

Bundle WHSSC Joint Committee - In Public 8 September 2020

Agenda attachments

00 Agenda Public (Eng).docx

- 1 09:30 - PRELIMINARY MATTERS
 - 1.1 Welcome and introductions
 - 1.2 Declarations of Interest
 - 1.3 Accuracy of Minutes from 14 July 2020
 - 1.3 Unconfirmed JC (Public) Minutes 14.07.2020 v0.2.docx
 - 1.4 Action Log and Matters Arising - NO OUTSTANDING ACTIONS
 - 1.5 09:40 - Report from the Chair
 - 1.5 Report from the Chair v1.0.docx
 - 1.5 Revision to Standing Orders - Ltr to JC 14 July 2020.pdf
 - 1.6 09:45 - Report from the Managing Director
 - 1.6 Report from the Managing Director.docx
- 2 ITEMS FOR DECISION AND CONSIDERATION
 - 2.1 09:50 - TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic
 - 2.1 TAVI paper for JC.docx
 - 2.2 10:05 - Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales
 - 2.2 MBU Permanent Solution Options Appraisal JC v5.docx
 - 2.2 (i) Appendix 1 Standards Scoring.xlsx
 - 2.2 (ii) Appendix 2 Local Factors Scoring.docx
 - 2.2 (iii) Appendix 3 Overall Ranking - Scoring v3.xls
 - 2.3 10:20 - Major Trauma Network Readiness Assurance Update
 - 2.3 MTN Final Readiness Assurance Update JC.pdf
 - 2.4 10:35 - Sub-Committee 2019-20 Annual Reports (i) Welsh Renal Clinical Network
 - 2.4 (i) WRCN Annual Report 2019-20 -FINAL.docx
 - 2.4 (i) WRCN Work Plan.xls
- 3 ROUTINE REPORTS
 - 3.1 10:45 - Financial Performance Report M4 2020/21
 - 3.1 Financial Report Month 4 20-21 WHSSC.docx
 - 3.1 Copy of July 2020 Financial Risk Sharing tables.xlsx
 - 3.2 11:00 - Reports from the Joint Sub-Committees
 - 3.2.1 Management Group Briefing August 2020
 - 3.2 (i) MGM Core Brief v1.0.pdf
 - 3.2.2 Integrated Governance Committee
 - 3.2 (ii) IGC Chair's Report August 2020.docx
 - 3.2.3 Quality and Patient Safety Committee
 - 3.2 (iii) QPS Chair's Report to JC 8 September 2020.docx
 - 3.2.4 Individual Patient Funding Request Panel
 - 3.2 (iv) IPFR Chair report.docx
 - 3.2 (iv) Annex A Report to JC - Aug 2020.docx
 - 3.2.5 Welsh Renal Clinical Network
 - 3.2 (v) WRCN Chairs Report WHSSC September 2020.docx
- 4 11:10 - CONCLUDING BUSINESS
 - 4.1 Any Other Business
 - 4.2 Date of next meeting (scheduled)



WHSSC Joint Committee Meeting held in public Tuesday 8 September 2020 at 09:30

Virtual Quorum Basis Meeting

Consent Agenda

Item	Lead	Paper / Oral	Time
1. Preliminary Matters			
1.1 Welcome, Introductions and Apologies	Chair	Oral	09:30 – 09:40
1.2 Declarations of Interest	Chair	Oral	
1.3 Accuracy of the Minutes of the Meeting held 14 July 2020	Chair	Att.	
1.4 Action Log and Matters Arising – NO OPEN ACTIONS	Chair	Att.	
1.5 Report from the Chair	Chair	Att.	09:40 – 09:45
1.6 Report from the Managing Director	Managing Director	Att.	09:45 – 09:50
2. Items for Consideration and/or Decision			
2.1 TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic	Director of Finance	Att.	09:50 – 10:05
2.2 Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales	Director of Planning	Att.	10:05 – 10:20
2.3 Major Trauma Network Readiness Assurance Update	Director of Planning	Att.	10:20 – 10:35
2.4 Sub-Committee 2019-20 Annual Reports i. Welsh Renal Clinical Network	Committee Secretary	Att.	10:35 – 10:45

3. Routine Reports and Items for Information				
3.1	Financial Performance Report – M4 2020/21	Director of Finance	Att.	10:45 - 11:00
3.2	Reports from the Joint Sub-Committees	Joint Sub-Committee Chairs	Att.	11:00 - 11:10
	i. Management Group Briefings			
	ii. Integrated Governance Committee			
	iii. Quality and Patient Safety Committee			
	iv. Individual Patient Funding Request Panel			
	v. Welsh Renal Clinical Network			
4. Concluding Business				11:10 - 11:15
4.1	Any Other Business	Chair	Oral	
4.2	Date of next meeting (Scheduled)	Chair	Oral	
	- 10 November 2020 at 13:30 - To be confirmed			

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 14 July 2020
by MS TEAMS**

Members Present:

Vivienne Harpwood	(VH)	Chair
Carole Bell	(CB)	Director of Nursing and Quality Assurance, WHSSC
Stuart Davies	(SD)	Director of Finance, WHSSC
Emrys Elias	(EE)	Independent Member/ Q&PS Committee Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore (for part)	(SM)	Chief Executive Officer, Hywel Dda UHB
Tracy Myhill	(TM)	Chief Executive Officer, Swansea Bay UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Ian Phillips	(IP)	Independent Member
Len Richards	(LR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jenny Thomas	(JT)	Medical Director, WHSSC

Deputies

Nick Lyons	(NL)	Medical Director, Cwm Taf Morgannwg UHB
Adrian Tomkins	(AT)	Associate Director Of Healthcare Contracting, Betsi Cadwaladr UHB

Apologies:

Simon Dean		Interim Chief Executive Officer, Betsi Cadwaladr UHB
Kieron Donovan		Affiliate Member/ Chair, Welsh Renal Clinical Network
Paul Griffiths		Independent Member, CTMUHB
Sharon Hopkins		Interim Chief Executive Officer, Cwm Taf Morgannwg UHB

In Attendance:

Iolo Doull	(ID)	Deputy Medical Director, 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:

Michaela Henderson	(MH)	Corporate Governance Officer, WHSSC
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The meeting opened at 13:40hrs

JC20/015	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held via MS Teams on a quorum basis with a consent agenda. It was noted that a quorum had been achieved.</p> <p>Apologies were noted as above.</p> <p>Written questions from members and answers had been published in advance of the meeting and would be embedded within the meeting papers.</p>
JC20/016	<p>Declarations of Interest</p> <p>The Joint Committee noted the standing declarations. No additional declarations were made.</p>
JC20/017	<p>Minutes of previous meetings</p> <p>The Joint Committee approved the minutes of the meetings held on 14 May 2020 as true and accurate records subject to one amendment in the list of Members present.</p>
JC20/018	<p>Action Log and Matters Arising</p> <p>The Joint Committee noted there were no outstanding actions and no matters arising not dealt with elsewhere on the agenda.</p>
JC20/019	<p>Report from the Managing Director</p> <p>The Joint Committee received a report from the Managing Director which included updates on the Mother & Baby unit, IVF, the Swansea mobile PET scanner, the PET international webinar and NCCU expenditure on mental health services for the COVID-19 period.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note the content of the report.</p>
JC20/020	<p>Paediatric Ketogenic Diet for South Wales</p> <p>The Joint Committee received a report providing a description of the current concerns and risks associated with the implementation of the Integrated Commissioning Plan scheme for the Paediatric Ketogenic Diet service at Cardiff and Vale UHB, as a result of a funding shortfall on one of the key posts for the service.</p> <p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p>

	<ul style="list-style-type: none"> • Note the concern and risks associated with not implementing the Ketogenic Diet service in south Wales and that the investment was supported in principle by Management Group; and • Approve the funding of the dietician element to allow the Ketogenic Diet service to be developed in NHS Wales.
JC20/021	<p>All Wales Traumatic Stress Quality Improvement Initiative</p> <p>The Joint Committee received a report informing Members of the confirmation of funding from Welsh Government for the All Wales Traumatic Stress Quality Improvement Initiative (AWTSQII).</p> <p>Members noted Welsh Government had not been able to provide a formal funding letter in time for the meeting but noted the copy email from Jo Maddaford, Head of Children's Mental Health and Vulnerable Groups confirming Welsh Government would be providing funding as agreed.</p> <p>CS reported that the Mental Health Network would be looking at the AWTSQII in general and specifically considering what could be done for patients who suffered post-traumatic stress as a consequence of severe Covid-19.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the commissioning arrangements for the AWTSQII; and • Note the attached final proposal for the AWTSQII.
JC20/024	<p>Integrated Commissioning Planning 2020-23</p> <p>The Joint Committee received a suite of documents describing the WHSS Team approach to the 2020-23 Integrated Commissioning Plan (the Plan) for specialised services during the Covid-19 pandemic. The following documents were included:</p> <ol style="list-style-type: none"> 1. Approach to the implementation of the schemes within the 2020-23 WHSSC Integrated Commissioning Plan which was supported by Management Group on 4 June 2020; and 2. Development of the WHSSC 2021-24 Integrated Commissioning Plan. A new paper which will also be considered by Management Group on 16 July 2020; and 3. Prioritisation of new interventions during the Covid-19 pandemic. A new paper which will also be considered by Management Group on 16 July 2020. <p>KP explained that work was underway to understand the potential for in-year service development of new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.</p>

	<p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>Members agreed the need to maintain flexibility in planning in the current Covid-19 climate was imperative and acknowledged that the Plan would probably need to change over time.</p> <p>The Joint Committee consented to the Recommendations set out in the papers, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the documents and consider the individual papers presented, specifically: <ul style="list-style-type: none"> ○ Note the approach to new investment agreed for 2020-21 by Management Group; and ○ Support the revised process for the development of the WHSSC 2021-24 Integrated Commissioning Plan; and ○ Support the revised process for the prioritisation of new interventions during the Covid-19 pandemic; and ○ Note the work underway regarding new interventions which may offer alternative treatment options for patients which reduce the risks of Covid-19 harm.
JC20/025	<p>Risk Assessment of the Provision of Specialised Services during the Covid-19 Pandemic</p> <p>The Joint Committee received a report describing the risk management approach being taken by WHSSC during the Covid-19 pandemic.</p> <p>VH reported a question had been submitted by a Member and the Member in question noted that the written response provided by the WHSS Team was satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the papers, namely to:</p> <ul style="list-style-type: none"> • Support the approach being taken to risk management during the COVID-19 pandemic; • Note that the CRAF continues to be monitored; • Note that risk assurance being undertaken on individual services; • Note the additional strategic risks detailed above and their link to the risk appetite statement.
JC20/026	<p>Independent Hospitals Commissioning</p> <p>The Joint Committee received a report updating Members on the commissioning of independent hospitals in Wales for the initial three month period to 6 July 2020 and the extension period to 6 September 2020.</p>

	<p>SD reminded Members six hospitals had been commissioned from the outset but noted the arrangement had only been extended with four of the hospitals. SD reported it would be for local health boards to contract directly with the independent hospitals beyond 6 September, committing their own funding, but the WHSS Team would be available to assist in the process. SD noted NHS England was extending similar English contracts for two months but for reduced capacity.</p> <p>VH reported questions had been submitted by Members and the Members in question noted that the written responses provided by the WHSS Team were satisfactory.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • Receive assurance that there are robust processes in place to ensure delivery of effective commissioning arrangements for independent hospitals capacity; and • Note the progress to date and the indications for the remaining contract period.
JC20/027	<p>Major Trauma Network 'Go Live' Update</p> <p>The Joint Committee received a report updating Members on the progress made to determine readiness of the south Wales Trauma Network and to recommend a 'Go Live' date for the Network.</p> <p>The Joint Committee consented to the Recommendations set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that the Trauma Network is ready to go live as presented in the attached report; and • Approve that the network should go live on Monday 14 September 2020.
JC20/028	<p>WHSSC Protocol for Dealing with Concerns and Complaints</p> <p>The Joint Committee received the updated and amended version of the WHSSC Protocol for Dealing with Concerns and Complaints (the Protocol) that reflected changes to the structure of the WHSS Team, including addition of the Quality Assurance team, and improved clarity around the process for concerns regarding the function of the WHSS Team.</p> <p>The Joint Committee approved the updated and amended Protocol.</p>
JC20/029	<p>Sub-Committee 2019-20 Annual Reports</p> <p>The Joint Committee received a report presenting the Sub-Committee 2019-20 Annual Reports.</p>

	<p>MH noted the 2019-20 Annual Report for the Welsh Renal Clinical Network was outstanding and would be presented at the September meeting for noting.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to note and receive the Sub-Committee 2019-20 Annual Reports.</p>
JC20/030	<p>Sub-Committee Self-Assessments</p> <p>The Joint Committee received a report providing Members with information and assurance relating to the Annual Self-Assessment Exercise for 2019-20.</p> <p>The Joint Committee consented to the Recommendation set out in the report, namely to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that the Annual Self-Assessment Exercise for 2019-20 had been completed and appropriate actions agreed.
JC20/031	<p>Financial Performance Report</p> <p>The Joint Committee received a report setting out the financial position for WHSSC for the Month 2 of 2020-21.</p> <p>SD reported since the papers had be distributed Month 3 had closed with an increased forecast year end under spend of around £6M.</p> <p>LR queried private sector costs and SD reported that for the first three months of the year Welsh Government were funding those costs and therefore there would be no impact to the WHSSC bottom line position but that for the extended period to 6 September the costs would be funded by the Health Boards, unless Welsh Government reversed its current position and stepped in to cover them.</p> <p>The Joint Committee consented to the Recommendation set out in the paper, namely to note the current financial position and forecast year end position.</p>
JC20/032	<p>Reports from the Joint Sub-Committees</p> <p>The Joint Committee received the reports from the Joint Sub-Committees.</p> <p>CB reported that Q&PS Committee would be undertaking a Development Day on 15 September.</p> <p>CB flagged an issue under the Mental Health and Vulnerable Groups section of the Report from the Chair of the Quality & Patient Safety</p>

	<p>Committee and noted there would be a fuller discussion on the matter 'In Committee'.</p> <p>The Joint Committee consented to the Recommendation to note the content of the reports from the Joint Sub-Committees.</p>
JC20/033	<p>Any Other Business</p> <p><i>WHSSC Standing Orders</i> KS reported receipt of the Welsh Health Circular that directed changes to the Health Board and WHSSC Standing Orders relating to the ability to keep Chairs and Independent Members in post for longer than the limitations currently stated. KS noted that WHSSC would be taking Chair's Action to deal with the change to the Standing Orders, which would then need to be approved by each of the Health Boards.</p>
JC20/033	<p>Date and Time of Next Scheduled Meeting The Joint Committee noted the next scheduled meeting would take place at 09:30hrs on 8 September 2020.</p>

The meeting ended at 14:20hrs.

Chairman

Date.....



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

		Agenda Item	1.5
Meeting Title	Joint Committee	Meeting Date	08/09/2020
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)		Public / In Committee	Public

Purpose	The purpose of this paper is to provide Members with an update of the key issues considered by the Chair since the last report to Joint Committee.			
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RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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		Meeting Date	
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report; • Ratify the Chair's Action. 		

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Chair's Action

I wrote to Joint Committee Members on 14 July 2020 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Paul Griffiths, an Independent Member of WHSSC, I had taken Chair's Action to approve temporary amendments to the WHSSC Standing Orders.

A copy of the letter is attached as an appendix.

You are asked to ratify this Chair's action.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the report;
- **Ratify** the Chair's Action.

5. APPENDICES/ ANNEX

Letter detailing Revision of WHSSC Standing Orders dated 14 July 2020.

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

WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Revision of Standing Orders

It is necessary to ensure that the WHSCC Standing Orders ("WHSSC SOs") are kept up to date and take account of any developments. Whilst WHSSC is responsible for review of its own standing orders it is informed by Model standing orders issued using the Welsh Ministers power of direction in accordance with the National Health Service (Wales) Act 2006.

The WHSSC Governance and Accountability Framework ("GAF"), which comprises the WHSSC SOs and certain associated documents, was reviewed in the context of the new Model standing orders issued by Welsh Government under Welsh Health Circular 2019/027 in September 2019.

On 5 July 2020, in response to the suspension of recruitment to public appointments in Wales, the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 came into force. The purpose of these Regulations is to dis-apply the maximum tenure of office contained in the specified regulations for NHS board/committee non-officer members for a time limited period.

WHSSC received Welsh Health Circular 2020/111 on the 9 July outlining the amendments required to the WHSSC SOs in response to these Regulations and these changes are set out below.

The amendments, shown below in **red**, are required to the WHSSC SOs with immediate effect. They will cease to have effect on the 31 March 2021 or where an appointment(s) has been made under the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 at the end of that term, whichever is the later.

1.4 Appointment and tenure of Joint Committee members

1.4.1 The Chair, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of

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

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned G1, The Willowford,
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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*

more than 8 years, *with the exception of those appointed or reappointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.2 The Vice Chair and two other Independent Members shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board, *with the exception of those appointed or re-appointed in accordance with Regulation 4 of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020. These members will hold office in accordance with the terms of their appointment or re-appointment.* Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

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 vary elements of the GAF and, in particular in response to the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020, the above changes shown in **red** above will temporarily be made to the WHSSC SOs.

I am also taking action to recommend the amended WHSSC SOs being taken forward for approval by the seven Welsh local health boards.

This matter will be reported on at the next Joint Committee meeting 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*



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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	
Meeting Title	Joint Committee	Meeting Date	08/10/2020
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 Performance Framework

Throughout the pandemic WHSSC has applied a light touch to commissioning processes, standing down all routine meetings to support provider Health Boards (and Trusts in England) in responding to Covid-19. However this has led to limitations in our understanding of the delivery of services during the pandemic and therefore a more limited ability to provide assurance to Joint Committee. There is now an opportunity to reset and develop a commissioner assurance process that is clear and transparent, provides the appropriate level of assurance, measuring what matters and also supports the continued development and improvement of specialised services. This will build on the risk assurance approach recently considered by the committee. A paper has now been developed outlining this framework and initial discussions held with Management Group and Directors of Planning to help shape the approach. There will also be further discussions across Health Boards and with Welsh Government officials to align with the work with the expected nationally mandated framework prior to a final discussion with Joint Committee. It is expected that this Framework will sit alongside the WHSSC ICP for 2021 and beyond.

2.2 Radio-frequency Ablation for Barrett's Oesophagus

A new WHSSC commissioned service for south Wales at Llandough Hospital has started treating patients as part of the nationally commissioned Barrett's RFA Service. Barrett's Oesophagus is a pre-malignant inflammatory condition. Previously there were ad hoc arrangements with patients travelling to Gloucester or being unable to accessing treatment and in the worst case undergoing removal of the oesophagus. A virtual opening event was held on the 19th of August 2020 by Cardiff and Vale UHB and attended by the Minister for Health, the Chairman of the Barrett's Oesophagus Cross Parliamentary Group (Dr Dai Lloyd) and members of the patient support group.

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		



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

		Agenda Item	2.1
Meeting Title	Joint Committee		Meeting Date
Report Title	TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic		
Author (Job title)	Specialised Services Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Choose an item.

Purpose	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> Understand the impact of the COVID-19 pandemic on the management of severe aortic stenosis (AS) Agree the short term commissioning arrangements for TAVI during the pandemic Agree the financial arrangements for TAVI for the year 			
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	29/07/2020
	<p>Members are asked to:</p> <ul style="list-style-type: none"> Note the information and risks presented within the report Support the following recommendations: <ul style="list-style-type: none"> A short term change to the current TAVI policy to include the intermediate risk patient group during COVID-19 Providers submit a monthly report to WHSSC outlining the activity undertaken and how prioritisation has been made for the high and intermediate risk patients. Support the recommendation that WHSSC does formally 		

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)

SBUHB & C&VUHB

1.0 SITUATION

This paper outlines the current situation and the impact of the COVID-19 pandemic on the management of severe aortic stenosis and the evidence to support the short term commissioning arrangements for TAVI for the intermediate patient group during the pandemic.

2.0 BACKGROUND

Cardiac Services are identified as being one of a number of specialised services where there is a high risk of mortality or substantial harm due to limited access to acute hospital beds, insufficient chronic disease management or surgery.

The elective services have been severely disrupted and curtailed by the pandemic, creating huge challenges for clinical teams and patients, in particular patients with Aortic Stenosis (AS).

A guide for delivering essential cardiac services was circulated to all Health Boards by Welsh Government in May 2020. This guide, in the main focuses on arrhythmia, coronary disease and valvular heart disease.

Significant heart valve disease is linked to a worse prognosis for the patient, and is associated with a **35-75%** higher risk of death compared to those without significant valvular disease. Prognosis of patients with symptomatic aortic stenosis is worse than most cancers. No medical therapy influences outcome, and the only available prognostic treatment is valve replacement/implantation.

AS is common and affects patient groups particularly vulnerable to a poor outcome with COVID-19 infection, with an overall prevalence of clinically significant AS in those greater than 70 years approximately 1%–3%.

While surgical valve replacement (SAVR) was the treatment of choice for decades, trans-catheter aortic valve implantation (TAVI) has become an increasingly safe and effective treatment option in patients at high or intermediate risk.

The current WHSSC Commissioning Policy for TAVI (CP58) gives access to TAVI for patients with severe, symptomatic aortic stenosis deemed to be at high surgical risk or are deemed inoperable but the TAVI MDT concludes that significant symptomatic and/or survival benefit will be offered by TAVI e.g. porcelain aorta.

There is a growing body of evidence that TAVI is suitable for patients deemed to be at intermediate risk. The PARTNER 2A study (published in 2016) has demonstrated a survival advantage for Trans Femoral TAVI over conventional SAVR in patients deemed to be at intermediate risk from surgery by a multidisciplinary heart team, with a Society of Thoracic Surgeons guideline predicted risk of mortality score of 4-8%.

In 2017 the SURTAVI trial reported equivalent mortality but reduced risk of stroke with TAVI compared to SAVR in intermediate-risk patients. It should be noted that whilst the clinical evidence is growing, further understanding of the cost effectiveness of TAVI in the intermediate risk group is required. As part of the Aortic Stenosis Strategy WHSSC have commissioned Health Technology Wales (HTW) to undertake a rapid review of the evidence with the report expected in September 2020.

Patients at lower risk are now also being studied; for completeness and to inform the future commission intentions, WHSSC will need to commission a review of the lower risk patients at a later date but within this financial year.

Cardiac centres have needed to modify patient pathways to ensure those patients considered most at risk to be able to access urgent cardiac care and reduce mortality and morbidity risks.

Centres have reviewed patients on cardiac surgery waiting lists for SAVR and the heart MDT where appropriate have changed modalities for a small number of patients.

In June 2020, the clinical team at SBUHB sought advice from WHSSC in regards to the ongoing process for authorisation for patients who are intermediate risk with severe, symptomatic aortic stenosis where the Structural Heart MDT has deemed TAVI suitable for expediency of care and restored prognosis. This is particularly in light of the current operational restrictions brought about by the pandemic.

3.0 ASSESSMENT

During the COVID-19 pandemic access to cardiac surgery has been limited to emergency or very urgent cases. The long waiting times for cardiac surgery in Wales are well rehearsed and the impact of COVID-19 has resulted in waiting times for urgent and planned elective cases at the 2 Welsh Centres (LHCH not available at time of report) increasing further. Tables 1 and 2 below depicts the > 26 weeks waiting times as of the end of March 2020 as compared to the most recent available data as of the end of May 2020.

Table 1 - C&VUHB

Month	Total	26-35	36-52	52+
Mar-20	237	44	38	1
May-20	245	61	55	21

Table 2 - SBUHB

Month	Total	26-35	36-52	52+
Mar-20	214	28	6	0
May-20	199	37	25	0

As described above some of the most urgent cases on the waiting lists relate to patients with AS.

Whilst the waiting time data is not available for LHCH at the time of report it is understood that the main 3 centres for Welsh patients have reviewed their waiting lists and where appropriate and on the balance of new risk (from COVID)/ benefit have converted some patients from SVAR to TAVI. The WHSS team have arranged a follow up meeting with LHCH colleagues and will provide an update to the group.

The Welsh Government Document, 'Leading Wales out of the COVID pandemic: A Framework for recovery' reflects the need to consider 4 types of harm in which Covid-19 related impact or harm could affect the people of Wales:

1. Direct harm to individuals from COVID-19 infection and complications for those who develop severe disease and, in some cases may die as a result;
2. The harm caused if services including the NHS became overwhelmed due to any sudden large spike in demand from patients with COVID-19 on hospitals, critical care facilities and other key services;
3. Harm from non-COVID-19 illness, for example, if individuals do not seek medical attention for their illness early and their condition worsens, or more broadly from the necessary changes in NHS service delivery made during the pandemic in Wales to pause non-essential activity;
4. Socioeconomic and other societal harms such as the economic impact on certain socioeconomic groups of not being able to work, impacts of businesses of being closed or facing falling customer demand, psychological harms to the public of social distancing and many others.

Taking the above into consideration in regards to TAVI establishes that harm could be experienced if patients with AS currently waiting on the Cardiac Surgery in-patient waiting list have greater delays to treatment due to reduced theatre capacity. Timely and effective management of AS patients is critical as it carries a very high mortality making the risk on the waiting list high.

Decompensated patients spend a long time in hospital when not treated, using valuable and limited resources and increasing their vulnerability to COVID-19.

As well as the above, rationale for performing TAVI in the Intermediate risk patients (where risk stratified by the structural Heart MDT) as opposed to SAVR in the Covid-19 pandemic is therefore:

- Unlike SAVR, TAVI does not usually require a critical care resource
- Length of stay is short, reducing the risk of acquiring COVID-10 during the hospital stay
- The literature shows equivalent outcomes to SAVR in High and Intermediate risk patient groups

Pending the full outcome of HTW review the published evidence on TAVI (based on the NHS Scotland review) for the intermediate risk group indicates only that TAVI may be non-inferior to surgery. However, the health economic case is not made with an incremental cost effectiveness ratio of over £98,000 (QALY gain 0.17 and cost increase of £12,945) compared to the normal ICER willingness to pay threshold of between £20,000 to £30,000. It should be noted that if there were no offsets in cost from surgical device savings then the theoretical ICER would steeply rise further.

The WHSS Team have considered the above and given the current situation and risks around cardiac surgery at this time propose that the decision for undertaking TAVI can be devolved to the Heart MDT to manage capacity for the best benefit of individual patients. However, WHSSC are not at this point formally commissioning additional TAVI for intermediate risk patients. This would be reviewed in December 2020.

3.1 Funding Arrangements

Due to the current ongoing COVID-19 situation WHSSC has agreed a block contract with providers covering performance against all services. During this time there has been underperformance on cardiac surgery. Table 3 depicts activity across the 3 centres since March 2020.

Table 3 Cardiac Surgery and TAVI Activity

Centre	TAVI @ Month 2	Cardiac Surgery @ Month 2	Average Monthly TAVI Volumes pre COVID-19	Average Monthly Surgical Volumes pre- COVID-19
C&VUHB	25	34	12	65
SBUHB	9	7	16	60
LHCH *	4	14	3.5	36.5

* Welsh activity only. Total activity not available at time of report.

It should be noted that the fall in cardiac surgery activity post COVID is against a background where both centres have consistently failed to deliver cardiac surgery contracted levels. The level of contract performance for 2019/20 was 591 against a contract of 728 for SBUHB and 699 against a contract of 800 for CVUHB. WHSSC has not received any plans from providers which indicate a short term return to even these levels of performance.

The scale of the underperformance across the contract due to the COVID-19 constraints means that there will have been material savings on specialised services retained by the providers. WHSSC continues to monitor these levels which are now material.

Under the block contract arrangements currently in place full contract income has been provided to both providers despite material underperformance across nearly all specialties. Under the agreed arrangements WHSSC pays for excluded drugs and device costs (including TAVI) on a pass through or as incurred basis. WHSSC intends to continue to honour this up to outturn levels for 2019/20, which for TAVI was 121 for SBUHB and 143 for CVUHB.

The WHSSC position is that as WHSSC is not commissioning additional TAVI for intermediate risk patients any device costs incurred represents further service shift and must be funded by the provider within the substantial underspend on the contract that is currently being retained by both providers. It is important to note that the providers will be materially underspending against both the pay and non-pay costs of underperforming cardiac surgery including device costs which are not part of the pass-through arrangements for TAVI devices. The WHSSC position is that the expectation of providers that health boards should pay more for additional TAVI but have no offset at all for cardiac surgery device underspend is not reasonable or appropriate and is not the intention of the protection offered by block contract arrangements. At between £15,000 to £18,000 per device this represents a material additional financial risk to commissioning health boards.

This principle was discussed at the WHSSC Management Group at the meeting of 20th August 2020 and was strongly supported by all commissioning health boards. The WHSSC position was not agreed by SBUHB and CVUHB. A clear majority of health boards 5 compared to 2 were in favour of the WHSSC proposed position.

It is noted that feedback received after the meeting from 1 health board suggests that the WHSSC offer position is too generous and pass through payments should be limited to outturn volumes (100 per centre) and not 2019/20 outturn performance.

The position of SBUHB and CVUHB is that WHSSC should fund any level of additional TAVI performance even that which is not formally commissioned to remain consistent with the nationally agreed block contract and pass-through agreement. Their position is that the provider health boards are not gaining by any of the material underperformance and are effectively returning surpluses via the monitoring arrangements in place between them and Welsh Government which determine the overall level of COVID financial support available.

3.2 Monitoring Arrangements

In order to monitor the activity for TAVI in both groups and have assurance regarding systematic, fair patient selection and prioritisation it is proposed that the services provide a monthly report outlining the activity undertaken and how prioritisation has been made for the high and intermediate risk patients and the outcome for the patients.

As previously agreed as part of the 2019/20 ICP, PROMS and PREMS should be collected and propose that this information is provided at the end of the proposed new arrangement and then ongoing each quarter as agreed.

3.3 Conclusion

- The COVID-19 pandemic has materially impacted on the delivery of cardiac surgery and in cardiovascular care in general
- The risks of longer waiting times for patients with severe symptomatic AS is high, leading to a need to change the AS pathway during the pandemic, with a need to consider a different risk/ benefit balance
- A systematic, fair patient selection and prioritisation needs to be mandatory

4.0 Recommendation

Members are asked to:

- **Support** the recommendation that WHSSC does formally change the commissioning policy to include intermediate risk patients but allows decision making on individual cases to be taken by clinical discretion through the MDT process.
- **Approve** the WHSSC position regarding funding in that payments under the block contract and pass through arrangements for TAVI devices will be limited up to 2019/20 outturn levels.

RECOMMENDATIONS

Members are asked to:

- **Note** the information and the risks in the report
- **Support** the following recommendations:
 - A short term change to the current TAVI policy to include the intermediate risk patient group during COVID-19
 - The Providers to submit a monthly report to WHSSC outlining the activity undertaken and how prioritisation has been made for the high and intermediate risk patients.



Link to Healthcare Objectives		
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.	
Link to Integrated Commissioning Plan		
Health and Care Standards	Safe Care Effective Care Timely Care	
Principles of Prudent Healthcare	Care for Those with the greatest health need first Only do what is needed 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	The impact of Covid-19 for cardiac patients are described in the paper	
Resources Implications	The resource implications are outlined in the paper	
Risk and Assurance	The increased risk of cardiac surgery at the current time is outlined in the report	
Evidence Base	The clinical evidence supporting the proposal is outlined in the report	
Equality and Diversity	There are no equality implications in the report	
Population Health	To ensure equitable access for all patients in Wales.	
Legal Implications	There are no legal implications associated with this report	
Report History:		
Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board	29.07.20	Minor amendments
Management Group	20.08.20	Minor amendments



GIG
CYMRU
NHS
WALES

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

		Agenda Item	2.2
Meeting Title	Joint Committee	Meeting Date	08/09/2020
Report Title	Options Appraisal for a Permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in Wales		
Author (Job title)	Specialised Services Planning Manager for Vulnerable Groups		
Executive Lead (Job title)	Director of Planning WHSSC	Public / In Committee	Public

Purpose	The purpose of this paper is to inform members of the options appraisal exercise and scoring of the short listed options for a permanent Perinatal Mental Health In Patient Mother and Baby Unit (MBU) in 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	Joint Committee	Meeting Date	20/08/2020
Recommendation(s)	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note that both options meet the WHSSC service specification • Support the recommendation from the non-financial option that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit • Note that the final preferred option will be subject to the usual business case process to access Welsh Government capital 		

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

1.0 Purpose

The purpose of this paper is to set out the options appraisal exercise and scoring of the short listed options for a permanent Perinatal Mental Health Mother and Baby Unit (MBU) in Wales. The paper contains the options, criteria and scores as agreed with the 'Mother and Baby Unit Options appraisal for Permanent Solution Task & Finish Group.'

2.0 Introduction

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 (e.g. Mind Cymru and MMH Alliance) 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.

In January 2020, WHSSC received approval from Joint Committee for an interim solution to address the current need for a mother and baby unit in Wales, based at Tonna Hospital and led by Swansea Bay University Health Board. Capital funding was approved by Welsh Government and work is planned to commence in Spring 2021. WHSSC also received approval from Joint Committee to establish a task and finish group to review the options for a permanent solution. The 'Mother and Baby Unit Options appraisal for Permanent Solution Task & Finish Group' met four times throughout June and July 2020 to:

- Agree the process for identifying the future preferred location for a permanent solution for Mother and Baby Unit
- Undertake an options appraisal to identify the preferred location for a permanent solution for a mother and baby unit in the Swansea Bay University Health Board area

- Make recommendations to the Joint Committee on the preferred location for a permanent Mother and Baby Unit

Despite the challenges of the COVID-19 pandemic the task and finish group completed the options appraisal using Microsoft Teams.

Continuous Engagement

The continuous engagement of stakeholders and service users with lived experience has been integral to both the development of the service specification and options appraisal. Swansea Bay University Health Board and Public Health Wales undertook a consultation exercise to seek stakeholder views regarding the key considerations for the location of a permanent mother and baby inpatient unit, which was then used to inform the local considerations component and weightings of the options appraisal. The consultation sought the views of professionals within the perinatal pathway including perinatal consultant psychiatrists, therapists, maternity professionals and health visiting services; and women with lived experience of inpatient care during the perinatal period identified by specialist perinatal teams and Action Post-Partum Psychosis. Each group were asked to identify 3 key priorities and any additionally important factors for each category: Access to services, Quality, and patient/family considerations. They were also invited to contribute any key factors they felt may not have been included and to provide comments or suggestions.

A total of four service user group workshops were held (virtually due to COVID restrictions). A total of nine women from across Wales participated, all of whom have lived experience of psychiatric inpatient care during the perinatal period, some were current service users and others had historical experience. There were a range of perinatal mental health conditions represented within their experience including post-partum psychosis and post-partum depression.

Perinatal Mental Health Network colleagues are also in the process of developing an online questionnaire to gather the views and thoughts of family members/ supporters of service users.

An overview of the options appraisal process including criteria, weightings and stakeholder engagement has been sent to the Community Health Councils. We are currently awaiting feedback which will be shared at the Joint Committee meeting.

3.0 The Permanent Options

The WHSSC options appraisal on the permanent solution for a South Wales MBU has been narrowed down to 2 locations:

- 1) 6 bedded refurbishment at Tonna Hospital (Do minimum as current service)
- 2) New build at Neath Port Talbot (NPT) Hospital

The New Build option at NPT will be considered as single option for the appraisal but will have 3 sub options that will be considered as part of full appraisal as follows:

- a) 6 bed new build
- b) 8 bed new build with 6 beds initially commissioned
- c) 8 bed new build

4.0 Criteria and Weighting/Scoring

Non-financial criteria weighting/scoring

The WHSSC non-financial options appraisal is in addition to the previous version completed in Summer 2019 by the National Collaborative Commissioning Unit (NCCU) and reflects the publication of a new 7th edition of Royal College CCQI Standards for Inpatient Perinatal Mental Health Services in October 2019.

The requirements of the Standards have also been incorporated into the WHSSC Perinatal Mental Health Mother and Baby Unit service specification (CP201) that is currently out for stakeholder consultation.

4.1 Non-financial Options Appraisal Criteria

4.1.1 *Standards for Inpatient Perinatal Mental Health Services, Seventh Edition, CCQI 2019 (30% of non-financial score)*

The task and finish group agreed that the minimum baseline for selecting a permanent option should be a 100% score against the essential criteria.

Therefore, the Standards were split into the following 3 categories:-

- 1) Essential – Each option was given a PASS/FAIL

In order to move forward to the scoring phase each option had to achieve a 100% overall pass mark. The other 2 categories were scored with an overall weighting of 30% for the non-financial appraisal as follows:

- 2) Expected – Maximum score equates to weighted score of 20
- 3) Desirable – Maximum score equates to weighted score of 10

4.1.2 *Local factors (70% of non-financial score)*

The remaining 70% of the weighted score was obtained by scoring local factors with the service provider SBUHB, the Quality Assurance & Improvement Service (QAIS) and agreed by WHSSC. The local factors were also reviewed by professionals within the perinatal pathway and women with lived experience of inpatient care during the perinatal period to ensure a balanced view and identify priority factors they thought should attract a heavier weighting.

Key considerations for the unit were based on proximity of each site to specific services and patient/staff access to site. The proximity and access were scored on a 1-10 point basis for each factor. The higher the score for each factor then the more favourable the option. The total scores for each option were added together and weighted against the 70%.

The preferred option from a non-financial perspective was the option with the highest total score when the standards and local factors scores were added together.

4.2 Non-Financial options appraisal scoring

The task & finish group were asked to consider each of the options using 2 scoring mechanisms:

1. Scoring the options against the Standards for Inpatient Perinatal Mental Health Services, Seventh Edition, CCQI 2019
2. Scoring the options against the identified important 'local factors'

4.2.1 Scoring the options against the Standards for Inpatient Perinatal Mental Health Services, Seventh Edition, CCQI 2019

The task & finish group completed the scoring of options against the seventh edition standards on 18th June 2020. Individual standards were discussed and a consensus score was reached on each one. The Inpatient Perinatal Mental Health Services Standards scoring matrix is attached at Appendix 1 and summarised in the table below.

Royal College of Psychiatry National MBU Inpatient Standards 7th Edition (See Appendix 1) - 30% Weighting	Overall Weighting	Maximum Scores	New Build NPT Hospital	Refurb Tonna Hospital
Essential	N/A	PASS/FAIL	PASS	PASS
Expected	20%	49 * 2 points	98	92
Desirable	10%	12 * 1 points	12	12
Sub Total - Standards	30%	110	110	104

Both options passed on their ability to meet the essential standards and therefore progressed to the scoring phase against the expected and desirable standards, equating to 30% of the overall weighting. The new build at NPT scored 110/110 points and the new development at Tonna Hospital scored 104/110 points. Both options satisfy the key standards identified in the WHSSC service specification.

4.3.2 Scoring the options against the local factors

The task & finish group completed the scoring of options against the local factors on 23rd July 2020. Each local factor was discussed and a consensus score reached on each one. The full local factors scoring matrix is attached at Appendix 2 and summarised in the table below.

Local factors (See Appendix 2) - 70% Weighting	Weighting	Max score	NPT New Build Score	Tonna Hospital Development Score
Sub Total - Access to Services	28%	80	62	28
Sub Total - Quality	21%	70	68	44
Sub Total - Patient/Family	21%	50	41	18
Sub Total - Local Factors	70%	200	171	90

4.3.3 Overall Ranking and Scoring

Non-Financial

The table below sets out the overall ranking of the options based on the non-financial weighted scores (comprised of 30% standards and 70% local factors).

Local factors (See Appendix 2) - 70% Weighting	Weighting	Max score	NPT New Build Score	Tonna Hospital Development Score
Sub Total - Access to Services	28%	80	62	28
Sub Total - Quality	21%	70	68	44
Sub Total - Patient/Family	21%	50	41	18
Sub Total - Local Factors	70%	200	171	90
<u>Total - Non-financial Unweighted Scores</u>		<u>310</u>	<u>281</u>	<u>194</u>
<u>Weighted Scores</u>				
Standards - Expected	20%		20.00	18.78
Standards -Desirable	10%		10.00	10.00
Local Factors - Access	28%		21.70	9.80
Local Factors - Quality	21%		20.40	13.20
Local Factors - Patient/Family	21%		17.22	7.56
<u>Total - Non-financial Weighted Scores</u>	<u>100%</u>		<u>89.32</u>	<u>59.34</u>
<i>Option Ranking</i>			<i>1</i>	<i>2</i>

In the non-financial appraisal component, the new build at NPT option has been ranked number 1 and the Tonna Hospital development ranked number 2.

Financial Considerations

The revenue consequences for the Tonna Hospital option have already been agreed in full as part of the WHSSC annual plan. The costs are the same as the interim scheme which is due to open in April 2021. There are however uncertainties regarding the long term revenue requirements of the Tonna site should there be any change to the range of services delivered at the location. The additional base revenue costs of c£160k for the



NPT option will need to be agreed in the WHSSC annual plan if the business case for the new build option is progressed.

Capital requirements for the new build on the NPT Hospital site need to be reviewed, in 2018 it was estimated to be in the order of £5.4m and will need to be progressed through the business case process.

5.0 Conclusion:

Based on the results of the non-financial options appraisal, the recommended option for a permanent perinatal mental health mother and baby unit is a new build on the Neath Port Talbot Hospital site.

6.0 Recommendation:

Members are asked to:

- **Note** that both options meet the WHSSC service specification
- **Support** the recommendation from the non-financial option that Neath Port Talbot Hospital is the preferred location of a permanent mother and baby unit
- **Note** that the final preferred option will be subject to the usual business case process to access Welsh Government capital



Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.
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	Choose an item. Public & professionals are equal partners through co-production Choose an item.
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
Joint Committee	28 January 2020	Support for the proposed option from SBUHB for an interim 6 bedded Mother & Baby unit at Tonna Hospital and the urgent development and submission of Business Justification Case to Welsh Government in order to secure capital funding. Approval of the establishment of a task and finish group to review the options for a permanent solution.

APPENDIX 1

Review of New Build & Tonna Perinatal Mental Health Unit Against Established Service Standards (7th edition)

Essential = 3 points

Expected = 2 points

Desirable = 1 point

Perinatal CCQI Reference	Is the standard Essential, Expected or Desirable	Standard	Points for NPT New Build (6 & 8 Bed)	Points for Tonna (Do minimum)
1	Access and Admission			
1.1.6	Expected	Admissions for the purpose of mother and baby parenting assessments are only undertaken in the known or suspected presence of significant/complex mental illness	2	2
1.3.3	Expected	The unit works to minimise barriers to access for patients and family members from remote areas. Guidance: For example, by providing information about local resources and accommodation.	2	2
1.4.1	Expected	1.4.1 Patients can visit the unit before agreeing to admission (with the exception of emergency	2	2
2.1.5	Expected	All patients can access a range of current, culturally-appropriate resources for entertainment, which reflect the ward/unit's population. Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.	2	2
2.1.8	Expected	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day.	2	2
2.1.10	Expected	Staff members and patients can control heating, ventilation and light. Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating.	2	2
2.1.12	Expected	The unit has a dedicated office for use by clinical staff.	2	2
2.1.13	Expected	There are at least two rooms in addition to the nursing office for individual clinical assessments and interventions.	2	2
2.1.14	Expected	There are sufficient IT resources on the unit to provide practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	2	2
2.1.15	Expected	Ward/unit-based staff members have a dedicated staff room.	2	2
2.1.16	Expected	The unit provides internet access for all patients.	2	2
2.2.2	Expected	Patients are able to personalise their bedroom spaces. Guidance: For example, patients can put up photos and pictures.	2	2
2.4.5	Expected	All patients have access to lockable storage which may be within their own individual rooms, or access to a safe on the ward.	2	2
2.4.6	Expected	The ward/unit has a designated room for physical examination and minor medical procedures.	2	2
2.4.7	Expected	The ward/unit has at least one quiet room or de- escalation space other than patient bedrooms.	2	2
2.4.9	Expected	The unit has access to private space for meetings with significant others, relatives and other professionals.	2	2
3.1.4	Expected	There is at least one specialist nursery nurse covering the unit 24 hours a day.	2	2
3.1.6	Expected	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	2	2
3.2.6	Expected	A typical unit with six beds includes at least 0.5 WTE social work input.	2	2
3.2.8	Expected	A specialist pharmacist is a member of the MDT.	2	2
3.2.12	Expected	Units should have a designated health visitor who visits at least once a week to advise mothers and clinical staff on childcare issues and liaise with the mother's usual health visitor.	2	2
3.2.16	Expected	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit.	2	2

3.4.1 g	Expected	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	2	2
3.5.6	Expected	The team has protected time for team-building and discussing service development at least once a year.	2	2
3.5.9	Expected	Staff members are able to access reflective practice groups at least every six weeks, where teams can meet together to think about team dynamics and develop their clinical practice.	2	2
3.6.2	Expected	Patient or significant other/family member representatives are given the opportunity to be involved in the interview process for recruiting new staff members.	2	2
4.3.3	Expected	There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group. Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.	2	2
4.3.10	Expected	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	2	2
4.4.7	Expected	Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.	2	2
4.6.1	Expected	Significant others are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs.	2	2
4.6.5	Expected	Significant others have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network. Guidance: This could be a group/network which meets face-to-face or communicates electronically.	2	2
4.6.6	Expected	Significant others and family members are offered support, e.g. through partner support sessions, family sessions, or couple sessions.	2	2
4.6.7	Expected	Significant others and family members are encouraged to be involved in the following: parent-infant activities, practical parenting advice/support with the nursery nurse or health visitor etc.	2	2
4.6.8	Expected	Significant others and family members feel supported by the ward staff members.	2	2
5.1.2	Expected	The patient is given an information pack on admission that contains the following: - A description of the service; - The therapeutic programme; - Information about the staff team; - The unit code of conduct; - Key service policies (e.g. permitted items, smoking policy); - Resources to meet spiritual, cultural or gender needs.	2	2
5.1.3	Expected	The team provides each significant other/family member with accessible carer information. Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.	2	2
5.1.5	Expected	Information given to patients and significant others is developed collaboratively and regularly reviewed.	2	2

6.2.3	Expected	Staff members ask patients for feedback about the food and this is acted upon.	2	2
6.2.6	Expected	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	2	2
7.1.2	Expected	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice	2	2
7.1.3	Expected	Services are developed in partnership with appropriately experienced patients and carers who have an active role in decision making.	2	2
7.3.1	Expected	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	2	2
7.3.2	Expected	Clinical staff are consulted in the development of unit specific policies, procedures and guidelines that relate to their practice.	2	2
7.4.2	Expected	The ward team use quality improvement methods to implement service improvements.	2	2
8.1.1	Expected	Discharge planning is initiated at the first multi-disciplinary team review.	2	2
8.1.12d	Expected	The unit works to ensure that all patients have a named local community consultant and named clinician as soon as possible to ensure discharge planning begins.	2	2

Summary

Number of Standards Scored

Essential
Expected
Desirable

182 Max Score 546
49 Max Score 98
12 Max Score 12

182 * 3 = 546 PASS
49 * 2 = 98
12 * 1 = 12

182 * 3 = 546 PASS
46 * 2 = 92
12 * 1 = 12

Total

243 Max Score 656

656

650

Ranking

1

2

Appendix 2 – Local Factors Scoring

Local Considerations	Weighting	Maximum Score	NPT New Build Score	Tonna Development Score	Notes
1) Access to services - this section considers access and proximity to additional important health services and services that support social inclusion	40%		Score 1-10	Score 1-10	
Mental Health Services – In-patient beds			8	3	NPT scored higher as it will provide a stand-alone unit that aligns with service user preference but it also benefits from having an adult mental health on the NPT Hospital site. Service users based at Tonna would have to be transferred off site to an adult MH unit.
Mental Health Services - Community Perinatal Mental Health			5	5	Access is the same for all patients regardless of location.
Midwife Services - Antenatal care, community midwife access			7	2	NPT scored higher as access to antenatal care is available on the NPT hospital site.
Maternity - Obstetrics & Gynaecology			7	3	NPT scored higher as routine obstetric care can be provided on the NPT hospital site. For other obstetric care, transfer to Singleton Hospital is closer from the NPT site.
Accident & Emergency (consider access to A&E, Minor Injuries, Helicopter access)			7	3	NPT scored higher as it has access to a minor injuries unit and Nurse Consultant with links to Morriston Hospital.
Medical Response Team (consider levels of crash response available)			10	1	NPT scored higher as they can potentially put a call out for a crash team. The current MH unit is covered by the hospital crash team so could be extended to the MBU.
GP Out of Hours Service			10	6	NPT scored higher as there is a GP out of hours service on site.
Social Inclusion (consider access to spiritual, community, education and training support)			8	5	NPT scored higher as there is a chaplaincy service onsite. Visits can be arranged for Tonna and both sites have access to a prayer room.
Sub Total - Access to Services		80	62	28	
2) Quality – this section considers factors relating to the suitability of the site, taking into account sustainability, security and the environment	30%				
Longevity and sustainability of the site			10	10	Same for both options.

Appendix 2 – Local Factors Scoring

Future inpatients services			10	5	The long term future of in-patient services on site will be reviewed.
Safety and security - on site security (consider if security is 12/24/office hours)			8	4	NPT scored higher as they have combined onsite portering/security.
Environment - bedroom size (bedrooms are required to meet minimum WHBN standards but consider size available in each option)			10	6	It was recognised that this is important to service users. NPT scored higher as the bedrooms could be larger or can be adjusted whereas the Tonna development has to fit within the existing footprint.
Environment - kitchen for the sole use of patients			10	8	Both sites have a kitchen for sole use. However the NPT site will have a full ADL kitchen.
Environment - lines of sight			10	6	NPT scored higher as the Tonna site has reduced visibility in 2 bedroom areas.
Environment - adjustment of room temperature			10	5	NPT scored higher as new build can accommodate scope for better temperature adjustment than the Tonna site.
Sub Total - Quality		70	68	44	
3) Patient/Family – this section considers factors that impact on family visits and service user independence	30%				
Access by car (consider proximity to motorway junction)			8	5	NPT scored higher as its immediately off the M4
Free/low cost parking			9	6	NPT scored higher as it has more on-site parking and ample spaces near children's services. The group commented that parking at the Tonna site can be difficult and cars often need to be parked off site on the roadside.
Access by public transport (consider walking distance of bus stop or train station)			8	3	Access to the NPT site is easier. Service users will need to change transport at Neath / Port Talbot to get to Tonna.
Accommodation (consider if available on site and/or proximity to hotel/other suitable accommodation)			7	1	NPT site has vacant nursing accommodation that could be used for families. There is no onsite accommodation available in Tonna.
Community and leisure facilities that promote independence (consider access to shops, cafes, recreation and green space)			9	3	There are more options from the NPT site. From NPT service users can access the beach and facilities at Aberavon, travel into Swansea City Centre or Neath Port Talbot Town Centre. There are also shops and amenities on the main hospital site and within walking distance. Tonna does have access to Aberdulais Falls and country walks but are not within walking

Appendix 2 – Local Factors Scoring

					distance or accessible by public transport. There is a small shop near the Tonna site but no other amenities.
Sub Total - Patient/Family		50	41	18	
Grand Total - Unweighted Scores		200	171	90	
Sub Total - Access to Services	40%		31.00	14.00	
Sub Total - Quality	30%		29.14	18.86	
Sub Total - Patient/Family	30%		24.60	10.80	
Grand Total - Weighted Scores	100		84.74	43.66	
Grand Total - Weighted Scores @ 70%	70		59.32	30.56	

Welsh Health Specialised Services Committee (WHSSC)

Permanent MBU Option Appraisal - Ranking & Scores

	Overall Weighting	Maximum Scores	Option A New Build NPT Hospital
<i>RCPsych National MBU Inpatient Standards 7th Edition (See Appendix 1) -30% Weighting</i>			
Essential	N/A	PASS/FAIL	PASS
Expected	20%	49 * 2 points	98
Desirable	10%	12 * 1 points	12
Sub Total - Standards	30%	110	110
<i>Local Considerations (See Appendix 2) - 70% Weighting</i>			
Sub Total - Access to Services	28%	80	62
Sub Total - Quality	21%	70	68
Sub Total - Patient/Family	21%	50	41
Sub Total - Local Factors	70%	200	171
<u>Total - Non Financial Unweighted Scores</u>		<u>310</u>	<u>281</u>
<u>Weighted Scores</u>			
Standards - Expected	20%		20.00
Standards -Desirable	10%		10.00
Local Factors - Access	28%		21.70
Local Factors - Quality	21%		20.40
Local Factors - Patient/Family	21%		17.22
<u>Total - Non Financial Weighted Scores</u>	<u>100%</u>		<u>89.32</u>
<i>Option Ranking</i>			<i>1</i>

APPENDIX 3

Option B Refurb Tonna Hospital

PASS

92

12

104

28

44

18

90

194

18.78

10.00

9.80

13.20

7.56

59.34

2



GIG
CYMRU
NHS
WALES

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

			Agenda Item	2.3	
Meeting Title	Joint Committee		Meeting Date	08/09/2020	
Report Title	Major Trauma Network Readiness Assurance Update				
Author (Job title)	Director of Planning				
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public		
Purpose	The purpose of this paper is to provide final assurance to Joint Committee that the South Wales Trauma Network is ready to go live on 14 th September 2020				
RATIFY <input type="checkbox"/>		APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>
Sub Group /Committee This links to additional information provided on last page	Choose an item.		Meeting Date	Click here to enter a date.	
	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"> • Receive final assurance that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all components parts of the Trauma Network are ready and the Network can proceed to launch on 14th September 2020. 				



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)

As above

1. Situation

This report provides an update from the Trauma Implementation Board meeting held on 24th August 2020 and gives final assurance that the Trauma Network is ready to commence.

2. Background

At the meeting on 14th July 2020 Joint Committee received a report providing assurance on the state of readiness of the South Wales Trauma Network to go live. Based on this report and the recommendations from the Trauma Implementation Board Joint Committee agreed that the South Wales Trauma Network should become operational on 14th September 2020.

The Trauma Implementation Board met again on 24th August 2020 and discussed the actions that the network team have undertaken since the last meeting and gave their final assurance that the Network is ready to go live. The summary of the discussion is provided below.

3. Assessment

Since the previous Implementation Board on 1st July 2020, where decisions were taken to propose a go live date for the network (subsequently approved by WHSSC Joint Committee), the network team have continued to work with all health boards and pre-hospital providers to ensure that each component part of the network will be ready to go live on September 14th 2020.

The network team have met virtually with all organisations to undertake the following on a weekly basis:

1. Update on network activities - publication of the COVID-19/major trauma surge plan/clinical guideline, alongside all other network guidelines and policies, SITREP, TRID (trauma DATIX), training and education plan.
2. Review of the assurance matrix for each organisation to understand what has changed and impact on major trauma patients within the network.
3. Where outstanding issues remain, seek necessary assurances that these will be met by go live.

The Trauma Implementation Board received a detailed assurance report and at the meeting each organisation confirmed its readiness to go live.

Particularly on the WHSSC commissioned elements of the Network namely the operational delivery network (ODN) and the major trauma centre (MTC) the following summary was made;

- **ODN** – all elements in place. The ODN was transferred from the NHS Wales Collaborative to Swansea Bay University Health Board at the Implementation Board meeting on 24th August 2020.
- **MTC** – no outstanding issues. Recruitment remains positive at 80% fully recruited. At the last meeting it was reported that due to the covid situation the poly trauma unit (PTU) would have to be temporarily relocated. However Cardiff and the Vale UHB have managed to resolve this and they reported that the PTU would now be provided in its original location as detailed in the programme business case.

Based on the revised assessment of readiness, assurances received from organisations in relation to the delivery of service specification by go live, the utilisation of the network COVID-19 surge plan and the current position in relation to COVID-19 hospital admissions, the Implementation Board confirmed that there is no reason not to go live as a major trauma network on 14th September 2020.

Funding for the Trauma Network

Since the last Joint Committee meeting WHSSC has received confirmation of revenue funding from Welsh Government for the major trauma centre, specialist services, operational delivery network and pre-hospital elements of the programme business case (PBC) for the South Wales trauma network (SWTN).

The funding agreed for the elements of the business case to be commissioned by WHSSC are as set out below:

Summary of SWTN revenue costs (excluding TUs)	2020/21 £ (million)	2021/22 onwards £ (million)
Major trauma centre	10.579	11.222
Specialist Services	0.910	0.910
Operational Delivery Network	0.496	0.508
TOTAL	11.985	12.640

The letter noted that any in year underspends for 2020/21 will need to be returned to Welsh Government.

4. Recommendations

Members are asked to:

- **Receive final assurance** that following a robust assessment process by the Trauma Network Team and as recommended by the Trauma Network Implementation Board all components parts of the Trauma Network are ready and the Network can proceed to launch on 14th September 2020.



Link to Healthcare Objectives		
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.	
Link to Integrated Commissioning Plan		
Health and Care Standards	Safe Care Effective Care Choose an item.	
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) Choose an item. Choose an item.	
Organisational Implications		
Quality, Safety & Patient Experience	Information will be collected by the ODN once the Network is live and regular reports will be provided to Joint Committee	
Resources Implications	WHSSC has received confirmation from Welsh Government that the WHSSC commissioned elements of the Programme Business Case will be fully funded.	
Risk and Assurance	Included in the PBC	
Evidence Base	Included in the PBC	
Equality and Diversity	Included in the PBC	
Population Health		
Legal Implications		
Report History:		
Presented at:	Date	Brief Summary of Outcome
Choose an item.		
Choose an item.		



Rhwydwaith Clinigol Arennol Cymru
Welsh Renal Clinical Network

Annual Report

2019-2020

1 Background

The WRCN was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of WHSSC in 2011. The WRCN is funded by the LHB's via WHSSC and manages a ring fenced commissioning budget of £73.5m on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.

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

The collaborative work of the management team has enabled prudent use of resources, reinvestment of ring fenced renal savings and the avoidance of any net financial investment from WHSSC being needed until 2017 despite a continued year on year growth in renal dialysis patients of between 4% to 7% per annum.

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

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

2 UK Context

In the latest published UK Renal Registry report, Wales:

- shares the highest rate of incidence (new patients starting Renal Replacement Therapy (RRT)) with England;
- has the highest prevalence (patients on treatment at end of Audit year 2017) of RRT;
- has the second highest prevalence of Kidney Transplants.
- has the highest rate of Peritoneal dialysis
- has the third lowest prevalence on Haemodialysis.

This highlights the success of treatment strategies in Wales offering RRT to more patients, and treating more patients whilst promoting / delivering Transplantation and home dialysis as the preferred treatment options.

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

Patients per million of Population (PMP) and % of Total RRT	Wales	England	Scotland	Northern Ireland	UK
Incidence	122	122	117	114	121
RRT prevalence	1014	985	943	978	983
HD prevalence	393 (38.8)	391 (39.7)	360 (38.2)	329 (33.6)	386 (39.3)
PD prevalence	65 (6.4)	55 (5.6)	35 (3.7)	37 (3.8)	53 (5.4)
Tx prevalence	556 (54.8)	539 (54.7)	549 (58.2)	612 (62.6)	543 (55.2)

Source: UK Renal Registry 21st Annual Report

3 Key Achievements in 2019-20

- Collaboration with BCUHB implement redesign of service model for UHD following successful tender exercise. This has increased regional capacity for UHD and reinvigorated the Home Therapies services to enable more patients to access dialysis at home.
- Collaboration with Cardiff and Vale to complete refurbishment of the UHD main unit.
- Collaboration with Powys LHB to deliver expansion of the Llandrindod Wells UHD Unit to ensure provision of more local UHD capacity.
- Work continuing to deliver a renewed national home therapies framework to ensure service consistency and VFM opportunities across Wales.
- Partnership approach embedded in monitoring agreed service standards for transport for dialysis patients and collaboration with the Emergency Ambulance Services Committee to inform process of service development.
- Continuous service improvements to IT national systems for automated reporting and audit across Wales.
- Embedded ongoing delivery of Degree/Master level Renal Nursing module through Swansea University.
- Successful recruitment to posts of Clinical Lead and Network Manager and approved appointment of WRCN Chair.
- Clinical Lead and Lead Nurse assumed leadership role following award of research funds to gain fuller understanding into the shared decision making processes relating to patient choice of dialysis modality.
- Lead Nurse awarded Renal Nurse of the Year 2019
- Delivery of Advanced Care Planning and Serious Illness Conversations training for Nurses and other members of the MDT.
- Establishment of Health and Wellbeing Professionals Reference Group to ensure all commissioning decisions affecting patients are considered holistically
- Development of activity dashboard to gain real-time understanding of demand and capacity to inform commissioning decisions.
- Delivery of Peer Review of all Vascular Access services in Wales
- Establishment of real time Nurse to Patient ratio monitoring to ensure standards are being met.
- Collaboration with Health Inspectorate Wales exploring long term plan for inspecting dialysis units
- Development of system of embedding health care standards within dialysis units in Wales
- Award of Welsh Government Transformation Fund monies (£1.4m) for Collaborative Kidney care for a Healthier Wales Programme which aims to digitalise kidney care and deliver Electronic Prescribing and Medicine Administration (EPMA) across Wales
- Erythropoietin Stimulating Agents (ESA drugs) re-tended avoiding significant cost pressure.
- Immunosuppressant re-tended – securing VFM prices for further 2 years
- NHS Wales Award finalist for EPMA
- Prudent Health Care principles through the lens of value CMO report 2019 <https://gov.wales/sites/default/files/publications/2019-05/chief-medical-officer-for-wales-annual-report-2018-2019.pdf>
- Established strong clinical and managerial infrastructure to coordinate challenges to continuous delivery of essential renal services presented by Covid19
- Established linkage with other devolved nations Renal Networks and UK wide professional advisory groups to learn and share service delivery models during Covid and beyond

3.1 Financial Management

The WRCN holds the responsibility for an annual budget of £73.5m which is specifically ring fenced for renal dialysis and transplant services across Wales.

The following additional investments into renal services were made during the financial year 2019/2020

Dialysis Services	£892,000
Transplant Services	£30,000

A further £1.5m of funding was made available the WHSSC Joint Committee of LHBs through the annual Integrated Commissioning Plan.

Within this £103,000 was provided to Swansea Bay LHB to expand the dialysis technical services team who provide 24 hour technical support to patients receiving their dialysis at home.

A further £459,000 was also provided to Swansea Bay LHB to be able to undertake more dialysis in units across West Wales and at Morriston Hospital.

Similarly £330,000 was made available to provide additional dialysis treatments in units in the South East Wales region.

Other funding support was provided to create a specific dietetics service for pre and post transplant patients to help them with weight control issues, which otherwise might have resulted in unsuccessful transplants. Further funding was made available to services across all regions to support the increasing costs of immunosuppression drugs to stop rejection of transplanted organs.

In total, the £73.5m ring fenced funding has been invested in the following areas

Dialysis Services North and Mid Wales	£16.4m
Dialysis Services West Wales	£18.9m
Dialysis and Nephrology Services South East Wales	£27.5m
Transplant Services	£8.5m
Dialysis Transport Services	£1.74m
Network Support	£0.5m

4. 0 Work Plan for 2020-21



WorkPlan 20-21.xls

5 Governance and Reporting Structure

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

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

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

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

The WRCN board has met on 5 occasions during 2019-20. Copies of the minutes of these meetings can be found on <http://www.wales.nhs.uk/sites3/page.cfm?orgid=773&pid=50046>
The WRCN management team has met on 4 occasions.

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

6 ASSURANCE TO THE JOINT COMMITTEE

The WRCN Chair:

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

The WRCN QPS Lead:

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

Appendix 1

Remit and Scope of the Welsh Renal Clinical Network

The WRCN has the following discrete areas of responsibility:

- Chronic Haemodialysis including Home Haemodialysis
- Peritoneal Dialysis
- Renal Transplantation
- Vascular Access for dialysis

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

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

The WRCN Board has the following membership:

Core (voting) members:

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

*Patient Groups include:

- Kidney Wales
- Kidney Care UK
- Paul Popham Fund

In attendance:

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

The membership of the management team is as follows:

Membership of the Management Group:

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

Theme	Sub-Theme	Responsible Team
Service Continuity	Covid19	Leadership and Admin Team
Partnership Working	WHSSC Annual Plan	Leadership and Admin Team
Quality & Patient Experience	PREMs	Lead Nurse
Quality & Patient Experience	PROMs	Lead Nurse
Quality & Patient Experience	Nurse:Patient Ratios	Project & Finance Team
Quality & Patient Experience	Nurse:Patient Ratios	Lead Nurse
Quality & Patient Experience	Nurse:Patient Ratios	Lead Nurse
Quality & Patient Experience	Vascular Access Peer Review	Leadership and Admin Team
Care Pathway	Advance Care Planning (ACP)	Lead Nurse
Quality & Patient Experience	Service Improvement	Project & Finance Team

Quality & Patient Experience	PROM Tools	Lead Nurse
Quality & Patient Experience	Healthcare Standards	Lead Nurse
Quality & Patient Experience	Health Inspectorate Wales (HIW)	Lead Nurse
Quality & Patient Experience	Peer Reviews	Lead Nurse
Quality & Patient Experience	Patient Forums	Lead Nurse
Patient Education	Living Well with CKD	Lead Nurse
Care Pathway	Link Nurse	Lead Nurse
Quality & Patient Experience	Risk Management	Project & Finance Team
Care Pathway	Supporting Primary Care	Lead Nurse
Care Pathway	Home Therapies	Lead Nurse

Procurement	Re-tender National Framework	Leadership and Admin Team
Research	Implementation of findings	Leadership and Admin Team
Care Pathway	Shared HD	Lead Nurse
Staff Education	Upskilling staff	Lead Nurse
Staff Education	Upskilling staff	Project & Finance Team
Staff Education	Competency Framework	Lead Nurse
Transformation Fund	Collaboration Kidney Care	Leadership and Admin Team
Commissioning	Increase dialysis capacity East of Swansea	Leadership and Admin Team

Finance and Activity Planning	Contract Reviews	Project & Finance Team
Commissioning	Llandrindod Wells	Project & Finance Team
Service Continuity	Glangwili WTP	Leadership and Admin Team
Commissioning	BCUHB New Contract Implementation	Leadership and Admin Team
Pharmacy	Value Based Commissioning	Leadership and Admin Team
Quality & Patient Experience	Dialysis Transport	Leadership and Admin Team
Partnership Working	WRCN Website	Project & Finance Team
Partnership Working	Development of collaborative approaches to improving health care outcomes	Leadership and Admin Team
Partnership Working	NHSBT Collaboration	Leadership and Admin Team
Partnership Working	WTAAIL	Leadership and Admin Team

Recruitment	WRCN Team	Leadership and Admin Team
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Action
Coordination and oversight of HB Covid19 Escalation Plans to enable continued delivery of dialysis during Covid19 pressures
Contribution to WHSSC Annual Plan to illustrate the innovative work and service improvements that have been delivered by the WRCN.
Follow-up Paper to QPS outlining intention to: Add PREM completion to KPI-100% Patients offered (offer recorded on VD). Action Plans for required improvement to be submitted to QPS within 8 weeks of PREM report publication - progress to be monitored by QPS.
Paper to QPS outlining need for PROM data to be captured as a KPI - 100% Patients complete PROMs twice a year, with outcomes recorded on VD. PROMs to include Frailty, QoL, Cognitive Assessment, ACP. Triggers for onward referral to specialisms i.e. geriatrics to be agreed.
Delivery of real time infrastructure to enable ratio's to be captured each shift (100% compliance) and recorded on VD (via SharePoint).
Paper to Mgt Team to outline plan to roll out Nurse:Patient ratio real time recording pilot with associated education based on a train the trainer model. Launch date to go live across Wales to be agreed.
Escalation process for outlier status (<80% compliance) for nurse:patient ratio's to be developed and agreed to enable an 'Early Warning System' approach.
Progress report on 2019 Vascular Access Peer Review Action Plans
To develop a holistic pathway for ACP, with availability of nationally agreed hand held record. Establishment of train the trainer clinical champions to roll out ACP and Difficult Conversations Training as required.
Development of portal to share service improvement projects and good news stories.

Agreement on use of clinical tools to assess patients - cognitive and dementia
Development and introduction of renal specific healthcare standards to ensure high quality care. Plan for units to complete as annual self-assessment
To establish a national rolling programme for renal dialysis units in collaboration with HIW
To establish a national rolling 3 year plan of peer review for Vascular Access, Home Therapies and (21)Unit Dialysis
To work in collaboration with Charities and current patient forums to establish a national pathway for patient forums to feed in to QPS
To work in collaboration with Charities, Welsh Kidney Research Unit and the Health & Wellbeing Professionals Reference Group to establish a bespoke patient education and rehabilitation programme to include ACP
To identify, both in NHS and ISP units, link Nurses for Vascular Access, Home Therapies, Conservative Management (to include ACP), Dementia, Transplant and Patient Engagement. To agree job descriptions and level of dedicated time.
Development and agreement of risk matrix to gain understanding of impact of having multiple areas of concern i.e. Nurse:Patient Ratio, Concerns& Complaints, Datix of SUIs, Reduced Treatments, PREMS Adverse Outcomes, HIW Inspections, Over Capacity, Service Disruptions i.e. decant, WTP failure, High level of Agency Nurses/Bank
To use technologies (ASSISTCKD) and CKD workforce to support prevention, identification and reduction in CKD disease progression in primary care, by collaborating with Improvement Cymru and PHW
To develop a delivery plans with agreed care pathways and standardised, timed SOP to improve uptake of Home Therapies

Agree timeline for giving notice to current framework and commissioning criteria for re-tender fit for purpose framework

To ensure emergent findings are captured and pathways are adapted as evidence denotes.

To establish an pathway for SharedHD (in Unit) SharedHD2Home

Establish a framework for staff education to include, MAGIC, Serious Illness Conversations, ACP, PROMs, PREMs, Renal Module, Peer Review Training and Use of Home Therapies Framework.

Develop a training log within SharePoint to capture all education activity per region and enable space for shared reflection and implementation plans

Agree a national competency framework for non-registered nurse

Act as Sponsor Organisation, providing oversight and leadership in Project Board to deliver 5 key work streams by March 2021

Support the commissioning process to ensure provision of additional dialysis capacity East of Swansea

<p>To ensure contracts and activity trends are monitored appropriately (inclusive of Tx and Home Therapies) to enable forecast planning by building in a rolling programme of contract review meetings and real time activity dashboard.</p>
<p>Ensure that contract is fit for purpose and delivers on value for money by exploring alternative models of Commissioning.</p>
<p>Ensure robust plan in place for the replacement of the water treatment plant</p>
<p>Provision of network oversight to ensure the delivery of all elements of the BCUHB new service contract are delivered in a timely way. Current timeline for Mold is 1st June 2020 to be operational. There may be delay to Wrexham decant and refurbishment due to Covid19</p>
<p>Robust monitoring process in place to gain viability of HB uptake of Immunosuppression and ESA alternative drugs that have been negotiated on a national basis to deliver costs savings.</p>
<p>Ensure close collaboration with Patient Transport Commissioners (EASC) and Patient Transport Providers (WAST/NEPTS) to monitor service improvements.</p>
<p>Development and maintenance of fit for purpose website to act as a comprehensive repository of information for both professionals and patients.</p>
<p>Exploration of collaborations with Charities and patient groups to enhance provision of health and wellbeing models of care</p>
<p>Ensure Welsh representation at UK wide ODT and NHSBT Innovation Projects.</p>
<p>Develop an agreed SLA to effectively manage and monitor WTAIL activity and spend</p>

To ensure that leadership and resilience within the team is maintained.

As at 8th April 2020

Expected Outcomes	QPS Mtg	Mgt Team	Board Mtg	Priority (RAG)
Patients have continued access to dialysis during Covid19 outbreak				Highest Priority
Completion of Annual Plan				To be completed 31.03.20
Improved uptake of PREMS and oversight of action plans.				PREM Audit delayed until at least September 2020
Improved uptake of PROMs and more robust data re renal patient needs and pathways.				PREM Audit delayed until at least September 2021
Improved compliance in Nurse:Patient ratio compliance				Ready to go live when Pandemic subsides
Consistency of use of Nurse:Patient recordings.				In development but will not be launched until pandemic subsides
Proactive management of non-compliance of nurse to patient ratio's				In development but will not be launched until pandemic subsides
Action plans have addressed issues raised.				Stood down until pandemic subsides
Embed sustainable approach to ACP				In development but will not be launched until pandemic subsides
Portal in place				In development but will not be launched until pandemic subsides

Agreed set of clinical tools	4th Sep 20	7th Sep 20	9th Oct 20	In development but will not be launched until pandemic subsides
Consistency of care standards	4th Sep 20	7th Sep 20	9th Oct 20	In development but will not be launched until pandemic subsides
Inspections of RDU to be aligned with in-patient HIW inspection programmes	4th Sep 20	7th Sep 20	9th Oct 20	Stood down until pandemic subsides
Embedded programme of Peer Reviews	4th Sep 20	7th Sep 20	9th Oct 20	In development but will not be launched until pandemic subsides
Embedded pathway and enhanced visibility of patient views into QPS.	4th Sep 20	7th Sep 20	9th Oct 20	Stood down until pandemic subsides
Fully developed programme of education.	30th Oct 20	4th Nov 20	25th Nov 20	Stood down until pandemic subsides
Fully embedded Link Nurse network	30th Oct 20	4th Nov 20	25th Nov 20	Stood down until pandemic subsides
Early warning risk assessment system embedded in practice	30th Oct 20	4th Nov 20	25th Nov 20	In development but will not be launched until pandemic subsides
Pathway in place to support early education for patients at risk of CKD development and progression	30th Oct 20	4th Nov 20	25th Nov 20	Stood down until pandemic subsides
Pathways embedded into practice and increase uptake of home therapies	30th Oct 20	4th Nov 20	25th Nov 20	In development but will not be launched until pandemic subsides

Commission a fit for purpose National Home therapies Framework.				Stood down until pandemic subsides
Clear pathway for dialysis modality choices.				In development but will not be launched until pandemic subsides
Embed SharedHD into practice and establish clear pathways and patient/staff education.				In development but will not be launched until pandemic subsides
Provide access to patient focussed education packages.				In development but will not be launched until pandemic subsides
Provide shared repository for management of training activity and shared learning.				In development but will not be launched until pandemic subsides
Agreed competency Framework				Stood down until pandemic subsides
Delivery of Project				Reduced scope of Project to delivery of programme 1 only until pandemic subsides
Agreed commissioning strategy for additional capacity East of Swansea in accordance with population need.				SBUHB to review urgency of development need

6mthly contract reviews in place. Comprehensive dashboard in place utilising PowerBI to ensure alignment with WHSSC reporting processes.				Stood down until pandemic subsides
Agreed model of service delivery and commissioning structure in place				Stood down until pandemic subsides
Confirmation of replacement water treatment plant in situ and operational				SBUHB to review urgency of replacment need
Confirmation of all elements implemented and operational				BCUHB to update timeframes and plans.
All HB fully compliant with national contracts				On-going as service pressures allow during pandemic
Sustained achievement of 30:30:30 standards				On-going as service pressures allow during pandemic
Website Live and updated as required.				In development but will not be launched until pandemic subsides
Agreement of areas of need with collaborative plan to implement.				Stood down until pandemic subsides
Consistent presence at National meetings to ensure equity across the 4 devolved nations				On-going as service pressures allow during pandemic
SLA agreed and signed off				On-going as service pressures allow during pandemic

Recruitment of Deputy Clinical Lead. Deputy Lead Nurse and Deputy Renal Network Coordinator.				Stood down until pandemic subsides
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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

		Agenda Item	3.1
Meeting Title	Joint Committee	Meeting Date	08/09/2020
Report Title	Financial Performance Report – Month 4 2020/21		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	<p>The purpose of this report is to set out the financial position for WHSSC for the 4th month of 2020/21.</p> <p>The financial position is reported against the 2020/21 baselines following approval of the 2020/21 WHSSC Integrated Commissioning Plan by the Joint Committee in January 2020.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	Click here to enter a date.
	Joint Committee	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 August 20th and Joint Committee on September 8th.

2. Background

The financial position is reported against the 2020/21 baselines following approval of the 2020/21 WHSSC Integrated Commissioning Plan the Joint Committee in January 2020.

In line with the cross border agreement reached with NHS England, the English SLA position includes the HRG4+, CQUIN and 19/20 tariff uplift.

3. Assessment

The financial position reported at Month 4 for WHSSC is a year-end outturn under spend of £6,052k.

This under spend relates mainly to months 1-4 underspend on the pass through elements of welsh provider SLA's, COVID block arrangements with NHSE for Q1 and Q2 below the plan baseline and Q1 20/21 development slippage.

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 4



1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 4th month of 2020/21 together with any corrective action required.

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	666,211	222,670	216,618	(6,052)	(632)	(6,053)	(58)
EASC (WAST, EMRTS, NCCU)	172,341	56,847	56,847	0	0	0	0
Total as per Risk-share tables	838,553	279,518	273,465	(6,052)	(632)	(6,053)	(58)

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.

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 2020/21 baselines following approval of the 2020/21 ICP by the Joint Committee in January 2020. 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 financial position at Month 4 is a year to date underspend of £6,052k and a forecast outturn underspend of £6,052k.

NHS England is reported in line with the current IMTP. 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. For the first six months of this financial year, block arrangements have been agreed with NHS England providers due to the COVID-19 situation.

3. Governance & Contracting

All budgets have been updated to reflect the 2020/21 ICP, including the full year effects of 2019/20 Developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2020/21 contract values which have been agreed through the 2020/21 contract documents.

The Finance Sub Group has developed risk sharing framework which has been agreed by Joint Committee and 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	226,251	75,417	72,683	(2,734)	(1,978)	(2,734)	(1,978)
Swansea Bay University Health Board	104,919	34,973	35,124	151	66	151	66
Cwm Taf Morgannwg University Health Board	9,947	3,316	3,316	0	0	0	0
Aneurin Bevan Health Board	8,358	2,786	2,786	0	0	0	0
Hywel Dda Health Board	1,629	543	543	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	42,952	14,317	14,279	(39)	(45)	(39)	(45)
Velindre NHS Trust	48,656	16,219	15,585	(634)	(375)	(634)	(375)
Sub-total NHS Wales	442,713	147,571	144,315	(3,256)	(2,332)	(3,256)	(2,332)
Non Welsh SLAs	115,984	38,661	38,044	(617)	(688)	(416)	(1,262)
IPFR	39,056	13,019	13,463	445	(26)	0	0
IVF	4,841	1,614	1,614	0	0	0	0
Mental Health	31,344	10,448	10,078	(370)	(351)	653	(273)
Renal	4,789	1,596	1,623	27	75	(111)	(166)
Prior Year developments	2,628	876	876	0	0	0	0
2020/21 Plan Developments	20,955	6,488	4,329	(2,159)	(2,114)	(2,628)	(2,114)
Direct Running Costs	3,902	1,301	1,330	29	15	157	152
Reserves Releases 2019/20	0	0	(150)	(150)	0	(450)	0
Phasing adjustment for Developments not yet implemented ** see below	0	1,097	1,097	0	0	0	0
Total Expenditure	666,211	222,670	216,618	(6,052)	(5,421)	(6,052)	(5,995)

The reported position is based on the following:

- NHS Wales activity – block basis on the agreed SLA value with pass through elements reported as actuals.
- NHS England activity – block basis for months 1-6 of this financial year.
- 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

The Welsh provider position reflects months 1-4 underspends on the pass through elements of the LTAs, particularly material for C&V ALAS equipment, Haemophilia, Spinal Implants and Velindre NICE drugs. These underspends have not been forecast past month 4 at this point until it is clear as to the extent of any activity recovery emerging in quarter two and beyond.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering months 1-6 of this financial year. This includes a 2.8% inflation uplift applied to baselines in line with the cross border arrangements agreed centrally for cross border providers for quarter one & quarter 2. The YTD position contains the first 4 months of the block calculation and the full year forecast contains the full 6 months of the block calculation.

All trusts have been offered a block agreement for this 6 month period and WHSSC are awaiting a response from some trusts. These trusts are:

- University College London
- Newcastle
- Leeds
- Walton

5.3 Individual Patient Commissioning

The month 4 IPC position is based on known commitments for non-contract prior approved treatments, contract exclusions, IPFR approvals and an estimate of non-contract emergency activity.

At month 4 there is a reported overspend of £445k resulting from a high number of paed BMT patients presenting in the first quarter of this year.

5.4 Mental Health

The month 4 Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers.

The reported position of £370k underspent is a result of lower activity in eating disorders and south wales out of area CAMHS placements in April and May. The full year forecast has increased to an overspend of £653k as it has emerged a very high cost medium secure mental health patient with enhanced observation is likely to cost more than £1.5m in year.

5.5 Strategic IMTP Developments

For new 20/21 developments and 19/20 developments or strategic priorities which did not get implemented in year, there is no spend reported to date and initial forecast of months 1-4 slippage is reflected.

The exception is the Fetal Medicine service sustainability scheme which was committed in 19/20 and agreed as recurrent funding by management group in May.

5.6 WHSSC Direct Running Costs

The running cost budget at month 4 is currently £29k overspent with a forecast position of £157k overspent. This is mainly due to historic underfunding of the non-pay budgets which has continues into 20/21.

5.7 Renal

The YTD position is currently £27k overspent, this is due to assumed activity growth across all providers which is being partially offset by a reduction in Royal Liverpool and Broadgreen in line with the provider agreed baseline. The full year forecast sits at £111k under spent as the full year effect of this baseline movement outweighs growth increases.

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. The month 4 independent sector capacity additional costs are assumed to match WG income and therefore have no commissioner impact, we will continue to monitor and report these separately to WG through the COVID MMR.



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 M4	(6,165)	(945)	(735)	(894)	(1,047)	(742)	(174)	(1,628)
Variance M3	(5,421)	(880)	(631)	(795)	(1,059)	(614)	(195)	(1,247)
Movement	(744)	(64)	(104)	(99)	11	(128)	21	(381)

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 M4	(6,053)	(983)	(696)	(866)	(1,122)	(645)	(209)	(1,531)
EOY forecast M3	(5,995)	(929)	(656)	(785)	(1,142)	(622)	(263)	(1,599)
EOY movement	(58)	(54)	(41)	(82)	20	(24)	54	68

7. Income / Expenditure Assumptions

7.1 Income from LHB's

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

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



Table 5 – 2020/21 Commissioner Income Expected and Received to Date

	2020/21 Planned Commissioner Income £'000	Income Expected to Date £'000	Actual Income Received to Date £'000	Accrued Income - WHSSC £'000	Accrued Income - EASC £'000	Total Income Accounte d to Date £'000	EOY Comm'er Position £'000
SB	100,780	33,593	33,676	(144)	62	33,594	(696)
Aneurin Bevan	154,662	51,554	51,749	(296)	101	51,554	(1,122)
Betsi Cadwaladr	188,283	62,761	62,761	0	0	62,761	(1,531)
Cardiff and Vale	134,785	44,928	45,086	(231)	73	44,928	(983)
Cwm Taf Morgannwg	119,712	39,904	38,401	1,425	78	39,904	(866)
Hywel Dda	99,276	33,092	33,125	(116)	83	33,092	(645)
Powys	41,056	13,685	13,640	0	45	13,685	(209)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	838,553	279,518	278,437	637	443	279,518	(6,053)

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

None

8. Overview of Key Risks / Opportunities

- There is a risk of additional COVID costs from agreeing block payments with English providers that adhere to the NHS England national guidance terms.
- The approved IMTP position is of 2% inflation uplift in line 20/21 tariff proposals. Most NHSE providers have agreed to block payments within these baselines and negotiations are ongoing where there is a gap between the provider block proposal and the plan baseline.
- The reported position assumes inflation of 2.8% will be payable in line with recent national cross border agreement.
- WG have indicated the 0.8% additional uplift over and above WHSSC plan inflation of 2% will be funded and whilst not included as an income offset in this position, is estimated to be in the range of £0.4m - £0.5m for Q1 & Q2.

9. Public Sector Payment Compliance

As at month 3 WHSSC has achieved 99.8% compliance for NHS invoices paid within 30 days by value and 96.6% by number.

For non NHS invoices WHSSC has achieved 99.9% in value for invoices paid within 30 days and 99.6% by number.

This data is updated on a quarterly basis.

10. Responses to Action Notes from WG MMR responses

Action Point 3.1

Consistency of reporting between Tables B3 (Covid) and E (Income) – this will be addressed in the Month 4 MMR tables.

Action Point 3.2

Duplication of an item reported as a risk (Table A2), that was already included in Table B3 (Covid) and Table E (Income) – this will be addressed in the Month 4 MMR tables.

11. SLA 20/21 status update

All Welsh SLAs are signed. WHSSC are currently in discussions with all WHSSC NHS England providers to agree block funding arrangements for quarter 1 and quarter 2 of 20/21 in line with cross border agreement. As per section 5.2, only a handful of providers are yet to agree.

12. Confirmation of position report by the MD and DOF



**Sian Lewis,
Managing Director, WHSSC**



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

WHSSC Financial Performance Report
High Level Summary

Month 4

2020-21

	WHSSC				Allocation of Variance						
	Annual Budget	Budgeted to Date	Actual to Date	Variance	Cardiff and Vale	SB	CTM	Aneurin Bevan	Hywel Dda	Powys	Betsi Cadwaladr
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income											
Welsh Local Health Boards											
Cardiff & Vale University Health Board	134,785	44,928	44,928	(0)	(0)						
Swansea Bay University Health Board	100,780	33,593	33,594	0		0					
Cwm Taf Morgannwg University Health Board	119,712	39,904	39,904	0			0				
Aneurin Bevan Health Board	154,662	51,554	51,554	0				0			
Hywel Dda Health Board	99,276	33,092	33,092	(0)					(0)		
Powys Teaching Health Board	41,056	13,685	13,685	(0)						(0)	
Betsi Cadwaladr University Health Board Provider	188,283	62,761	62,761	0							0
Total Income Position	838,553	279,518	279,518	0	(0)	0	0	0	(0)	(0)	0
Expenditure											
NHS Wales											
Cardiff & Vale University Health Board	226,251	75,417	72,683	(2,734)	(484)	(340)	(446)	(533)	(300)	(98)	(532)
Swansea Bay University Health Board	104,919	34,973	35,124	151	5	62	51	6	17	3	7
Cwm Taf Morgannwg University Health Board	9,947	3,316	3,316	0	0	0	0	0	0	0	0
Aneurin Bevan Health Board	8,358	2,786	2,786	0	0	0	0	0	0	0	0
Hywel Dda Health Board	1,629	543	543	0	0	0	0	0	0	0	0
Betsi Cadwaladr University Health Board Provider	42,952	14,317	14,279	(39)	(6)	(5)	(6)	(7)	(5)	(2)	(9)
Velindre NHS Trust	48,656	16,219	15,585	(634)	(182)	(4)	(176)	(249)	(10)	(14)	0
Sub-total NHS Wales	442,713	147,571	144,315	(3,256)	(667)	(286)	(576)	(784)	(298)	(111)	(534)
Non Welsh SLAs	115,984	38,661	38,044	(617)	(27)	(1)	(6)	(34)	(9)	8	(548)
IPFR	39,056	13,019	13,463	445	74	28	55	147	(15)	103	52
IVF	4,841	1,614	1,614	0	0	0	0	0	0	0	0
Mental Health	31,344	10,448	10,078	(370)	(40)	(80)	(45)	(150)	(39)	(60)	43
Renal	4,789	1,596	1,623	27	4	3	4	5	3	1	6
Prior Year Developments	2,628	876	876	0	0	0	0	0	0	0	0
2020/21 Plan Developments	20,955	6,488	4,329	(2,159)	(268)	(338)	(294)	(209)	(324)	(107)	(619)
Direct Running Costs	3,902	1,301	1,330	29	5	4	4	5	3	1	7
2019/20 Reserves	0	0	(150)	(150)	(24)	(19)	(21)	(28)	(18)	(6)	(33)
Phasing adjustment	0	1,097	1,097	0	0	0	0	0	0	0	0
EASC (incl WAST and EASC/QAT team costs)	172,341	56,847	56,847	0	0	0	0	0	0	0	0
Total Expenditure	838,553	279,518	273,465	(6,052)	(943)	(689)	(880)	(1,047)	(697)	(170)	(1,628)
	0.000	0.000		0							
Grand Total - WHSSC M4	(0)	(0)	(6,053)	(6,053)	(943)	(689)	(880)	(1,047)	(696)	(170)	(1,628)
				(0)	(0)						
Previous month	(0)	(0)	(5,421)	(5,421)	(880)	(631)	(795)	(1,059)	(614)	(195)	(1,247)
				0							
Grand Total - WHSSC movement	(0)	(0)	(632)	(632)	(63)	(59)	(84)	12	(82)	25	(381)

0

End Of Year Forecasts							
Current EOYF	C&V	SB	CTM	AB	HD	Po	BC
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
(0)	(0)	1	0	0	(0)	(1)	0
1							
0							
0							
0							
(0)					(0)		
(1)						(1)	
0							0
1	(0)	1	0	0	(0)	(1)	0
(2,734)	(484)	(340)	(446)	(533)	(300)	(98)	(532)
151	5	62	51	6	17	3	7
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
(39)	(6)	(5)	(6)	(7)	(5)	(2)	(9)
(634)	(182)	(4)	(176)	(249)	(10)	(14)	-
(3,256)	(667)	(286)	(576)	(784)	(298)	(111)	(534)
(416)	(14)	5	41	11	7	58	(524)
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
653	122	47	100	42	87	(17)	271
(111)	(17)	(13)	(16)	(21)	(14)	(5)	(25)
-	-	-	-	-	-	-	-
(2,628)	(363)	(410)	(373)	(315)	(390)	(123)	(654)
157	27	19	21	29	18	8	36
(450)	(71)	(56)	(64)	(84)	(55)	(19)	(100)
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
(6,052)	(983)	(695)	(866)	(1,122)	(645)	(209)	(1,531)
-							
(6,053)	(983)	(696)	(866)	(1,122)	(645)	(209)	(1,531)
(0)							
(5,995)	(929)	(656)	(785)	(1,142)	(622)	(263)	(1,599)
(0)	-						
(58)	(54)	(41)	(82)	20	(24)	54	68

(0)

Movement Reconciliation

Variance To Date				EOYF Variance		
Mth 4	Mth 3	Movement	Notes	Mth 4	Mth 3	Movement
£'000	£'000	£'000		£'000	£'000	£'000
(0)	(0)	(0)		(0)	(0)	(0)
0	0	0		1	2	(0)
0	0	0		0	0	(0)
0	0	0		0	0	(0)
(0)	(0)	(0)		(0)	(0)	(0)
(0)	(0)	(0)		(1)	(1)	(0)
0	(0)	0		0	(1)	1
0	0	0		1	0	1
(2,734)	(1,978)	(757)		(2,734)	(1,978)	(757)
151	66	85		151	66	85
-	-	-		-	-	-
-	-	-		-	-	-
-	-	-		-	-	-
(39)	(45)	6		(39)	(45)	6
(634)	(375)	(259)		(634)	(375)	(259)
(3,256)	(2,332)	(925)		(3,256)	(2,332)	(925)
(617)	(688)	71		(416)	(1,262)	846
445	(26)	471		-	-	-
-	-	-		-	-	-
(370)	(351)	(19)		653	(273)	926
27	75	(48)		(111)	(166)	55
-	-	-		-	-	-
(2,159)	(2,114)	(45)		(2,628)	(2,114)	(514)
29	15	14		157	152	5
(150)	-	(150)		(450)	-	(450)
-	-	-		-	-	-
-	-	-		-	-	-
(6,052)	(5,421)	(632)		(6,052)	(5,995)	(57)
(6,053)	(5,421)	(632)		(6,053)	(5,995)	(58)
(5,421)	(1,372)	(4,049)		(5,995)	(1,974)	(4,021)

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Income

WHSSC only (from M6 2016/17 on)	2019/20 Planned Income	Major Trauma Network Non Recurring	Major Trauma Centre Allocation Non Recurring	Critical Care Task and Finish Allocation Non Recurring	Cystic Fibrosis Support Non Recurring	Running Blades for Children Non Recurring	Home Parenteral Nutrition Allocation Non Recurring	Traumatic Stress Service Allocation Non Recurring	Emergency Services Mobile Communications Programme Control Room Solutions 18-19 NR RECOVERY	Invest to Save Care Homes for Younger Adults NR	Unscheduled Care Programme NR	WG Allocation for Fire Service Equipment NR	Emergency Department Quality & Delivery Framework NR	MH Urgent Care Case Access Review NR	WAST ARRP 19-20 NR	Adjustment for 20/21 Annual Plan Investment WHSSC	Adjustment for 20/21 Annual Plan Investment EASC	WAST Frontline - LHB Funded	Risk Share Rebasing Adjustment	NHS Wales Provider Inflation 2%	Critical Care Long Term Ventilation FYE	NHS England Tariff: CQUIN	Lynch Syndrome - (Genetics)	Paramedic Band 6 Uplift Allocation	Provider Wage Award	Removal of historical Ivacaftor (Kalydeco) funding	2020 /21 Planned Income	Income Expected to Date	Actual Income Received	Accrued Income	Total Income Accounted	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cardiff and Vale	108,248	-225	-244	-59	-4	-28	-167	-11								4,854			-259	1,623	92	46	47		779	-970	113,724	37,908	38,139	-231	37,908	0
SBU	80,424	-199	-217	-53	-3	-22	-16	-7								2,809			-1,032	1,190	64	36	37		492	-645	82,859	27,620	27,764	-144	27,620	0
CTMU	90,982	-186	-203	-49	-3	-25	-107	-8								3,822			401	1,371	88	41	42		599	-161	96,604	32,201	30,776	1,425	32,201	0
Aneurin Bevan	117,198	-274	-298	-72	-4	-33	-67	-11								5,744			712	1,711	106	59	56		786	-162	125,450	41,817	42,113	-296	41,817	0
Hywel Dda	72,846	-182	-198	-48	-3	-22	-35	-7								2,202			-720	1,090	69	36	37		463		75,529	25,176	25,292	-116	25,176	0
Powys	25,604	-32	-16	-8	-1	-7	-8	-3								761			1,553	255	12	52	13		116		28,288	9,429	9,429		9,429	0
Betsi Cadwaladr	138,742	0		0	-5	-39		-14								4,621			-655	1,026	0	303	66		360	-648	143,757	47,919	47,919		47,919	0
Total	634,044	-1,097	-1,176	-290	-24	-175	-400	-61	0	0	0	0	0	0	0	24,814	0	0	0	8,266	430	573	298	0	3,595	-2,586	666,211	222,070	221,434	637	222,071	0

Control Total Check				
134785	44928	44928		0
100780	33593	33594		0
119712	39904	39904		0
154662	51554	51554		0
99276	33092	33092		0
41056	13685	13685		0
188283	62761	62761		0
636,553	279,518	279,518		

EASC only	2019/20 Planned Income	Major Trauma Network Non Recurring	Major Trauma Centre Allocation Non Recurring	Critical Care Task and Finish Allocation Non Recurring	Cystic Fibrosis Support Non Recurring	Running Blades for Children Non Recurring	Home Parenteral Nutrition Allocation Non Recurring	Traumatic Stress Service Allocation Non Recurring	Emergency Services Mobile Communications Programme Control Room Solutions 18-19 NR RECOVERY	Invest to Save Care Homes for Younger Adults NR	Unscheduled Care Programme NR	WG Allocation for Fire Service Equipment NR	Emergency Department Quality & Delivery Framework NR	MH Urgent Care Case Access Review NR	WAST ARRP 19-20 NR	Adjustment for 2021 Annual Plan Investment WHSSC	Adjustment for 2021 Annual Plan Investment EASC	WAST Frontline - LHB Funded	Risk Share Rebasing Adjustment	NHS Wales Provider Inflation 2%	Critical Care Long Term Ventilation FYE	NHS England Tariff: CQUIN	Lynch Syndrome (Genetics)	Paramedic Band 6 Uplift Allocation	Provider Wage Award WAST	Removal of historical Ivacaftor (Kalydeco) funding	2020 /21 Planned Income	Income Expected to Date	Actual Income Received	Accrued Income	Total Income Accounted	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cardiff and Vale	20,067		-22						24						-78	79	79	218		396				192	184		21,060	7,020	6,947	73	7,020	0
SBU	17,108		-19						21						-91	58	58	186		337				164	157		17,921	5,974	5,911	62	5,974	0
CTMU	23,788		-18						26	-575	-300	-57	-600	-236	-59	76	76	235		424				206	198		23,108	7,703	7,625	78	7,703	0
Aneurin Bevan	27,834		-26						34						-109	101	101	304		550				267	257		29,212	9,737	9,636	101	9,737	0
Hywel Dda	22,632		-17						28						-69	61	61	250		450				220	211		23,746	7,915	7,832	83	7,915	0
Powys	12,169		-1						15						-49	20	20	136		243				119	115		12,768	4,256	4,211	45	4,256	0
Betsi Cadwaladr	42,401								52						-168	116	116	470		845				413	397		44,526	14,842	14,842	0	14,842	0
Total	166,000	0	-104	0	0	0	0	0	200	-575	-300	-57	-600	-236	-643	0	512	1,800	0	3,246	0	0	0	1,580	1,519	0	172,341	57,447	57,004	443	57,447	0

Total through WHSSC/EASC	800,044	-1,097	-1,280	-290	-24	-175	-400	-61	200	-575	-300	-57	-600	-236	-643	24,814	512	1,800	0	11,512	430	573	298	1,580	5,114	-2,586	838,553	279,518	278,437	1,080	279,518	0
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Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total	Current EOYF	C&V	SB	CTM	AB	HD	Po	BC		Variance To Date				EOYF Variance																					
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000																												%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
Emergency Services - Revenue	119,550	39,850	39,850	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Emergency Services - Capital Charges	16,365	5,455	5,455	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
ARRP (18/19 value)	214	71	71	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
NHS Direct	11,098	3,699	3,699	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Paramedic Banding Funding	6,943	2,314	2,314	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Clinical Desk enhancements	498	-	-	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
ESMCP project	1,940	647	647	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
ESMCP project Control Room Solution	1,122	374	374	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
ESMCP project Control Room Solution 18-19 NR	1,734	(578)	(578)	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
WG allocation Re WAST Resources 50%	346	115	115	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Neonatal Transport	220	73	73	-	19.38%	15.73%	18.38%	24.36%	16.38%	5.77%	0.00%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
APP (full year impact of 18/19 development)	1,186	395	395	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
18/19 & 19/20 Pay Award Through Commissioners	4,905	1,635	1,635	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Healthier Wales WAST (Recurrent)	279	(93)	(93)	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Always WAST	69	(33)	(33)	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
WAST Frontline - LHB Funded	1,800	-	-	-	12.13%	10.35%	13.05%	16.91%	13.90%	7.55%	26.11%	100.000%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																	
Total WAST	165,071	54,424	54,424	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																		
																																	Funding Release to be approved by EASC Joint Committee																								

[illegible][illegible][illegible]

2020/21 Covid Expenditure				Month 4				Income Allocation through CTM				Share of Variance								End Of Year Forecasts								Movement Reconciliation																
				WHSCT				Allocation of Variance																		Variance To Date								EOYF Variance										
				Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		C&V %	SB %	CTM %	AB %	HD %	Po %	BC %	Total %		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000		Mth 4 £'000	Mth 3 £'000	Movement £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes		
WHSCT - Independent Sector Hospital Capacity				0	16,189	16,189	0				100.00%					100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
NCCU - Mental Health Surge Capcity					1,963	1,963	0				100.00%					100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grand Total M4				0	18,152	18,152	0											-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Welsh SLAs

Month 4

2 Year average Utilisation Risk Share	Pooling - Risk Share	Live in year riskshare - Neonatal only
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Share of Variance	
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End Of Year Fo

Cardiff & Vale University Health Board Provider					WHSSC				Allocation of Variance																							
Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM					
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000					
CARDIOTHORACIC																																
Cardiology- Specialist Services	11,951	3,984	3,984	-		52.35%	0.15%	18.61%	25.62%	0.12%	3.16%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Cardiology for AB	2,034	678	678	-		0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Cwm Taf Cardiology ICD's	415	138	138	-		0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
SB Cardiology	145	48	48	-		0.00%	27.88%	0.00%	0.00%	72.12%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Contract Rebasing Difference	674	225	225	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Cardiac Surgery- TAVI	1,804	601	601	-		29.49%	0.00%	15.71%	52.64%	0.00%	2.17%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
ACHD	445	148	148	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Cardiac Surgery	14,829	4,943	4,943	-		28.71%	0.01%	24.50%	44.63%	-0.07%	2.23%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Thoracic Surgery	4,209	1,403	1,381	(22)		39.79%	1.01%	22.97%	32.86%	2.25%	1.05%	0.08%	100.00%		(9)	(0)	(5)	(7)	(0)	(0)	(0)	(0)	(22)	-	(22)	(9)	(0)	(5)				
NEUROSCIENCE/ ALAS																																
Neurosurgery	18,382	6,127	6,127	-		22.80%	13.62%	23.24%	25.84%	12.40%	1.95%	0.15%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Spinal Implants	1,375	458	13	(446)		28.27%	14.62%	24.14%	24.65%	7.54%	0.78%	0.00%	100.00%		(126)	(65)	(108)	(110)	(34)	(3)	-	(446)	-	(446)	(126)	(65)	(108)					
Spinal Implants - SB Intrathecal Pumps			-	-			100.00%						100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
INR Devices	1,828	609	496	(114)		21.55%	17.07%	25.84%	21.51%	13.46%	0.57%	0.00%	100.00%		(24)	(19)	(29)	(24)	(15)	(1)	-	(114)	-	(114)	(24)	(19)	(29)					
Epilepsy Surgery	405	135	135	-		53.24%	8.95%	0.00%	23.38%	9.95%	4.48%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Spinal Injuries	3,315	1,105	1,105	-		26.20%	17.14%	18.89%	20.49%	15.28%	2.01%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Neuro Rehab	3,615	1,205	1,205	-		52.31%	1.72%	13.43%	29.38%	2.91%	0.25%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
ALAS	17,241	5,747	4,145	(1,602)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(254)	(199)	(227)	(300)	(197)	(67)	(357)	(1,602)	-	(1,602)	(254)	(199)	(227)					
RENAL																																
Renal Surgery	3,554	1,185	1,185	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Nephrology	6,719	2,240	2,240	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Home Renal Dialysis	1,360	453	453	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Renal CAPD (Dialysis)	1,675	558	558	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Hospital Renal Dialysis	13,974	4,658	4,658	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Renal Transplants	6,048	2,016	1,899	(117)		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(17)	(14)	(17)	(22)	(15)	(5)	(27)	(117)	-	(117)	(17)	(14)	(17)					
HAEMATOLOGY																																
Haemophilia - Blood products	5,050	1,683	1,186	(497)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(79)	(62)	(71)	(93)	(61)	(21)	(111)	(497)	-	(497)	(79)	(62)	(71)					
IBD Service Infrastructure	1,475	492	492	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Haemophilia Ref Centre	73	24	24	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
BMT - Cardiff & SB	8,698	2,899	2,811	(89)		10.39%	16.11%	23.75%	28.96%	18.78%	2.00%	0.00%	100.00%		(9)	(14)	(21)	(26)	(17)	(2)	-	(89)	-	(89)	(9)	(14)	(21)					
ATMPs - C&V Service	1,407	469	407	(62)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(10)	(8)	(9)	(12)	(8)	(3)	(14)	(62)	-	(62)	(10)	(8)	(9)					
Lymphoma Panel	955	318	318	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Clinical Immunology	7,902	2,634	3,057	423		20.94%	16.43%	18.78%	24.81%	16.25%	2.78%	0.00%	100.00%		89	69	79	105	69	12	-	423	-	423	89	69	79					
PAEDIATRICS/ NEONATAL																																
Paediatric Surgery	6,655	2,218	2,218	-		51.38%	6.94%	13.47%	19.38%	7.40%	1.37%	0.05%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric Renal	1,393	464	478	13		47.48%	9.09%	19.09%	18.13%	5.44%	0.76%	0.02%	100.00%		6	1	3	2	1	0	0	13	-	13	6	1	3					
Paediatric Oncology	9,110	3,037	3,026	(10)		28.87%	12.62%	20.78%	24.96%	11.82%	0.95%	0.00%	100.00%		(3)	(1)	(2)	(3)	(1)	(0)	(0)	(10)	-	(10)	(3)	(1)	(2)					
Paediatric Neurology	2,565	855	855	-		50.05%	4.72%	17.50%	20.27%	6.35%	1.12%	0.01%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric Rheumatology	266	89	89	-		20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric Neuro Rehab	262	87	87	-		54.01%	3.85%	15.38%	21.43%	4.34%	0.88%	0.11%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric Gastroenterology	864	288	288	-		49.84%	3.04%	20.40%	23.06%	1.25%	2.40%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric ENT	1,558	519	519	-		73.58%	2.03%	6.71%	13.03%	2.00%	2.65%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paediatric Cardiology	2,553	851	851	-		44.64%	10.47%	15.92%	22.07%	5.89%	1.00%	0.01%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Fetal Cardiology	303	101	101	-		26.23%	26.15%	27.65%	6.02%	13.21%	0.36%	0.39%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paeds Cystic Fibrosis	568	189	150	(40)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(6)	(5)	(6)	(7)	(5)	(2)	(9)	(40)	-	(40)	(6)	(5)	(6)					
Paeds Endocrinology	709	236	236	-		49.03%	9.60%	19.35%	7.50%	13.15%	1.37%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paeds Endocrinology Future Service	-	-	-	-									100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Children's Hospital for Wales	1,257	419	419	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
PICU BH	4,829	1,610	1,610	-		34.96%	11.31%	16.63%	24.41%	10.57%	2.13%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
NICU BH	9,424	3,141	3,141	-		32.55%	-14.94%	93.31%	-28.02%	15.84%	1.26%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Perinatal	282	94	94	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
ADULT CRITICAL CARE																																
A&CU	6,463	2,154	2,154	-		35.10%	9.61%	21.50%	24.32%	7.95%	1.26%	0.25%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
HDU	714	238	238	-		35.86%	7.39%	29.51%	21.95%	3.78%	1.38%	0.12%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Critical Care Task & Finish Funding		-	-	-									0.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Critical Care Long Term Ventilation	830	277	277	-		20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Paeds Respiratory Equipment	295	98	55	(43)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(7)	(5)	(6)	(8)	(5)	(2)	(10)	(43)	-	(43)	(7)	(5)	(6)					
LTV Consultant Sessions	38	13	13	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
GENETICS/ LTC																																
Medical Genetics	8,893	2,964	2,964	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
UK GTN Send out tests	392	131	109	(21)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(3)	(3)	(3)	(4)	(3)	(1)	(5)	(21)	-	(21)	(3)	(3)	(3)					
Lynch Syndrome	298	99	99	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Genetic Counsellor 8a	64	21	21	-		0.00%	60.00%	0.00%	0.00%	40.00%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Enzyme Replacement Therapy	467	156	156	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-					
Cystic Fibrosis	5,840	1,947	1,788	(159)		26.66%	14.31%	21.26%	23.17%	11.16%	3.12%	0.31%	100.00%		(42)	(23)	(34)	(37)	(18)	(5)	(0)	(159)	-	(159)	(42)	(23)						

Pay Award	5,293	1,764	1,764	-		100.00%							100.00%		-	-	-	-	-	-	-	-	-	-	-		
Total	226,251	75,417	72,683	(2,734)											(484)	(340)	(446)	(533)	(300)	(98)	(532)	(2,734)		(2,734)	(484)	(340)	(446)

Swansea Bay University Health Board Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Renal	15,896	5,299	5,299	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Renal - West Wales ISP Units	2,792	931	931	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
IBD Haemophilia	895	298	328.85	31		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		5	4	4	6	4	1	7	31		31	5	4	4
Cardiac Surgery	15,187	5,062	5,062	-		1.27%	40.55%	13.06%	0.43%	40.84%	3.48%	0.37%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
TAVI	2,726	909	908.57	-		1.27%	40.55%	13.06%	0.43%	40.84%	3.48%	0.37%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cardiology	10,909	3,636	3,636	-		1.29%	39.81%	10.78%	0.41%	43.91%	2.76%	1.03%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Thoracic	3,126	1,042	1,042	-		1.06%	46.62%	14.96%	0.45%	33.86%	2.73%	0.32%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Plastics	18,223	6,074	6,074	-		7.26%	36.38%	17.77%	14.79%	21.03%	2.60%	0.18%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
CLP	1,479	493	493	-		18.28%	16.79%	20.02%	27.71%	14.84%	2.36%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Burns	5,360	1,787	1,787	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Rehab	2,066	689	689	-		0.07%	61.44%	9.30%	0.02%	28.92%	0.25%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Neonatal Care - NICU/HDU/SCBU	5,247	1,749	1,749	-		2.12%	50.93%	25.63%	1.10%	18.32%	1.90%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
ALAC	1,899	633	633	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
NICE	160	53	173.18	120		0.09%	48.51%	39.20%	0.05%	10.78%	1.37%	0.00%	100.00%		0	58	47	0	13	2	-	120		120	0	58	47
Clinical Genetics	63	21	21	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Medium Secure Mental Health - East Forensics	14,376	4,792	4,792	-		22.15%	24.12%	17.62%	13.45%	16.05%	3.25%	3.37%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Mental Health Academic Fee	130	43	43	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
To charge only actual device cost DES, ICD, ISAT etc (provisional)	-	-	-	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Bariatrics	748	249	249	-		6.45%	28.71%	18.39%	32.13%	10.39%	3.94%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Bariatrics Stage 1	-	-	-	-		6.45%	28.71%	18.39%	32.13%	10.39%	3.94%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Sarcoma	1,005	335	335	-		17.88%	18.93%	18.99%	21.91%	19.45%	2.59%	0.24%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Sentinel Node Biopsy	113	38	38	-		7.14%	35.66%	17.93%	18.08%	21.19%	2.85%	0.16%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
BAHA	62	21	21	-		20.94%	16.43%	18.78%	24.81%	16.25%	2.78%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Paediatric Oncology	142	47	47	-		0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award	2,317	772	772	-			100.00%						100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total SB	104,919	34,973	35,124	151									100.00%		5	62	51	6	17	3	7	151		151	5	62	51

Betsi Cadwaladr University Health Board Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
ALAS	6,305	2,102	2,102	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
BAHA	550	183	183	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cervical screening capital charge adjustment	(32)	(11)	(11)	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Renal	15,312	5,104	5,104	-		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
BMT	94	31	31	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Angioplasty	3,021	1,007	1,007	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
ACHD	143	48	48	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
ICD	2,507	836	836	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Medical Genetics	183	61	61	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
NICU	1,145	382	382	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
CAMHS - Inpatient unit	2,936	979	979	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cochlear Implants	1,723	574	574	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Haemophilia	1,623	541	502	(39)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(6)	(5)	(6)	(7)	(5)	(2)	(9)	(39)		(39)	(6)	(5)	(6)
Sarcoma	75	25	25	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Medium Secure Mental Health	5,338	1,779	1,779	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
PET Scan	1,105	368	368	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award	923	308	308	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total Betsi Cadwaladr	42,952	14,317	14,279	(39)									100.00%		(6)	(5)	(6)	(7)	(5)	(2)	(9)	(39)		(39)	(6)	(5)	(6)

Cwm Taf Morgannwg University Health Board Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Neonatal Care - NICU/HDU/SCBU	3,919	1,306	1,306	-		19.62%	-94.18%	179.89%	-7.86%	4.52%	-1.99%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
CAMHS T4	4,194	1,398	1,398	-		29.66%	16.53%	20.52%	15.06%	16.87%	1.15%	0.22%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
FACTS	487	162	162	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
ICD	663	221	221	-		0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
BAHA	-	-	-	-		20.94%	16.43%	18.78%	24.81%	16.25%	2.78%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cochlear	308	103	103	-		20.94%	16.43%	18.78%	24.81%	16.25%	2.78%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Residual Capital Charge	48	16	16	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award	329	110	110	-				100.00%					100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total Cwm Taf	9,947	3,316	3,316	0											0	0	0	0	0	0	0	0		0	0	0	0

Aneurin Bevan Health Board Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Cardiology	1,281	427	427	-		0.63%	0.15%	0.06%	96.65%	0.00%	2.51%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Neonatal Care - NICU/HDU/SCBU	6,807	2,269	2,269	-		2.30%	0.48%	2.57%	89.81%	1.24%	3.59%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
RF ablation	120	40	40	-		20.00%	4.85%	21.82%	46.66%	6.67%	0.00%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award	149	50	50	-					100.00%				100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total Aneurin Bevan	8,358	2,786	2,786	-											0	0	0	0	0	0	0	0		0	0	0	0

Hywel Dda Health Board Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Neonatal Care - NICU/HDU/SCBU	1,560	520	520	-		0.47%	1.01%	0.89%	0.08%	96.50%	1.04%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cervical Screening Capital Charges	16	5	5	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award	53	18	18	-						100.00%			100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total Hywel Dda	1,629	543	543	-											0	0	0	0	0	0	0	0		0	0	0	0

Velindre NHS Trust Provider

Service						C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Welsh Blood Service	27,366	9,122	9,122	0		19.38%	15.72%	18.39%	24.36%	16.38%	5.77%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award WBS	395	132	132	0									0.00%		-	-	-	-	-	-	-	-		-	-	-	-
Cancer Services (Main LTA)	9,598	3,199	3,199	0		28.69%	0.59%	27.82%	39.25%	1.51%	2.14%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
SRS/SBRT/Cerebral Mets & IGBT	838	279	279	0		28.69%	0.59%	27.82%	39.25%	1.51%	2.14%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Melanoma Pathway Drugs	9,358	3,119	2,486	(634)		28.69%	0.59%	27.82%	39.25%	1.51%	2.14%	0.00%	100.00%		(182)	(4)	(176)	(249)	(10)	(14)	-	(634)		(634)	(182)	(4)	(176)
Other NICE cancer drugs	890	297	297	0		28.69%	0.59%	27.82%	39.25%	1.51%	2.14%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-
Pay Award VCC	211	70	70	0									0.00%		-	-	-	-	-	-	-	-		-	-	-	-
Total Velindre	48,656	16,219	15,585	(634)											(182)	(4)	(176)	(249)	(10)	(14)	0	(634)		(634)	(182)	(4)	(176)

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	225	(225)		-	225	(225)	27 procedures in month menaing 28 procedures over YTD baseline as at month 3, forecast YTD
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(7)	(0)	(0)	(0)	(22)	(17)	(6)		(22)	(17)	(6)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
(110)	(34)	(3)	-	(446)	(344)	(102)		(446)	(344)	(102)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
(24)	(15)	(1)	-	(114)	(252)	139		(114)	(252)	139	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(300)	(197)	(67)	(357)	(1,602)	(1,467)	(134)		(1,602)	(1,467)	(134)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(22)	(15)	(5)	(27)	(117)	(72)	(44)		(117)	(72)	(44)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
(93)	(61)	(21)	(111)	(497)	(330)	(167)		(497)	(330)	(167)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(26)	(17)	(2)	-	(89)	(59)	(30)		(89)	(59)	(30)	Underperformance based on passthrough element of contract, forecast set at YTD level
(12)	(8)	(3)	(14)	(62)	(59)	(3)		(62)	(59)	(3)	Underperformance based on passthrough element of contract, forecast set at YTD level.
-	-	-	-	-	-	-		-	-	-	
105	69	12	-	423	569	(146)		423	569	(146)	Overperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
2	1	0	0	13	9	4		13	9	4	Overperformance based on passthrough element of contract, forecast set at YTD level
(3)	(1)	(0)	(0)	(10)	(8)	(3)		(10)	(8)	(3)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(7)	(5)	(2)	(9)	(40)	(27)	(12)		(40)	(27)	(12)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(8)	(5)	(2)	(10)	(43)	(33)	(10)		(43)	(33)	(10)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(4)	(3)	(1)	(5)	(21)	(23)	1		(21)	(23)	1	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(37)	(18)	(5)	(0)	(159)	(117)	(42)		(159)	(117)	(42)	Underperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
6	4	1	-	25	-	25		25	-	25	New Service
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
6	4	1	-	26	28	(2)		26	28	(2)	Overperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	

-	-	-	-	-	-	-	-	-	-	-	-
(533)	(300)	(98)	(532)	(2,734)	(1,978)	(757)		(2,734)	(1,978)	(757)	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
6	4	1	7	31	15	16		31	15	16	Overperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	5 procedures over baseline YTD. Forecast set at YTD level.
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
0	13	2	-	120	51	69		120	51	69	Overperformance based on passthrough element of contract, forecast set at YTD level
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
6	17	3	7	151	66	85	0	151	66	85	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
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-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	(37)	37		-	(37)	37	3 procedures over YTD baseline.
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(7)	(5)	(2)	(9)	(39)	(8)	(31)		(39)	(8)	(31)	
-	-	-	-	-	-	-		-	-	-	
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(7)	(5)	(2)	(9)	(39)	(45)	6	0	(39)	(45)	6	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	11 admissions YTD.
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	6 procedures carried out to date
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
0	0	0	0	0	0	0	0	0	0	0	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	41 procedures over YTD
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	11 procedures over YTD
-	-	-	-	-	-	-		-	-	-	
0	0	0	0	0	0	0	0	0	0	0	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4	Mth 3	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
0	0	0	0	0	0	0	0	0	0	0	

AB	HD	Po	BC	Variance To Date				EOYF Variance			
£'000	£'000	£'000	£'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
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-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(249)	(10)	(14)	-	(634)	(375)	(259)		(634)	(375)	(259)	As per Velindre Q1 monitoring
-	-	-	-	-	-	-		-	-	-	
-	-	-	-	-	-	-		-	-	-	
(249)	(10)	(14)	0	(634)	(375)	(259)	0	(634)	(375)	(259)	

Non Welsh SLAs

Month 4

2 Year average Utilisation Risk Share

Pooling - Risk Share

Share of Variance

End Of Year Forecasts

Movement Reconciliation

English NHS Providers	WHSCC					Allocation of Variance										Current EOYF										Variance To Date					EOYF Variance					Notes			
	Annual Budget	Expected to Date	Actual to Date	Variance	Basis for calculation	C&V	SB	CTM	AB	HD	Po	BC	Total	C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC		Mth 4	Mth 3	Movement	Notes	Mth 4		Mth 3	Movement	
	£'000	£'000	£'000	£'000		%	%	%	%	%	%	%	%	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	
Alder Hey Children's NHS Foundation Trust	16,305	5,435	5,475	40	BLOCK M1-M6	0.01%	0.03%	0.28%	0.01%	0.46%	1.88%	97.33%	100.00%	0	0	0	0	0	1	39	40		128	0	0	0	0	1	2	124		40	30	10		128	61	67	BLOCK M1-M6 based on WHSCC plan + new High cost Drugs for CF therapies & Nusinersen paid on actual costs incurred. FORECAST based on BLOCK variance to M6 + Plan for remainder of year PLUS additional FULL YEAR England Inflation. ACTUAL PERFORMANCE TO M3 OVERALL IS £1.465m below BLOCK.
Alder Hey Children's- Blood Factor Products	663	221	227	6	BLOCK M1-M6	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	1	1	1	1	1	0	1	6		11	2	1	2	2	1	0	3		6	4	1		11	9	3	FORECAST based on BLOCK variance to M6 + Plan for remainder of year PLUS additional FULL YEAR England Inflation.
Alder Hey Children's- ECMO	59	20	20	1	BLOCK M1-M6	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	0	0	0	0	0	0	0	1		1	0	0	0	0	0	0	0		1	0	0		1	1	0	BLOCK M1-M6 based on WHSCC plan. FORECAST based on BLOCK variance to M6 + Plan for remainder of year PLUS additional FULL YEAR England Inflation.
Birmingham Women's & Children's Hospital NHS Foundation Trust	1,970	657	664	8	Block	10.84%	8.86%	3.30%	14.33%	5.30%	49.02%	8.37%	100.00%	1	1	0	1	0	4	1	8		22	2	2	1	3	1	11	2		8	6	2		22	12	10	Block agreed with Transfer to developments to cover the Aofaste Alpha. The position to date is block to M4 plus 0.803% additional inflation. The forecast assumes Block to M6 plus additional inflation plus the additional inflation for a further 6 months(to M12)
Cambridge University Hospitals NHS Foundation Trust (Addenbrooke's)	214	71	67	(4)	Block	8.16%	3.01%	1.79%	12.63%	2.49%	4.18%	67.74%	100.00%	(0)	(0)	(0)	(1)	(0)	(0)	(3)	(4)		(6)	(0)	(0)	(0)	(1)	(0)	(0)	(4)		(4)	(3)	(1)		(6)	(6)	1	Overall baseline agreed at £662 for the year with Block M1-6. Agreement reached on the basis that if drug doses on ERT Change with approval we would pay the increase. Forecast assumes straight block to M6 plus additio 0.803% inflation and for the remainder of the year M7-12 with additional 0.803% inflation to M12. Actual value of activity to block payment is currently £79k lower to M3
Cambridge University Hospitals NHS Foundation Trust - ERT	496	165	155	(10)	Block	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(2)	(1)	(1)	(2)	(1)	(0)	(2)	(10)		(13)	(2)	(2)	(2)	(2)	(2)	(1)	(3)		(10)	(8)	(3)		(13)	(15)	2	As line above
Manchester University Foundation Trust (previously Central & South)	3,818	1,273	1,052	(221)	BLOCK M1-M6	0.91%	3.03%	1.42%	1.26%	2.24%	1.52%	89.62%	100.00%	(2)	(7)	(3)	(3)	(5)	(3)	(198)	(221)		(316)	(3)	(10)	(4)	(4)	(7)	(5)	(283)		(221)	(165)	(55)		(316)	(331)	15	BLOCK M1-M6 based on 19/20 - M9 Freeze Forecast. Outturn. FORECAST based on BLOCK variance to M6 + Plan for remainder of year PLUS additional FULL YEAR England Inflation. ACTUAL PERFORMANCE TO M3 IS £561k below BLOCK.
Christie NHS Foundation Trust	3,529	1,176	1,157	(19)	BLOCK M1-M6	0.19%	1.97%	0.36%	0.09%	2.00%	2.30%	93.08%	100.00%	(0)	(0)	(0)	(0)	(0)	(0)	(18)	(19)		(13)	(0)	(0)	(0)	(0)	(0)	(0)	(12)		(19)	(14)	(5)		(13)	(29)	15	AGREED 20/21 Provider Proposal for the whole year as lower than WHSCC baseline. FORECAST based on BLOCK variance to M6 +Plan for remainder of year PLUS additional FULL YEAR England Inflation. ACTUAL PERFORMANCE TO M3 IS £426 below BLOCK.
DDRC	265	88	30	(58)	Annual Block NON NHS	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(9)	(7)	(8)	(11)	(7)	(2)	(13)	(58)		(175)	(28)	(22)	(25)	(33)	(22)	(7)	(39)		(58)	(44)	(15)		(175)	(175)	-	The HBOT contract has always been based on a block. The reduction in indications treated has resulted in a significant reduction in the annual block of over £150k. The forecast assumes an Annual contract £90k which has been agreed so full saving of £175k on baseline.
Great Ormond Street Hospital for Children NHS Foundation Trust	1,555	518	552	33	Block	15.14%	17.61%	10.26%	18.94%	22.84%	4.43%	10.78%	100.00%	5	6	3	6	8	1	4	33		7	1	1	1	1	2	0	1		33	(49)	82		7	(98)	105	Block agreed at a level of £1.92M for the year with block payments being made M1-6. However if any Vein of Galen patients or CaT patients are treated these would be paid on a cost and volume basis. We have now had a Vein Of Galen patient £96k which is in addition to the block. Forecast assumes straight line block to M6 plus Vein of Galen and plan for the remainder of the year M7-12 with the additional 0.803 % inflation to M12. The value of activity to M3 is currently lower than the block by £123k.
Great Ormond Street Hospital for Children NHS Foundation Trust - ECMO	371	124	124	(0)	Block	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)		1	0	0	0	0	0	0	0		(0)	(0)	(0)		1	(0)	1	As line above
Guy's and St Thomas' NHS Foundation Trust	923	308	406	99	Annual Block	11.32%	2.00%	25.43%	28.95%	11.77%	1.78%	18.75%	100.00%	11	2	25	29	12	2	18	99		296	33	6	75	86	35	5	55		99	74	25		296	296	-	Block agreed for the year at £1.7M. Forecast assumes annual agreement. Data to M3 show an overperformance of the block by £1k.
Guy's and St Thomas' NHS Foundation Trust - ECMO	430	143	187	44	Annual Block	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	7	5	6	8	5	2	10	44		131	21	16	19	25	16	6	29		44	33	11		131	131	-	As Above Line
Heart of England NHS Foundation Trust	416	139	137	(1)	Block	7.26%	0.29%	2.17%	9.97%	1.72%	60.97%	17.62%	100.00%	(0)	(0)	(0)	(0)	(0)	(1)	(0)	(1)		(0)	(0)	(0)	(0)	(0)	(0)	(0)		(1)	(1)	(0)		(0)	(2)	2	Block Agreed on basis of Rollover baseline from 19/20. Forecast assumes Block variance to M6 with plan for the remainder of the year M7-12 plus 0.803 % inflation for 12 months. The M3 data submitted shows no underperformance against the block. A high cost patient in M3 has reduced the underperformance to zero.	
Imperial College Healthcare NHS Trust	1,824	608	582	(26)	Block	18.76%	25.99%	14.43%	16.26%	11.75%	5.52%	7.30%	100.00%	(5)	(7)	(4)	(4)	(3)	(1)	(2)	(26)		(31)	(6)	(8)	(4)	(5)	(4)	(2)	(2)		(26)	(19)	(6)		(31)	(39)	8	The to date position is block to M4 plus 0.803% additional inflation. Forecast is Block Month 1-6 with additional inflation of 0.803% to M12 with plan M7-12. Data to M3 show an underperformance of the block by £302k.
Imperial College Healthcare NHS Trust - PHT	1,764	588	624	36	Block	24.56%	10.73%	20.42%	11.81%	7.88%	11.58%	13.03%	100.00%	9	4	7	4	3	4	5	36		61	15	7	13	7	5	7	8		36	27	9		61	54	7	As Above Line
King's College Hospital NHS Foundation Trust	621	207	211	4	Block	19.23%	6.41%	18.42%	28.36%	10.17%	7.75%	9.66%	100.00%	1	0	1	1	0	0	0	4		10	2	1	2	3	1	1	1		4	3	1		10	6	4	Block agreed at rollover baseline. Position to date is block to M4 plus additional 0.803% additional inflation to M4. Forecast Block M1-6 plus 0.803% additional inflation for M1-12. Contact actuals to M3 show an underperformance of the block of £93k.
Leeds Teaching Hospitals NHS Trust	111	37	27	(10)	19/20 Baseline	5.72%	4.22%	12.53%	6.21%	19.41%	2.69%	49.21%	100.00%	(1)	(0)	(1)	(1)	(2)	(0)	(5)	(10)		(14)	(1)	(1)	(2)	(1)	(3)	(0)	(7)		(10)	(8)	(3)		(14)	(15)	1	BLOCK to M6 - on rolled over 19/20. Not yet Agreed. FORECAST based on BLOCK variance to M6 + Plan for remainder of year PLUS additional FULL YEAR England Inflation. ACTUAL PERFORMANCE TO M3 IS £22K over BLOCK. due to high cost Emergency T&O with Critical Care.
Liverpool Heart and Chest Hospital NHS Foundation Trust	17,433	5,811	5,139	(672)	BLOCK M1-M4	0.03%	0.03%	0.00%	0.00%	0.04%	0.73%	99.16%	100.00%	(0)	(0)	(0)	(0)	(0)	(5)	(667)	(672)		(946)	(0)	(0)	(0)	(0)	(0)	(7)	(938)		(672)	(504)	(168)		(946)	(1,009)	63	BLOCK M1-M6 based on 19/20 M9 freeze FOT + new High cost drugs for CF on actual costs incurred. FORECAST based on BLOCK variance to M6 +Plan for remainder of year PLUS additional FULL YEAR England Inflation. ACTUAL PERFORMANCE TO M3 IS £1.267m below BLOCK however, M3 activity is above 19/20 average activity.
NHS Blood & Transplant	250	83	148	64	M2	17.88%	24.22%	13.77%	23.01%	19.86%	1.26%	0.00%	100.00%	12	16	9	15	13	1	0	64		64	12	16	9	15	13	1	-		64	12	53		64	12	53	Provider wanted to go with cost and Volume for 20/21. The position to date is based on M2 actuals and planned for M3+M4. There has been some additional activity agreed for M1&2 as it was incorrectly billed to NHS England and related to activity in the North. This error has been happening for some time but all parties have agreed that we will not revisit 19/20 and will correct from 20/21 onwards. The Forecast assumes position to date plus plan for the remainder of the year.
Newcastle Upon Tyne Hospitals NHS Foundation Trust	39	13	13	0	Block	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0		0	0	0		0	0	0	Block at Plan
Papworth Hospital NHS Foundation Trust	876	292	297	5	Block																																		

		WHSCC				Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of Variance										Allocation of 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(Individual Patient Agreements)						Month 4		2 Year average Utilisation Risk Share		Pooling - Risk Share		Share of Variance												End Of Year Forecasts								Movement Reconciliation									
		WHSCC				Allocation of Variance																								Variance To Date								EOYF Variance			
	Financial Code	Annual Budget £'000	Expected To Date £'000	Actual To Date £'000	Variance £'000		C&V %	SB %	CTM %	AB %	HD %	Po %	BC %	Total %		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	
IVF (IPC)	H400-various-0000-various	407	136	136	0		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-		
IVF (non-Wales)	H400-38350-0000-various	1,173	391	391	0		0.06%	0.00%	0.06%	0.00%	0.11%	11.71%	88.07%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-			
IVF (non-Wales) - activity moving back to Welsh contract for 14/15 as unit now open	H400-38350-0000-various	516	172	172	0		30.21%	18.23%	15.46%	21.12%	13.74%	1.16%	0.07%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-			
IVF (Welsh contracts)	H400-38355-0000-000000	2,745	915	915	0		30.21%	18.23%	15.46%	21.12%	13.74%	1.16%	0.07%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-			
Grand Total M4		4,841	1,614	1,613.673	0											0	0	0	0	0	0	0	0		-	0	0	0	0	0	0	0	-	-	-	-	-	-	-		
Grand Total prior month		4,841	1,210	1,210	0											-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-				
Grand Total - Movement		0.000	403	403	0											-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-				

Mental Health
(Individual Patient Agreements)

Month 4

2 Year average Utilisation Risk Share Pooling - Risk Share

	WHSCC				Allocation of Variance									Allocation of Variance									Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000	Variance To Date				EOYF Variance			
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000	C&V %	SB %	CTM %	AB %	HD %	Po %	BC %	Total %		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000											Mth 4 £'000	Mth 3 £'000	Notes £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes	
MH High Secure - Rampton	1,777	592	592	(0)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)			
MH High Secure - Ashworth	12,002	4,001	4,001	(0)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)				
Total Non Welsh SLA's M4	13,779	4,593	4,593	(0)									(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)					
Forensic Mental Health	9,302	3,101	3,163	62	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	10	8	9	12	8	3	14	62	995	157	124	141	187	122	42	222	62	38	24		995	38	957				
Case Management Investment - SB	339	113	113	0	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Case Management Investment - BCU	171	57	57	0	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Medium secure DTGC recharges	-	0	(3)	(3)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(1)	(0)	(0)	(1)	(0)	(0)	(1)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)				
Gender	716	239	246	8	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	1	1	1	1	1	0	2	8	8	8	1	1	1	1	1	0	2	8	31	(24)		8	31	(24)			
Perinatal OOA	1,005	335	286	(49)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(8)	(6)	(7)	(9)	(6)	(2)	(11)	(49)	(49)	(6)	(6)	(7)	(9)	(6)	(2)	(11)	(49)	(111)	63		(49)	(111)	63				
Deaf MH	194	65	38	(27)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(4)	(3)	(4)	(5)	(3)	(1)	(8)	(27)	(27)	(4)	(3)	(4)	(5)	(3)	(1)	(6)	(27)	(33)	6		(27)	(33)	6				
Other MH	70	23	136	112	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	18	14	16	21	14	5	25	112	200	32	25	28	38	25	8	45	112	90	22		200	134	66				
Sub-total Adult Mental Health (excl ED)	11,797	3,932	4,035	103									16	13	15	19	13	4	23	103	1,123	178	140	160	211	138	47	250	103	12	91		1,123	56	1,067				
Eating Disorders	1,839	646	489	(157)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(25)	(20)	(22)	(29)	(19)	(7)	(35)	(157)	(157)	(25)	(20)	(22)	(29)	(19)	(7)	(35)	(157)	(136)	(19)		(157)	(136)	(19)				
CAMHS OOA - BCU patients	1,102	367	454	87	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0	0	0	0	0	0	87	87	87	0	0	0	0	0	0	87	87	80	7		87	103	(16)				
CAMHS OOA - South Wales patients	1,356	452	191	(261)	3.30%	21.52%	6.57%	43.27%	5.66%	19.68%	0.00%	100.00%	(9)	(56)	(17)	(113)	(16)	(51)	0	(261)	(261)	(9)	(56)	(17)	(113)	(16)	(51)	0	(261)	(208)	(53)		(261)	(196)	(65)				
FACTS OOA - All Wales	1,371	457	315	(142)	15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	(22)	(18)	(20)	(27)	(17)	(6)	(30)	(142)	(136)	(18)	(22)	(17)	(20)	(26)	(17)	(6)	(31)	(142)	(97)	(45)		(136)	(97)	(41)			
Sub-total CAMHS/ED	5,768	1,923	1,450	(473)									(56)	(93)	(80)	(169)	(61)	(64)	20	(473)	(470)	(56)	(93)	(89)	(168)	(61)	(64)	21	(473)	(363)	(110)		(470)	(329)	(141)				
Grand Total M4	31,344	10,448	10,078	(370)									(40)	(60)	(45)	(150)	(39)	(60)	43	(370)	653	122	47	100	42	87	(17)	271	(370)	(351)	(19)		653	(273)	926				
Grand Total prior month	31,344	7,836	7,485	(351)									(42)	(72)	(45)	(132)	(39)	(50)	30	(351)	(273)	(30)	(64)	(38)	(119)	(33)	(48)	63					(273)						
Grand Total - Movement	-	2,612	2,593	(19)									(9)	0	(19)	0	(9)	13	(19)	926	157	111	139	161	120	30	208												

					Allocation of Variance																							Varian							
Renal Unallocated	Annual Budget £'000	Expect ed to Date £'000	Actual to Date £'000	Variance £'000		C&V	SB	CTM	AB	HD	Po	BC	Total		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	
		0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SBU Dialysis Pathology	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Swansea Area Medical Service Transport Contract	303	101	101	0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SBU Dialysis ISP 19-20 contract growth over performance	0	0	87	87		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		13	11	12	16	11	4	20	87	(62)	200	30	24	28	38	25	9	46	87	113	(25)	
SBU Home Dialysis Home Technical Services	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ABHB Gwent Nephrology Sessions	142	47	50	3		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		0	0	0	1	0	0	1	3	(0)	8	1	1	1	2	1	0	2	3	2	1	
BCU Dialysis Staffing	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
BCU Home Dialysis Contract HDF Hire	47	16		-16		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(2)	(2)	(2)	(3)	(2)	(1)	(4)	(16)	-	-47	(7)	(6)	(7)	(9)	(6)	(2)	(11)	(16)	(12)	(4)	
BCU Home Dialysis Utilities Re-alignment	24	8	8	0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0		-	-	-	-	-	-	-	-	(0)	-	(0)
C&V FYE staff posts	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All Wales Dialysis Price Inflation 2018/19 C&V	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All Wales Dialysis Growth 2018/19 SBU element	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All Wales Dialysis Price Inflation 2019/20	215	72		-72		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(11)	(9)	(10)	(14)	(9)	(3)	(16)	(72)	-	-215	(32)	(26)	(31)	(41)	(27)	(10)	(49)	(72)	(54)	(18)	
C&V Dietetics Balance Programme	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V Psychology	99	33		-33		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(5)	(4)	(5)	(6)	(4)	(1)	(8)	(33)	41	-58	(9)	(7)	(8)	(11)	(7)	(3)	(13)	(33)	(25)	(8)	
West Wales Dialysis Transport (patient reimbursement)	60	20	19	-1		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	0	-3	(0)	(0)	(0)	(1)	(0)	(0)	(1)	(1)	(1)	(0)	
Shrewsbury and Telford Dialysis unit	242	81	110	29		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		4	4	4	6	4	1	7	29	-	88	13	11	13	17	11	4	20	29	21	8	
Shrewsbury and Telford Dialysis unit - Prior year	0	0	11	11		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		2	1	2	2	1	0	2	11	(22)	11	2	1	2	2	1	0	2	11	11	-	
Llandrindod Wells (Birmingham satellite unit)	394	131	131	-1		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	(0)	-3	(0)	(0)	(0)	(1)	(0)	(0)	(1)	(1)	(1)	(0)	
Llandrindod Wells (Birmingham satellite unit) - Dietetics Recharge	0	0	4	4		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		1	1	1	1	1	0	1	4	(0)	13	2	2	2	2	2	1	3	4	4	0	
Llandrindod Wells (Birmingham satellite unit) - Prior Year Over Performance		0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Wirral University Hospitals Dialysis LTA	295	98	101	2		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		0	0	0	0	0	0	1	2	(0)	7	1	1	1	1	1	0	2	2	2	1	
Wirral University Hospitals Dialysis LTA - Prior Year Over Performance	0	0	25	25		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		4	3	3	5	3	1	6	25	(49)	25	4	3	3	5	3	1	6	25	25	-	
WRCN FYE Staff Posts	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NWSSP Procurement Support Costs	59	20	20	0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	0	
	1882	627	667	39											6	5	6	7	5	2	9	39	(92)	26	4	3	4	5	3	1	6	39	85	(46)	

Allocation of Variance														Share of Variance										End Of Year Forecasts										Varian		
Transplantation	Annual Budget £'000	Expect ed to Date £'000	Actual to Date £'000	Variance £'000		C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF £'000	C&V	SB	CTM	AB	HD	Po	BC	Mth 4 £'000	Mth 3 £'000	Movement £'000		
Cardiff and Vale Transplant Centre - Nursing	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-		
Cardiff and Vale Transplant Centre - National Organ Retrieval Service	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-		
Royal Liverpool and Broadgreen Transplant Centre	1349	450	361	-89		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(13)	(11)	(13)	(17)	(11)	(4)	(20)	(89)	-	-266	(40)	(32)	(38)	(50)	(34)	(12)	(61)	(89)	(67)	(22)		
Royal Liverpool and Broadgreen Transplant Centre - Prior Year Over Performance	0	0	13	13		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		2	2	2	2	2	1	3	13	(25)	13	2	2	2	2	2	1	3	13	13	-		
University Hospitals Birmingham Transplant Centre	0	0		0		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-		
WBS WTAIL Transplant Laboratory - Tissue Typing	444	148	136	-12		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(2)	(1)	(2)	(2)	(1)	(1)	(3)	(12)	-	-35	(5)	(4)	(5)	(7)	(4)	(2)	(8)	(12)	(9)	(3)		
WBS WTAIL Transplant Laboratory - scientific staff	50	17	15	-1		14.96%	12.13%	14.20%	18.80%	12.64%	4.45%	22.82%	100.00%		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(1)	0	-3	(0)	(0)	(0)	(1)	(0)	(0)	(1)	(1)	(1)	(0)		
Grand Total	1843	614	526	-89											(13)	(11)	(13)	(17)	(11)	(4)	(20)	(89)	(25)	-292	(44)	(35)	(41)	(55)	(37)	(13)	(67)	(89)	(63)	(25)		

Immunosuppression	Annual Budget £'000	Expected to Date £'000	Actual to Date £'000	Variance £'000		C&V %	SB %	CTM %	AB %	HD %	Po %	BC %	Total %		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Variance		
																																Mth 4 £'000	Mth 3 £'000	Movement £'000
LHB contribution into secondary care centre in UHW	88	29	29	0		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	0	0	-	-	-	-	-	-	-	(0)	-	(0)
LHB contribution into secondary care centre in Swansea	0	0		0		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
LHB contribution into secondary care centre in Wrexham	450	150	184	34		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		5	4	5	6	4	2	8	34	(74)	28	4	3	4	5	4	1	6	34	35	(1)
Grand Total	538	179	213	34											5	4	5	6	4	2	8	34		28	4	3	4	5	4	1	6	34	35	(1)

Allocation of Variance														Share of Variance										End Of Year Forecasts										Varian		
Fresenius	Annual Budget £'000	Expect ed to Date £'000	Actual to Date £'000	Variance £'000		C&V	SB	CTM	AB	HD	Po	BC	Total		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000		
						%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Hywel Dda LHB Support Costs	526	175	217	42		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		6	5	6	8	5	2	10	42		126	19	15	18	24	16	6	29	42	18	24		
Grand Total	526	175	217	42											6	5	6	8	5	2	10	42		126	19	15	18	24	16	6	29	42	18	24		

Renal

Movement Reconciliation					
ice To Date		EOYF Variance			
Renal Unallocated	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
				-	
SBU Dialysis Pathology		-	-	-	
Swansea Area Medical Service Transport Contract		-	-	-	
SBU Dialysis ISP 19-20 contract growth over performance	Unfunded 19-20 growth as per M3 extrapolated - budget held in developments - includes additional COVID payment of £44k offset by volume price reduction	200	200	-	
SBU Home Dialysis Home Technical Services		-	-	-	
ABHB Gwent Nephrology Sessions		8	8	-	
BCU Dialysis Staffing		-	-	-	
BCU Home Dialysis Contract HDF Hire		(47)	(47)	-	
BCU Home Dialysis Utilities Re-alignment		-	-	-	
C&V FYE staff posts		-	-	-	
All Wales Dialysis Price Inflation 2018/19 C&V		-	-	-	
All Wales Dialysis Growth 2018/19 SBU element		-	-	-	To be offset by over performance on SBU main LTA. 18-19 performance growth to be transferred
All Wales Dialysis Price Inflation 2019/20		(215)	(215)	-	
C&V Dietetics Balance Programme		-	-	-	
C&V Psychology	Assumes staff will be in post from November	(58)	(58)	-	Unused budget reclaimed from C&V, until recruitment to funded posts has been successful
West Wales Dialysis Transport (patient reimbursement)		(3)	(3)	-	
Shrewsbury and Telford Dialysis unit	Based on M3 actual as agreed with provider. No covid impact on dialysis activity.	88	84	4	M3 extrapolated.
Shrewsbury and Telford Dialysis unit - Prior year	Based on M12 19-20 final out turn	11	11	-	
Llandrindod Wells (Birmingham satellite unit)	Based on M9 19-20 + 2% as per NHSE guidelines	(3)	(3)	(0)	
Llandrindod Wells (Birmingham satellite unit) - Dietetics Recharge		13	16	(3)	Based on 18-19 invoices
Llandrindod Wells (Birmingham satellite unit) - Prior Year Over Performance		-	-	-	
Wirral University Hospitals Dialysis LTA	Based on M2 actual as agreed with provider. No covid impact on dialysis activity.	7	7	(0)	M2 extrapolated.
Wirral University Hospitals Dialysis LTA - Prior Year Over Performance	Based on M1219-20 final out turn	25	25	-	
WRCN FYE Staff Posts		-	-	-	
NWSSP Procurement Support Costs		0	-	0	
		26	25	1	
ice To Date		EOYF Variance			
Transplantation	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
Cardiff and Vale Transplant Centre - Nursing		-	-	-	
Cardiff and Vale Transplant Centre - National Organ Retrieval Service		-	-	-	
Royal Liverpool and Broadgreen Transplant Centre	Based on baseline as agreed with provider	(266)	(266)	(0)	Based on baseline as agreed with provider
Royal Liverpool and Broadgreen Transplant Centre - Prior Year Over Performance	Based on M1219-20 final out turn	13	13	-	
University Hospitals Birmingham Transplant Centre		-	-	-	
WBS WTAIL Transplant Laboratory - Tissue Typing		(35)	(35)	-	
WBS WTAIL Transplant Laboratory - scientific staff		(3)	(3)	-	
Grand Total		(292)	(292)	(0)	
ice To Date		EOYF Variance			
Immunosuppression	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
LHB contribution into secondary care centre in UHW	Additional COVID expenditure at end of March leading to reduce spend for start of 20-21. Expected to catch up later in year.	-	-	-	Assumed baseline out turn
LHB contribution into secondary care centre in Swansea		-	-	-	
LHB contribution into secondary care centre in Wrexham	Based on unfunded M12 final out turn	28	28	-	Based on unfunded M12 final out turn
Grand Total		28	28	-	
ice To Date		EOYF Variance			
Fresenius	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
Hywel Dda LHB Support Costs	Additional pathology tests. Reduction in dialysis per patient per week at carmarthen. Risk offset by additional pathology monitoring . COVID action response	126	72	54	Additional pathology tests. Reduction in dialysis per patient per week at carmarthen. Risk offset by additional pathology monitoring
Grand Total	-	126	72	54	
Renal Total		(111)	(166)	55	
55					
Phasing Adjustment - budget	Notes	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes
WG required phasing adjustment for MMR purposes		-	-	-	
Grand Total		-	-	-	

Developments
& Externally Funded Schemes

Month 4

2 Year average Utilisation Risk Share

Pooling - Risk Share

Share of Variance

End Of Year Forecasts

Movement Reconciliation

Allocation of Variance														Variance To Date														EOYF Variance											
Prior Year Developments up to 2019/20	Annual Budget	Expected to Date	Actual To Date	Variance		C&V	SB	CTM	AB	HD	Po	BC	Total		C&V	SB	CTM	AB	HD	Po	BC	Total		Current EOYF	C&V	SB	CTM	AB	HD	Po	BC	Mth 4	Mth 3	Movement	Notes	Mth 4	Mth 3	Movement	Notes
	£'000	£'000	£'000	£'000		%	%	%	%	%	%	%	%		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
PIC Retrieval in North Wales	200	67	67	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Asfotase Alfa - HPP ERT (Birmingham Childrens & Sheffield Teaching)	495	165	165	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
68-Gallium DOTAScanning (UCL)	100	33	33	-		18.84%	13.78%	19.34%	28.03%	15.97%	3.52%	0.52%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Radio Labelled Therapies (Royal Free)	450	150	150	-		19.36%	21.57%	12.54%	24.36%	16.36%	5.77%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Radio Labelled Therapies (Royal Liverpool & Broadgreen)	60	20	20	-		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NWIS data validation	123	41	41	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dialysis Growth 2019-20	1,200	400	400	-		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sub-total Prior Year Developments	2,628	876	876	-	0									0																							-		
2019/20 Performance provisions														2019/20 Performance provisions																									
C&V Specialist Cardiology - TAVI	664	221	895	673		29.49%	0.00%	15.71%	52.64%	0.00%	2.17%	0.00%	100.00%		199	-	106	354	-	15	-	-		673	199	-	106	354	-	15	-	673	-	673	-	673	-	Potential TAVI overperformance due to COVID	
C&V Spinal Injuries	406	135	135	-		26.20%	17.14%	18.89%	20.49%	15.28%	2.01%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V Cochlear	734	245	245	-		35.10%	9.61%	21.50%	24.32%	7.95%	1.26%	0.25%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V Adult HDU	192	64	64	-		35.86%	7.39%	29.51%	21.95%	3.78%	1.38%	0.12%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V ALAS	193	64	64	-		28.87%	12.62%	20.78%	24.96%	11.82%	0.95%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V Neuropsychiatry	99	33	33	-		39.04%	13.06%	30.05%	25.63%	8.30%	3.93%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
C&V Outsourced INR Excess Costs	400	133	54	(79)		22.80%	13.62%	23.34%	25.84%	12.40%	1.95%	0.15%	100.00%		(18)	(11)	(18)	(20)	(10)	(2)	(0)	(79)		(79)	(18)	(11)	(18)	(20)	(10)	(2)	(0)	(79)	(27)	(53)		(79)	(27)	(53)	
SB Specialist Cardiology - TAVI	0	-	112	112		1.27%	40.55%	13.06%	0.43%	40.84%	3.48%	0.37%	100.00%		1	45	15	0	46	4	0	112		112	1	45	15	0	46	4	0	112	-	112	-	112	-	Potential TAVI overperformance due to COVID	
Q1 Block performance provision - to be disaggregated post M3	25	8	8	-		14.96%	12.14%	14.19%	18.80%	12.64%	4.45%	22.82%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sub Total 2019/20 Performance	2,714	905	1,611	706										0	182	35	102	334	36	17	0	706		706	182	35	102	334	36	17	0	706	(27)	733	-	706	(27)	733	-
2020/21 CIAG Schemes														2020/21 CIAG Schemes																									
Genetics Test Directory	3,765	1,255	1,155	(100)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(16)	(12)	(14)	(19)	(12)	(4)	(22)	(100)		(300)	(48)	(37)	(43)	(56)	(37)	(13)	(67)	(100)	-	(100)	-	(300)	-	(300)	-
19/20 PET new indications	500	167	167	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TAVI	342	114	114	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
BCU PAM - wheelchairs	800	267	267	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Adult Congenital Heart Disease	633	211	211	-		20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100.00%		(43)	(38)	(36)	(53)	(35)	(6)	-	(211)		(317)	(65)	(57)	(54)	(79)	(52)	(9)	-	(211)	(158)	(53)	(317)	(158)	(158)		
Peds MRI	300	100	100	-		20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100.00%		(20)	(18)	(17)	(25)	(17)	(3)	-	(100)		(150)	(31)	(27)	(25)	(37)	(25)	(4)	-	(100)	(75)	(25)	(150)	(75)	(75)		
BCU project service model - BCU provider	178	59	59	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)		(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(45)	44	(6)	(45)	44			
CIAG-Further Pst Indications	100	33	33	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(5)	(4)	(5)	(6)	(4)	(1)	(7)	(33)		(33)	(5)	(4)	(5)	(6)	(4)	(1)	(7)	(33)	(25)	(8)	(33)	(25)	(8)		
CIAG-Prolonged Disorder of Consciousness (PDOC)	140	47	47	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(7)	(6)	(7)	(9)	(6)	(2)	(10)	(47)		(35)	(6)	(4)	(5)	(7)	(4)	(1)	(8)	(47)	(35)	(12)	(35)	(12)			
CIAG-Fetal Medicine	275	92	92	-		26.20%	28.15%	27.85%	6.02%	13.31%	0.36%	0.39%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CIAG-Inherited Metabolic Disease (Adult)	171	57	57	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(9)	(7)	(8)	(11)	(7)	(2)	(13)	(57)		(43)	(7)	(5)	(6)	(8)	(5)	(2)	(10)	(57)	(43)	(14)	(43)	(14)			
CIAG-Neuroendocrine Tumours (NETs) Phase 2	170	57	57	-		20.94%	16.43%	18.78%	24.81%	16.25%	2.78%	0.00%	100.00%		(12)	(9)	(11)	(14)	(9)	(2)	-	(57)		(43)	(9)	(7)	(8)	(11)	(7)	(1)	-	(57)	(43)	(14)	(43)	(14)			
CIAG-Paediatric Cardiology Standards	166	-	-	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CIAG-Hereditary Anaemias	300	-	-	-		20.46%	18.16%	16.97%	24.98%	16.55%	2.88%	0.00%	100.00%		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Prostatisation-Pericardaneous mitral valve leaflet repair	407	136	136	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(21)	(17)	(19)	(25)	(17)	(6)	(30)	(136)		(136)	(21)	(17)	(19)	(25)	(17)	(6)	(30)	(136)	(102)	(34)	(136)	(102)	(34)		
Prostatisation-Temozolomide for adjuvant treatment	45	15	15	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(2)	(2)	(2)	(3)	(2)	(1)	(9)	(15)		(15)	(2)	(2)	(2)	(3)	(2)	(1)	(3)	(15)	(11)	(4)	(15)	(11)	(4)		
Prostatisation-Allogeneic haematopoietic stem cell transplant for primary immunodeficiency	240	80	80	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(13)	(10)	(11)	(15)	(10)	(3)	(18)	(80)		(80)	(13)	(10)	(11)	(15)	(10)	(3)	(18)	(80)	(28)	(20)	(80)	(28)	(20)		
Prostatisation-Canakinumab for periodic fever syndromes, TRAPS, HIDS/IMKD and FMF (a	105	35	35	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(6)	(4)	(5)	(7)	(4)	(1)	(8)	(35)		(35)	(6)	(4)	(5)	(7)	(4)	(1)	(8)	(35)	(26)	(9)	(35)	(26)	(9)		
Prostatisation-Lung volume reduction by surgery or endobronchial valve for severe emphyse	141	47	47	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(7)	(6)	(7)	(9)	(6)	(2)	(10)	(47)		(47)	(7)	(6)	(7)	(9)	(6)	(2)	(10)	(47)	(35)	(12)	(47)	(35)	(12)		
Prostatisation-ABVD for the treatment of peritoneal carcinomatosis (PC)	43	14	14	-		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%	</																									

Direct Running Costs					Month 4		Risk-sharing from 2013/14 reports		Risk-sharing progressed into 2014/15		Share of Variance							End Of Year Forecasts							Movement Reconciliation													
	Financial Code	WHSCC				Allocation of Variance																									Variance To Date			EOYF Variance				Notes
		Annual Budget	Expected to Date	Actual to Date	Variance	C&V	SB	CTM	AB	HD	BC	Total	C&V		SB	CTM	AB	HD	BC	Total	Current EOYF		C&V	SB	CTM	AB	HD	Po	BC	Mth 4	Mth 3	Movement	Mth 4	Mth 3	Movement			
		£'000	£'000	£'000	£'000	%	%	%	%	%	%	%	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				
WHSCC - Core Staffing	H001-H090-various-various-various	3,012	1,004	999	(5)	17.39%	12.19%	13.51%	18.19%	11.27%	22.63%	100.00%		(1)	(1)	(1)	(1)	(1)	(1)	(5)	82	14	10	11	15	9	4	19	(5)	(3)	(2)	82	82	0				
WHSCC - Core non-pay	H001-H090-various-various-various	334	111	189	78	17.39%	12.19%	13.51%	18.19%	11.27%	22.63%	100.00%		14	10	11	14	9	18	78	205	36	25	28	37	23	10	46	78	51	27	205	197	8				
Renal Network	H050-various-various-various	555	185	141	(44)	17.39%	12.19%	13.51%	18.19%	11.27%	22.63%	100.00%		(8)	(5)	(6)	(8)	(5)	(10)	(44)	(131)	(23)	(16)	(18)	(24)	(15)	(6)	(30)	(44)	(33)	(11)	(131)	(128)	(3)				
Traumatic Stress Service Allocation	Remove Non Recurrent					17.51%	11.56%	13.61%	18.32%	11.36%	22.80%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Major Trauma Network	Remove Non Recurrent					20.46%	18.16%	16.97%	24.98%	16.55%	0.00%	100.00%		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Total		3,902	1,301	1,330	29									5	4	4	5	3	7	29	157	27	19	21	29	18	8	36	29	15	14	157	152	5				

2019/20 Reserves Schedule				Month 4		Risk sharing basis of 18-19 writeback expenditure										Share of Variance										End Of Year Forecasts										Movement Reconciliation																	
WHSCC				Allocation of Variance																														Variance To Date										EOYF Variance									
	Annual Budget £'000	Expected to Date £'000	Actual To Date £'000	Variance £'000		C&V %	SB %	CTM %	AB %	HD %	Po %	BC %	Total %		C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000	Total £'000		Current EOYF £'000	C&V £'000	SB £'000	CTM £'000	AB £'000	HD £'000	Po £'000	BC £'000		Mth 4 £'000	Mth 3 £'000	Movement £'000	Mth 4 £'000	Mth 3 £'000	Movement £'000	Notes														
19-20 High cost patient release		0	(150)	(150)		15.83%	12.42%	14.20%	18.75%	12.29%	4.21%	22.29%	100.00%		(24)	(19)	(21)	(28)	(18)	(6)	(33)	(150)		(450)	(71)	(56)	(64)	(84)	(55)	(19)	(100)		(150)	£'000	(150)	(450)	(450)																
Grand Total M4	0	0	(150)	(150)											(24)	(19)	(21)	(28)	(18)	(6)	(33)	(150)		(450)	(71)	(56)	(64)	(84)	(55)	(19)	(100)		(150)	-	(150)	(450)	-	(450)															



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 20 AUGUST 2020

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 noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams with a consent agenda. It was noted that a quorum had been achieved.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

2. Minutes from Previous Meeting and Action Log

The Minutes from the meetings held on 16 July 2020 were noted and approved.

Members noted the action log and received updates on:

- **MG199** - Bridgend Cochlear Service Update – A meeting had been held with CTMUHB and a proposal received to transfer the service to Cardiff. A meeting had been arranged to discuss this with the Board of the CHCs. Health board engagement leads would be involved as appropriate.
- **MG215** - ICP 2020-23: Drop off in activity levels – Agenda item 2.11. Action closed.
- **MG219** - Outsourcing for Cardiac Surgery: Introductions to Stoke Hospital, etc. Action complete.
- **MG220** - Recovery of transplantation services: Reports to be circulated – SD had circulated the high level activity reports. Action closed.

3. Managing Director's Report

The Managing Director's report, including updates on ICP 2021-24 and funding of in year service risks was taken as read.

4. Five Year Commissioning Strategy for Paediatric Services

Members received a paper that provided the proposed scope for the development of a 5 year Commissioning Strategy for Paediatric Services.

Members noted (1) the investments to date in paediatric services; (2) the risks in Paediatric Services at the Children's Hospital for Wales; (3) the potential efficiencies and repatriation of services from Alder Hey Children's Hospital to North Wales; and (5) supported the development of a five year Commissioning Strategy for Paediatric Services.

5. Paediatric Neurology Services – South Wales Region

Members received a paper that provided an overview on the current provision of Paediatric Neurology services across the south Wales region and the ongoing risks to its sustainability. It set out the vision for the service and outlined a number of proposals for stabilising the service including developing a managed clinical network for Paediatric Neurology across south Wales.

Members noted (1) the associated risks with current delivery model for the Paediatric Neurology service across the south Wales region; (2) the long term strategic approach for the service; and (3) supported the proposals for stabilising the service in principle, including the development of a managed clinical network, subject to sight of detailed proposals.

6. Paediatric Gastroenterology in-year risk

Members received a paper that sought approval for in-year funding to mitigate the risks to the current fragile paediatric gastroenterology service.

Members noted the current fragility within the service; and supported in-year funding (which was included within the ICP 2020-23) to mitigate the risk and improve access for patients.

7. TAVI Management of Severe Aortic Stenosis during the COVID-19 Pandemic

Members received a paper the purpose of which was (1) to understand the impact of the COVID-19 pandemic on the management of severe aortic stenosis; and (2) agree the short term commissioning arrangements for TAVI during the pandemic.

Members (1) noted the information and risks presented within the report; (2) supported, in principle, a short term change to the current TAVI policy to include the intermediate risk patient group during COVID-19 and providers submitting a monthly report to WHSSC outlining the activity undertaken and how prioritisation has been made for the high and intermediate risk patients. However, there was a split between commissioner and provider members on the funding arrangements for the proposed short term change to policy, so it was decided to refer the matter to Joint Committee for a final decision.

8. Adult Congenital Heart Disease: Delivery of a safe and sustainable service

Members received a paper that sought approval for the release of funding to implement the Integrated Commissioning Plan scheme for the development of Adult Congenital Heart Disease Service (Phase 2) in south Wales (ICP19-278).

Members approved the release of funding implement the Integrated Commissioning Plan scheme for the development of Adult Congenital Heart Disease Service (Phase 2) in south Wales (ICP19-278).

9. BCUHB Specialist Services Providers

Members received a paper that informed them of the current level of specialist services provision for the population of north Wales and the ongoing work to monitor specialist service provision throughout the pandemic for the population of north Wales.

Members noted the information presented within the report and the ongoing work with BCUHB and NHS England providers in the north-west to monitor the delivery of specialist services during the pandemic.

10. PET New Indications for 2020-21

Members received a paper that set out the implementation of the new PET indications ICP scheme for 2020-21.

Members noted (1) the implementation of the new PET indications ICP scheme; (2) that it was anticipated that no new funding was required in 2020-21 to implement the scheme; (3) that the implementation of the scheme would support the response to COVID-19 related harm; and (4) that the revised PET policy had been approved by AWPET, ratified by the Chair of WHSSC Policy Group and published on the WHSSC website.

11. Funding request for the south and mid Wales Clinical Immunology Service

Members received a paper that provided an update on the south and mid Wales Immunology Service's Royal College of Physicians Quality in Primary Immunodeficiency Services assessment and the investment required to enable the service to achieve the three key actions required for accreditation.

Members (1) noted the outcome of the recent assessment report on the Quality in Primary Immunodeficiency Services at CVUHB; and (2) supported the outlined additional investment to the service to enable them to achieve accreditation.

12. Prosthetics Service – Swansea Bay University Health Board

Members received a paper that sought support for additional funding to be provided to the Prosthetics service provided by SBUHB in order to mitigate the immediate risks highlighted in the ICP 2020-23.

Members supported the request for additional funding for the Prosthetic Service provided by SBUHB in order to mitigate the immediate risks highlighted in the 2020-23 Integrated Commissioning Plan.

13. Proposed Performance Assurance Framework

Members received a paper that set out a proposed new commissioner performance assurance recognising that in the COVID-19 environment performance assurance needed to be greater than the traditional measurement. It also set out a revised commissioner relationship.

The Framework had been shared to generate discussion and will be socialised with members of Management Group, the WHSS Team, All Wales Directors of Planning to discuss in Health Boards, and Welsh Government officials to align with the framework likely to be mandated at a national level, prior to a final discussion with Joint Committee. It is expected that this Framework will sit alongside the WHSSC ICP for 2021 and beyond.

Members noted and discussed the content of the report and KP undertook to set up a series of calls with members to discuss the Framework further outside of the meeting.

14. Activity Report for Quarter 1 2020-21 COVID-19 Period

Members received a paper that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and identify whether there were any signs of recovery in specialised services activity. The activity decreases were shown in the context of the potential risk of patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented within the report and it was agreed to continue reporting this information, initially to Month 6 2020-21.

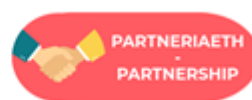
15. WHSSC Policy Group: Update

Members received a paper that provided an update on the work of the WHSSC Policy Group.

Members noted the information presented within the report.

16. Shrewsbury & Telford NHS Hospital Trust (SaTH)

Members were advised that University Hospitals Birmingham NHS Foundation Trust (UHB) had entered an Improvement Alliance with SaTH to provide leadership expertise that will support SaTH to offer clinically safe and sustainable patient services.



Reporting Committee	Integrated Governance Committee
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	11 August 2020

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

11 August 2020

The Chair welcomed members to the meeting noting that, due to the COVID-19 pandemic, the meeting was being held via MS Teams.

Written questions from members and answers had been published in advance of the meeting and had been embedded within the meeting papers.

It was noted that the WHSSC Annual Governance Statement 2019-20 had been revised and signed off since the previous meeting.

The main focus of the meeting was (1) updating members on the WHSSC approach to risk management both during the COVID-19 pandemic and on a 'business as usual' basis, and (2) the WHSSC Quarter 2 Position Statement that had been submitted to Welsh Government.

Members noted that an earlier version of the risk management paper had previously been presented to the Committee and to the Quality & Patient Safety Committee. It had also been presented to the July Joint Committee meeting where the approach described within it gained support from members.

Independent Members and Executives had a lengthy discussion regarding risk and members received a level of assurance that the WHSS Team was doing what it could to monitor the performance of provider organisations and identify any concerns regarding potential harm to patients, particularly during the COVID-19 pandemic. The Team was also represented in the Essential Services Group, providing further insight, and had provided scrutiny to health board Q1 and Q2 Operating Plans at the invitation of Welsh Government.

The levels of provider activity and recovery trends were also being monitored.

Members requested that Joint Committee members be briefed on the heightened level of risk to patient harm experienced in specialised services during the pandemic and that Chief Executives be encouraged to brief their Boards of Directors on this.

Members also noted that it was important to ensure lessons learned from the pandemic were captured to inform any future event and that shared ownership was important amongst Welsh Government, providers and commissioners.

Members received a paper which explained the temporary changes that had been made to the WHSSC Standing Orders in response to the suspension of recruitment to public appointments in Wales under the National Health Service (Temporary Disapplication of Tenure office) (Wales) (Coronavirus) Regulations 2020.

Key risks and issues/matters of concern and any mitigating actions

As recorded above

Matters requiring Committee level consideration and/or approval

As recorded above

Matters referred to other Committees

None

Confirmed Minutes for the meeting on 9 June 2020 are available on request

Date of next meeting

13 October 2020

Reporting Committee	Quality Patient Safety Committee
Chaired by	Emrys Elias
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	11 August 2020
Summary of key matters considered by the Committee and any related decisions made	
<p>1. Development Day Committee members were reminded of the date for the Development Day which is due to take place on 15 September 2020. Invites have been sent to the Health Board QPS Chairs and Quality Leads from each of the organisations as well as all QPS Committee members.</p> <p>2. Presentation The Committee received a presentation delivered by Shane Mills, Clinical Director for Collaborative Commissioning, NCCU, on the NHS Wales Quality Assurance Improvement Service 8th Annual Position Statement 2019-20. This was well received for assurance purposes as well as being informative of the work undertaken by the collaborative.</p> <p>3. COVID-19 recovery planning The committee received an update on the COVID-19 recovery planning. They noted that WHSSC had received positive feedback from Welsh Government on the Q2 position statement that specialised services which were categorised as essential services were being delivered by providers and plans were being developed to restore routine specialised services. Members were assured that information from providers on waiting lists volumes and times were starting to be submitted and performance/escalation meetings had been continuing with services albeit in a different format to previously, over the last few months.</p> <p>4. Commissioning Team updates Reports from each of the Commissioning teams were received and taken by exception. 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 are summarised below:</p> <ul style="list-style-type: none"> Renal Members did not raise any questions on the Renal Report. Cancer and Blood 	

It was noted that the reduction in thoracic surgery capacity in South Wales remained a concern with Swansea only recently re-commencing thoracic surgery for cancer patients following a 12 week pause. The service in Cardiff has been maintained throughout the pandemic. Recently CVUHB relocated cardiothoracic surgery from UHW to University Hospital Llandough. A single prioritised waiting list has been put in place to manage capacity and equitable access for patients regardless of where they live. This position will be monitored over the coming months.

Despite the difficulties due to COVID-19 members were made aware of the new PET-CT mobile scanning service which has increased capacity to manage the anticipated post COVID surge in referrals with more local provision/improved access for patients from south West Wales.

In order to address some workforce issues within the Neuroendocrine Service for South Wales a referral pathway has been secured to the accredited centre in the Royal Free. This is not sustainable in the longer term due to capacity within the centre and therefore remains a red risk on the WHSSC risk register. The WHSSC ICP 2012/21 includes a scheme for the sustainability of the service moving away from reliance on a single consultant to deliver the service.

- **Cardiac**

The committee were made aware of significant reduction in Cardiac Surgery at both south Wales Centres and at Liverpool Heart and Chest Hospital. In response to the impact that the Covid-19 has had on the Cardiac Surgery Services Cardiff and Vale UHB relocated this service from UHW to Llandough Hospital.

Members noted that the WHSS team have proposed a temporary change to the TAVI policy to enable a wider group of patients to access the procedure given the known risk around cardiac surgery. The change is based on the clinical evidence available.

- **Mental Health & Vulnerable Groups**

In preparation for the implementation of the revised Tier 4 Service Specification it was noted that the both CAMHS units had been requested to undertake a gap analysis against the current service provision. This work was expected to be received by WHSSC at the end of August.

Members received an update following the NHS England Quality Assurance Board for St Andrews Healthcare. Whilst significant progress was reported ongoing monitoring and improvement was required in a number of areas such as safeguarding, enhanced observations and record keeping . As a result additional work is being undertaken with the provider and remain under close scrutiny.

An update on the complex high cost case was received by the committee and it was noted that an Executive meeting was due to take place on the 18th August

to consider the options available given that the provider has requested that an alternative placement is found as a matter of urgency. The committee wanted to stress the importance of seeking a resolution and acknowledged the complexity of the individual case. They were reassured that this had been escalated to the Joint Committees attention following the last meeting.

The group were updated on the findings of the Safe Accommodation review that had been commissioned by Welsh Government with the recommendation of the work being taken forward by the Regional Partnership Boards.

- **Neurosciences**

Members noted that neurosurgery theatres had been reserved for the treatment of COVID patients thereby reducing elective theatre capacity. Surgeons are prioritising urgent patients and there is good surveillance systems in place to monitor high risk patients.

- **Women & Children's**

It was noted that the CTUHB Cochlear Service remained in escalation level 4. Work was ongoing to secure the longer term provision of the cochlear pathway for South Wales which was currently being delivered by CVUHB. A series of meetings were planned between the Executives from the respective Health Boards with CHC involvement.

5. Other Reports received

Members received reports on the following:

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

6. Items for information

Members received a number of documents for information only which members need to be aware of:





- WHSSC Risk Management Update




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
None
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 scheduled meeting:	13 October 2020
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Services in Escalation

Date of Escalation	Service	Provider	Level of Escala	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 	Emergency and elective work being undertaken where possible for the south Wales region. Performance management re waiting times suspended due to COVID. Recovery plans in the process of being discussed	
April 2015	Cardiac Surgery	SBUHB	2	<ul style="list-style-type: none"> Failure to deliver the Referral to Treatment times targets 	Only emergency surgery being undertaken. Performance management re waiting times suspended due to COVID. Recovery plans in the process of being discussed	
March 2017	Thoracic Surgery	CVUHB SBUHB	2	<ul style="list-style-type: none"> Failure to maintain cancer targets/capacity to meet patient need 	Emergency and Elective work being undertaken in Cardiff for the south Wales region.	
March 2018	Sarcoma (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Risks to service quality and sustainability 	Priority work being undertaken: 1. Biopsy Proven Sarcoma 2. Diagnostic biopsies for high risk lesions. 3. Lipomata with atypical features on US/MRI that have been discussed at MDT.	

February 2018	Plastic Surgery (South Wales)	SBUHB	2	<ul style="list-style-type: none"> Failure to achieve maximum waiting times target 	Emergency surgery only being undertaken within the HB. No further update on plan for waiting times	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	<ul style="list-style-type: none"> Failure to achieve quality indicators (in particular, turnaround times) 	No provider update on service being delivered during Covid.	
	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 	Letter sent to CEO in July 20 in advance of meeting asking for updates on the medical workforce issues including sustainability of current interim model and possible network arrangements with English providers. In addition relocation of the service onto a main hospital site has also been raised as strategic issue.	

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 	Further quality escalation visit planned for mid-September. Implementation of the Medical Emergency Response Team should be operational by the end of Aug 20. Inquest date has been postponed until April 2021.	
19 February 2016	Neurosurgery	C&VUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 week Referral to Treatment target 	Emergency and limited urgent elective (tumour) work being undertaken. A number of patients will be waiting in excess of 52 weeks for surgery at the end of June.	
June 2017	Paediatric Surgery	CVUHB	2	<ul style="list-style-type: none"> Failure to maintain <36 weeks Referral to Treatment times 	Only emergency/ life threatening / urgent surgery is taking place, so the number of patients waiting over 36 weeks is increasing – 200 reported at the end of July. Virtual clinical reviews of patients are being undertaken.	
December 2017	Paediatric Intensive Care	CVUHB	2	<ul style="list-style-type: none"> Inadequate level of staffing to support the service 	No further update on PICU during Covid.	

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. 	Meeting taken place with CTUHB on 4 th August with full service being delivered by CVUHB and contracting arrangements made for affected staff. Consultation will take place in collaboration with the affected CHCs and HB Engagement leads.	
February 2020	TAVI	SBUHB	3	<ul style="list-style-type: none"> Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address 4 Serious Incidents relating to vascular complications. 	Action plan in place to monitor progress. Meeting planned for 25 th August to discuss request to recommence vascular access procedures.	

Agenda Item 3.2(iv)
WHSSC Joint Committee
8 September 2020

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	Weekly Virtual Chairs actions – last meeting 20 August 2020

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

In the context of the current COVID-19 pandemic, decisions have been taken by 'Chair's action' in line with the All Wales IPFR Policy since March 2020 and The WHSSC - COVID-19 – Standard Operating Procedure 02.

Annex A provides a summary report to inform the Joint Committee of the impacts of COVID-19 on the nature and number of individual patient funding requests (IPFR) received by WHSSC and to provide assurance that there is compliance with the All Wales IPFR policies and procedure related to consideration of both for Prior Approval and IPFR Panel cases.

Key risks and issues/matters of concern and any mitigating actions

Independent Review of IPFR case – Update

As WHSSC is a collaborative committee to support all Health Boards in Wales, it is not able to constitute an IPFR Review Panel. WHSSC therefore refers any requests it receives for an individual patient funding request (IPFR) review to the Health Board in which the patient resides. An independent review of the process followed by the All Wales IPFR Panel was considered by Swansea Bay University Health Board in May 2020.

The Joint Committee were informed in June 2020 of the outcome where it was concluded that the All Wales Panel had acted in accordance with the All Wales IPFR Policy and had taken into account all of the written evidence that had been provided, including the request form itself and all other documentary evidence when reaching their decision. The Review Panel decision was to not uphold the 3 grounds of the review and allow the decision of the original IPFR Panel to stand.

An application was then made in August by the patient's solicitors to the High Court for Judicial Review. The decision from the judge was to not to grant permission for this case to proceed to Judicial Review.

Matters requiring Committee level consideration and/or approval	
<ul style="list-style-type: none"> • None 	
Matters referred to other Committees	
None	
Confirmed Minutes for each of the virtual Chair Action Panel meetings are available on request.	
Date of next meeting	27/08/2020



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

			Agenda Item	3.2 (iv)
Meeting Title	Joint Committee		Meeting Date	08/09/2020
Report Title	Impacts of COVID-19 on Individual Patient Funding Requests (IPFR)			
Author (Job title)	Patient Care Manager			
Executive Lead (Job title)	Director of Nursing and Quality Assurance	Public / In Committee	In Committee	
Purpose	<p>The purpose of this summary report is to inform the Joint Committee of the impacts of COVID-19 on the nature and number of individual patient funding requests (IPFR) received by WHSSC and to provide assurance that there is compliance with the All Wales IPFR policies and procedure related to consideration of both Prior Approval and IPFR.</p>			
RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE X	INFORM X
Sub Group /Committee	All Wales IPFR Panel	Meeting Date	Click here to enter a date.	
	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"> • Receive assurance that there are robust processes in place to ensure that prompt individual patient funding decisions are made and recorded. • Note the information presented within the 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	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)

N/A

1. Situation

Individual Patient Funding Requests for specialist healthcare treatments irrespective of the competing demands and challenges are required to be processed in a timely fashion to prevent any delays. The report will provide a summary of the actions and responses to urgent requests for funding including the provision of urgent cancer drugs and Child and Adolescent Mental Health (CAMHS) Tier 4 secure placements.

This report aims to provide the Joint Committee with a summary of the impacts of COVID-19 on the nature and number of individual patient funding requests (IPFR) received by WHSSC. It will also provide assurance that throughout the period of time robust processes have been in place to ensure compliance with the All Wales IPFR policies and procedure related to consideration of both Prior Approval and IPFR panel cases.

2. Background

As a direct result of the COVID-19 on the 13 March 2020 Vaughan Gething AM, Minister for Health and Social Services announced

"Now is the time for everyone to stop non-essential contact with others and to stop all unnecessary travel. We need people to start working from home where they possibly can". As we move in our preparations from the "contain" to the "delay" phase of COVID-19, it is vital that our health and social care system in Wales is prepared. I have taken a number decisions today to ensure early and decisive action to continue to provide care and support to the most vulnerable people in our communities, whilst also making sure organisations and professionals are supported to make timely preparations for the expected increase in the number of confirmed cases of COVID-19"

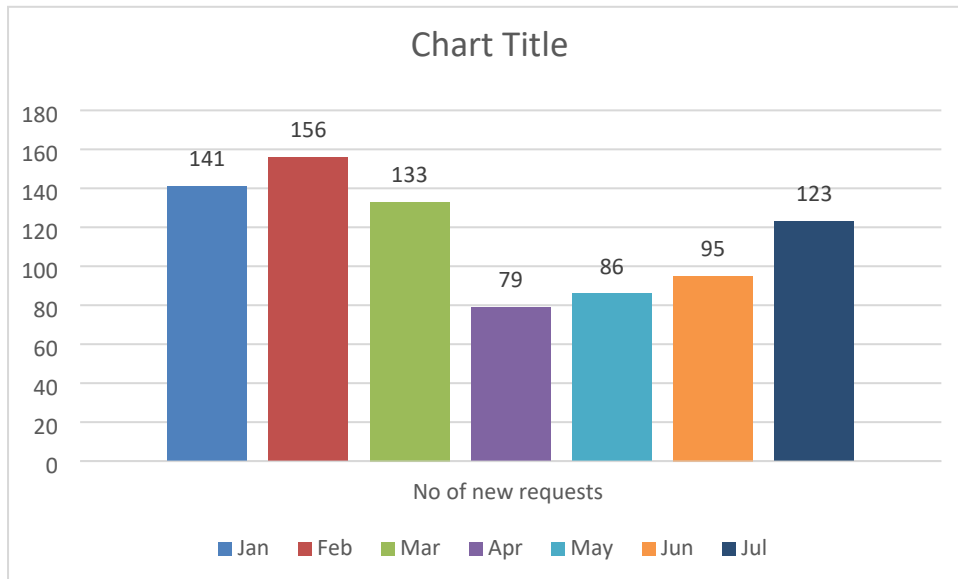
Whilst these are difficult and unprecedented times, the business continuity has been critical to ensure patients who require urgent specialist healthcare treatments (outside of the COVID-19 pandemic) have access to that care and that current service levels and finance business support to the wider NHS are maintained.

In response to the COVID-19 pandemic and to enable the team to work safely from home, an electronic IPFR process workflow and a set of protocols to support a 'paperless office' was established in March 2020.

3. Assessment

3.1 To date, over 500 individual electronic files to administer new requests, requests for review and Panel cases have been set up.

The following summarises new requests received and does not include requests for review of decision.



The numbers of new requests initially reduced to 70% of the number usually received per month. This is attributable to the:

- Reduction of routine elective treatments being undertaken during the pandemic
- Temporary “surge” beds for CAMHS
- Reduction in requests for holiday dialysis (1 request between March and June but 71 requests received during the same period in 2019)
- Reduction in Gender identity Dysphoria (GID) requests for adults as more patients being referred to the Cardiff Service and less GID surgery due to COVID (see table below).

Treatment	GID Dec 19 to Feb 20	GID Mar to June 20
GID Surgery	17	6
Adult assessment and transfer adult Services	31	5
GID Children	25	30
Total	73	41

3.2 Impacts of COVID on the type of patient funding requests received between March and June 2020

Although the number of new requests had reduced the nature of the requests also changed and in many cases have become more complex requiring more Executive clinical advice and high cost sign off.

A large number of the requests have been related to aiding discharge from hospital, preventing admission to hospital or avoiding unnecessary face to face outpatient care.

Examples include:

- Switches of medications from hospital based to home care e.g. Immunology, HPN
- Switches from IV to tablet forms of medication e.g. Enzyme Replacement Therapy
- Transfers of care from a high risk COVID infected provider to alternative provider e.g. paediatric sarcoma/ bone tumour patients transferred from Royal Orthopaedic Hospital Birmingham to Royal National Orthopaedic Unit at Stanmore
- Increase in Immunology requests for primary and secondary Immunodeficiency
- Zavicefta for vulnerable CF patients
- Telephone consultations and follow-ups

WHSSC finance have also supported the extension of the validity of funding from 12 to 18 months to allow for delays in elective treatments.

3.3 Business as usual

Requests for the following treatments have been unaffected:

- All Cancer treatments have continued e.g. Proton beam, SRS for cerebral metastasis, Drug therapies, HIPEC
- PET scan requests
- High cost drugs and treatments – Neuroblastoma, BMT for SCID,
- Urgent treatments e.g. ICD implants
- Plastic surgery requests
- Continuation of treatments e.g. Adalimumab for paediatric uveitis
- Eculizumab (although larger number than usual)
- Cryotherapy prior to cancer treatments
- IVF and PGD requests
- Pulmonary hypertension drugs and assessments
- Extracorporeal phototherapy for graft versus host disease
- Replacement batteries for deep brain stimulators
- Referrals to designated services e.g. Ehlers Danlos, LAM, NF1, etc. for advice to support local care.

3.4 All Wales Panel Cases

During the COVID lockdown, in line with the *WHSSC - COVID-19 – Standard Operating Procedure 02* Individual Patient funding (IPFR) decisions have been via Chair Action. The Chair Action Panel (All Wales Panel Chair, WHSSC Managing Director, Director of Nursing and Quality Assurance and Medical Director) have met

weekly to consider between 2 and 5 requests. One of our Panel lay members has also attended.

“As an IPFR Panel lay member I have found the new weekly Skype meetings to work very well. With a reduced number of cases each week it has been easier to scrutinise each application carefully. There has been full discussion and careful consideration of each case”.

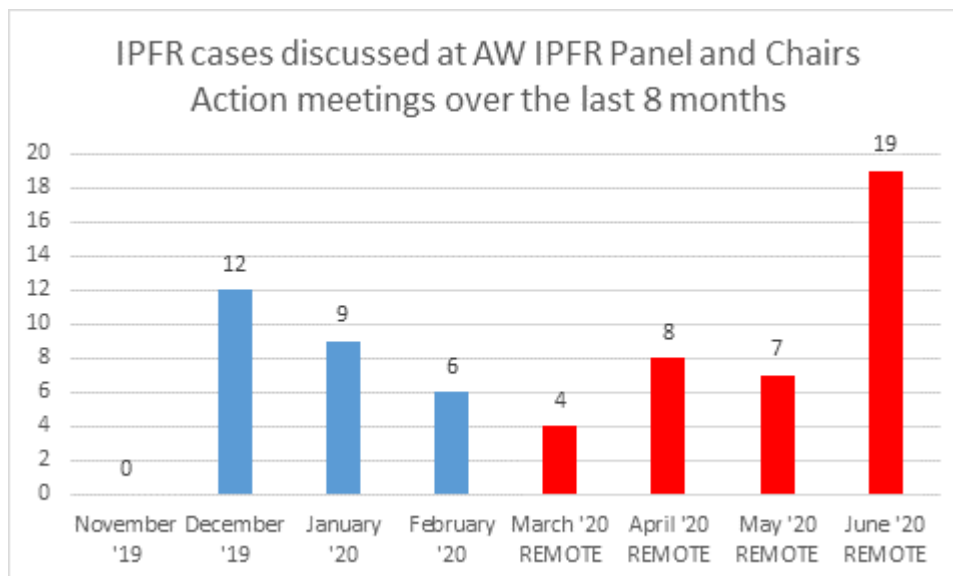
Professor Sheila Hunt, Lay Member, All Wales IPFR Panel

The weekly Panels have worked very well with IPFR requests being processed far more efficiently. Positive feedback has been received from clinicians about the speed of decision and there has been an improvement in the quality of the IPFR applications as clinicians have been contacting the WHSSC Patient Care Team before submitting applications.

Additionally to reduce the pressures on clinical time, clinicians have been guided to provide prior approval applications and clinical reports instead of completing IPFR if the request is not an IPFR e.g. Paediatric BMT at Bristol.

The use of TEAMS, email and telephone conferencing has meant that decisions are being made and relayed without delay via email and the administrative burden of preparation and documentation of each IPFR has been far more manageable which has been welcomed as the number of IPFR requests has increased during COVID.

The following table provides figures but does reflect the number of times requests have been discussed on more than 1 occasion.



The latest IPFR Quality Assurance Group Audit - 31 July 2020 documents that during January – March 2020 the number of requests which met the requested urgent consideration was 68%. However, between the period April to June 2020 the number of requests meeting this deadline had gone up to 97%.

Although, the Chair Action process has worked well, to comply with All Wales IPFR policy and procedure and because the measures around the COVID pandemic are likely to be longer-term consideration is being given to future Panel membership and building on the current practice to ensure prompt and robust IPFR Panel decision making continues.

3.5 Conclusion

COVID has been a driver for change and has had a huge impact on the way that the team and colleagues have functioned. The WHSSC Executive have ensured that all staff have been supported to work safely whilst maintaining business continuity. Going forward it will also provide an opportunity to build on the positive aspects and make any necessary changes to reflect and sustains those aspects.

WHSSC colleagues have successfully developed and implemented remote working and the establishment of e-IPFR files leading to a “paperless office”. This has increased efficiency and led to cost and environmental benefits with a reduction in the use of pap paperless office/e-file system has removed the use of paper, printing and storage. The WHSSC teams have developed closer working relationships enabling the remote support and advice for colleagues and the wider NHS via email, telephone and TEAMS.

The weekly Chair Action meetings have worked very well and decisions have been made promptly and in line with policy. The restrictions of the COVID pandemic are likely to be longer- term and consideration will now be given to building on the current practice to ensure that timely, transparent and multi-disciplinary IPFR Panel decision making continues.

Recommendations

Members are asked to:

- **Receive assurance** that there are processes in place to ensure that prompt individual patient funding decisions are made and recorded.
- **Note** the information presented within the report

4. Appendices / Annexes

None



Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	IPFR is an integral element of the Integrated Plan and is used to inform prioritisation and the horizon scanning process
Health and Care Standards	Effective Care Individual Care Timely Care
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Decisions made by the IPFR panel, as a Chair Action and during the prior approval process are based on clinical information and evidence provided by the referring clinician. Clinical outcomes are routinely requested where funding has been agreed by the All Wales Panel
Resources Implications	The Patient Care Team manage funding requests within the allocated resources.
Risk and Assurance	Adherence to the All Wales IPFR Policy supports the governance around IPFR decision making.
Evidence Base	N/A
Equality and Diversity	Individual patient funding decisions must be open, transparent and equitable to all Welsh patients. Ensuring that there is equitable access and consistency of decision making is essential and the monitoring of the IPFR process will ensure that assurance can be given to the organisation in achieving this aim
Population Health	The monitoring progress will enable the organisation to determine trends in population health, This will feed into the prioritisation and horizon scanning process as well as monitoring the financial commitments for long term planning.
Legal Implications	Funding decisions are at risk of judicial review if not made in line with All Wales policy and procedure
Report History:	



Presented at:	Date	Brief Summary of Outcome
Corporate Directors Group Board		
Choose an item.		

Reporting Committee	Welsh Renal Clinical Network
Chaired by	Chair, Welsh Renal Clinical Network Dr Kieron Donovan
Lead Executive Director	Director of Finance
Date of next due meeting	October 9th 2020

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

- Board unable to meet in person due to COVID-19 restrictions.
- Next meeting planned for October 9th
- **North Wales**
 - New dialysis unit opened in Mold in May 2020. This allows patients to be moved from Wrexham Maelor unit which is then due for major refurbishment under the new dialysis contract. Refurb delayed due to COVID workplace restrictions.
 - Glan Clwyd dialysis unit has had to reduce capacity in order to allow safe distancing on dialysis. This has entailed some patients moving temporarily to the new Mold dialysis facility.
 - WRCN working with Wrexham team and Royal Shrewsbury Hospital to ensure smooth flow of Welsh patients adjacent to border.
- **SW Wales**
 - Management team in Morriston Renal unit, and the SBUHB board, have now agreed that an 'off site' option is possible and desirable for a dialysis unit in the Neath – Port Talbot area.
 - They remain committed to finding an 'on site option' for further capacity East of Swansea on the POW site. The anticipated quick opening of the NPT unit (<9 months we hope) will ease the pressures felt within Morriston dialysis units, and allow some breathing space whilst the Bridgend solution is discussed further
 - Considering consolidating the SW Wales dialysis contract to take advantage of scales of economy. This will entail tendering for a contract for all dialysis units in SW Wales outside of Morriston site ± Dialysis machine lease ± Peritoneal dialysis ± Home haemodialysis.
 - Llandrindod Wells currently delivered by team in Birmingham. Contract is expensive and, if moved fully into Wales, has potential for service expansion provided from within Wales, in addition to cost savings. Much depends on negotiations with Birmingham QEH of the wider SLA with WHSSC.
 -

- **SE Wales**

- All transplantation in Cardiff and Wales was suspended due to published adverse outcomes for patients on immune suppression in the context of the COVID-19 pandemic.
- The Cardiff Tx unit is now carefully opening up services. The Living donor programme is now open, as is the Kidney Pancreas programme. Activity is picking up, but it is not yet at pre-COVID levels.
- The transplant list remains restricted to lower risk patients until we have more clarity on the direction of COVID prevalence.
- Merthyr dialysis unit contract due for renewal. Contract is 'out of sync' with others in SE Wales. Plan is to award a 5 year contract at the end of which we will be in a position to tender for the whole SE Wales service.

- **COVID-19 impact**

- No cases seen in Welsh Renal units for over 10 weeks now according to UK renal Registry data
- Excess mortality in Wales is much smaller than we anticipated – e.g. in SE Wales thus far we have had about 12 'excess deaths' in the dialysis population (within a total of about 60). Each month after March and April has shown a lower than expected mortality and so, by year end, we anticipate that 'excess deaths' will be even lower.
- Bed occupancy in Cardiff (normally at 100%) dropped to less than 75% during COVID epidemic. Now back up to full capacity.
- Admissions to Cardiff renal ward dropped by over 20% during March/April/May. The non COVID related admissions (i.e. normal background renal disease) dropped even more than this – work currently in progress to detail the precise changes. Raises the spectre of missed opportunities
- Tx activity to date has dropped by over 50% compared to 2019 but is now picking up. Difficult to anticipate full year effect data yet.
- OPD referrals to Nephrology in SE Wales have dropped by over 25%. Activity now approaching normal for End August / September

- **WRCN management team**

- Plan to advertise for a Deputy Clinical Lead – post unfilled for a few months now over the COVID crisis, but it is clearly needed for operational continuity, and for succession planning going forward.

Matters requiring Committee level consideration and/or approval

- Nil

Matters referred to other Committees

- Nil

Date of next meeting

9th October 2020