	163,784	122,838	122,838	0	0	0	0
Total as per Risk-share tables	794,693	596,020	590,924	(5,096)	(753)	(3,312)	118

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 2019/20 baselines following approval of the 2019/20 ICP by the Joint Committee in January 2019. 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 9 is an underspend of £5,096k year to date with a forecast year end underspend of £3,312k

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 historic standard PbR principles, 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 in line with the new cross border agreement.

The inherent increased demand-led financial risk exposure from contracting with the English system remains.

3. Governance & Contracting

All budgets have been updated to reflect the 2019/20 ICP, including the full year effects of 2018/19 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2018/19 contract values which have been transposed into the 2019/20 contract documents.

The Finance Sub Group has developed a new risk sharing framework which has been agreed by Joint Committee was implemented in April 2019. This is based predominantly on a 2 year average utilisation calculated on the latest available complete year's data. Due to the nature of highly specialist, high cost and low volume services, a number of areas will continue to be risk shared on a population basis to avoid volatility in commissioner's position.

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
NHS Wales							
Cardiff & Vale University Health Board	210,718	158,038	160,168	2,130	1,533	4,389	3,768
Swansea Bay Univ Health Board	99,588	74,691	74,842	151	(73)	789	523
Cwm Taf Morgannwg University Health Board	9,614	7,211	6,779	(432)	(422)	(361)	(342)
Aneurin Bevan Health Board	8,147	6,111	6,351	240	209	290	265
Hywel Dda Health Board	1,581	1,186	1,210	24	17	24	17
Betsi Cadwaladr Univ Health Board Provider	41,049	30,786	30,475	(311)	(302)	(397)	(432)
Velindre NHS Trust	43,193	32,395	34,031	1,636	1,512	2,194	2,194
Sub-total NHS Wales	413,889	310,417	313,856	3,439	2,475	6,929	5,993
Non Welsh SLAs	113,445	85,084	85,652	568	315	12	(29)
IPFR	39,277	29,458	29,562	104	518	713	863
IVF	4,777	3,583	3,783	200	203	155	117
Mental Health	31,656	23,742	22,747	(995)	(869)	(1,205)	(1,234)
Renal	4,816	3,612	3,456	(156)	(227)	(84)	(149)
Prior Year developments	2,463	1,847	1,317	(531)	(623)	(796)	(859)
2019/20 Plan Developments	16,742	12,557	10,101	(2,455)	(1,414)	(1,959)	(1,058)
Direct Running Costs	3,843	2,882	3,039	157	143	222	223
Reserves Releases 2018/19	0	0	(5,428)	(5,428)	(4,866)	(7,298)	(7,298)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	630,909	473,182	468,086	(5,096)	(4,343)	(3,312)	(3,430)

The reported position is based on the following:

- NHS Wales activity – based on Month 8 data or Annual Plan values if deemed to vary from the 2018/19 outturn.
- NHS England activity – based on Month 8 contract monitoring data or Annual Plan values if this data was not available.
- IVF – 2 NHS England and 1 NHS Wales contract provider, with some IPFR approvals.
- IPFR – reporting is based on approved Funding Requests; recognising costs based on the usual lead times for the various treatments, unclaimed funding requests are 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 based blocks based on 3 year rolling averages.
- Developments – variety of bases, including agreed phasing of funding.

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

5. Financial Position Detail - Providers

5.1 NHS Wales – Cardiff & Vale contract:

Various over and underspends from the month 8 data have been extrapolated to a total reported month 9 position of £2,130k over spent and a year-end position of £4,389k 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 – a trend of overperformance continues with this service, particularly within ICDs, PCIs and complex ablations. This month has seen an £289k movement in the YTD position and a £317k movement in the forecast with the latter now standing at £936k over budget. PCI activity is the main driver for this movement as demand has been very high with efforts being made to ensure elective long waiting patients are treated before quarter end and there is a trial ongoing with a one lab operating 8 - 6 rather than 9 - 5.
- Cardiology for AB – overperformance in this service has increased again this month with the forecast figure now standing at £304k. A high month of activity has seen 58 procedures carried out which is now 62 over the YTD activity baseline.
- SB Cardiology – following several months of very low levels of activity, this month has seen the service carry out both an ICD and a bi-vent which has swung the position into over spend. The forecast has been set at the YTD level to be prudent which is a movement of £67k from last month with the over spend forecast positions standing at £32k.
- Spinal Implants – the service have seen 18 additional patients in month which has caused the YTD position to move by £71k and swing into an over spend of £11k. The full year forecast has been set to breakeven to be prudent given the previous trend of under performance in the service this year.
- ALAS – the service remains in an overspending position but this month has seen a fall away in activity with the YTD and forecast figures falling back by £125k to £356k. WHSSC are unable to validate this activity as no patient level data has been provided by the service. This

has been raised with them at an executive level within Cardiff and Vale. This is the reason the forecast and YTD positions are set at the same level.

- Haemophilia – both YTD and forecast positions have moved adversely by £128k and £164k this month as a result of manual charges being received from Swansea Bay of £128k. The forecast overspend has increased to £231k.

5.2 NHS Wales – Swansea Bay contract:

Various over and underspends from the month 8 data have been extrapolated to a total reported month 9 position of £151k over spent and a year-end position of £789k over spent. These figures include the net effect of the development and savings funding available to the LHB. The position includes the following areas:

- Renal – dialysis activity continues to overperform and this has been combined with an increase in emergency IP activity this month meaning the forecast position has deteriorated by £98k and now stands at £671k over budget.
- Cardiology – activity for this service remains buoyant in line with the trend seen throughout the year with the forecast overspend increasing by £156k to stand at £673k. The majority of the activity increase is accounted for by ICD and ablation activity.
- Burns – the service underspend has increased this month and the forecast now stands at £250k under budget. This is historically a volatile service that is difficult to forecast as one or two patients can swing the position materially.

5.3 NHS Wales – Betsi Cadwaladr contract:

The YTD underspend has not moved materially this month. The forecast underspend for angioplasty has decreased by £50k this month and stands at £210k as a result of activity increasing by 4 procedures this month. This is offset by a £15k underspend increase in haemophilia.

5.4 NHS Wales – Cwm Taf Morgannwg contract:

Nothing to note this month.

5.5 NHS Wales – Aneurin Bevan contract:

Nothing to note this month.

5.6 NHS Wales – Hywel Dda contract:

Nothing to note this month.

5.7 NHS Wales – Velindre contract:

Nothing to note this month.

5.8 NHS England contracts:

Total £568k overspend to month 9 with the full year forecast being reported at a £12k overspend. The English position has been reported either based on an extrapolation of month 8 reported actual data or plan data where actuals have not yet been provided. CQUIN has been removed from the forecast position.

The larger reported movements/variances are:

- Alder Hey – both YTD and forecast figures have increased by £99k this month to stand at £632k over budget. The movement this month is mainly the result of an £85k increase in homecare drugs, Burosomab and Emicizumab.
- Birmingham Women's & Children's – this month has seen an adverse movement of £78k in the forecast position with the total overspend now standing at £99k. The increase this month is mostly a result of a £62k PICU patient.
- Manchester University – the forecast underspend at this trust has fallen by £106k this month and now stands at £278k. This is a result of the month 7 freeze position increasing by £86k compared to the flex position used for last month's reporting.
- Christie – after the buoyant month experienced last month activity has fallen back this month to more normal levels with the forecast underspend increasing by £66k to £72k.
- Guy's & St Thomas – the forecast has moved adversely by £132k this month giving a total year end overspend of £155k. The movement is a result of several in month emergencies and an ECMO patient costing £112k.
- LHCH – this month has seen the lowest activity to date by more than £300k with the monthly outturn being approximately £600k lower than the previous month. The forecast underspend increased by £778k to £1,878k which was not expected as from conversations with the trust, activity was not expected to dip again this year. WHSSC has questioned the data and been assured that it is correct so discussions are now being held with LHCH to ascertain forecasts for the remainder of the year.

- St Helen's and Knowsley – the forecast position has moved adversely by £53k this month and the overspend now stands at £401k. The in month movement is a result of a £10k movement in the month 7 freeze position, 2 elective plastics patients and 4 ophthalmology patients.
- University Hospital Bristol – a £218k adverse movement in the position this month has meant both YTD and forecast over spend positions increasing to currently stand at £595k. This month has included a further £86k in neonatal costs and PICU costs that are currently running £459k above the levels seen at the same point last financial year.
- University Hospitals Birmingham – the YTD and full year forecast under spends have both decreased by around £66k this month and stand at £8k and £66k respectively. This is a result of a £73k VAD that was no in the month 7 flex position that was used for last month's reporting and a £44k heart transplant patient in this month's activity.
- University North Midlands – the full year overspend moved adversely this month by £211k and now stands at £285k. This is mainly a result of £165k of backdated TAVI activity that WHSSC are questioning with the trust. In month activity also included Powys patients treated within neurosurgery and 2 TAVI procedures.

Triangulation of alternative methods of forecasting informs the degree of risk at any time and are reviewed each month. The current reported forecast outturn position is prudent compared with straight line forecasting.

5.9 IPFR:

The total over spend at month 9 is £104k with a full year forecast reported at £713k overspent. The reported YTD position in all areas of IPFR reduced this month in the range of £30k to £80k with the exception of HPN which saw a small increase. This is simply a result of the actual charges received for each of the IPFR service lines.

5.10 IVF:

There has been no material movement in the YTD position this month and only a small adverse movement of £38k in the full year forecast with this now standing at £155k over budget. This movement is mainly a result of additional approvals from non contracted providers and activity at Shrewsbury currently running at a higher than anticipated level with the trust approaching WHSSC for approval of additional activity.

5.11 Mental Health:

Various budgets totalling an underspend to date of £995k, a £126k increase in the underspend from last month and a year-end forecast underspend of £1,205k which is a £29k deterioration from last month's reported figure. These budgets include:

- High Secure has no material movements this month in either YTD or full year forecast positions.
- Adult Mental Health YTD and forecast underspends have increased this month by £203k and £155k respectively and stand at £862k and £1,004k. There is movement across all services lines but the material movements are a £90k underspend increase in forensic mental health as case management and gatekeepers continue to reduce LOS and admissions, a further £79k improvement in medium secure DTOC recharges and a £65k YTD reduction in other mental health charges.
- CAMHS and Eating Disorders have seen an adverse movement of £91k YTD and £206k full year this month. The YTD figures is now a £2k overspend but the forecast remains in underspend with a figure of £21k predicted. Even though this month has seen a further reduction in costs for the eating disorders service, this has been more than offset by out of area CAMHS admissions for both north and south Wales.

5.12 Renal:

Both YTD and full year forecast underspends have reduced this month by £72k and £65k respectively and stand at £156k and £84k. The main driver for this is transplant activity increases in the English centres at Royal Liverpool & Broadgreen and Birmingham.

5.13 Reserves:

A release of 18/19 non recurrent structural reserves was made into the position in month 3 totalling £2,927k. A further release relating to 18/19 HRG4+ settlement of £1,493k was released into the month 4 position and at month 6, further releases relating to NHS England contract settlements and IPFR high cost releases totalling £2,328k have been identified. Month 8 has seen a further release of £550k for Mental Health. No additional reserves have been identified this month. All reserves will be released evenly through the year.

5.14 Developments:

There is a total of £19,205k funded developments in the 2019/20 position, £2,463k of which relates to developments from prior years, £3,726k relates to 2019/20 CIAG Schemes, £5,442k relates to 2019/20 New Specialised Services & Strategic Priorities and £1,200k relates to Horizon Scanning. The

remaining £6,374k are marginal performance provision for activity within C&V and SB providers.

YTD and full year forecast underspend positions have increased this month by £949k and £838k respectively to currently stand at £2,986k and £2,755k. An underspend against NICE Horizon Scanning Provision and additional slippage has been identified for the following 19/20 CIAG schemes:

- Genetics Test Directory
- PET new indications
- TAVI
- BCU P&M wheelchairs
- ACHD

This has been partially offset by overspends in Cochlear Implants for both north and south Wales and Fetal Medicine infrastructure.

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

There has been no material movement in this area for month 9.

6. Financial Position Detail – by Commissioners

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

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M9	(5,096)	(55)	(369)	(217)	(135)	(955)	(249)	(3,116)
Variance M8	(4,344)	(154)	(290)	(228)	(152)	(842)	(397)	(2,281)
Movement	(753)	99	(78)	11	17	(113)	147	(835)

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M9	(3,312)	475	32	415	308	(535)	(357)	(3,651)
EOY forecast M8	(3,430)	306	(20)	375	171	(591)	(567)	(3,104)
EOY movement	118	169	51	41	137	57	210	(547)

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.

This is the first month under the rebased risksharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

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 further details relating to the Commissioner Income.

Table 5 – 2019/20 Commissioner Income Expected and Received to Date

	2019/20 Planned Commission er Income	Income Expected to Date	Actual Income Received to Date	Accrued Income - WHSSC	Accrued Income - EASC	Total Income Accounte d to Date	EOY Comm'r Position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
SB	96,874	72,656	72,653	3	0	72,656	32
Aneurin Bevan	144,086	108,065	107,995	71	0	108,065	308
Betsi Cadwaladr	181,483	136,112	136,112	0	0	136,112	(3,651)
Cardiff and Vale	127,432	95,574	95,518	56	0	95,574	475
Cwm Taf Morgannwg	112,305	84,229	84,293	53	(117)	84,229	415
Hywel Dda	94,854	71,141	71,140	0	0	71,140	(535)
Powys	37,657	28,243	28,243	0	0	28,243	(357)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	794,693	596,020	595,955	182	(117)	596,020	(3,312)

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 additional risk and opportunities effecting this financial year are:

- Growth in activity for Velindre Melanoma drugs, ATMP patients and North Wales Cochlear Service above that projected in the IMTP.

9. Public Sector Payment Compliance

As at month 9 WHSSC has achieved 99.3% compliance for NHS invoices paid within 30 days by value and 94.5% by number.

For non NHS invoices WHSSC has achieved 97.6% in value for invoices paid within 30 days and 98.6% by number.

This data is updated on a quarterly basis.

Further monitoring information has been introduced for WHSSC this financial year and therefore, the finance team will utilise this information to better improve the process.

10. Responses to Action Notes from WG MMR responses

Action Point 8.1

The narrative has been amended in section 8 above.

Action Point 8.2

WHSSC Director of Finance replied directly on this issue in an email dated 16/12/19. WHSSC can confirm that discussions relating to SLA signature with English trusts are not confined to SLA meetings and are routinely followed up outside of the SLA meeting schedule.

11. SLA 19/20 status update

All Welsh SLAs are signed. Please see appendix 1 below for an update on the status of the English SLAs with each trust.

12. Confirmation of position report by the MD and DOF

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

Appendix 1



PROVIDER	PROPOSAL RECEIVED FROM PROVIDER	DATE SLA TO BE SENT TO PROVIDER	DATE SLA SENT TO PROVIDER	SLA SIGNED & RECEIVED	Last SLA Meeting Date	Next Planned SLA Meeting	Reason for SLA not signed
Alder Hey Children's NHS Foundation Trust	Yes		01-Sep-19		20-May-19	Date to be confirmed	Discussions ongoing around level of PICU activity.
Birmingham Women's & Children's Hospital NHS Foundation Trust	Yes		30-Jul-19		10-Jul-19	Date to be confirmed	No official communication from NHSI/E around CQUIN
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	No		30-Aug-19			Dealt with By E mail	CQUIN Has been agreed 19/11/19.
Manchester University NHS Foundation Trust (previously Central & South)	Yes		29-Oct-19		30-Oct-19	30-Oct-20	Discussions on going regarding data split now trusts have merged. Need to ensure specialist/non specialist split is correctly reported in proposal.
(The) Christie NHS Foundation Trust	Yes		01-Sep-19		20-Mar-19	20-Mar-20	Awaiting proposal that does not include CQUIN.
DDRC	No		30-Oct-19				Private Provider
Great Ormond Street Hospital for Children NHS Foundation Trust	Yes		30-Jun-19		18-Jun-19	TBC 29/30 Jun 2020	Difference around how long the CQUIN arrangement is for.
Guy's and St Thomas' NHS Foundation Trust	Yes		30-Jun-19		18-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
Heart of England NHS Foundation Trust	Yes		30-Jul-19		10-Jul-19	Date to be confirmed	No official communication from NHSI/E around CQUIN
Imperial College Healthcare NHS Trust	Yes		30-Jun-19		11-Nov-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN



King's College Hospital NHS Foundation Trust	Yes		30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
Leeds Teaching Hospitals NHS Trust	No		06-Nov-19		12-Mar-19	12-Mar-20	Awaiting response to SLA document sent to the trust.
Liverpool Heart and Chest Hospital NHS Foundation Trust	Yes		02-Jul-19	10-Sep-19	06-Aug-19	24-Mar-20	
NHS Blood & Transplant - National Organ Donation	Yes		30-Apr-19	01-May-19	10-Oct-19	Jan-2020	
(The) Newcastle Upon Tyne Hospitals NHS Foundation Trust			30-Sep-19			Dealt with By E mail	No Response
Papworth Hospital NHS Foundation Trust	Yes		30-Aug-19		18-Feb-19	Date to be confirmed	CQUIN Accepted working on the wording within the document
(The) Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust	Yes		14-Aug-19	21-Oct-19	24-May-16	None planned	
Royal Brompton & Harefield NHS Foundation Trust	Yes		30-Jun-19		18-Jun-19	TBC 29/30 Jun 2020	CQUIN Accepted working on the wording within the document
Royal Free London NHS Foundation Trust (Hampstead)	Yes		30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	No official communication from NHSI/E around CQUIN
(The) Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes		06-Nov-19		18-Jul-18	Date to be confirmed	Discussions ongoing re activity levels in SLA proposal.
(The) Royal Marsden NHS Foundation Trust	Yes		30-Jun-19		17-Jun-19	TBC 29/30 Jun 2020	CQUIN Accepted working on the wording within the document.
(The) Royal Orthopaedic Hospital NHS Foundation Trust	No		30-Aug-19		18-Jul-18	Date to be confirmed	Awaiting Official response
Salford Royal NHS Foundation Trust	No		03-Oct-19		30-Oct-19	30-Oct-20	Awaiting provider proposal.
Sheffield Teaching Hospitals NHS Foundation Trust	Yes		03-Oct-19		Audio 14/05/2019	Date to be confirmed	Wording differences within the SLA document are being discussed with the provider.



St Helens and Knowsley Teaching Hospitals NHS Trust	No		14-Oct-19		27-Nov-18	Date to be confirmed	Wording differences within the SLA document are being discussed with the provider.
University College London Hospitals NHS Foundation Trust	Yes		30-Jun-19		25-Jul-18	TBC 29/30 Jun 2020	CQUIN agreed in principle.
University Hospitals Bristol NHS Foundation Trust	Yes		30-Oct-19		07-Nov-19	18-Jan-20	CQUIN agreed. Wording of the agreement in the Quality section
University Hospitals Birmingham NHS Foundation Trust	Yes		30-Jul-19		10-Jul-19	Date to be confirmed	No official communication from NHSI/E around CQUIN
University Hospitals of North Midlands NHS Trust	Yes		30-Sep-19		26-Sep-19	Date to be confirmed	Wording within the SLA Document. CQUIN agreed in principle.
(The) Walton Centre NHS Foundation Trust	Yes		09-Aug-19		19-Nov-19	19-Nov-20	Awaiting response from provider regarding WHSSC SLA proposal.
Wye Valley NHS Trust (Hereford)	Yes		30-Aug-19			Dealt with By E mail	No CQUIN Issue. Awaiting response around wording
PETIC	No		30-Oct-19				Private Provider

Appendix 2 – 2019/20 WHSSC ICP Value & Efficiency savings schemes financial monitoring

Efficiency Savings Schemes	2019/20 Target Saving £m	Budget Profile	2019/20		Notes
			Savings to date M8 £m	Forecast Saving £m	
IBD Trials Savings & Factor 9 Price savings	(0.800)	Target	(0.768)	(0.800)	Emicizumab patient commenced November 18, saving compares 19/20 cost of Emicizumab compared to trial factor 8 expenditure in same period of 18/19. Therefore saving yields from November 18 - November 19
		Achieved	(0.740)	(0.740)	
		Variance	0.028	0.060	
Mental Health - Forensic case management	(0.500)	Target	(0.333)	(0.500)	Continued reduction in medium secure placements, due to case management and gatekeeping teams at SB and BCU.
		Achieved	(1.098)	(1.266)	
		Variance	(0.764)	(0.766)	
Perinatal Repatriation (contingent on welsh unit)	(0.350)	Target	(0.233)	(0.350)	Target based on OOA savings in perinatal placements if Welsh unit was open. However no revenue costs incurred for Welsh unit in 19/20 therefore net £225k saving against plan
		Achieved	(0.150)	(0.225)	
		Variance	0.083	0.125	
Medicines Management - PAS	(0.250)	Target	(0.167)	(0.250)	PAS Asfotase Alfa rebate from Alexion secured in August 2019
		Achieved	(0.171)	(0.267)	
		Variance	(0.004)	(0.017)	
Referral Management Centre	(0.250)	Target	(0.167)	(0.250)	Work plan on going, initial schemes identified focussing on vascular referrals, no savings declared to date - but anticipated in 2020/21
		Achieved	0.000	0.000	
		Variance	0.167	0.250	
Outpatient Management Scheme	(0.250)	Target	(0.167)	(0.250)	Work on going, no savings declared to date, but anticipated in 20/21
		Achieved	0.000	0.000	
		Variance	0.167	0.250	
IMD switching & HCD review	(0.500)	Target	(0.333)	(0.500)	ERT drug switching continues at Cardiff, in addition to 3 patients on commercial trials at Royal Free (£450k). Further trials anticipated to commence in Cardiff later in year
		Achieved	(0.353)	(0.620)	
		Variance	(0.020)	(0.120)	
De-Prioritisation	(0.200)	Target	(0.133)	(0.200)	Scheme assumed HIPEC procedures through IPFR may be reduced if policy changed. Clinical evidence review scored low in 18-19 prioritisation. No change in policy to date.
		Achieved	0.000	0.000	
		Variance	0.133	0.200	
NHS England Market Forces Factor (applied to NHS E tariff)	(0.150)	Target	(0.100)	(0.150)	Market Forces Factor reduction for 19-20 distributed across NHS England LTAs, London contracts yield largest proportion of MFF reduction
		Achieved	(0.100)	(0.150)	
		Variance	0.000	0.000	
Total Efficiency Savings	(3.250)	Target	(2.401)	(3.250)	
		Achieved	(2.612)	(3.268)	
		Variance	(0.211)	(0.018)	



GIG
CYMRU
NHS
WALES



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CYMRU
NHS
WALES

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

		Agenda Item	3.3
Meeting Title	WHSSC Joint Committee	Meeting Date	21/01/2020
Report Title	WHSSC Corporate Risk and Assurance Framework		
Author (Job title)	Business Support Officer		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	In Committee

Purpose	The purpose of this report is to provide Members with an update on the WHSSC risk management framework as at 30 November 2019.			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	06/01/2020
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the update provided within the report. • Receive assurance that risks are being appropriately assessed and managed. 		

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 Members with an update on the WHSSC risk management framework as at 30 November 2019.

2.0 BACKGROUND

The Corporate Risk and Assurance Framework (CRAF) summarises the key 'live' risks that WHSSC recognises and details actions being taken to mitigate and manage them.

2.1 Current Process for Review of Risks and Assurance

The risk management framework for WHSSC as a commissioning organisation has been reviewed during the last year and the new agreed process has been rolled out throughout the organisation and refined. Directorates and/or Commissioning teams are reviewing all risks, including the risks arising out of the Integrated Commissioning Plan 2019-22, and updating the registers to the new template.

Risk assessments are completed by the Directorate and/or Commissioning teams. As a commissioning organisation risks associated with commissioning of healthcare services are assessed in three domains; safe, sustainable and effective. Non-commissioning risks currently continue to be assessed in the traditional methodology against likelihood and impact/consequence.

Risks scoring 8 or above in any domain are added to the Directorate or Commissioning team risk register for monitoring of mitigation and management.

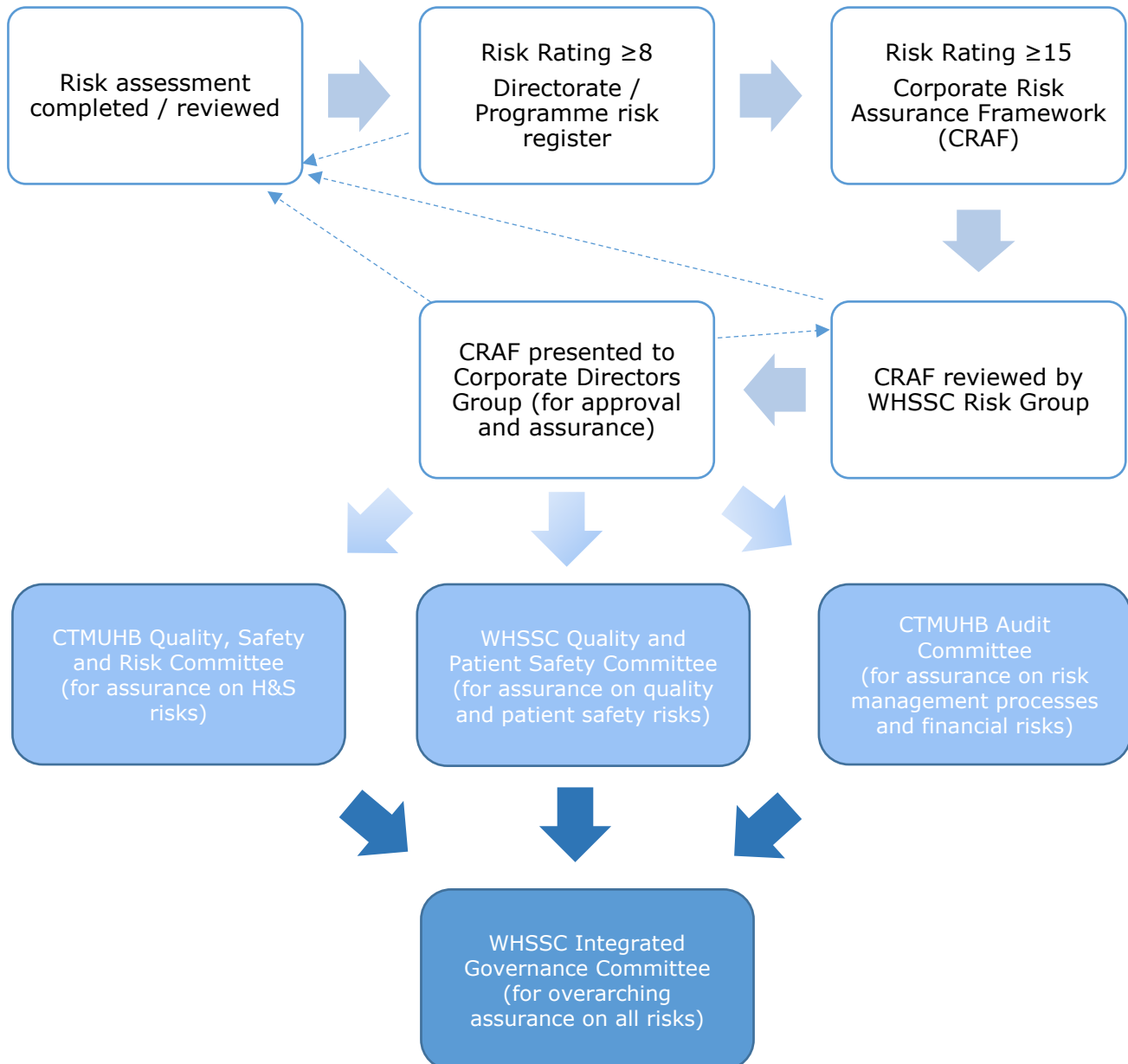
Risks scoring 15 or above in any domain are escalated to the CRAF. All risks within the CRAF are assigned a lead Executive and are aligned to an assuring committee. Each lead Executive is ultimately responsible for the ownership of the assigned risk/s and the reporting of any actions in place to mitigate or manage those risks.

The CRAF is considered at the WHSSC Internal Risk Management Group. This leads to an enhanced focus on risk management generally and an improved level of triangulation between provider performance and risk for commissioning risks.

The CRAF is reported routinely to the WHSSC Corporate Directors Group, Integrated Governance Committee and the Quality and Patient Safety Committee. The CRAF is also reported into the Cwm Taf Morgannwg UHB Audit and Quality, Safety & Risk Committees.

2.2 Review and Assurance of the Corporate Risk Assurance Framework

The diagram below shows how the Corporate Risk Assurance Framework is generated, updated, reviewed and assured.



3.0 ASSESSMENT

- 3.1 Work on further developing the CRAF has been undertaken over a number of months and WHSSC Officers have received and acted upon feedback from all committees (as noted above) to whom the CRAF has been presented.



- 3.2 Members of the WHSSC Integrated Governance and Quality & Patient Safety Committees received a report from the Director of Planning during October 2019, summarising the work undertaken to review the commissioning team risk registers and risk management process and explaining the closure of certain commissioning risks.
- 3.3 Members of the WHSSC Corporate Directors Group Board received a report on 2 December on the October CRAF. Members noted that the Risks on a Page were out of date. It was agreed that work will be done to update these as part of the ongoing work on the management of risk.
- 3.4 The Director of Planning continues to be the designated lead Executive in the case of all risks currently scoring 15 or above and therefore identified on the CRAF. The WHSSC Quality & Patient Safety Committee is the assurance committee for these risks.
- 3.5 In the meantime the Directorate and Programme risk registers continue to be reviewed monthly – they are 'live' documents.
- 3.6 There are currently **29** risks that attract a rating of 15 or above on the risk register.
- 3.7 Since the last report **0** risk has been added to the register, namely:
- 3.8 Since the last report, **2** risks have been removed from the register; namely:

- CH/043 PET-CT
- NC/041 Posture and Mobility - North Wales Service

- 3.9 Services in Escalation - The table below shows the current services that WHSSC has placed at stages 2 and above of the escalation process. The Cardiac Surgery service at C&VUHB and CAMHS continue to be managed on escalation level 3 whilst Bone Marrow Transplantation service, Cardiac Surgery at SBUHB, Neurosurgery, Paediatric Intensive Care, Paediatric Surgery and Plastic Surgery services are at stage 2. All are being managed in line with the WHSSC escalation process.

Cardiac Surgery, C&VUHB – no change since last report.

Cardiac Surgery SBUHB -

Cardiac Surgery LHCH – service de-escalated.

CAMHS service north Wales – no change since last report.

CAMHS service south Wales – no change since last report.
Lymphoma Panel – no change since last report.

Neurosurgery – no change since last report.

Plastic surgery – no change since last report.

The BMT service south Wales – no change since last report.

Sarcoma service south Wales – no change since last report.

Table 1. Services in Escalation as at October 2019

Speciality	Level of Escalation	Mitigating action[s]	Movement from previous month
Cardiac Surgery	2	Performance meetings continue bi-monthly with SBMUHB	→
	3	Monthly performance meetings continue with C&VUHB	→
	2	Performance meetings continue bi-monthly with LHCH	→
Thoracic surgery	2	Bi-monthly performance meetings continue with SBMUHB and C&VUHB.	→
Lymphoma Panel	2	Performance meetings are in place with the All Wales Lymphoma Panel (CVUHB and SBMUHB).	→
Plastic Surgery	2	Monthly performance meetings continue with SBMUHB	→
Neurosurgery	2	All 36 week breach patients have been cleared in September. The services remains in escalation level 2 until we are assured that the zero 36 week position can be maintained.	→
Adult Posture & Mobility	2	The service has consistently maintained the 90% target for provision of wheelchairs within 26 weeks and will be de-escalated.	→
CAMHS	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.	→
Paediatric Surgery	2	The service has reported 39 breaches over 36 weeks. The service remains at escalation level 2	→
Paediatric Intensive Care	2	Regular meetings are taking place with the service whilst the recruitment to staff for a seventh bed is undertaken and will continue to take place until the effects of this additional capacity on key performance indicators is known	→
BMT	2	The BMT service in south Wales remains at level 2 escalation to explore further concerns raised.	→

Sarcoma	2	WHSSC has arranged weekly input into MDT from surgeon at Royal Orthopaedic. WHSSC is coordinating discussions with health board leads for cancer and radiology to reach an agreement on the diagnostic pathway in south east Wales.	→
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4. RECOMMENDATIONS

Members are asked to:

- **Note** the update provided within the report.
- **Receive assurance** that risks are being appropriately assessed and managed.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance	
Link to Integrated Commissioning Plan	Implementation of the agreed ICP	
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability	
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation	
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and satisfaction)	
Organisational Implications		
Quality, Safety & Patient Experience	Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience.	
Resources Implications	Some improvement actions may require the application of additional resources.	
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC’s risk and assurance arrangements. This work continues to develop.	
Evidence Base	The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers.	
Equality and Diversity	There are no equality and diversity implications.	
Population Health	There are no immediate population health implications.	
Legal Implications	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.	
Report History:		
Presented at:	Date	Brief Summary of Outcome

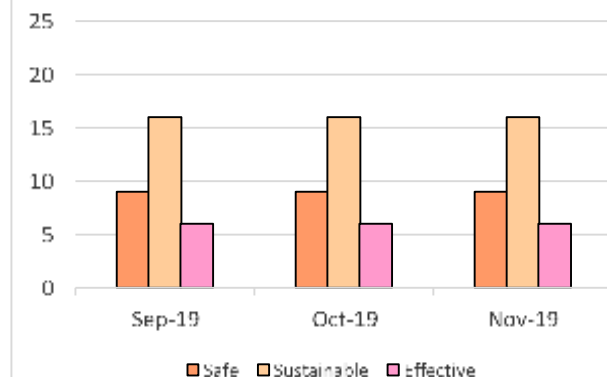
NOVEMBER 2019						
Risk Reference	Description of risk identified	Current Score NOVEMBER 19			Overall Trend	Last Review By Directorate/ Programme Team
		Safe	Sustainable	Effective		
Lung Resection CH/011	Risk to patient o/comes and quality of service due to insufficient capacity in South Wales service	9	16	6	→	29/11/2019
PET-CT CH/013	Capacity for PET-CT in south Wales - There is a risk that waiting times for PET-CT in south Wales will increase and exceed the target of 10 working days.	8	16	12	→	29/11/2019
Plastic Surgery CH/018	Failure to achieve the maximum waiting times target in ABMUHB	6	1	15	→	29/11/2019
PET-CT POLICY CH/024	Sub-optimal management of cancers excluded by current commissioning policy.	12	1	16	→	29/11/2019
NETs CH/028	Risk to sustainability of the service with respect to capacity; Inability to meet the T&F Group recommendations; Continued inequity between patients in N and S Wales	12	15	12	→	29/11/2019
Haemophilia CH/033	Lack of haematology consultant for haemophilia patients in Bangor.	12	16	12	→	29/11/2019
SARCOMA CH/036	Sustainability of south Wales soft tissue sarcoma service (single CNS for patients in south west Wales)	12	16	16	→	29/11/2019
ACHD CT/032	Delivery and sustainability of ACHD service South Wales.	16	16	16	→	27/11/2019
CYSTIC FIBROSIS CT/036 Formerly (WC/016)	Provision of Adult Cystic Fibrosis services.	8	20	16	→	27/11/2019

CARDIAC SURGERY C&VUHB CT/037 (PREVIOUSLY CT/023)	Commissioning sufficient capacity for cardiac surgery to be delivered within waiting time standards.	10	9	20	→	27/11/2019
PAEDIATRIC CHD CT/040	Delivery and sustainability of Paediatric CHD service South Wales.	16	16	16	→	27/11/2019
CAMHS MH/108	Limited current ability to manage funded capacity & case mix following a series of serious incidents and a sentinel event at the unit	20	20	20	→	03/12/2019
Neuro rehabilitation NC/010	Patients not receiving their full potential due to lack of appropriate staff to support their rehabilitation.	16	12	16	→	15/12/2019
Radiology NC/014	Interventional Radiology - Ability of Cardiff & Vale University Health Board to deliver the Interventional Radiology service at UHW.	12	16	16	↓	15/12/2019
Neuro-oncology NC/023	Delays in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place. Inequitable care for patients in the North and the South and only 22% of patients are seen by a CNS	9	16	16	↓	15/12/2019
Posture and Mobility NC/026	Current arrangements are not conducive to ensuring a consistent and equitable service for the War Veterans and Civilians who require access to the CTM & BCU Prosthetics Service.	16	20	12	↑	15/12/2019
Neurosurgery - Spinal NC/029	The Development of the Complex Spinal Surgery pathway policy and service specification highlighted the shortfall in spinal cord monitoring.	20	20	20	→	15/12/2019
Ketogenic Diet NC/031	The service was originally provided by North Bristol NHS Trust but ceased when Paed. Services in Bristol were consolidated into University Hospitals Bristol NHS Trust. Individual cases are currently funded through the IPFR system	16	20	12	→	15/12/2019

Thrombectomy 4 NC/035	Safe and rapid transport to the specialist centre for patients who have been identified for this clinical treatment	20	20	16	→	15/12/2019
Intestinal Failure NC/043	There is a risk that patients who are already prescribed home parental nutrition are being hospitalised due to the HPN company suspending production of HPN due to an MHRA notice.	15	20	15	→	15/12/2019
Cleft Lip & Palate WC/015	Lack of resource for full MDT of CLP service	8	16	16	→	27/11/2019
Neonatal Transport WC/018	Lack of 24/7 dedicated Neonatal transport in South Wales	12	4	16	→	27/11/2019
Paediatric Endocrinology WC/020	Inequitable service for Endocrinology patients in Wales.	6	20	16	→	27/11/2019
Paediatric Rheumatology WC/022	Limited service in South Wales high risk of unsustainability	9	20	16	→	27/11/2019
Cleft Lip Palate RTT WC/029	Significant waiting times for adult patients waiting for revisional surgery.	6	10	20	→	27/11/2019
Neonatal Transport WC/037	Significant gaps in documentation kept and there is no clear governance lead which poses significant safety and effective risks.	16	4	12	→	27/11/2019
BAHA and Cochlear WC/038	Risk to patients wellbeing and quality of life that cannot have their implant upgraded/maintained as there is no policy in place.	12	6	16	→	27/11/2019
BAHA and Cochlear CTM WC/045	Serious concerns for the quality and patient safety of the service delivered in CTM UHB	25	25	20	→	27/11/2019
Paediatric Surgery – Children’s Acute Theatre WC/046	Paediatric Emergency surgery is undertaken in main theatres alongside adult patients resulting in a number of operational and quality issues.	9	20	20	→	27/11/2019

CH/011	Thoracic Surgery Risk: There is a risk that the current service will not be able to meet the requirement for a dedicated thoracic surgery out of hours rota. This is caused by changes in cardiac and thoracic surgery training and practice (phasing out dual practice / thoracic only out of hours rota). This would lead to the inability to provide a 24/7 rota for thoracic surgery which would mean a safe service could not be sustained.	Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 02/10/2013 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019
NOV 2019		

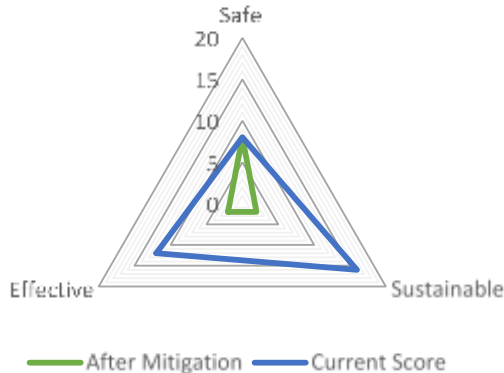
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	5	4	4	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	9	16	6	

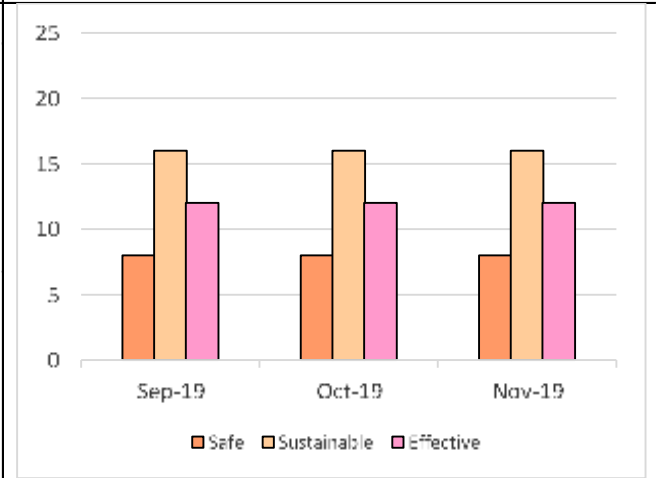


Escalation Narrative: Level 2. Bi-monthly performance meetings in place.

Current Control Measures in Place		Description of further Control Measures Required		
		Action	Lead	By when
i) Health Boards agreed the recommendation for a single centre at Morriston Hospital in Nov 2018; ii) Strategic review of the future service model for thoracic surgery is now in the implementation phase led by SBU (work currently being undertaken on the workforce model); iii) CVU: recruitment of substantive third surgeon underway with SBUHB involved in the process; iv) CVU additional theatre list is unlikely to become available but every opportunity to backfill cardiac surgery is taken. v) SBU: arrangements for weekend working in place; vi) Service Level Agreement activity is being delivered in both centres.		Implementation of Thoracic Surgery Review Recommendations	Managing Director	01/09/2021
		Bimonthly performance meetings with both CV UHB and SB UHB	DoP	Next meetings: CV: 18/09/19 SB: 20/09/19
		Develop the consultant thoracic surgeon workforce requirement (to meet future demand, provide 24/7 on call, inc. cover for MTC) and make recommendation to Joint Committee	DoP	Joint Committee 28/07/19
		Provide commissioner perspective and input to the Implementation Project Board led by Swansea Bay UHB to support the sustainability of the service through transition to the new centre	DoP	Monthly meetings; next meeting 27/09/19

CH/013	PET-CT Risk: There is a risk that waiting times for PET-CT in south Wales will increase and exceed the target of 10 working days. This is caused by Increasing demand (current and new indications) relative to current capacity. This would lead to : i) Risk of delay to treatment leading to poorer patient outcomes (including disease progression affecting treatment choice and outcome; poorer survival); Failure to achieve cancer waiting times targets.	Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 01/11/2016 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	8	2	2	 <p>The diagram is a triangle with vertices labeled 'Safe' (top), 'Effective' (bottom left), and 'Sustainable' (bottom right). Concentric triangles represent score levels from 0 to 20 in increments of 5. A green line represents the 'After Mitigation' scores: Safe=8, Sustainable=2, Effective=2. A blue line represents the 'Current Score': Safe=8, Sustainable=16, Effective=12.</p>
Current Score	8	16	12	



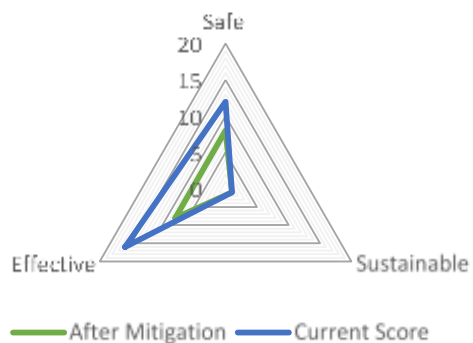
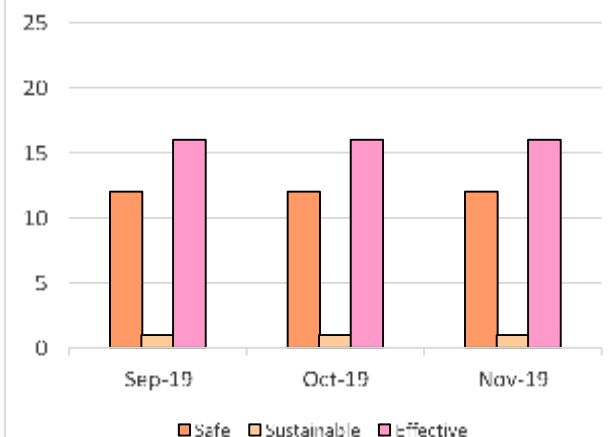
Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
WHSSC is taking steps to commission additional interim capacity via a mobile scanner. PETIC implementing contingency plans to maximise throughput to cope with increasing demand. WHSSC is leading the development of a PET strategy for increasing capacity in the short, medium and longer term to meet the expansion in clinical indications for PET over the next 10 years. WHSSC has appointed a PET programme manager.	Action		Lead
	Agree the PET strategy		DOP
	Commission mobile PET scanning capacity		Planning Manager

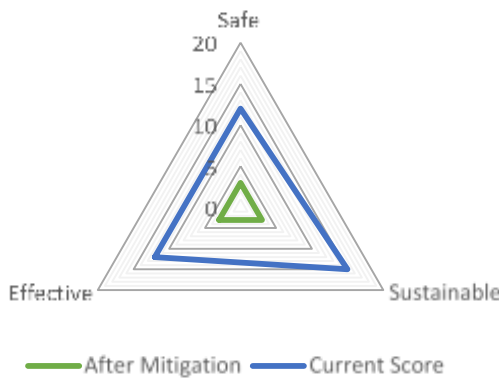
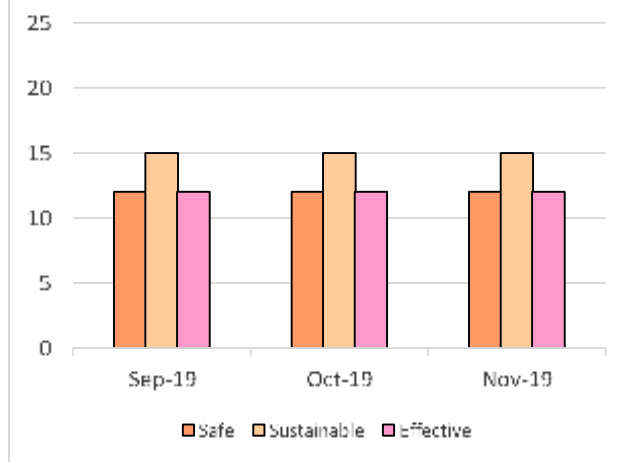
CH/018	PLASTIC SURGERY	Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019	Risk: There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	Date first assessed 17/03/2014 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019

Risk Rating				WHSCC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	6	1	12	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>	<p>Sep-19 Oct-19 Nov-19</p> <p>Safe Sustainable Effective</p>
Current Score	6	1	15		

Escalation Narrative: Level 2. Monthly performance meetings in place.

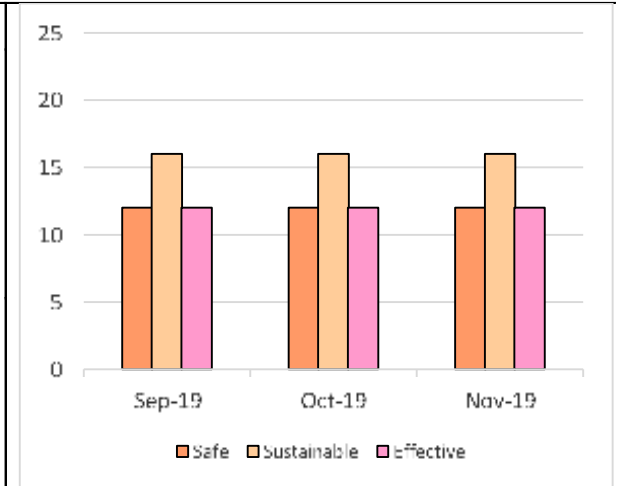
Current Control Measures in Place	Description of further Control Measures Required		
i) Performance management arrangements escalated to monthly executive performance meetings	Action	Lead	By when
	Monthly performance management meetings	DoP	Next meeting: 20/01/19
	Clinically review list of long-waiting patients	Associate Medical Director	Jan 20
	Revise plastic surgery contract	DoF	Mar-20
	Develop commissioning policy to identify those specialised plastic surgery procedures that require the unique skills of plastic surgery	Planning Manager	Mar-20

CH/024	PET – CT POLICY Risk: There is a risk of less than optimal clinical management decisions for patients in Wales and inequity with patients in others parts of the UK. This is caused by relatively limited access to PET-CT under the current commissioning policy. This leads to: - risk of sub-optimal management of cancers excluded by the current commissioning policy; - potential for sub-optimal patient outcomes; - potential that patients receive unnecessary procedures or procedures of limited benefit; - sub-optimal utilisation of scarce healthcare resources The reputation of WHSSC is also at risk as the current PET-CT policy excludes many of the indications included in the NHS England and NHS Scotland policies creating inequity of access across the UK.			Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 01/04/2017 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019			
NOV 2019							
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	8	1	8				
Current Score	12	1	16				
							
Escalation Narrative: BMT service in escalation (level 2). The patient risks associated with inadequate facilities form part of the reason for escalation.							
Current Control Measures in Place				Description of further Control Measures Required			
Patients will continue to be managed via existing diagnostic pathways. As currently, the site specific MDTs will determine best management on the diagnostic and imaging information available.				Action		Lead	By when
				Update policy with indications agreed for 19/20		ADEEE	complete
				To implement the WHSSC ICP scheme for PET (new indications): request the release of funding		DoP	complete
				To include further development of PET within WHSSC ICP 2020/21		DoP	ICP process from Sept 2019


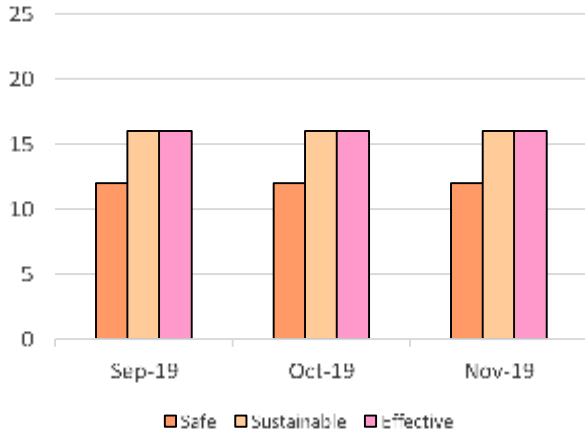
CH/028	NETs – Sustainability of NETs south Wales service Risk: There is a risk to NET service sustainability in south Wales. This is caused by dependence on a single NET consultant and rising patient demand relative to commissioned capacity. This would lead to: <ul style="list-style-type: none">• Clinic capacity insufficient to meet demand (risk to the ability to monitor patients and manage their care appropriately and optimally through timely assessment) and intervention to treat this complex condition; inequity between north and south Wales;• An inability to meet the Task & Finish Group recommendations for the NET services in South Wales would lead to discontent amongst patient groups;• Failure to meet expectations that Welsh Government have made to patient groups;• Potential increase in patient complaints and litigation claims in terms of delay in diagnosis.			Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 01/04/2017 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019			
NOV 2019							
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	12	15	12				
							
Escalation Narrative:							
Current Control Measures in Place				Description of further Control Measures Required			
ICP proposal funding was not approved; patients will be prioritised within available capacity according to clinical need. ICP proposal will be considered again for 20/21				Action		Lead	By when
				To support CVUHB to explore alternative means of funding (Welsh Government service improvement funding) outside of the WHSSC process.			

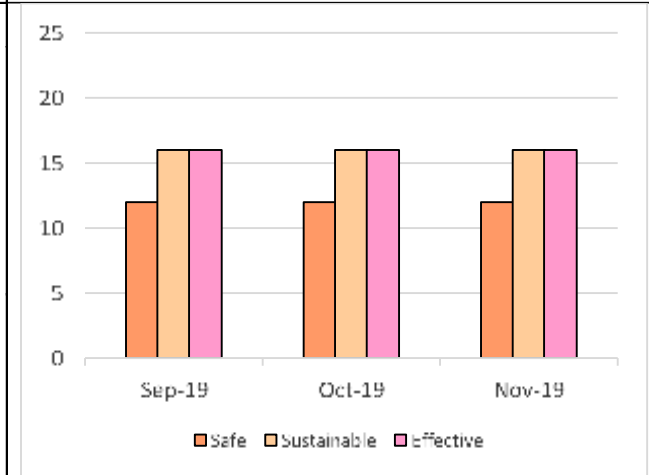
CH/033	HAEMOPHILIA – Sustainability of service at BCUHB Risk: There is a risk that provision of IBD services at Bangor Hospital cannot be sustained. This is caused by difficulty recruiting a haematologist with IBD sub speciality expertise. No on-site specialist haemophilia consultant cover at present. This would lead to the loss of specialist IBD service in Bangor and patients needing to travel further for consultant care.	Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019

Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	4	9	4	<p>Safe</p> <p>20</p> <p>15</p> <p>10</p> <p>5</p> <p>0</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation — Current Score</p>	
Current Score	12	16	12		



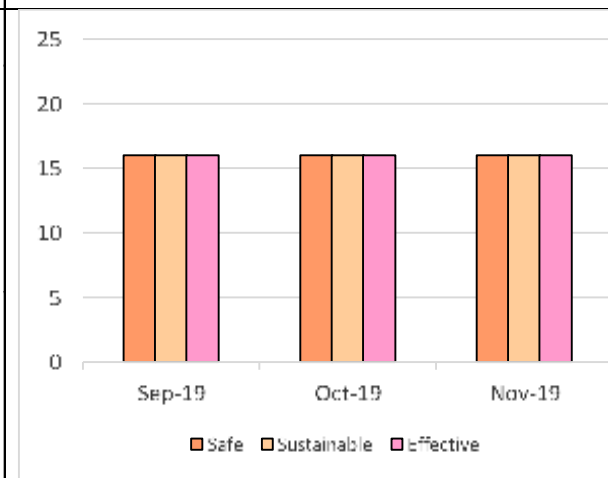
Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
i) Additional outreach clinic from Liverpool held at YGC for patients from Bangor; ii) Nurse led service with telephone support from Liverpool; iii) Business case for implementation of ICP scheme received.	Action	Lead	By when
	To implement the WHSSC ICP scheme for Inherited Bleeding Disorders: review business case and request the release of funding for the north Wales IBD service development	DoP	Project Board meeting: 13/01/20
	To establish the IBD commissioning group (inc. providers, commissioners, patients) to monitor implementation and measure the achievement of the objectives for the investment (a sustainable, high quality and equitable service across Wales)		Meetings to commence from Q3

CH/036	SARCOMA Risk: Sustainability of south Wales soft tissue sarcoma service (single CNS for patients in south west Wales) Sustainable provision of CNS support			Director lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 28/09/2018 Date last reviewed by Programme/Directorate: C&B Commissioning 29/11/2019			
NOV 2019							
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	9	4	4				
Current Score	12	16	16				
Escalation Narrative: Sarcoma is currently at escalation level 2.							
Current Control Measures in Place				Description of further Control Measures Required			
Requirement for flexible working between SW and SE CNS is included in CNS recruitment process. CNS appointed and due to start in January 2020.				Action		Lead	By when
				To support SBUHB taking forward the recruitment of an additional CNS		Planning Manager	COMPLETE



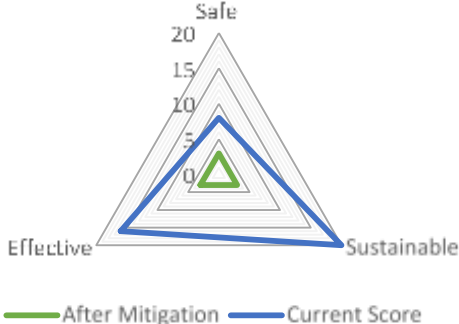
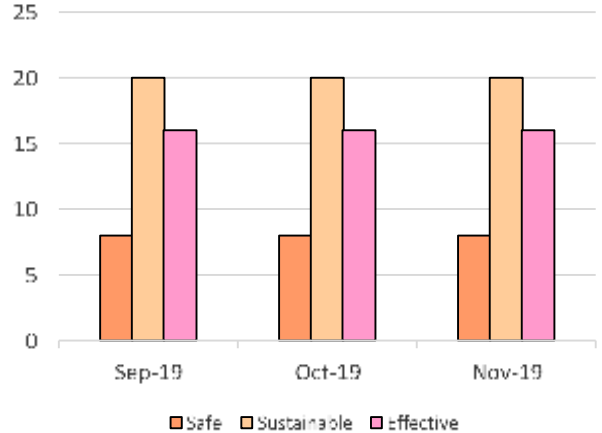
CT/032	ACHD – Sustainability of the Adult Congenital Heart Disease Service Risk: Inability to comply with national staffing levels. There is a risk that Adult patients with CHD are not receiving equitable and timely care due to lack of appropriate staff to support their needs. This could result in deterioration of condition.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 23/03/2018 Date last reviewed by Programme/Directorate: Asst. Planning Mgr. 27/11/2019
NOV 2019		

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	4	4	<p>Safe</p> <p>20</p> <p>15</p> <p>10</p> <p>5</p> <p>0</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	16	16	16	

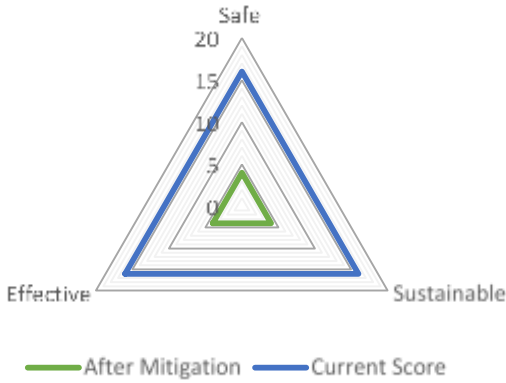
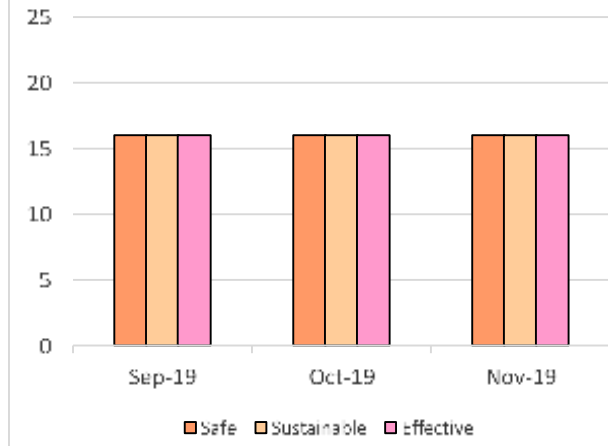


Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Phase 1 of the investment in ACHD fully implemented all staff are in post. Medical and nursing staff undertaking additional clinics to meet demand.	Action	Lead	By when
	C&VUHB are currently developing Phase 2 of the investment business case taking into consideration the gaps in meeting the NHS England Standards.	CVUHB	11/18
	The proposal for investment in Phase 2 has been developed and is being taken forward to the ICP 2019-20 prioritisation process. Funding has been approved in principle with further work required around the priority of funding of schemes agreed within the ICP	Planning Manager	COMPLETE
	C&VUHB have confirmed Business case for release of funding to be submitted in November 2019		01/12/19

CT/036 (formerly WC/016) NOV 2019	CYSTIC FIBROSIS Risk: There is a risk that patients with CF will not be able to access inpatient care in a timely manner due to insufficient numbers of beds. This could result in patients' condition deteriorating.			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee			
				Date first assessed 17/03/2017 Date last reviewed by Programme/Directorate: Asst. Planning Mgr. 27/11/2019			
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	8	20	16				
							
Escalation Narrative:							
Current Control Measures in Place				Description of further Control Measures Required			
<ul style="list-style-type: none">•Capital business case under development by C&VUHB for additional inpatient beds.•Phase 1 of the CF investment for MDT and part year effect of the Premixed IV Antibiotic Service approved in July 2018.•ICP funding for Phase 2 cannot be progressed until the captial case and timeline has been provided by the Health Board/Welsh Government.•The additional MDT staffing proposal and the full proposal for the IV service will be considered through the ICP 2020/21 planning and investment cycle.				Action		Lead	By when
				Capital business case submitted to WG by C&VUHB.		C&VUHB	ONGOING
				Proposal for enhancing service in order to manage growing patient cohort submitted to 2017/18 ICP prioritisation process. However funding was not approved.		Planning Mgr.	Complete
				Presented to Management Group re: risk in Sept 17 and further work was required by C&VUHB to gain support for revenue and capital business case.		Planning Mgr.	Complete
				The business case information for Phase 2 was outstanding from the Health Board for the ICP 19/20 CIAG/MG prioritisation process. There has been several meetings with senior colleagues in C&VUHB to progress this and it has been agreed that this information would be submitted to WHSSC by 28th November for further consideration of in year funding. A paper was submitted to MG in January 2019 with further information has been requested particularly because of the limited amount of ICP funding available. Funding has now been released for additional staff to support satellite clinics and the provision of a home IV service which will support the in-patient capacity issues. Review implementation progress in January 2020		CVUHB & Planning Mgr.	January 2020

CT/037 (formerly CT/023) NOV 2019	CARDIAC SURGERY C&VUHB Risk: There is a risk of patients waiting in excess of the agreed waiting times for Cardiac Surgery which could result in their condition deteriorating whilst on the waiting list or having poorer outcomes			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 09/07/2018 Date last reviewed by Programme/Directorate: C&B Commissioning 27/11/2019			
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>		<p>Sep-19 Oct-19 Nov-19</p> <p>Safe Sustainable Effective</p>	
After Mitigation	5	2	2				
Current Score	10	9	20				
Escalation Narrative: The service has been escalated to Stage 3 and a performance quality visit has been scheduled for the 19th February.							
Current Control Measures in Place				Description of further Control Measures Required			
Regular monitoring of data and monthly meetings with C&VUHB.				Action		Lead	By when
				Implementation of performance management arrangements, with providers to ensure delivery of contracted levels of operating.		Planning Manager	On-going
				Implement findings of DU review of PSDs when complete.		Planning Manager	08/17
				Ensure that diagnostics are not excluded as part of Cardiac pathways.		CVUHB	Complete
				A WHSSC Commissioning Quality Visit took place on the 19th February. The Health Board is producing an action plan to address the issues. A follow up meeting will be arranged for November		WHSSC / CVUHB	Dec 19

CT/040	PAEDIATRIC CHRONIC HEART DISEASE (CHD)			Executive lead: Director of Planning			
NOV 2019	Risk: Children are waiting in excess of the agreed waiting times for cardiology follow up which has the risk of their condition deteriorating whilst on the waiting list or poorer outcomes			Assuring Committee: Quality and Patient Safety Committee			
				Date first assessed 13/07/2018			
				Date last reviewed by Programme/Directorate: C&B Commissioning 27/11/2019			
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective	 <p>Safe</p> <p>Effective</p> <p>Sustainable</p> <p>— After Mitigation — Current Score</p>			
After Mitigation	4	4	4				
Current Score	16	16	16				
				 <p>Sep-19 Oct-19 Nov-19</p> <p>Safe Sustainable Effective</p>			
Escalation Narrative:							
Current Control Measures in Place				Description of further Control Measures Required			
Paediatric CHD risk highlighted as part of the business case submitted by C&VUHB in 2016. Funding was provided for C&VUHB Paediatric Cardiology to address RTT further business case awaited to address the regional service.				Action		Lead	By when
				C&VUHB Consultants are undertaking additional clinics to support and manage the risk from long waiting times.		C&VUHB	On-going
				C&VUHB to submit a business case for inclusion in this year's ICP planning cycle.		C&VUHB	09/19
				Additional clinics being undertaken		C&VUHB	On-going
				Proposal submitted to CIAG in October 2019. Awaiting confirmation of funding. In the meantime Risk stratification in place by C&VUHB and process in place to manage urgent patients			Jan 19

MH/108	CAMHS	Director lead: Director of Planning
NOV 2019	Risk: Ty Llidiard Capacity Issues. Reduced ability to manage funded capacity & case mix following a series of serious incidents and a sentinel event at the unit. Changes to environmental have been delayed extending revised operating arrangements.	Assuring Committee: Quality and Patient Safety Committee
		Date first assessed 10/11/2017
		Date last reviewed by 03/12/2019
		Programme/Directorate: Carl SHORTLAND

Risk Rating			WHSSC Risk Assessment Triangle
	Safe	Sustainable	Effective
After Mitigation	15	15	15
Current Score	20	20	20

Safe
20
15
10
5
0

Effective Sustainable

— After Mitigation — Current Score

Sep-19 Oct-19 Nov-19

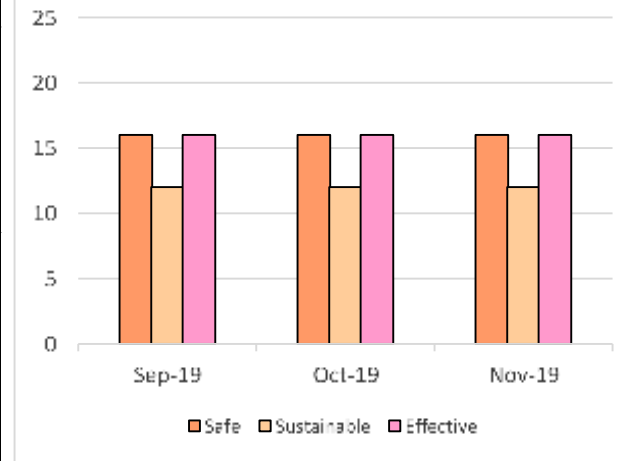
Safe Sustainable Effective

Escalation Narrative: Service is at Level 3 escalation and WHSSC/Cwm Taf are holding regular action planning meetings. Review of estate environment completed and funding secured from WG but progress delayed due to LHB changes. All admissions to unit continue to be risk assessed on individual needs basis.

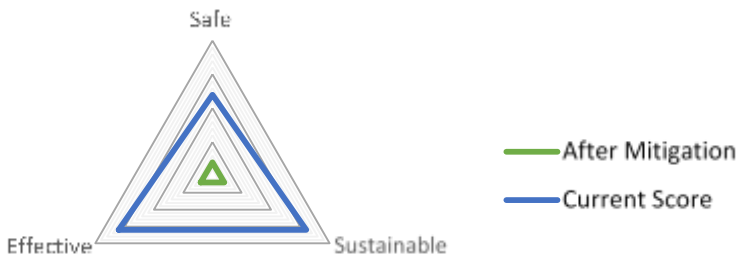
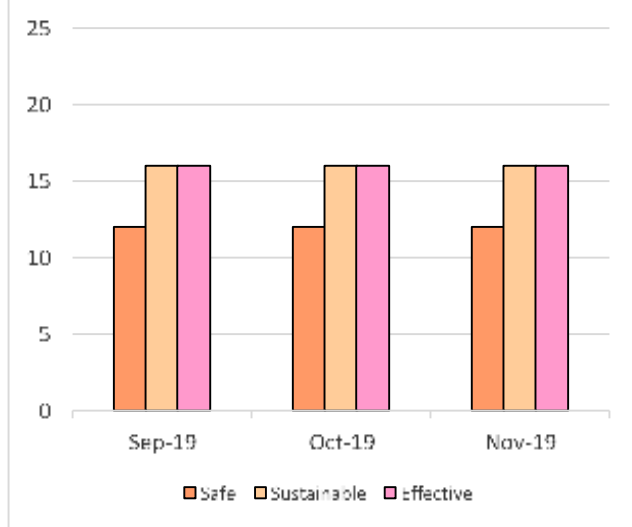
Current Control Measures in Place	Description of further Control Measures Required		
Unit was temporarily closed to new admissions pending quality review by Quality Assurance & Improvement Team. Individual risk assessments updated and shared with patients LHBs. Service placed into stage 4 escalation by WHSSC with enhanced monitoring and support arrangements. Service de-escalated to level 3 following receipt of QAIT report with all issues incorporated into wider summary action plan	Action	Lead	By when
	Audit Visit & Report	QAIT	w/c 26/03/2018
	De-escalated following receipt and evaluation of QAIT review and feedback with Cwm Taf at Visit on 5th April	WHSSC DoN	De-escalated following receipt and evaluation of QAIT review and feedback with Cwm Taf at Visit on 5th April
	Stage 3 Escalation. Commissioning Quality Visit completed & regular action planning meetings being held.	CTUHB DPCMH/WHSSC DoN	Ongoing
	National capital funding identified by Welsh Government to address environment issues in audit report to enable unit to operate in line with specification/contract.	ABMU/CT/WG	30/09/2018
	Delays in capital works due to HB issues including boundary changes have been escalated to CTUHB DPCMH. Initial meeting to review contract/specification held at end of December.	WHSSC/ DoN	31/12/2018
	Further meeting arranged for February but capital issue unlikely to be resolved before transfer of Bridgend services to Cwm Taf UHB in April	WHSSC/ DoN	28/02/2019
	Meeting to discuss number of serious incidents held with LHB and progress reported with environment changes with completion expected by end of June 19.	Cwm Taf/ WHSSC	30/06/2019
	Consultation closed on draft service specification for enhanced care service including outcome measures. WHSSC to engage with providers re: development of business cases for new capacity/service.	Cwm Taf/WHSSC	Ongoing

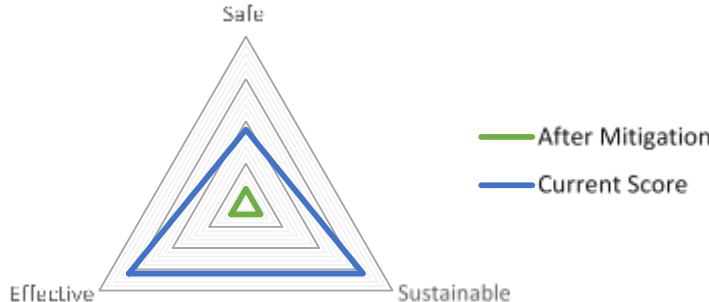
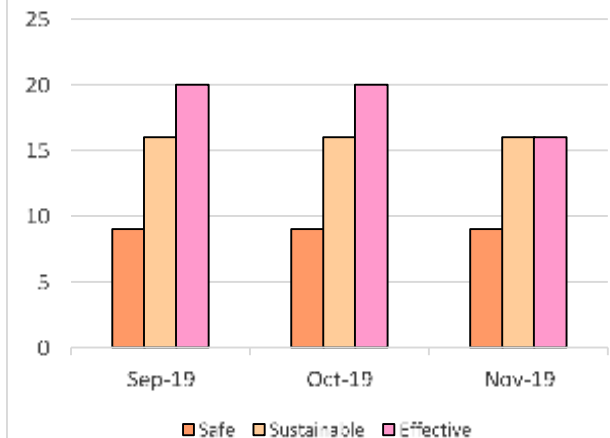
NC/010	NEURO REHABILITATION Risk: There is a risk that patients within the neuro rehabilitation setting are not receiving their full potential due to lack of appropriate staff to support their rehabilitation.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 25/04/2017 Date last reviewed by Programme/Directorate: Sp. Planning Mgr. 15/12/2019

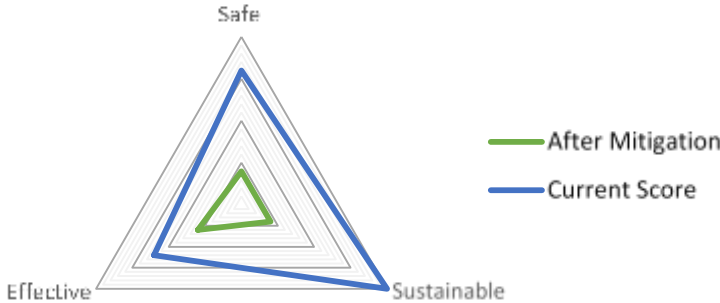
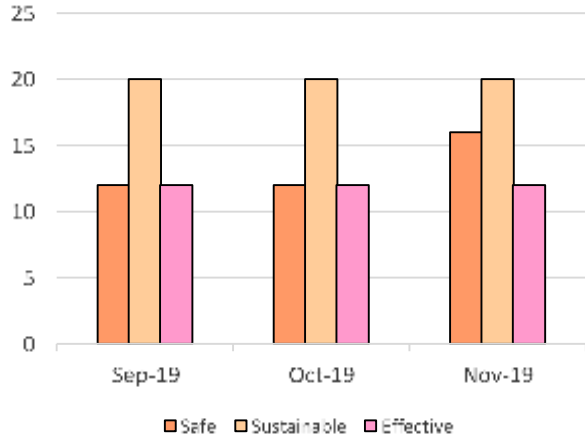
Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	4	9	4		
Current Score	16	12	16		

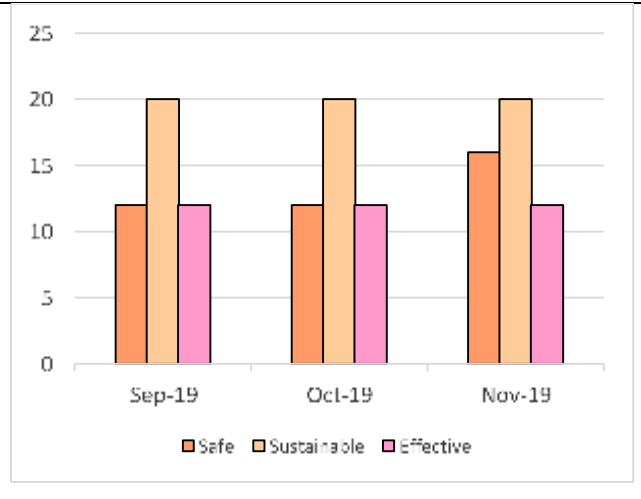


Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
Funding to address the most concerning of staffing deficits and provide an MDT Co-ordinator to allow the service to input data into the national UKROC database was approved in June 2019.	Action		Lead
	Scheme submitted for ICP but not agreed for funding in 2018-21. Resubmitted for 2019-22 funding agreed. Cardiff and Vale to submit a business case		Planning Manager
	Proforma completed Oct 18. Rated 15th in prioritisation process. Funding agreed ICP 19-22		Planning Manager
	£150k agreed funding ICP 19-22 to fund outreach service and coordinator. Funding release letter to service.		Planning Manager
	Update from service Nov 2019 that they were still recruiting to the posts.		

NC/014	RADIOLOGY - INTERVENTIONAL RADIOLOGY			Executive lead: Director of Planning		
NOV 2019	Risk: There is a risk to patients of not being able to receive INR treatment locally due to the south Wales service only having one Interventional Neuro Radiologist.			Assuring Committee: Quality and Patient Safety Committee		
				Date first assessed 01/03/2017		
				Date last reviewed by Programme/Directorate: Sp. Planning Mgr. 15/12/2019		
Risk Rating			WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective			
After Mitigation	2	2	2			
Current Score	12	16	16			
						
Escalation Narrative:						
Current Control Measures in Place			Description of further Control Measures Required			
Supporting arrangements have been put in place with North Bristol NHS Trust to provide INR treatment when the sole south Wales INR Consultant is unavailable.			Action		Lead	By when
			Informal arrangements in place with North Bristol to provide support. Additional WLI planned for Aug 18. No further WLI's have been identified. Waiting times are increasing. Monitoring the position via the Neurosurgery Performance meeting.		Planning manager	Ongoing
			Interviews for 3rd Consultant Radiologist held and appointed. 3rd Consultant Radiologist to start in October 19		Planning Manager	Complete
			2nd Consultant Radiologist commenced in October 19. As new Consultant, mentorship arrangements in place for 6 months and expectation of Bristol to support when other Consultant is away.		Planning Manager	Ongoing

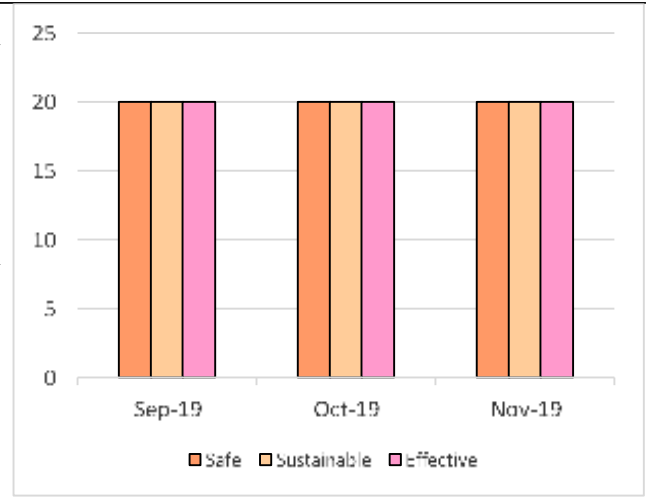
NC/023	NEUROSURGERY – NEURO-ONCOLOGY			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee		
DEC 2019	Risk: There is a risk to patients of a delay in Neuro-oncology treatment due to the cancellation of MDT meetings if not all members are available or suitable cover in place and of not receiving the most optimum treatment available to lack of Radiological input. Inequitable care for patients in the North and the South with only 22% of patients are seen by a CNS.			Date first assessed 05/04/2017 Date last reviewed by Programme/Directorate: Sp. Planning Mgr. 15/12/2019		
Risk Rating				WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective			
After Mitigation	2	2	2			
Current Score	9	16	16			
Escalation Narrative:						
Current Control Measures in Place			Description of further Control Measures Required			
Funding to address the serious concerns raised in the peer review has been allocated within the 2019-22 ICP and will be released to the service by the end of Sept 2019 to allow for recruitment.			Action		Lead	By when
			Scheme submitted for ICP but not agreed for funding in 2018-21. Discussed at management group workshop 6/9/18.To be considered as part of the ICP 19-22 planning process.		Planning Manager	Complete
			Proforma to be completed by Mid Oct 18. Rated 11th in the Prioritisation process. To be included in the ICP 19-22.		Planning Manager	Complete
			Funding of £150k has been set aside for the development of this scheme. A planned approach to delivering the scheme will be developed.		Planning Manager	Complete
			Scheme agreed by Management Group Sept 2019 for serious concerns identified by Peer Review. Funding released to service. Await appointment of staff before closing risk.			

NC/026	Posture & Mobility – Swansea Bay & BCU - Prosthetics Risk: There is a risk that civilian patients requiring are not receiving equitable access to the Prosthetics service due to the priority given to War Veterans. This is due to staffing levels and non-pay funding not being increased to meet the expected KPIs for War Veterans.			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 03/07/2017 Date last reviewed by Programme/Directorate: Sp. Service Planner 15/12/2019			
NOV 2019							
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	4	4	6				
Current Score	16	20	12				
							
Escalation Narrative:							
Current Control Measures in Place				Description of further Control Measures Required			
Service are working increased overtime hours to meet the current levels of demand and as a consequence are significantly overspending against the budget. WHSSC are meeting regular with the prosthetic service to be kept up to date of any new and emerging issues as well as current performance. A proposal to address the staffing and non-pay shortfalls was submitted for inclusion in the 2019-22 ICP but funding was not allocated to this proposal and will need to be re-considered in the 2020-23 ICP process.				Action		Lead	By when
				Scheme submitted for ICP but not agreed for funding in 2018-21. To be included in the ICP 19-22. Policies are in the process of being updated. Rated 6th in the prioritisation process.		Planning Manager	Complete
				Proforma completed by service with additional information on staff/patient ratios for the three services.		Planning Manager	Ongoing
				Considered in 2020-23 CIAG process. Scored as a low priority, further evidence from service on risks to consider inclusion in ICP as a service risk if not all CIAG schemes are funded.		Planning Manager	Ongoing


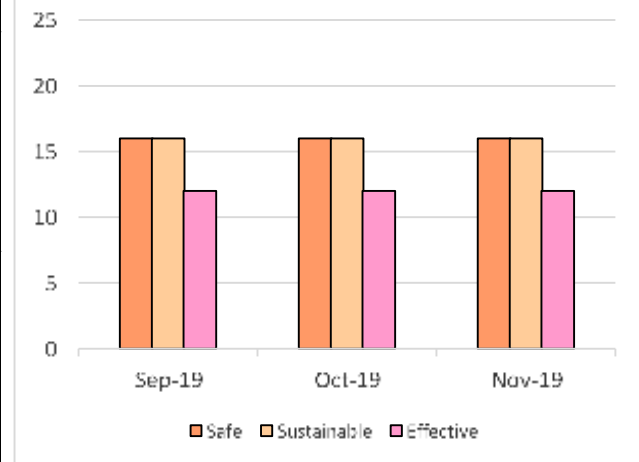


NC/029	Neurosurgery - Spinal Monitoring Risk: There is a risk that with only one member of staff trained to undertake intr-operative spinal monitoring that patients are not receiving optimal treatment and are also receiving inequitable care with those treated in England where spinal monitoring is provided routinely, in line with national standards.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 07/11/2017 Date last reviewed by Programme/Directorate: AAC 15/12/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	3	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	20	20	20	

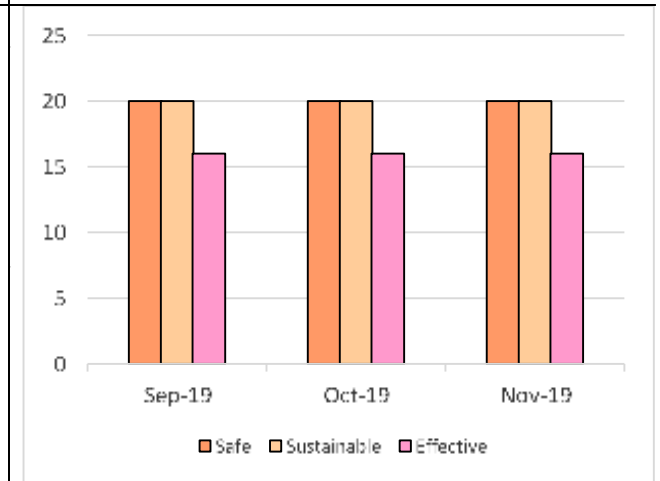


Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
WHSSC is working with the provider to understand how they are reporting this risk and if it is a funding shortfall that is responsible for this monitoring not being provided.	Action	Lead	By when
	Quality Lead to meet with service to understand which standards are not being met.	Quality Lead	Complete

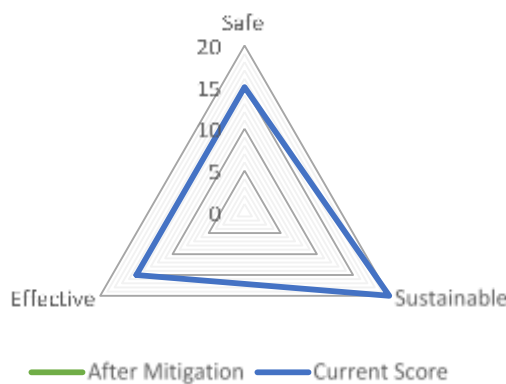
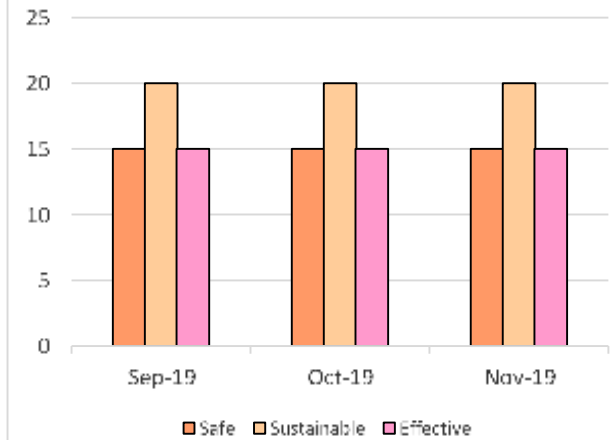
NC/031	Ketogenic Diet – PAEDIATRIC NEUROLOGY Risk: There is a risk that patients are not able to implement the Ketogenic Diet effectively due to lack of support from staff following the change of model when the service was transferred between providers and also that there is another cohort of patients not accessing the diet due to the distance to the specialist centre in Bristol. By not implementing the Diet effectively patients have a greater risk of not being able to control their Epilepsy and in the worst case scenarios, this has resulted in a Critical Care admission.			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee		
NOV 2019				Date first assessed 15/01/2018 Date last reviewed by Programme/Directorate: Neuro 15/12/2019		
Risk Rating				WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective			
After Mitigation	2	2	1			
Current Score	16	16	12			
Escalation Narrative:						
Current Control Measures in Place			Description of further Control Measures Required			
It was agreed as part of the development of the 2019-22 ICP that the service should be repatriated to the Children's Hospital of Wales and effectively staffed.			Action		Lead	By when
			Scheme to be submitted for ICP 19-22.		Planning Manager	Complete
			Proforma to be completed by Mid Oct 18. Rated 17th in the Prioritisation process. To be included in the ICP 19-22 as low cost, high gain.		Planning Manager	Complete
			Funding release paper to be submitted to Mgt Group. Query from service as to whether they could provide service due to shortages of Paediatric Neurology.		Planning Manager	Jan 20

NC/035	Thrombectomy - Neuroradiology - Service Development - Transport Risk: Patients are at risk at not being able to access Thrombectomy treatment in NHS England until transport to repatriate patients following treatment is identified.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 01/04/2018 Date last reviewed by Programme/Directorate: Neuro 15/12/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	1	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	20	20	16	



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
No current controls. WHSSC Managing Director is chasing EASC for written confirmation that they will repatriate Thrombectomy patients by private ambulance.		Action	Lead
		Project Initiation Document and Service Specification completed and will be submitted to the weekly Corporate Directors meeting for discussion (Oct 18)	Planning Manager
		Proforma to be completed by Mid Oct 18. Was not prioritised in the Prioritisation process as WG/ JC had already agreed to support this service with a separate funding stream.	Planning Manager
		Arrangements in place with Walton, Stoke and Bristol to offer treatment until Cardiff service up and running. Repatriation arrangements to be formalised by EASC.	Planning Manager
			By when
			Complete
			Complete
			Ongoing

NC/043	Intestinal Failure - Availability of Home Parental Nutrition Risk: There is a risk that patients who are already prescribed home parental nutrition are being hospitalised due to the HPN company suspending production of HPN due to an MHRA notice. There is a risk to patients who are suitable but yet to access HPN that they are unable to be prescribed it resulting them only being able to access treatment in a hospital environment.			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019				Date first assessed 31/07/2019 Date last reviewed by Programme/Directorate: Neuro 15/12/2019
Risk Rating		WHSSC Risk Assessment Triangle		
	Safe	Sustainable	Effective	
After Mitigation	0	0	0	
Current Score	15	20	15	
				
Escalation Narrative:				
Current Control Measures in Place		Description of further Control Measures Required		
Where possible local providers are making up HPN for patients or patients are being hospitalised where this is not possible. WHSSC Nurse Director is involved with daily calls with NHS England and Welsh Government who are trying to put solutions in place until the private company production issues are resolved.		Action		Lead
		SBAR constructed by service to Management Group		By when Jan 20

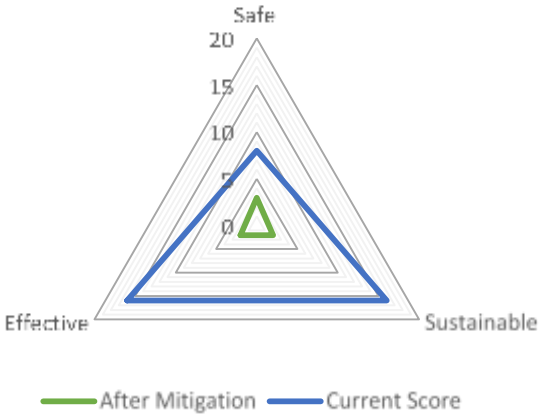
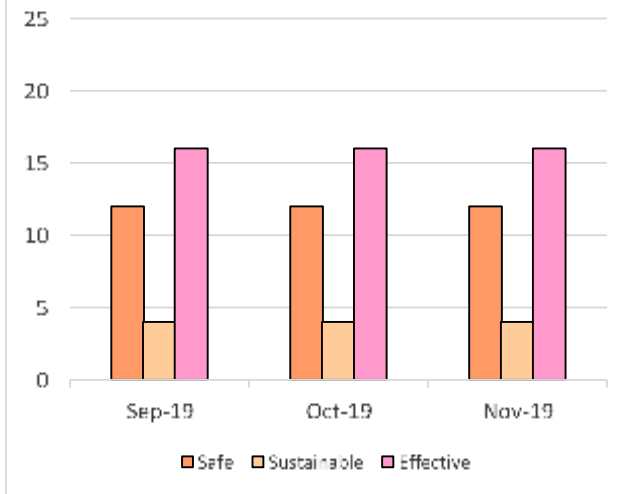
WC/015	CLEFT LIP & PALATE (CLP) Risk: Lack of resource for full MDT of CLP service. There is a risk that patients do not have access to the full MDT. This is caused by insufficient commissioning of the service and may lead to patients not having access to the MDT when required.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 17/03/2017 Date last reviewed by Programme/Directorate: KM 27/11/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable		
After Mitigation	3	2		
Current Score	8	16		

Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Funding release paper approved at MG in June 19. Funding release paper sent to the service. Risk rating to be reduced when the service commence the implementation of the scheme. Recruitment of staff is in progress. 1st Performance meeting on 7/10/19. Progressing the appointment of staff.	Action	Lead	By when
	Proposals for enhancing the full Multidisciplinary Team and to increase operating capacity taken through 2018/19 Integrated Commissioning Plan prioritisation process but not approved. Seek funding in future ICPs.	Planner	On-going
	Service to continue to maximise delivery within existing resource	Planner	On-going
	Regular dialogue with the service to monitor performance. Implementation of the scheme Funding release to MGT June 2019. Policy and Service Specification to be completed.	DGW Policy and Implementation LK	06/19
	Meeting planned with both networks for North And South Wales	Outsourcing of the Morriston Patients agreed. RTT work to commence in Sept 19.	May 19

WC/018	NEONATAL TRANSPORT Risk: Lack of 24/7 dedicated Neonatal transport in South Wales. The risk is that babies who require transfer to another unit for a higher level of care during out of hours, will not have access to a neonatal transport team. This is caused by the fact that the commissioning of the neonatal transport service in South Wales is for Monday to Sunday 8am to 8pm. This may lead to neonates being cared for in appropriate area, where the necessary skills or equipment are not available or the patient being transferred out of Wales.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 26/04/2017 Date last reviewed by Programme/Directorate: KM 27/11/2019
NOV 2019		

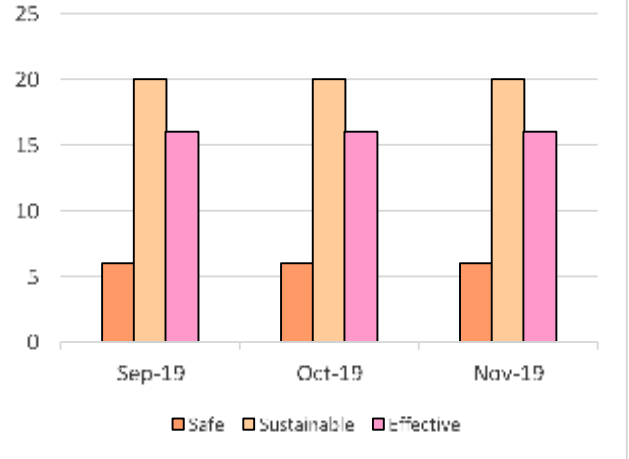
Risk Rating				WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective		
After Mitigation	12	4	12		
Current Score	12	4	16		
					

Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
	Action	Lead	By when
Service review started 3rd July 2019 with external experts in the service with a further meeting with key stakeholders on 31st July. The expert panel will produce a service review report by the end of August 2019. Revised Deadline for Review report November 2019.	Action plan to be developed with network following recommendations within the case note review	Planner	02/19
	Development of governance lead for the service	Planner	02/19
	JC agreed to full review of current neonatal service model to take place throughout 2019/20.	Planner	03/19
	A meeting has been arranged for 4th April 2019 to agree a set of SMARTA actions following the recommendations of the case note review.		

WC/020	PAEDIATRIC ENDOCRINOLOGY	Executive lead: Director of Planning
NOV 2019	Risk: Inequitable service for Endocrinology patients in Wales. The risk is the inequity of the Paediatric Endocrinology service in South Wales. This is caused by the implementation of the national standards. This may lead to patients not having access to a comprehensive Paed Endocrinology service.	Assuring Committee: Quality and Patient Safety Committee
		Date first assessed 25/04/2017
		Date last reviewed by Programme/Directorate: KM 27/11/2019

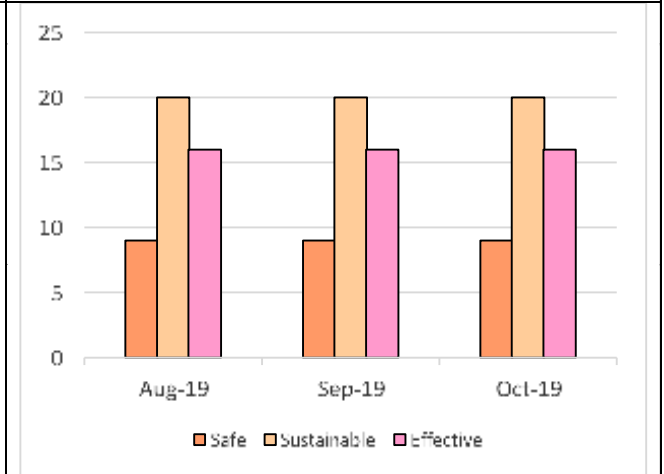
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	3	3	3	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	6	20	16	



Escalation Narrative:			
Current Control Measures in Place	Description of further Control Measures Required		
Funding release paper approved at MG in June 19. Funding release paper sent to the service. Risk rating to be reduced when the service commence the implementation of the scheme. Recruitment of staff is in progress. First Performance meeting held on 18/11/19. Progressing with staff appointments. Interview for 1 Consultant post 25/11/19.	Action	Lead	By when
	Prioritisation taken place, the scheme is identified within the ICP	Planner	03/2019
	Resource map the funding to WHSSC. WHSSC Finance lead to meet with Cardiff to agreed baseline for transfer.	Finance Manager	03/2019
	Service specification ready to be put on website once service has been approved for funding through the ICP	Planner	03/2019
	James Leaves to discuss transfer of services with CM at CVUHB. Paper being written for CDG in relation to funding		05/19

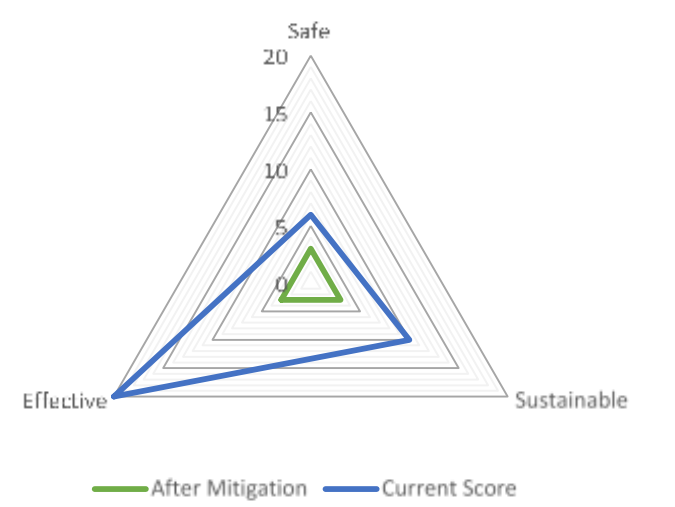
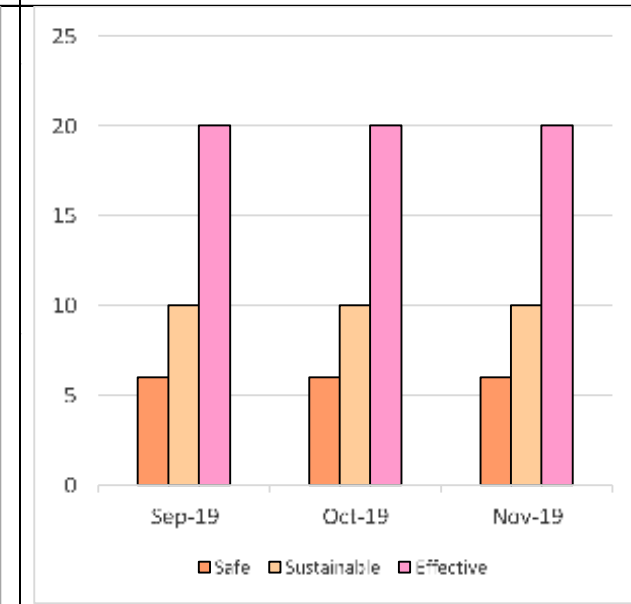
WC/022	PAEDIATRIC RHEUMATOLOGY Risk: Limited and unsustainable Paediatric Rheumatology service in South Wales. The Paediatric Rheumatology service in South Wales is currently delivered by an adult Rheumatologist that is due to retire within the next few years (no precise date as yet). It is very unlikely that their replacement will take on paediatric services therefore leaving a significant gap in service in South Wales. Further, the current service does not meet standards and has been identified by the National Rheumatoid Arthritis Association as an outlier within the UK. There is a risk to patients that they cannot currently access a full MDT and that the limited service that they can access is at risk when the Consultant currently delivering the service retires.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 24/04/2017 Date last reviewed by Programme/Directorate: KM 27/11/2019
NOV 2019		

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	9	20	16	



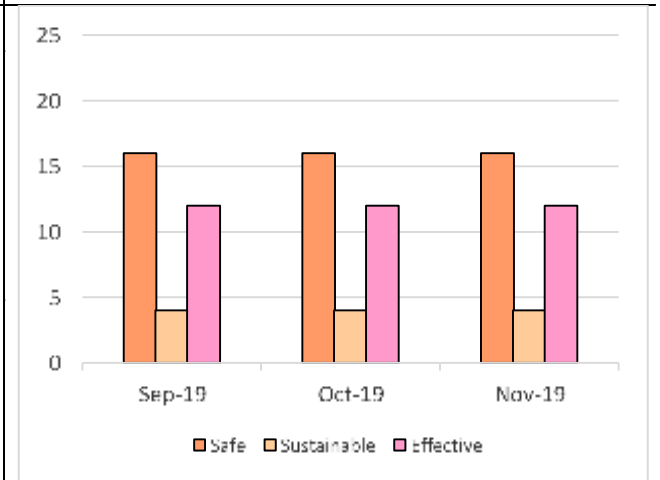
Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Recruitment of the Consultant post has been done. Sept 19. In the progress of recruiting the other staff for the MDT. 1st Performance meeting scheduled for 18th November 2019.	Action	Lead	TBC
	Planning Team currently working on service specification	ADoP	03/2019
	WHSS Team to include commissioning proposal in 2019/20 ICP	ADoP	03/2019
	5/3/19 -Commissioning Team meeting. Business Case to be submitted by C&V by August 2019. Implementation of the scheme will take place from September 2019. A service specification will be submitted to the May 19 Policy Group meeting.	PW , C&V , LK/DGW	Service Spec May 2019. Business Case - Aug 2019. Implementation on Sept 2019
	Funding release paper to June MGT Board	Locum paediatric Rheumatologist appointed 1st October 2019.	March 2020

WC/029	CLEFT LIP & PALATE WAITING TIMES Risk: Significant waiting times for adult patients waiting for revisional surgery. There is a risk adult CLP patients referred to the South Wales service will not be treated in a timely manner. This is caused by insufficient funding leading to an allocated lack of theatre sessions. This is leading to inequitable treatment of patients in the following areas adults compared to paediatrics and South Wales compared to North Wales Impacting on the quality of care and patient experience.			Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee Date first assessed 17/03/2017 Date last reviewed by Programme/Directorate: KM 27/11/2019			
NOV 2019							
Risk Rating				WHSSC Risk Assessment Triangle			
	Safe	Sustainable	Effective				
After Mitigation	3	3	3				
Current Score	6	10	20				
Escalation Narrative:							
Current Control Measures in Place				Description of further Control Measures Required			
Funding release paper approved at MG in June 19. Funding release paper sent to the service. Risk rating to be reduced when the service commence the implementation of the scheme which will start in Sept 19. Patients identified to receive treatment in Morriston Hospital will be outsourced. Approval provided in August. 2019. 1st Performance meeting held on 7/10/19. Outsourcing progressing well and sessions identified in Morriston hosp. for the complex cases.				Action		Lead	By when
				Business case has been prioritised as part of the ICP process, awaiting confirmation of the plan		Planner	03/2019
				Implementation of the scheme is to take place from June 2019. The service are preparing a Business Case. Service Specification to be completed by end of April 2019.		Planner and Asst. Planner	LK/DGW
				1st Performance meeting was held on 7/10/19			10/19

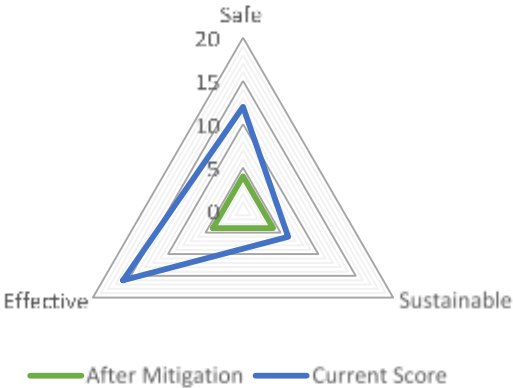
WC/037	NEONATAL TRANSPORT Risk: Governance and subsequence safety issues with the 12 hour Neonatal Transport service. The current service is provided by three HB's on a one in three rota. The three providers are ABMU/C&V/ABU. It has become evident through carrying out a case note review that there are significant gaps in documentation kept and there is no clear governance lead which poses significant safety and effective risks. Due to the volume of the service the risk to sustainability is low.	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019		Date first assessed 23/07/2018 Date last reviewed by Programme/Directorate: KM 27/11/2019

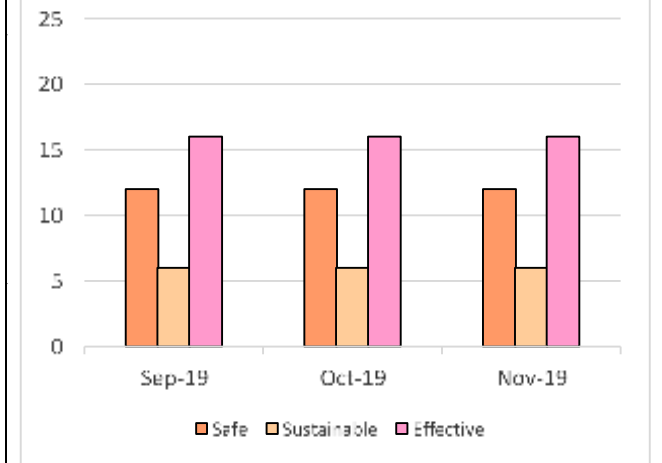
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	4	4	<p>Safe 20 15 10 5 0</p> <p>Effective Sustainable</p> <p>— After Mitigation — Current Score</p>
Current Score	16	4	12	



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
SMATA action plan has been produced and shared with the Neonatal transport service. WHSSC to monitor the actions and request updates from the service. Last meeting 17/7/19, further updates to action plan required. Meeting arranged in Aug 19. Agreed not to submit scheme for ICP 20-23 due to the work up requirements and timescales too tight. Waiting for the neonatal transport report to plan a framework.		Action	Lead
		Draft ToR for review following meeting with potential reviewer, shared with network for comment awaiting response	Planner
		Discussion with network to explore and develop the role of the transport sub-group	Planner
		Action plan updated from Sept meeting.	
			By when
			03/19
			03/19
			11/19

WC/038	BAHA AND COCHLEAR	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019	Risk: BAHA and Cochlear replacement and maintenance policy for South Wales Patients. The BAHA and Cochlear service for south Wales patients is managed centrally by C&V however patients are managed at both Bridgend Hospital and UHW. Currently there is no maintenance or replacement policy for south Wales patients. There are limited numbers within the contract for upgrades and maintenance to take place however this does not align with the average life of an implant which is 6 years. There is therefore risk to patients' wellbeing and quality of life that cannot have their implant upgraded/maintained as there is no policy in place.	Date first assessed 23/07/2018 Date last reviewed by Programme/Directorate: KM 27/11/2019

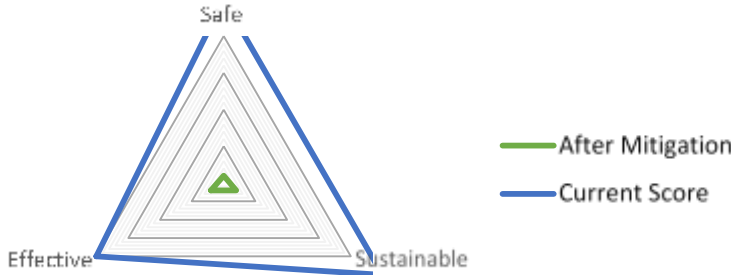
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	4	4	4	
Current Score	12	6	16	



Escalation Narrative:

Current Control Measures in Place	Description of further Control Measures Required		
Funding agreed as part of the prioritisation process for 2019/22. Awaiting a business case from the service to inform a paper to be submitted to MG for funding release approval. Paper presented at CDG and MG in Oct 19. Approval for the funding release.	Action	Lead	By when
	Business case has been prioritised as part of the ICP process, awaiting confirmation of the plan	Planner	03/19
	Funding release paper to Management Group.	Planner	June 2019
	Workshop to be held with all HBs in South Wales who provide BAHA / cochlear services. Benchmarking the service with other providers to take place in August and Sept.		July 2019
	Funding Release approved at the October MG meeting.		Oct 19

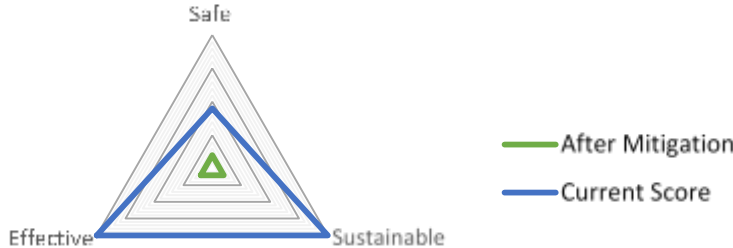
WC/045	BAHA AND COCHLEAR - CTMUHB	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019	Risk: Paper presented at Sept MG outlining interim changes to the service. Service has been escalated to level 4. Summary of the risks- delivery of RTT, quality and patient safety concerns. Patients who have been transferred to UHW with immediate effect has resulted in concerns raised by the UHW service. 3 Datix completed for review by the Quality team.	Date first assessed 23/08/2019 Date last reviewed by Programme/Directorate: KM 27/11/2019

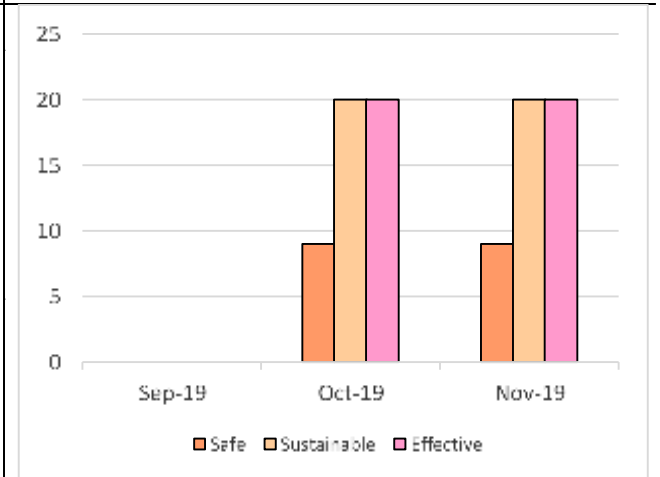
Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	1	2	2	
Current Score	25	25	20	

25	25	20
Sep-19	Oct-19	Nov-19
Safe	Sustainable	Effective

Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
Service has been escalated to level 4. WHSSC MD written to Exec Lead in CTM regarding RTT and the capacity at UHW to start surgery on CTM patients at the latest 1st November. Awaiting a response from CTM regarding number of patients that need treating ie assessments and surgery and ongoing care. All patients have been transferred to UHW including new referrals. Awaiting the surgical plan from the Cardiff service		Action	Lead
			By when

WC/046	Paediatric Surgery - Children's Acute Theatre	Executive lead: Director of Planning Assuring Committee: Quality and Patient Safety Committee
NOV 2019	Risk: Paediatric Emergency surgery is undertaken in main theatres alongside adult patients resulting in a number of operational and quality issues. National Guidelines and recommendations make it clear that children should be separated from adults. Lengthy waits for a theatre slot on the main adult CEPOD list. Cancellation of elective surgery to accommodate unscheduled care cases. Operating out of hours and children repeatedly starved and cancelled due to adult cases taking a priority.	Date first assessed 06/09/2019 Date last reviewed by Programme/Directorate: KM 27/11/2019

Risk Rating			WHSSC Risk Assessment Triangle	
	Safe	Sustainable	Effective	
After Mitigation	2	2	2	
Current Score	9	20	20	



Escalation Narrative:			
Current Control Measures in Place		Description of further Control Measures Required	
The service have undertaken a pilot to provide a CAT. This has worked extremely well. Patients have been treated in a timely manner and there have been less cancellations. RTT was achieved consistently for several months but the lack of anaesthetic cover has impacted on the service. A proposal was submitted to ICP 20-23 to establish a permanent CA Theatre. Currently 5 sessions are used. The scheme requested 15 sessions and was scored 19.77.		Action	Lead
			By when



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 28 NOVEMBER 2019

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 24 October 2019 were noted.

Members noted the action log and received updates on:

- **MG160** - WHSSC Policy Group Report - HTW had confirmed there would be no resource available to assist WHSST in undertaking policy compliance audit work but WHSST was free to learn from the HTW methodology. WHSST would look again at how to undertake clinical policy audits using internal resources.
- **MG172** - Draft Integrated Commissioning Plan 2020-23 – SL had discussed the WHSSC requirement for health needs analysis with WG and PHW. PHW will look into provision of temporary support from its new Knowledge Directorate and arrange for SL to attend a Directors of Public Health meeting to start to think about how WHSSC could engage with local Directors of Public Health to get the health board perspective.

3. Report from the Managing Director

Members received the Managing Director's report, which included:

- **Cystic Fibrosis Drugs** SL and AC shared their informal understanding of an agreement between WG and Vertex, which would be formally announced the following day. It was anticipated that the arrangement would be similar to the agreement between NHSE and Vertex, which would be very good news for CF patients.
- **Development of Plan for Tertiary Services Provided by CVUHB** CVUHB had recently asked health boards and Community Health Councils for comments on the work they are undertaking to develop a plan for tertiary services. The work was provider driven and the finalised plan would be used to inform, but not drive, WHSSC commissioning strategy in future. WHSST would be responding to CVUHB in those terms.

- **PET in South Wales: Additional Capacity via a Mobile Scanner**
A short term operational solution was proposed to address lack of capacity and planned replacement of the PETIC scanner at UHW. The long-term strategic work around PET configuration would be unaffected by the short-term proposal and would continue on an All Wales basis, including the engagement work being carried out by BCUHB.

Members noted the contents of the report.

4. 2020-23 Integrated Commissioning Plan (ICP) Update

Members received a presentation on the draft ICP, updated following the Joint Committee meeting on 12 November 2019. The updated total uplift required of 11.31%, but was 4.12% before the Major Trauma Centre and Advanced Therapeutic Medical Products were included.

5. Vascular Surgery Update

Members received and noted the content of a report the purpose of which was to provide an update about Vascular Surgery activity on contracts with English providers.

6. Review of South Wales Catheter Laboratory Capacity and Health Board Plans for Development

Members received and noted the content of a paper that provided an update on the work undertaken to review catheter laboratory capacity across south Wales in the context of repatriation of services to ABUHB and CTMUHB, and the regional discussion to date by clinicians regarding the future delivery of PCI.

7. Specialised Haematology Commissioning

Members received and noted the content of a paper regarding the specialised haematology services which are commissioned by NHS England and how these compares to those services commissioned by NHS Wales.

8. Major Trauma Operational Readiness (International Recruitment)

Members received a paper that provided a summary of the outcome of the initial Major Trauma Centre review meeting held between WHSSC and CVUHB and requested approval for the suggested approach for utilisation of slippage against approved in year recruitment to facilitate overseas recruitment for theatre practitioners.

Members:

- Noted the information presented within the report; and
- Approved the proposal that the non-recurrent costs of up to £14,400 per international recruit can be funded by any slippage from the Tranche 1 and 2 monies for up to 7 theatre practitioners on the basis that no precedent be set.

9. Perinatal Mental Health

Members received a paper the purpose of which was to present the SBUHB options for a Mother & Baby Unit located in south Wales, a benchmarking assessment of these options and a recommendation for a preferred option.

Members:

- Noted the clinical model presented within the paper;
- Noted the financial summary position;
- Supported a further discussion between SBUHB and WG regarding the availability of capital and the option appraisal process required to decide on the preferred capital option, to inform the final decision by the WHSSC Joint Committee; and
- Noted the further work required to define the options available for patients in Mid & North Wales.

10. WHSSC Policy Group Update

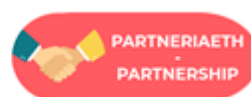
Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

11. Integrated Performance Report

Members received a report on the performance of services commissioned by WHSSC for September 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

12. Finance Report 2019-20 Month 7

Members received a report that set out the financial position for WHSSC for the seventh month of 2019-20, following a full review and release of reserves, being an under spend of £4,814k and forecast underspend of £4,108k for the full year.





CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 12 DECEMBER 2019

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 28 November 2019 were noted.

Members noted the action log and received updates on:

- **MG123** – South Wales Replacement Wheelchair Programme – WHSST due to meet with the service the following week. Carried forward to Jan 2020.
- **MG160** – WHSSC Policy Group: Policy audits – SL to re-visit HTW to determine whether resource might now be available, following its recent recruitment campaign. Carried forward to Jan 2020.
- **MG172** – 2020-23 ICP: Public Health input – SL scheduled to attend LHB directors of public health meeting. Carried forward to Jan 2020.
- **MG172** - 2020-23 ICP: Update paragraph on CF – insufficient information received from provider. Carried forward Jan 2020.
- **MG173** – Update on CHD Investment: Report required on reasons for outreach clinics not reaching expected activity levels – Information received, report to follow. Carried forward to Jan 2020.
- **MG175** – CVUHB Plan for tertiary services - Feedback received and WHSSC response issued. Action closed 12 Dec 2019.
- **MG177** – CHC Change form regarding ECP outreach service from Bristol – Form circulated. Action closed 9 Dec 2019.
- **MG178** – 2020-23 ICP Update – ATMP paper for IMs carried forward to Feb 2020.
- **MG179** – Redesign of cardiac pathway: CTMUHB Board paper – JK to circulate shortly (during Dec 2019).
- **MG181** – Major Trauma operational readiness – oral update provided on recruitment of three consultants and network manager; paper to follow. Carried forward to Jan 2020.
- **MG183** – Perinatal Mental Health: concerns regarding level of escalated costs for provision of two extra beds to be raised with

provider – Discussions continuing with welsh Government about overall proposition. Carried forward to Jan 2020.

WHSSC Strategy SL reported that progress on the WHSSC strategy for specialised services had been delayed because engagement with LHB boards was a crucial step and arranging meetings to facilitate this had proven very difficult. Several meetings had now taken place with CTMUHB and SBUHB scheduled for 19 December. The output would be brought to Management Group. It was noted that LHBs also needed to engage with their providers of specialised services not commissioned by WHSSC to develop their own strategies.

2020-23 Integrated Commissioning Plan (ICP) It was noted that Welsh Government's position on funding Major Trauma, ATMPs and IMTPs in general was anticipated to be shared the following week. An extraordinary Joint Committee meeting had been scheduled for 6 January 2020 to consider the ICP in this context. The next scheduled Management Group meeting was 23 January 2020 and a routine Joint Committee meeting was scheduled for 28 January 2020. A Management Group workshop was scheduled for February 2020 to consider further savings, including pathway savings, associated with specialised services. It was suggested that the ICP should include a description of other prospective savings that would be investigated during 2020-21 but were insufficiently certain to quantify in the Plan. There was currently no appetite from members for de-commissioning of services to achieve cost savings. SD explained that increases in Welsh specialised services investment consistently fell behind those in NHS England and that activity growth continued to increase, making decisions on savings very difficult; it was agreed that consideration of a policy approach to this was a matter for Joint Committee.

3. Report from the Managing Director

Members received the Managing Director's report, which included:

- **South Wales BMT Service** The service had been taken out of escalation.
- **Bridgend Boundary Change** CTMUHB and SBUHB were continuing to work together to disengage the services affected by the boundary change.

Members noted the contents of the report.

4. Cardiac Surgery Performance

Members received a paper that provided an update on cardiac surgery performance in south Wales. In summary it was noted that the performance at both centres was poor and that the only way to avoid further 36 week breaches was outsourcing but that the approach would be led by the providers and would be informed by the previous cardiac surgery outsourcing exercise.

Members noted the information presented within the report.

5. Paediatric Activity Blades

Members received a paper that informed them of the funding provided by Welsh Government for paediatric activity blades and requested approval for implementing the commissioning of this new prosthetic activity. Concern was noted regarding the access implications for patients as they matured to adults. It was agreed that this was a good Welfare of Future Generations example for specialised services and that some patient stories should be captured.

Members noted the funding provided by Welsh Government for paediatric activity blades and approved the proposed commissioning arrangements for this additional prosthetic activity.

6. Paediatric MRI

Members received a paper that provided information regarding the release of funding to implement the ICP Scheme for paediatric MRI capacity. Members raised questions regarding the detail of the proposal, including (1) clarification regarding access for all south Wales health boards, (2) what is driving demand, by speciality, and (3) whether transfers of service are required, so that all south Wales paediatric MRIs are commissioned by WHSSC. A further iteration of the paper will be presented to the January 2020 meeting.

7. WHSSC Policy Group Update

Members received a paper on the work of the WHSSC Policy Group and noted the information presented within the report.

8. Integrated Performance Report

Members received a report on the performance of services commissioned by WHSSC for October 2019 and noted the services in escalation and actions being undertaken to address areas of non-compliance.

In particular it was noted that cardiac and plastic surgery performance in south Wales were deteriorating but thoracic surgery performance had improved. The seventh PICU bed had opened. Cochlear implants were being carried out at UHW, Cardiff, following closure of the service at POW hospital in Bridgend. RTT performance in the cleft lip and palate service had improved.

9. Finance Report 2019-20 Month 8

Members received an oral report on the financial position for WHSSC for the eighth month of 2019-20 being an under spend of £4.3m and forecast underspend of £3.4m for the full year.

10. Other business

South Wales Immunology Service The RCP had been unable to approve the facility at its recent QIPS inspection, so would schedule a re-visit. CVUHB was looking to address the related facilities issues. A

nursing resource issue had also been identified. A paper would be brought to Management Group.

Proton Beam Therapy NHS England has identified a significant increase in paediatric indications for PBT and was increasing its capacity. NHSE was also trialling new indications and had requested participation Welsh patients; it was understood to be likely that these would be funded by a research source rather than the NHS.

Shrewsbury and Telford Hospital NHS Trust (SaTH) It was noted that SaTH was already in special measures and that inspectors had visited again and identified further issues in the Emergency Department.



WHSSC Joint Committee
28 January 2020
Agenda Item 3.4.2

Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Professor Vivienne Harpwood
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	11 December 2019
Summary of key matters considered by the Committee and any related decisions made.	
<p>The Panel planned for 27 November 2019 was cancelled due to neither the Chair nor Vice Chair being available. Urgent requests were treated as Chair Actions.</p> <p>The Panel held on 11 December 2019 was quorate in terms of Health Board representatives. 12 requests were considered by the Panel.</p>	
Key risks and issues/matters of concern and any mitigating actions	
Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit -12 November 2019 (Q3)	
<p>"The documentation provided by WHSSC was clear and comprehensive and fulfilled all assessment criteria. There continues to be an issue with panel meeting urgency timelines. A redaction was required to the paperwork before sending to QA members.</p> <p>In view of the high quality of the IPFR process documentation assessed by the group this quarter there are no actions to be shared across panels. There are no individual comments or actions for the WHSSC panel. The QA Group will continue to monitor applications quarterly to ensure the IPFR process is followed and documented according to the pre-defined criteria".</p>	
Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> None 	
Matters referred to other Committees	
None	
Confirmed Minutes for the meetings held on 11 December 2019 are available on request.	
Date of next meeting	22 January 2020

Reporting Committee	Quality Patient Safety Committee
Chaired by	Emrys Elias
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	21 January 2020

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

1. Committee Chair

Mr Emrys Elias (Vice-Chair Aneurin Bevan University Health Board) has formally been appointed as chair of the Committee and was welcomed to his first committee meeting. Cardiff & Vale University Health Board are also in the process of nominating an independent member to replace Charles Janczewski

2. Development Day/Self-Assessment

A date for the second development day will be arranged for the end March 2020. An invite will be extended to Health Board QPS Chairs and Quality Leads. This will be an opportunity to undertake the self-assessment and consider the first draft of the revised quality Assurance Framework and Escalation Process.

3. Patient Story

The committee received a patient story regarding Deep Brain Stimulation. A copy of the revised specialised services policy will be sent to members once published.

4. Renal Network Report

Members received a report and risk register from the Renal Quality Patient Safety Committee. A presentation will be received following a transport workshop which is to be arranged shortly.

5. Updates from the Commissioning Teams

Updates were received from each of the commissioning teams. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service is summarised below:

- Cancer and Blood**

The South Wales Bone Marrow Transplant service was removed from escalation in November. The three historical outstanding sarcoma reviews from Swansea Bay UHB have recently been received into WHSSC and will be considered by the commissioning team and will be presented back to the next committee. An improvement in the functioning of the MDT was noted and the cancer network are involved

in the work. The WHSSC team are working with Plastics to address delays within the waiting times reported within the RTT.

- **Cardiac**

It was noted that Liverpool Heart and Chest has been taken out of escalation following bi monthly meetings and an overall improvement. Cardiac surgery waiting times in both South Wales centres remain a concern and WHSSC are working with both providers to find a solution to address the issue. This has been escalated to the Executive Teams in both Health Boards. .

It has been reported that two water heater cooler units for the cardiac bypass machines at University Hospital Bristol have grown the environmental mycobacteria *Mycobacterium chimaera*. As a result a notification exercise for all patients has been undertaken. The Directors of Nursing and Medical Directors from the affected Health Boards have been notified. WHSSC have received the Trust action plan which will be monitored by the WHSSC quality team. This was also raised at the Service Level Agreement meeting held on the 16th January 2020.

A summary of serious untoward incidents were presented within the report and assurance given that appropriate actions had been taken. Any lessons learnt following the investigations will be shared across the network.

- **Mental Health & Vulnerable Groups**

The committee were informed that a paper was going to the next Management Group outlining the implementation plan for the revised Tier 4 Service Specification. It was noted that the North Wales CAMHS Service level of escalation had been reduced in January and the Health Board had been notified. Progress in the South Wales unit was also noted however a small number of issues remained outstanding which the Health Board hoped would be resolved by March, The WHSSC Corporate Directors Group would revive a report recommending de-escalation thereafter.

It was noted that the Care Quality Commission has undertaken an unannounced visit to the St Andrew's Healthcare Adolescent Unit in November. This had resulted in the unit having restriction placed on them. There is a Quality Assurance Board in place of which both WHSSC and the Quality Assurance Improvement Team (NCCU QAIT) are members.

QAIT also undertook a review of the Caswell Clinic (Adult Medium Secure) in May and the report was shared with the Health Board in November. The action plan from the Health Board remains outstanding.

- **Neurosciences and Complex Conditions**

Work on the pathway following the Regulation 28 briefing was ongoing. In December WHSSC received a Safety Notice notification relating to Vagus Nerve Stimulation (VNS) Generator Devices. This has been raised at the Neurosurgery Performance meeting in January and assurance received that appropriate action has been taken.

- **Women and Children's**

The Committee noted that a draft report had been received on the review of neonatal transport services for south and west Wales. Comments had been given back to the reviewer on accuracy and the final report was expected shortly. A telephone meeting had been arranged with the reviewer on 22nd January 2020 to determine timescales for receipt of the report. The predominant recommendation from the review is that there should be a 24 hour service led by a single provider with a co or closely located ambulance. The draft recommendations from the report have been submitted to both Management Group on 23rd January and Joint Committee on 28th January 2020 to determine next steps and timelines.

A report was received from the Neonatal Network Transport Sub Group. A concern regarding the lack of data from the North Wales Service was noted despite it having been escalated previously. It was agreed that this would be formally escalated within the Health Board. It was reported that there was a new Clinical lead in the North who was keen to resolve the issue. In addition the standardisation of equipment used on the transport services in the south remains a risk which will need to be addressed in a future model.

The Cochlear Service in CTMUHB remains in escalation level 4 and discussions remain ongoing with the Health Board. The investigation following a series of concerns raised by CVUHB remains outstanding. A meeting is planned with the Health Board on 22 January to discuss the long term plans and outstanding concerns with the service. It was confirmed that plans to address the current RTT have been put in place by CVUHB.

6. Corporate Risk Assurance Framework

Members received a copy of the CRAF. It was agreed that further work would be undertaken in the development day to fully explore the risk ratings which needed to be aligned to the escalation process.

7. Other Reports received

Members received reports on the following:

- CQC/HIW Summary Update
- WHSSC Policy Group
- Concerns and SUI report

Key risks and issues/matters of concern and any mitigating actions	
Summary of services in Escalation (Appendix 1 attached)	
Matters requiring Committee level consideration and/or approval	
North Wales Data from the neonatal transport service in North Wales remains outstanding	
Matters referred to other Committees	
None	
Confirmed Minutes for the meeting are available from http://www.whssc.wales.nhs.uk/quality-and-patient-safety-committee-con	
Date of next meeting:	17 March 2020

Summary of Services in Escalation



GIG
CYMRU
NHS
WALES

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



Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018	Cardiac Surgery	CVUHB	3	<ul style="list-style-type: none"> Failure to deliver and maintain the Referral to Treatment times targets 	Health Board Action Plan in place. Monthly Performance Meetings between WHSSC and the provider. Quality Monitoring visit took place in November 2019 with future meeting planned in February 2020.	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Bi-monthly performance meetings in place. Extraordinary performance meetings between WHSSC, CVUHB and SBUHB, in Aug Oct and Nov 2019, with a further meeting planned for February.	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	<ul style="list-style-type: none"> Failure to maintain cancer targets/capacity to meet patient need 	Cancer waiting times monitored by Bi-Monthly Performance Meetings with both providers. Escalation status currently being re-considered following improved performance – paper going to WHSSC Corporate Directors Group.	
March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Risks to service quality and sustainability 	Additional Clinical Nurse Specialist due to take up role in 2020.	

Summary of Services in Escalation



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					<p>Job Description for a second Sarcoma Consultant is currently with the Royal College for approval of job plan before advertising.</p> <p>Wales Cancer Network are continuing to work with MDT leads to develop diagnostic pathways for the single cancer pathway. Meeting in early March.</p>	
February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Failure to achieve maximum waiting times target 	<p>Health Board delivery plan in place. Monthly Performance Meetings in place between WHSSC and the provider. The long waiters are being reviewed, looking at any clinic risk and the need for outsourcing.</p>	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	<ul style="list-style-type: none"> Failure to achieve quality indicators (in particular, turnaround times) 	<p>Meeting to measure the Panel's performance against the new turnaround times to take place end of January.</p>	

Summary of Services in Escalation



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

May 2018	BMT (South Wales)	CVUHB	2	<ul style="list-style-type: none"> Risks to service quality 	<p>Service de-escalated December 2019 as identified risks have been mitigated - improvement in laboratory turnaround times, reduction in delayed admissions. Action plan outlining actions being taken following recent JACIE visit has been submitted.</p>	
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Summary of Services in Escalation



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
	North Wales Adolescent Service (NWAS)	BCUHB	3	<ul style="list-style-type: none"> Medical workforce and shortages and operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions 	QAIS annual assurance review was undertaken in December 2019. OoA placement figures remain low CDG Board on January 6 th received a paper with improvements in workforce and capacity noted. As a result a decision was made to support the reduction in the level of escalation to Level 2.	
March 2018	Ty Llidiard	CTMUHB	3	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance 	Quality Escalation meeting held on 9 th December 2019. Whist significant progress has been made RCA's from April incidents remain outstanding, Health Board confirmation of medical emergency response for the unit following merger and appointment of Clinical Lead. Positive verbal feedback received following the QNIC visit held on the 7 th November 2019 . Coroners date	
19 February 2016	Neurosurgery	C&VUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 week Referral to Treatment target 		


Summary of Services in Escalation



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June 2017	Paediatric Surgery	CVUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 weeks Referral to Treatment times 	Bi-Monthly Performance Meetings remain in place. Position improved and then worsened due to tax issue limiting additional anaesthetic support. Two Locum posts were due to be advertised as substantive posts shortly, taking the Paediatric Consultant Surgeon body to seven.	
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December 2017	Paediatric Intensive Care	CVUHB	2	<ul style="list-style-type: none"> Inadequate level of staffing to support the service 	7 th bed opened Nov 2019 following increased staffing levels recruited to. Bi-Monthly Performance Meetings in place to monitor activity and refusal of admissions.	
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Services Committee (WHSSC)

Summary of Services in Escalation

September 2019	Cochlear Implant Service	South Wales	4	<ul style="list-style-type: none"> Quality and Patient Safety concerns from C&V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service. The ability of the Bridgend service to deliver RTT waiting times by 31st March 	<ul style="list-style-type: none"> To date WHSS are still waiting for a risk assessment report from CTM UHB, this has been outstanding for a number of months. Four Datix concerns have been formally raised by the Cardiff service and a further three are in the process of being completed C&VUHB have taken on the care of all urgent patients and those who require surgery by the end of March 2020 in order to deliver RTT waiting times. 	
October 2019	Paediatric Sarcoma	South and parts of mid Wales	4	<ul style="list-style-type: none"> Advised by the provider of the Paediatric Sarcoma service (Birmingham Children's Hospital) that they had temporarily suspended their service. 	<ul style="list-style-type: none"> Alternative pathways had already been put in place by Birmingham and they have advised all referrers of these arrangements. 	

Reporting Committee	Welsh Renal Clinical Network
Chaired by	Interim Chair, Welsh Renal Clinical Network
Lead Executive Director	Director of Finance
Date of last meeting	27 November 2019
Summary of key matters considered by the Committee and any related decisions made.	
<ul style="list-style-type: none"> • First meeting of the Project Board for the Transformation IT project <ul style="list-style-type: none"> ○ 5 workstreams / programmes (Application attached) ○ Transformative approach to working and the use of IT across Wales ○ One Renal IT system for Wales with national integration with other critical systems ○ Addressing concerns re drugs administration and quicker more reliable prudent switching to more cost-effective alternative treatments ○ Direct and proactive engagement with Primary Care to identify patients with declining renal function earlier ○ Core critical information collated to share across HBs ○ Ongoing engagement with the large number of organisations within Welsh Health Informatics with widespread support ○ Approval, in principle, of this work from the Committee would be extremely helpful • Appointment of a Lead Clinician (Dr Gareth Roberts) who will start on Feb 1st • Finance - in balance and all contracts within Wales and with NHSE providers on track • Agreement on common clinical pathway and LTA between BCUHB Nephrology team and SATH in England • Transport – Renal Hub reporting data regularly. Engagement with EASC at patient rep and managerial levels to ensure that standards agreed are adhered to. • First peer review visit focussing on Home dialysis treatments due in Early 2020 – North wales 	
Key risks and issues/matters of concern and any mitigating actions	
<ul style="list-style-type: none"> • Rate of progress in the BCUHB dialysis unit expansion project – face to face meeting planned late January 2020, with the BCU clinical and management team, Procurement and the Independent Sector providers • Home dialysis Contract variances – face to face meeting planned in BCUHB for late January to resolve this issue 	

Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> • Support in principle for the Transformational IT programme 	
Matters referred to other Committees	
Nil	
Annexes:	
Date of next meeting	29 January 2020