2021-05-11 WHSSC Joint Committee (Public)

Tue 11 May 2021, 11:15 - 12:30

Teams Meeting - Details in Calendar Invite

Agenda

11:15 - 11:20
5 min

1. PRELIMINARY MATTERS

00 Agenda (Eng).pdf (2 pages)

1.1. Welcome, Introductions and Apologies

Oral *Chair*

- To open the meeting with any new introductions and to **note** and record any apologies

1.2. Declarations of Interest

Oral *Chair*

- To **note** and record any declarations of interest outside of WHSSC Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for the meeting

11:20 - 11:50
30 min

2. PRESENTATION - South Wales Major Trauma Network

Att. *Dinendra Gill*

- To receive a presentation from the CVUHB Team

2.1.1 South Wales Trauma Network Presentation to WHSSC Joint Committee Final.pdf (16 pages)
2.1.2 Delivery Assurance Group Report for Joint Committee May 2021 v2.pdf (28 pages)

11:50 - 11:55
5 min

3. FURTHER PRELIMINARY MATTERS

3.1. Minutes of the Meeting of 09 March 2021

Att. *Chair*

- To **approve** the minutes of the last meeting.

1.3 Unconfirmed JC Minutes 09.03.21.pdf (7 pages)

3.2. Action Log and Matters Arising - No open actions

Chair

- To **note** that there are no open actions on the Action Log.

11:55 - 12:20
25 min

4. ITEMS FOR CONSIDERATION AND/OR DECISION

4.1. Report from the Chair

Att. *Chair*

- To **note** the content of the report.

4.1.1 Report from the Chair.pdf (4 pages)
4.1.2 Chair's Action - Appointment of IM v1.0.pdf (1 pages)

4.2. Report from the Managing Director

Att. *Managing Director*

- To **note** the content of the report

4.2 Report from the Managing Director.pdf (5 pages)

4.3. Neonatal Transport Service for South and Mid Wales

Att. *Director of Planning*

- To **note** the proposed project management process and associated timeline; and
- To **note** the draft commissioner assurance process recognising that this will be subject to further discussion in the In Committee section of Joint Committee and with the programme team.

4.3.1 Neonatal Transport.pdf (6 pages)
4.3.2 Appendix 1 - ODN Programme Timetable.pdf (1 pages)

4.4. WHSSC Risk Management Strategy

Att. *Committee Secretary*

- To **approve** the revised Risk Management Strategy; and
- To **note** the latest version of the Corporate Risk Register; and
- To **note** that further work is on-going to develop risk reporting in line with the RMS.

4.4.1 WHSSC RMS cover paper for JC.pdf (4 pages)
4.4.2 Appendix 1 Draft WHSSC Risk Management Strategy v0.3.pdf (24 pages)
4.4.3 Appendix 2 Current Planning Risks Over 15.pdf (11 pages)

12:20 - 12:20
0 min

5. ROUTINE REPORTS AND ITEMS FOR INFORMATION

5.1. COVID-19 Period Activity Reports Months 11 and 12

Att. *Director of Finance*

5.1.1 COVID Period Activity Report Month 11.pdf (20 pages)
5.1.2 COVID Period Activity Report Month - Appendix 1.pdf (14 pages)
5.1.3 COVID Period Activity Report Month 12.pdf (30 pages)
5.1.4 COVID Period Activity Report Month 12 - Appendix 1.pdf (14 pages)

5.2. Financial Performance Report

Att. *Director of Finance*

5.2 Financial Report Month 12 20-21.pdf (11 pages)

5.3. Reports from the Joint Sub-Committees

5.3.1. Management Group Briefings

Committee Secretary

5.3.1 2021-03-25 - MGM Core Brief v1.0.pdf (3 pages)
5.3.2 2021-04-22 - MGM Core Brief v1.0.pdf (3 pages)

5.3.2. All Wales Individual Patient Funding Request Panel

Att.

5.3.2 IPFR Panel Chair's Report - May 21.pdf (2 pages)

5.3.3. Quality & Patient Safety Committee

Att. *Director of Nursing*

5.3.3 QPS Chair's Report - May 21.pdf (7 pages)

5.3.4. Integrated Governance Committee

Att.

5.3.4 IGC Chair's Report March 2021.pdf (2 pages)

12:20 - 12:20
0 min

6. CONCLUDING BUSINESS

6.1. Any Other Business

Chair

6.2. Date of Next Meeting (Scheduled)

Chair

13 July 2021 at 13:30

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

WHSSC Joint Committee Meeting held in public

Tuesday 11 May 2021 at 11:15 hrs

Microsoft Teams

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome, Introductions and Apologies	Chair	Oral	11:15 – 11:20
1.2	Declarations of Interest	Chair	Oral	
2.	**Presentation**			
2.1	South Wales Major Trauma Network	Dinendra Gill	To follow	11:20 – 11:50
3.	**Further Preliminary Matters**			
3.1	Accuracy of the Minutes of the Meetings held on 09 March 2021	Chair	Att.	11:50 – 11:55
3.2	Action Log and Matters Arising – No open actions	Chair	Att.	
4.	**Items for Consideration**			
4.1	Report from the Chair	Chair	Att.	11:55 – 12:00
4.2	Report from the Managing Director	Managing Director	Att.	12:00 – 12:05
4.3	Neonatal Transport Service for South and Mid Wales	Director of Planning	To follow.	12:05 - 12:15
4.4	WHSSC Risk Management Strategy	Committee Secretary	Att.	12:15 – 12:20
5.	**Routine Reports and Items for Information**			
5.1	COVID-19 Period Activity Reports – Months 11 and 12	Director of Finance	Att.	12:20 – 12:30
5.2	Financial Performance Report Month 12 2020-21	Director of Finance	Att.	
5.3	Reports from the Joint Sub-Committees i. Management Group Briefings ii. Individual Patient Funding Request Panel iii. Quality & Patient Safety Committee iv. Integrated Governance Committee	Joint Sub-Committee Chairs	Att.	
6.	**Concluding Business**			
6.1	Any Other Business	Chair	Oral	

Item	Lead	Paper / Oral	Time
6.2 Date of next meeting (Scheduled) - 13 July 2021 at 13:30 hrs	Chair	Oral	

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

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report

April 2021

Disclaimer

The document is intended for the stakeholders of the South Wales Trauma Network, and due to the nature of the service contains sensitive information relating to clinical and operational activity. Whilst every effort has been made to anonymise patient details, due to often high profile nature and relatively low volume of cases links may be made. With this in mind it is requested that this document is not shared on a wider basis without express permission of SWTN, and is stored securely according to host organisational policies.

This report follows Clinical and Operational Boards held on 08/04/2021.

Introduction

The South Wales Trauma Network (SWTN) went live on September 14th 2020. It has now been live for just over 6 months and will imminently be receiving the first set of TARN data that will give post go live data.

Clinical & Operational Data

The data presented below represents Year End (Sept 2020-Mar 2021). There are still some IT links that are required to allow the pre hospital data to link with the major trauma database. This will enable a clearer view of the whole patient pathway.

The information being received through TRiDs (Trauma Datix) and the GREATix reports are being used to guide lessons learnt as well as the network education plan.

Year End (Sept 2020-Mar 2021)

South Wales Trauma Network Activity between 14th September 2020 and 31st March 2021. Data extracted from the Major Trauma Database on 1st April 2021

DEMOGRAPHICS

591 patients treated at the MTC with an incident date between 14th Sep 2020 & 31st Mar 2021. Of these patients, 358 (61%) were adults, 49 (8%) were paediatric patients and 184 (31%) were aged 65+.

* Note that all this information has been extracted from the Major Trauma Database. It includes stays at UHW, UHL and Children's Hospital for Wales. It is worth noting that the Major Trauma Database is a new system and will take time to become fully operational.

Median age 50

66% male

Busiest day: 18% of incidents on a SATURDAY

* Note that these figures are based on a small number of cases and patterns are likely to change over time with more cases being added to the database

225 (38%) CAVUHB*
132 (22%) ABUHB
113 (19%) CTMUHB
47 (8%) SBUHB
47 (8%) HDUHB
10 (2%) PTHB
17 (3%) Out of network

*185 of the 225 CAV patients were labelled as MTC patients (this functionality was added after the beginning of October therefore not all patients are defined). Patient type can change during a patient's stay therefore a patient can change from a MTC patient to a TU patient.

N% MTC patients

N% TU patients

* We won't have these figures until system integration has occurred across the network

NHS 551 (93%) NHS number assigned

507 (86%) TARN eligible

Icons by isons8.com

MECHANISM OF INJURY

196 (33%) vehicle incident
172 (29%) fall < 2m
101 (17%) Fall > 2m
31 (5%) stabbing & weapon
<5 Non Accidental Injury
<5 suspected self harm
14 (2%) sport
<5 shooting & weapon
<5 suspected high risk behaviour
<5 amputation (partial)
17 (3%) alleged assault
<5 amputation (total)
8 (1%) inconclusive
38 (6%) other
<5 blow(s)
<5 alleged intent (non assault)

DISTRIBUTION OF INCIDENTS

Note that the fire break occurred between 23rd Oct and 9th Nov (end wk 43 and wk 45) and lockdown began 20th Dec (end wk 51). Restrictions eased end of wk 12. Gradual increase of incidents during the last lockdown.

OUTCOMES

550 discharges:

356 patients discharged home /temp accommodation
40 other
12 transferred for specialist rehab

80 patients repatriated
17 transferred for MTC specialist care
33 not major trauma
12 local transfer no longer managed by major trauma

South Wales Trauma Network Activity between 14th September 2020 and 31st March 2021. Data extracted from Trauma desk data (data to 30/03/21), sitrep and TARN

TRAUMA DESK, WAST & EMRTS

10 median number of calls connected per day. 15.8K incidents (including providing advice to crews, arranging transfers and checking the call stack).

309 trauma tool positive incidents

60% advice given MTC

37% advice given TU/LEH/RTF

* Rest of data advice not required/NA/unknown (3%)

263 silver trauma tool positive incidents

13% advice given MTC

86% advice given TU/LEH/RTF

* Rest of data advice not required/NA (2%)

* Note that Trauma desk data is at incident level. Therefore, in an RTC, multiple patients would have the same Incident number and we would not be able to differentiate between patients and trauma tool usage can only be recorded once

N primary transfers to MTC involving EMRTS

N primary transfers to MTC by WAST – this requires data linkage between Major Trauma Database and WAST data using NHS no

11 pathway 1 (Hyperacute) transfers to MTC

20 pathway 2 (Emergency) transfers to MTC

<5 pathway 3 transfers to UHW recorded

<5 pathway 3 transfers to Morriston recorded

<5 incidents escalated to EMRTS Top Cover Consultant

<5 incidents escalated to EMRTS ECCH

Icons by isons8.com

SITREP COMPLIANCE

42 days where sitrep was completed by all providers. Aim for 90% compliance.

WAST	WGH	MH	GGH	UHW	BGH
98%	97%	90%	86%	84%	83%

POW	PCH	RGH-CTM	EMRTS	RGH+GUH
83%	81%	81%	79%	73%

TARN DATA

Clinical report 1 indicates that most sites have a case ascertainment greater than the target of 80% and Royal Gwent, GUH, CAV have reached the data accreditation target of 95+%.

	01 January 2020 to 31 December 2020				01 January 2019 to 31 December 2019			
Trust / Hospital	N	E	C (%)	A (%)	N	E	C (%)	A (%)
Aneurin Bevan University Health Board	532	545 - 653	81.5 - 97.7	94.5	379	545 - 653	58 - 69.6	86.3
Nevill Hall Hospital	90	228 - 273	33 - 39.5	91	144	228 - 273	52.7 - 63.2	85.7
Royal Gwent Hospital	384	317 - 380	100+	95	235	317 - 380	61.8 - 74.1	86.7
The Grange University Hospital	58			97				
Cardiff and Vale University Health Board	613	718	85.3	96.9	724	718	100+	95.8
University Hospital Llandough	27	35	77.9	97	20	35	57.7	92.0
University Hospital of Wales	586	684	85.7	97	704	684	100+	95.9
Cwm Taf Morgannwg University Health Board	651	665 - 797	81.7 - 97.9	91.9	746	665 - 797	93.6 - 100+	89.6
Prince Charles Hospital	256	267 - 320	80 - 95.9	93	305	267 - 320	95.3 - 100+	90.9
Princess of Wales Hospital	187	204 - 244	76.6 - 91.9	91	215	204 - 244	88.1 - 100+	88.8
Royal Glamorgan Hospital	208	194 - 233	89.3 - 100+	91	226	194 - 233	97 - 100+	88.6
Hywel Dda University Health Board	441	127 - 152	100+	87.1	365	127 - 152	100+	84.8
Bronglais General Hospital	123	127 - 152	80.9 - 97	93	160	127 - 152	100+	93.5
Glangwili General Hospital	228	215 - 258	88.4 - 100+	93	119	215 - 258	46.1 - 55.3	81.0
Withybush General Hospital	90	173 - 207	43.5 - 52.1	63	86	173 - 207	41.5 - 49.8	73.9
Swansea Bay University Health Board	601	475 - 569	100+	94.0	606	475 - 569	100+	93.0

Achub bywydau
Gwella canlyniadau
Gwneud gwahaniaeth

Saving lives
Improving outcomes
Making a difference

GIG CYMRU NHS WALES

Rhwydwaith Trawma De Cymru
South Wales Trauma Network

South Wales Trauma Network Activity between 14th September 2020 and 31st March 2021. Data extracted from Induction, Sharepoint, Twitter, GREATix and TRID

EDUCATION

3,490 views of the guidelines and policies held in induction

5 x policies updated/developed:

- P01 MTC Automatic Acceptance Policy
- P11 Data requests & data access policy
- P12 Team science policy
- P02 Repatriation Policy
- P07 COVID & Major Trauma Surge plan

6 x guidelines updated/developed:

- CG05 Chest drain insertion
- CG01 Emergency Anaesthesia
- CG09 Pelvic Injury
- CG27 Emergency Tourniquet Use
- CG26 Acetabular Fractures and Native Hip Dislocations
- CG13 Vascular guideline

5,432 sharepoint site visits in the last 90 days

1 conference poster presented (HEIW)

6 secondary transfers sessions HDUHB, 2 paediatric sessions

LESSONS LEARNT BULLETIN & COMMS BRIEFS

5x clinical comms briefs

8x operational comms briefs

3x lessons learnt bulletins

MEETINGS

3x Adult & Paediatric Case Quality Review meetings

3x Governance meetings

4x Clinical & Operational Board meetings

2x Delivery Assurance Group meetings

Icons by isons8.com

TRID SUMMARY

64 TRIDS reported to the network (14 Open, 50 Closed):

- 11 clinical issues
- 3 operational issue
- 23 issues with flows into MTC/TU
- 22 delayed repatriations
- 5 transport / non contact trauma desk

TRAUMA DESK OCCURRENCE LOG

60 trauma desk occurrence log entries (1 open, 59 closed):

GREATix

15 nominations for teamwork, support, leadership and communication

RESEARCH/QI/AUDIT

SAIL 0.5 WTE secondment within Health Data Research UK at Swansea Uni using the SAIL databank to commence 2021

ODN has provided support for the Network with data requests for audits and EPIC (Emergency, Pre-hospital and Immediate Care) projects

MEDIA & SOCIAL MEDIA

909 followers

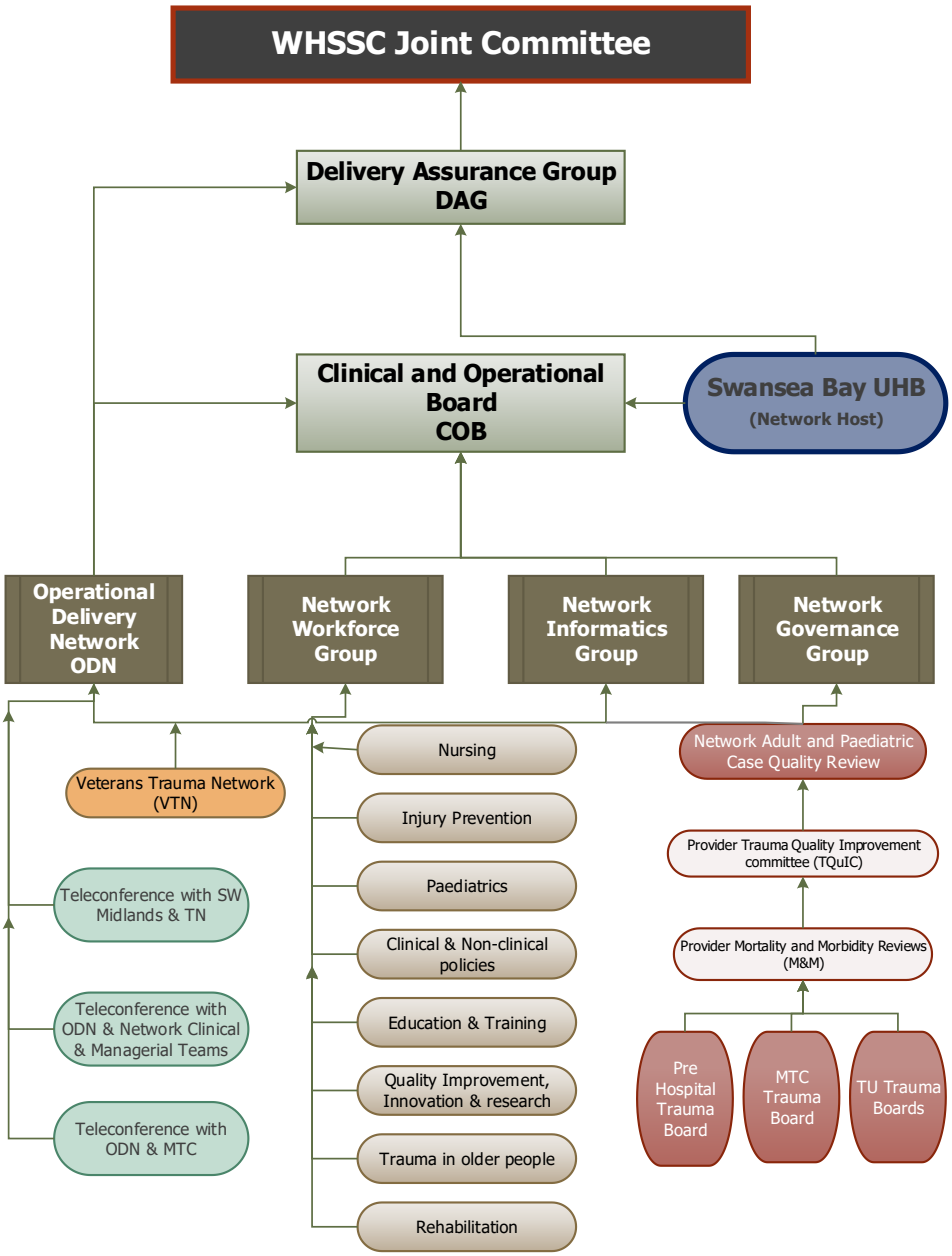
3.4K impressions during Q4

Performance Management & Governance

There has been 3 adult and paediatric case quality reviews (CQR), followed by formal governance meetings since go live.

Should any issues arise between meetings, additional lessons learnt bulletins will be distributed to ensure learning is shared timely (**see Appendix 1**).

SWTN Governance Structure



Working Groups

Governance
Quarterly meetings up and running
Paediatric
Meetings up and running
Clinical and non-clinical policies
Reinstated as required
Training and education
Running via teams monthly with good attendance from cross network colleagues
Rehabilitation
Weekly MDT in place. Cross network workshop planned for later April to start to pull together requirements for rehabilitation going forward
Research and QI
Group established and log of research and audit studies commenced
ODN and MTC
Weekly meetings with formal action log
ODN and TUs/WAST/EMRTS
Monthly meetings with formal agenda and action log
Teleconference with North West Midland & North Wales Trauma Network & Critical Care Network
Bimonthly virtual meetings
Trauma desk
Monthly meetings and teams chat with occurrence log
Rehabilitation coordinators / trauma practitioners
Weekly meeting with MS Teams chat and occurrence log
TARN coordinators
Monthly meetings cross network with MS Teams chat
Informatics
Terms of reference produced and meetings to commence in May (Quarterly)
Workforce and Service Development
Terms of reference produced and initial meeting in April. This group has been reformatted from the workforce group to the workforce and service development group.
Injury prevention
To be established in 2nd half of year 1
Silver trauma
Terms of reference produced and meetings to commence in April (Twice per year)
Veterans Trauma Network
Handed over to SWTN. Referrals now coming through to ODN team

Training and Education

A dedicated education platform is now in production using an external provider due to issues with HEIW being able to host the 360 videos. It is envisaged that this learning platform will be ready in early May and will hold all training that has currently been filmed.

The scripts are prepared for the trauma team leader and pre-hospital training and the aim is to film the scenarios in June. Filming will also take place for clinical skills and lectures relating to the ongoing management of patients and their rehabilitation.

A draft of the level 1 nursing competency portfolio, answer book and clinical skills sessions is ready for launch. It will be trailed in CAV during June and July before being reviewed and then rolled out across the network by the end of the summer.

The network is continuing to receive 2 days/week support for nursing education from the education lead in the MTC. The individual is providing expertise with the development of the e-learning platform and the feedback requirements of an on line learning environment.

TARN

TARN Clinical report 1 was published on 1st April and the table below shows the case ascertainment and data accreditation values for each site between 01 January 2020 and 31st December 2020.

The snapshot from the TARN Analytics dashboard indicates an average case ascertainment of 88% across the network, above the target of 80% and data accreditation for the time period was 93.2%, below the target of 95%. The Royal Gwent Hospital, The Grange University Hospital and C&VUHB met the data accreditation target of 95% for this period, however, many of the other sites were close.

The Interim Clinical Audit Manager for CTMUHB presented the Healthboard's Go Live experience in terms of collecting TARN data and the approach to improve case ascertainment, accreditation and submission target time in SWTN's Network Governance meeting on 18th March 2021.

We are looking into ways of sharing this best practice with HB Clinical Audit Leads: we have contacted Welsh Government regarding their clinical audit newsletter and the All Wales NICE Group regarding their quarterly meeting for audit leads.

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Bronglais General Hospital	123	127 - 152	80.9 - 97	93	160	127 - 152	100+	93.5
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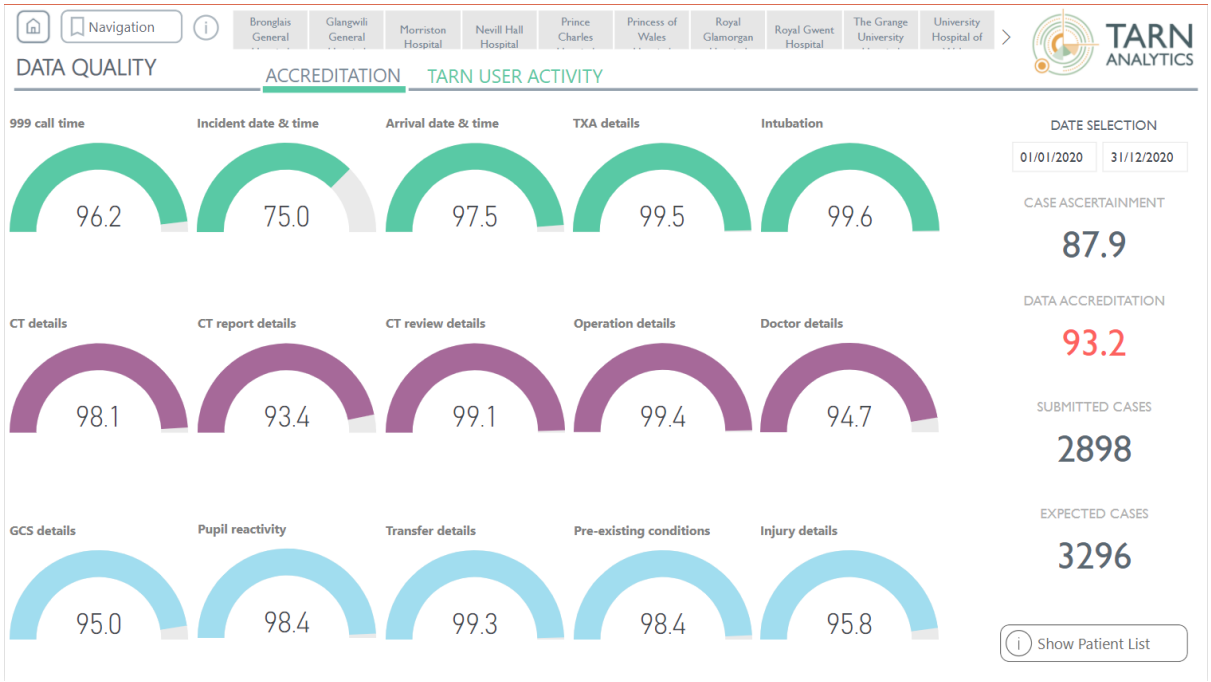
Withybush General Hospital	90	173 - 207	43.5 - 52.1	63	86	173 - 207	41.5 - 49.8	73.9
Swansea Bay University Health Board	**601**	**475 - 569**	**100+**	**94.0**	**606**	**475 - 569**	**100+**	**93.0**

N The number of approved submissions for the period
E The expected number of submissions for the period (from HES / HIPE / PEDW)
C The case ascertainment % for the period
A The accreditation % for the period

Snapshot of the live TARN Analytics data taken on 12th April 2021:



Feedback

TRiDs

The TRiD (Trauma Reporting Incident Database) was set up within the DATIX system to allow any incidents that occur anywhere in the network to the reported and investigated. The system is managed by the ODN team and requests are made to all involved parties for investigation and then outcomes and lessons learnt are shared and form part of the governance programme, lessons learnt and the network training plan.

January 2021

There were 9 TRiDs raised in January 2021

February 2021

There were 8 TRiDs submitted in February 2021

March 2021

There were 6 TRiDs submitted in March 2021

GREATix

The GREATix initiative formally acknowledges examples of good practice. The idea is to recognise and celebrate when a team or person has performed well and to promote learning from this. GREATix forms are filled out by any member of staff when they see something which has made a positive difference to patientcare either directly or indirectly. We share GREATix information and specific learning points at M&Ms and educational meetings **(see Appendix 2).**

Concerns: Organisational

No concerns have been raised since the last DAG meeting

Concerns: Clinical

- Network supported a review of the management of the traumatic paediatric vascular surgery provision to the MTC. An approach has been agreed to ensure an in-house solution is maintained at the MTC.
- Automatic acceptance – secondary transfer training has taken place in HDUHB and was really well received. There are plans to now roll this out to other HBs. There has been no requirement to utilise the escalation process for secondary transfers within the automatic acceptance policy since the amendments presented to the previous DAG meeting.

Risk and issues log

There is a live risks and issues log that is presented to the Clinical and Operational board meetings.

There are currently 13 risks identified.

The following risk has reduced as a result of relevant mitigation since the previous report;

The potential loss of the locum 4th plastic surgeon post that was recently supported by WHSSC to be converted to a substantive post and formally advertised. The advertisement has closed and the shortlisting process has begun.

A previous issue around potential repatriation difficulties in the event of a further covid surge that has been downgraded from the issue register to the risk register after discussion at the SWTN governance meeting and Clinical & Operational Board.

There are 5 live issues. 1 at amber and 4 at red.

Service developments since go live

Rehab consultant sessions within CTMUHB will increase to 4 sessions per week once the new rehabilitation consultant commences in post in the MTC in May. SBUHB have submitted a JD to the Royal College for approval. This will provide the additional sessions required to support SBUHB and HDUHB each with 4 sessions per week of rehabilitation consultant sessions. ABUHB are exploring the implementation of dedicated rehabilitation consultant sessions for major trauma patients.

E-learning platform in development and filming completed for first module (trauma team member)

Management of Veteran Trauma Network transferred from C&VUHB

SWTN website in progress and soon to be live

Commencement of post programme evaluation process **(see Appendix 3)**

Collaboration with South Wales Police on injury prevention campaign around knife crime

Outstanding *Service Specification*

Workforce - some vacant posts remain within the MTC. Mitigation plans in place to manage any gaps. Major trauma practitioners not in post in Prince Charles Hospital, this should be resolved imminently.

Training & Education – still need to film further modules to ensure learning can continue across the network. This is planned for May and June.

Work ongoing with specialist teams regarding e-referrals. Orthoplastic will go live first.

Benefits Realisation

The benefits realisation plan as described in the Programme Business Case details eleven benefits to be achieved in year 1 of the Programme going live.

The table in **Appendix 4** illustrates year 1 benefits and includes the SWTN current position against each of the measureable outputs.

Achievements

Development of patient focused rehabilitation prescription by the rehabilitation team in the MTC.

Recruitment of a substantive rehabilitation medicine consultant for the MTC and confirmation of the 4th plastic surgery post being made substantive.

Development of a network wide Patient Care Record, ensuring the identical capture of information to inform TARN data input across the network.

Development of a full training package for level 1 nursing which includes a portfolio, clinical skills and a train the trainer's day. This work was undertaken by Jenna Mclaren, Vikki Brown and Angharad Griffiths.

Specific Organisational Updates

MTC update

Workforce

New and upcoming appointments:

The Major Trauma Centre has been successful in appointing a Consultant Clinical Psychologist. The post holder, Phillip Brawn joined the team on 23rd March 2021 and brings with him a wealth of experience.

Following interviews on 10th February 2021, the Major Trauma Centre were successful in appointing a substantive Rehabilitation Consultant. Dr Javed Haider has experience with Cardiff & Vale UHB and is set to re-join the team in May 2021.

The Senior Nurse for Major Trauma is currently out to advert and is set to close on 8th April 2021.

In response to an emerging clinical need supported by data retrieved from the Major Trauma Database, a requirement regular Geriatrician input onto the Polytrauma Unit was identified. This support will be provided on a phased based. Initial support will be provided on a limited basis from early April, followed by enhanced cover from August 2021. This service development will further enhance the MDT.

The Trauma & Orthopaedic Directorate at Cardiff & Vale University Health Board have been successful in securing an additional Trauma Fellow (Post CCT), who will have a development role on the MTCC rota.

The team have also been successful in securing further junior medical cover on the Polytrauma Unit in the form of F2 level, LIFT trainees, as a rotation.

We have had resignations within the TARN team at Cardiff & Vale UHB. The posts have been approved for advertising and will be live imminently.

Estates Update

Works to repurpose some of the MTC multi-disciplinary footprint has been commissioned and has commenced. The work is in its final stages with an anticipated completion date during the week commencing 5th April 2021.

In the coming 2021/2022 financial year the team will be working closely with the UHB and Capital Estates team to discuss the requirements for the North side of Ward A4. These discussions will align with the UHBs Covid-19 de-escalation plans, which will see the North side transition into an additional Polytrauma area, giving opportunity to enhance further the high standards of care already being given.

Activity Update

In the first 6 months' post going live, the Major Trauma Centre has admitted 469 patients up to the end of February 2021. The breakdown of the admissions by area is as follows:

UHB	Number of admissions
Aneurin Bevan UHB	104
Cardiff & Vale UHB	182
Cwm Taf Morgannwg UHB	95
Hywel Dda UHB	39
Swansea Bay UHB	35
Other	14

151 of the patients admitted received their treatment on the Polytrauma Unit.

Destination of patients following admission to the Polytrauma Unit:

- 57% were discharged home
- 23% repatriated to their Local Health Board/English Trust

- 13% stepped down internally

Escalation – Following challenges in January with repatriation, there were no repatriations that required escalation in line with Policy during February.

Next Steps

TARN – Work continues locally and with the Network to source solutions to create and embed a sustainable model within the Major Trauma Centre and to address potential issues across the Network.

WAST update

Since the last update an additional 414 (1649 in total) people have completed the trauma tool e-learning module, a further 112 have also enrolled on the module.

Due to COVID-19 and government restrictions the scheduled face to face learning did not take place as planned for training year 2020/21. To mitigate the loss of classroom delivery all WAST EMS staff were offered, through learning hours, access to the WAST Learning Zone which contained e-Learning on the management of trauma and the use of WAST based trauma equipment. The postponed, one-day face to face major trauma training previously scheduled for 2020/21 is due to commence in May this year and complete in March 2022.

WAST, EMRTS, and SWTN are working collaboratively on its first piece of research. Facilitated through the Wales Centre for Primary and Emergency Care Research (**PRIME**), this largely qualitative piece of work will explore the perceptions of staff who have interacted with the SWTN and explore the barriers and facilitators with those WAST staff who should have, but didn't. This research will focus on:

1) Training and preparedness

2) Barriers and facilitators

3) Caring for patients over long distances

4) Calling the Major Trauma Desk.

It will look to learn more about the experiences of EMRTS staff, Major Trauma Desk Paramedics, response paramedics and medical technicians. It is hoped that this research will inform future development and improvement of the SWTN and the function of the Major Trauma Desk and be the first of many pieces of collaborative research.

A monthly WAST governance meeting has been established to ensure delivery of a high quality, integrated, safe and effective service across Wales. The meetings will initially be held monthly and will report into the newly established Practice Steering Group in WAST. The group will monitor both clinical and operational performance. There will be a case review held at each meeting, one from the trauma desk team then one (adult or paediatric)

from a response/operational perspective at the subsequent meeting. These case reviews will also feed into the network Adult and Paediatric Case Quality Review meeting.

The trauma desk clinicians have started to gather information form the major trauma database and from EMRTS colleagues to provide feedback to our clinical staff who had attended the scene of a major/silver trauma incident. This feedback has been really well received by our staff and is vital in how we reinforce good clinical practice.

Finance

This section summarises the forecast expenditure on the WHSSC & EASC commissioned elements of the South Wales Major Trauma Network.

The spend is reported against the Welsh Government allocation funding issued in July 2020 and reflects the 20/21 year end settlements with provider UHBs and Trusts.

	2020/21		
Major Trauma Provider:	**Allocation £m**	**Forecast Spend £m**	**Variance £m**
Cardiff & Vale MTC	10.579	7.842	(2.737)
Swansea Bay MTC element	0.910	0.712	(0.199)
Swansea Bay ODN	0.496	0.496	0
WAST Pre Hospital Care	1.201	1.051	(0.150)
Major Trauma Total 20/21	**13.186**	**10.101**	**(3.086)**

Due to recruitment lag against the business case profile, there was significant slippage reported against the 2020/21 allocation.

Some pay slippage has been utilised to support further training and education initiatives within the ODN.

The reported £3.1 million slippage was recovered from commissioners and returned to Welsh Government non-recurrently for 2020/21.

A recurrent funding uplift has been confirmed in the 2021/22 allocation letter issued in December and will be allocated on the following commissioner / provider basis:

Major Trauma Commissioner:	2021/22 Allocation £m
Aneurin Bevan HB	3.368
Cardiff and Vale HB	2.758
Cwm Taf Morgannwg HB	2.288
Hywel Dda HB	2.231
Powys HB	0.186
Swansea Bay HB	2.449
Major Trauma Allocation 21/22	**13.280**

Major Trauma Provider:	2021/22 Allocation £m
Cardiff & Vale MTC	11.222
Swansea Bay MTC element	0.910
Swansea Bay ODN	0.508
WAST Pre Hospital Care	0.640
Major Trauma Allocation 21/22	**13.280**

Recommendations

The Delivery Assurance Group (DAG) are asked to:

1. Note content of report.
2. Note continuing excellent progress across the work through quarter 3.
3. Identify any risks and issues from this report that require escalation, action or otherwise by DAG members.

Appendix 1 – Lessons Learnt Bulletin- Issue 3

Achub bywydau
Gwella canlyniadau
Gwneud gwahaniaeth
Saving lives
Improving outcomes
Making a difference

GIG CYMRU NHS WALES
Rhwydwaith Trawma De Cymru
South Wales Trauma Network

Lesson Learnt Bulletin.. Issue 3

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Wales Trauma Network

March 2021

On Thursday 18 March, SWTN held its quarterly Network Clinical Governance Day. The morning was taken up by a Case Quality Review at which cases from across the network were discussed. Below you will find key learning points that were drawn out by these cases. Please note that this CQR discussed cases from the period immediately after the network went live in September 2020.

Cases reach the CQR after discussion at local trauma morbidity and mortality meetings. In both fora our goal it to look for Opportunities for Care Improvement - aspects of the case where better care could have been delivered, perhaps under ideal circumstances. We break these OCIs down to look for active failures (actions or omissions) and latent failures (issues in the system that predated the incident). Latent failures might involve issues with training, supervision, equipment, policies, awareness, staffing or many other aspects of the system. Even if patient outcome was not affected in the case we discuss, latent failures persist in the system and could give rise to harm in the future. However, this also means that we can improve patient care by addressing them. Identified latent failures are taken up by local and network clinical governance bodies to ensure that remedial action is taken.

All involved in clinical care of trauma patients are encouraged to be part of this process. You can find out about your local trauma M&M from your health board's trauma lead. The next network CQR is on Thursday 17th June 2021 and you can find out how to take part by emailing TraumaNetwork@wales.nhs.uk

South Wales Trauma Network Transfer Pathways

When patients require acute transfer from a trauma unit or other hospital to the MTC, the SWTN acceptance policy (link) applies. A few points are worth emphasising:

- The trauma desk (based with Welsh Ambulance Service Trust) and the Trauma Team Leader (TTL) at the MTC have crucial roles in coordinating time-critical transfers, even for single system injuries. TUs should speak to the TTL via the trauma desk when they wish to discuss potential transfers. The TTL will then facilitate discussions with specialist teams at the MTC if required. Specialist teams should not be contacted directly for advice except in cases the are not time-critical.
- Specialist teams (consultants and registrars) at the MTC must be aware of the acceptance policy as well. If they receive calls that have bypassed the proper channels, it is important that they get the referring clinicians to speak to the trauma desk and TTL. This is the only way to ensure proper coordination of services and timely transportation.
- The network is undertaking a series interactive workshops to raise awareness about the pathways. You can find more information at South Wales Trauma Network Pathway Summary
- It is important to ensure that discussions between the referring hospital and the TTL and specialists are conducted by clinicians with sufficient seniority. Specialists must consider not only the need for surgical intervention but the wider implications of their treatment decisions for patient treatment and prognosis. The TTL has a role in ensuring that referrers and specialists achieve a shared understanding of the case and of the plan.

Complex Transfers for "Care With Treatment Closer to Home"

The network's "CWTCH" policy recognises that some patients may have complex physical, mental and social needs that do not fit easily with the location of various specialist services. Exceptionally, it may be necessary to arrange for a recovering patient to be managed at a centre nearer to home despite having injuries that fall outside the normal scope of a receiving hospital. A recent difficult paediatric case demonstrated how this can work very well. The whole MDT, both at the MTC and at the receiving unit, went out of their way to make provision for a child with spinal injuries who needed to be closer to family. While complex, the collaboration between the teams was excellent. Arrangements like this are very unusual. Convening a large, pan-professional MDT at an early stage to build a shared picture of the issues that a case raises will facilitate making such transfers in a timely way.

P02 SWTN Automatic repatriation policy review October 2020

Icons by icons8.com

Silver Trauma

It is well recognised that the elderly are at risk of severe injury even when the mechanism is low energy. The SWTN trauma team activation criteria are designed to reflect this. Elderly patients, especially those on anticoagulants, can develop serious injuries after apparently trivial incidents. Delayed presentations are common and these patients can end up being managed by specialties (especially Care of the Elderly) that are not part of the normal trauma team.

Shock in the elderly can be due to hypovolaemia even if injury occurred one or two days previously.

(CG19 Trauma in the older person SWTN Feb 2020)

Training the Whole Team

A great deal of care across the network is provided by locum and agency staff. It is important that policies and procedures are disseminated and presented in ways that capture these hard-to-reach members of our teams. Some staff are employed on a fairly regular basis: their development is as important to the outcome of patients as is that of permanent staff. Including them in training is also a challenge but one that is worth meeting whenever possible.

Imaging the Neck

If a patient merits a CT of the head for trauma and you cannot clear the neck on clinical grounds alone, it's important to get a CT of the neck, rather than rely on plain films. Relevant policies are captured in NICE guidelines and several providers in the network have protocols for requesting this imaging so that there are no artificial barriers to obtaining CT of the neck out of hours.

Documentation

Team members failing to sign in when attending trauma calls is one of the most common reasons for apparently poor performance by providers in the network in our TARN data. This obscures good care when it is being delivered and prevents identification of gaps in provision. We encourage audit, with remedial action, of this aspect of documentation.

Please note that the next Network Governance Day will be held on 17th June 2021

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Appendix 2 – GREATiX summary – Q4

Achub bywydau Gwella canlyniadau Gwneud gwahaniaeth
Saving lives Improving outcomes Making a difference

8 GREATix Received

GIG CYMRU NHS WALES
Rhwydwaith Trawma De Cymru
South Wales Trauma Network

Quarter 4 2021/2021

1 x *CLINICAL*

Good communication means better collaborative working and everyone feeling like they are in the loop!

Designing a discharge proforma will help the processes around preparing patients for repatriation and discharge home and will hopefully make the process more efficient.

3 x *TEAM WORKING*

Staff embraced the ethos of the trauma network and adapted in accordance to the patient's needs. They have also developed skills that will help in the future.
The staff were enthusiastic to learn new skills in order to provide appropriate care to this patient including; learning how to log roll, carry out collar care, manage post-traumatic amnesia and challenging behaviour.

1 x *COMMUNICATION*

The patient had appropriately been referred on a Pathway 3 to the MTC, and, given the good GCS advice was given to maintain neuro-observations locally and give prophylactic anticonvulsants. Given the distance from the MTC, the potential for deterioration and the availability of more resources to facilitate onward critical transfer based in the TU the major trauma MDT facilitated transfer to the TU for ongoing care. This was achieved utilising the Health Board's Major Trauma Policy's

1 x *ABOVE & BEYOND*

Domestic staff in the hotel services, Glangwili who were already towards the end of their shift were called upon to quickly turn around a ward area from its closed status to be clinically viable for usage that evening. A lot of pressure was put upon the staff as this patient was in transit from Cardiff. Team work and hard graft were evident and this area was made safe within the time needed for this repatriation to be successful. Thank you very much from the South Wales Trauma Network for making this happen.

1 x *LEADERSHIP*

1 x *SKILL DEVELOPMENT*

Appendix 3 – Post Programme Evaluation and Key Developments

South Wales Trauma Network

Post Programme Evaluation and Key Developments

Author(s): Beth Hughes, Programme Manager, South Wales Trauma Network David O'Reilly, Quality Improvement & Research Clinical Lead	
Reviewer(s): Dindi Gill, Clinical Director, South Wales Trauma Network	
Date: 1st April 2021	**Version:** 1.0
Purpose and Summary of the Document: This paper provides a summary of the key elements of the South Wales Trauma Network evaluation process as set out in the Programme Business Case with specific consideration on the "project in use" element of the evaluation process to be undertaken throughout Year 2 and Year 3 of the Programme.	
Publication/ Distribution: SWTN Clinical and Operational Board	

Draft Number & version		**Author/ Editor**	**Date**
1	1.0	Beth Hughes	1st April 2021
2			

Background Information & Rationale

The Programme Business Case (approved by all organisations in November 2019) sets out the principles of programme evaluation for the South Wales Trauma Network (SWTN) as described below.

The Clinical and Operational Board (COB) is responsible for ensuring a thorough and robust suite of post-project evaluations (PPE) are undertaken at key stages in the process to ensure positive lessons can be learnt from the programme that will be of value for wider system learning.

The lessons learnt will be of benefit to:

- The NHS Wales Collaborative – in using this knowledge for future projects.
- Health boards, pre-hospital services and commissioners – to inform their approaches to future major projects.
- The NHS more widely – to test whether the approaches used in this programme have been effective.

PPE also sets in place a framework within which the agreed benefits realisation plan can be tested to identify benefits that have been achieved and those that have not.

The ODN has developed detailed evaluation plans for each of the stages and is looking to consult with its key stakeholders via the COB for support to progress.

NHS guidance on PPE has been published, the key stages applicable for this project, are:

- Evaluation of the various processes put in place during implementation.
- Evaluation of the project in use shortly after the development is operational.
- Evaluation of the project once the developments are well established.

Evaluation – Implementation

The objective of this stage is to assess how well and effectively the project was managed from the time of establishing the network board (June 2018) through to the commencement of operational commissioning (Sept 2020).

The terms of reference for the post project evaluation can be found as Appendix 1 and is currently in the process of being collated across the network.

Evaluation – Project in Use

The project in use will be evaluated using the following appraisal methods:

Stage 1

Peer review

A peer review of the entire system (MTC, TUs, WAST, EMRTS & ODN) will take place commencing in October 2021 (precise date to be confirmed following meeting with NHS Quality Surveillance Team to undertake this). Its main focus is on core clinical and operational elements being in place, and less of a focus on outcomes.

The process is best described as 3 elements:

Pre review visit

- A self-declaration needs to be completed on the Quality Surveillance Information System (QSIS) by organisations in order to carry out a bench marking exercise identifying where they sit in relation to the quality indicators.
- Organisations will need to complete an evidence upload in the form of annual report, operational report and work plan.

Review day

- Historically the visit process usually takes around 5 hours, however local Covid restrictions will determine a potentially altered process.
- The following takes place:
    - Review of the evidence
    - Questions to the team being reviewed

Post review

- A report is written and sent back to organisations and commissioning colleagues. If any serious concerns are raised separate notification is sent directly to Chief Executives and copied to the commissioning colleagues.

The peer review follows a rolling 3-year programme of peer reviews (1 external peer review followed by self-assessment the subsequent 3 years). The SWTN will commission the NHSE Quality Surveillance Team to undertake this.

Further details to follow after meeting with NHSE Quality Surveillance Team.

Stage 2

1 Year Programme Evaluation Report

An evaluation of the first year performance of the SWTN will be conducted when TARN data for the whole 12 months is available. TARN returns for Q2 of 21/22 will be circulated in February 2022.

Analysis of the data will be completed by the ODN data analyst and network team over an anticipated 3-month period. Interpretation will be conducted by a currently unconfirmed external organisation. Initial discussions have commenced with Swansea University regarding this work although subsequent discussions are required in order to delineate further. The report will then be written and processed by the SWTN over a further 6 weeks.

A final report will be made available around July 2022 and presented through the SWTN governance process to Clinical Operational Board and Delivery Assurance Group.

The ultimate purpose of the regionalisation of trauma care is to reduce the morbidity and mortality of patients affected by major trauma. However, it is well established that these benefits may take several years to be realised. Accordingly, while TARN data on outcome will be presented, the focus of this report will be on structure, process and outcome based. In particular, we would hope to be able to demonstrate improved data collection, improved timeliness of care, reductions in delayed or unnecessary transfers, improved equity of access to specialist care and more appropriate patient flow. TARN data will allow a before/after comparison for many of these metrics, however other sources of data will be required in some cases.

The COVID-19 pandemic may have confounding effects on the analysis.

Stage 3

Gateway 5 Operations Review & Benefits Realisation

The Gateway 3 Report undertaken in November 2019 recommended the need for a further Gateway Assurance review when the programme was operational. A Gateway 5 Operations Review and benefits realisation (incl. early outcomes) will take place after the aforementioned evaluations in order to complete this collection of evaluation processes.

Gateway Reviews deliver a peer review of programmes and projects that provide independent assurance and delivery confidence to the Senior Responsible Owner (SRO) at specific points in the programme lifecycle. This Review sets out to confirm the benefits described in the PBC are being achieved and that the network is running smoothly.

For this programme, it is beneficial this review takes place following the first peer review and 1-year evaluation report is made available (late 2022). This will also allow any remedial actions from peer review to be addressed.

Project is Well Established

It is proposed this evaluation is undertaken about two to three years following initiation of commissioning. The objective of this stage will be to assess the effectiveness of project management during the implementation of the new development.

The evaluation at this stage will examine:

- The effectiveness of the working arrangements established by the lead commissioner (WHSSC) and the ODN.
- Extent to which it is felt the development meets users' needs, from the point of view of patients and staff.

It is envisaged that this will involve a continued formal evaluation of the network.

Management of the Evaluation Process

The ODN will manage the process in partnership with the lead commissioner (WHSSC) and provide communication through the COB and DAG.

All evaluation reports will be made available to all participants in each stage of the evaluation once the ODN and WHSSC management processes have endorsed the report.

The ODN management team will undertake the majority of the work.

The costs of the final post-project evaluation, once the new working practices are fully established, will be clarified and brought to the COB.

The ODN will seek to ensure they keep abreast of projects that have been fully evaluated when in use and which have utilised the latest PPE guidance. The ODN will then take a view of the extent to which external support is required.

The Clinical and Operational Board are asked to:

- Note the content of this paper
- Agree & support the proposed 'project in use' process of evaluation for the programme before passing to the SWTN Delivery Assurance Group for approval.

Appendix 4- Benefit Realisation Plan (Year 1)

Benefits Realisation Plan							
Strategic Benefit	**Benefits Number/Description**	**Actions Necessary to Realise Benefits**	**Measurements**	**Target date for demonstrating benefit**	**Responsible for delivering benefits**	**Accountable**	**SWTN Position April 2021**
Health Gain	**003/Improving timeliness and quality of clinical care.**	Establish network policies and pathways (incl. automatic acceptance policy to MTC)	TARN MTC and TU dashboards/ quarterly and annual reports. Quarterly and annual network TARN reports Focused TARN quarterly and annual reports (e.g. orthoplastics, paediatrics) Benchmarking against national average	Sep-21	ODN Provider	WHSSC/EASC/ health board commissioning	Network policies and pathways authored and previously ratified through SWTN governance structure. All documents shared with organisations and available via the Induction App. All data currently provided throughout the network via * Network Governance Meetings from ODN * Clinical reports & dashboards provided via TARN and circulated to ODN and appropriate organisations when published
	007/Improved data collection	Implement TARN working plan	Network wide improvement of TARN case ascertainment to 80% and accreditation to 95% (incl. all providers) Contribution of all providers to TARN PROMS/PREMS	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioning	Ongoing monitoring of TARN case ascertainment & accreditation. Monitored by ODN and discussed with local organisations at monthly meetings. TARN PROMS/PREMS to be initiated across SWTN- plans for HB's to commence Apr/May 2021

Equity	**008/Equity of access to specialist care**	Implementation of pre-hospital triage tool and automatic acceptance policy to MTC (incl. rapid secondary transfer)	TARN data: The number and proportion of patients transferred directly to MTC/TU with specialist services. The number and proportion of patients that have an acute secondary transfer (within 12 hour) from a TU to MTC/TU with specialist services. The proportion of urgent transfers that occur within two calendar days definitively within a TU. The number of patients with ISS ≥15 managed	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioning	The data required is currently being utilised to inform the ODN, network governance team and local Health Boards. Analysis of the measurement metrics within the network being considered within the ODN using TARN and SWTN Major Trauma Database data. Where not available at present, work is ongoing to develop an interim suitable reporting mechanism.
	009/More appropriate patient flow	Care with treatment closer to home' policy Landing pad configuration in health boards	All wales repatriation database: Number of repatriations exceeding 48hrs from when ready by origin health board.	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioning	Monitored by the ODN via the Trauma Related Incident Database (TRID) and reported through the network governance mechanism.

	011/Equity of care for veterans returning to Wales in line with England	Implement the veterans trauma network in Wales	Number of veterans referred and reviewed by the network	Sep-21	ODN Management	WHSSC/health board commissioners	Management of the veteran trauma network transferred to the ODN. SWTN operational policy for VTN authored. Data capture of demand ongoing.
	012/Improved multi professional training and education	Implementation of network training and education programme	Number of training and education events held split by type Number of online modules completed by providers Number of users of triage tool and trauma APP Number of calls made to trauma desk (where decision making supported)	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioners	Suitable training & education plan developed with T&E clinical Lead in response to Covid related restrictions. Network Senior nurse Educator post created to lead on creation, maintenance and further development of network training package and provide any focused T&E throughout the network as required. Suite of VR scenario training videos created and further planned in May 2021. Hosting platform with full monitoring capabilities for all education due to launch late April 2021. Induction App reporting mechanism available and reported in ODN quarterly network activity report
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Sep-21	MTC	WHSSC	Virtual meetings with LHB's and MTC clinical director taking place. Regular virtual meetings taking place for, MTP & RC's, TARN Coordinators.

							Weekly virtual MDT hosted by the MTC & attended by all LHB's taking place.
	014/Enhance new recruitment across the region	Implementation of an inclusive network Workforce strategy	Identified staffing recruited Number of joint appointments made Number of rotational appointments made Publication of strategy	September 2020 onwards September 2020 onwards	ODN providers ODN management	WHSSC/EASC/ health board commissioners	Consultant AHP post to be recruited within C&V but to have a role across the network Lead nurse educator for the network, currently a secondment role to enable proof of concept for consideration of potential substantive role in the future. Inaugural workforce and service development group meeting to take place April 2021. Workforce strategy to be developed, formally monitored and scrutinised through this group.
	015/Improved staff retention	Workforce strategy	Turnover rates	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioners	Inaugural workforce and service development group meeting to take place April 2021. Workforce strategy to be developed, formally monitored and scrutinised through this group.
Value for Money	**019/Flexible working across health boards boundaries**	Agree HR protocols to enable cross-health boards working	Number of new posts created working across organisations and joint policies	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioners	Orthoplastic consultants working across both C&VUHB (MTC) and SBUHB (TUss) to provide orthoplastic services. Rehabilitation consultants formally working across health boards to provide rehabilitation services throughout the network.

	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	Number of other services directly benefitting from investment in major trauma services	Sep-21	ODN Providers	WHSSC/EASC/ health board commissioners	The ODN has been supporting the development of the programme around a spinal network The ODN is supporting the development of a Regional cardiothoracic service

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 9 March 2021 by MS Teams

Members Present:

Kate Eden	(KE)	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
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Sian Lewis	(SL)	Managing Director, WHSSC
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Judith Paget	(JP)	Chief Executive Officer, Aneurin Bevan UHB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

Deputies:

Steve Webster	(SW)	Finance Director, Cwm Taf Morgannwg UHB (deputising for Paul Mears)

Apologies:

Iolo Doull	(ID)	Acting Medical Director, WHSSC
Kieron Donovan	(KD)	Affiliate Member/ Chair, Welsh Renal Clinical Network
Jason Killens	(JK)	Chief Executive Officer, WAST
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Ian Phillips	(IP)	Independent Member

In Attendance:

Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Kevin Smith	(KS)	Committee Secretary & Head of Corporate Services, WHSSC

Minutes:

Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Public Observer:
A member of the public

The meeting opened at 09:30hrs.

JC20/074	**Welcome, Introductions and Apologies** The Chair welcomed Members to the meeting and reminded them that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams. The Chair noted that there was a member of the public observing the public meeting. It was noted that a quorum had been achieved. Apologies were noted as above.
JC20/075	**Declarations of Interest** The Joint Committee noted the standing declarations. No additional declarations were made.
JC20/076	**Minutes of Previous Meetings** Members approved the minutes of the meetings held on 10 November and 15 December 2020 as a true and accurate record.
JC20/077	**Action Log & Matters Arising** The action log was taken as read and it was noted that there were no outstanding actions. No further matters arising were raised.
JC20/078	**Chair's Report** The Chair referred members to Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21. In response to a question, SD explained that none of the proposals created any new recurrent liabilities as any related schemes were already included within the WHSSC approved ICP. The providers had also been asked to report back on activity and outcomes related to the approved proposals. Members consented to the Recommendation set out in the report, namely to **ratify** the Chair's Actions to approve the underspend proposals. The Chair also referred members to a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post. The Joint Committee also **ratified** this Chair's Action. In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term would expire on 31 March 2021. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.

	The Chair also updated members that WHSSC is still actively looking for a further independent member but none of the Health Boards' Chairs were able to support WHSSC with nominations at this time.
JC20/079	**Managing Director's Report** The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read. Members received an explanation as to why the PET CT Programme Business Case would be signed off at the NHS Wales Health Collaborative's Chief Executive Group's meeting on 16 March 2021 rather than at the WHSSC Joint Committee. The Joint Committee consented to the Recommendation set out in the report, namely to **note** the content of the report. In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed. The WHSSC Executive team support the scope and approach to the development of the UHW2 programme business case which was submitted to Welsh Government on 01 March 2021.
JC20/080	**CAMHS Tier 4 Services** Members received a paper that sought to inform them of the current Tier 4 Child and Adolescent Mental Health Services (CAMHS) commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them. Members acknowledged that this was a high profile and a high priority area. It was noted that despite all the work being undertaken in this area including early intervention, demand for these services had continued to grow.

	CB highlighted that all three of the commissioned services were in the WHSSC escalation process due to a variety of issues including capacity, workforce and environment. However, the escalation process ensured enhanced monitoring of the services. CB noted that the bed management panel had provided additional support to the inpatient units and enabled wider discussions about complex cases especially during a period of severe bed shortages across the UK. CB reported that the implementation of the revised service specification would require additional resources and this had been highlighted in the WHSSC Annual Plan as a Strategic Priority. LR noted that this was a very important piece of work and supported the wider considerations of all areas but requested specific consideration of the capacity issues for Tier 4 services. EE noted that the role and function of Tier 4 units was often influenced by patient behaviour and not necessarily illness. Appropriate care models across the system were therefore necessary. Members were advised that a progress update would be provided to the May Joint Committee meeting. The Joint Committee consented to the Recommendations set out in the report, namely to: • **Note** the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and • **Support** the proposed actions to address these issues including the wider pathway concerns.
JC20/081	**Assurance Report on Commissioning of Independent Hospitals.** The Assurance Report on Commissioning of Independent Hospitals was deferred to the "in committee" session.
JC20/082	**Disestablishment of the All Wales Posture and Mobility Partnership Board** Members received a paper that provided a brief overview of the work that had been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups as they have served their purpose. The proposal included a move to managing the service with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements. The Joint Committee consented to the Recommendations set out in the report, namely to:

	• **Note** the work undertaken by the Posture and Mobility Service and the Partnership Board; and • **Support** the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and • **Support** the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.
JC20/083	**Socio-economic Duty** Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty. Members noted the content of the report.
JC20/084	**WHSSC Joint Committee Annual Business Cycle 2021-22** Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22. Members noted and supported the content of the report, including the schedule of meetings for 2021-22.
JC20/085	**Integrated Commissioning Plan 2021-22 (ICP)** Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.
JC20/086	**Activity Report for Month 9 2020-21** Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there were any signs of recovery in specialised services activity. These activity decreases were shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements. The rate of recovery in England had slowed down and recovery of Welsh providers had stalled further in month 9 due to the second wave of COVID-19. However, some speciality areas, such as Neurosurgery, were not as badly impacted as others. Cardiac surgery was noted as an area of concern and work with south Wales' providers on recovery had already began. Paediatric Surgery had continued to recover even during this second wave. Members noted the information presented in the report and the overall summary.

	SD assured Members that the performance data had been reflected in the ICP 2021-22 discussions concerning the waiting list position and required investment. Members commented that overall the second wave had been much more demanding than the first wave and the impact of the 'Kent variant' could not be underestimated in terms of the challenges that faced hospital settings from December onwards. However, LR noted that activity levels had picked up from February and recovery plans from providers would demonstrate this.
JC20/086	**Financial Performance Report – Month 10 2020-21** Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end. The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage. SD noted clawback arrangements for NHS England providers were uncertain at the current time and would need to be carefully monitored. Members consented to the Recommendation set out in the paper, namely to **note** the current financial position and forecast year end position.
JC20/087	**Other reports** The Joint Committee received reports from the following Joint Sub-Committees. • Management Group; • All Wales Individual Patient Funding Request Panel; • Quality & Patient Safety Committee; and • Integrated Governance Committee. The Joint Committee consented to the Recommendation to **note** the content of the reports from the Joint Sub-Committees.
JC20/088	**Any Other Business** ***South Wales Neonatal Transport*** Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C

	Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues would be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021.
JC20/089	**Chair of Welsh Renal Clinical Network (WRCN)** The Chair reported that Dr Kieran Donovan had signalled his intention to retire as Chair of the WRCN and from his clinical role as a consultant nephrologist with CVUHB. A vote of thanks was recorded for KD's work with the WRCN over the previous ten years, first as Clinical Lead, then as Chair, and for his massive contribution to the very successful development of the service.
JC20/090	**Date and Time of Next Scheduled Meeting** Members noted that the next scheduled meeting would take place on 11 May 2021. There being no other business other than the above the meeting closed.

The meeting closed at 10:50hrs

Chair's Signature: .....

Date: .....

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

		Agenda Item	4.1
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
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 issues considered by the Chair since the last Joint Committee meeting.			
RATIFY ☒	APPROVE ☐	SUPPORT ☐	ASSURE ☐	INFORM ☒

		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the contents of the report; • **Ratify** the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and • **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 issues considered by the Chair since the last Joint Committee meeting.

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Committee Secretary

After four and a half years at WHSSC, Kevin Smith has decided to take early retirement on 31 May and return part time for around six weeks from 7 June, finally finishing on 9 July, so this will be his last Joint Committee meeting.

We have conducted an open and transparent recruitment process to find a successor, which has led to us appointing Mrs Jacqueline Evans as Committee Secretary & Head of Corporate Services with effect from 1 June 2021. Jacqui is well known to the Welsh Board Secretaries Group, having served in various corporate governance roles at NWSSP, CTUHB and SBUHB over the last seven years. Prior to that she held a complementary role in the Fire & Rescue Service.

I would like to take this opportunity on behalf of the WHSS team to formally thank Kevin – he has been an exemplary Committee Secretary and a much valued colleague and member of the Executive team. We wish him a very happy retirement and are grateful to him for extending his time with us through the coming few months.

Members are asked to ratify Jacqui's appointment as Committee Secretary.

3.2 Chair's Action

I wrote to Joint Committee Members on 26 April 2021 confirming that, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, that I have taken Chair's Action to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1 May 2021 for an initial term of two years, otherwise in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

A copy of the letter is attached, for information.

Members are asked to ratify the Chair's Action.

3.3. Audit Wales Review of WHSSC Governance Arrangements

Members will be aware of the Audit Wales review of WHSSC Governance Arrangements which took place during 2020. It is our understanding that the final Report is likely to be published on or around 11 May, and WHSSC will be asked to submit its management response by end of May.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the report;
- **Ratify** the appointment of Jacqueline Evans as Committee Secretary with effect from 1 June 2021; and
- **Ratify** the Chair's Action.

5. APPENDICES/ ANNEX

Appendix 1 – Letter appointing Professor Ian Wells as an Independent Member of the Joint Committee with effect from 01 May 2021.

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		

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

Your ref/eich cyf:
Our ref/ein cyf: KE.KS
Date/dyddiad: 26th April 2021
Tel/ffôn: 01443 443 443 ext. 8131
Email/ebost: Kevin.Smith3@wales.nhs.uk

WHSSC Joint Committee Members

Dear Colleague

Re: Welsh Health Specialised Services Committee ("WHSSC") – Appointment of Independent Member to Joint Committee

Members will recall that Paul Griffiths retired as an Independent Member of the Joint Committee on 31st December 2020 and that he was the Audit Committee representative nominated by CTMUHB (in its capacity as host health board).

The Chair of CTMUHB has nominated Professor Ian Wells, an Independent Member of CTMUHB and a member of its Audit Committee, to succeed Paul Griffiths as an Independent Member and Audit Committee representative at WHSSC.

Chair's Action
I therefore confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Mr Ian Phillips, an Independent Member of WHSSC, that I have taken Chair's Action to approve the appointment of Professor Ian Wells as an Independent Member of the Joint Committee with effect from 1st May 2021 for an initial term of two years, otherwise in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders.

This matter will be reported on to the 11th May 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

K. A. Eden

Kate Eden
Chair

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

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
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Trefforest,
Pontypridd
CF37 5YL

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

		Agenda Item	4.2
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
Report Title	Report from the Managing Director		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning	Public / In Committee	Public

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

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Not applicable	Meeting Date	
Recommendation(s)	Members are asked to: • **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 Interim Mother & Baby Unit Opening

Joint Committee members will be pleased to note that the interim Mother and baby Unit, Uned Gobaith, opened at Tonna Hospital on 19 April 2021. The 6 bedded unit is being provided by Swansea Bay University Health Board and can be accessed from any woman in Wales. However women in north Wales and mid and north Powys will still have the option of accessing units in England as they do now.

Discussions continue with NHS England regarding a unit in the north west of England in the Wirral/Chester area that once opened will provide more local access for women from the BCU and north Powys area. As plans advance, Joint Committee will be updated.

2.2 Thoracic Surgery Strategic Outline Case (SOC)

Work continues through the Thoracic Surgery Implementation Board (led and chaired by Swansea Bay University Health Board) to develop a SOC for the new surgical centre at Morriston Hospital. It is anticipated that the SOC will be finalised by the Thoracic Surgery Implementation Board in May prior to sign off at SBUHB, individual Health Boards and Joint Committee.

It is expected that the SOC will detail a range of options with estimated costs of capital and revenue. All parties are working together to reduce the current revenue gap and gain assurance to the level needed for the SOC stage. Work continues with SBUHB and Cardiff and the Vale University Health Board to ensure that the revenue implications of the options are clearly understood.

2.3 PET Programme Business Case

At the last meeting of the Committee we indicated that the PBC would be submitted to the Collaborative Executive Group in mid-April. This timeline has slipped due to a number of different issues and the planned submission date is now mid-May. As outlined previously although the programme is hosted in WHSSC, it reports into the National Imaging Programme Strategy Board and therefore needs to be endorsed by the Collaborative Executive Group (CEG). The Capital, Estates and Facilities team at WG have indicated that they are willing to accept the PBC immediately following this endorsement but would subsequently expect letters of support from each of the Health Boards. In addition we will be requesting the PBC is formally considered by the Board of Velindre NHS Trust.

Our proposed time line is as follows:

- PET Strategic Programme Board review and endorse the Programme Business Case – 05 May
- NHS Wales Collaborative Executive review the Programme Business Case – 18 May
- Submission to WG 20 May

We understand however from feedback from the CEG that HBs will need to take the PBC to their Board and this will not be possible until their July meeting. We would therefore like to draw to the attention of the Joint Committee the impact of such a delay, first for the BCUHB Nuclear Medicine Consolidation Programme which is interdependent and therefore potentially delays the development of wider radio isotope service delivery in North Wales where equipment is already past its useful age. And secondly to PETIC, where the PET scanner is now in a critical state and service failure is becoming an increasing risk.

We would also reassure the Committee that there has been wide engagement on the Programme and there is representation from each Health Board and Velindre NHS Trust on the PET Strategic Programme Board in addition to regular updates at the NIPSB. There will be no fundamental change to any referral pathways and the revenue costs required to fund the increase in PET scanning capacity in the future, set out in the business case, will be funded by the commissioning health boards through the usual Integrated Commissioning Plan process.

We will therefore ask the CEG to consider whether it is possible to expedite the formal letters of support when the PBC is considered on 18 May.

2.4 Status Report on Annual Audit of Accounts

The WHSSC/EASC Annual Accounts have been prepared and submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. All financial duties have been fully met and the WHSSC team has worked closely with all Health Boards to meet there individual needs. It is very pleasing to note that despite the challenges of the pandemic working environment, the finance team has achieved exceptional prompt payment performance for NHS bodies of 100% by value and 98.5% by number, and for non-NHS bodies of 100% by value and 99.7% by number. In addition there are no debtors outstanding over three months.

2.5 De-escalation TAVI

In February 2020 the TAVI service in Swansea Bay UHB was escalated to Stage 3 of the WHSSC Escalation process due to a number of patient quality and safety concerns. These concerns had led to SBUHB Medical Director commissioning the Royal College of Physicians to undertake both a case note review of patients who had died, whilst being assessed or waiting for TAVI and to undertake an Invited Review. SBUHB developed a comprehensive action plan based on the recommendations from the case note review and site visit. Over the last year the WHSSC Team have held regular Commissioning Quality meetings with the SBUHB

Clinical and Executive team to monitor progress against the action plans. Significant improvements have been made and all actions against the recommendations have been completed. In light of the improvements made and the assurance provided to the WHSS team the service has been de-escalated to Stage 2.

2.6 De-escalation PIC

Paediatric Intensive Care services at the Children's Hospital for Wales have been in escalation since December 2017. The reason for escalation was the refusal of children due to lack of capacity. Additional investment was made in the service and an additional bed, along with associated staffing commissioned. Monitoring has been in place since this time. The number of refusals has fallen significantly over the past three years, and agreement has been reached to move the service out of escalation subject to on-going assurance regarding staffing levels at the unit, which will continue to be monitored through the Women and Children's commissioning assurance meetings with Cardiff and Vale University Health Board.

2.7 De-escalation of the South Wales Soft Tissue Sarcoma Service

The south Wales soft tissue sarcoma service was placed at level 2 in the escalation framework in March 2018 due to a number of quality and sustainability issues, including dependence on a single surgeon, unsustainable radiology model, concerns regarding the functioning of the MDT and access to a key worker for south east Wales. These issues have now been resolved, in particular: a second sarcoma surgeon has recently commenced in post, a new radiology model has been implemented under which all radiology input to the MDT is provided from Swansea (this will be supported by additional funding through the ICP 2021/22), changes made to the functioning of the MDT (with support from the sarcoma service at the Royal Orthopaedic Hospital, Birmingham), and the appointment of an additional CNS with cross cover among the CNS team. Given these issues have now been resolved, WHSSC's Corporate Directors Group Board has approved the removal of this service from escalation.

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		

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

		Agenda Item	4.3
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
Report Title	Neonatal Transport		
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 propose a project structure and governance assurance framework as requested following Joint Committee's decision regarding the establishment of an Operational Delivery Network Transport Service for mid, west and south Wales in April 2021.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☐

Sub Group /Committee	Choose an item.	Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** the proposed project management process and associated timeline; and • **Note** the draft commissioner assurance process recognising that this will be subject to further discussion in the In Committee section of Joint Committee and with the programme team		

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

Commissioner Health Board affected												
Aneurin Bevan	✓	Betsi Cadwaladr		Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)
Aneurin Bevan, Cardiff and the Vale, Swansea Bay

1.0 SITUATION

This paper describes a proposed timeline and key milestones to establish an operational delivery network (ODN) for neonatal transport services for mid, west and south Wales and a proposed commissioner assurance framework for the interim period until the ODN is operational.

2.0 BACKGROUND

At the meeting on 19 April 2021, Joint Committee agreed to establish ODN for neonatal transport services for mid, west and south Wales. Residents from north Wales and north Powys are served by other networks within England. At that meeting Joint Committee requested that the timeline and key tasks required to implementing an ODN to go live in January 2022 be described.

Further detailed draft documents are available for discussion on the governance framework within the In Committee section of Joint Committee. Once the documents are agreed they will be brought to the public section of Joint Committee. These documents will clearly need to be considered by the Programme Team prior to being finalised.

3.0 ASSESSMENT

3.1 Timeline and Project Structure

A task and finish group will be established with the CEO of Swansea Bay University Health Board (SBUHB) as Senior Responsible Officer (SRO) with the purpose of developing the ODN, agreeing the clinical model and the policies and procedures required to implement the ODN by January 2022. A timeline and key milestones is attached at appendix 1.

3.2 Commissioner Assurance during the Interim Period

It is proposed to establish an interim delivery assurance group (DAG) to provide commissioner assurance on the neonatal transport service in this interim period. This will also enable the Maternity and Neonatal Network Group to deliver its intended purpose and remove their governance function. WHSSC will develop a direct relationship with each of the provider Health Boards during this interim process.

The interim DAG will report to the Health Boards through the WHSSC Joint Committee. The DAG will meet monthly in this interim period. Chaired by a WHSSC Executive Director it will be accountable as a sub group of the WHSSC Joint Committee. The proposed membership of the Group is as follows;

- Executive Director WHSSC Chair
- SBUHB, Senior Hosting Representative

- Senior nominated representative managerial and clinical from each Health Board
- Senior nominated representative from Welsh Ambulance Service Trust.
- Senior nominated representative from the Emergency Medical Retrieval Transport service (EMRTS).

The representatives from Health Boards should as far as possible be Senior Managers and Clinicians with appropriate authority and understanding of neonatal transport, its related pathways and commissioning arrangements.

The DAG will report directly to the Joint Committees through the WHSSC structure, matters that pertain to commissioning and service delivery, planning and performance or any wider system related issues. The DAG will consider any clinical and operational governance issues that have been raised by the Neonatal Transport Commissioners and Providers and where appropriate, request assurance that appropriate action is taken from the respective organisational executive leads responsible for neonatal transport.
In discharging its assurance role the DAG will;

- Bring any significant matters under consideration by the DAG to the relevant Joint Committee's attention.
- Seek assurance that actions have been taken to alert the relevant and appropriate Executive (Health Board and Commissioners) of any urgent or critical matters that may compromise patient care and affect the operation or reputation of NHS Wales.

3.3 Role of WHSSC Management Group

Requests for approval of decisions at Joint Committee level will usually be informed by the Management Group, which is made up of commissioners and finance representatives from each health board and provides a scrutiny and assurance function to items such as performance reports and business cases requesting funding. Joint Committee will when appropriate, delegate authority to Management Group particularly with regards to its scrutiny function. Management Group will still have a key role during this period and scrutiny of the business case arising from the Task and Finish Group regarding the operation and function of the ODN and resources required for the neonatal transport service will be undertaken by Management Group.

3.4 Role of the Operational Delivery Network (ODN)

The ODN will be hosted by SBUHB and commissioned by WHSSC through an agreed Service Level Agreement and underpinned by quality and performance indicators. The ODN Management team will be accountable to SBUHB with Executive responsibility provided by a nominated Senior Responsible Officer.

The ODN will discharge its governance responsibilities within SBUHB by means of reporting to the Senior Leadership Team (SLT) on a quarterly basis with an annual Governance Return provided to the Director of Corporate Governance.

The ODN will be responsible for ensuring the smooth running of the Neonatal Transport Service including (not an exhaustive list will be finalised during the implementation of the ODN)

- The transport rota is in place
- Quality and patient safety issues are effectively reported through the governance structures of provider Health Boards
- Lessons are learned from events
- Training is in place
- SOPs are in place and effectively discharged including standard ways of operating
- A single point of contact is in place and effectively managed

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the proposed project management process and associated timeline; and**Note** the draft commissioner assurance process recognising that this will be subject to further discussion in the In Committee section of Joint Committee and with the programme team.

5.0 APPENDICES / ANNEXES

Appendix 1 – Project Timeline

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	An ODN for neonatal transport will address the governance concerns identified in two independent reports
Resources Implications	Resource implications for implementing an ODN have to be determined but there is resource within plan to deliver a 24/7 transport service.
Risk and Assurance	The risk of not delivering a 24/7 service is identified in the risk register. The issues and risks associated with the current governance of the service have been debated at Joint Committee over many meetings.
Evidence Base	Two independent reviews on neonatal transport services have identified governance and other concerns
Equality and Diversity	None identified.
Population Health	No impact
Legal Implications	None idendified

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

	Project Name - Development of Neonatal Transport Operational Delivery Network										
	Project end date - Implemention 1st of January 2022										
	Senior Responsilbe Officer: Mark Hackett										
	Clinical Lead:		**Key**	**Complete**			**In progress**			**Planned**	
	Programme Manager: Kimberley Meringolo for WHSSC TBC from SBUHB										
			Delivery 21/22								
		Progress Update									
1	**Phase 1 - Establishing Governance of Programme Structure**		**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
1.1	Establishment of programme board										
1.2	Establishing finance working group										
1.3	Agreement of Clinical Model										
1.4	Endorsement of all required policies and documents										
1.5	Agreement of ODN Service Specification										
1.6	Agreement of Commissioner Assurance Process and MOU										
2a	**Phase 2a - Establishment of Neonatal Transport ODN**		**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
2.1	Appointment of key posts										
2.2	Establishment of COB										
2.3	ODN operationally live										
2b	**Phase 2b - Establishment of Neonatal Transport Commissioner Assurance**		**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
2.5	Establishment of DAG										

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

		Agenda Item	4.4
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
Report Title	Revised Risk Management Strategy (RMS) for WHSSC		
Author (Job title)	Corporate Governance Manager/Risk and Assurance Officer		
Executive Lead (Job title)	Committee Secretary WHSSC	Public / In Committee	Public

Purpose	The purpose of this paper is to present the revised Risk Management Strategy (RMS) for WHSSC for approval and to share the latest version of the Corporate Risk Register for information.			
RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	28/04/2021
Recommendation(s)	Members are asked to: • **Approve** the revised Risk Management Strategy; • **Note** the latest version of the Corporate Risk Register; and • **Note** that further work is on-going to develop risk reporting in line with the RMS.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

Aneurin Bevan	✓	Betsi Cadwaladr	✓	Cardiff and Vale	✓	Cwm Taf Morgannwg	✓	Hywel Dda	✓	Powys	✓	Swansea Bay	✓

Provider Health Board affected (please state below)

1.0 SITUATION

The purpose of this paper is to present a revised WHSSC Risk Management Strategy (RMS) for approval together with a new Corporate Risk Register (CRR).

2.0 BACKGROUND

A draft revised RMS has been developed by the WHSS Team and reviewed with Integrated Governance Committee, Quality and Patient Safety Committee and the CTMUHB (as host organisation) Audit and Risk Committee. The draft revised RMS was supported by all three of these committees.

3.0 ASSESSMENT

The revised RMS is included at Appendix 1. The key changes are identified below:

- A revised Risk Matrix – we have moved move away from scoring across three domains to a single domain in common with other local Health Boards;
- Principal risks and organisational risks are defined; and
- Aspirational statement added in relation to the development of a Joint Committee Assurance Framework.

The proposed RMS aligns to the recently revised CTMUHB risk management strategy to give greater clarity to risk identification, measurement and monitoring.

The latest version of the Corporate Risk Register (CRR) is attached for information and assurance at Appendix 2. The risks on a page reports and risk reporting will also continue to be developed.

The new approach to risk management within WHSSC has resulted in a review and refresh of all commissioning team risks. Some risks have been removed and those which require escalation have been highlighted. There are 24 risks currently scoring 15 or above. In contrast there were 43 risks on the previous CRR.

All operational risks will continue to be reviewed and updated on a monthly basis and commissioning teams will review their risk registers at each commissioning meeting. Going forward it is planned to utilise the Datix system for all open and current risks.

4.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the Risk Management Strategy; and
- **Note** the latest version of the Corporate Risk Register; and
- **Note** that further work is on-going to develop risk reporting in line with the RMS.

5.0 APPENDICES / ANNEXES

Appendix 1 – WHSSC Risk Management Strategy
Appendix 2 – Corporate Risk Register

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Implementation of the agreed ICP
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation 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	Robust risk management arrangements are a requisite to the assurance of quality of care, patient safety and the patient experience.
Resources Implications	Some improvement actions may require the application of additional resources.
Risk and Assurance	This report and the CRAF constitute integral elements of WHSSC's risk and assurance arrangements. This work continues to develop.
Evidence Base	The CRAF is based on the extreme risks recorded within the Directorate and Programme risk registers.
Equality and Diversity	There are no equality and diversity implications.
Population Health	There are no immediate population health implications.
Legal Implications	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	28/04/2021	Discussed and Approved

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

WHSSC

Risk Management Strategy

Document Author:	Committee Secretary
Executive Lead:	Committee Secretary
Approved by:	Joint Committee
Issue Date:	
Review Date:	
Document No:	

CONTENTS

1. INTRODUCTION AND AIMS

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). It will be applied alongside other key management tools, such as performance, quality and financial reports, to give Joint Committee a comprehensive picture of the organisational risk profile.

The WHSSC Risk Management Strategy is based on the Risk Management Strategy agreed by Cwm Taf Morgannwg University Health Board (CTMUHB) (WHSSC's host organisation) so that there is alignment between approaches.

It aims to:

- set out respective responsibilities for strategic and -operational risk management for Joint Committee and staff throughout the organisation;
- set out responsibility for WHSSC sub-committees;
- set out WHSSC's relationship with the CTMUHB Audit and Risk Committee (as WHSSC's host organisation);
- describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives and delivering against its ICP.

The objectives of WHSSC's Risk Management Strategy are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- ensure that risk management is an integral part of WHSSC's culture;
- maintain a risk management framework, which provides assurance to Joint Committee that strategic and operational risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- minimise avoidable financial loss;
- ensure that WHSSC meets its obligations in respect of health and safety and quality and safety; and
- manage all potential risks WHSSC is exposed to.

2. SCOPE

The Risk Management Strategy covers the management of principal and organisational risks and the process for the escalation of risks for inclusion on the Corporate Risk Register.

A risk can be defined as: "the chance of suffering harm caused by a hazard, loss or damage or the possibility that the organisation will not achieve an objective".

Risk is the uncertainty surrounding events and their outcomes that may have a significant effect, either enhancing or inhibiting:

- Achievement of aims and objectives
- Performance
- The meeting of stakeholder expectations

Principal Risks: are significant risks that have the potential to impact upon the delivery of strategic objectives and are raised and monitored by the WHSSC Corporate Directors Group and Joint Committee.

Organisational Risks: are key risks that affect individual directorates or commissioning teams (in relation to commissioned services) and are managed within individual directorates or commissioning teams and, if necessary, escalated through the risk reporting structure.

The Corporate Risk Assurance Framework (CRAF) is an integral part of the system of internal control and defines the extreme potential risks listed on the Corporate Risk Register (scored 15 or above) which may impact upon the delivery of strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The CRAF aims to align principal risks, key controls and assurances on controls alongside each of WHSSC's strategic objectives.

Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the development of an action plan for closing the gaps and mitigating the risks which is subsequently monitored by Joint Committee for implementation.

Levels of assurance are applied to each of the controls and the assurance on controls as follows:

(1) Management Reviewed Assurance
(2) Joint Committee or Sub Committee Reviewed Assurance
(3) External Reviewed Assurance

This provides an overall assurance level on each of the Principal Risks.

This Strategy applies to those members of staff that are employed by or on behalf of WHSSC. However, the culture of risk management and discussion of risk with partners and stakeholders, where appropriate should be encouraged.

The Risk Management Strategy is intended to cover all the potential risks that the organisation could be exposed to.

3. RISK MANAGEMENT ORGANISATIONAL STRUCTURE

WHSSC is a joint committee of each of the seven health boards in Wales and is hosted by CTMUHB.

3.1 Joint Committee

Members of the WHSSC Joint Committee share responsibility for the effective management of risk and compliance with relevant legislation. In relation to risk management, Joint Committee is responsible for:

- articulating the strategic objectives of WHSSC;
- articulating the Principal Risks of WHSSC;
- protecting the reputation of WHSSC;
- providing leadership on the management of risk;
- approving the risk appetite for WHSSC;
- ensuring the approach to risk management is consistently applied;
- ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately;
- reviewing risks scored 15 and above;
- endorsing risk related disclosure documents.

3.2 Integrated Governance Committee

The purpose of the Integrated Governance Committee (IGC), a sub-committee of the Joint Committee, is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the WHSSC and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

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

- it maintains an oversight of the work of the Quality and Patient Safety Committee and CTMUHB Audit & Risk Committee. The Sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top level risks and ensuring that plans are in place to manage those risks;
- it oversees the ICP, scrutinising the delivery and performance of the ICP; and it maintains an oversight of the work of the Welsh Renal Clinical Network addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.

3.3 Quality and Patient Safety Committee

The purpose of the WHSSC Quality and Patient Safety Committee, a sub-committee of the Joint Committee, is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

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

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

- joint planning and co-ordination of the Joint Committee and sub-committee business; and
- sharing of information.

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

3.4 Corporate Directors Group Board

The Corporate Directors Group Board (CDGB) undertakes the following duties:

- promotes a culture within WHSSC which encourages open and honest reporting of risk with local responsibility and accountability;
- provides a forum for the discussion of key risk management issues within WHSSC;
- ensures appropriate actions are applied to commissioning risks;
- enables risks which cannot be dealt with locally to be escalated, discussed and prioritised;
- ensures Directorate and Commissioning Team risk registers are appropriately rated and action plans agreed to control them;
- reviews the risks on the Commissioning Team risk registers scored 15 or above to determine whether any of them will impact on the local health boards' strategic objectives;
- reviews the CRAF prior to its presentation to Joint Committee;
- advises Joint Committee of exceptional risks to WHSSC and any financial implications of these risks;
- reviews and monitors the implementation of the Risk Management Strategy; and
- provides assurance to Joint Committee that there is an effective system of risk management across the organisation.

3.5 Commissioning Teams

The Commissioning Teams are responsible for Organisational Risks within their areas of operation and providing assurance to CDGB on those risks and any support required in relation to the management of risk.

The Commissioning Teams will review and update existing risks, consider new risks for inclusion and escalate any extreme risks. These are presented to the CDGB by the relevant Commissioning Team representative.

3.6 CTMUHB Audit and Risk Committee

As a hosted organisation WHSSC has a governance relationship with the CTMUHB Audit and Risk Committee.

In relation to WHSSC, the CTMUHB Audit and Risk Committee's role is to review and receive assurance on the adequacy of an effective system of internal control and risk management at WHSSC.

WHSSC's risk reporting structure is attached at Appendix 3.

4. DUTIES

The following paragraphs set out the respective risk management duties and responsibilities for individual staff members.

4.1 All Staff

All members of staff are accountable for maintaining risk awareness, and identifying and reporting risks as appropriate to their line manager.

In addition, they will ensure that they familiarise themselves and comply with all the relevant risk management strategies and procedures for WHSSC and attend/complete risk management training as appropriate.

They will:

- accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by WHSSC's business;
- report all incidents/accidents and near misses;
- comply with WHSSC's incident and 'near miss' reporting procedures;
- be responsible for attending mandatory and relevant education and training events;
- participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed; and

- be aware of WHSSC's Risk Management Strategy and processes and procedures and comply with them.

4.2 Line Managers

The identification and management of risk requires the active engagement and involvement of staff at all levels, as staff are best placed to understand the risks relevant to their areas of responsibility and must be supported and enabled to manage these risks, within a structured risk management framework.

Managers at all levels of the organisation are therefore expected to take an active lead to ensure that risk management is embedded into the way their service/team/area operates. Managers must ensure that their staff understand and implement this Strategy and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with WHSSC's approach to risk management and governance. They will support the application of this Strategy and its related processes and participate in the monitoring and auditing process.

Specifically they will:

- promote a culture which encourages open and honest reporting of risk with local responsibility and accountability;
- ensure a forum for discussing risk and risk management is maintained within their area which will encourage integration of risk management;
- co-ordinate the risk management processes which includes risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- update Corporate Directors Group Board on the management and mitigation of risk for their area;
- provide reports to the appropriate sub-committee of Joint Committee that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.

4.3 Executive Directors

Executive Directors are accountable and responsible for ensuring that their areas of responsibility are implementing this Strategy and related policies. Each Director is accountable for the delivery of their particular area of responsibility and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to WHSSC's strategic objectives.

Specifically they will:

- communicate to their staff WHSSC's strategic objectives and ensure that Directorate and Commissioning Team and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their area which will encourage the proactive management of risk;
- co-ordinate the risk management processes which include: risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading action guidance contained in this document;
- provide reports to the appropriate sub-committee of Joint Committee that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting;
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process; and
- ensure that the CRAF and the risk management reporting timetable are delivered to WHSSC processes**.**

4.4 Managing Director

The Managing Director is effectively the Accountable Officer of WHSSC and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of governance. This responsibility encompasses risk management, health and safety, finance, and organisational control and governance.

The Managing Director has overall accountability and responsibility for:

- ensuring WHSSC maintains an up-to-date Risk Management Strategy and CRAF endorsed by Joint Committee;
- promoting a risk management culture throughout WHSSC;
- ensuring that there is a framework in place which provides assurance to the Joint Committee in relation to the management of risk and internal control; and
- putting in place and maintaining an effective system of risk management and internal control.

4.5 Internal Audit

Internal Audit Services, provided by NHS Wales Shared Services Partnership will, through a risk based programme of work, provide WHSSC with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards and good

practice contained within the NHS Internal Audit Manual. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the CTMUHB Audit and Risk Committee, as appropriate.

5. RISK MANAGEMENT PROCESS

WHSSC is committed to developing a pro-active and systematic approach to risk management.

Appendix 2 sets out an outline of the risk management process.

A monthly reporting process is facilitated through the Corporate Risk Assurance Framework (CRAF), which comprises the Corporate Risk Assurance Report (CRAR), Corporate Risk Register (CRR) and Risks on a Page reports. Appendix 3 sets out the CRAF risk reporting structure.

5.1 Risk Assessment and Scoring

Each Directorate and Commissioning Team will identify organisational risks through the completion of risk assessments. Any risks identified and evaluated as having a low/moderate rating, i.e. a score of between one and six, can be managed locally within the relevant Directorate and Commissioning Team. These risks can typically be resolved quickly and relatively easily if the correct actions are identified, completed and become controls under business as usual. These risks are recorded locally in the local risk register within each Directorate and Commissioning Team.

Appendix 1 sets out the risk register content and definitions.

Risk assessments should be completed by the Directorates and Commissioning Teams in line with the agreed approach to assessing risk (Appendix 5).

Risks scoring 8 or above are added to the Directorate and Commissioning Team risk register for monitoring of actions. Each Directorate and Commissioning Team will review its risk register on a monthly basis.

All types of risks are to be included i.e. financial, corporate, clinical, operational, commissioning and reputational risks.

All local risks should be reviewed and updated monthly at a minimum. This may need to be more frequently if circumstances require.

If it is felt that the risk can no longer be managed locally and requires more senior input and support then it will be escalated up through the Directorate and Commissioning Team to CDGB and all the way to Joint Committee if required.

A risk score is achieved by multiplying an individual likelihood (probability) score with an individual severity (impact) score:

Likelihood x Impact = Risk Score

The risk matrices for calculating an overall risk score can be found below and in further detail in Appendix 5.

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Risks which attract the highest scores are therefore graded 'red' and warrant immediate attention by relevant personnel.

6. JOINT COMMITTEE ASSURANCE FRAMEWORK (JAF)

WHSSC aspires to establish a JAF (often referred to in local health boards as a Board Assurance Framework or BAF), whilst not yet established the planned approach for developing the JAF is outlined in the following paragraphs.

The JAF will detail the principal risks faced by the organisation in meeting its strategic objectives and provides Joint Committee with a comprehensive method of describing its objectives, identifying key risks to their achievement and the gaps in assurances on which WHSSC relies.

The JAF will be developed through the following key steps:

a. Joint Committee annually agree the Strategic Objectives as part of the business planning cycle (ICP process).

b. CDGB will identify the principal risks that may threaten the achievement of the WHSSC's strategic objectives; these risks will then be discussed and approved by Joint Committee.

c. For each principal risk the Executive Lead will:
   - give an initial (inherent) risk score, by determining the consequence and likelihood of the risk being realised; and
   - link the risk to the strategic objectives.

d. Risks from the previous year's JAF will be reviewed and a decision made whether to:
   - transfer the risk on to the JAF for the current year;

- move the risk to the Corporate Risk Register and nominate a risk owner; or
- close the risk.

e. The Executive Lead will then:
   - identify the key controls in place to manage the risks and achieve delivery of the strategic objective;
   - identify the arrangements for obtaining assurance on the effectiveness of key controls across all the areas of principal risk;
   - evaluate the assurance across all areas of principal risk, i.e. identifying sources of assurance WHSSC is managing the risks to an acceptable level of tolerance;
   - identify how / where / when those assurances will be reported;
   - identify areas where there are gaps in controls (where WHSSC is failing to implement controls or failing to make them effective);
   - identify areas where there are gaps in assurances (where WHSSC does not have the evidence to assure that the controls are effective);
   - develop an action plan to mitigate the risk; and
   - agree a current (residual) risk rating for the first quarter of the financial year which is determined by the consequence and likelihood of the risks.

f. The JAF will be presented to the first meeting, in the financial year, of the Corporate Directors Group Board. It will moderate the risk scores and ensure there are appropriate controls and assurances, gaps in control and assurances with associated action plans in place for each risk.

g. Each month the Executive lead will for each of the risks for which they are responsible, review and monitor the controls and reported assurances and update the risk score and action plans.

h. The Executive will review and monitor all of the risks on the JAF each month prior to presentation to Joint Committee. In particular, the Corporate Directors Group Board will ensure that progress is being made to reduce or eliminate the impact of the risk.

i. Once agreed by Corporate Directors Group Board the completed JAF will be presented to Joint Committee for scrutiny and approval not less than twice a year.

The IGC, has oversight of the processes through which Joint Committee gains assurance in relation to the management of the JAF.

7. RISK APPETITE

At its simplest, risk appetite can be defined as the amount of risk that an organisation is prepared to accept in the pursuit of its strategic objectives.

Decisions on accepting risks may be influenced by the following:

- the likely consequences are insignificant
- a higher risk consequence is outweighed by the chance of a much larger benefit
- occurrence is rare
- the potential financial costs of minimising the risk outweighs the cost consequences of the risk itself
- reducing the risk may lead to further unacceptable risks in other ways

Therefore a risk with a high numerical value may be acceptable to the organisation, but that decision would be taken at an appropriate level.

Joint Committee will assess its risk appetite using the Good Governance Institute Matrix for NHS Organisations (Appendix 4). Joint Committee will review its risk appetite on an annual basis to ensure that progress is being made toward the 'risk appetite' WHSSC wishes to achieve.

8. INFORMATION/SUPPORT

Support and guidance is available from the Corporate Governance Manager or Committee Secretary.

Risk Assessment templates and training information is available from the Corporate Governance Manager.

Appendix 1

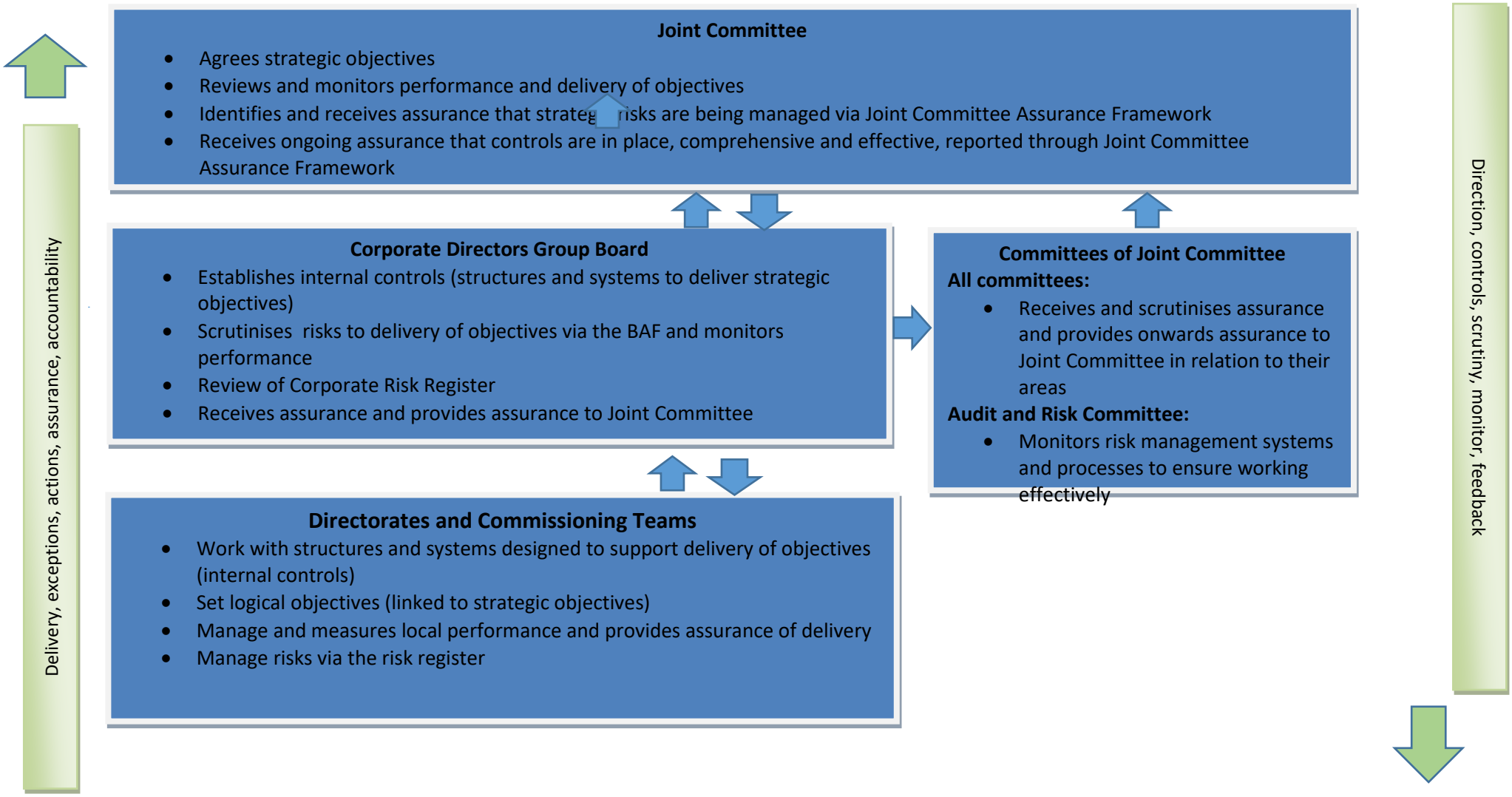
RISK REGISTER CONTENT AND DEFINITIONS

Ref.	Column Heading	Information Required
1.	Date Opened	Date the risk was added to the Risk Register.
2.	Risk Description	A structured statement describing the risk usually containing the following elements: sources, events, causes and consequences / impact. A well-written risk statement contains three main parts; 1. **Explain risk-** Summarise the relevant background facts. These may include prior decisions, assumptions, dependencies and relevant objectives, i.e. introduce the area / topic. *Start by writing "There is a risk that……."* 2. **Source(s) of uncertainty / Cause / Event -** The conditions that currently exist that create the risk i.e. the factors that may cause the risk to occur and/or influence the extent of its effect. *Start by writing "Due to……."* 3. **Consequence / Impact -** The impact to the Programme / Organisation in the event of the risk occurring. Consequence could also result in opportunities that may surface in correcting the problems. *Start by writing "Resulting in …."*
3.	Risk Rating	This is calculated by multiplying consequence x likelihood (impact x probability).
4.	Impact / Consequence (see separate risk scoring matrix document)	This is the outcome of an event that has an effect on objectives. A single event can generate a range of consequences which can have both positive and negative effects on objectives. Initial consequences can also escalate through knock-on effects.
5.	Probability / Likelihood (see separate risk scoring matrix document)	This is the chance that something might happen. Likelihood can be defined, determined, or measured objectively or subjectively and can be expressed either qualitatively or quantitatively.
6.	Initial Risk Rating	The risk rating before any controls have been put in place.
7.	Current Risk Rating	The risk rating whilst risk responses are in the process of being implemented. Some controls are probably in place but others required are still being actioned & will be shown as gaps in control & actions until implemented.

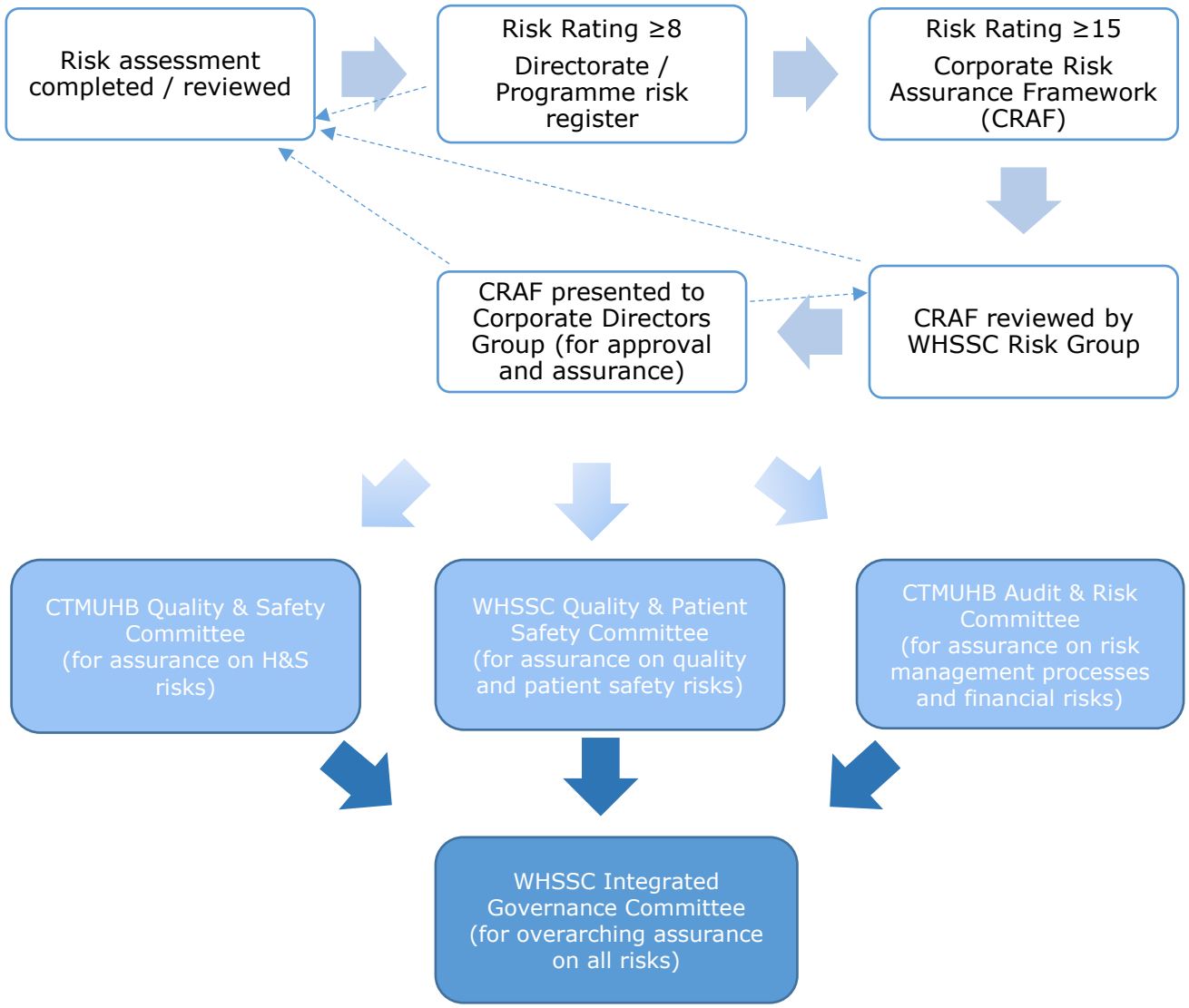
8.	Target risk rating / Residual Risk	When action is taken to treat risks, it may eradicate the possibility of the risk occurring. However, actions are often more likely to reduce the probability of the risk occurring, leaving the residual risk. The remaining level of risk after all treatment plans have been implemented is the residual risk. Generally the target level is the level at which the organisation is saying it's happy to live with. All agreed controls are in place & assurance is being provided that controls are working as planned. At this point the risk should be closed unless further actions are deemed required.
9.	Controls	A control is any measure or action that modifies risk. Controls include any policy, procedure, practice, process, technology, technique, method, or device that modifies or manages risk. Risk treatments become controls, or modify existing controls, once they have been implemented.
10.	Gaps in Controls	A gap in control implies a measure or action that would help modify or control the risk is missing / yet to be implemented. Gaps result from failure to put in place sufficiently effective policies, procedures, practices or organisational structures to manage risks and achieve objectives
11.	Assurance	Confidence gained, based on sufficient evidence, that internal controls are in place and are operating effectively, and that objectives are being achieved. Sources of assurance include; reviews, audits, inspections both internal & external.
12.	Gaps in assurance	Gaps in assurance imply that insufficient evidence is available that controls are in place & operating effectively & that the risk is being actively managed & controlled. Work is required to fill gaps & enable assurance to be obtained.
13.	Actions	Actions required to mitigate the risk. Actions should be SMART & have clear owners assigned. This will allow action progress to be tracked & monitored & issues with action completion to be visible & dealt with.
14.	Risk Owner	Senior person best placed to keep an eye on the risk with decision making authority. This person is accountable for the Risk & should be aware of its current status.
15.	Action Owner	Person responsible for implementing the risk response / actions, providing updates on action progress & flagging issues relating to action completion.
16.	Risk treatment / Risk response	This is a risk modification process. It involves selecting & implementing one or more treatment options. Once a treatment has been implemented, it becomes a control or it modifies existing controls.

		Treatment options include; • Avoidance / Remove the source of the risk • Reduction • Transference • Retain / Accept the risk • Also known as the four T's – Treat, Transfer, Tolerate & Terminate
17.	Assurance rating	This is the rating which has been given regarding the level of assurance: • (1) = CDGB Reviewed Assurance • (2)= Joint Committee Reviewed Assurance • (3)= External Reviewed Assurance

RISK MANAGEMENT PROCESS



RISK REPORTING STRUCTURE



Matrix to support better risk sensitivity in decision taking

Risk levels ▶ / Key elements ▼	0 **Avoid** Avoidance of risk and uncertainty is a Key Organisational objective	1 **Minimal (ALARP)** (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	2 **Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	3 **Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 **Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	5 **Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/ regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/ Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/ technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	**NONE**	**LOW**	**MODERATE**	**HIGH**	**SIGNIFICANT**	

Appendix 5

APPROACH TO ASSESSING RISK

Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1–5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Population Health	Managed according to standard response protocols, routine control programmes, and regulation (e.g. monitoring through routine surveillance systems	Managed according to standard response protocols, routine control programmes, and regulation (e.g. monitoring through routine surveillance systems	Roles and responsibility for the response must be specified. Specific monitoring or control measures required. (e.g. enhanced surveillance additional vaccination campaigns)	Senior Trust Officers Attention needed. There may be a need to establish command and control structures; a range of additional control measures will be required some of which may have significant consequences	Immediate response required even if reported out of normal working hours. Immediate Senior Trust Officer attention needed. (e.g. the command and control structure should be established within hours); the implementation of control measures with serious consequences is highly likely.

Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Unplanned financial impact under 0.1% of budget Risk of claim remote	Unplanned financial impact between 0.1% and 0.25% of budget Claim less than £10,000	Unplanned financial impact between 0.25% and 0.5% of budget Claim(s) between £10,000 and £100,000 Purchasers failing to pay on time	Unplanned financial impact between 0.5% and 1% of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Unplanned financial impact > 1% of budget Failure to meet specification/ slippage Claim(s) >£1 million Purchasers failing to pay on time
Service/business interruption **Environmental impact**	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Risk scoring = consequence × likelihood (C × L)

	Likelihood				
Consequence	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1–3 Low risk
4–6 Moderate risk
8–12 High risk
15–25 Extreme risk

Instructions for use

Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

Determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

Determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

Calculate the risk score the risk multiplying the consequence by the likelihood:

C (consequence) × L (likelihood) = R (risk score)

Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

WHSSC REVISED RISK REGISTERS

APPENDIX A

RISKS WITH A SCORE OF 15 AND ABOVE

No.	Risk	Date entered	Likeli hood	Impact	Risk score	Risk Owner	Managed	Mitigation
Mental Health								
MH/21/01	***There is a risk*** that tier 4 providers for CAMHS cannot meet the service specification ***due to*** environmental and workforce issues, ***with a consequence that*** children could abscond/come to harm. (NWAS)	25/02/21	4	4	16	Director of Finance	MHVGCT	Use of CNS, ANPs, and psychology to address workforce issues Check service specification to ensure relevant information is contained and monitor this with the provider Monitor training status of the staff QAIS regular review
MH/21/02	***There is a risk*** that tier 4 providers for CAMHS cannot meet the service specification ***due to*** environmental and workforce issues, ***with a consequence that*** children could abscond/come to harm. (Ty Llidiard)	25/02/21	4	4	16	Director of Finance	MHVGCT	Check service specification to ensure relevant information is contained and monitor this with the provider Monitor training status of the staff QUAIS regular review
MH/21/05	***There is a risk*** to the appropriate commissioning of a FACTs service in Wales ***Due to*** fragility to the staffing model,	25/02/20	4	4	16	Director of Finance		Regular meetings with provider – action and improvement.

	which, ***as a consequence*** may result in inadequate services for children.							Development of services specification
MH/21/08	***There* is a risk** that <u>adults</u> with a learning disability will not have access to appropriate care and treatment ***due to*** the lack of secure MH beds in Wales and a reduction in access to beds in England. ***The consequence*** is that patients may be inappropriately placed with the potential to receive sub-optimal care	25/02/21	5	3	15	Director of Planning	MHVGCT Entered onto CRAF and reported to QPS	Case managers in place Consistent dialogue with NHS England about beds QAIS support
MH/21/09	***There* is a risk** that <u>children</u> with a learning disability will not have access to appropriate care and treatment ***due to*** the lack of secure MH beds in Wales and a reduction in access to beds in England. ***The consequence*** is that patients may be inappropriately placed with the potential to receive sub-optimal care	25/02/21	5	3	15	Director of Planning	MHVGCT Entered onto CRAF and reported to QPS	Case managers in place Consistent dialogue with NHS England about bed capacity QAIS support
Paediatrics								
P/21/03	***There is a risk*** for patients requiring access to paediatric Gastroenterology services in south Wales that ***due*** to limited specialist nurse and dietetic	24/02/21	4	4	16	Director of Planning	W&CCT	• In year investment in 20/21 provided to increase nursing and dietician to support short term sustainability

	support through the current commissioning arrangements there ***is a consequence*** that care will be delayed and will be without full MDT input.							• Investment committed through WHSSC 2021/24 ICP to increase infrastructure • Development of service specification with clear quality outcome measures
P/21/04	***There is a risk*** that babies who require transfer to a neonatal unit for a higher level of care out of hours, will not have access to a neonatal transport team ***due*** to the existing service only being operational 12 hours. ***There is a consequence*** that a baby will be cared for in an inappropriate area, where the necessary skills or equipment are not available or the patient being transferred out of Wales.	24/02/21	4	4	16	Director of Planning	W&CCT	• Interim 24 hour service in place until June 2021 • Task and Finish Group taking forward development of permanent 24 hour model
P/21/05	***There is a risk*** within the paediatric rheumatology service in south Wales ***due*** to the commissioned service currently being delivered by a single handed consultant. ***The consequence*** is an unsustainable service that is insufficient in size to meet the needs of the population.	24/02/21	4	4	16	Director of Planning		• Phase 1 of investment implemented • Phase 2 of investment has been supported in the WHSSC 2021/24 ICP • Service specification recently been for consultation

P/21/07	***There is a risk*** that the current governance processes for the neonatal service in south Wales are not sufficiently escalating areas of concerns to all relevant health boards ***due*** to the current split model (1 in 3). ***The consequence*** is that through existing arrangements not all three providers are aware of risks and incidents in the system.	25/02/20	4	4	16	Director of Planning		• WHSSC attending the monthly Transport Sub-Group • Development of permanent model; governance a key criteria
P/21/08	***There is a risk*** that the current paediatric Inherited Metabolic Disease service for south Wales is no longer sustainable ***due*** to the impending retirement of the single handed consultant. ***The consequence is*** a service collapse for the south Wales population.	25/02/21	5	5	25	Director of Planning	W&CCT	• Permanent model being progressed with Bristol • Business cases in process for the release of investment for increased infrastructure in the Cardiff service. • Discussions for 'bridging model' with alternative providers for the interim / transition period
P/21/10	***There is a risk*** that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks ***due*** to COVID-19. ***The consequence is*** the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	24/02/21	4	4	16	Director of Planning	W&CCT	• Working with HB on post covid-19 recovery plans • Quarterly commissioning assurance meetings taking place with provider

P/21/12	***There is a risk*** *that patients requiring* surgery for Cleft Lip and Palate in south Wales are unable to have treatment within the recommended timeframes ***due*** to difficulties accessing theatre capacity to ensure the timely surgery of patients on the waiting list. The consequence of patients not being operated on within the required window could impact on their suitability for future surgery.	24/02/21	4	5	20	Director of planning	W&CCT	• Working with service on contingency planning • Outsourcing arrangements with C&V being put in place • Regular monitoring of waiting list
P/21/13	***There is a risk*** that patients are not able to access the Ketogenic Diet service effectively ***due*** to current commissioning arrangement with Bristol. ***The consequence*** of not implementing the Diet effectively mean patients have a greater risk of not being able to control their Epilepsy and in the worst case scenario, this has resulted in a Critical Care admission.	24/02/21	4	4	16	Director of Planning	W&CCT	• Service in process of transitioning from Bristol to Cardiff • Robust transition arrangement being monitored by WHSSC
P/21/14	***There is a risk*** within the paediatric neurology service in south Wales ***due*** to its overall fragility ***with a consequence*** for	24/02/21	5	5	25	Director of Planning	W&CCT	• Investment supported through WHSSC 2021/24 ICP • Working with C&V service to develop pan-south Wales model

	patient access and waiting times.							
Cardiac								
CT045	**There is a risk** that patients requiring weight loss surgery will have their treatment delayed or not provided **due to** the service being categorised as P4 (non-urgent) surgery with a **consequence of** disease progression of existing morbidities	24/02/21	5	3	15	Director of Planning	CCT	• Service asked to review all patients on the waiting list and categorise according to the British Obesity and Metabolic Medicine Society guidance. • Meeting to take place with service to understand and agree a recovery plan
CT046 (Previously CT037 and 38)	**There is a risk** that people waiting for Cardiac Surgery will have their treatment delayed **due to** long waiting times with a **consequence of** deteriorating condition and disease progression	24/0221	5	4	20	Director of Planning	CCT	• Weekend working • Extended day time lists • Potential to outsource South Wales patients to Stoke post pandemic • Temporary change to TAVI policy to enable patients at intermediate risk to access TAVI instead of SAVR

CT047	**There is a risk** to the appropriate commissioning of Tier 4 Obesity Surgery for Wales **due to**: • The current commissioning policy does not meet NICE guidance. • There are inadequate primary and secondary care pathways in place to support referral for surgery • The current South Wales provider has historically been unable to meet the current commissioned activity **with a consequence** that patients who would fit the criteria for surgery will not be able to access the service	24/02/21	5	3	15	Director of Planning	CCT	• WHSSC Commissioning Policy and service specification have been reviewed and updated to reflect the current evidence and guidance. Currently being reviewed by key clinicians before • WHSSC have commissioned PHW to undertake a review and identify the barriers to accessing the service (work has been delayed due to Covid pandemic) • WHSSC to undertake further work with current providers and consider if additional or alternative provider is required to meet the population needs.
Cancer & Blood								
CB02 (formerly CH020)	There is a risk that patients referred to thoracic surgery may breach cancer waiting times due to delays in the surgical component of the pathway. This is caused by loss of	12/02/21 (first identified 10/12/17)	3	5	15	Managing Director	CBCT	TREAT: A fortnightly joint thoracic surgery prioritisation meeting is in place between CVUHB, SBUHB and WHSSC to assess capacity and refer patients accordingly to

	throughput/capacity due to infection control measures. This would lead to risk of poorer patient outcomes.							equalise waiting times across the two sites.
CB03 (formerly CH018)	There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	26/02/21 (first identified 17/03/14)	5	3	15	Director of Planning	CBCT	TREAT: Request recovery plan from SBUHB and monitor progress against it.
Neurosurgery								
NCC012	***There is a risk*** that the providers for south Wales neurosurgery cannot met the waiting times target ***due to*** environmental and workforce issues, ***with a consequence that*** patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo unnecessary repeated radiological scans.	25/02/21	4	4	16	Director of Finance	NCCCT	Confirm if the risk is to be entered on the Covid risk register or Corporate's Covid risk register. Clinical reviews to be undertaken by the Clinical Director for Neurosciences of all patients who are waiting over 52 weeks for surgery. Develop an Adult service specification to ensure the can be monitored against national standards

								Service to remain in escalation until there is an improvement. NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings
NCC048	***There is a risk*** that with the reduction of core surgical trainee posts the Neurosurgery service in south Wales could potentially collapse ***due to*** insufficient trainee middle grades to support the service, which ***as a consequence*** may result in inadequate services for patients	25/02/21	4	5	20	Director of Planning	NCCCT	Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings
NCC049	***There is a risk*** that patients are waiting for treatment in excess of RTT targets, **due to** a lack of additional capital investment to increase theatre capacity to support the level of referrals into the service **as a consequence** the service will not meet the national standards for the population of south wales and patients will not receive timely access to procedures and care.	25/02/21	4	4	16	Director of Planning	NCCCT	Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings
NCC050	***There is a risk*** that patients will not be able to be admitted ***due to*** a lack of additional capital	25/02/21	4	5	20	Director of Planning	NCCCT	Develop an Adult service specification to ensure the service

	investment to increase bed capacity to align with the increase in theatre capacity, to support the level of referrals into the service and meet national standards for the population of south wales. An additional 20 Neurosurgical beds are required and 4 level 3 neurosurgical intensive care beds - equivalent to 10 staffed ICU Beds) ***as a consequence*** the service will not meet the national standards for the population of south wales and patients will not receive timely access to procedures and care.							can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings
NCCO51	**There is a risk** that the south Wales Neuro oncology provider cannot address the concerns of the independent peer review regarding the lack of consultant sub specialisation for the Neuro oncology service **with a consequence** of not being able to meet cancer services strategic priorities and sustainability of the south wales service.	25/02/21	4	5	20	Director of Planning	NCCCT	Develop an Adult service specification to ensure the service can be monitored against national standards NCCCT to monitor the recovery plan and continuing meeting with the team at the risk and assurance meetings
NCC046	**There is a risk** that Patients will not be able to be treated in a timely manner with the appropriate therapy support.	25/02/21	4	5	20	Director of Planning	NCCCT	NCCCT to monitor the recovery plan and continuing meeting with the team at the performance meetings

	due to staffing issues. ***The consequence*** *patients will have* long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.							

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

		Agenda Item	5.1
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
Report Title	Activity Report for Month 11 2020/21 COVID Period		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	x☐

Sub Group /Committee	Management Group	Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the information presented within the report.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Provider Health Board affected (please state below)

Cardiff and Vale UHB; Swansea Bay UHB;

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID period to inform the level of potential harms to specialised services patients, and also the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability.

2.0 BACKGROUND

The impact of COVID on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from NWIS together with monthly contract monitoring information to inform this report. Members are asked to note that the NWIS data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes non-specialist activity that may be included in local Health Board contracts. There are immaterial gaps in the data submissions from some minor NHS England providers for the most recent months due to their operational constraints.

3.0 ASSESSMENT

There are two main sections to this report. The first deals with the information from NHS England providers of specialised services commissioned by WHSSC. The impact of this is mostly on Betsi Cadwaladr UHB and Powys UHB for their regional specialised services, but also in part for south Wales health boards for more highly specialised services. Specialties covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery

The second deals with the information from the two main providers of supra-regional specialised services for the south Wales population. This impacts mainly on the south Wales health boards and southern Powys. Specialties covered in this section include:

- Cardiac Surgery
- Paediatric Surgery
- Annex A – summary of Cardiff & Vale and Swansea Bay contracts

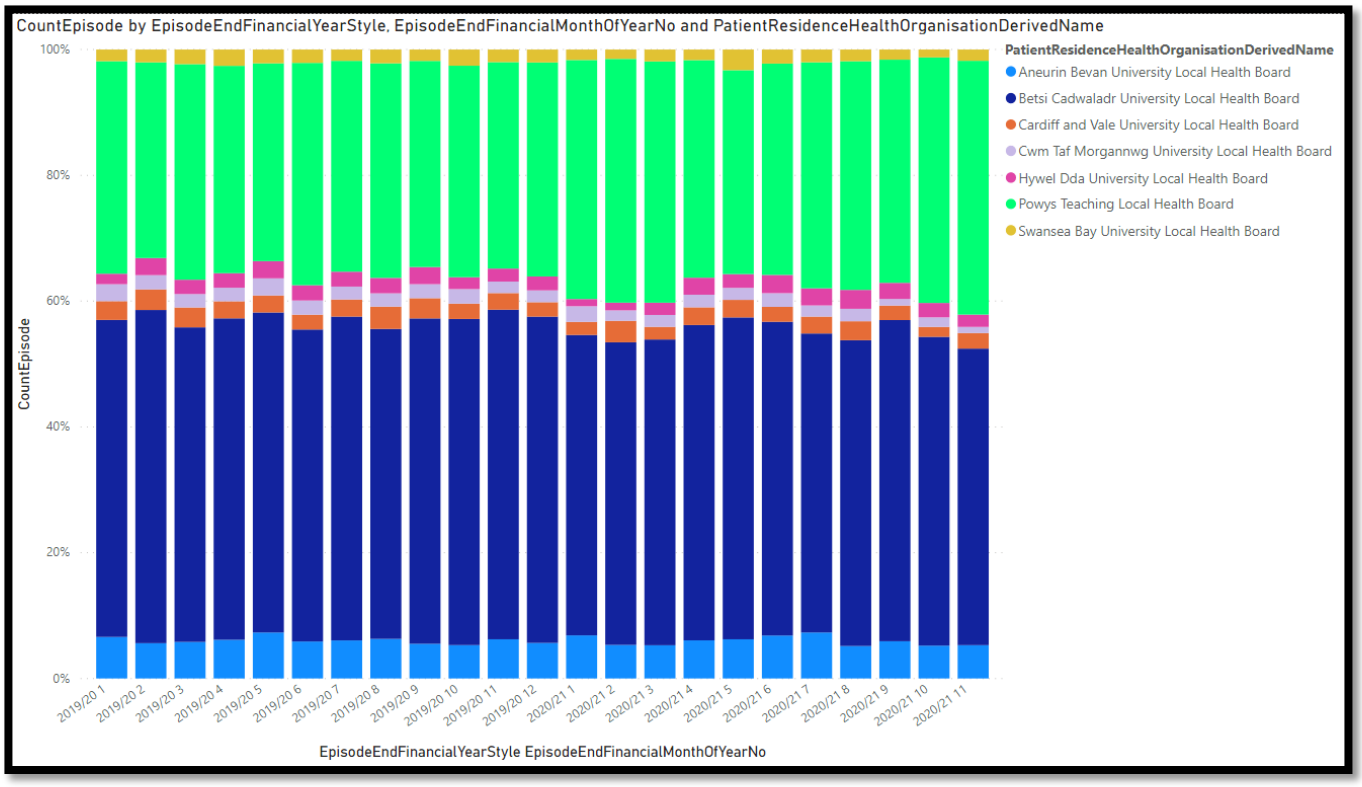
3.1 NHS England Providers

The key summaries and analysis relating to English providers are set out in Appendix A.

3.1.1 Analysis by Provider

Tables 1 to 3 of Appendix A details the trend in admitted patient care activity levels across the 2019/20 and 2020/21 financial years for the first 11 months to date (Table 1 analyses the activity by English provider, Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty). To aid in comparison, monthly activity varied over 2019/20 averaged 3,157 per month. There was some drop off in activity in March 2020 as the start of the lockdown began to impact, but specialised services activity fell materially during April down to 1,135 episodes and increased only marginally to 1,297 in May. June data shows a higher increase to 1,771 episodes, with July increasing again to 2,054. However, this remained static in August with 2,035, but increased to 2,466 in September, 2,684 in October, 2,514 in November. Activity then decreased to 2,527 episodes in December, 2,010 episodes in January and 1,906 in February. The overall activity comparison compared to this point (Month 11) the last financial year is a total 36% decrease, which is the same as to Month 10.

It is worth noting that the overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before Covid-19, with the exception of Powys, whose share has increased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2.



Data source: NWIS central data warehouse; all inpatient activity excl. non-procedure episodes

3.1.2 Analysis by Specialty

Tables 4.1-4.8 show the actual inpatient episodes by specialty for all-Wales and each Health Board individually, with last year's figures as a comparator.

3.1.3 Adult Specialties

The results of a number of core adult specialties of concern are set out below to illustrate the position. These are highlighted in the Table 3 of the appendix:

- Cardiac Surgery – there was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering and currently stands at 40% less activity overall to date compared to 2019/20. Historically, cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest Covid-19 period. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.

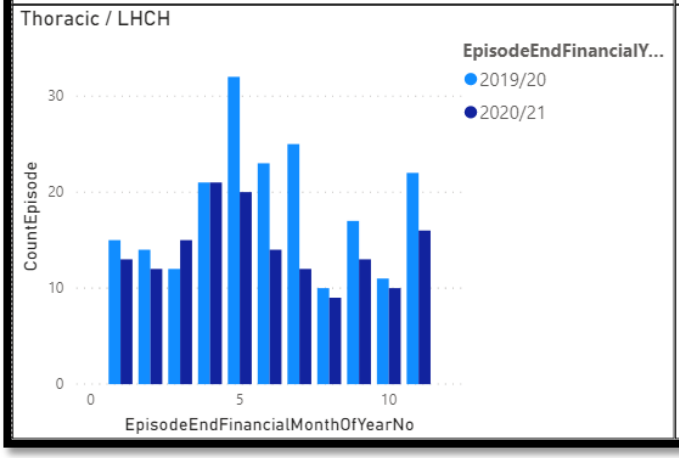
  In addition to the information in Appendix 1, WHSSC has reviewed the contract monitoring information for Liverpool Heart & Chest Hospital and University Hospital of North Midlands to examine the pattern of cardiac and thoracic surgery, comparing months 1 to 11 of 2020/21 with 2019/20. This analysis is illustrated in the tables below and show that after the material fall in months 1 and 2 for Cardiac Surgery, the activity levels for months 3 onwards have recovered well particularly in LHCH, although this started to fall in the winter months alongside increasing Covid-19 cases. Comparative activity relative to the same months of last year show a delivery of only 36% and 33% for cardiac surgery for months 10 and 11 respectively, with a total of 63% to date. Thoracic surgery levels are 91% and 73% for months 10 and 11 respectively, but is 77% cumulatively.

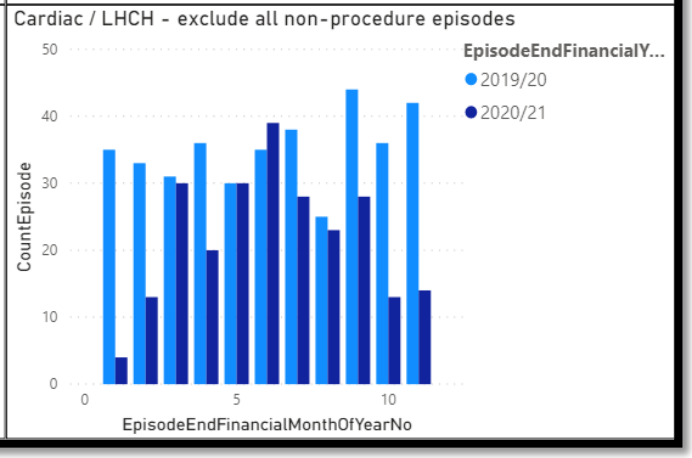
Thoracic / LHCH

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
⊞ 2019/20	15	14	12	21	32	23	25	10	17	11	22	202
⊟ 2020/21	13	12	15	21	20	14	12	9	13	10	16	155
⊞ Elective	12	9	11	18	17	14	10	7	11	10	14	133
⊞ Non elective admission	1	3	2		1		2	2	2		1	14
⊟ Transfer			2	3	2						1	8
Non elective admission			2	3	2						1	8
Total	28	26	27	42	52	37	37	19	30	21	38	357

Cardiac / LHCH - exclude all non-procedure episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
⊞ 2019/20	35	33	31	36	30	35	38	25	44	36	42	385
⊟ 2020/21	4	13	30	20	30	39	28	23	28	13	14	242
⊞ Elective		8	19	9	14	27	19	9	12	6	1	124
⊞ Non elective admission	1	2	1	1	3	4	1	3	3	2	4	25
⊟ Transfer	3	3	10	10	13	8	8	11	13	5	9	93
Inpatient Ordinary admission	3	3	10	10	13	8	8	11	13	5	9	93
Total	39	46	61	56	60	74	66	48	72	49	56	627





Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

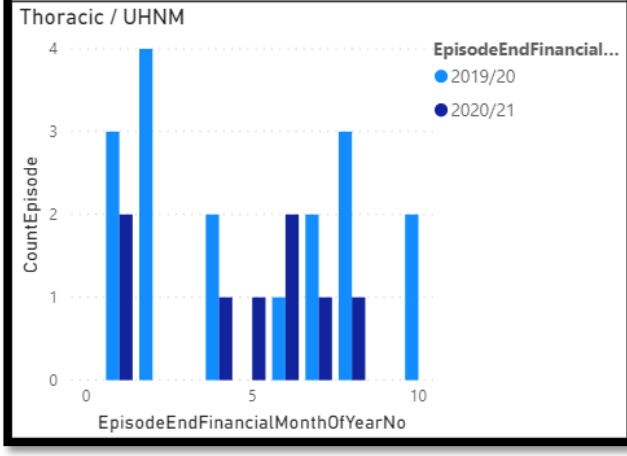
The activity levels in UHNM appear to show a return to last year levels but need to be interpreted with additional caution given the low baseline volumes arising from the smaller population served. However, the position of UHNM is supported by contact from them regarding an offer to re-commence a cardiac waiting list initiative. This apparent rate of recovery is noticeably in contrast with the proportionate levels of activity in our Welsh cardiothoracic centres, with 79% Cardiac Surgery cumulative activity compared to last year.

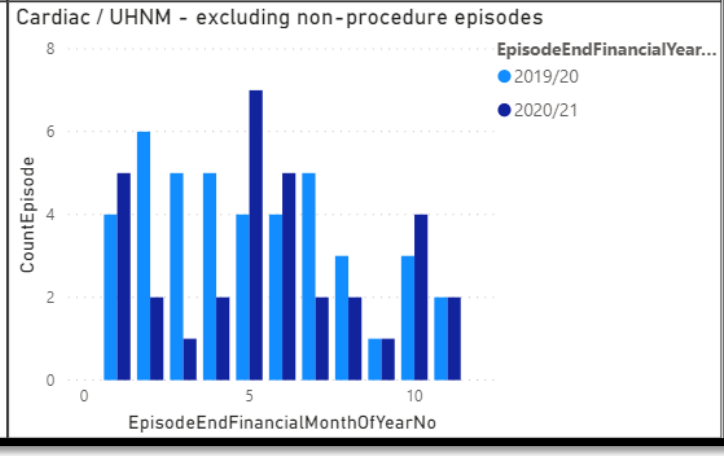
Thoracic / UHNM

EpisodeEndFinancialYearStyle	1	2	4	5	6	7	8	10	Total
2019/20	**3**	**4**	**2**		**1**	**2**	**3**	**2**	**17**
Elective	3	4	2		1	2	3	2	**17**
2020/21	**2**		**1**	**1**	**2**	**1**	**1**		**8**
Elective	2		1	1	2	1	1		**8**
Total	**5**	**4**	**3**	**1**	**3**	**3**	**4**	**2**	**25**

Cardiac / UHNM - excluding non-procedure episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	**4**	**6**	**5**	**5**	**4**	**4**	**5**	**3**	**1**	**3**	**2**	**42**
2020/21	**5**	**2**	**1**	**2**	**7**	**5**	**2**	**2**	**1**	**4**	**2**	**33**
Elective	**1**			**1**	**2**	**1**		**2**			**1**	**8**
Emergency	**1**	**1**	**1**		**5**	**1**	**1**			**3**		**13**
Transfer	**3**	**1**		**1**		**3**	**1**		**1**	**1**	**1**	**12**
Inpatient Ordinary admission	3	1		1		3	1		1	1	1	**12**
Total	**9**	**8**	**6**	**7**	**11**	**9**	**7**	**5**	**2**	**7**	**4**	**75**



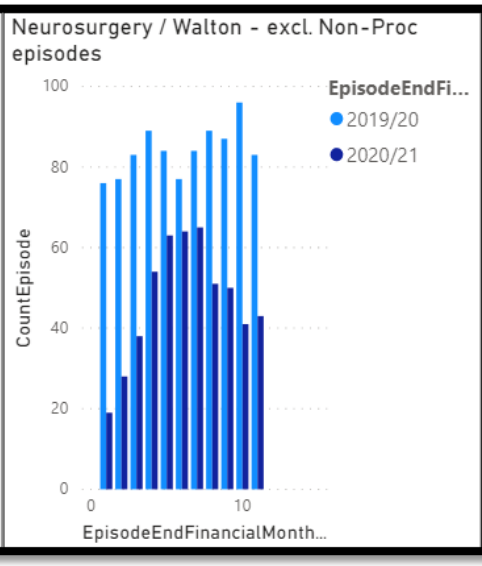


Data source: NWIS central data warehouse; all inpatient activity excl non-procedure (minor) episodes

- Neurosurgery – this specialty has been highlighted as one which typically has a high proportion of emergency and urgent activity. The rate of decrease was material at between 25% and 36% in April/May compared to 2019/20 activity, but recovered to 75% by August at The Walton, our biggest Neurosurgery provider. Disappointingly, activity has dipped again since November, with a total of 56% to date.

Neurosurgery / Walton - excl. Non-Proc episodes

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	**76**	**77**	**83**	**89**	**84**	**77**	**84**	**89**	**87**	**96**	**83**	**925**
Elective	53	52	58	59	50	60	55	66	59	65	54	**631**
Emergency		3	2	4	4	1	1	1	2	3	3	**24**
Non elective admission	23	22	23	26	30	16	28	22	26	27	25	**268**
Transfer										1	1	**2**
2020/21	**19**	**28**	**38**	**54**	**63**	**64**	**65**	**51**	**50**	**41**	**43**	**516**
Elective	13	13	24	34	42	46	46	32	29	23	31	**333**
Emergency	1							1				**2**
Non elective admission	5	15	14	20	21	18	19	18	19	18	12	**179**
Transfer									2			**2**
Total	**95**	**105**	**121**	**143**	**147**	**141**	**149**	**140**	**137**	**137**	**126**	**1,441**

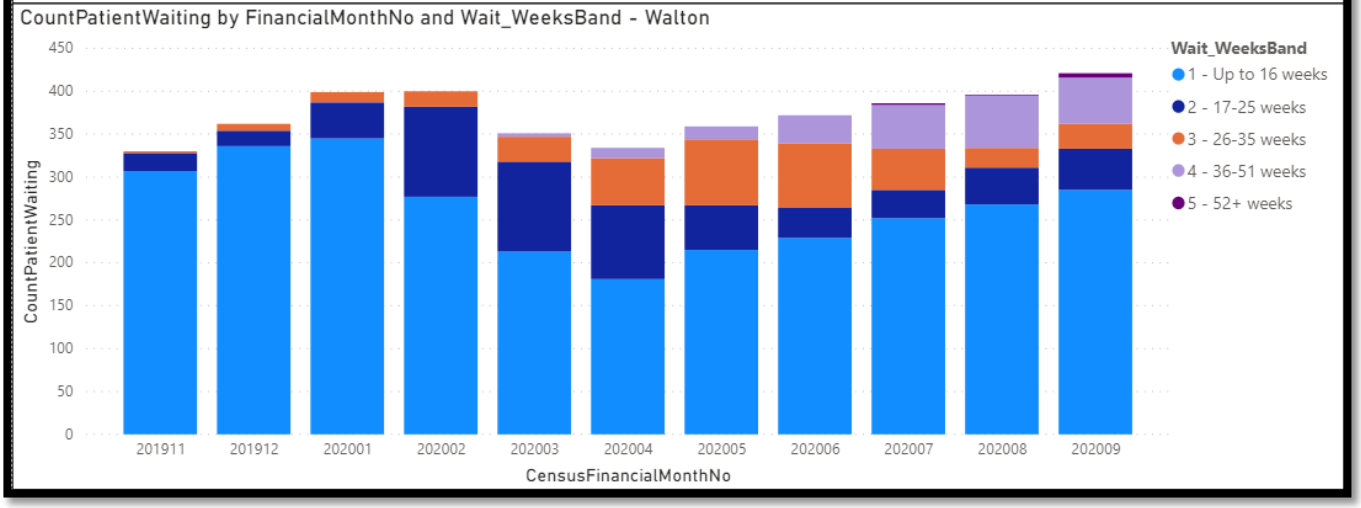


Data source: NWIS central data warehouse; all inpatient activity excl. non-procedure episodes

However, the amount of waiting patients has followed the common theme of actually reducing in the early pandemic months, then starting to increase as patients began to present again. Whilst the total waiting patients are not dissimilar to April levels, the chart below shows that more patients are now waiting longer than before.

CountPatientWaiting (Open Pathways) - Neurosurgery

CensusFinancialYearStyle	2019/20			2020/21									Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	Total	
The Walton Centre Nhs Foundation Trust	**330**	**362**	**692**	**399**	**400**	**351**	**334**	**359**	**372**	**386**	**396**	**421**	**3418**	**4110**
Neurosurgery	**330**	**362**	**692**	**399**	**400**	**351**	**334**	**359**	**372**	**386**	**396**	**421**	**3418**	**4110**
Not applicable	330	362	**692**	399	400	351	334	359	372	386	396	421	**3418**	**4110**
Total	**330**	**362**	**692**	**399**	**400**	**351**	**334**	**359**	**372**	**386**	**396**	**421**	**3418**	**4110**



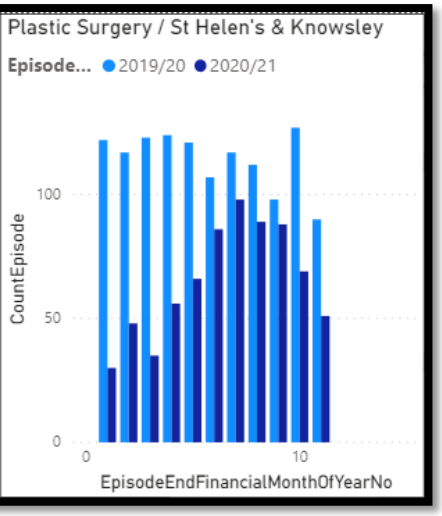
Data source: NWIS central data warehouse; all patients waiting with an open pathway

- Plastic Surgery – this specialty has been highlighted as it represents a mix of high volume elective activity together with an urgent cancer component. The rate of decreased delivery across English contract providers has improved from 25% of last year's activity in April up to 89% in December, but then deteriorated since then (57% to date), at St.Helen's & Knowsley, a supra-regional specialised provider. Most of the inpatient episodes performed are Elective Daycases.

  Please note that Plastic Surgery for north Wales residents is also performed under their local Countess of Chester contract, which does not flow through WHSSC.

Plastic Surgery / St Helen's & Knowsley

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	122	117	123	124	121	107	117	112	98	127	90	1,258
Elective	97	88	96	102	89	84	108	91	84	107	75	1,021
Emergency	24	28	26	21	29	20	9	21	14	20	15	227
Non elective admission	1	1	1	1	3	3						10
2020/21	30	48	35	56	66	86	98	89	88	69	51	716
Elective	25	41	30	47	47	71	86	78	80	57	45	607
Daycase admission	21	40	25	42	33	56	71	62	62	45	37	494
Inpatient Ordinary admission	4	1	5	5	14	15	15	16	18	12	8	113
Emergency	4	4	5	7	14	14	8	10	5	10	5	86
Non elective admission	1	3		2	4	1	4	1	3	2	1	22
Not Applicable					1							1
Total	152	165	158	180	187	193	215	201	186	196	141	1,974

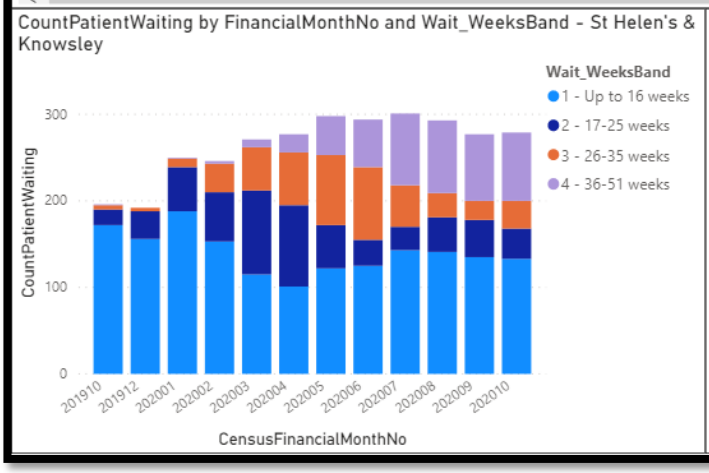


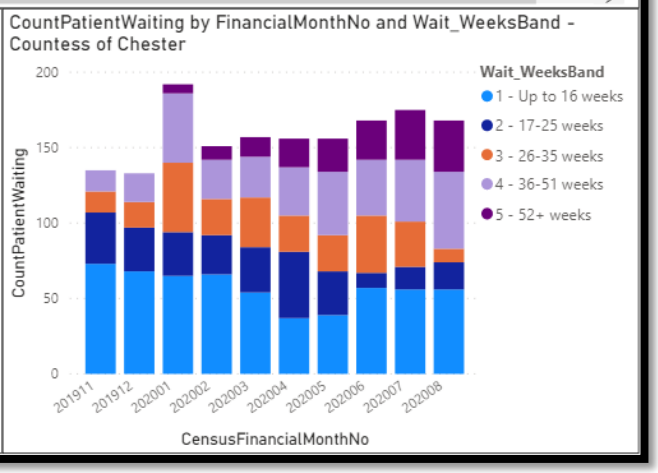
Data source: NWIS central data warehouse; all inpatient activity

In line with the reduced activity, numbers of patients waiting at St Helen's & Knowsley have been increasing, with patients also waiting longer, as shown in the below charts. Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown. Countess of Chester wait data is also shown to give a complete English picture, although a smaller provider, and the increase in patients waiting is smaller.

CountPatientWaiting (Open Pathways) - Plastic Surgery

CensusFinancialYearStyle	2019/20			2020/21										
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	Total
Countess Of Chester Hospital Nhs Foundation trust	135	133	268	192	151	157	156	156	168	175	168			1323
Plastic Surgery	135	133	268	192	151	157	156	156	168	175	168			1323
Not applicable	135	133	268	192	151	157	156	156	168	175	168			1323
St Helens And Knowsley Teaching Hospitals nhs tru	27	192	219	250	246	271	277	298	294	301	293	277	279	2786
Plastic Surgery	27	192	219	250	246	271	277	298	294	301	293	277	279	2786
Not applicable	27	192	219	250	246	271	277	298	294	301	293	277	279	2786
Total	162	325	487	442	397	428	433	454	462	476	461	277	279	4109





Data source: NWIS central data warehouse; all patients waiting with an open pathway

3.1.4 Paediatric Specialties

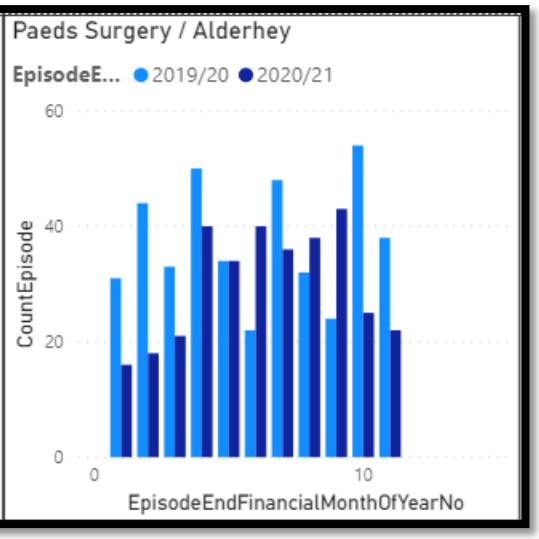
This report also highlights a number of key paediatric sub-specialties which include inherent risk. It is encouraging to see that recovery in these specialties is high, with the following examples:

- Paediatric Cardiac Surgery – case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly the data shows an immaterial reduction of 135 inpatient episodes to date in 2020/21, compared to 140 episodes to the same point last year.

- Paediatric Surgery – specialist paediatric surgery covers a wide spectrum of activity from highly complex and urgent to elective. Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. The rate of decrease at Alderhey, our major provider for North Wales, was initially high at 51% in April compared to 2019/20 activity, but has increased steadily to a recovery of 81% to date, although activity has dropped again since December.

Paeds Surgery / Alderhey

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	**31**	**44**	**33**	**50**	**34**	**22**	**48**	**32**	**24**	**54**	**38**	**410**
Blank	3	7	5	7	7	3	12	4	5	12	9	**74**
Elective	27	30	19	35	23	15	31	14	15	30	20	**259**
Emergency	1	7	8	7	4	4	4	12	3	8	9	**67**
Transfer			1	1			1	2	1	4		**10**
2020/21	**16**	**18**	**21**	**40**	**34**	**40**	**36**	**38**	**43**	**25**	**22**	**333**
Blank	3	8	5	4	7	8	5	8	4	5	9	**66**
Elective	8	6	13	28	20	26	24	26	32	13	9	**205**
Emergency	5	3	3	4	6	4	4	3	5	6	4	**47**
Transfer		1		4	1	2	3	1	2	1		**15**
Total	**47**	**62**	**54**	**90**	**68**	**62**	**84**	**70**	**67**	**79**	**60**	**743**



Data source: NWIS central data warehouse; all inpatient activity

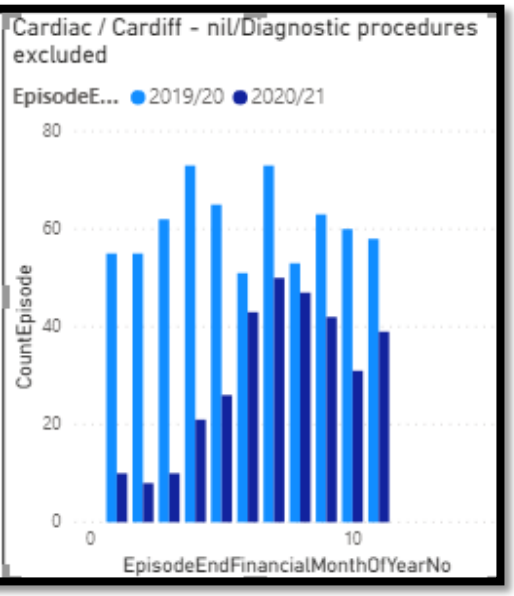
3.2 Wales Provider Activity

3.2.1Adult Specialties

- Cardiac Surgery – the levels of activity in cardiac surgery remain a concern, although activity has increased steadily:
  - CVUHB – When adjusted for minor procedures, the monthly levels of cardiac surgery have progressively increased from 10(15%); 8(12%); 10(15%); 21(31%); 26(39%); 43(64%); 50(75%):47 (70%); then reducing to 42(63%), 31(46%) and 39(58%) compared to the commissioned level of 800 for the year. The following summary tables compare performance on a month by month basis. The cumulative performance is 45% of the contract baseline to M11.

Cardiac / Cardiff - nil/Diagnostic procedures excluded

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	55	55	62	73	65	51	73	53	63	60	58	668
Elective	18	31	34	43	37	29	44	24	27	28	30	345
Emergency	31	23	25	23	26	20	27	26	30	30	26	287
Transfer	6	1	3	7	2	2	2	3	6	2	2	36
2020/21	10	8	10	21	26	43	50	47	42	31	39	327
Elective	3	2	5	9	10	29	31	35	31	24	29	208
Emergency	5	3	5	5	7	5	9	6	7	4	8	64
Transfer	2	3		7	9	9	10	6	4	3	2	55
Non elective admission	2	3		7	9	9	10	6	4	2	1	53
Stay overnight intended										1	1	2
Total	65	63	72	94	91	94	123	100	105	91	97	995

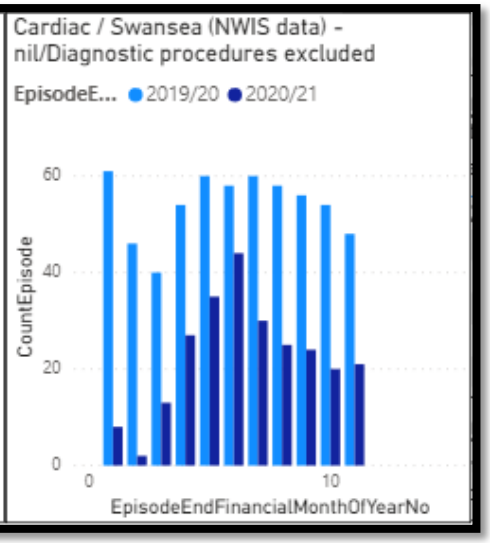


Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

  - SBUHB – When adjusted for minor procedures, monthly activity levels were only 8(13%); 2(3%); increasing to 13(21%); 27(44%); 35(57%); 44(72%); then decreasing to 30(49%); 25(41%), 24(39%), 20(33%) and 21(34%)(draft M11) compared to the commissioned level of 728 for the year. Overall inpatient activity was starting to recover until September's activity, as shown in the following summary tables on a month by month basis. The cumulative performance is 37% of the contract baseline to M11.

Cardiac / Swansea (NWIS data) - nil/Diagnostic procedures excluded

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	61	46	40	54	60	58	60	58	56	54	48	595
Elective	36	14	16	32	28	19	35	30	26	27	28	291
Emergency	6	13	9	6	13	17	12	14	15	16	12	133
Transfer	19	19	15	16	19	22	13	14	15	11	8	171
Non elective admission	4	2	3	4	4	7	5	4	9	4	3	49
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	122
2020/21	8	2	13	27	35	44	30	25	24	20	21	249
Elective	1		2	15	20	18	9	15	18	13	13	124
Emergency	6	2	6	6	9	13	10	5	1	4	4	66
Transfer	1		5	6	6	13	11	5	5	3	4	59
Non elective admission	1		1	1		2	3					8
Stay overnight intended			4	5	6	11	8	5	5	3	4	51
Total	69	48	53	81	95	102	90	83	80	74	69	844



Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

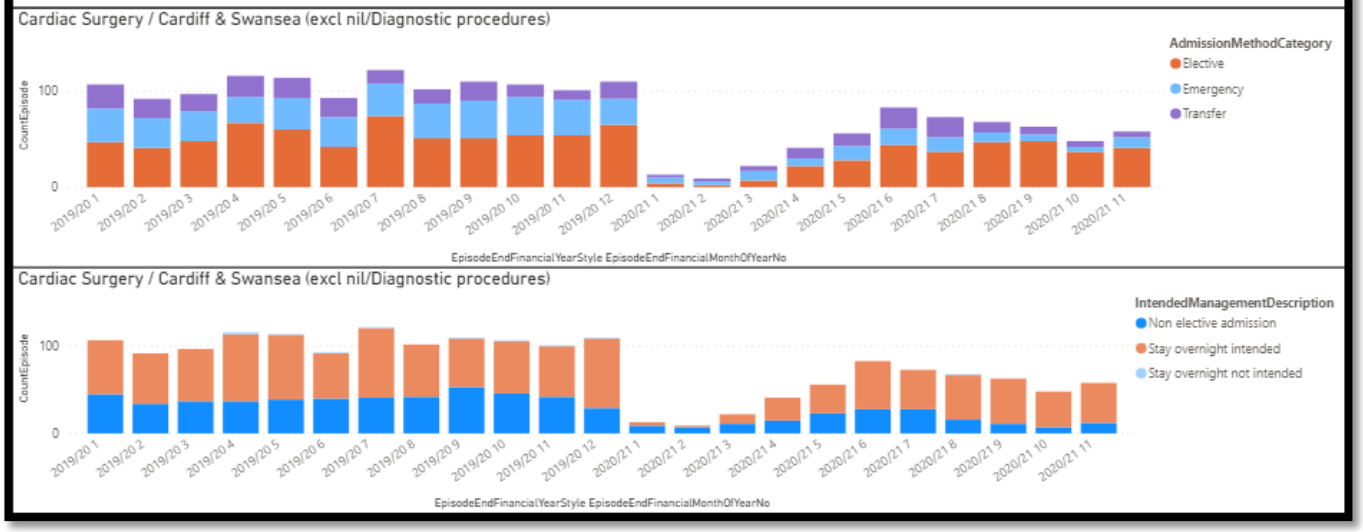
Historically both centres have not delivered contracted activity levels, leading to higher elective waiting lists than should result from commissioned activity. An additional concern is that the reported pattern of activity is historically different between Wales and England with England reporting typically higher proportions of elective/transferred expected overnight stay activity (53%Cardiff and 74%Swansea v 87%LHCH - full year 2019/20 data. The two Welsh providers totalled 61% elective/expected episodes and 39% emergency/non-elective episodes). Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with resulting adverse impact on the waiting list.

In the earlier monthly versions of this report, it was noted that over the early pandemic months elective activity was much reduced but has increased over the months. However, by month 11, the elective/non-elective split has come to a similar split as last year - 67% elective/expected episodes and 33% emergency/non-elective.

Whilst percentages of delivery appears similar in percentage terms, in quantum terms emergency activity is significantly down compared to 2019/20. This indicates that there may be a problem in the referral pathway with new emergencies not being identified at the same rate as before, with 31% of last year's levels to M10, with transfers down to 55%, although Non elective transfers are at 72% compared to last year. As emergency and transfer referrals start to return to normal there will be significant pressure on waiting lists unless total capacity returns to previous levels. There is therefore a need for a faster paced return to near normal capacity matching the levels being seen in NHS England providers as indicated earlier in this report.

Cardiac Surgery / Cardiff & Swansea (excl nil/Diagnostic procedures)

EpisodeEndFinancialYearStyle	2019/20													2020/21											Total
AdmissionMethodCategory	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	Total	
⊞ Elective	54	45	50	75	65	48	79	54	53	55	58	67	703	4	2	7	24	30	47	40	50	49	37	42	332	1,035
⊞ Emergency	37	36	34	29	39	37	39	40	45	46	38	30	450	11	5	11	11	16	18	19	11	8	8	12	130	580
⊟ Transfer	25	20	18	23	21	24	15	17	21	13	10	18	225	3	3	5	13	15	22	21	11	9	6	6	114	339
Non elective admission	10	3	6	11	6	9	7	7	15	6	5	2	87	3	3	1	8	9	11	13	6	4	2	1	61	148
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	16	138			4	5	6	11	8	5	5	4	5	53	191
Total	116	101	102	127	125	109	133	111	119	114	106	115	1,378	18	10	23	48	61	87	80	72	66	51	60	576	1,954

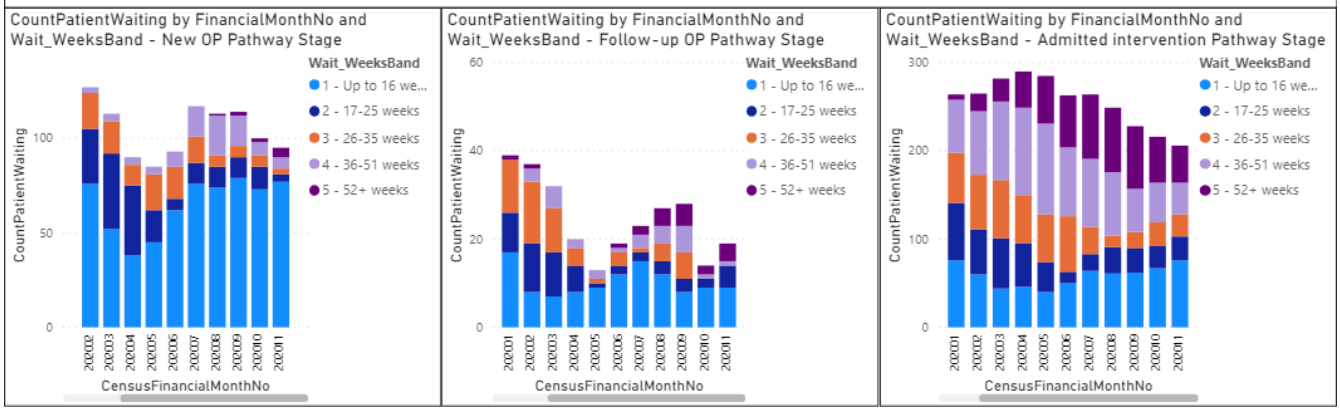


Data source: NWIS central data warehouse; all inpatient activity (excludes minor surgery)

Perhaps surprisingly, it is worth noting that central NWIS data on patients waiting indicates that total patient numbers are actually decreasing, despite new referrals starting to increase again since the summer. It is unknown at this point what activity is yet to surface, or how the new increased wave of coronavirus pressure will affect the waiting lists, although the charts below do show that patients are now waiting longer in general, especially for admitted treatments.

CountPatientWaiting (Open Pathways) - Cardiac Surgery

CensusFinancialYearStyle	2019/20			2020/21											Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	Total	
Cardiff and Vale University Local Health Board	**236**	**237**	**473**	**248**	**245**	**248**	**234**	**219**	**206**	**216**	**210**	**199**	**166**	**153**	**2344**	**2817**
Cardiac Surgery	**236**	**237**	**473**	**248**	**245**	**248**	**234**	**219**	**206**	**216**	**210**	**199**	**166**	**153**	**2344**	**2817**
Admitted diagnostic intervention	164	160	**324**	161	164	183	197	195	177	166	156	141	127	115	**1782**	**2106**
Diagnostic	12	12	**24**	10	5	5	5	1	1	3	2	5	3	4	**44**	**68**
FUP OP appointment	32	41	**73**	34	34	29	16	4	9	13	18	19	6	9	**191**	**264**
New OP appointment	28	24	**52**	43	42	31	16	19	19	34	34	34	30	25	**327**	**379**
Swansea Bay University Local Health Board	**200**	**214**	**414**	**206**	**199**	**195**	**180**	**172**	**179**	**200**	**188**	**184**	**170**	**177**	**2050**	**2464**
Cardiac Surgery	**200**	**214**	**414**	**206**	**199**	**195**	**180**	**172**	**179**	**200**	**188**	**184**	**170**	**177**	**2050**	**2464**
Admitted diagnostic intervention	96	92	**188**	103	101	99	93	90	86	98	93	87	89	91	**1030**	**1218**
Diagnostic	16	14	**30**	12	10	11	9	7	9	9	7	8	3	6	**91**	**121**
FUP OP appointment	9	13	**22**	5	3	3	4	9	10	10	9	9	8	10	**80**	**102**
New OP appointment	79	95	**174**	86	85	82	74	66	74	83	79	80	70	70	**849**	**1023**
Total	**436**	**451**	**887**	**454**	**444**	**443**	**414**	**391**	**385**	**416**	**398**	**383**	**336**	**330**	**4394**	**5281**



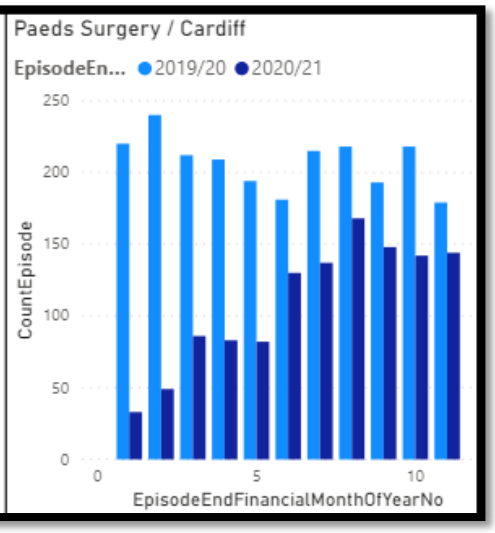
Data source: NWIS central data warehouse; all patients waiting with an open pathway

3.2.2Paediatric Specialties

- Paediatric surgery – an additional area of concern is paediatric surgery and the need to keep delivery to reasonable levels given the potential impact on the child of prolonged waits for surgery. Across the combined total for day cases and in-patient activity the performance at CVUHB for the South Wales region recovered progressively from April. This performance of 53% to date compared to 2019/20 (monthly comparisons range from 15% in April up to 77% in November) contrasts with the reported Alder Hey position of 81% to date detailed earlier.

Paeds Surgery / Cardiff

EpisodeEndFinancialYearStyle	1	2	3	4	5	6	7	8	9	10	11	Total
2019/20	**220**	**240**	**212**	**209**	**194**	**181**	**215**	**218**	**193**	**218**	**179**	**2,279**
Elective	101	113	101	89	81	77	104	91	75	92	94	**1,018**
Emergency	106	110	99	103	100	96	104	121	112	113	81	**1,145**
Maternity	4	6	1	4	2	1	2	1	3	7	1	**32**
Transfer	9	11	11	13	11	7	5	5	3	6	3	**84**
2020/21	**33**	**49**	**86**	**83**	**82**	**130**	**137**	**168**	**148**	**142**	**144**	**1,202**
Elective	7	7	28	40	42	61	48	54	47	51	68	**453**
Emergency	23	37	49	37	36	62	71	100	88	74	65	**642**
Maternity		1	4		2	4	5	5	7	4	6	**38**
Transfer	3	4	5	6	2	3	13	9	6	13	5	**69**
Total	**253**	**289**	**298**	**292**	**276**	**311**	**352**	**386**	**341**	**360**	**323**	**3,481**

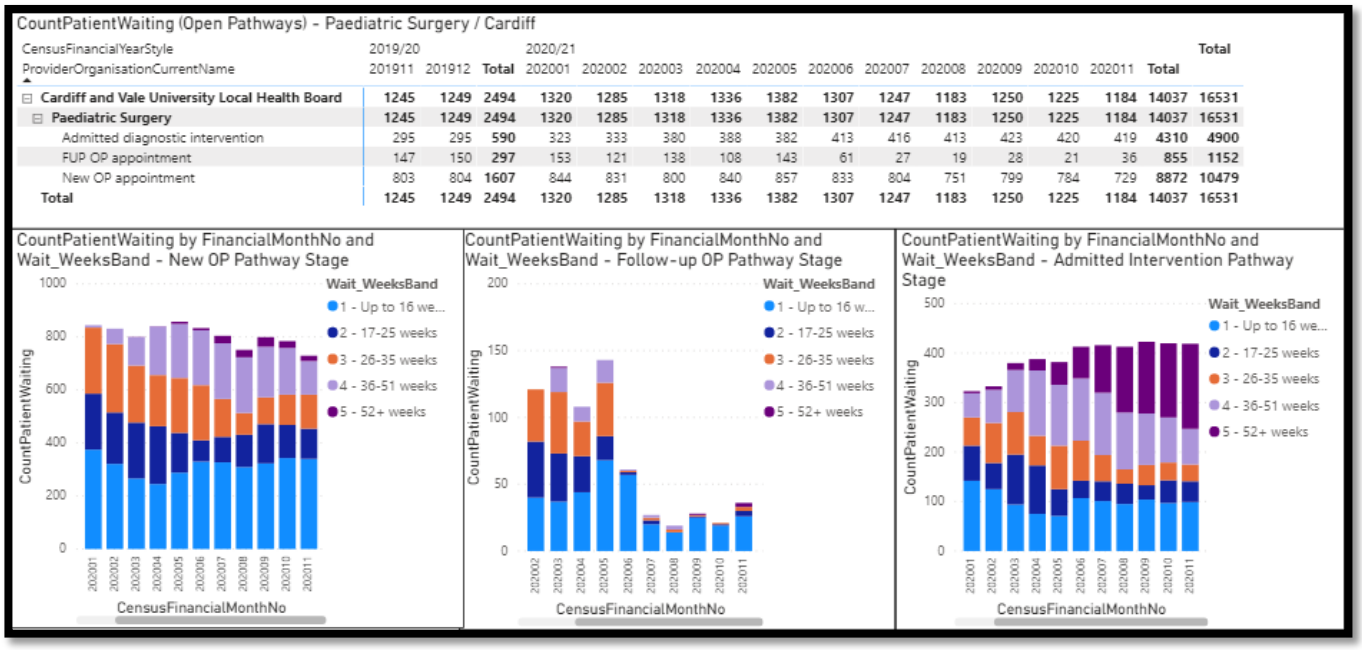


Data source: NWIS central data warehouse; all inpatient activity

It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Interestingly, the NWIS data warehouse of patients waiting shows that although the total number of waiters have actually decreased, this is due to a reduction of patients waiting for follow-up appointments, which can be done through the phone/video, (and it is good to see providers using this provision), but the patients on the waiting lists are waiting longer than before, and patients waiting for admitted treatments have increased by over 42% compared to last year. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.

CountPatientWaiting (Open Pathways) - Paediatric Surgery / Cardiff

CensusFinancialYearStyle	2019/20			2020/21											Total
ProviderOrganisationCurrentName	201911	201912	Total	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	Total	
Cardiff and Vale University Local Health Board	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**1225**	**1184**	**14037**	**16531**
Paediatric Surgery	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**1225**	**1184**	**14037**	**16531**
Admitted diagnostic intervention	295	295	**590**	323	333	380	388	382	413	416	413	423	420	419	**4310**	**4900**
FUP OP appointment	147	150	**297**	153	121	138	108	143	61	27	19	28	21	36	**855**	**1152**
New OP appointment	803	804	**1607**	844	831	800	840	857	833	804	751	799	784	729	**8872**	**10479**
Total	**1245**	**1249**	**2494**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**1225**	**1184**	**14037**	**16531**



Data source: NWIS central data warehouse; all patients waiting with an open pathway

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report.

5.0 APPENDICES / ANNEXES

Annex A – contract monitoring return activity CVUHB
Annex B – contract monitoring return activity SBUHB

Appendix 1
- Table 1 – activity by provider
- Table 2 – activity by specialty
- Table 3 – activity by specialty graphs for all Wales
- Table 4 – activity by specialty graphs for each resident health board

Link to Healthcare Objectives	
Strategic Objective(s)	Choose an item. Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Choose an item. Choose an item. Choose an item.
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Resources Implications	
Risk and Assurance	
Evidence Base	
Equality and Diversity	
Population Health	
Legal Implications	

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

ANNEX A
CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

	Financial (£)											Activity										
	April	May	June	July	August	September	October	November	December	January	February	April	May	June	July	August	September	October	November	December	January	February
CARDIOTHORACIC																						
Cardiology - Specialist	754,747	659,813	796,514	924,516	917,709	920,905	877,872	880,202	1,188,068	1,852,275	(58,071)	65	104	160	214	157	170	172	157	91	136	142
Cardiology - Aneurin Bevan	162,180	166,344	158,016	139,278	149,688	149,688	141,360	158,016	280,852	146,565	115,336	44	46	52	47	52	55	37	55	30	27	31
Cardiology - Cwm Taf	19,590	38,505	10,133	19,590	29,048	38,505	38,505	38,505	19,590	78,699	(11,146)	1	3	0	1	2	3	3	3	1	1	3
Cardiology - Swansea Bay	2,711	2,711	2,711	2,711	3,598	2,711	2,711	2,711	8,982	80,134	(74,713)	0	0	0	0	1	0	0	0	2	0	0
Transcatheter Aortic Valve Implantation (TAVI)	234,455	216,420	504,980	270,525	198,385	360,700	216,420	252,490	180,350	(1,082,100)	1,442,800	10	12	28	15	15	18	14	15	8	5	15
Adult Congenital Heart Disease (ACHD)	37,080	37,080	37,080	37,080	175,968	64,857	64,857	64,857	64,857	64,857	64,857	81	52	57	78	39	74	65	40	49	50	25
Cardiac Surgery	1,094,162	959,051	974,258	990,422	1,052,155	1,109,518	1,190,598	1,198,396	1,154,374	2,484,159	(120,854)	30	4	9	19	31	43	64	51	44	39	93
OP												56	34	56	44	37	95	66	114	61	72	51
Thoracic Surgery	118,792	198,112	168,109	210,652	212,134	254,238	259,615	226,193	220,415	1,572,072	(1,044,693)	21	33	26	33	31	36	39	33	34	41	36
OP												61	36	73	98	91	81	107	101	93	132	104
TOTAL	***2,423,715***	***2,278,036***	***2,651,800***	***2,594,774***	***2,738,685***	***2,901,122***	***2,791,937***	***2,821,369***	***3,117,488***	***5,196,660***	***313,516***	***369***	***324***	***461***	***549***	***456***	***575***	***567***	***569***	***413***	***503***	***500***
NEUROSCIENCES / ALAS																						
Neurosurgery	1,386,334	1,404,709	1,478,284	1,478,518	1,467,744	1,471,674	1,490,684	1,476,471	1,514,066	2,082,185	838,831	53	68	124	112	117	141	141	130	158	118	112
OP												336	314	375	401	225	441	470	329	460	423	375
Spinal Implants	-	-	9,446	9,446	-	142,751	19,411	153,384	106,471	590,710	(540,102)	0	1	1	4	4	0	6	11	7	0	2
OP												0	0	0	0	0	0	0	0	0	0	0
Intrathecal Pump Transfer from ABMU/SBU	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025											
ISAT	45,642	90,980	235,066	77,863	146,013	116,268	177,542	104,254	155,445	150,865	89,312	6	14	20	8	13	11	18	17	16	12	14
Excess costs of INR outsourcing	30,842	18,075	(8,441)	6,597	(31,834)	27,991	7,216	10,870	11,679	83,598	(77,007)	0	0	0	0	0	1	0	0	0	0	0
Epilepsy Surgery	(1)	(1)	(1)	31,390	(1)	31,390	(1)	(1)	(1)	240,997	(240,999)	0	0	0	1	0	1	0	0	0	0	0
Spinal Injuries	265,818	263,255	269,314	275,394	277,410	280,311	287,849	280,589	405,511	41,752	404,765	440	413	434	487	506	528	583	534	521	576	565
OP												0	20	84	65	56	54	60	44	62	54	62
Neuro Rehab	265,580	272,797	270,473	275,750	284,580	324,822	286,986	283,924	278,620	463,521	107,005	361	412	398	436	497	792	514	494	454	573	422
OP												2	5	0	1	7	6	8	4	6	13	16
ALAS incl. AAC	879,264	1,016,067	1,213,684	1,038,125	1,651,157	1,416,041	1,439,565	1,453,261	1,241,544	2,748,790	(538,973)											
TOTAL	***2,887,503***	***3,079,907***	***3,481,851***	***3,207,108***	***3,809,095***	***3,825,272***	***3,723,278***	***3,776,777***	***3,727,360***	***6,416,443***	***56,857***	***1,198***	***1,247***	***1,436***	***1,515***	***1,425***	***1,975***	***1,800***	***1,563***	***1,684***	***1,769***	***1,568***
RENAL																						
Renal Surgery	247,816	253,125	270,402	359,890	229,561	300,053	296,564	283,390	256,674	432,635	106,231	23	33	49	81	56	71	61	47	26	33	54
OP												95	127	253	247	252	281	323	332	206	308	296
Nephrology	510,665	524,689	501,001	546,135	493,969	532,590	526,203	520,559	535,252	854,197	171,572	108	125	66	81	150	114	109	67	138	87	84
OP												153	196	530	557	567	647	588	684	667	466	665
Home Renal Dialysis	122,389	122,389	128,174	122,389	118,716	122,113	127,164	122,756	130,562	28,131	225,417	632	632	695	632	592	629	684	636	721	657	703
Renal CAPD (Dialysis)	126,094	126,963	126,786	129,660	129,861	129,629	130,772	128,871	129,137	227,291	24,594	1,779	1,825	1,788	1,897	1,906	1,898	1,956	1,878	1,983	1,957	1,768
Hospital Renal Dialysis	1,083,993	1,111,296	1,120,245	1,144,787	1,107,163	1,112,766	1,153,753	1,129,704	1,067,883	1,532,998	638,585	6,655	6,894	6,936	7,106	6,845	6,878	7,168	6,992	6,573	6,662	6,639
Renal Transplants	363,979	393,741	372,451	484,476	593,593	471,697	382,813	463,665	426,345	1,101,597	(223,559)	0	0	0	9	10	7	5	6	3	5	4
TOTAL	***2,454,935***	***2,532,204***	***2,519,060***	***2,787,337***	***2,672,863***	***2,668,849***	***2,617,270***	***2,648,945***	***2,545,852***	***4,176,849***	***942,840***	***9,445***	***9,832***	***10,317***	***10,610***	***10,378***	***10,525***	***10,894***	***10,642***	***10,317***	***10,175***	***10,213***

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	Financial (£)											Activity										
	April	May	June	July	August	September	October	November	December	January	February		May	June	July	August	September	October	November	December	January	February
HAEMATOLOGY																						
Haemophilia	306,278	315,516	267,920	375,370	292,091	275,724	357,736	440,772	367,312	1,175,031	(495,367)	1,353,511	1,071,296	1,163,468	1,429,749	1,549,551	1,395,766	1,412,916	1,768,990	1,549,220	1,669,336	1,284,130
IBD Transfer	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914											
Haemophilia Reference Centre	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122											
Blood and Marrow Transplantation (BMT)	468,040	537,246	553,986	507,619	650,031	778,790	790,023	752,131	770,491	1,421,949	(211,413)	0	3	4	4	11	12	11	8	10	7	1
ATMP - CAR-T	84,696	334,707	334,706	82,602	82,602	335,319	335,241	98,217	334,708	(883,006)	1,554,637	0	1	1	0	0	1	1	0	1	0	2
All Wales Lymphoma Panel	87,562	87,562	50,414	75,179	75,179	81,006	76,150	76,150	89,597	95,294	59,995	114	113	-52	58	59	84	63	62	123	69	70
Clinical Immunology	956,320	739,938	596,433	784,374	792,882	886,417	883,033	820,708	423,499	70,369	1,384,458	157	222	242	244	247	253	251	254	275	274	287
Herediatry Anaemia								241,333	(170,083)	7,917	7,917											
TOTAL	***2,031,932***	***2,144,004***	***1,932,496***	***1,954,180***	***2,021,821***	***2,486,291***	***2,571,219***	***2,558,346***	***1,944,560***	***2,016,590***	***2,429,263***	***1,353,782***	***1,071,635***	***1,163,663***	***1,430,055***	***1,549,868***	***1,396,116***	***1,413,242***	***1,769,314***	***1,549,629***	***1,669,686***	***1,284,490***
PAEDIATRICS / NEONATAL																						
Paediatric Surgery	444,866	456,778	481,278	474,546	472,053	508,401	513,043	534,450	521,182	1,099,853	(68,520)	33	47	82	82	76	126	136	163	148	143	141
OP												134	168	219	169	166	246	218	240	169	199	215
Paediatric Renal	108,179	125,969	122,735	119,963	112,155	110,804	117,906	144,656	109,849	117,740	150,298	42	59	52	60	17	10	17	45	65	81	63
OP												60	129	132	121	103	148	141	168	115	167	154
Paediatric Oncology	677,047	761,115	780,107	735,269	742,349	796,917	728,441	736,305	716,835	914,081	630,220	156	162	207	184	249	223	234	269	237	256	278
OP												224	325	446	361	219	515	179	226	238	329	372
Paediatric Neurology	194,665	186,201	188,263	206,078	186,428	205,547	196,638	188,297	163,786	426,160	(33,519)	16	13	18	17	12	25	16	12	16	16	19
OP												134	122	110	79	72	114	116	105	94	104	109
Paediatric Ketogenic Diet				32,600	8,150	8,150	8,150	8,150	(29,575)	3,958	3,958											
Paediatric Rheumatology Service	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199											
Paeds Neuro Rehab	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829											
Paediatric Gastroenterology	72,064	72,365	81,815	86,687	95,910	82,964	92,768	94,719	95,721	13,437	177,748	34	32	40	38	51	45	56	60	62	49	51
OP												80	79	103	70	47	97	87	61	79	84	65
Paediatric ENT	101,066	101,717	102,732	103,807	105,121	109,307	109,640	105,714	107,136	326,730	(112,807)	9	11	11	15	18	29	26	19	21	17	25
OP												0	1	33	50	47	93	85	106	90	76	76
Paediatric Cardiology	178,546	210,948	213,773	197,062	185,784	195,961	195,199	222,277	332,747	318,505	103,118	3	17	17	9	8	9	7	21	22	18	17
OP												157	202	246	241	156	230	269	282	268	254	342
Fetal Cardiology	25,262	25,262	25,261	25,261	25,262	25,261	25,261	25,261	25,262	25,253	25,270	17	15	24	25	16	31	25	27	23	33	23
Paediatric Cystic Fibrosis	39,405	37,116	35,821	37,098	39,240	42,396	38,605	37,223	38,816	120,412	(42,096)											
Paeds Respiratory Equipment / CNS	16,192	10,736	14,543	11,246	16,742	20,056	22,886	20,990	20,499	80,423	(53,246)											
Paediatric Endocrinology	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075											
Foetal Medicine	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925											
Children's Hospital for Wales	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770											
PICU BH	420,286	393,283	366,280	227,782	381,959	334,051	368,022	379,346	351,472	743,884	(62,716)	31	63	54	82	92	37	76	89	57	49	40
NICU BH	839,208	844,114	740,023	981,763	845,916	865,891	817,632	810,024	542,536	560,164	940,585	942	851	765	963	921	856	861	718	725	756	640
Perinatal Pathology	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509											
Paedatric MRI Investment				113,190	28,297	28,297	28,297	28,297	(98,879)	14,167	14,005											
TOTAL	***3,374,092***	***3,482,911***	***3,409,938***	***3,609,659***	***3,502,673***	***3,591,311***	***3,519,798***	***3,593,018***	***3,154,694***	***5,022,073***	***1,929,604***	***2,072***	***2,296***	***2,559***	***2,566***	***2,270***	***2,834***	***2,549***	***2,611***	***2,429***	***2,631***	***2,630***

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	Financial (£)											Activity										
	April	May	June	July	August	September	October	November	December	January	February		May	June	July	August	September	October	November	December	January	February
ADULT CRITICAL CARE																						
Adult ICU	424,159	508,908	456,563	464,041	500,184	535,081	525,110	562,500	437,868	856,711	55,168	181	249	207	213	242	270	262	292	192	181	232
Adult HDU	88,685	(15,723)	43,938	76,007	48,413	7,396	43,193	47,667	38,718	194,771	(109,877)	79	-61	19	62	25	-30	18	24	12	10	24
LTV Consultant Sessions	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184											
LTV Unit Development	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	69,167											
TOTAL	***586,577***	***566,918***	***574,235***	***613,781***	***622,331***	***616,210***	***642,036***	***683,900***	***550,320***	***1,125,216***	***17,642***	***260***	***188***	***226***	***275***	***267***	***240***	***280***	***316***	***204***	***191***	***256***
GENETICS / LTC																						
Medical Genetics	1,069,459	1,063,937	1,073,510	1,132,776	1,073,174	1,088,188	1,079,890	1,076,985	1,103,589	1,142,445	1,052,167	53	35	60	66	40	64	52	46	94	99	51
Lynch Syndrome - (Genetics)	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837											
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293											
Enzyme Replacement Therapy	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879											
Cystic Fibrosis	443,817	445,413	496,571	466,244	498,090	483,551	501,189	760,851	462,878	351,488	740,455											
Home TPN	55,223	49,452	100,560	119,519	71,709	108,391	115,398	123,229	145,897	383,807	(138,998)	51	37	161	207	91	180	197	216	271	263	165
TPN Exceptional Costs	34,727	35,375	35,861	36,752	36,968	36,860	10,230	31,266	34,020	(260,877)	323,106	107	111	114	116	112	129	114	124	113	110	108
BAHAs & Cochlears	402,508	402,508	402,508	402,508	402,508	402,508	402,508	855,363	(210,788)	545,123	224,240											
TOTAL	***2,074,743***	***2,065,695***	***2,178,019***	***2,226,809***	***2,151,459***	***2,188,508***	***2,178,224***	***2,916,704***	***1,604,606***	***2,230,995***	***2,269,979***	***211***	***183***	***335***	***389***	***243***	***373***	***363***	***386***	***478***	***472***	***324***
OTHER																						
Liver Surgery	40,599	70,049	70,049	92,545	79,860	102,958	118,357	102,958	49,061	153,005	37,512	3	8	8	11	9	12	14	12	5	9	13
Major Trauma Centre	389,793	389,793	1,865,164	881,583	881,583	881,583	881,583	881,583	881,583	881,583	881,583											
Gender Service	42,500	42,500	42,500	42,500	42,500	42,500	86,583	48,798	48,798	48,798	42,964											
Radiofrequency Ablation (RFA)	-	-	18,561	13,554	11,946	15,868	40,548	36,592	(21,955)	(115,114)	143,789											
Hepatology	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865											
Neuropsychiatry	224,415	249,897	225,057	227,160	219,910	221,960	199,382	222,813	232,494	400,701	35,837	240	253	270	279	291	313	334	327	381	304	291
Regional Pharmaceutical Service	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851											
Pay Award	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050											
NICE / High Cost Drugs	43,125	(52,379)	(13,165)	8,595	69,756	101,702	96,931	137,713	22,876	(304,125)	742,965											
Interstitial Lung Disease	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719											
Neuroendocrine Tumours	33,826	33,826	33,826	33,826	104,659	47,993	47,993	47,993	47,993	47,993	47,993											
Rebasing Difference / Roundings	-	-	-	-	-	-	-	-	-	-	-											
TOTAL	***1,311,743***	***1,271,170***	***2,779,476***	***1,837,248***	***1,947,698***	***1,952,049***	***2,008,861***	***2,015,934***	***1,798,335***	***1,650,325***	***2,470,128***	***243***	***261***	***278***	***290***	***300***	***325***	***348***	***339***	***386***	***313***	***304***
Total	17,145,241	17,420,846	19,526,877	18,830,896	19,466,624	20,229,613	20,052,623	21,014,993	18,443,216	27,835,151	10,429,828	1,367,580	1,085,966	1,179,275	1,446,249	1,565,207	1,412,963	1,430,043	1,785,740	1,565,540	1,685,740	1,300,285

ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

	Financial (£)											Activity										
	April	May	June	July	August	September	October	November	December	January	February	April	May	June	July	August	Septembe	October	Novembe	Decembe	January	February
RENAL																						
Renal - Other	604,395	648,827	756,633	665,582	733,321	684,730	685,200	675,701	655,208	645,211	680,899	244	256	494	591	696	850	787	727	599	3,448	942
Hospital Dialysis	446,680	465,465	500,353	514,869	503,280	521,090	540,852	501,329	500,108	476,811	462,293	2,506	2,660	2,946	3,065	2,970	3,116	3,278	2,954	2,944	2,753	2,634
Home Dialysis	95,797	95,797	95,797	107,772	103,781	99,789	95,797	99,789	77,836	97,794	97,793	48	48	48	54	52	50	48	50	39	49	49
Renal Wales Contract	267,929	272,549	223,064	191,464	172,708	263,726	293,895	268,290	291,602	281,666	259,500	2,107	2,144	2,165	2,289	2,183	2,169	2,288	2,087	2,270	2,192	2,018
Total	***1,414,802***	***1,482,638***	***1,575,846***	***1,478,687***	***1,513,636***	***1,568,335***	***1,615,743***	***1,545,108***	***1,524,753***	***1,501,481***	***1,500,485***	***4,905***	***5,108***	***5,653***	***5,999***	***5,901***	***6,185***	***6,401***	***5,818***	***5,852***	***8,442***	***5,643***
CARDIOTHORACIC																						
Cardiac Surgery	1,045,770	1,024,738	1,059,451	1,134,782	1,139,276	1,204,027	1,143,209	1,126,007	1,126,961	1,085,717	1,125,524	6	1	11	24	28	42	26	23	23	15	23
OP												14	12	13	24	16	32	29	28	24	25	24
TAVI	97,159	184,409	484,390	512,229	280,939	378,579	202,969	344,789	252,858	377,855	387,485	2	7	21	21	12	16	7	13	11	16	16
Cardiology	520,284	736,749	884,914	989,945	767,058	956,050	808,798	849,248	785,488	895,406	923,400	63	115	154	206	149	175	146	142	141	150	175
Bariatrics	13,392	13,392	20,471	16,932	20,471	16,932	13,392	13,392	13,392	16,932	16,932	0	0	2	1	2	1	0	0	0	1	1
Total	***1,676,605***	***1,955,288***	***2,449,226***	***2,653,887***	***2,267,744***	***2,555,583***	***2,168,368***	***2,333,436***	***2,178,700***	***2,375,911***	***2,453,342***	***85***	***135***	***201***	***276***	***207***	***266***	***208***	***206***	***195***	***207***	***235***
PAEDS / NEONATAL																						
CLP	95,423	119,090	110,635	112,777	109,565	107,423	117,060	113,848	116,670	113,804	115,946	0	0	3	5	2	0	9	6	9	6	8
NICU	446,403	428,009	427,583	457,397	435,121	454,855	466,179	469,715	465,715	407,840	440,841	506	504	448	577	528	539	571	592	598	431	548
BAHA	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193											
Paeds Onc	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844											
Total	***558,863***	***564,135***	***555,255***	***587,210***	***561,723***	***579,315***	***600,275***	***600,599***	***595,422***	***538,681***	***573,823***	***506***	***504***	***451***	***582***	***530***	***539***	***580***	***598***	***607***	***437***	***556***
CANCER & BLOOD																						
Plastics	655,995	678,978	1,055,385	1,097,209	1,124,204	1,138,270	1,120,633	1,091,619	1,083,016	1,148,975	1,141,511	183	299	409	494	506	460	487	448	413	427	477
OP												90	112	149	271	245	320	386	376	298	335	275
Burns	395,729	485,138	391,347	404,057	401,865	387,840	484,262	429,039	432,545	418,958	412,384	73	277	63	92	87	55	275	149	157	126	111
Thoracic	60,284	50,719	118,147	123,947	122,362	166,013	201,979	170,279	157,206	237,643	151,912	6	4	16	16	16	21	28	20	23	31	15
OP												0	5	10	13	18	36	42	84	51	67	67
SNB	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405											
Haemophilia	91,611	67,872	87,020	11,446	96,474	26,699	77,374	19,554	87,472	26,217	103,831											
Sarcoma	58,485	70,158	56,362	74,403	77,586	71,219	78,648	83,954	65,913	83,954	111,545	12	11	10	11	10	12	11	16	11	12	22
Clinical Genetics	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177											
Total	***1,276,685***	***1,367,447***	***1,722,843***	***1,725,643***	***1,837,674***	***1,804,623***	***1,977,477***	***1,865,626***	***1,846,733***	***1,930,325***	***1,935,764***	***364***	***708***	***657***	***887***	***862***	***864***	***1,228***	***1,093***	***953***	***998***	***967***
NEUROSCIENCES																						
ALAC	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277											
Rehab	157,936	160,333	156,938	151,217	154,122	156,873	154,199	150,787	150,634	132,033	139,229	327	298	312	332	340	297	283	234	182	117	166
OP												15	25	16	1	5	19	16	18	28	3	8
Total	***316,213***	***318,610***	***315,215***	***309,494***	***312,399***	***315,150***	***312,476***	***309,064***	***308,912***	***290,310***	***297,506***	***342***	***323***	***328***	***333***	***345***	***316***	***299***	***252***	***210***	***120***	***174***
OTHER																						
NICE	28,983	32,123	68,802	31,650	26,124	69,755	76,024	42,928	40,317	73,999	38,322											
East Forensics	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992											
Devices	0	0	0	0	0	1	2	3	4	5	6											
Academic Fee	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841											
IVF	24,151	24,451	26,553	25,953	39,291	129,806	182,675	243,859	173,134	226,739	179,951	80	82	88	87	98	142	139	185	156	170	155
EMRTS	265,774	265,774	406,523	312,690	312,690	312,690	312,690	312,690	312,690	312,690	312,690											
Air Am	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110											
Pay award 20/21	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060											
Total	***1,785,311***	***1,785,352***	***1,968,882***	***1,837,296***	***1,845,108***	***1,979,256***	***2,038,395***	***2,066,483***	***1,993,148***	***2,080,436***	***1,957,973***	***80***	***82***	***88***	***87***	***98***	***142***	***139***	***185***	***156***	***170***	***155***
Total	7,029,079	7,481,470	8,587,268	8,593,218	8,277,137	8,803,268	8,712,735	8,663,717	8,445,668	8,717,148	8,758,892	6,282	6,860	7,378	8,174	7,963	8,352	8,856	8,152	7,977	10,374	7,734

APPENDIX 1

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)

Table 1 – Analysis by NHS England Provider by Month (NB. Royal Brompton reporting delayed)

EpisodeEndFinancialYearStyle / ProviderOrganisationName	2020/21 2	3	4	5	6	7	8	9	10	11	Total	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2020/21 to 19/20
Alder Hey Children's Nhs Foundation Trust	173	199	259	237	255	263	280	236	227	204	**2,487**	2,487	3,462	-28%
Birmingham Women's And Children's Nhs Foundation	18	25	23	29	33	29	24	39	24	25	**284**	284	398	-29%
Cambridge University Hospitals Nhs Foundation Tru	1	1	10	5	8	3	3	2	2	3	**38**	38	93	-59%
Great Ormond Street Hospital For Children nhs fou	16	9	27	13	21	23	22	20	15	15	**186**	186	327	-43%
Guy's And St Thomas' Nhs Foundation trust	10	7	10	18	17	16	16	14	8	8	**132**	132	277	-52%
Imperial College Healthcare Nhs Trust	14	21	25	27	30	38	32	34	35	25	**284**	281	306	-8%
King's College Hospital Nhs Foundation Trust		2	4	17	7	5	8	4	2	6	**61**	61	161	-62%
Leeds Teaching Hospitals Nhs Trust	1	10	3	7	2	3	6	5		2	**40**	40	87	-54%
Liverpool Heart And Chest Hospital Nhs foundation	50	89	101	94	107	119	102	107	75	108	**990**	989	1,290	-23%
Liverpool University Hospitals Nhs Foundation Tru	66	117	127	129	167	179	138	159	115	121	**1,370**	1,370	2,568	-47%
Manchester University Nhs Foundation Trust	31	37	48	46	75	78	61	66	57	48	**571**	571	1,117	-49%
Royal Brompton & Harefield Nhs Foundation trust	10	9	7	9				8			**45**	45	209	-78%
Royal Free London Nhs Foundation Trust	3	7	12	32	14	7	26	13	7	5	**129**	129	201	-36%
Royal Papworth Hospital Nhs Foundation Trust		1	1	4	7	4	9	3	1	1	**33**	33	99	-67%
Salford Royal Nhs Foundation Trust	10	12	20	12	10	1	2	15	13	8	**118**	118	303	-61%
Sheffield Teaching Hospitals Nhs Foundation Trust	6	21	10	18	25	24	17	14	11	15	**211**	211	215	-2%
St Helens And Knowsley Teaching Hospitals nhs tru	57	51	72	83	121	126	126	119	74	57	**928**	928	1,579	-41%
The Christie Nhs Foundation Trust	34	49	52	44	54	57	40	48	56	51	**512**	512	573	-11%
The Clatterbridge Cancer Centre Nhs Foundation tr	6	30	19	12	11	19	22	22	21	17	**193**	193	356	-46%
The Newcastle Upon Tyne Hospitals Nhs foundation	9	8	9	23	8	11	12	22	26	15	**146**	144	153	-6%
The Robert Jones And Agnes Hunt Orthopaedic hospit	51	113	142	128	199	258	326	337	215	162	**1,975**	1,975	4,811	-59%
The Royal Marsden Nhs Foundation Trust	3	5	5	9	4	4	5	5	4	1	**46**	46	57	-19%
The Royal Orthopaedic Hospital Nhs Foundation tru	6	7	8		9	4	13	11	12	9	**87**	86	142	-39%
The Walton Centre Nhs Foundation Trust	53	77	90	110	135	118	98	141	102	93	**1,067**	1,067	1,783	-40%
University College London Hospitals Nhs Foundatio	12	21	21	17	29	45	37	27	7	10	**235**	233	355	-34%
University Hospitals Birmingham Nhs Foundation Tr	59	76	94	96	102	101	74	83	44	44	**821**	821	1,156	-29%
University Hospitals Bristol And Weston Nhs found	78	104	120	114	128	161	134	123	104	117	**1,261**	1,261	1,879	-33%
University Hospitals Of North Midlands Nhs trust	43	46	83	78	88	73	45	62	75	79	**724**	724	898	-19%
Wirral University Teaching Hospital Nhs Foundatio	36	41	62	58	85	80	60	83	38	36	**618**	618	964	-36%
Wye Valley Nhs Trust	441	576	590	566	715	835	776	705	640	621	**6,807**	6,807	9,344	-27%
Total	**1,297**	**1,771**	**2,054**	**2,035**	**2,466**	**2,684**	**2,514**	**2,527**	**2,010**	**1,906**	**22,399**	**22,399**	**35,163**	**-36%**

Major regional provider – BCUHB

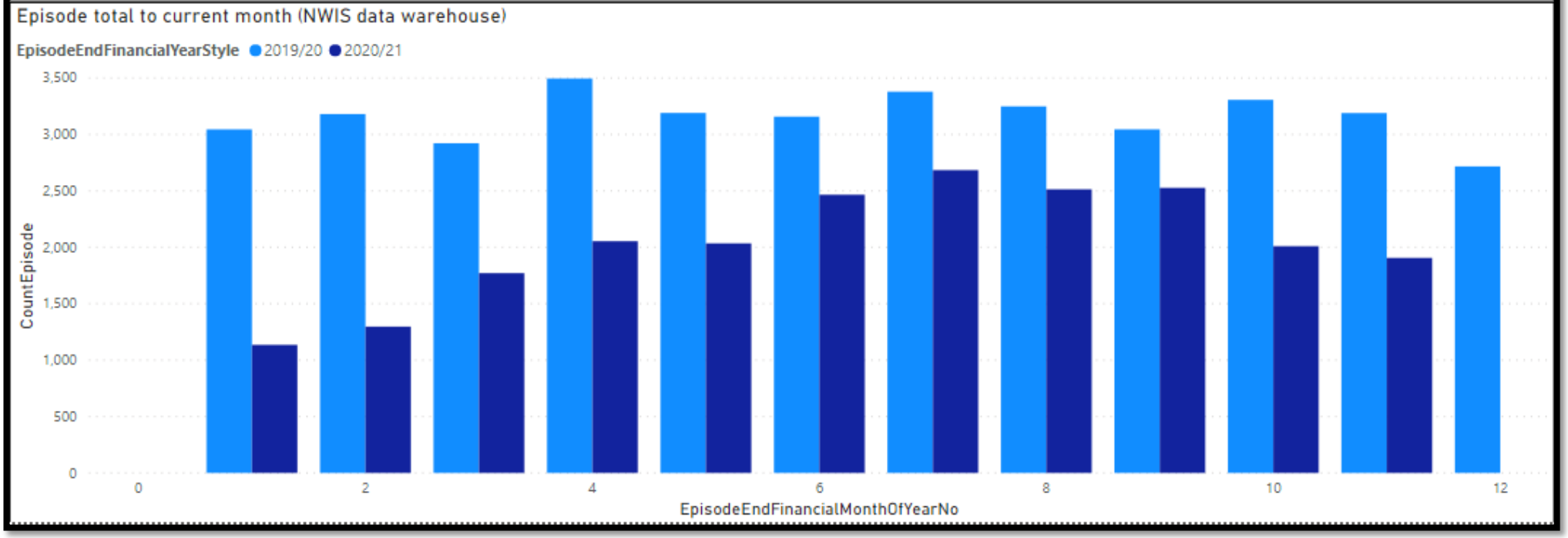
Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 2 – High level summary by LHB of residence (Note. Variance to the previous table relates to border residents)

Episode total to current month (NWIS data warehouse)

EpisodeEndFinancialYearStyle	2019/20									2020/21									
PatientResidenceHealthOrganisationDerivedName	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11
Aneurin Bevan University Local Health Board	197	214	172	189	190	156	163	184	138	66	61	84	112	114	153	177	120	136	96	92
Betsi Cadwaladr University Local Health Board	1,637	1,490	1,451	1,608	1,488	1,463	1,593	1,547	1,267	460	550	773	926	936	1,118	1,151	1,130	1,173	903	819
Cardiff and Vale University Local Health Board	87	79	69	85	107	91	75	78	56	20	39	32	52	51	53	65	70	53	29	43
Cwm Taf Morgannwg University Local Health Board	69	80	66	64	64	63	71	54	46	24	19	30	37	35	49	43	46	24	28	17
Hywel Dda University Local Health Board	74	80	71	74	74	77	58	61	54	11	14	31	50	40	65	66	70	59	42	34
Powys Teaching Local Health Board	1,056	921	1,034	1,047	1,030	927	1,033	969	831	366	443	610	639	593	753	870	845	815	718	701
Swansea Bay University Local Health Board	83	64	62	56	66	51	79	59	50	16	17	30	31	60	50	49	43	37	23	31
Total	**3,203**	**2,928**	**2,925**	**3,123**	**3,019**	**2,828**	**3,072**	**2,952**	**2,442**	**963**	**1,143**	**1,590**	**1,847**	**1,829**	**2,241**	**2,421**	**2,324**	**2,297**	**1,839**	**1,737**



Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	2	3	4	5	6	7	8	9	10	11	Total
Accident & Emergency	14	15	29	35	28	22	27	24	13	18	**236**
Adult Cystic Fibrosis Service	2	2	3	5	3	6	1	4	1		**30**
Allergy Service			1	4	7	6	5	5	9	7	**44**
Anaesthetics			2	1		1	1	2	1	2	**10**
Blood And Marrow Transplantation	8	5	9	5	7	9	13	7	6	2	**80**
Breast Surgery	2	3	2	6	4	8	6	12	6	6	**58**
Burns Care	6	4	4	2	11	11	11	13	2	2	**69**
Cardiac Surgery	20	36	38	44	54	40	31	33	15	20	**336**
Cardiology	51	99	129	103	138	135	136	134	121	128	**1,222**
Cardiothoracic Surgery	3	5	2	9	7	4	2	1	7	2	**47**
Cardiothoracic Transplantation	3	1	4	7	2	1		3	2	1	**24**
Chemical Pathology										1	**2**
Child & Adolescent Psychiatry				1							**1**
Clinical Haematology	49	79	96	83	108	120	88	89	74	85	**919**
Clinical Immunology	1					1	1	2	1		**6**
Clinical Immunology And			1		1		1	5	2	3	**13**
Clinical Microbiology			2								**2**
Clinical Oncology (previously Radiotherapy)	13	51	44	18	38	45	32	34	58	32	**387**
Clinical Pharmacology		1		3	4	3		3	1	1	**17**
Colorectal Surgery	3	11	13	10	14	35	24	16	35	17	**185**
Community Paediatrics				1							**1**
Congenital Heart Disease	3	1	2	3	1	4		3	2	8	**27**
Critical Care Medicine	7	11	6	6	12	14	14	17	4	7	**104**
Dental Medicine Specialties					1						**1**
Dermatology	14	34	33	27	30	49	47	30	33	42	**361**
Diabetic Medicine	3		2		2	2	3	6	3	1	**24**
Diagnostic Imaging	12	14	20	13	9	20	23	13	14	15	**158**
Endocrinology	10	6	6	6	4	6	11	16	7	8	**85**
ENT	5	7	20	17	14	21	27	9	11	6	**142**
Gastroenterology	62	82	98	86	166	165	143	114	136	133	**1,225**
General Medicine	180	217	199	207	215	231	235	274	213	229	**2,336**
Total	**1,297**	**1,771**	**2,054**	**2,035**	**2,466**	**2,684**	**2,514**	**2,527**	**2,010**	**1,906**	**22,399**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2020/21 to 19/20
Accident & Emergency	236	443	-47%
Adult Cystic Fibrosis Service	30	55	-45%
Allergy Service	44	80	-45%
Anaesthetics	10	16	-38%
Blood And Marrow Transplantation	80	135	-41%
Breast Surgery	58	84	-31%
Burns Care	69	87	-21%
Cardiac Surgery	336	559	-40%
Cardiology	1,222	1,555	-21%
Cardiothoracic Surgery	47	62	-24%
Cardiothoracic Transplantation	24	66	-64%
Chemical Pathology	2	3	-33%
Child & Adolescent Psychiatry	1		
Clinical Haematology	919	1,008	-9%
Clinical Immunology	6	11	-45%
Clinical Immunology And	13	12	8%
Clinical Microbiology	2		
Clinical Oncology (previously Radiotherapy)	387	471	-18%
Clinical Pharmacology	17	8	113%
Colorectal Surgery	185	261	-29%
Community Paediatrics	1		
Congenital Heart Disease	27	25	8%
Critical Care Medicine	104	172	-40%
Dental Medicine Specialties	1		
Dermatology	361	453	-20%
Diabetic Medicine	24	31	-23%
Diagnostic Imaging	158	186	-15%
Endocrinology	85	75	13%
ENT	142	312	-54%
Gastroenterology	1,225	1,636	-25%
General Medicine	2,336	3,004	-22%
Total	**22,399**	**34,624**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	2	3	4	5	6	7	8	9	10	11	Total
General Surgery	54	84	94	100	118	151	120	100	74	83	**1,020**
Geriatric Medicine	37	38	36	37	34	39	22	32	35	23	**352**
Gynaecological Oncology	1		1	1	2	3	2		4		**16**
Gynaecology	7	13	20	23	26	34	42	23	15	19	**230**
Haemophilia Service		1				4	1	1			**7**
Hepatobiliary & Pancreatic Surgery	9	19	15	16	13	15	15	25	14	17	**171**
Hepatology	10	16	14	16	15	31	21	29	14	9	**178**
Infectious Diseases		1	2	3	2	3	2	4	4	3	**24**
Interventional Radiology	3	5	8	6	10	15	9	15	7	10	**94**
Maxillo-Facial Surgery	1	3	4		8	7	2	2	2		**31**
Medical Oncology	20	26	26	28	23	26	22	17	26	19	**261**
Midwifery Service	1	2	4	2	2	4	2	1	5	4	**31**
Neonatology	4	5	6	6	4	10	8	9	10	3	**69**
Nephrology	39	35	39	46	57	56	29	23	11	13	**396**
Neurology	30	52	38	58	77	63	53	60	56	57	**588**
Neurosurgery	40	48	92	94	95	94	62	83	57	65	**767**
Nuclear Medicine		1	1		1	1		1		1	**6**
Obstetrics Hospital Bed	25	37	35	23	41	41	49	35	39	34	**387**
Ophthalmology	28	46	62	78	80	86	72	67	33	45	**615**
Oral Surgery		5	9	5	19	14	21	7	6	5	**91**
Paediatric Audiological							1				**1**
Paediatric Burns Care	1	12	4	7	1	5	6	1	8	1	**51**
Paediatric Cardiac Surgery	11	17	13	15	17	12	19	8	9	2	**135**
Paediatric Cardiology	19	28	20	20	29	29	29	13	15	18	**235**
Paediatric Clinical Haematology	9	12	15	5	16	12	9	13	10	19	**134**
Paediatric Clinical Immunology And Allergy Service				2	2	3	1	2	1	4	**15**
Paediatric Dentistry	3	2	3	7	5	2	1	2	1	1	**27**
Paediatric Dermatology	1	1	2	4		3	2	4		1	**18**
Paediatric Diabetic Medicine						1					**1**
Paediatric Ear Nose and Throat	6	7	10	10	10	16	9	6	12	8	**94**
Paediatric Endocrinology	2	4	7	8	6	8	7	7	7	8	**68**
Total	**1,297**	**1,771**	**2,054**	**2,035**	**2,466**	**2,684**	**2,514**	**2,527**	**2,010**	**1,906**	**22,399**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2020/21 to 19/20
General Surgery	1,020	1,759	-42%
Geriatric Medicine	352	363	-3%
Gynaecological Oncology	16	6	167%
Gynaecology	230	430	-47%
Haemophilia Service	7	2	250%
Hepatobiliary & Pancreatic Surgery	171	274	-38%
Hepatology	178	205	-13%
Infectious Diseases	24	33	-27%
Interventional Radiology	94	130	-28%
Maxillo-Facial Surgery	31	104	-70%
Medical Oncology	261	436	-40%
Midwifery Service	31	17	82%
Neonatology	69	70	-1%
Nephrology	396	410	-3%
Neurology	588	907	-35%
Neurosurgery	767	1,292	-41%
Nuclear Medicine	6	9	-33%
Obstetrics Hospital Bed	387	346	12%
Ophthalmology	615	1,395	-56%
Oral Surgery	91	198	-54%
Paediatric Audiological	1		
Paediatric Burns Care	51	55	-7%
Paediatric Cardiac Surgery	135	140	-4%
Paediatric Cardiology	235	326	-28%
Paediatric Clinical Haematology	134	305	-56%
Paediatric Clinical Immunology And Allergy Service	15	31	-52%
Paediatric Dentistry	27	47	-43%
Paediatric Dermatology	18	31	-42%
Paediatric Diabetic Medicine	1		
Paediatric Ear Nose and Throat	94	197	-52%
Paediatric Endocrinology	68	113	-40%
Total	**22,399**	**34,624**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	2	3	4	5	6	7	8	9	10	11	Total
Paediatric Epilepsy			4	1		2	2		2		11
Paediatric Gastroenterology	10	15	21	18	23	22	22	19	15	20	192
Paediatric Intensive Care	19	5	14	10	16	17	11	5	4	5	114
Paediatric Interventional Radiology	1	1	1	2	1		1	1	1		9
Paediatric Maxillo-Facial Surgery					1						1
Paediatric Medical Oncology	50	47	56	42	49	44	45	54	43	38	521
Paediatric Metabolic Disease	1	1	3		1	2	2		3	1	14
Paediatric Nephrology	19	25	18	16	24	15	23	27	24	24	237
Paediatric Neuro-Disability			1		1						2
Paediatric Neurology	8	8	5	13	8	10	7	7	10	8	91
Paediatric Neurosurgery	12	11	15	12	15	14	19	12	11	8	134
Paediatric Ophthalmology	3	7	7	8	13	9	5	8	7	9	82
Paediatric Plastic Surgery	4	6	20	18	8	15	12	14	12	10	125
Paediatric Respiratory Medicine	2	2	10	6	13	12	15	11	9	9	91
Paediatric Rheumatology	4	4	7	10	10	2	6	16	11	6	83
Paediatric Surgery	27	28	45	42	52	38	44	51	34	25	406
Paediatric Transplantation Surgery					1			1			2
Paediatric Trauma and Orthopaedics	4	3	6	6	11	14	11	13	6	7	83
Paediatric Urology	10	14	17	20	14	21	33	22	25	27	210
Paediatrics	32	29	30	21	20	37	44	46	40	37	361
Pain Management		1	3	5	15	15	3	36	18	1	98
Palliative Medicine				1		1		1	2		5
Plastic Surgery	56	53	70	82	101	118	98	101	76	55	849
Podiatric Surgery					4	4	6	3	5		22
Rehabilitation Service	2	1		2	2	4	4	5	1	2	29
Respiratory Medicine	37	49	43	33	42	37	44	60	47	43	476
Respiratory Physiology				1		2		1			4
Restorative Dentistry	1					1	1		1		4
Rheumatology	14	39	28	36	59	55	76	59	51	61	490
Spinal Injuries	1	3	6	2	9	14	20	8	7	8	83
Total	**1,297**	**1,771**	**2,054**	**2,035**	**2,466**	**2,684**	**2,514**	**2,527**	**2,010**	**1,906**	**22,399**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2020/21 to 19/20
Paediatric Epilepsy	11	24	-54%
Paediatric Gastroenterology	192	209	-8%
Paediatric Intensive Care	114	144	-21%
Paediatric Interventional Radiology	9	16	-44%
Paediatric Maxillo-Facial Surgery	1	1	0%
Paediatric Medical Oncology	521	619	-16%
Paediatric Metabolic Disease	14	15	-7%
Paediatric Nephrology	237	347	-32%
Paediatric Neuro-Disability	2		
Paediatric Neurology	91	138	-34%
Paediatric Neurosurgery	134	181	-26%
Paediatric Ophthalmology	82	78	5%
Paediatric Plastic Surgery	125	177	-29%
Paediatric Respiratory Medicine	91	148	-39%
Paediatric Rheumatology	83	99	-16%
Paediatric Surgery	406	496	-18%
Paediatric Transplantation Surgery	2	5	-60%
Paediatric Trauma and Orthopaedics	83	137	-39%
Paediatric Urology	210	315	-33%
Paediatrics	361	661	-45%
Pain Management	98	124	-21%
Palliative Medicine	5	1	400%
Plastic Surgery	849	1,416	-40%
Podiatric Surgery	22	107	-79%
Rehabilitation Service	29	40	-28%
Respiratory Medicine	476	838	-43%
Respiratory Physiology	4	5	-20%
Restorative Dentistry	4	2	100%
Rheumatology	490	661	-26%
Spinal Injuries	83	231	-64%
Total	**22,399**	**34,624**	**-35%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	2	3	4	5	6	7	8	9	10	11	Total
Spinal Surgery Service		1	8	5	2	2	4	3	5	3	**33**
Stroke Medicine	14	14	13	17	12	17	13	23	9	11	**150**
Thoracic Surgery	13	17	23	23	21	15	13	15	10	18	**183**
Transplantation Surgery	6	14	7	21	27	21	10	14	8	9	**142**
Trauma & Orthopaedics	86	113	158	154	227	259	295	324	202	124	**2,003**
Upper Gastrointestinal Surgery	2	2	8	6	10	2	5	3	1	4	**45**
Urology	27	51	55	75	50	83	90	97	53	81	**682**
Vascular Surgery		2	6	4	10	12	8	8	3	2	**56**
Well Babies		1	1	1	1	1	2		2	2	**11**
Total	**1,297**	**1,771**	**2,054**	**2,035**	**2,466**	**2,684**	**2,514**	**2,527**	**2,010**	**1,906**	**22,399**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-11)	CountEpisode for 2019/20 (M1-11)	CountEpisode % diff 2020/21 to 19/20
Spinal Surgery Service	33	23	43%
Stroke Medicine	150	129	16%
Thoracic Surgery	183	283	-35%
Transplantation Surgery	142	219	-35%
Trauma & Orthopaedics	2,003	5,038	-60%
Upper Gastrointestinal Surgery	45	85	-47%
Urology	682	1,054	-35%
Vascular Surgery	56	106	-47%
Well Babies	11	11	0%
Total	**22,399**	**34,624**	**-35%**

Admitted Patient Care Data for WHSSC English contract providers (NWIS data warehouse – all reported episodes Spec+NonSpc)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21 (All-Wales and each Health Board of residence)

4.1 All-Wales:

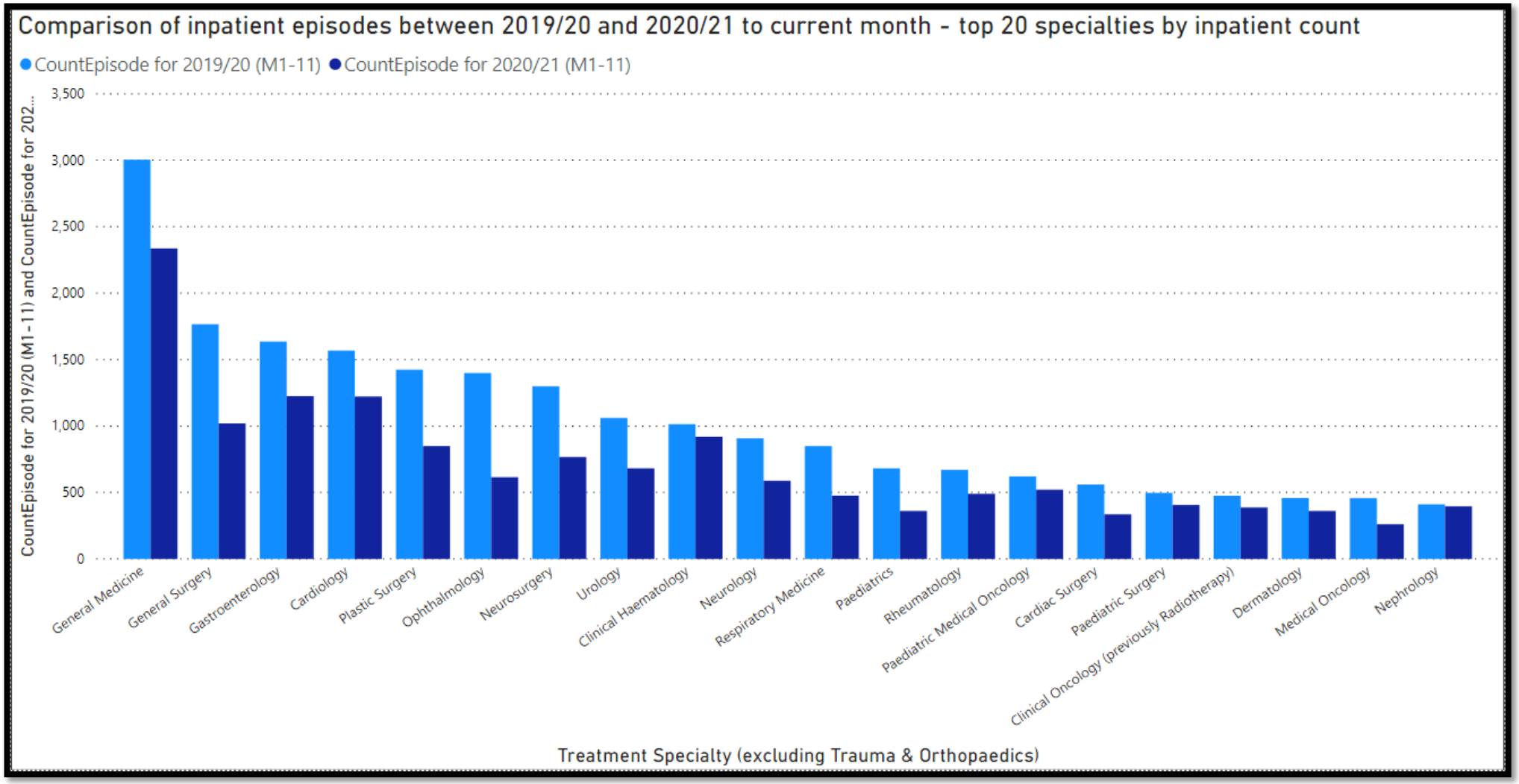


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

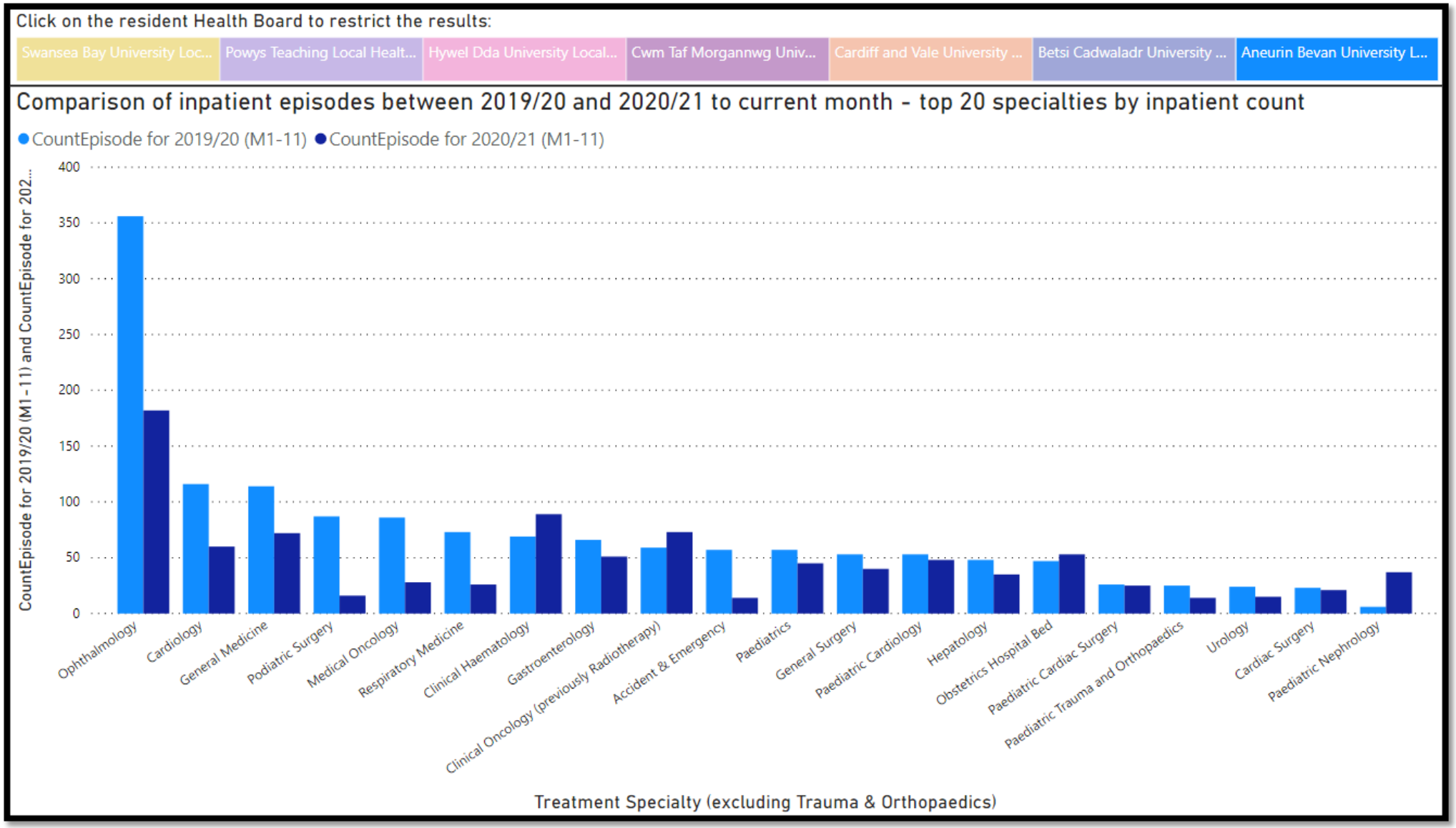


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

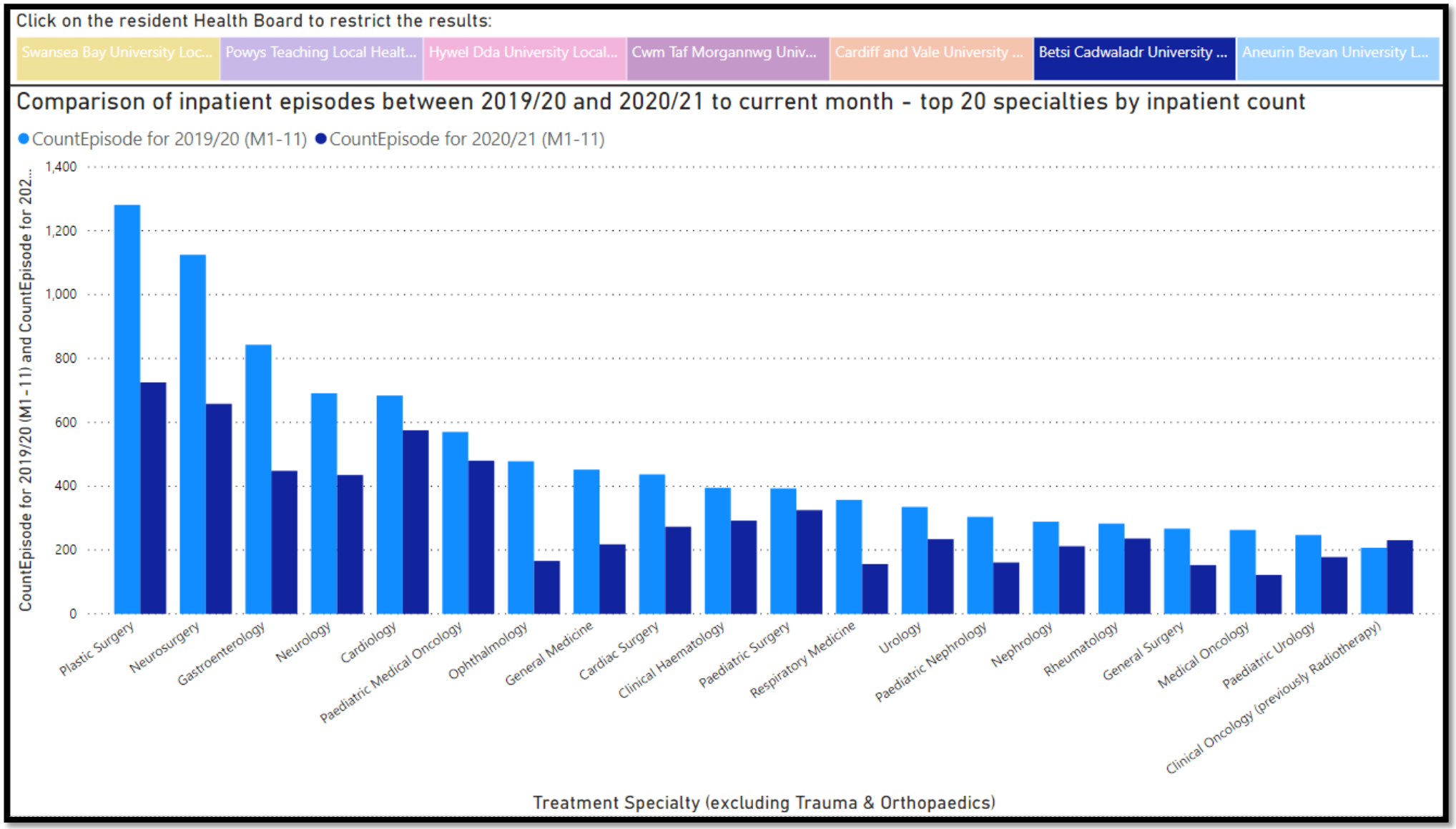


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

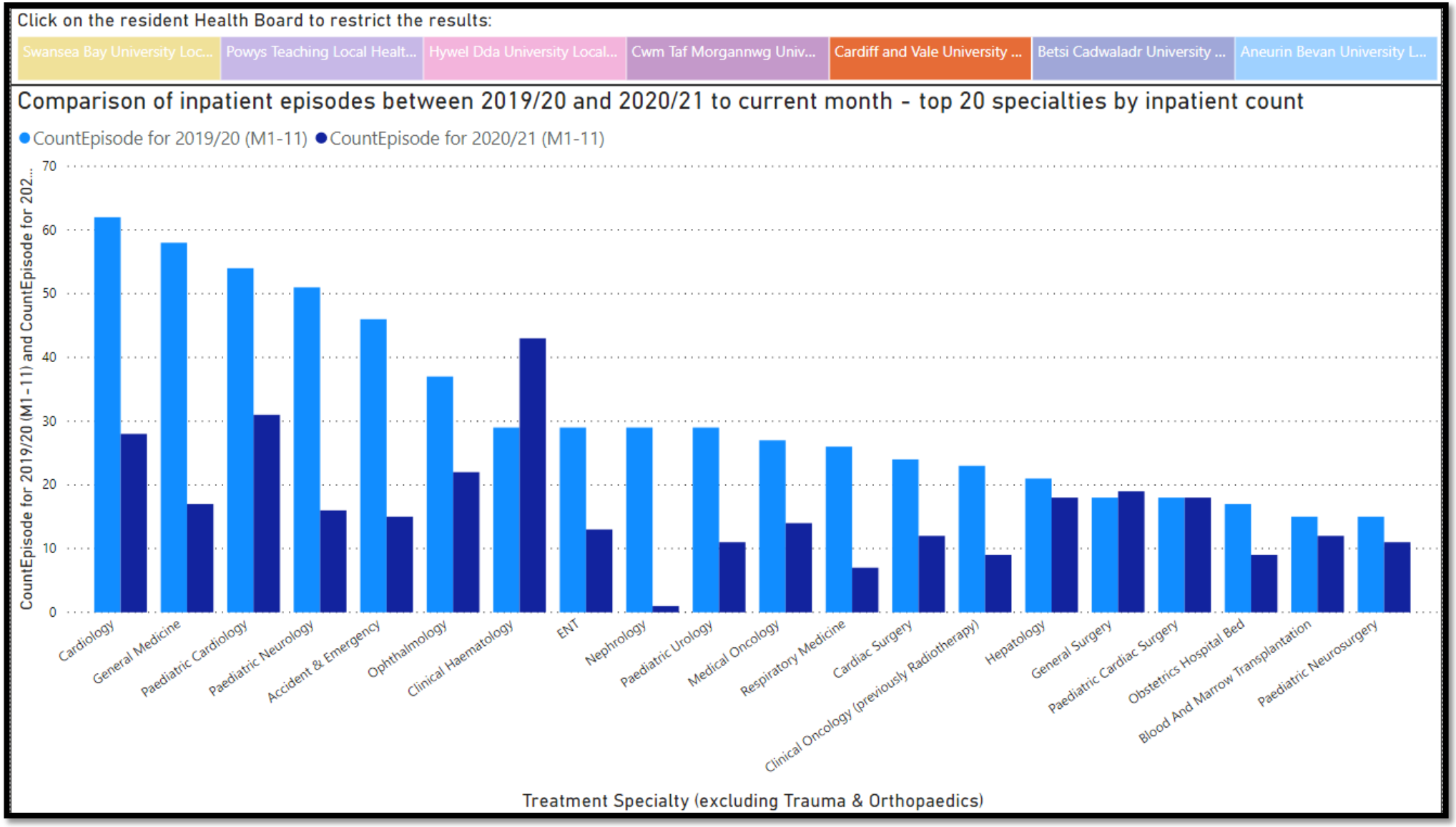


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

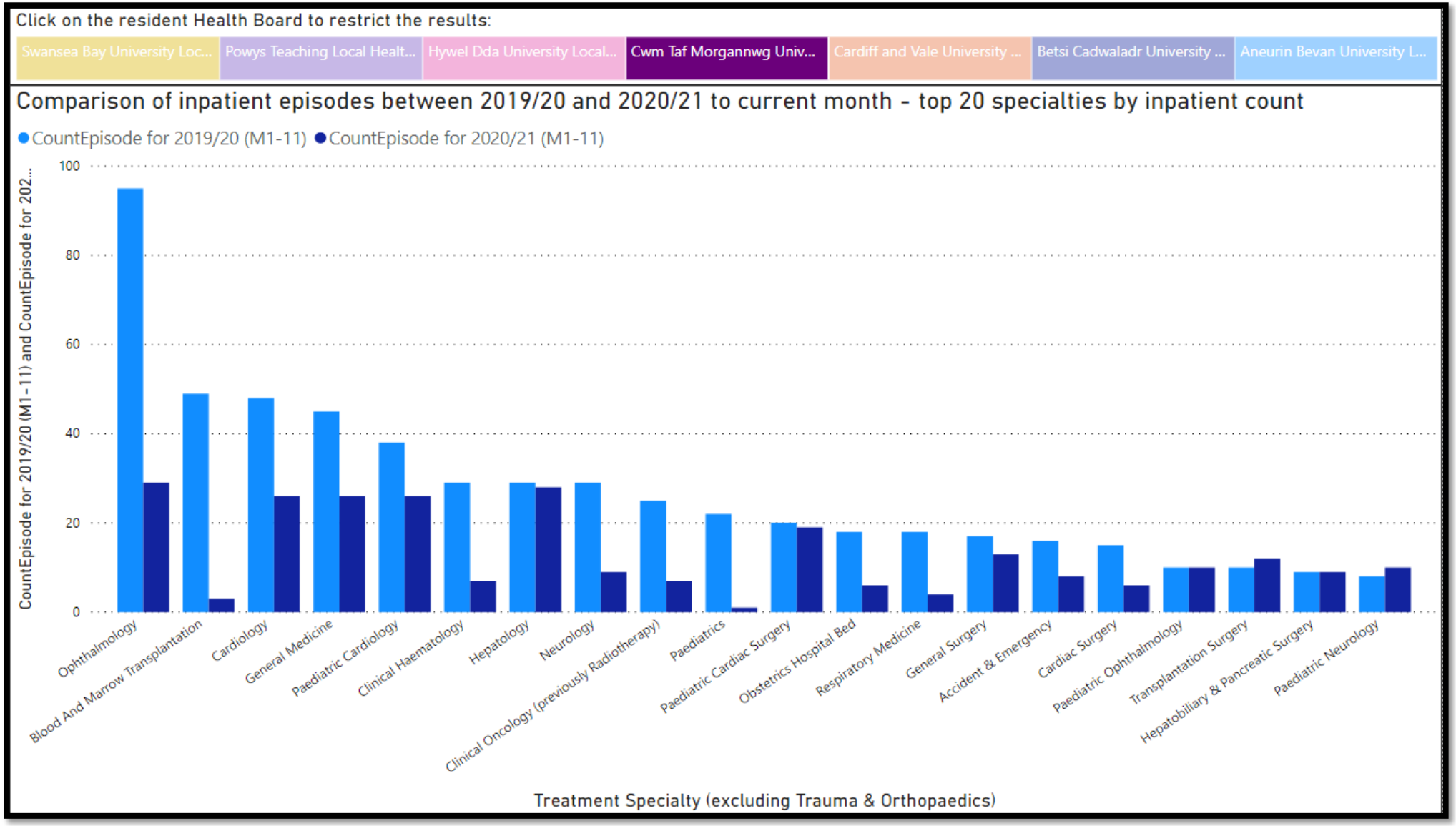


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

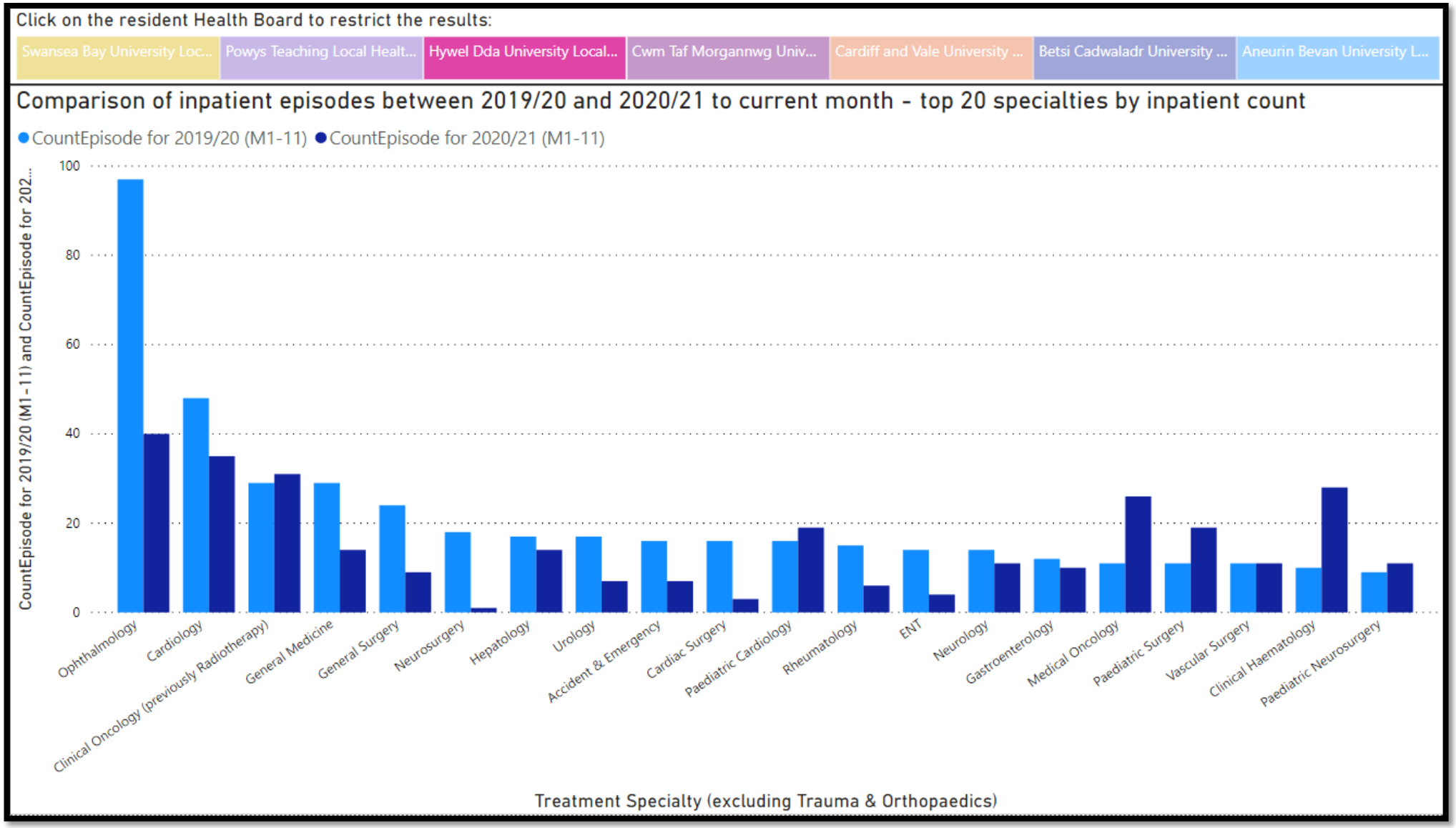


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

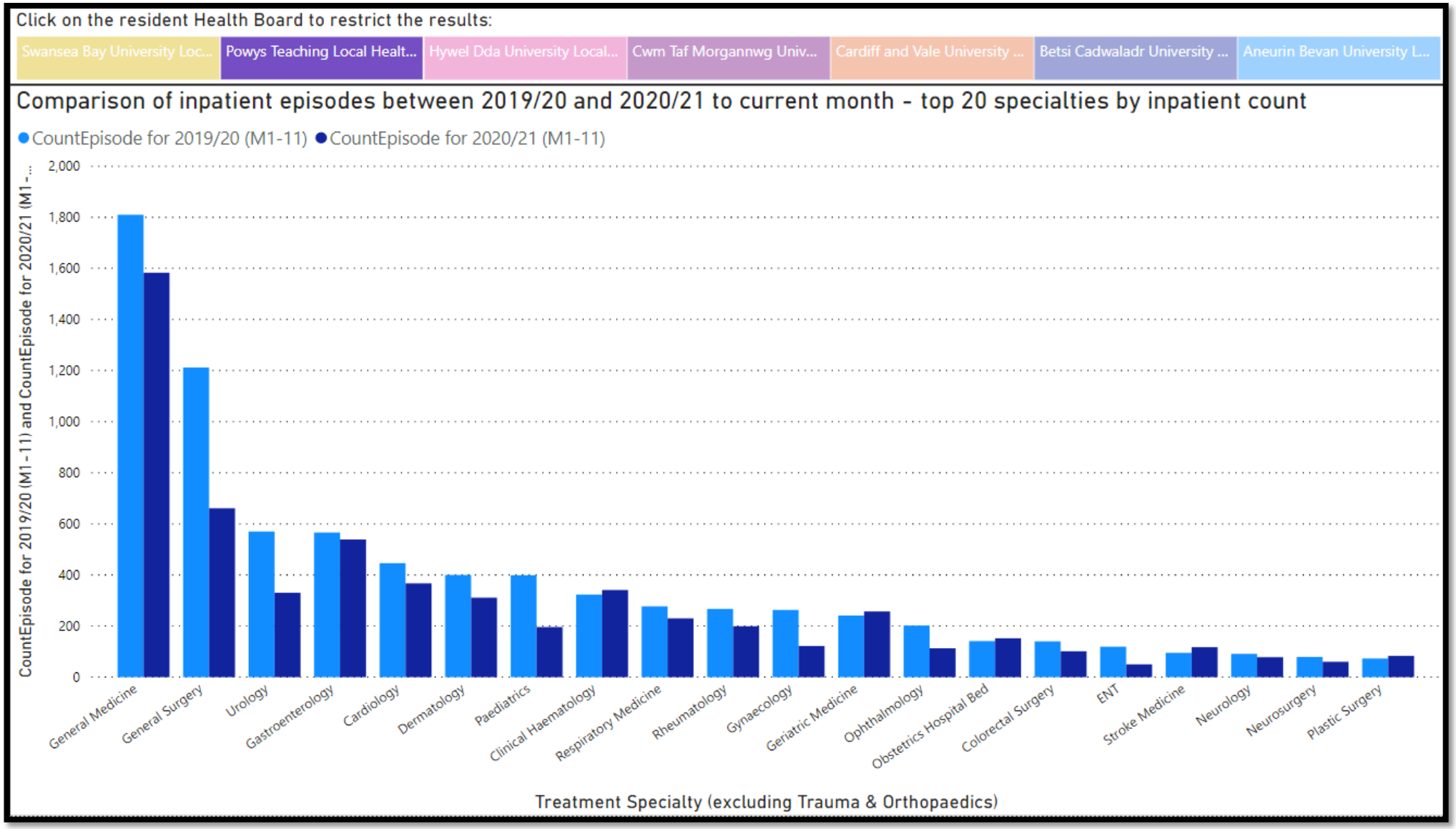
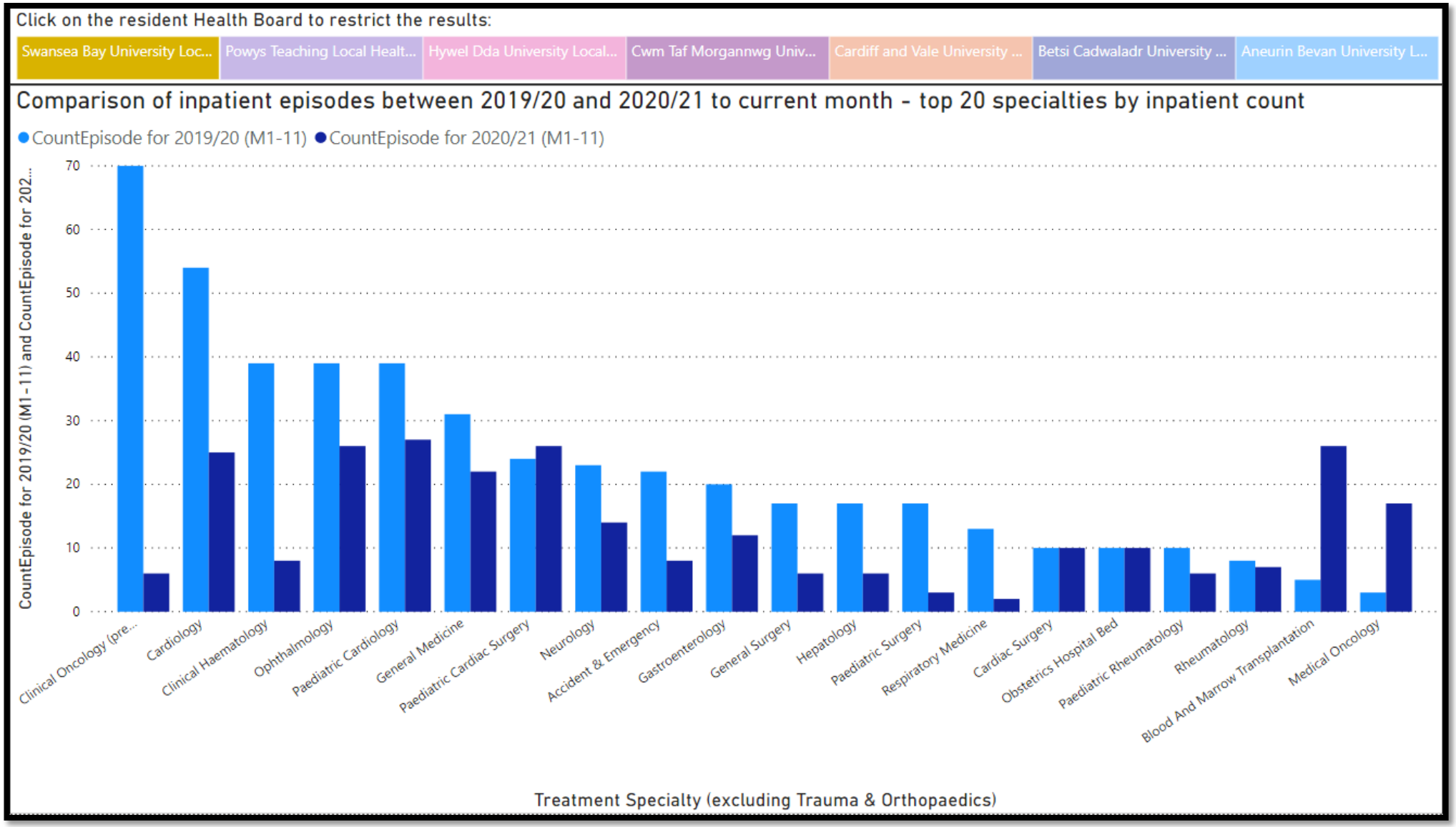


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21



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

		Agenda Item	5.1
Meeting Title	**Joint Committee**	Meeting Date	20/05/2021
Report Title	Activity Report for Month 12 2020/21 COVID Period		
Author (Job title)	Director of Finance		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Public

Purpose	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Choose an item.	Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the information presented within the report.		

Considerations within the report (tick as appropriate)

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

Commissioner Health Board affected

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

Provider Health Board affected (please state below)

Cardiff and Vale UHB; Swansea Bay UHB;

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID period, to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly Finance report. Recovery rates, access comparisons across Health Boards and waiting lists are also considered.

2.0 BACKGROUND

The impact of COVID on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from DHCW (previously known as NWIS) together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes non-specialist activity that may be included in local Health Board contracts.

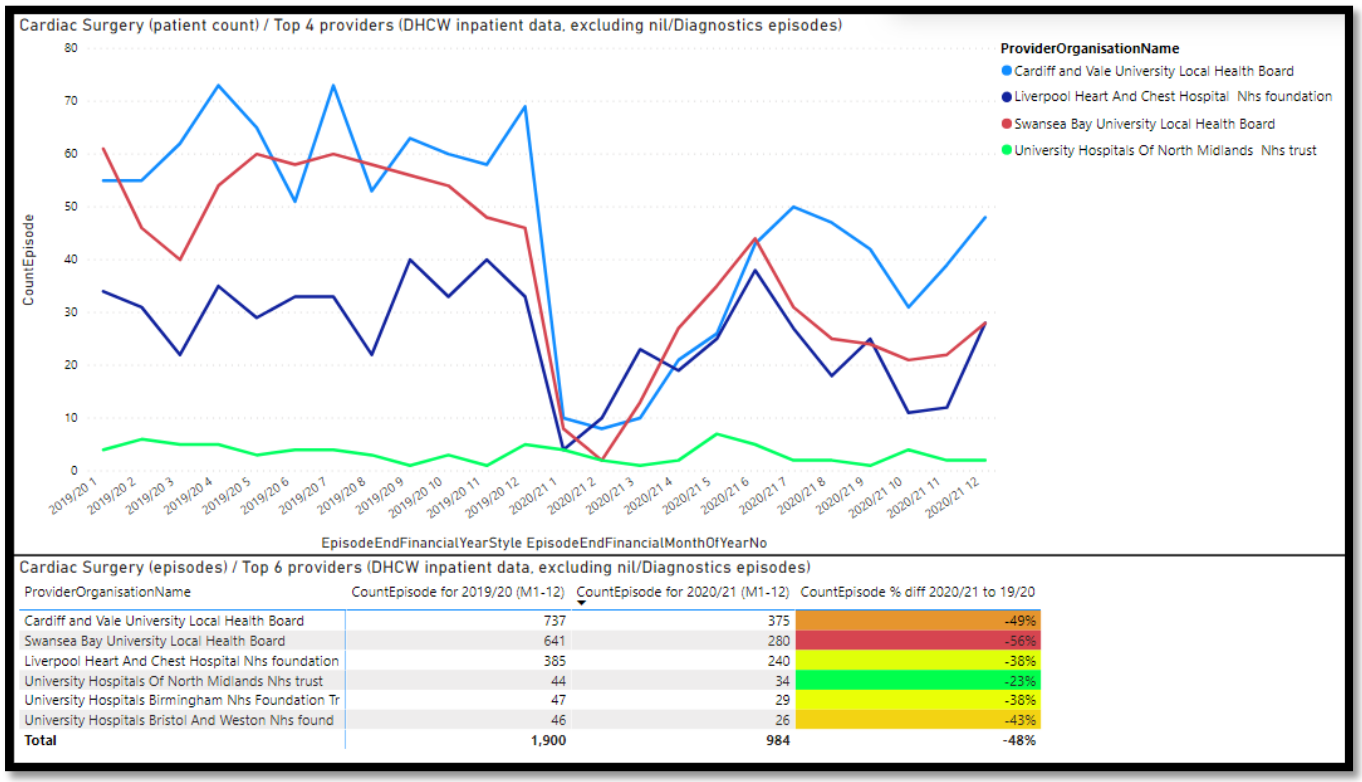
3.0 ASSESSMENT

This report has been rearranged from previous monthly versions to deal with Specialties/areas on an all-Wales basis. Specialties/areas covered in this report include:

- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Cardiac Surgery
- Paediatric Surgery
- English provider activity (all specialist and non-specialist)
- Annex A – summary of Cardiff & Vale and Swansea Bay contracts
- Appendix A – charts of DHCW data showing inpatient activity at NHS England Trusts (specialist and non-specialist)

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity/recovery rates



Cardiac Surgery (episodes) / Top 6 providers (DHCW inpatient data, excluding nil/Diagnostics episodes)

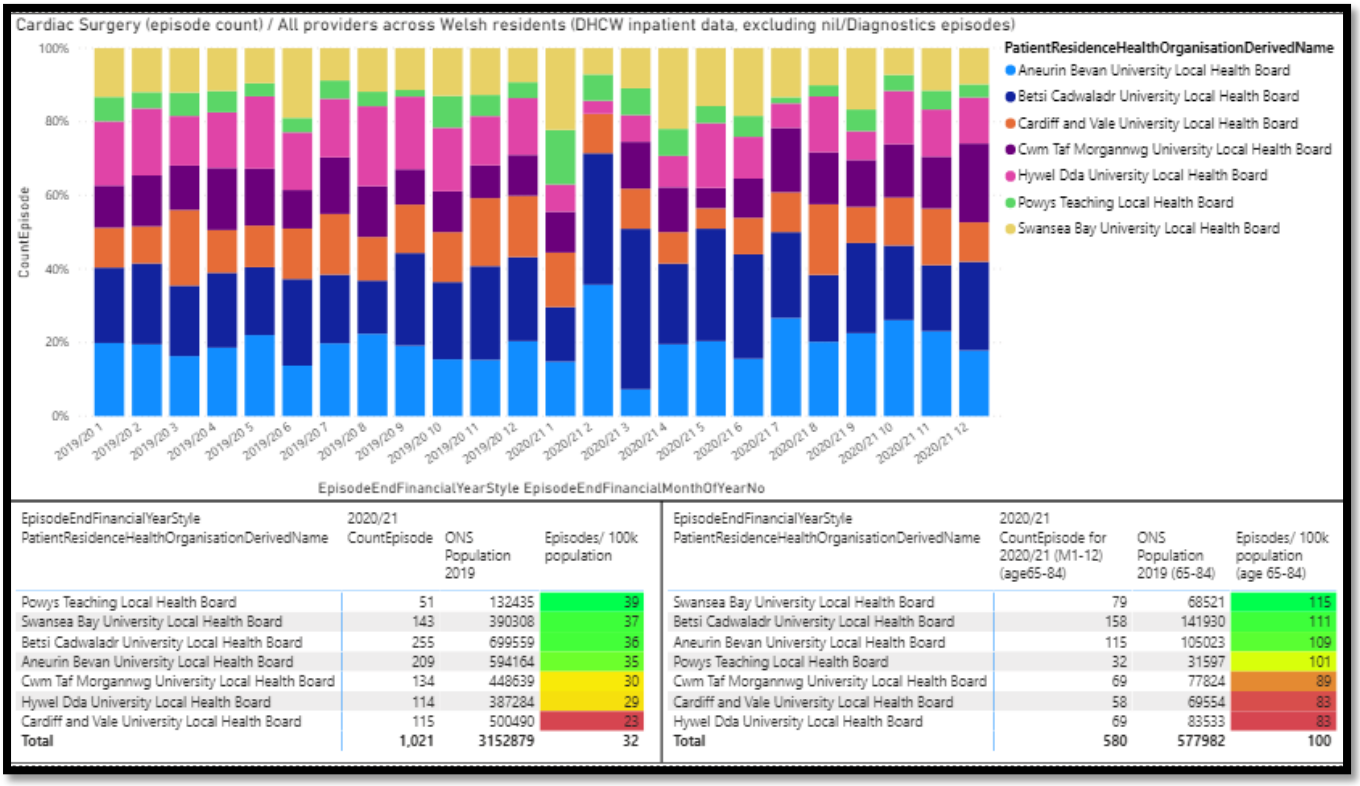
ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Cardiff and Vale University Local Health Board	737	375	-49%
Swansea Bay University Local Health Board	641	280	-56%
Liverpool Heart And Chest Hospital Nhs foundation	385	240	-38%
University Hospitals Of North Midlands Nhs trust	44	34	-23%
University Hospitals Birmingham Nhs Foundation Tr	47	29	-38%
University Hospitals Bristol And Weston Nhs found	46	26	-43%
Total	**1,900**	**984**	**-48%**

Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

The above table highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with English providers showing a higher and quicker recovery. The main 3 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

There was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering but currently stands at 48% less activity overall to date compared to 2019/20. Historically, cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The decrease is therefore of concern and indicative of a significant risk of harm during the highest Covid-19 period. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor. However, given the seriousness of the impact of non-intervention it is essential that activity levels and the associated referral pathways are reinstated as soon as possible. There has been some proactive switching into TAVI for selected sub groups of patients but numbers are not material.

3.1.2 Cardiac Surgery – Access rates



EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2020/21 CountEpisode	ONS Population 2019	Episodes/ 100k population
Powys Teaching Local Health Board	51	132435	39
Swansea Bay University Local Health Board	143	390308	37
Betsi Cadwaladr University Local Health Board	255	699559	36
Aneurin Bevan University Local Health Board	209	594164	35
Cwm Taf Morgannwg University Local Health Board	134	448639	30
Hywel Dda University Local Health Board	114	387284	29
Cardiff and Vale University Local Health Board	115	500490	23
Total	**1,021**	**3152879**	**32**

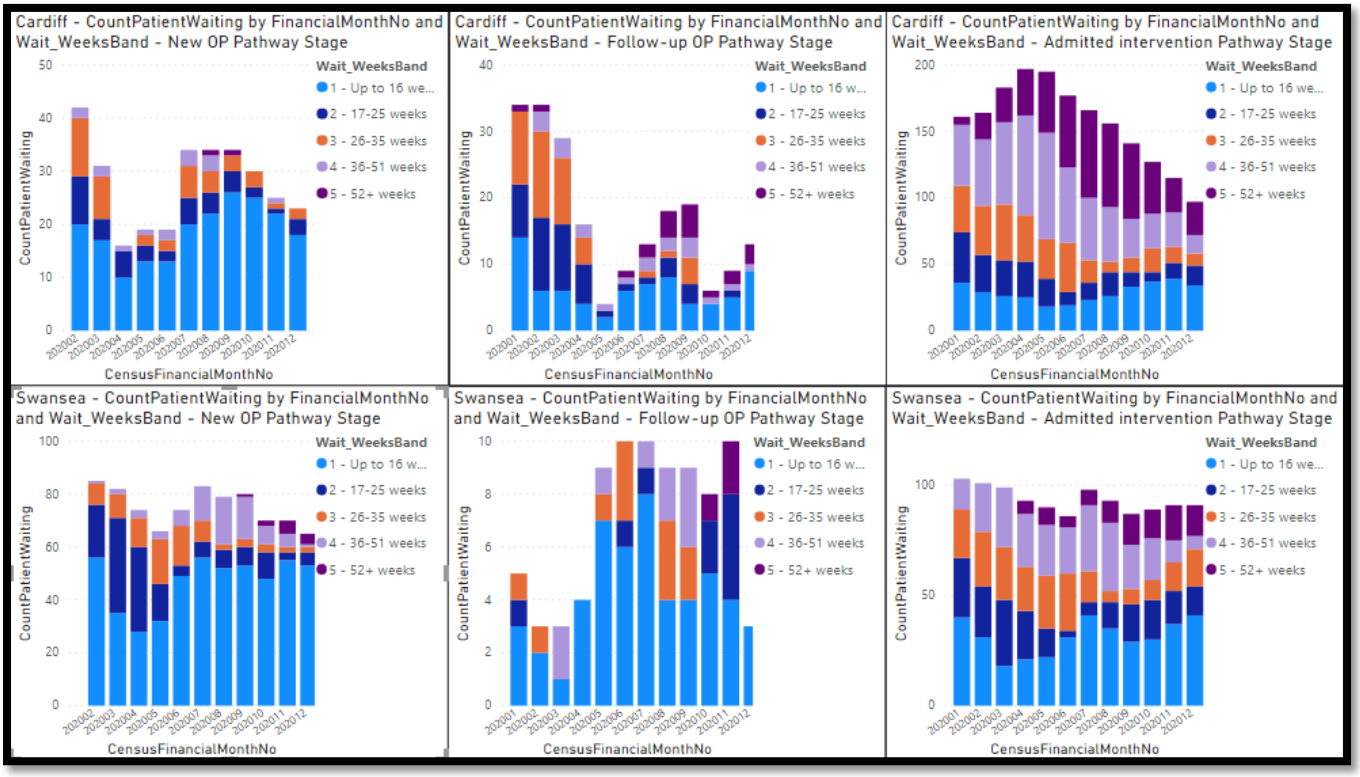
EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2020/21 CountEpisode for 2020/21 (M1-12) (age65-84)	ONS Population 2019 (65-84)	Episodes/ 100k population (age 65-84)
Swansea Bay University Local Health Board	79	68521	115
Betsi Cadwaladr University Local Health Board	158	141930	111
Aneurin Bevan University Local Health Board	115	105023	109
Powys Teaching Local Health Board	32	31597	101
Cwm Taf Morgannwg University Local Health Board	69	77824	89
Cardiff and Vale University Local Health Board	58	69554	83
Hywel Dda University Local Health Board	69	83533	83
Total	**580**	**577982**	**100**

Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Access rates across the Health Boards varied the most during the initial Covid-19 wave, but have stabilised in recent months to almost the same split of the available activity as last year.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 23 to 39 as per the small table above. Analysing the biggest age group user (age 65-84), which represents over half the overall activity, shows a much closer range of 83 to 115, indicating that age has a significant input into the access rates and should be taken into account.

3.1.3 Cardiac Surgery – going forward



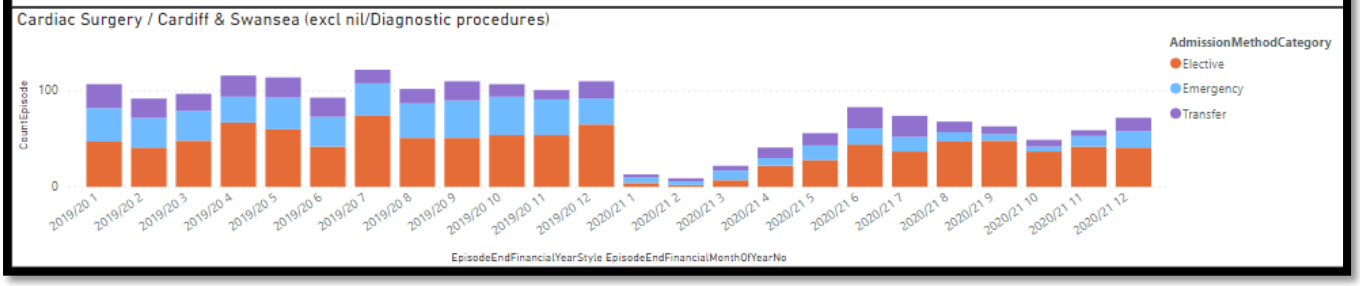
Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Cardiac Surgery at both Cardiff and Swansea. Whilst both centres have kept all pathway points steady or even reduced the total patients waiting, it is clear that there are more patients waiting for much longer than before, especially for admitted interventions, with many now waiting for over a year.

Historically both Welsh centres have not delivered contracted activity levels, leading to higher elective waiting lists than should result from commissioned activity. An additional concern is that the reported pattern of activity is historically different between Wales and England with England reporting typically higher proportions of elective/transferred expected overnight stay activity (53%Cardiff and 74%Swansea v 87%LHCH - full year 2019/20 data. The two Welsh providers totalled 61% elective/expected episodes and 39% emergency/non-elective episodes). Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with resulting adverse impact on the waiting list.

Cardiac Surgery / Cardiff & Swansea (excl nil/Diagnostic procedures)

EpisodeEndFinancialYearStyle	2019/20													2020/21											Total
AdmissionMethodCategory	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	4	5	6	7	8	9	10	11	12	Total	
⊞ Elective	54	45	50	75	65	48	79	54	53	55	58	67	703	4	2	7	24	30	47	40	50	49	37	43	44	377	1,080
⊞ Emergency	37	36	34	29	39	37	39	40	45	46	38	30	450	11	5	11	11	16	18	19	11	8	8	12	18	148	598
⊟ Transfer	25	20	18	23	21	24	15	17	21	13	10	18	225	3	3	5	13	15	22	22	11	9	7	6	14	130	355
Non elective admission	10	3	6	11	6	9	7	7	15	6	5	2	87	3	3	1	8	9	11	13	6	4	2	1	7	68	155
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	16	138			4	5	6	11	9	5	5	5	5	7	62	200
Total	116	101	102	127	125	109	133	111	119	114	106	115	1,378	18	10	23	48	61	87	81	72	66	52	61	76	655	2,033

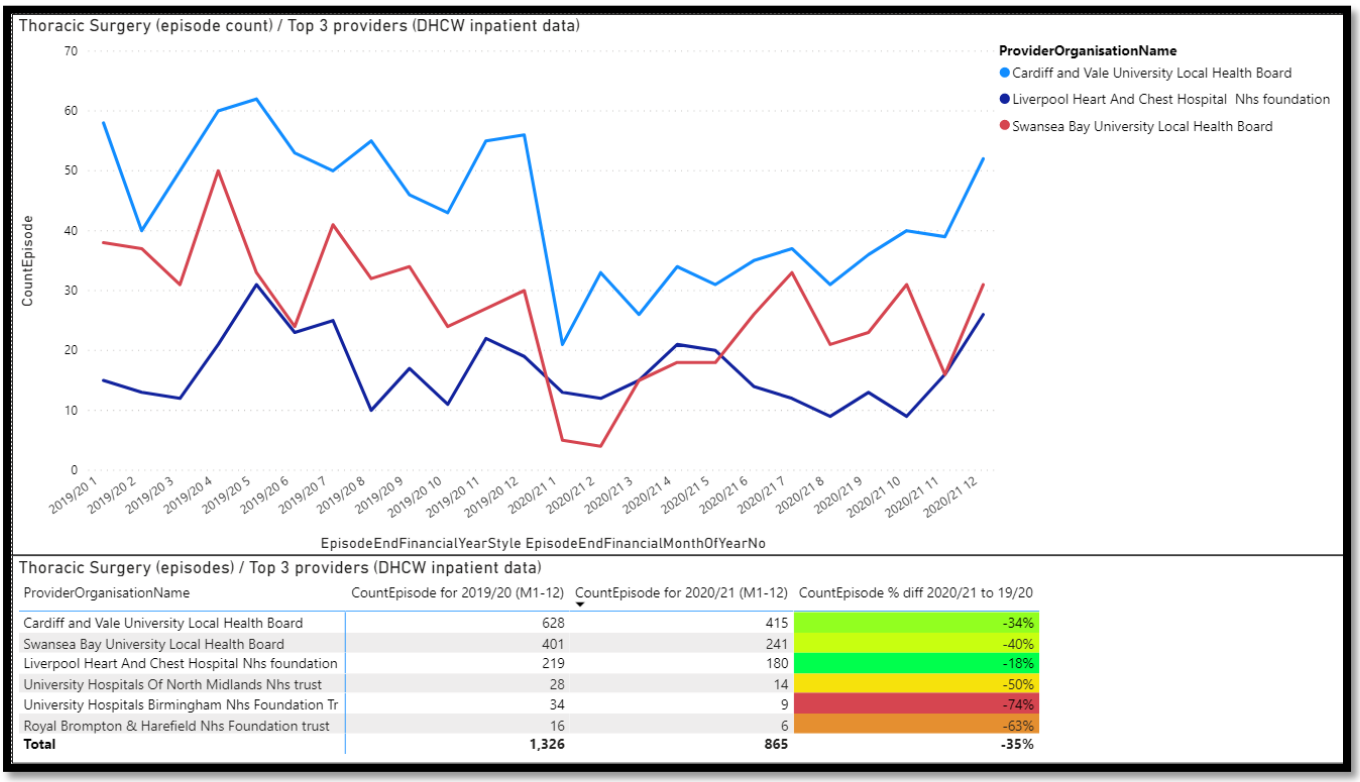


Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Whilst percentages of delivery between Elective and Emergency activity appears similar in percentage terms, in quantum terms emergency activity is significantly down compared to 2019/20. This indicates that there may be a problem in the referral pathway with new emergencies not being identified at the same rate as before, with only 33% of last year's levels to M12, with transfers down to 58%, although Non elective transfers are at 78% compared to last year. As emergency and transfer referrals start to return to normal there will be significant pressure on waiting lists unless total capacity returns to previous levels. There is therefore a need for a faster paced return to near normal capacity matching the levels being seen in NHS England providers as indicated earlier in this report.

3.2 Thoracic Surgery

3.2.1 Thoracic Surgery – Activity/recovery rates



Thoracic Surgery (episodes) / Top 3 providers (DHCW inpatient data)

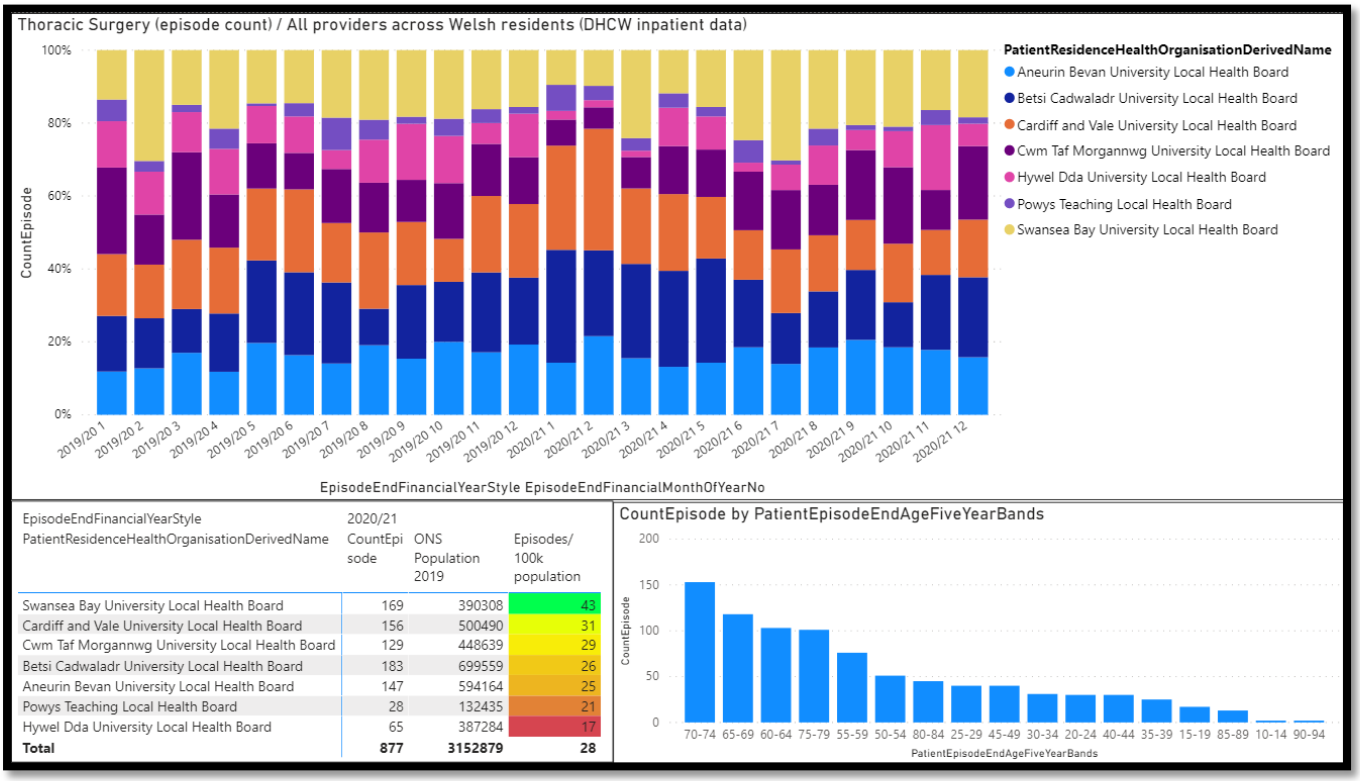
ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Cardiff and Vale University Local Health Board	628	415	-34%
Swansea Bay University Local Health Board	401	241	-40%
Liverpool Heart And Chest Hospital Nhs foundation	219	180	-18%
University Hospitals Of North Midlands Nhs trust	28	14	-50%
University Hospitals Birmingham Nhs Foundation Tr	34	9	-74%
Royal Brompton & Harefield Nhs Foundation trust	16	6	-63%
Total	**1,326**	**865**	**-35%**

Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quicker recovery. The main 3 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

There was a drop in the volume of Thoracic Surgery inpatient activity reported during the period, which is recovering but currently stands at 35% less activity overall to date compared to 2019/20.

3.2.2 Thoracic Surgery – Access rates



EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2020/21 CountEpisode	ONS Population 2019	Episodes/ 100k population
Swansea Bay University Local Health Board	169	390308	43
Cardiff and Vale University Local Health Board	156	500490	31
Cwm Taf Morgannwg University Local Health Board	129	448639	29
Betsi Cadwaladr University Local Health Board	183	699559	26
Aneurin Bevan University Local Health Board	147	594164	25
Powys Teaching Local Health Board	28	132435	21
Hywel Dda University Local Health Board	65	387284	17
Total	**877**	**3152879**	**28**

Data source: DHCW central data warehouse; all inpatient activity

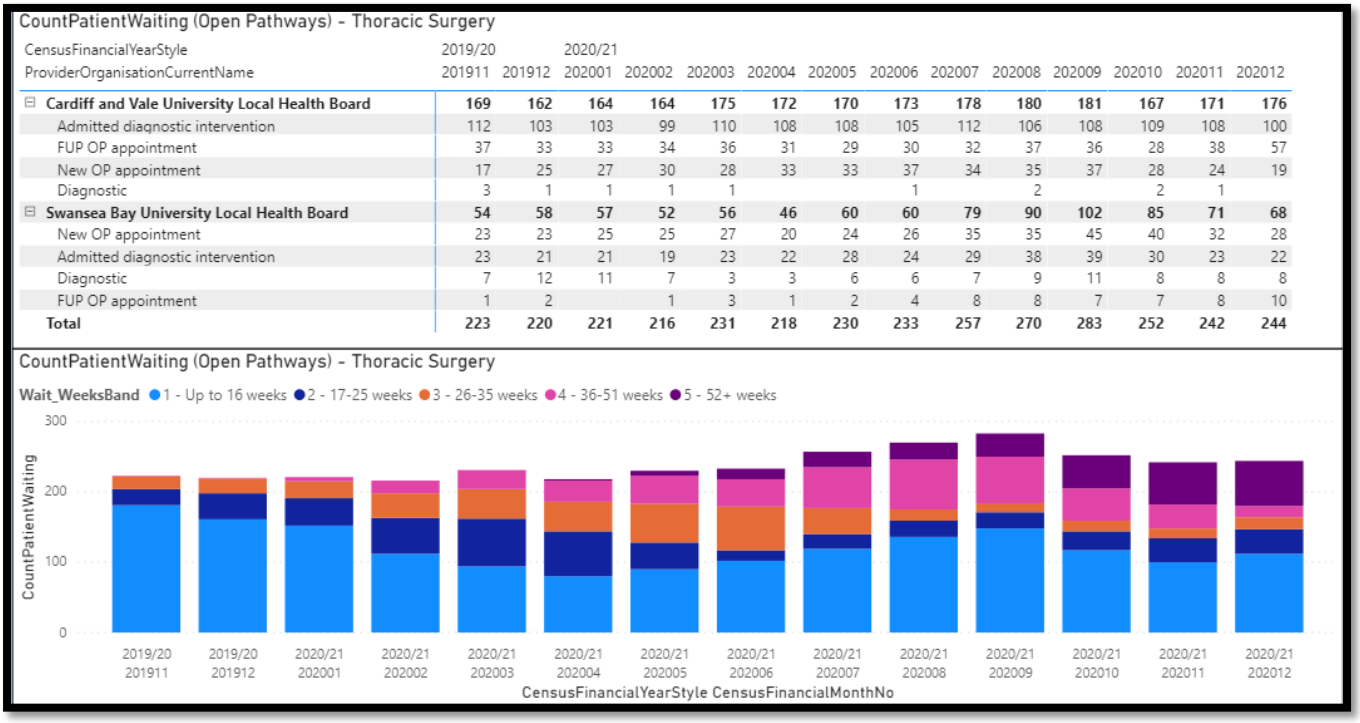
Access rates across the Health Boards varied across the past two years, which is to be expected given the lower activity numbers (about 73/month), but should still be monitored. The chart above shows a slighter higher access across 2020/21 for North Wales, which is in line with the quicker recovery at Liverpool Heart & Chest.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 17 to 43 as per the small table above. A breakdown of the total activity across 5-year age bands shows a higher access by ages 60-79.

3.2.3 Thoracic Surgery – going forward

CountPatientWaiting (Open Pathways) - Thoracic Surgery

CensusFinancialYearStyle	2019/20		2020/21											
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012
Cardiff and Vale University Local Health Board	**169**	**162**	**164**	**164**	**175**	**172**	**170**	**173**	**178**	**180**	**181**	**167**	**171**	**176**
Admitted diagnostic intervention	112	103	103	99	110	108	108	105	112	106	108	109	108	100
FUP OP appointment	37	33	33	34	36	31	29	30	32	37	36	28	38	57
New OP appointment	17	25	27	30	28	33	33	37	34	35	37	28	24	19
Diagnostic	3	1	1	1	1			1		2		2	1	
Swansea Bay University Local Health Board	**54**	**58**	**57**	**52**	**56**	**46**	**60**	**60**	**79**	**90**	**102**	**85**	**71**	**68**
New OP appointment	23	23	25	25	27	20	24	26	35	35	45	40	32	28
Admitted diagnostic intervention	23	21	21	19	23	22	28	24	29	38	39	30	23	22
Diagnostic	7	12	11	7	3	3	6	6	7	9	11	8	8	8
FUP OP appointment	1	2		1	3	1	2	4	8	8	7	7	8	10
Total	**223**	**220**	**221**	**216**	**231**	**218**	**230**	**233**	**257**	**270**	**283**	**252**	**242**	**244**



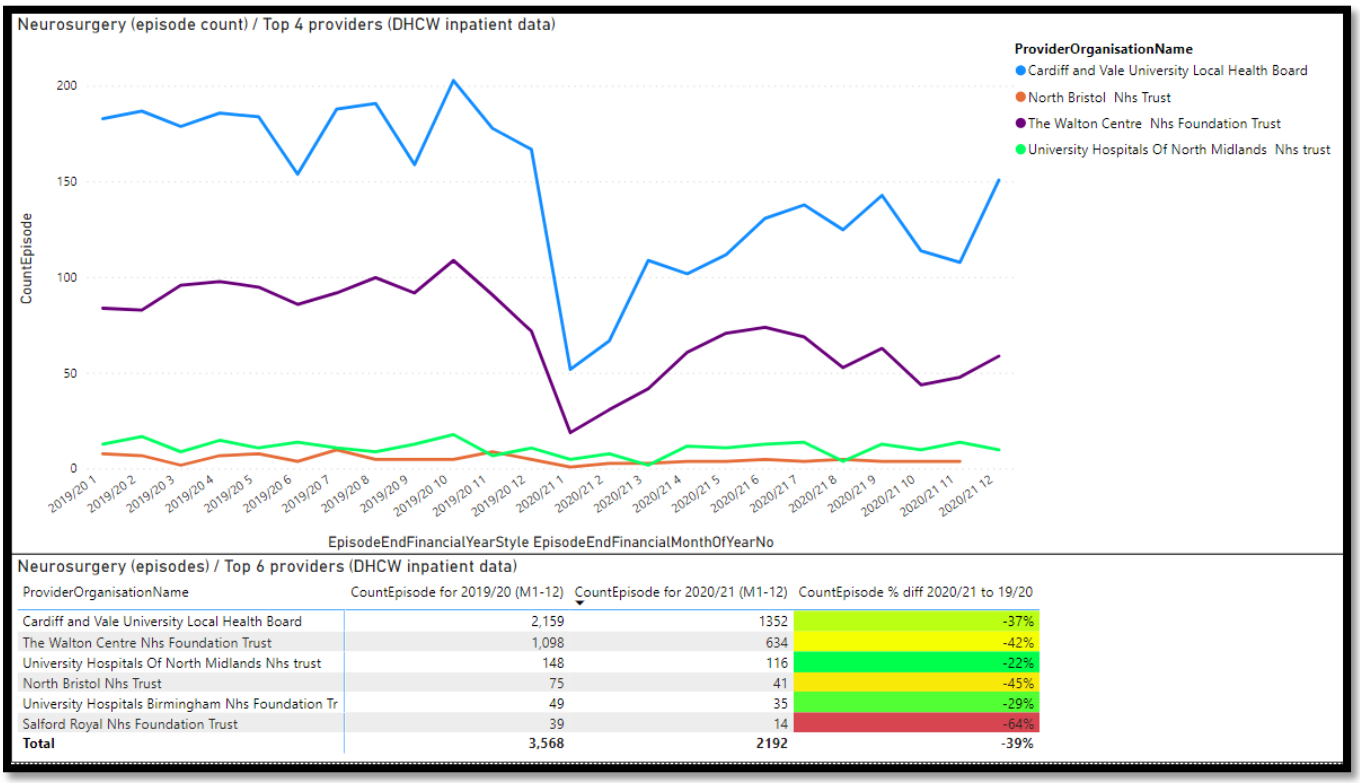
Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Cardiac Surgery at both Cardiff and Swansea. Whilst both centres have kept most pathway points steady, it is clear that there are more patients waiting for much longer than before, especially for admitted interventions, with many now waiting for over a year. Liverpool Heart & Chest waiting are not material, so are not shown.

The elective/emergency split percentages for Thoracic surgery have not differed much to last year, and stand at 66% for emergencies/non elective transfers and 34% elective inpatients.

3.3 Neurosurgery

3.3.1 Neurosurgery – Activity/recovery rates



Neurosurgery (episodes) / Top 6 providers (DHCW inpatient data)

ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Cardiff and Vale University Local Health Board	2,159	1352	-37%
The Walton Centre Nhs Foundation Trust	1,098	634	-42%
University Hospitals Of North Midlands Nhs trust	148	116	-22%
North Bristol Nhs Trust	75	41	-45%
University Hospitals Birmingham Nhs Foundation Tr	49	35	-29%
Salford Royal Nhs Foundation Trust	39	14	-64%
Total	**3,568**	**2192**	**-39%**

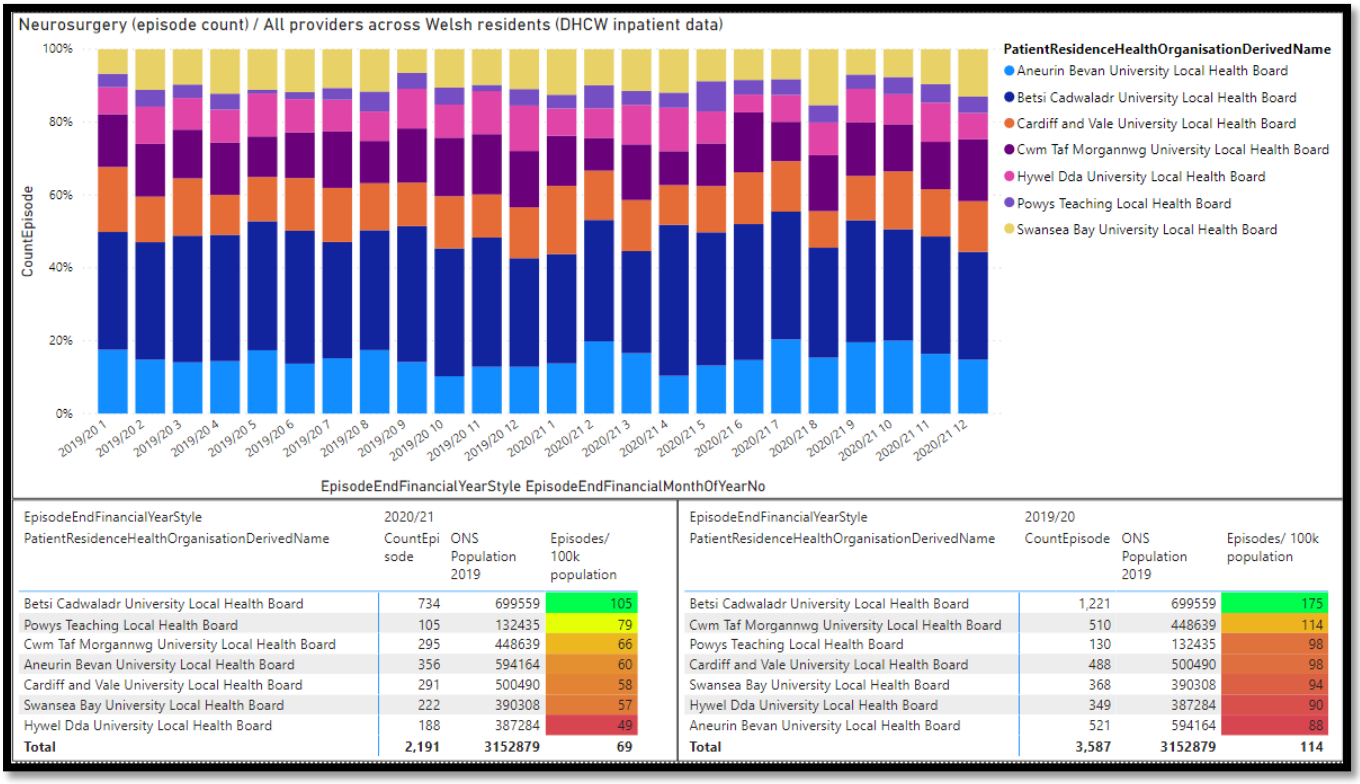
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff showing the highest and quicker recovery with a reduction of 37% compared to last year. The main 2 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

The overall drop in the volume of Neurosurgery inpatient activity reported during the period stands at 39% less activity overall to date compared to 2019/20.

Please note the UH North Midlands activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC.

3.3.2 Neurosurgery – Access rates



EpisodeEndFinancialYearStyle: 2020/21 PatientResidenceHealthOrganisationDerivedName	CountEpisode	ONS Population 2019	Episodes/ 100k population
Betsi Cadwaladr University Local Health Board	734	699559	105
Powys Teaching Local Health Board	105	132435	79
Cwm Taf Morgannwg University Local Health Board	295	448639	66
Aneurin Bevan University Local Health Board	356	594164	60
Cardiff and Vale University Local Health Board	291	500490	58
Swansea Bay University Local Health Board	222	390308	57
Hywel Dda University Local Health Board	188	387284	49
Total	**2,191**	**3152879**	**69**

EpisodeEndFinancialYearStyle: 2019/20 PatientResidenceHealthOrganisationDerivedName	CountEpisode	ONS Population 2019	Episodes/ 100k population
Betsi Cadwaladr University Local Health Board	1,221	699559	175
Cwm Taf Morgannwg University Local Health Board	510	448639	114
Powys Teaching Local Health Board	130	132435	98
Cardiff and Vale University Local Health Board	488	500490	98
Swansea Bay University Local Health Board	368	390308	94
Hywel Dda University Local Health Board	349	387284	90
Aneurin Bevan University Local Health Board	521	594164	88
Total	**3,587**	**3152879**	**114**

Data source: DHCW central data warehouse; all inpatient activity

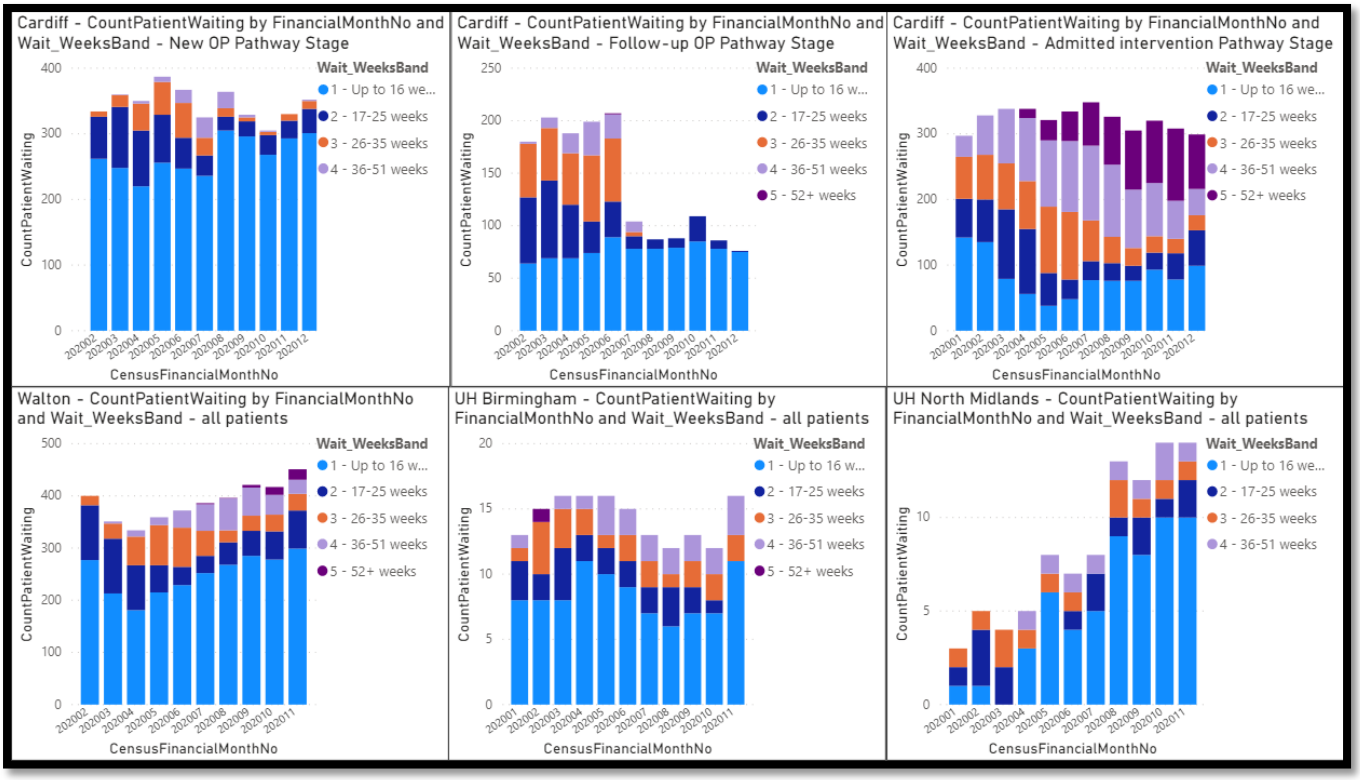
Access rates across the Health Boards varied across the past two years, as shown in the charts above. Inpatient episodes per 100k population in 2020/21 vary from 48 to 105 across Health Boards in the bottom left chart, but it is noteworthy that the order of access rates has moved from the 2019/20 list on the bottom right chart, although North Wales resident access remains the highest both years.

This may be related to the way activity is reported between the two centres as being in different NHS organisations. There is certainly a variance between elective/emergency activity, as shown in the next section.

3.3.3 Neurosurgery – going forward

CountPatientWaiting (Open Pathways) - Neurosurgery

CensusFinancialYearStyle	2019/20		2020/21											
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012
Cardiff and Vale University Local Health Board	**730**	**761**	**806**	**842**	**901**	**876**	**907**	**908**	**777**	**777**	**722**	**734**	**724**	**727**
New OP appointment	326	324	347	334	360	350	387	367	325	364	329	305	330	352
Admitted diagnostic intervention	248	277	297	328	338	338	321	334	348	326	305	320	308	299
FUP OP appointment	155	160	162	180	203	188	199	207	104	87	88	109	86	76
Diagnostic	1													
The Walton Centre Nhs Foundation Trust	**330**	**362**	**399**	**400**	**351**	**334**	**359**	**372**	**386**	**396**	**421**	**417**	**451**	
Not applicable	330	362	399	400	351	334	359	372	386	396	421	417	451	
University Hospitals Birmingham Nhs Foundation Tr	**21**	**15**	**13**	**15**	**16**	**16**	**16**	**15**	**13**	**12**	**13**	**12**	**16**	
Not applicable	21	15	13	15	16	16	16	15	13	12	13	12	16	
University Hospitals Of North Midlands Nhs trust	**3**	**4**	**3**	**5**	**4**	**5**	**8**	**7**	**8**	**13**	**12**	**14**	**14**	
Not applicable	3	4	3	5	4	5	8	7	8	13	12	14	14	
Total	**1084**	**1142**	**1221**	**1262**	**1272**	**1231**	**1290**	**1302**	**1184**	**1198**	**1168**	**1177**	**1205**	**727**

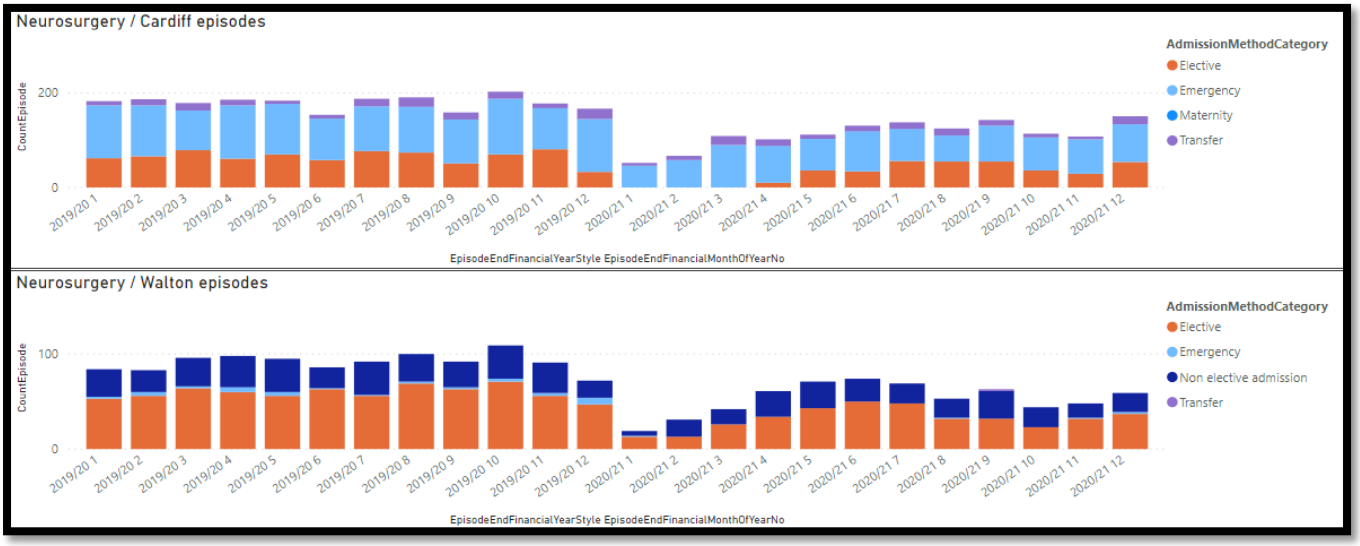


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Neurosurgery at Cardiff and the 3 highest English providers. Cardiff's data shows they are keeping up with the current new outpatient referral flow, and have more than halved their Follow-up outpatient numbers, with no patients now waiting for a follow-up over 16 weeks, which is to be commended. However, although the number of patients waiting for an admitted treatment has not moved much since the start of the pandemic, more patients are now waiting longer.

Numbers at Birmingham and North Midlands are not material, but there are now slightly more patients waiting at the Walton. Please note the breakdown

across the pathway areas is not available from English providers through DHCW data.

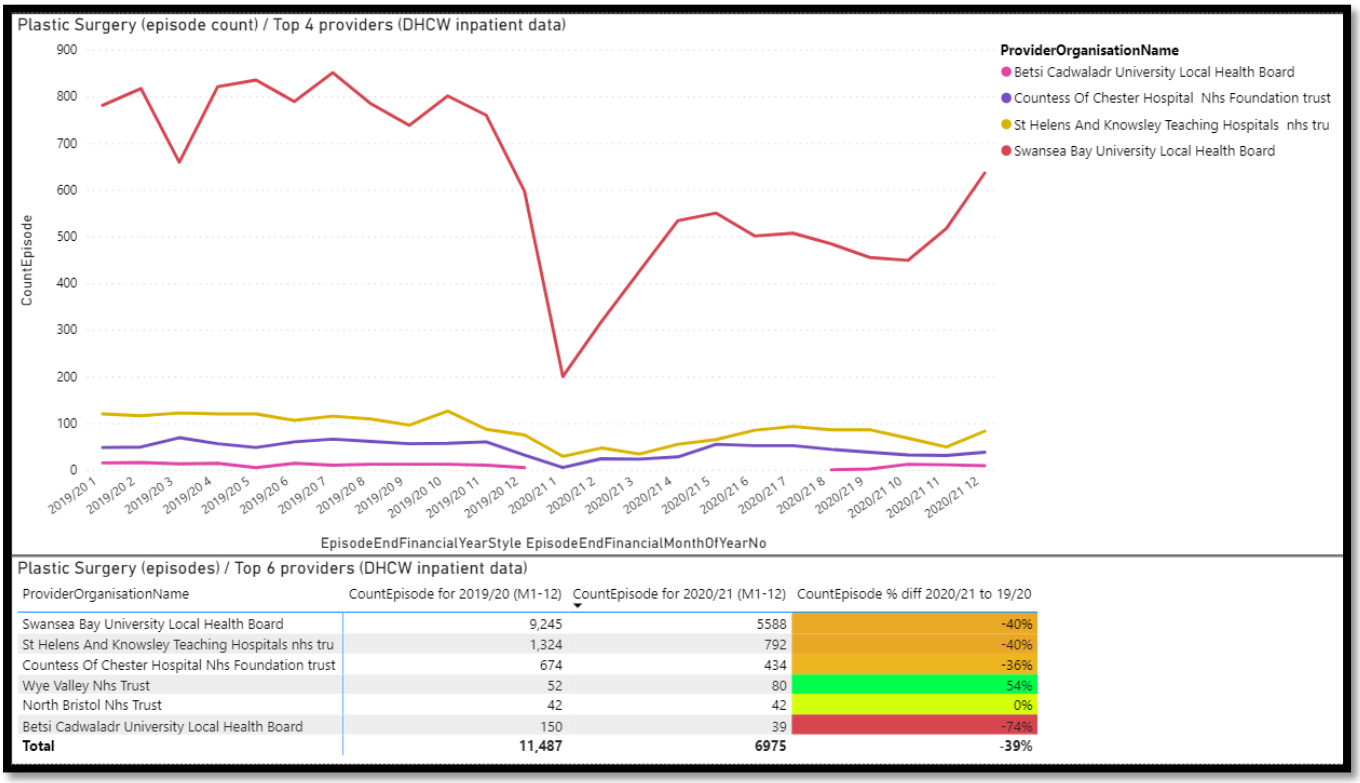


Data source: DHCW central data warehouse; all inpatient activity

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Cardiff and Walton, with Cardiff having a higher proportion of emergency activity (64% in 2019/20 and 73% in 2020/21), and the Walton having a higher proportion of elective activity (65% in 2019/20 and 60% in 2020/21).

3.4 Plastic Surgery

3.4.1 Plastic Surgery – Activity/recovery rates



Plastic Surgery (episodes) / Top 6 providers (DHCW inpatient data)

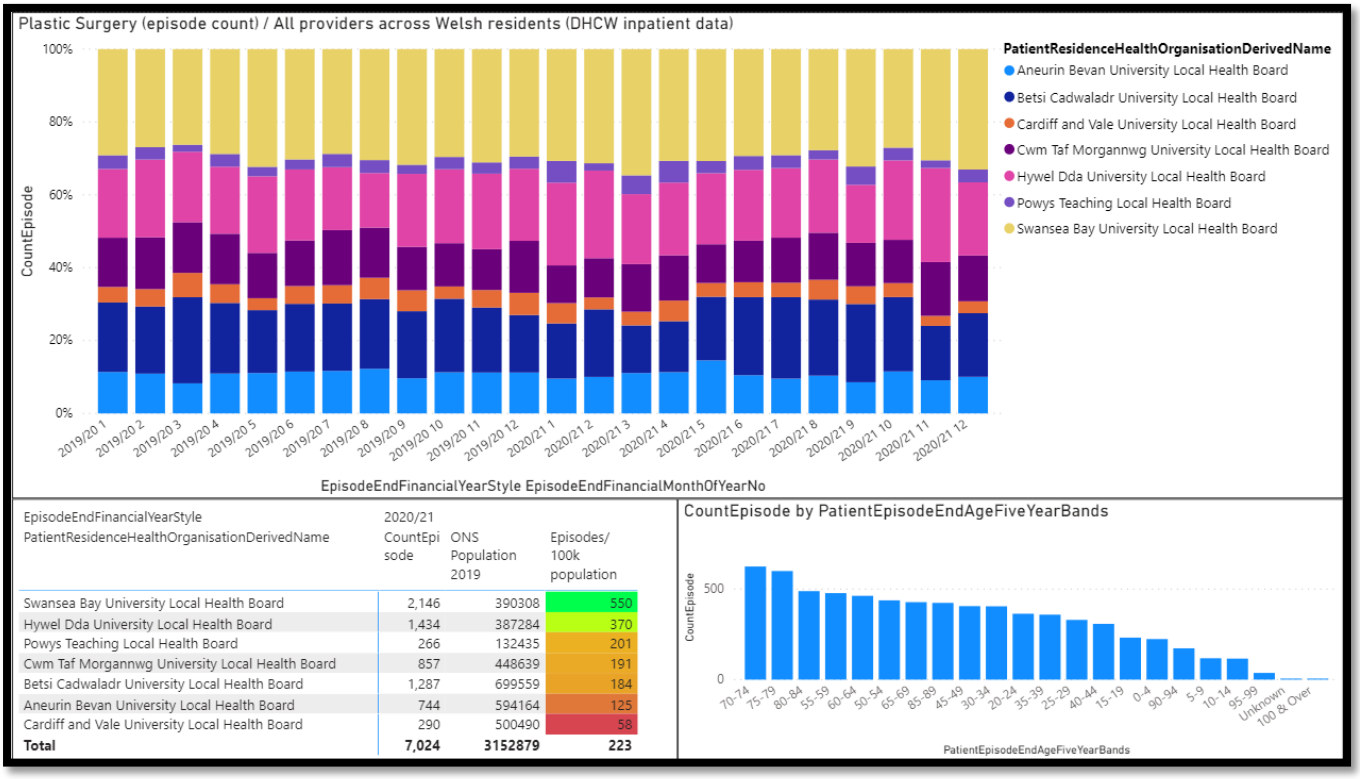
ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Swansea Bay University Local Health Board	9,245	5588	-40%
St Helens And Knowsley Teaching Hospitals nhs tru	1,324	792	-40%
Countess Of Chester Hospital Nhs Foundation trust	674	434	-36%
Wye Valley Nhs Trust	52	80	54%
North Bristol Nhs Trust	42	42	0%
Betsi Cadwaladr University Local Health Board	150	39	-74%
Total	**11,487**	**6975**	**-39%**

Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with all 3 main providers showing similar recovery with a reduction of 39% compared to last year. They all show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

Please note the Countess of Chester activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC. Wye Valley patients are primarily Powys residents through the WHSSC contract.

3.4.2 Plastic Surgery – Access rates



EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2020/21 CountEpisode	ONS Population 2019	Episodes/ 100k population
Swansea Bay University Local Health Board	2,146	390308	550
Hywel Dda University Local Health Board	1,434	387284	370
Powys Teaching Local Health Board	266	132435	201
Cwm Taf Morgannwg University Local Health Board	857	448639	191
Betsi Cadwaladr University Local Health Board	1,287	699559	184
Aneurin Bevan University Local Health Board	744	594164	125
Cardiff and Vale University Local Health Board	290	500490	58
Total	**7,024**	**3152879**	**223**

Data source: DHCW central data warehouse; all inpatient activity

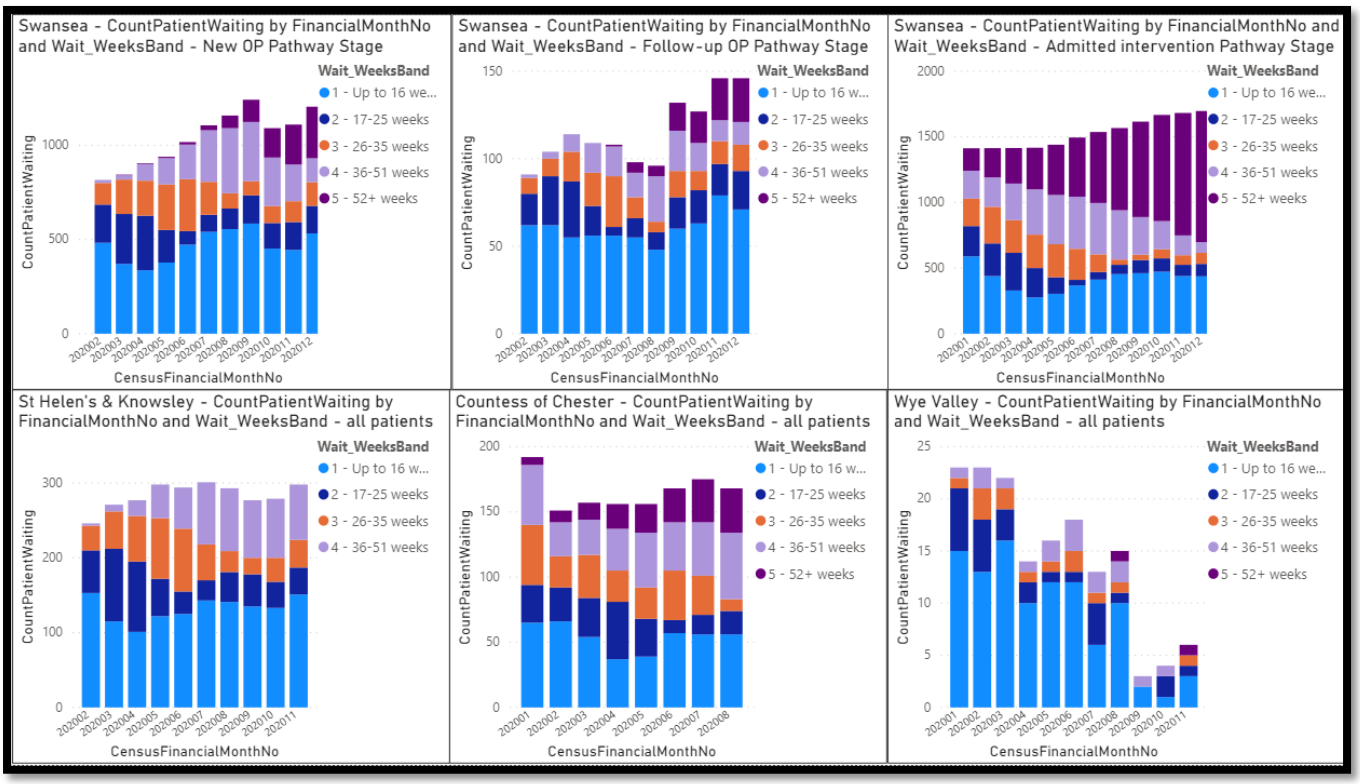
Access rates across the Health Boards do not appear to have varied much across the past 2 years, as shown in the charts above.

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020/21 varying from 58 to 550 across Health Boards in the bottom left chart. This is related to the current contract that the Swansea Bay as the lead South Wales centre includes non-specialist activity, and is being discussed internally.

3.4.3 Plastic Surgery – going forward

CountPatientWaiting (Open Pathways) - Plastic Surgery

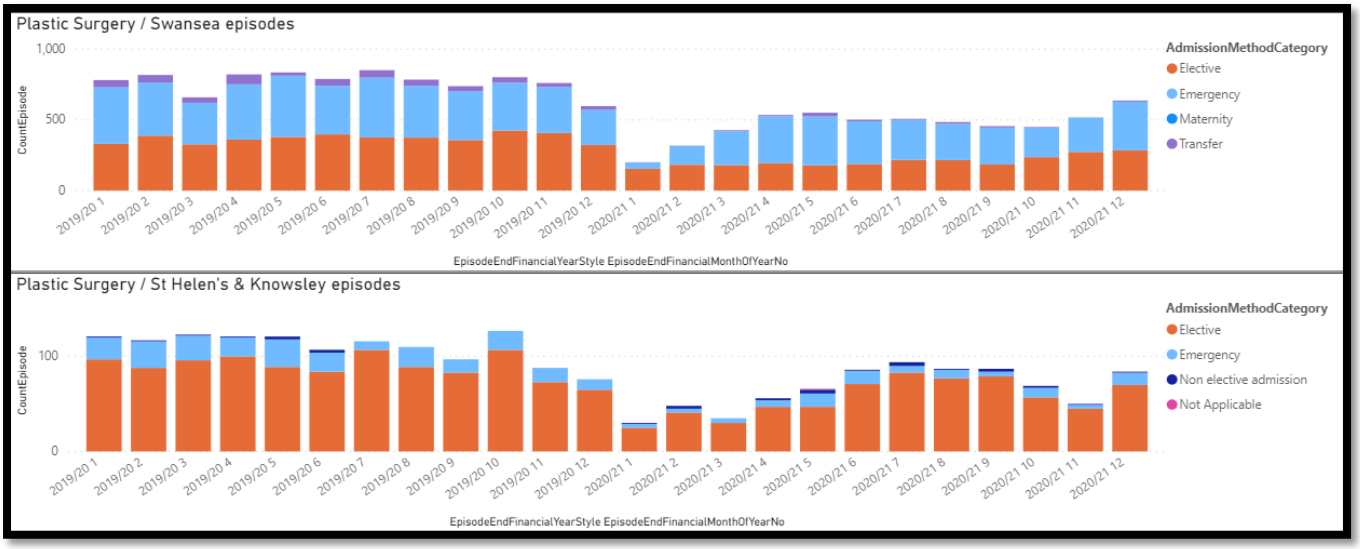
CensusFinancialYearStyle	2019/20		2020/21											
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012
Swansea Bay University Local Health Board	**2624**	**2610**	**2424**	**2408**	**2421**	**2499**	**2544**	**2674**	**2796**	**2897**	**3066**	**2965**	**3008**	**3120**
Admitted diagnostic intervention	1514	1427	1413	1414	1415	1417	1440	1495	1537	1567	1616	1667	1682	1697
New OP appointment	921	987	865	817	845	906	940	1018	1107	1159	1243	1092	1111	1206
FUP OP appointment	111	112	67	91	104	114	109	108	98	96	132	127	146	146
Diagnostic	78	84	79	86	57	62	55	53	54	75	75	79	69	71
St Helens And Knowsley Teaching Hospitals nhs tru	**27**	**192**	**250**	**246**	**271**	**277**	**298**	**294**	**301**	**293**	**277**	**279**	**298**	
Not applicable	27	192	250	246	271	277	298	294	301	293	277	279	298	
Countess Of Chester Hospital Nhs Foundation trust	**135**	**133**	**192**	**151**	**157**	**156**	**156**	**168**	**175**	**168**				
Not applicable	135	133	192	151	157	156	156	168	175	168				
Wye Valley Nhs Trust	**19**	**22**	**23**	**23**	**22**	**14**	**16**	**18**	**13**	**15**	**3**	**4**	**6**	
Not applicable	19	22	23	23	22	14	16	18	13	15	3	4	6	
Total	**2805**	**2957**	**2889**	**2828**	**2871**	**2946**	**3014**	**3154**	**3285**	**3373**	**3346**	**3248**	**3312**	**3120**



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting within Plastic Surgery at Swansea and the 3 highest English providers. Swansea data shows an increase in all areas of the pathway, with more patients waiting longer. More than half the patients waiting for an admitted intervention have now been waiting for more than a year, which is very concerning.

Whilst English providers also reflect the trend of patients in general waiting longer than before the pandemic, the percentage of patients waiting over a year is much lower, and total waiting patients have stayed steady at St Helen's and Countess of Chester (primarily BCU patients), and have reduced at Wye Valley (primarily Powys patients).



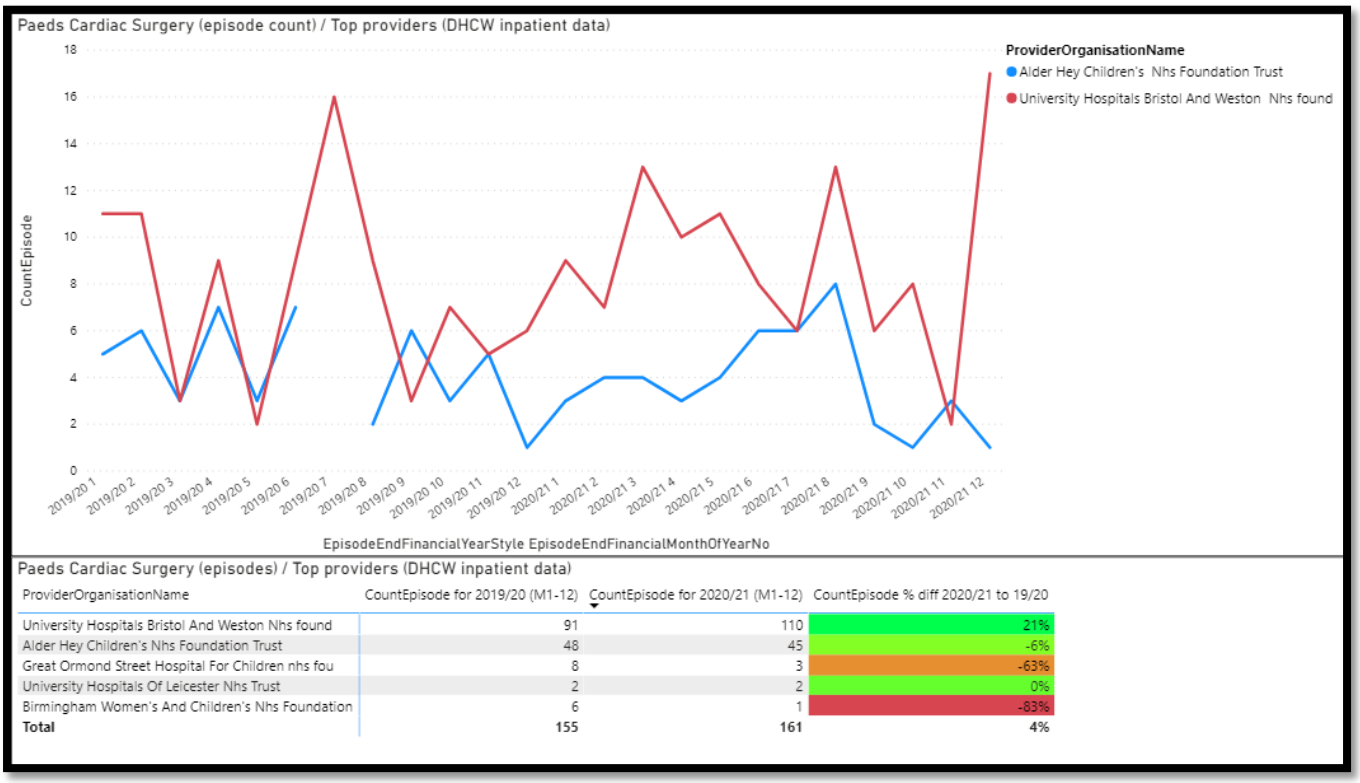
Data source: DHCW central data warehouse; all inpatient activity

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea and the English providers, with Swansea having a higher proportion of emergency activity (51% in 2019/20 and 55% in 2020/21), and St Helen's having a higher proportion of elective activity (81% in 2019/20 and 85% in 2020/21). Countess of Chester shows the same predominance of elective activity as St Helen's, but lower at 62% in 2019/20 and 69% in 2020/21 (not illustrated above).

Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown.

3.5 Paediatric Cardiac Surgery

3.5.1 Paediatric Cardiac Surgery – Activity/recovery rates



Paeds Cardiac Surgery (episodes) / Top providers (DHCW inpatient data)

ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
University Hospitals Bristol And Weston Nhs found	91	110	21%
Alder Hey Children's Nhs Foundation Trust	48	45	-6%
Great Ormond Street Hospital For Children nhs fou	8	3	-63%
University Hospitals Of Leicester Nhs Trust	2	2	0%
Birmingham Women's And Children's Nhs Foundation	6	1	-83%
Total	**155**	**161**	**4%**

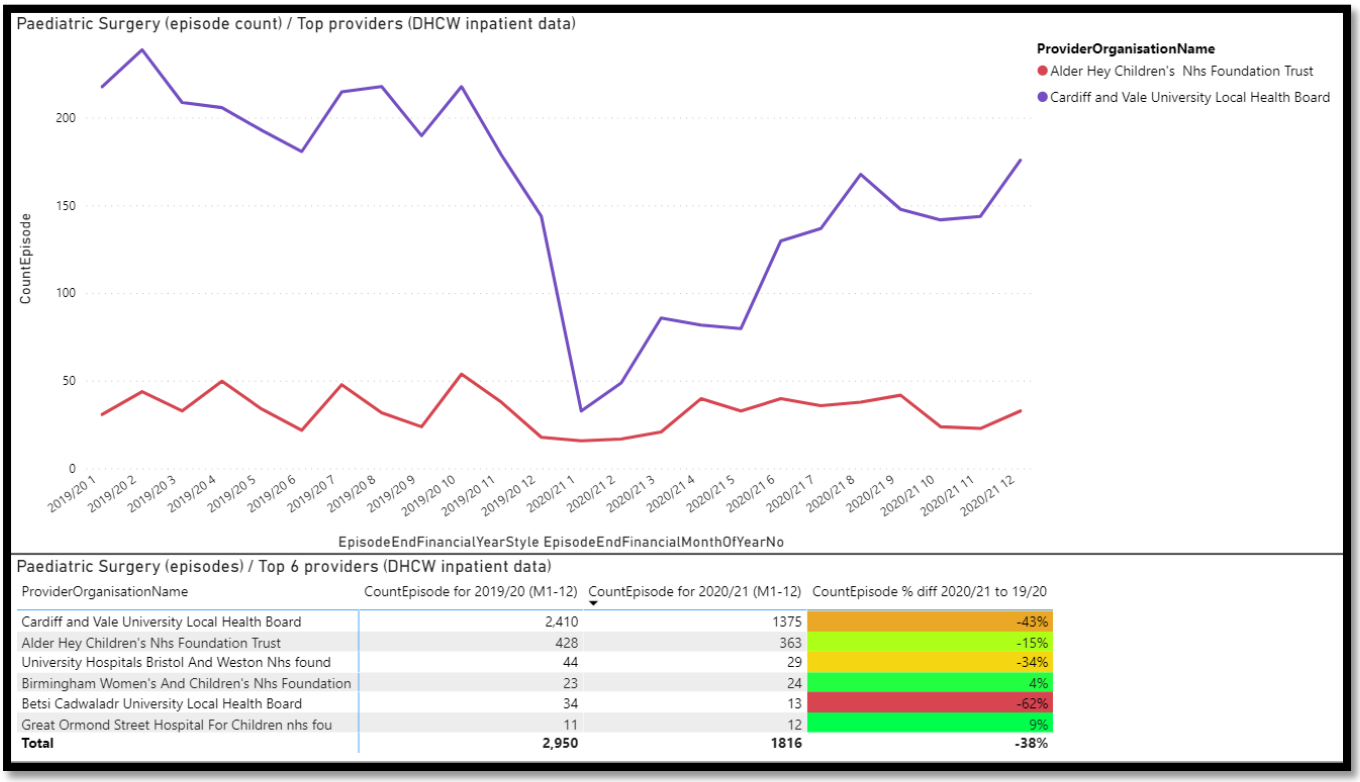
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paeds Cardiac Surgery inpatient recovery across the main specialist providers.

Case volumes are traditionally small but with high importance in terms of outcomes, but encouragingly the overall comparison actually 4% more episodes performed than last year.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity/recovery rates



Paediatric Surgery (episodes) / Top 6 providers (DHCW inpatient data)

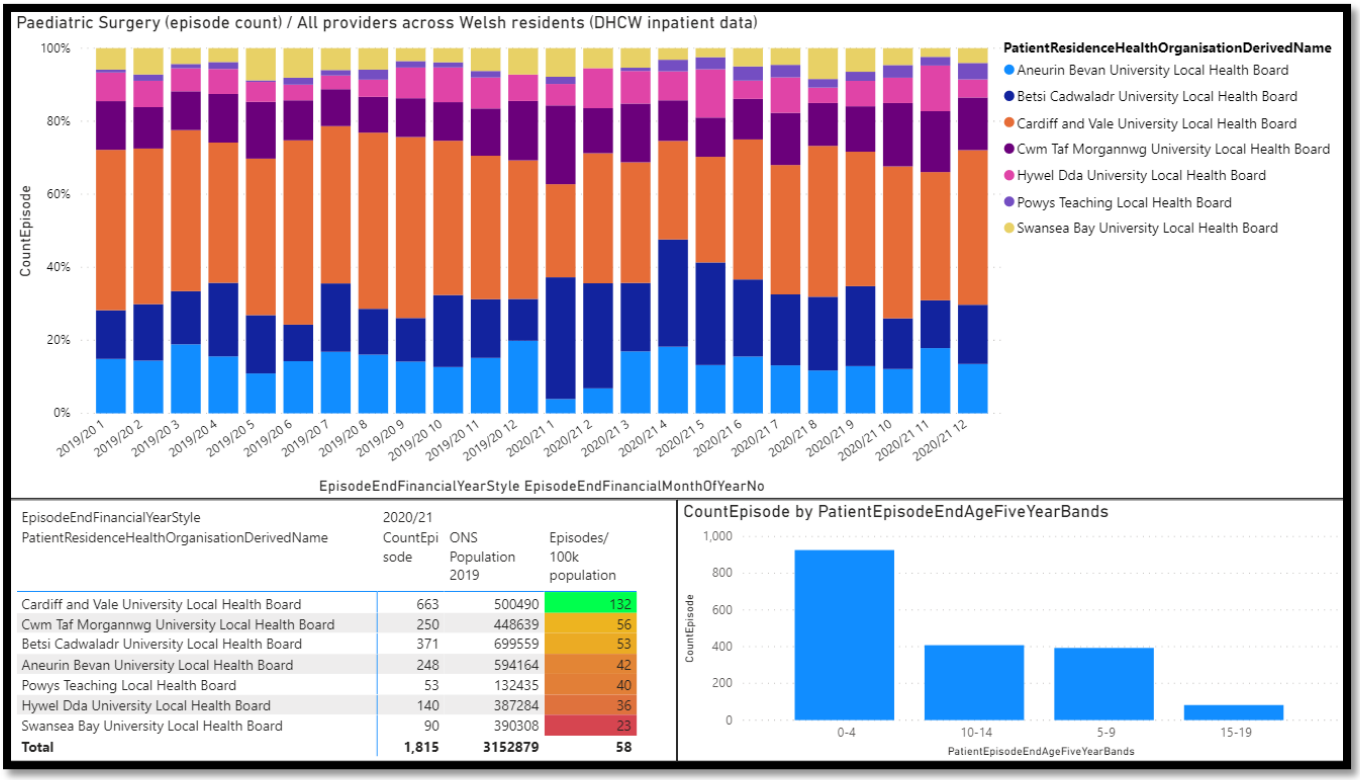
ProviderOrganisationName	CountEpisode for 2019/20 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Cardiff and Vale University Local Health Board	2,410	1375	-43%
Alder Hey Children's Nhs Foundation Trust	428	363	-15%
University Hospitals Bristol And Weston Nhs found	44	29	-34%
Birmingham Women's And Children's Nhs Foundation	23	24	4%
Betsi Cadwaladr University Local Health Board	34	13	-62%
Great Ormond Street Hospital For Children nhs fou	11	12	9%
Total	**2,950**	**1816**	**-38%**

Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alderhey showing the highest and quicker recovery. The main 2 providers show the expected inverse relationship to the Covid-19 waves across the UK, with activity increasing again by the end of March 2021.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but currently stands at 38% less activity overall to date compared to 2019/20. The bulk of this activity relates to Cardiff, who have performed 43% less episodes in 2020/21 in comparison to last year, whereas Alderhey performed 15% less episodes.

3.6.2 Paediatric Surgery – Access rates



Data source: DHCW central data warehouse; all inpatient activity

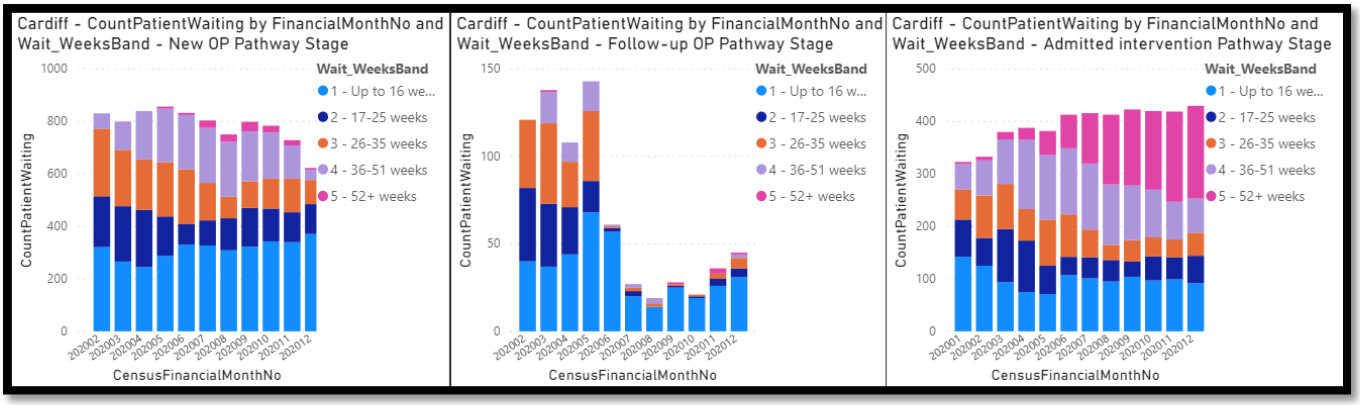
Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 23 to 132 as per the small table above, with Cardiff being by far the highest. This may be linked to Cardiff being the contracted provider of this service, with all activity passing through the WHSSC contract, and is being considered internally.

3.6.3 Paediatric Surgery – going forward

CountPatientWaiting (Open Pathways) - Paediatric Surgery

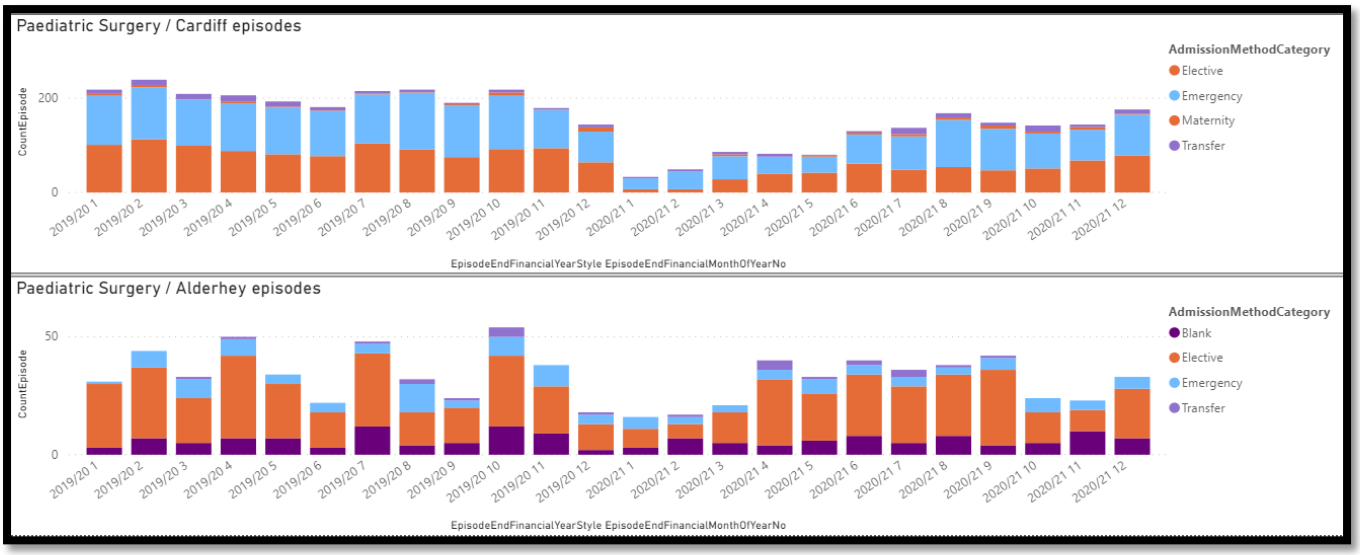
CensusFinancialYearStyle	2019/20		2020/21											
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012
Cardiff and Vale University Local Health Board	**1245**	**1249**	**1320**	**1285**	**1318**	**1336**	**1382**	**1307**	**1247**	**1183**	**1250**	**1225**	**1184**	**1098**
New OP appointment	803	804	844	831	800	840	857	833	804	751	799	784	729	623
Admitted diagnostic intervention	295	295	323	333	380	388	382	413	416	413	423	420	419	430
FUP OP appointment	147	150	153	121	138	108	143	61	27	19	28	21	36	45
Betsi Cadwaladr University Local Health Board	**44**	**41**	**40**	**41**	**49**	**49**	**45**	**56**	**53**	**58**	**58**	**53**	**48**	**53**
New OP appointment	43	40	40	41	49	49	45	56	53	58	57	53	42	44
FUP OP appointment	1	1									1		6	5
Admitted diagnostic intervention														4
Alder Hey Children's Nhs Foundation Trust	**49**	**54**	**45**	**49**	**40**									
Not applicable	49	54	45	49	40									
University Hospitals Bristol And Weston Nhs found	**8**	**1**	**6**	**6**	**7**	**7**	**6**	**10**	**6**	**14**	**9**	**7**	**8**	
Not applicable	8	1	6	6	7	7	6	10	6	14	9	7	8	
Total	**1346**	**1345**	**1411**	**1381**	**1414**	**1392**	**1433**	**1373**	**1306**	**1255**	**1317**	**1285**	**1240**	**1151**



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at the main providers. As the main provider, Cardiff shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increase, with almost half now having waited for over a year. Given that the highest age band of this specialty is in the 0-4 age band, this is particularly significant.

Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.



Like some other specialties already covered in this report, data on the inpatient episodes also shows an inverse of the elective/non-elective split for Cardiff and Alderhey, with Cardiff having a higher proportion of emergency activity (54% in 2019/20 and 58% in 2020/21), and Alderhey having a higher proportion of elective activity (63% in 2019/20 and 63% in 2020/21).

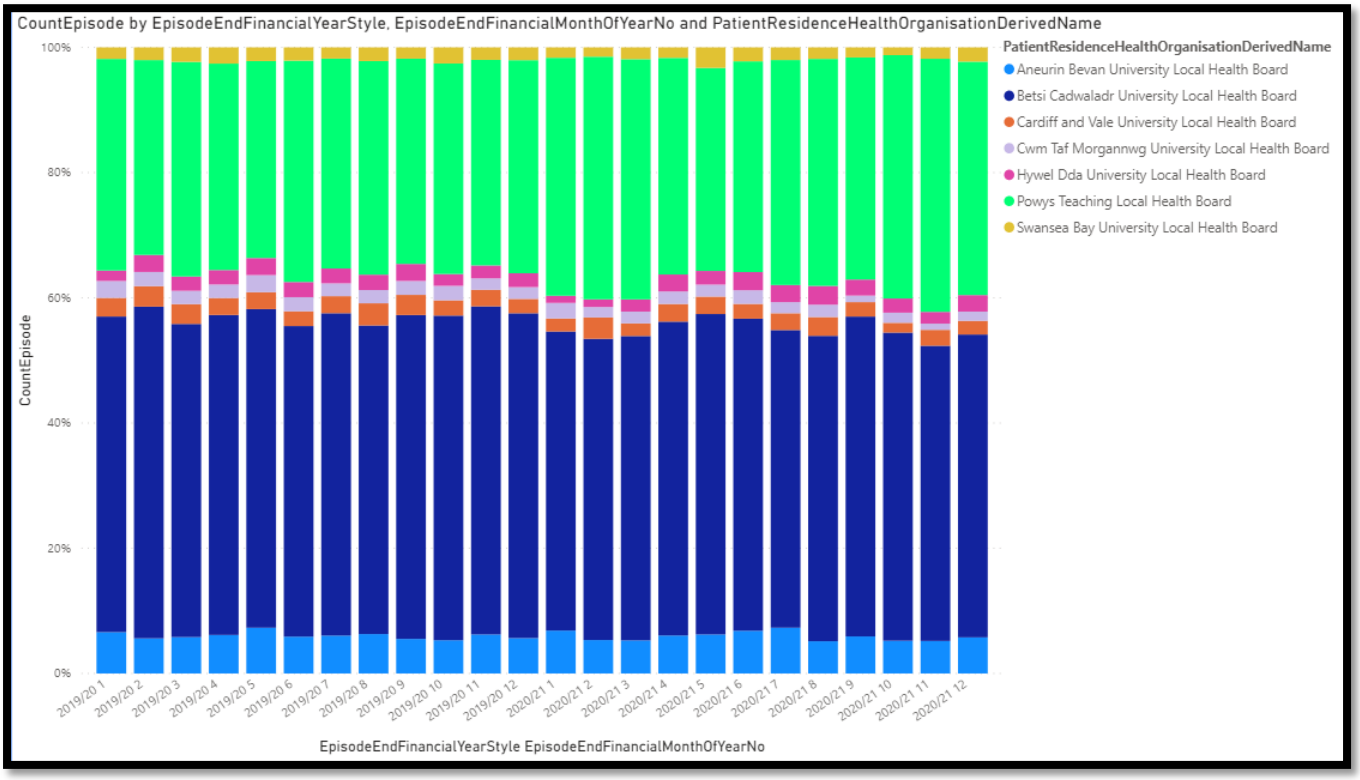
3.7 NHS England Providers – organisations with WHSSC contracts

The key summaries and analysis relating to English providers are set out in Appendix A.

3.7.1 Analysis summary

Tables 1 to 3 of Appendix A detail the trend in admitted patient care activity levels across the 2019/20 and 2020/21 financial year. Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty. In summary, 2020/21 English provider activity (using providers with WHSSC contracts) dropped by 34% in comparison to previous years, and in the inverse pattern to the Covid-19 waves, as expected. March 2021 activity shows a continued increase in performance and is expected to continue into 2021/22.

It is worth noting that the overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before Covid-19, with the exception of Powys, whose share has increased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2, and there are pages per Health Board as Table 4.x



Data source: NWIS central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report.

5.0 APPENDICES / ANNEXES

Annex A – contract monitoring return activity CVUHB
Annex B – contract monitoring return activity SBUHB

Appendix 1

- Table 1 – activity by provider
- Table 2 – activity by specialty
- Table 3 – activity by specialty graphs for all Wales
- Table 4 – activity by specialty graphs for each resident health board

Link to Healthcare Objectives	
Strategic Objective(s)	Choose an item. Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Choose an item. Choose an item. Choose an item.
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Resources Implications	
Risk and Assurance	
Evidence Base	
Equality and Diversity	
Population Health	
Legal Implications	

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.		
Choose an item.		

ANNEX A
CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

	Financial (£)												Activity											
	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
CARDIOTHORACIC																								
Cardiology - Specialist	754,747	659,813	796,514	924,516	917,709	920,905	877,872	880,202	1,188,068	1,852,275	(58,071)	968,264	65	104	161	213	157	170	172	156	113	147	144	180
Cardiology - Aneurin Bevan	162,180	166,344	158,016	139,278	149,688	149,688	141,360	158,016	280,852	146,565	115,336	168,426	44	46	52	47	52	55	37	55	30	27	31	47
Cardiology - Cwm Taf	19,590	38,505	10,133	19,590	29,048	38,505	38,505	38,505	19,590	78,699	(11,146)	38,505	1	3	0	1	2	3	3	3	1	1	3	3
Cardiology - Swansea Bay	2,711	2,711	2,711	2,711	3,598	2,711	2,711	2,711	8,982	80,134	(74,713)	2,711	0	0	0	0	1	0	0	0	2	0	0	0
Transcatheter Aortic Valve Implantation (TAVI)	234,455	216,420	504,980	270,525	198,385	360,700	216,420	252,490	180,350	(1,082,100)	1,442,800	360,700	10	12	28	15	15	18	14	15	8	5	15	20
Adult Congenital Heart Disease (ACHD)	37,080	37,080	37,080	37,080	175,968	64,857	64,857	64,857	64,857	64,857	64,857	64,857	81	52	57	78	39	74	65	40	49	50	25	65
Cardiac Surgery	1,094,162	959,051	974,258	990,422	1,052,155	1,109,518	1,190,598	1,198,396	1,154,374	2,484,159	(120,854)	1,157,693	30	4	9	19	31	43	64	51	44	39	93	13
OP													56	34	56	44	37	95	66	114	61	72	51	102
Thoracic Surgery	118,792	198,112	168,109	210,652	212,134	254,238	259,615	226,193	220,415	1,572,072	(1,044,693)	368,501	21	33	26	33	31	36	39	33	34	41	36	58
OP													61	36	73	98	91	81	107	101	93	132	104	145
TOTAL	*2,423,715*	*2,278,036*	*2,651,800*	*2,594,774*	*2,736,685*	*2,901,122*	*2,791,937*	*2,821,369*	*3,117,488*	*5,196,660*	*313,516*	*3,129,657*	*369*	*324*	*462*	*548*	*456*	*575*	*567*	*568*	*435*	*514*	*502*	*633*
NEUROSCIENCES / ALAS																								
Neurosurgery	1,386,334	1,404,709	1,478,284	1,478,518	1,467,744	1,471,674	1,490,684	1,476,471	1,514,066	2,082,185	838,831	1,521,493	53	68	124	112	117	141	141	130	158	118	112	163
OP													336	314	375	401	225	441	470	329	460	423	375	427
Spinal Implants	-	-	9,446	9,446	-	142,751	19,411	153,384	106,471	590,710	(540,102)	0	0	1	1	4	4	0	6	11	7	0	2	0
OP													0	0	0	0	0	0	0	0	0	0	0	0
Intrathecal Pump Transfer from ABMUSBU	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025	14,025												
ISAT	45,642	90,980	235,066	77,863	146,013	116,268	177,542	104,254	155,445	150,865	89,312	275,968	6	14	20	8	13	11	18	17	16	12	14	24
Excess costs of INR outsourcing	30,842	18,075	(8,441)	6,597	(31,834)	27,991	7,216	10,870	11,679	83,598	(77,007)	41,835	0	0	0	0	0	1	0	0	0	0	0	0
Epilepsy Surgery	(1)	(1)	(1)	31,390	(1)	31,390	(1)	(1)	(1)	240,997	(240,999)	(1)	0	0	0	1	0	1	0	0	0	0	0	0
Spinal Injuries	265,818	263,255	269,314	275,394	277,410	280,311	287,849	280,589	405,511	41,752	404,765	284,779	440	413	434	487	506	528	583	534	521	576	565	560
OP													0	20	84	65	56	54	60	44	62	54	62	58
Neuro Rehab	265,580	272,797	270,473	275,750	284,580	324,822	286,986	283,924	278,620	463,521	107,005	272,796	361	412	398	436	497	792	514	494	454	573	422	391
OP													2	5	0	1	7	6	8	4	6	13	16	40
ALAS incl. AAC	879,264	1,016,067	1,213,684	1,038,125	1,651,157	1,416,041	1,439,565	1,453,261	1,241,544	2,748,790	(538,973)	1,678,259												
ALAS - Exceptional Circumstances (Treforest Ind. Estate)	-	-	-	-	-	-	-	-	-	-	-	-												
TOTAL	*2,887,503*	*3,079,907*	*3,481,851*	*3,207,108*	*3,809,095*	*3,825,272*	*3,723,278*	*3,776,777*	*3,727,360*	*6,416,443*	*56,857*	*4,089,154*	*1,198*	*1,247*	*1,436*	*1,515*	*1,425*	*1,975*	*1,800*	*1,563*	*1,684*	*1,769*	*1,568*	*1,663*
RENAL																								
Renal Surgery	247,816	253,125	270,402	359,890	229,561	300,053	296,564	283,390	256,674	432,635	106,231	298,132	23	33	49	81	56	71	61	47	26	33	54	72
OP													95	127	253	247	252	281	323	332	206	308	296	386
Nephrology	510,665	524,689	501,001	546,135	493,969	532,590	526,203	520,559	535,252	854,197	171,572	520,316	108	125	66	81	150	114	109	67	138	87	84	68
OP													153	196	530	557	567	647	588	684	667	466	665	707
Home Renal Dialysis	122,389	122,389	128,174	122,389	118,716	122,113	127,164	122,756	130,562	28,131	225,417	131,969	632	632	695	632	592	629	684	636	721	657	703	736
Renal CAPD (Dialysis)	126,094	126,963	126,786	129,660	129,861	129,629	130,772	128,871	129,137	227,291	24,594	128,578	1,779	1,825	1,788	1,897	1,906	1,898	1,956	1,878	1,983	1,957	1,768	1,957
Hospital Renal Dialysis	1,083,993	1,111,296	1,120,245	1,144,787	1,107,163	1,112,766	1,153,753	1,129,704	1,067,883	1,532,998	638,585	1,067,522	6,655	6,894	6,936	7,106	6,845	6,878	7,168	6,992	6,573	6,662	6,639	6,621
Renal Transplants	363,979	393,741	372,451	484,476	593,593	471,697	382,813	463,665	426,345	1,101,597	(223,559)	568,885	0	0	0	9	10	7	5	6	3	5	4	13
TOTAL	*2,454,935*	*2,532,204*	*2,519,060*	*2,787,337*	*2,672,863*	*2,668,849*	*2,617,270*	*2,648,945*	*2,545,852*	*4,176,849*	*942,840*	*2,715,402*	*9,445*	*9,832*	*10,317*	*10,610*	*10,378*	*10,525*	*10,894*	*10,642*	*10,317*	*10,175*	*10,213*	*10,560*

CVUHB – Page 2 of 3

	Financial (£)											
	April	May	June	July	August	September	October	November	December	January	February	March
HAEMATOLOGY												
Haemophilia	306,278	315,516	267,920	375,370	292,091	275,724	357,736	440,772	367,312	1,175,031	(495,367)	361,322
IBD Transfer	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914	122,914
Haemophilia Reference	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122	6,122
Blood and Marrow Transplantation (BMT)	468,040	537,246	553,986	507,619	650,031	778,790	790,023	752,131	770,491	1,421,949	(211,413)	713,492
ATMP - CAR-T	84,696	334,707	334,706	82,602	82,602	335,319	335,241	98,217	334,708	(883,006)	1,554,637	82,602
All Wales Lymphoma Panel	87,562	87,562	50,414	75,179	75,179	81,006	76,150	76,150	89,597	95,294	59,995	89,971
Clinical Immunology	956,320	739,938	596,433	784,374	792,882	886,417	883,033	820,708	423,499	70,369	1,384,458	1,096,040
Hereditary Anaemia								241,333	(170,083)	7,917	7,917	7,917
TOTAL	*2,031,932*	*2,144,004*	*1,932,496*	*1,954,180*	*2,021,821*	*2,486,291*	*2,571,219*	*2,558,346*	*1,944,560*	*2,016,590*	*2,429,263*	*2,480,380*
PAEDIATRICS / NEONATAL												
Paediatric Surgery	444,866	456,778	481,278	474,546	472,053	508,401	513,043	534,450	521,182	1,099,853	(68,520)	543,938
OP												
Paediatric Renal	108,179	125,969	122,735	119,963	112,155	110,804	117,906	144,656	109,849	117,740	150,298	122,657
OP												
Paediatric Oncology	677,047	761,115	780,107	735,269	742,349	796,917	728,441	736,305	716,835	914,081	630,220	882,323
OP												
Paediatric Neurology	194,665	186,201	188,263	206,078	186,428	205,547	196,638	188,297	163,786	426,160	(33,519)	203,383
OP												
Paediatric Ketogenic Diet				32,600	8,150	8,150	8,150	8,150	(29,575)	3,958	3,958	3,958
Paediatric Rheumatology	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199	22,199
Paeds Neuro Rehab	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829	21,829
Paediatric Gastroenterology	72,064	72,365	81,815	86,687	95,910	82,964	92,768	94,719	95,721	13,437	177,748	95,193
OP												
Paediatric ENT	101,066	101,717	102,732	103,807	105,121	109,307	109,640	105,714	107,136	326,730	(112,807)	109,822
OP												
Paediatric Cardiology	178,546	210,948	213,773	197,062	185,784	195,961	195,199	222,277	332,747	318,505	103,118	224,608
OP												
Fetal Cardiology	25,262	25,262	25,261	25,261	25,262	25,261	25,261	25,261	25,262	25,253	25,270	(27,403)
Paediatric Cystic Fibrosis	39,405	37,116	35,821	37,098	39,240	42,396	38,605	37,223	38,816	120,412	(42,096)	39,699
Paeds Respiratory	16,192	10,736	14,543	11,246	16,742	20,056	22,886	20,990	20,499	80,423	(53,246)	91,049
Paediatric Endocrinology	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075	59,075
Foetal Medicine	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925	25,925
Children's Hospital for Wales	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770	104,770
PICU BH	420,286	393,283	366,280	227,782	381,959	334,051	368,022	379,346	351,472	743,884	(62,716)	373,249
NICU BH	839,208	844,114	740,023	981,763	845,916	865,891	817,632	810,024	542,536	560,164	940,585	771,709
Perinatal Pathology	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509	23,509
Paediatric MRI Investment				113,190	28,297	28,297	28,297	28,297	(98,879)	14,167	14,005	14,149
TOTAL	*3,374,092*	*3,482,911*	*3,409,938*	*3,609,659*	*3,502,673*	*3,591,311*	*3,519,798*	*3,593,018*	*3,154,694*	*5,022,073*	*1,929,604*	*3,705,642*
ADULT CRITICAL CARE												
Adult ICU	424,159	508,908	456,563	464,041	500,184	535,081	525,110	562,500	437,868	856,711	55,168	492,706
Adult HDU	88,685	(15,723)	43,938	76,007	48,413	7,396	43,193	47,667	38,718	194,771	(109,877)	49,905
LTV Consultant Sessions	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184	3,184
LTV Unit Development	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	70,550	69,167	55,334
TOTAL	*586,577*	*566,918*	*574,235*	*613,781*	*622,331*	*616,210*	*642,036*	*683,900*	*550,320*	*1,125,216*	*17,642*	*601,128*

	Activity											
	April	May	June	July	August	September	October	November	December	January	February	March
HAEMATOLOGY												
Haemophilia	1,353,511	1,071,296	1,163,468	1,429,749	1,549,551	1,395,766	1,412,916	1,768,990	1,549,220	1,669,336	1,284,130	1,384,600
IBD Transfer												
Haemophilia Reference												
Blood and Marrow Transplantation (BMT)	0	3	4	4	11	12	11	8	10	7	1	12
ATMP - CAR-T	0	1	1	0	0	1	1	0	1	0	2	0
All Wales Lymphoma Panel	114	113	-52	58	59	84	63	62	123	69	70	124
Clinical Immunology	157	222	242	244	247	253	251	254	275	274	287	271
Hereditary Anaemia												
TOTAL	*1,353,782*	*1,071,635*	*1,163,663*	*1,430,055*	*1,549,868*	*1,396,116*	*1,413,242*	*1,769,314*	*1,549,629*	*1,669,686*	*1,284,490*	*1,385,007*
PAEDIATRICS / NEONATAL												
Paediatric Surgery	33	47	82	82	76	126	136	163	148	143	141	174
OP	134	168	219	169	166	246	218	240	169	199	215	379
Paediatric Renal	42	59	52	60	17	10	17	45	65	81	63	63
OP	60	129	132	121	103	148	141	168	115	167	154	158
Paediatric Oncology	156	162	207	184	249	223	234	269	237	256	278	327
OP	224	325	446	361	219	515	179	226	238	329	372	954
Paediatric Neurology	16	13	18	17	12	25	16	12	16	16	19	21
OP	134	122	110	79	72	114	116	105	94	104	109	132
Paediatric Ketogenic Diet												
Paediatric Rheumatology												
Paeds Neuro Rehab												
Paediatric Gastroenterology	34	32	40	38	51	45	56	60	62	49	51	53
OP	80	79	103	70	47	97	87	61	79	84	65	137
Paediatric ENT	9	11	11	15	18	29	26	19	21	17	25	30
OP	0	1	33	50	47	93	85	106	90	76	76	105
Paediatric Cardiology	3	17	17	9	8	9	7	21	22	18	17	15
OP	157	202	246	241	156	230	269	282	268	254	342	429
Fetal Cardiology	17	15	24	25	16	31	25	27	23	33	23	40
Paediatric Cystic Fibrosis												
Paeds Respiratory												
Paediatric Endocrinology												
Foetal Medicine												
Children's Hospital for Wales												
PICU BH	31	63	54	82	92	37	76	89	57	49	40	82
NICU BH	942	851	765	963	921	856	861	718	725	756	640	772
Perinatal Pathology												
Paediatric MRI Investment												
TOTAL	*2,072*	*2,296*	*2,559*	*2,566*	*2,270*	*2,634*	*2,549*	*2,611*	*2,429*	*2,631*	*2,630*	*3,671*
ADULT CRITICAL CARE												
Adult ICU	181	249	207	213	242	270	262	292	192	181	232	236
Adult HDU	79	-61	19	62	25	-30	18	24	12	10	24	27
LTV Consultant Sessions												
LTV Unit Development												
TOTAL	*260*	*188*	*226*	*275*	*267*	*240*	*280*	*316*	*204*	*191*	*256*	*263*

CVUHB – Page 3 of 3

	Financial (£)												Activity											
	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
GENETICS / LTC																								
Medical Genetics	1,069,459	1,063,937	1,073,510	1,132,776	1,073,174	1,088,188	1,079,890	1,076,985	1,103,589	1,142,445	1,052,167	1,111,702	53	35	60	66	40	64	52	46	94	99	51	144
Lynch Syndrome - (Genetics)	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837	24,837												
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293	5,293												
Enzyme Replacement	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879	38,879												
Cystic Fibrosis	443,817	445,413	496,571	466,244	498,090	483,551	501,189	760,851	462,878	351,488	740,455	465,032												
Home TPN	55,223	49,452	100,560	119,519	71,709	108,391	115,398	123,229	145,897	383,807	(138,998)	114,573	51	37	161	207	91	180	197	216	271	263	165	195
TPN Exceptional Costs	34,727	35,375	35,861	36,752	36,968	36,860	10,230	31,266	34,020	(260,877)	323,106	31,962	107	111	114	116	112	129	114	124	113	110	108	120
BAHAs & Cochlears	402,508	402,508	402,508	402,508	402,508	402,508	402,508	855,363	(210,788)	545,123	224,240	402,508												
TOTAL	*2,074,743*	*2,065,695*	*2,178,019*	*2,226,809*	*2,151,459*	*2,188,508*	*2,178,224*	*2,916,704*	*1,604,606*	*2,230,995*	*2,269,979*	*2,194,787*	*211*	*183*	*335*	*389*	*243*	*373*	*363*	*386*	*478*	*472*	*324*	*459*
OTHER																								
Liver Surgery	40,599	70,049	70,049	92,545	79,860	102,958	118,357	102,958	49,061	153,005	37,512	133,756	3	8	8	11	9	12	14	12	5	9	13	16
Major Trauma Centre	389,793	389,793	1,865,164	881,583	881,583	881,583	881,583	881,583	881,583	881,583	881,583	881,583												
Gender Service	42,500	42,500	42,500	42,500	42,500	42,500	86,583	48,798	48,798	48,798	42,964	44,631												
Radiofrequency Ablation	-	-	18,561	13,554	11,946	15,868	40,548	36,592	(21,955)	(115,114)	143,789	10,560												
Hepatology	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865	21,865												
Neuropsychiatry	224,415	249,897	225,057	227,160	219,910	221,960	199,382	222,813	232,494	400,701	35,837	249,236	240	253	270	279	291	313	334	327	381	304	291	331
Regional Pharmaceutical	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851	61,851												
Pay Award	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050	441,050												
NICE / High Cost Drugs	43,125	(52,379)	(13,165)	8,595	69,756	101,702	96,931	137,713	22,876	(304,125)	742,965	85,811												
Interstitial Lung Disease	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719	12,719												
Neuroendocrine Tumours	33,826	33,826	33,826	33,826	104,659	47,993	47,993	47,993	47,993	47,993	47,993	47,993												
Rebasing Difference /	-	-	-	-	-	-	-	-	-	-	-	-												
TOTAL	*1,311,743*	*1,271,170*	*2,779,476*	*1,837,248*	*1,947,698*	*1,952,049*	*2,008,861*	*2,015,934*	*1,798,335*	*1,650,325*	*2,470,128*	*1,991,055*	*243*	*261*	*278*	*290*	*300*	*325*	*348*	*339*	*386*	*313*	*304*	*347*
Total	17,145,241	17,420,846	19,526,877	18,830,896	19,466,624	20,229,613	20,052,623	21,014,993	18,443,216	27,835,151	10,429,828	20,907,205	1,367,580	1,085,966	1,179,276	1,446,248	1,565,207	1,412,963	1,430,043	1,785,739	1,565,562	1,685,751	1,300,287	1,402,803

ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

	Financial (£)												Activity											
	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
RENAL																								
Renal - Other	604,395	648,827	756,633	665,582	733,321	684,730	685,200	675,701	655,208	645,211	680,899	711,849	244	256	494	591	696	850	787	727	599	3,448	942	1,069
Hospital Dialysis	446,680	465,465	500,353	514,869	503,280	521,090	540,852	501,329	500,108	476,811	462,293	512,917	2,506	2,660	2,946	3,065	2,970	3,116	3,278	2,954	2,944	2,753	2,634	3,049
Home Dialysis	95,797	95,797	95,797	107,772	103,781	99,789	95,797	99,789	77,836	97,794	97,793	51,890	48	48	48	54	52	50	48	50	39	49	49	26
Renal Wwales Contract	267,929	272,549	223,064	191,464	172,708	263,726	293,895	268,290	291,602	281,666	259,500	289,182	2,107	2,144	2,165	2,289	2,183	2,169	2,288	2,087	2,270	2,192	2,018	2,251
Total	*1,414,802*	*1,482,639*	*1,575,846*	*1,479,687*	*1,513,090*	*1,569,335*	*1,615,743*	*1,545,108*	*1,524,753*	*1,501,481*	*1,500,485*	*1,565,837*	*4,905*	*5,108*	*5,653*	*5,999*	*5,901*	*6,185*	*6,401*	*5,818*	*5,852*	*8,442*	*5,643*	*6,395*
CARDIOTHORACIC																								
Cardiac Surgery	1,045,770	1,024,738	1,059,451	1,134,782	1,139,276	1,204,027	1,143,209	1,126,007	1,126,961	1,085,717	1,125,524	1,134,148	6	1	11	24	28	42	26	23	23	15	23	28
OP													14	12	13	24	16	32	29	28	24	25	24	28
TAVI	97,159	184,409	484,390	512,229	280,939	378,579	202,969	344,789	252,858	377,855	387,485	301,000	2	7	21	21	12	16	7	13	11	16	16	12
Cardiology	520,284	736,749	884,914	989,945	767,058	956,050	808,798	849,248	785,488	895,406	923,400	910,203	63	115	154	206	149	175	146	142	141	150	175	172
Bariatrics	13,392	13,392	20,471	16,932	20,471	16,932	13,392	13,392	13,392	16,932	16,932	24,011	0	0	2	1	2	1	0	0	0	1	1	3
Total	*1,676,605*	*1,959,288*	*2,449,226*	*2,653,887*	*2,207,744*	*2,555,589*	*2,168,368*	*2,333,436*	*2,178,700*	*2,375,911*	*2,453,342*	*2,369,362*	*85*	*135*	*201*	*276*	*207*	*266*	*208*	*206*	*199*	*207*	*239*	*243*
PAEDS / NEONATAL																								
CLP	95,423	119,090	110,635	112,777	109,565	107,423	117,060	113,848	116,670	113,804	115,946	113,804	0	0	3	5	2	0	9	6	9	6	8	6
NICU	446,403	428,009	427,583	457,397	435,121	454,855	466,179	469,715	465,715	407,840	440,841	477,337	506	504	448	577	528	539	571	592	598	431	548	634
BAHA	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193	5,193												
Paeds Onc	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844	11,844												
Total	*558,863*	*564,135*	*555,255*	*587,210*	*561,723*	*579,315*	*600,275*	*600,599*	*599,422*	*538,681*	*573,823*	*608,178*	*506*	*504*	*451*	*582*	*530*	*539*	*580*	*598*	*607*	*437*	*556*	*640*
CANCER & BLOOD																								
Plastics	655,995	678,978	1,055,385	1,097,209	1,124,204	1,138,270	1,120,633	1,091,619	1,083,016	1,148,975	1,141,511	1,325,844	183	299	409	494	506	460	487	448	413	427	477	603
OP													90	112	149	271	245	320	386	376	298	335	275	308
Burns	395,729	485,138	391,347	404,057	401,865	387,840	484,262	429,039	432,545	418,958	412,384	405,810	73	277	63	92	87	55	275	149	157	126	111	96
Thoracic	60,284	50,719	118,147	123,947	122,362	166,013	201,979	170,279	157,206	237,643	151,912	227,695	6	4	16	16	16	21	28	20	23	31	15	31
OP													0	5	10	13	18	36	42	84	51	67	67	116
SNB	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405	9,405												
Haemophilia	91,611	67,872	87,020	11,446	96,474	26,699	77,374	19,554	87,472	26,217	103,831	81,192												
Sarcoma	58,485	70,158	56,362	74,403	77,586	71,219	78,648	83,954	65,913	83,954	111,545	71,219	12	11	10	11	10	12	11	16	11	12	22	16
Clinical Genetics	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177	5,177												
Total	*1,276,685*	*1,367,447*	*1,722,843*	*1,725,643*	*1,837,074*	*1,804,623*	*1,977,477*	*1,809,026*	*1,840,733*	*1,930,329*	*1,935,764*	*2,126,341*	*364*	*708*	*657*	*897*	*882*	*904*	*1,229*	*1,093*	*953*	*998*	*967*	*1,170*
NEUROSCIENCES																								
ALAC	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277	158,277												
Rehab	157,936	160,333	156,938	151,217	154,122	156,873	154,199	150,787	150,634	132,033	139,229	143,537	327	298	312	332	340	297	283	234	182	117	166	268
OP													15	25	16	1	5	19	16	18	28	3	8	-2
Total	*316,213*	*318,610*	*315,215*	*309,494*	*312,399*	*315,150*	*312,476*	*309,064*	*308,912*	*290,310*	*297,506*	*301,814*	*342*	*323*	*328*	*333*	*345*	*316*	*299*	*252*	*210*	*120*	*174*	*266*
OTHER																								
NICE	28,983	32,123	68,802	31,650	26,124	69,755	76,024	42,928	40,317	73,999	38,322	61,426												
East Forensics	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992	1,197,992												
Devices	0	0	0	0	0	1	2	3	4	5	6	7												
Academic Fee	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841	10,841												
IVF	24,151	24,451	26,553	25,953	39,291	129,806	182,675	243,859	173,134	226,739	179,951	205,834	80	82	88	87	98	142	139	185	156	170	155	170
EMRTS	265,774	265,774	406,523	312,690	312,690	312,690	312,690	312,690	312,690	312,690	312,690	312,690												
Air Am	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110	65,110												
Pay award 2021	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060	193,060												
Total	*1,785,911*	*1,789,352*	*1,968,882*	*1,837,296*	*1,845,108*	*1,979,256*	*2,038,395*	*2,066,483*	*1,993,149*	*2,080,436*	*1,997,973*	*2,046,961*	*80*	*82*	*88*	*87*	*98*	*142*	*139*	*185*	*156*	*170*	*155*	*170*
Total	7,029,079	7,481,470	8,587,268	8,593,218	8,277,137	8,803,268	8,712,735	8,663,717	8,445,668	8,717,148	8,758,892	9,018,493	6,282	6,860	7,378	8,174	7,963	8,352	8,856	8,152	7,977	10,374	7,734	8,884

APPENDIX 1

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)

Table 1 – Analysis by NHS England Provider by Month (NB. Royal Brompton reporting delayed)

EpisodeEndFinancialYearStyle	2020/21											CountEpisode for	CountEpisode for	CountEpisode % diff
ProviderOrganisationName	3	4	5	6	7	8	9	10	11	12	Total	2020/21 (M1-12)	2019/20 (M1-12)	2020/21 to 19/20
Alder Hey Children's Nhs Foundation Trust	199	259	237	255	263	287	237	231	216	301	**2,812**	2812	3,682	-24%
Birmingham Women's And Children's Nhs Foundation	25	23	29	33	29	24	39	24	25	35	**319**	319	426	-25%
Cambridge University Hospitals Nhs Foundation Tru	1	10	5	8	3	3	2	2	3	2	**40**	40	191	-79%
Great Ormond Street Hospital For Children nhs fou	9	27	13	21	23	22	20	15	18	26	**215**	215	327	-34%
Guy's And St Thomas' Nhs Foundation trust	7	10	18	17	16	16	14	8	8	22	**154**	154	295	-48%
Imperial College Healthcare Nhs Trust	21	25	27	30	38	32	34	35	28	46	**333**	333	326	2%
King's College Hospital Nhs Foundation Trust	2	4	17	7	5	8	4	2	6	3	**64**	64	173	-63%
Leeds Teaching Hospitals Nhs Trust	10	3	7	2	3	6	5		2	1	**41**	41	93	-56%
Liverpool Heart And Chest Hospital Nhs foundation	89	101	94	107	119	102	107	77	111	139	**1,134**	1134	1,410	-20%
Liverpool University Hospitals Nhs Foundation Tru	117	127	129	167	179	138	159	115	123	115	**1,487**	1487	2,732	-46%
Manchester University Nhs Foundation Trust	37	48	46	75	78	61	66	57	48	77	**648**	648	1,196	-46%
Royal Brompton & Harefield Nhs Foundation trust	9	7	9				8	5	4		**54**	54	220	-75%
Royal Free London Nhs Foundation Trust	7	12	32	14	7	26	13	7	5	14	**143**	143	214	-33%
Royal Papworth Hospital Nhs Foundation Trust	1	1	4	7	4	9	3	1	1	2	**35**	35	107	-67%
Salford Royal Nhs Foundation Trust	12	20	12	10	1	2	15	13	12	10	**132**	132	335	-61%
Sheffield Teaching Hospitals Nhs Foundation Trust	21	10	18	25	24	17	14	11	15	22	**233**	233	235	-1%
St Helens And Knowsley Teaching Hospitals nhs tru	51	72	83	121	126	126	119	74	64	111	**1,046**	1046	1,700	-38%
The Christie Nhs Foundation Trust	49	52	44	54	57	40	48	56	51	55	**567**	567	644	-12%
The Clatterbridge Cancer Centre Nhs Foundation tr	30	19	12	11	19	22	22	21	17	17	**210**	210	370	-43%
The Newcastle Upon Tyne Hospitals Nhs foundation	8	9	23	8	11	12	22	26	14	6	**151**	151	154	-2%
The Robert Jones And Agnes Hunt Orthopaedic hospit	113	142	128	199	258	326	337	215	163	215	**2,191**	2191	5,192	-58%
The Royal Marsden Nhs Foundation Trust	5	5	9	4	4	5	5	4	1	8	**54**	54	58	-7%
The Royal Orthopaedic Hospital Nhs Foundation tru	7	8		9	4	13	11	12	9	11	**98**	98	159	-38%
The Walton Centre Nhs Foundation Trust	77	90	110	135	118	98	141	102	95	122	**1,191**	1191	1,913	-38%
University College London Hospitals Nhs Foundatio	21	21	17	29	45	37	27	7	10	20	**255**	255	380	-33%
University Hospitals Birmingham Nhs Foundation Tr	76	94	96	102	101	74	83	43	45	49	**870**	870	1,260	-31%
University Hospitals Bristol And Weston Nhs found	104	120	114	128	161	134	123	104	128	137	**1,409**	1409	2,016	-30%
University Hospitals Of North Midlands Nhs trust	46	83	78	88	73	45	62	76	87	57	**790**	790	972	-19%
Wirral University Teaching Hospital Nhs Foundatio	41	62	58	85	80	60	83	38	36	41	**659**	659	1,079	-39%
Wye Valley Nhs Trust	576	590	566	717	835	776	705	643	650	769	**7,610**	7610	10,021	-24%
Total	**1,771**	**2,054**	**2,035**	**2,468**	**2,684**	**2,521**	**2,528**	**2,024**	**1,995**	**2,433**	**24,945**	**24945**	**37,880**	**-34%**

Major regional provider – BCUHB

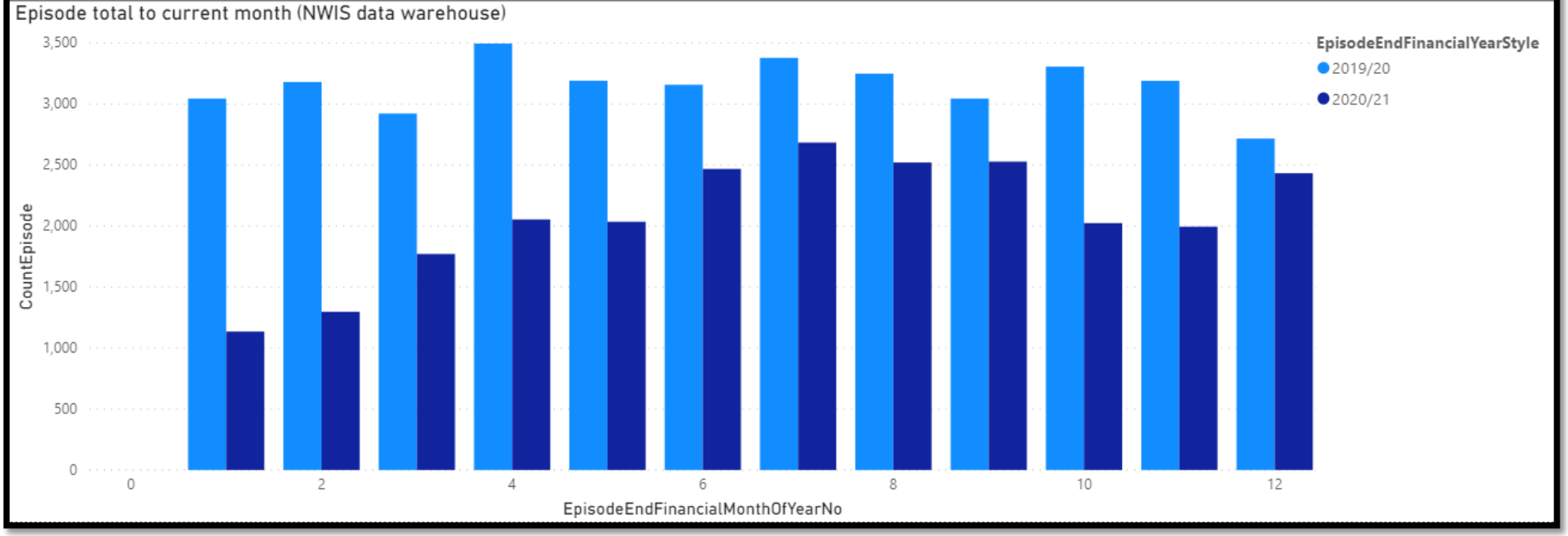
Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)
Table 2 – High level summary by LHB of residence (Note. Variance to the previous table relates to border/unknown residents)

Episode total to current month (NWIS data warehouse)

EpisodeEndFinancialYearStyle	2019/20							2020/21											
PatientResidenceHealthOrganisationDerivedName	8	9	10	11	12	**Total**	1	2	3	4	5	6	7	8	9	10	11	12	**Total**
Aneurin Bevan University Local Health Board	189	190	156	163	184	138	**2,110**	66	61	84	112	114	153	177	120	136	97	94	129	**1,343**
Betsi Cadwaladr University Local Health Board	608	1,488	1,463	1,593	1,547	1,267	**17,863**	460	550	773	926	936	1,118	1,151	1,137	1,174	913	854	1,082	**11,074**
Cardiff and Vale University Local Health Board	85	107	91	75	78	56	**992**	20	39	32	52	51	53	65	70	53	29	46	49	**559**
Cwm Taf Morgannwg University Local Health Board	64	64	63	71	54	46	**777**	24	19	30	37	35	49	43	46	24	30	18	33	**388**
Hywel Dda University Local Health Board	74	74	77	58	61	54	**811**	11	14	31	50	40	65	66	70	59	42	34	59	**541**
Powys Teaching Local Health Board	047	1,030	927	1,033	969	831	**11,636**	366	443	610	639	593	755	870	845	815	721	732	834	**8,223**
Swansea Bay University Local Health Board	56	66	51	79	59	50	**744**	16	17	30	31	60	50	49	43	37	23	33	51	**440**
Total	**123**	**3,019**	**2,828**	**3,072**	**2,952**	**2,442**	**34,933**	**963**	**1,143**	**1,590**	**1,847**	**1,829**	**2,243**	**2,421**	**2,331**	**2,298**	**1,855**	**1,811**	**2,237**	**22,568**



Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)
Table 3 (4 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	3	4	5	6	7	8	9	10	11	12	Total
Accident & Emergency	15	29	35	28	22	27	24	13	19	31	**268**
Adult Cystic Fibrosis Service	2	3	5	3	6	1	4	1		4	**34**
Allergy Service		1	4	7	6	5	5	9	7	11	**55**
Anaesthetics		2	1		1	1	2	1	2	6	**16**
Blood And Marrow Transplantation	5	9	5	7	9	13	7	6	2	4	**84**
Breast Surgery	3	2	6	4	8	6	12	6	6	3	**61**
Burns Care	4	4	2	11	11	11	13	2	4	7	**78**
Cardiac Surgery	36	38	44	54	40	31	33	16	22	38	**377**
Cardiology	99	129	103	138	135	136	134	122	137	138	**1,370**
Cardiothoracic Surgery	5	2	9	7	4	2	1	7	2	3	**50**
Cardiothoracic Transplantation	1	4	7	2	1		3	2	1	5	**29**
Chemical Pathology									1		**2**
Child & Adolescent Psychiatry			1								**1**
Clinical Genetics										1	**1**
Clinical Haematology	79	96	83	108	120	88	89	74	85	100	**1,019**
Clinical Immunology					1	1	2	1			**6**
Clinical Immunology And		1		1		1	5	2	3	2	**15**
Clinical Microbiology		2									**2**
Clinical Oncology (previously Radiotherapy)	51	44	18	38	45	32	34	58	32	22	**409**
Clinical Pharmacology	1		3	4	3		3	1	1	4	**21**
Colorectal Surgery	11	13	10	14	35	24	16	35	18	30	**216**
Community Paediatrics			1							1	**2**
Congenital Heart Disease	1	2	3	1	4		3	2	8	1	**28**
Critical Care Medicine	11	6	6	12	14	14	17	4	8	7	**112**
Dental Medicine Specialties				1							**1**
Dermatology	34	33	27	30	49	47	30	33	42	44	**405**
Diabetic Medicine		2		2	2	3	6	3	1	3	**27**
Diagnostic Imaging	14	20	13	9	20	24	13	14	16	24	**184**
Endocrinology	6	6	6	4	6	11	16	7	8	6	**91**
ENT	7	20	17	14	21	27	9	11	6	10	**152**
Total	**1,771**	**2,054**	**2,035**	**2,468**	**2,684**	**2,521**	**2,528**	**2,024**	**1,995**	**2,433**	**24,945**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-12)	CountEpisode for 2019/20 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Accident & Emergency	268	461	-42%
Adult Cystic Fibrosis Service	34	61	-44%
Allergy Service	55	90	-39%
Anaesthetics	16	17	-6%
Blood And Marrow Transplantation	84	150	-44%
Breast Surgery	61	89	-31%
Burns Care	78	96	-19%
Cardiac Surgery	377	604	-38%
Cardiology	1370	1,684	-19%
Cardiothoracic Surgery	50	67	-25%
Cardiothoracic Transplantation	29	68	-57%
Chemical Pathology	2	3	-33%
Child & Adolescent Psychiatry	1		
Clinical Genetics	1	1	0%
Clinical Haematology	1019	1,119	-9%
Clinical Immunology	6	13	-54%
Clinical Immunology And	15	14	7%
Clinical Microbiology	2		
Clinical Oncology (previously Radiotherapy)	409	505	-19%
Clinical Pharmacology	21	8	163%
Colorectal Surgery	216	284	-24%
Community Paediatrics	2		
Congenital Heart Disease	28	28	0%
Critical Care Medicine	112	184	-39%
Dental Medicine Specialties	1		
Dermatology	405	505	-20%
Diabetic Medicine	27	33	-18%
Diagnostic Imaging	184	198	-7%
Endocrinology	91	86	6%
ENT	152	333	-54%
Total	**24945**	**37,311**	**-33%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	3	4	5	6	7	8	9	10	11	12	Total
Gastroenterology	82	98	86	166	165	143	114	136	136	156	**1,384**
General Medicine	217	199	207	216	231	235	274	213	250	230	**2,588**
General Surgery	84	94	100	118	151	120	100	74	85	114	**1,136**
Geriatric Medicine	38	36	37	34	39	22	32	35	29	27	**385**
Gynaecological Oncology		1	1	2	3	2		4		2	**18**
Gynaecology	13	20	23	26	34	42	23	15	19	29	**259**
Haemophilia Service	1				4	1	1				**7**
Hepatobiliary & Pancreatic Surgery	19	15	16	13	15	15	25	14	17	15	**186**
Hepatology	16	14	16	15	31	21	29	14	10	17	**196**
Infectious Diseases	1	2	3	2	3	2	4	4	3		**24**
Interventional Radiology	5	8	6	10	15	9	15	7	11	9	**104**
Maxillo-Facial Surgery	3	4		8	7	2	2	2		2	**33**
Medical Oncology	26	26	28	23	26	22	17	26	20	29	**291**
Midwifery Service	2	4	2	2	4	2	1	5	4	4	**35**
Neonatology	5	6	6	4	10	8	9	12	3	5	**76**
Nephrology	35	39	46	57	56	29	23	11	13	7	**403**
Neurology	52	38	58	77	63	53	60	56	57	77	**665**
Neurosurgery	48	92	94	95	94	62	83	58	68	73	**844**
Nuclear Medicine	1	1		1	1		1		1		**6**
Obstetrics Hospital Bed	37	35	23	41	41	49	35	39	34	40	**427**
Ophthalmology	46	62	78	80	86	72	67	33	45	81	**696**
Oral Surgery	5	9	5	19	14	21	7	6	5	13	**104**
Paediatric Audiological						1					**1**
Paediatric Burns Care	12	4	7	1	5	6	1	8	1	4	**55**
Paediatric Cardiac Surgery	17	13	15	17	12	21	8	9	5	19	**159**
Paediatric Cardiology	28	20	20	29	29	30	14	15	23	26	**268**
Paediatric Clinical Haematology	12	15	5	16	12	9	13	10	18	30	**163**
Paediatric Clinical Immunology And Allergy Service			2	2	3	1	2	1	4	4	**19**
Paediatric Dentistry	2	3	7	5	2	1	2	1	1	1	**28**
Paediatric Dermatology	1	2	4		3	2	4		1	3	**21**
Total	**1,771**	**2,054**	**2,035**	**2,468**	**2,684**	**2,521**	**2,528**	**2,024**	**1,995**	**2,433**	**24,945**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-12)	CountEpisode for 2019/20 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Gastroenterology	1384	1,752	-21%
General Medicine	2588	3,215	-20%
General Surgery	1136	1,852	-39%
Geriatric Medicine	385	396	-3%
Gynaecological Oncology	18	6	200%
Gynaecology	259	460	-44%
Haemophilia Service	7	2	250%
Hepatobiliary & Pancreatic Surgery	186	295	-37%
Hepatology	196	216	-9%
Infectious Diseases	24	37	-35%
Interventional Radiology	104	137	-24%
Maxillo-Facial Surgery	33	115	-71%
Medical Oncology	291	467	-38%
Midwifery Service	35	18	94%
Neonatology	76	77	-1%
Nephrology	403	469	-14%
Neurology	665	983	-32%
Neurosurgery	844	1,383	-39%
Nuclear Medicine	6	9	-33%
Obstetrics Hospital Bed	427	368	16%
Ophthalmology	696	1,546	-55%
Oral Surgery	104	203	-49%
Paediatric Audiological	1		
Paediatric Burns Care	55	57	-4%
Paediatric Cardiac Surgery	159	153	4%
Paediatric Cardiology	268	347	-23%
Paediatric Clinical Haematology	163	337	-52%
Paediatric Clinical Immunology And Allergy Service	19	33	-42%
Paediatric Dentistry	28	47	-40%
Paediatric Dermatology	21	32	-34%
Total	**24945**	**37,311**	**-33%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	3	4	5	6	7	8	9	10	11	12	Total
Paediatric Diabetic Medicine					1					2	**3**
Paediatric Ear Nose and Throat	7	10	10	10	16	9	6	12	8	16	**110**
Paediatric Endocrinology	4	7	8	6	8	7	7	7	8	11	**79**
Paediatric Epilepsy		4	1		2	2		2		1	**12**
Paediatric Gastroenterology	15	21	18	23	22	22	19	15	20	28	**220**
Paediatric Intensive Care	5	14	10	16	17	14	5	6	8	9	**131**
Paediatric Interventional Radiology	1	1	2	1		1	1	1	1	2	**12**
Paediatric Maxillo-Facial				1							**1**
Paediatric Medical Oncology	47	56	42	49	44	45	54	43	38	36	**557**
Paediatric Metabolic Disease	1	3		1	2	2		3	1	3	**17**
Paediatric Nephrology	25	18	16	24	15	23	27	24	24	26	**263**
Paediatric Neuro-Disability		1		1							**2**
Paediatric Neurology	8	5	13	8	10	7	7	10	9	7	**99**
Paediatric Neurosurgery	11	15	12	15	14	19	12	11	8	16	**150**
Paediatric Ophthalmology	7	7	8	13	9	5	8	7	9	14	**96**
Paediatric Plastic Surgery	6	20	18	8	15	12	14	12	10	19	**144**
Paediatric Respiratory Medicine	2	10	6	13	12	15	11	9	11	9	**102**
Paediatric Rheumatology	4	7	10	10	2	6	16	11	6	13	**96**
Paediatric Surgery	28	45	42	52	38	44	51	34	26	42	**449**
Paediatric Thoracic Surgery										2	**2**
Paediatric Transplantation Surgery				1			1				**2**
Paediatric Trauma and Orthopaedics	3	6	6	11	14	11	13	6	7	14	**97**
Paediatric Urology	14	17	20	14	21	33	22	25	27	30	**240**
Paediatrics	29	30	21	20	37	44	46	40	38	31	**393**
Pain Management	1	3	5	15	15	3	36	18	1	6	**104**
Palliative Medicine			1		1		1	2			**5**
Plastic Surgery	53	70	82	101	118	98	101	76	55	103	**952**
Podiatric Surgery				4	4	6	3	5			**22**
Rehabilitation Service	1		2	2	4	4	5	1	3	2	**32**
Total	**1,771**	**2,054**	**2,035**	**2,468**	**2,684**	**2,521**	**2,528**	**2,024**	**1,995**	**2,433**	**24,945**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-12)	CountEpisode for 2019/20 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Paediatric Diabetic Medicine	3		
Paediatric Ear Nose and Throat	110	208	-47%
Paediatric Endocrinology	79	123	-36%
Paediatric Epilepsy	12	24	-50%
Paediatric Gastroenterology	220	223	-1%
Paediatric Intensive Care	131	152	-14%
Paediatric Interventional Radiology	12	26	-54%
Paediatric Maxillo-Facial Surgery	1	1	0%
Paediatric Medical Oncology	557	677	-18%
Paediatric Metabolic Disease	17	16	6%
Paediatric Nephrology	263	367	-28%
Paediatric Neuro-Disability	2		
Paediatric Neurology	99	148	-33%
Paediatric Neurosurgery	150	192	-22%
Paediatric Ophthalmology	96	84	14%
Paediatric Plastic Surgery	144	189	-24%
Paediatric Respiratory Medicine	102	158	-35%
Paediatric Rheumatology	96	105	-9%
Paediatric Surgery	449	518	-13%
Paediatric Thoracic Surgery	2		
Paediatric Transplantation Surgery	2	7	-71%
Paediatric Trauma and Orthopaedics	97	147	-34%
Paediatric Urology	240	329	-27%
Paediatrics	393	708	-44%
Pain Management	104	132	-21%
Palliative Medicine	5	1	400%
Plastic Surgery	952	1,505	-37%
Podiatric Surgery	22	109	-80%
Rehabilitation Service	32	47	-32%
Total	**24945**	**37,311**	**-33%**

Episode total to current month (NWIS data warehouse)

TreatmentSpecialtyDesc	3	4	5	6	7	8	9	10	11	12	Total
Respiratory Medicine	49	43	33	43	37	44	60	51	49	52	**539**
Respiratory Physiology			1		2		1				**4**
Restorative Dentistry					1	1		1			**4**
Rheumatology	39	28	36	59	55	76	59	51	61	61	**551**
Spinal Injuries	3	6	2	9	14	20	8	7	8	4	**87**
Spinal Surgery Service	1	8	5	2	2	4	3	5	3	6	**39**
Stroke Medicine	14	13	17	12	17	13	23	10	16	16	**172**
Thoracic Surgery	17	23	23	21	15	13	15	10	18	30	**213**
Transplantation Surgery	14	7	21	27	21	10	14	8	9	11	**153**
Trauma & Orthopaedics	113	158	154	227	259	295	324	203	129	189	**2,198**
Upper Gastrointestinal Surgery	2	8	6	10	2	5	3	1	4	5	**50**
Urology	51	55	75	50	83	90	97	53	81	84	**766**
Vascular Surgery	2	6	4	10	12	8	8	3	2	8	**64**
Well Babies	1	1	1	1	1	2		3	3	3	**16**
Total	**1,771**	**2,054**	**2,035**	**2,468**	**2,684**	**2,521**	**2,528**	**2,024**	**1,995**	**2,433**	**24,945**

TreatmentSpecialtyDescription	CountEpisode for 2020/21 (M1-12)	CountEpisode for 2019/20 (M1-12)	CountEpisode % diff 2020/21 to 19/20
Respiratory Medicine	539	904	-40%
Respiratory Physiology	4	5	-20%
Restorative Dentistry	4	2	100%
Rheumatology	551	719	-23%
Spinal Injuries	87	235	-63%
Spinal Surgery Service	39	26	50%
Stroke Medicine	172	147	17%
Thoracic Surgery	213	309	-31%
Transplantation Surgery	153	244	-37%
Trauma & Orthopaedics	2198	5,453	-60%
Upper Gastrointestinal Surgery	50	92	-46%
Urology	766	1,133	-32%
Vascular Surgery	64	112	-43%
Well Babies	16	21	-24%
Total	**24945**	**37,311**	**-33%**

Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)
Table 4 (8 pages) – Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21 (All-Wales and each Health Board of residence)

4.1 All-Wales:

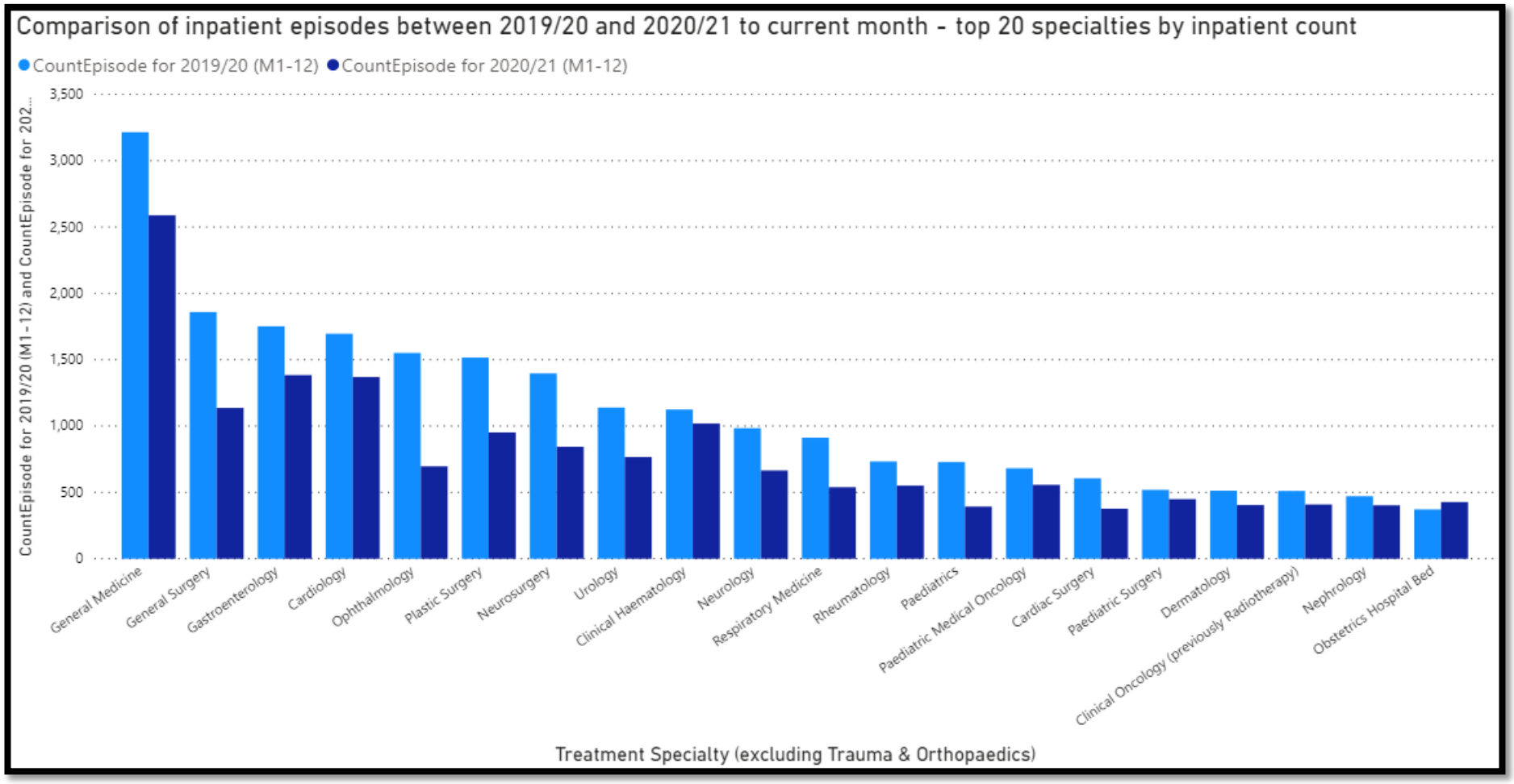


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

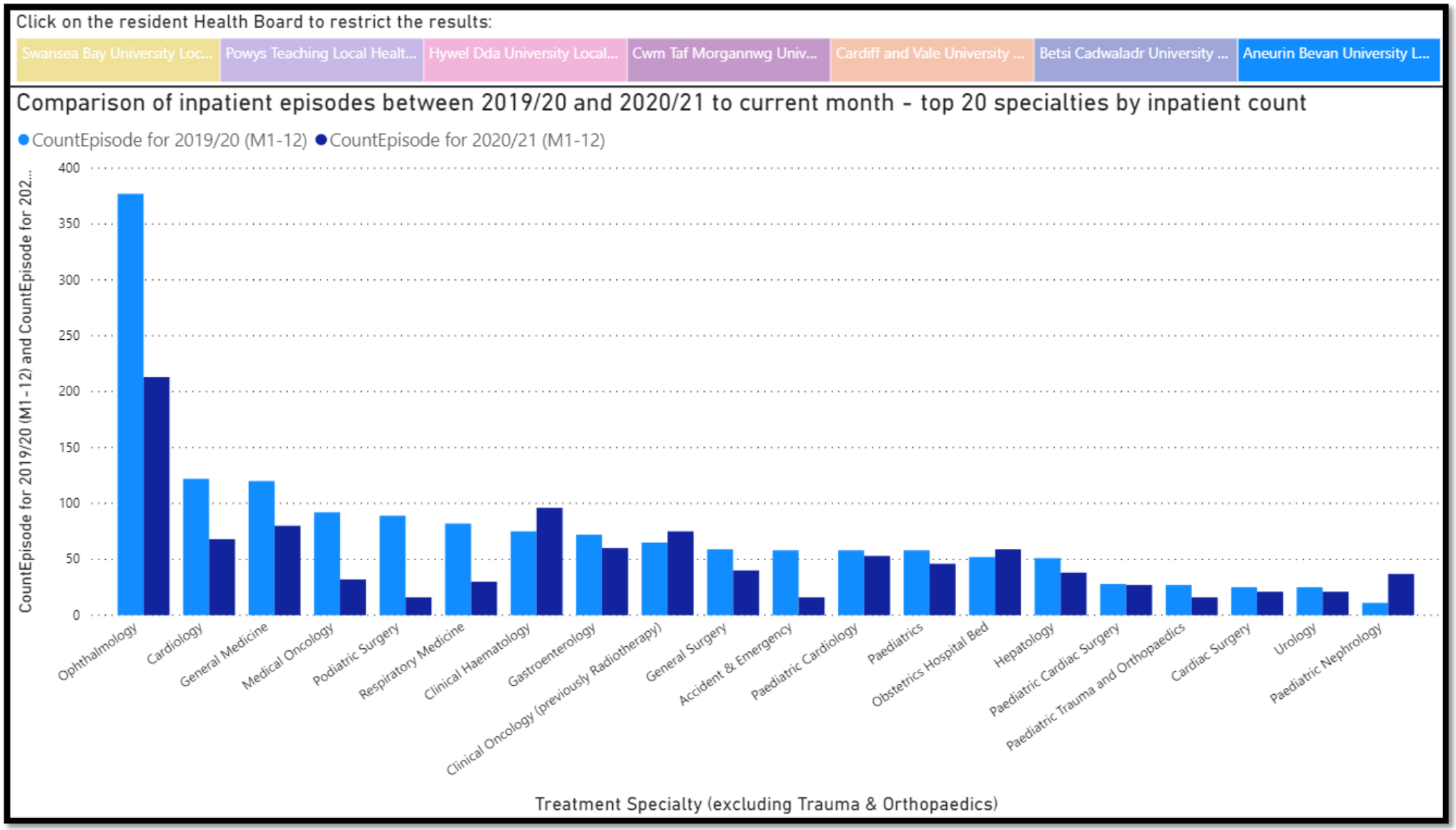


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

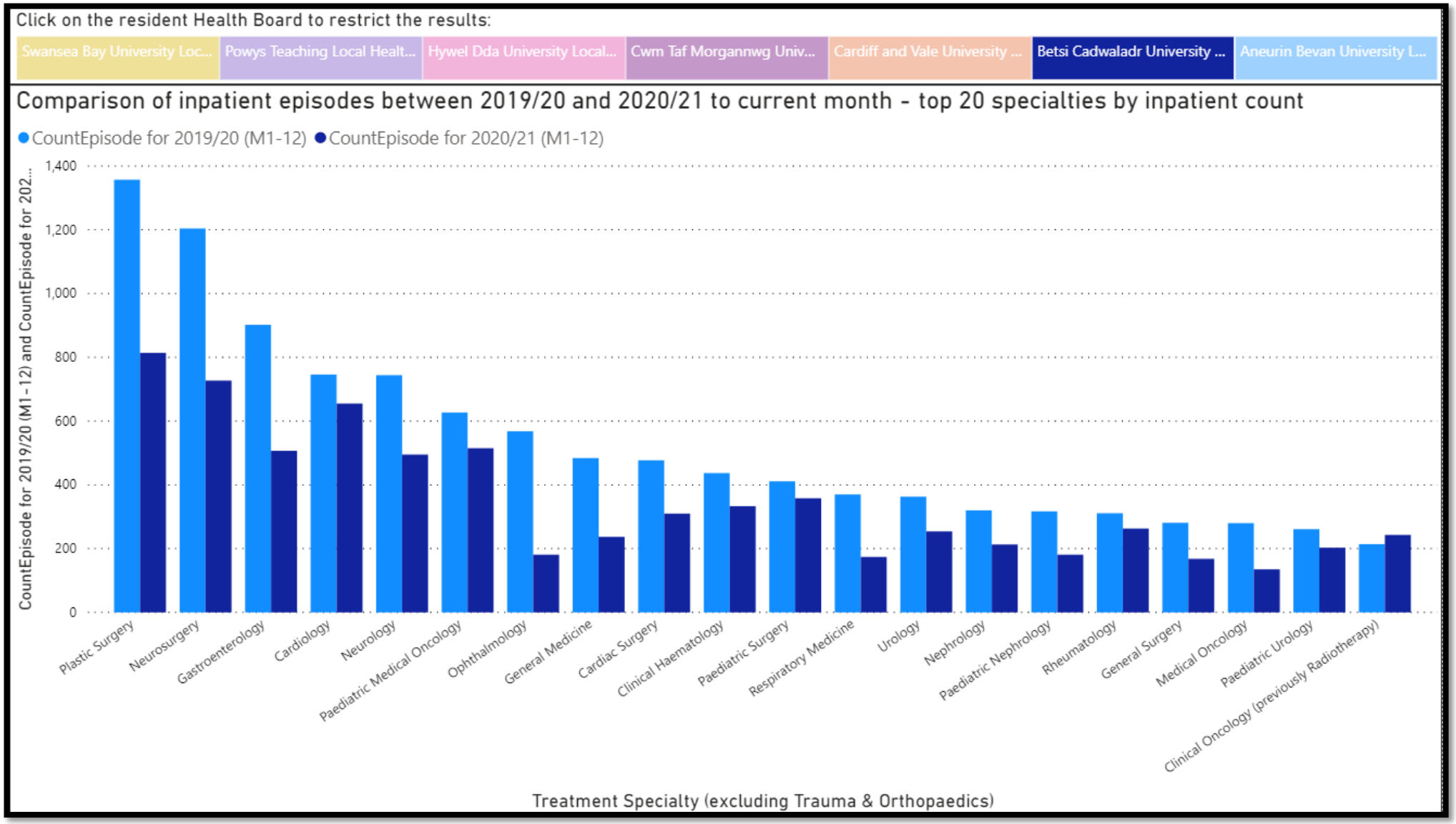


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

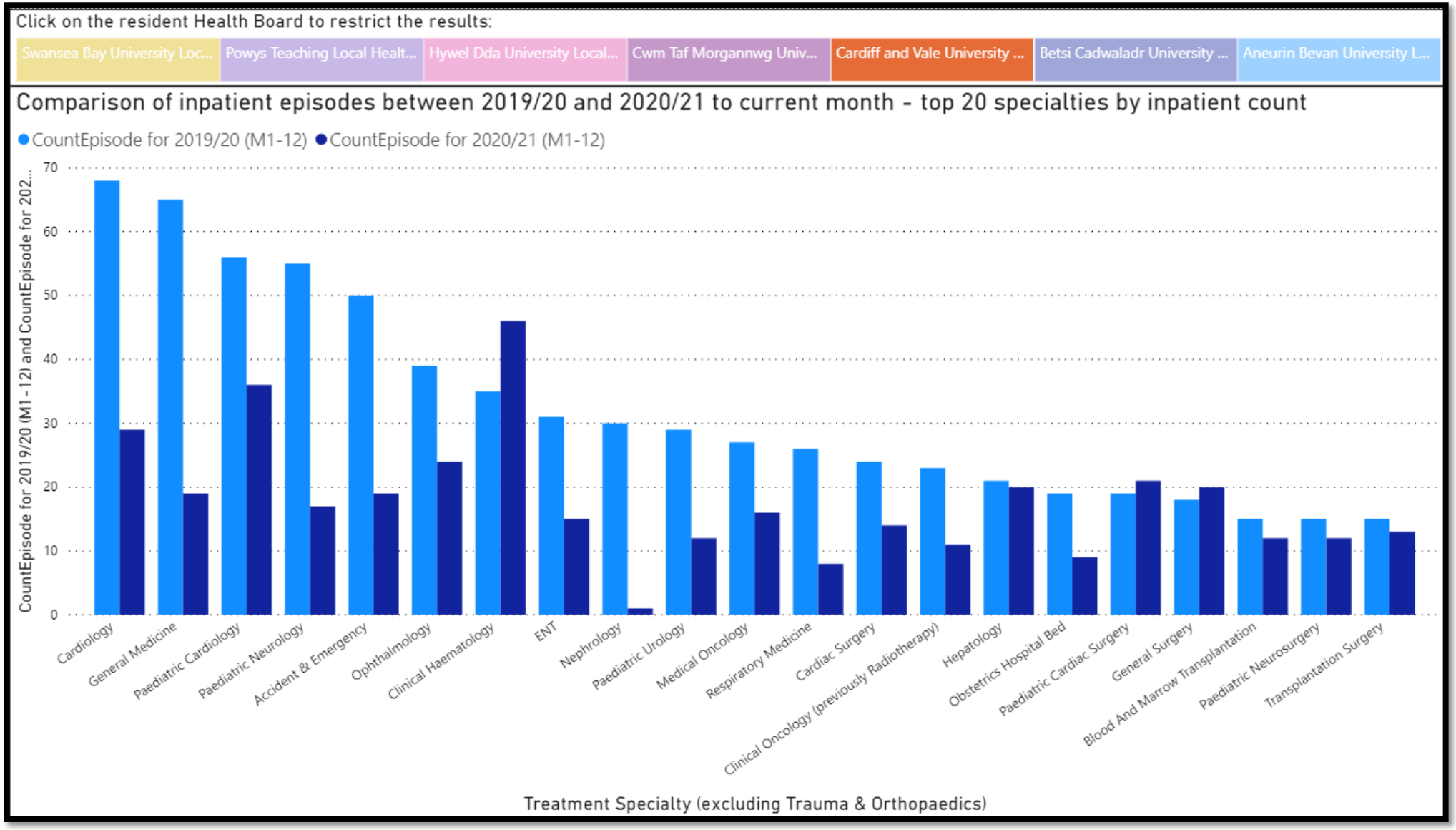


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

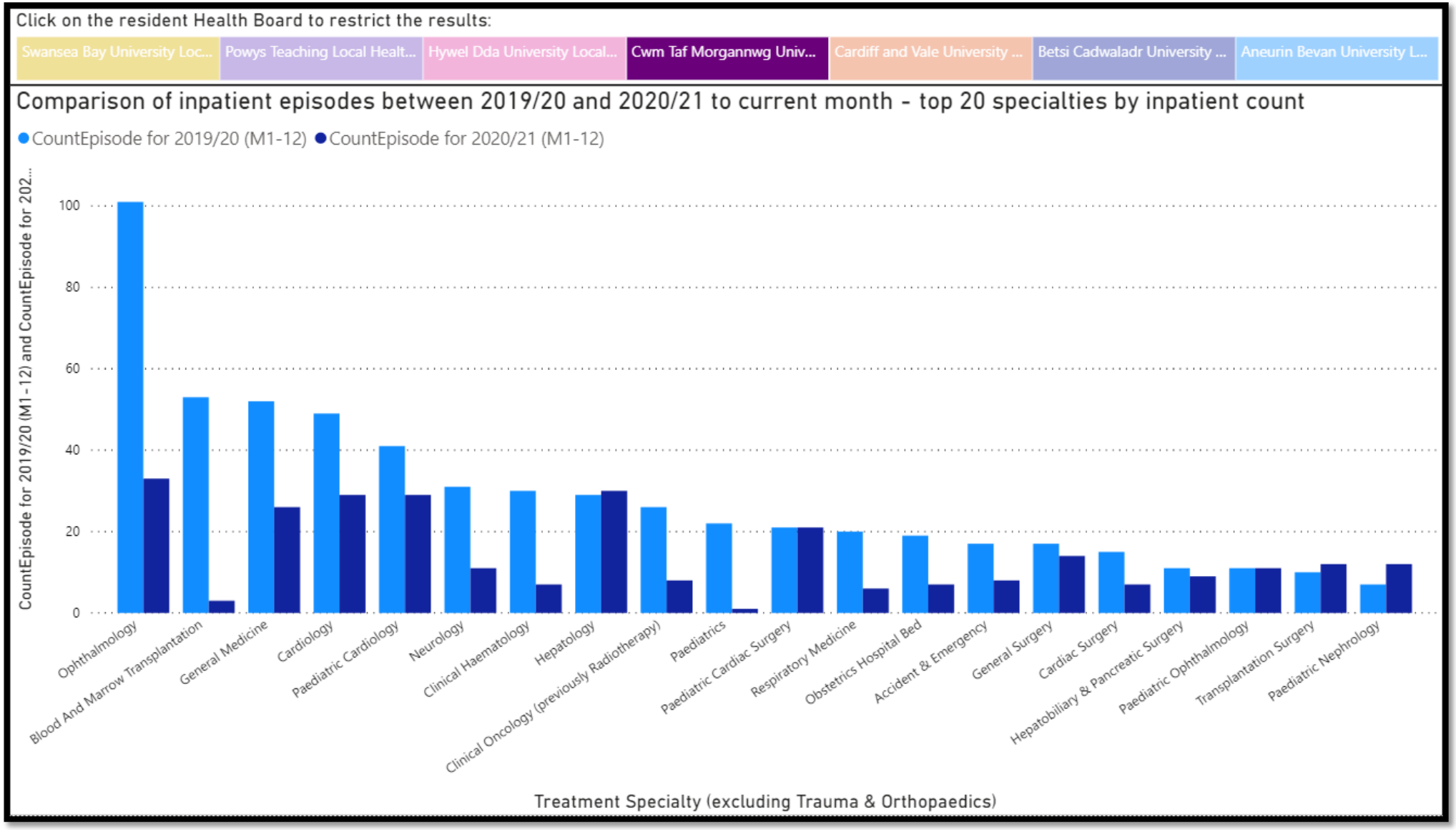


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

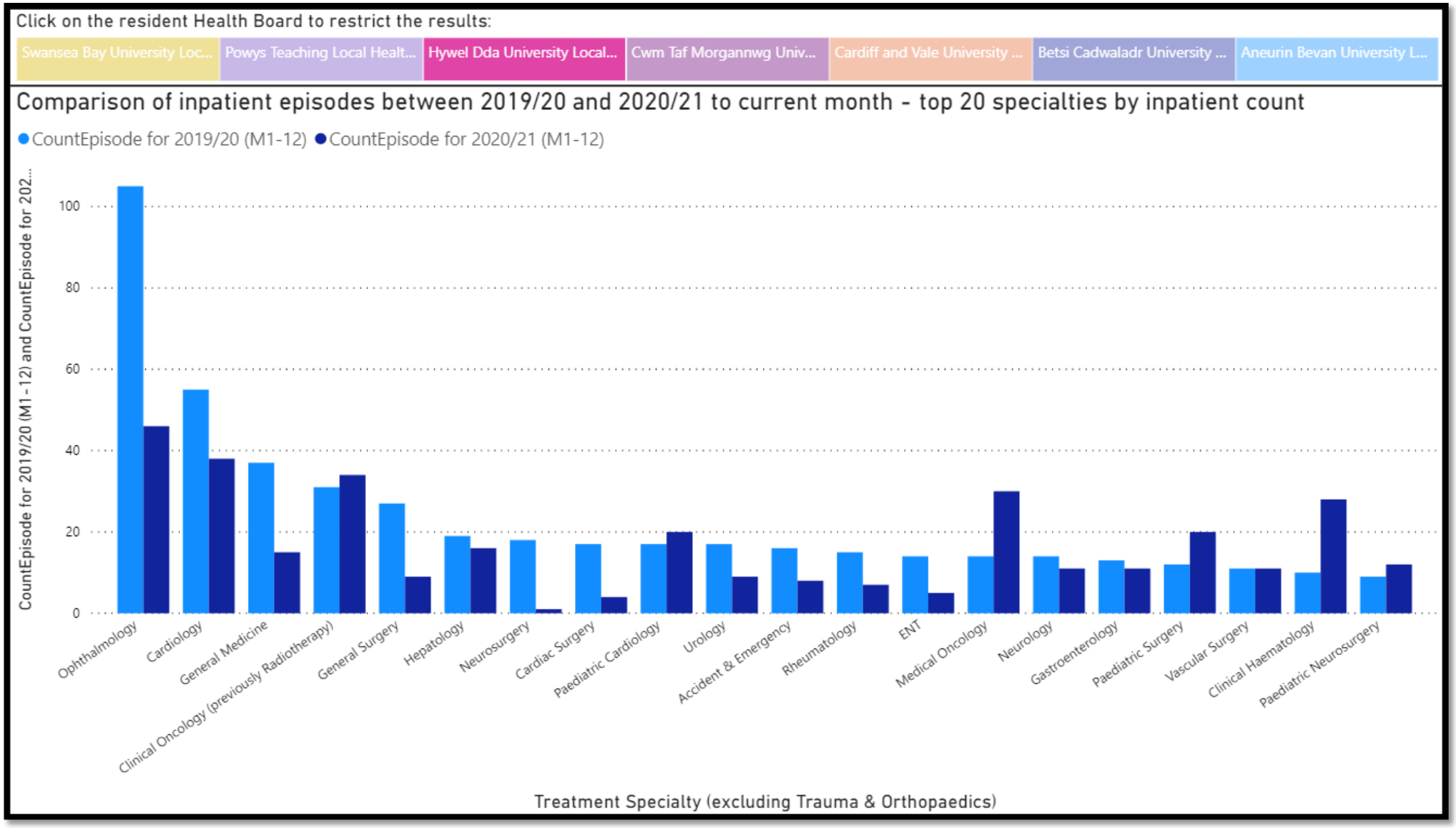


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21

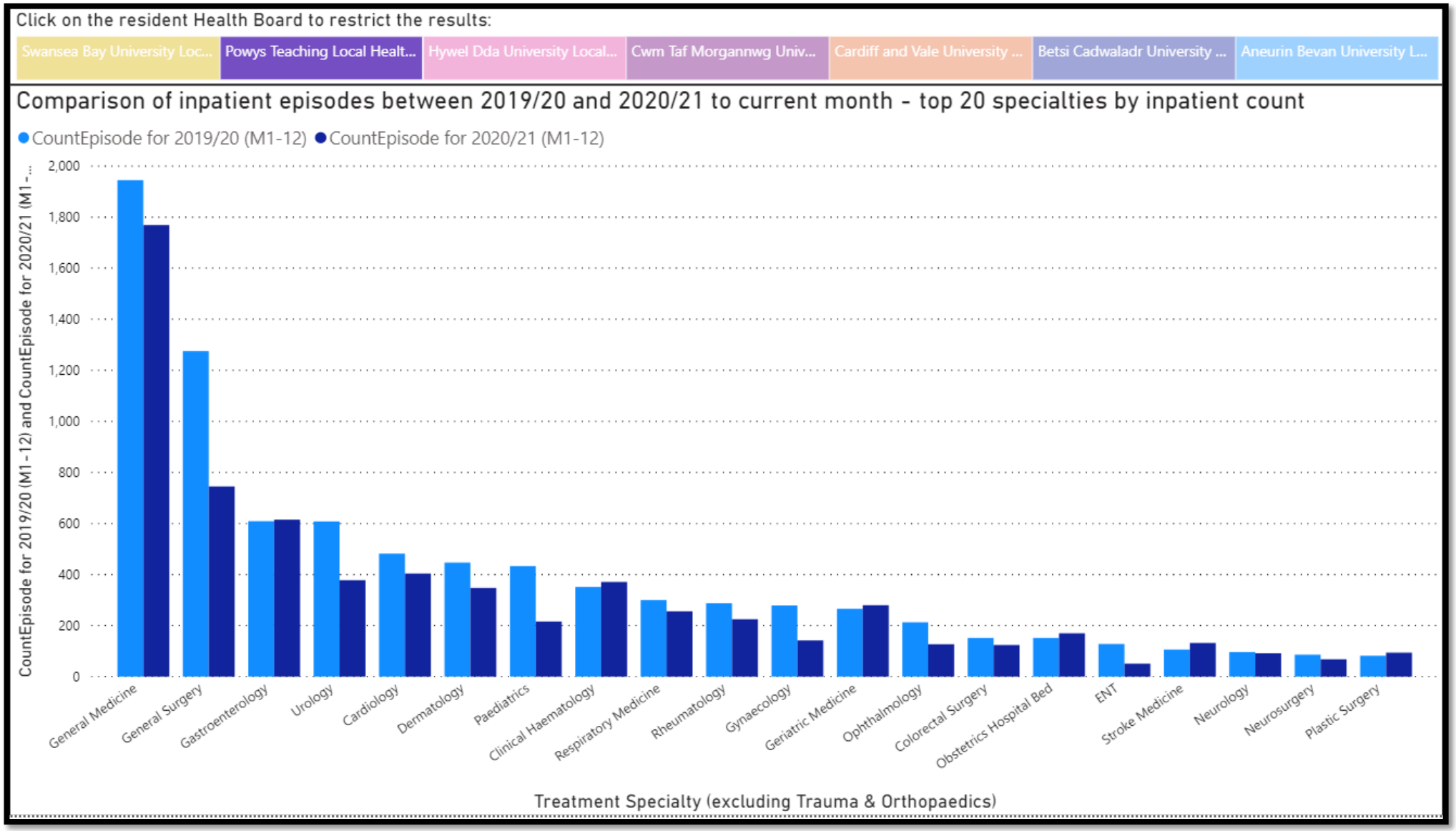
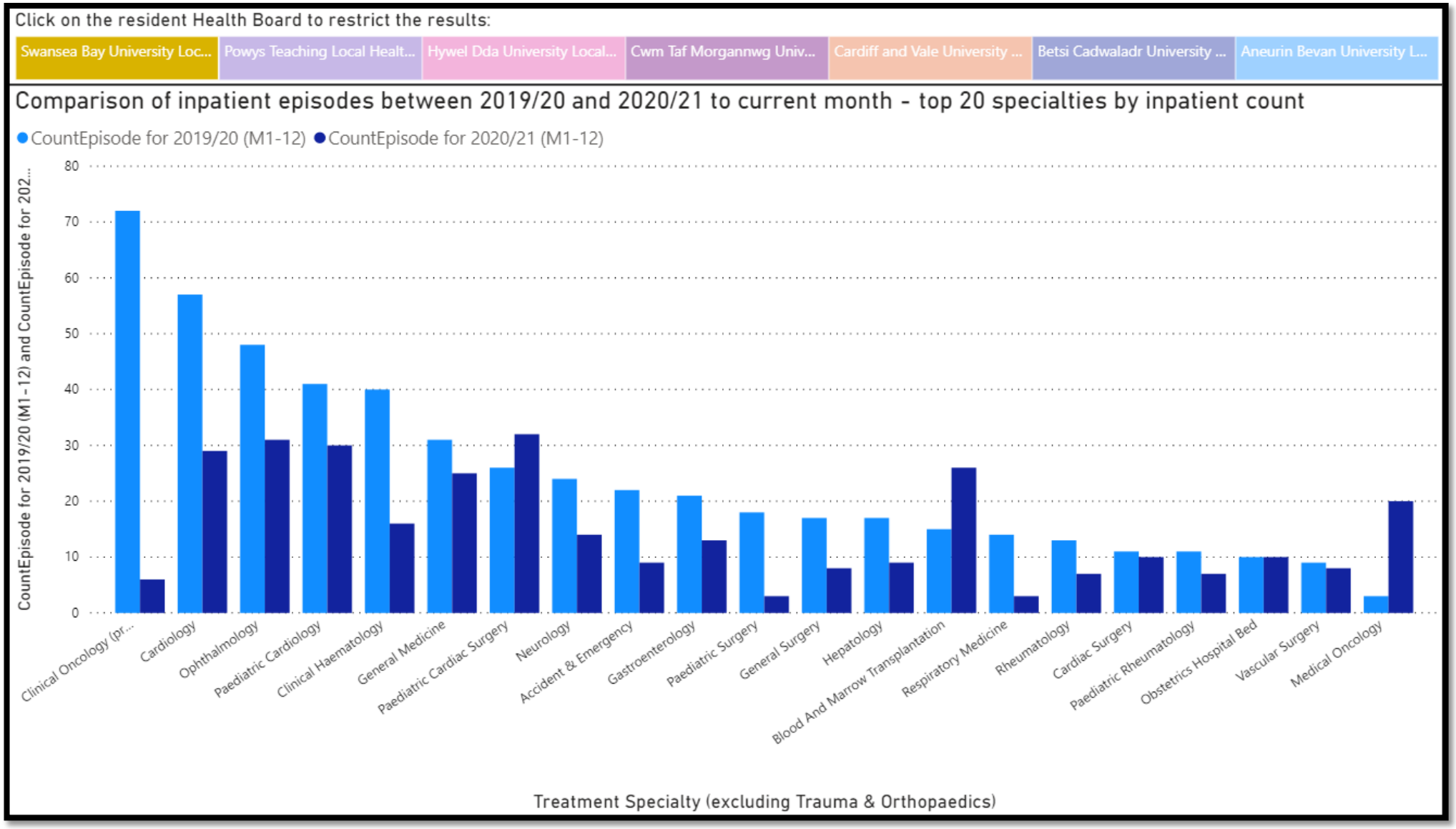


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20 and 2020/21



		Agenda Item	5.2
Meeting Title	**Joint Committee**	Meeting Date	11/05/2021
Report Title	Financial Performance Report – Month 12 2020/21		
Author (Job title)	Finance Manager - Contracting		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	The purpose of this report is to set out the financial position for WHSSC for the 12th month of 2020/21. 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.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	22/04/2021
Recommendation(s)	Members are asked to: • **Note** the current financial position and forecast year-end position.		

Considerations within the report (tick as appropriate)

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

1.0 SITUATION

The purpose of this report is to provide the final outturn for the financial year.

This report will be shared with WHSSC Management Group on 22 April and Joint Committee on 11 May.

2.0 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.

3.0 ASSESSMENT

The financial position reported at Month 12 for WHSSC is a year-end outturn under spend of £12,417k.

This under spend relates mainly to months 1-12 underspend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q4 20/21 development slippage. Owing to uncertainty regarding the pace of activity recovery and timing of information flows from NHS England providers, WHSSC has adopted a prudent approach to providing for expenditure reductions that may arise from under-performance.

4.0 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 12

1. Situation / Purpose of Report

The purpose of this report is to set out the final outturn position for WHSSC for the 12th 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	695,812	695,812	683,779	(12,032)	5,420	(12,032)	2,193
EASC (WAST, EMRTS, NCCU)	180,006	180,006	179,621	(385)	(113)	(385)	(113)
Total as per Risk-share tables	875,817	875,817	863,400	(12,417)	5,494	(12,417)	2,308

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 12 is an underspend of £12,417k.

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 (with adjustment for pass-through payments) have been agreed with NHS England providers due to the COVID-19 situation. For the second six months block arrangements continued but with the addition of clawback arrangements for under/over performance above defined thresholds.

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 £'000	Budgeted to Date £'000	Actual to Date £'000	Variance to Date £'000	Previous month Var to date £'000	Current EOYF Variance £'000	Previous month EOYF Var £'000
NHS Wales							
Cardiff & Vale University Health Board	226,242	226,242	223,976	(2,266)	(2,089)	(2,266)	(2,498)
Swansea Bay University Health Board	105,058	105,058	105,720	661	572	661	624
Cwm Taf Morgannwg University Health Board	9,947	9,947	9,947	0	0	0	0
Aneurin Bevan Health Board	8,358	8,358	8,358	0	0	0	0
Hywel Dda Health Board	1,629	1,629	1,629	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	43,091	43,091	42,893	(198)	(181)	(198)	(198)
Velindre NHS Trust	48,656	48,656	46,645	(2,011)	(1,836)	(2,011)	(2,112)
Sub-total NHS Wales	**442,982**	**442,982**	**439,168**	**(3,814)**	**(3,535)**	**(3,814)**	**(4,184)**
Non Welsh SLAs	116,969	116,969	113,757	(3,211)	(4,475)	(3,211)	(4,654)
IPFR	58,613	58,613	60,683	2,070	251	2,070	958
IVF	4,841	4,841	4,720	(121)	(207)	(121)	(207)
Mental Health	31,468	31,468	34,706	3,238	1,831	3,238	2,739
Renal	4,789	4,789	4,461	(328)	(211)	(328)	(228)
Prior Year developments	2,628	2,628	3,073	445	532	445	799
2020/21 Plan Developments	29,067	29,067	23,137	(5,930)	(7,577)	(5,930)	(5,145)
Direct Running Costs	4,456	4,456	4,269	(187)	(366)	(187)	(224)
Reserves Releases 2019/20	0	0	(4,194)	(4,194)	(3,696)	(4,194)	(4,078)
Phasing adjustment for Developments not yet implemented ** see below	0	0	0	0	0	0	0
Total Expenditure	**695,812**	**695,812**	**683,779**	**(12,032)**	**(17,453)**	**(12,032)**	**(14,225)**

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 1-12 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 month's 1-12 performance variations on the pass through elements of the LTAs. Particularly material underspends exist for C&V relating to ALAS equipment, Haemophilia, Renal Transplants, Spinal Implants, INR Devices, Cystic Fibrosis, BMT, ATMP, BAHAs and Velindre NICE drugs. These are partially offset by overspends on Immunology issues and Home TPN at Cardiff & Vale and NICE High Cost Drugs for both Cardiff & Vale and Swansea Bay. This provider position at Cardiff & Vale and Swansea Bay UHB reflects the full year impact of Joint Committee agreement where TAVI over performance will be reimbursed at 19/20 outturn levels.

5.2 NHS England

All NHS England provider contracts have been calculated on the same basis with a block element covering 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 the full year. Month 7-12 assumes continuation of the blocks at the months 1-6 agreed baselines. An agreement has been reached with NHS England of a tiered performance reduction at material providers. The position reflects months 6-12 of the cross border agreement with underperformance against blocks where provider activity is forecast at > 20% below agreed baseline. The performance of these contracts over the last 6 months of the year has been subject to considerable volatility. Performance was typically recovering strongly through the summer and autumn but then significantly fell away due to the impact of the second wave before recovering to varying degrees in February. It is expected that recovery will continue for March but at an uncertain pace. A number of providers are near the 20% under-performance level but a strong March performance could swing positions away from clawback trigger points. A prudent position had therefore been taken regarding provision for clawbacks to reflect the degree of uncertainty and direction of performance improvement.

5.3 Individual Patient Commissioning

The month 12 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. The yearend position is a net overspend of £2,070k. This is driven by an exceptional long stay transplant patient at GOSH £1,630k and the growth in prescribed Vertex products for cystic fibrosis £858k.

5.4 Mental Health

The Mental Health position is based on approved placements in High, Medium Secure and Specialist Mental Health providers with the yearend reported overspend being £3,238k. This is due to a number of high cost enhanced observation patients within forensic medium secure providers, and higher activity in gender assessments and CAMHS out of area placements.

5.5 Strategic IMTP Developments and Provisions

As anticipated in previous months forecasts there was significant slippage against the part year funding provisions for 2020/21 CIAG developments and prioritisation schemes. The final reported position was slippage of £4,018k. There was also slippage of £1,500k against the dialysis growth provision and £2,400k against the horizon scanning NICE provision due to a number of new drug appraisals being delayed.

The ATMP position has been revised to an overspend of £3,341k against the 20/21 funded baseline, based on in year approvals. This variance is managed within the overall WHSSC position and no central funding has been drawn from WG reserves to cover growth and new ATMPs.

The final spend on 'non recurrent underspend funded' schemes aimed at reducing specialised waiting lists and improving activity flow was £1,242k.

5.6 WHSSC Direct Running Costs

The running cost outturn at month 12 is £187k underspent. This is a very small movement of £36k in core staffing when compared to last month.

5.7 Renal

The yearend outturn is currently £328k underspent, this is an increase in the underspend of £100k compared to last month and is mainly the result of the release of drug accruals in Cardiff & Vale and a continued activity reduction in Royal Liverpool & Broadgreen that is partially offset by dialysis contract growth at Swansea Bay.

5.8 IVF

The month 12 outturn position is £121k underspent. The movement from last month is a result of additional approvals at providers not covered by block agreement, mainly Oxford.

5.9 Reserves releases

The reserves release of £4,194k are related to 19/20 commitments that are confirmed will not materialise in 20/21, a number of these are due to the exceptional settlements made with providers at year end means they will not make further recharges for 19/20 activity. The £116k movement this month relates to an additional release for Manchester University Trust for an SLA credit.

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 11 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 M12	(12,032)	(2,243)	(563)	(1,882)	(1,923)	(500)	(479)	(4,442)
Variance M11	(17,453)	(3,014)	(1,372)	(2,357)	(2,884)	(1,153)	(982)	(5,690)
Movement	5,420	771	809	475	961	653	503	1,248

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 M12	(12,032)	(2,243)	(563)	(1,882)	(1,923)	(500)	(479)	(4,442)
EOY forecast M11	(14,225)	(2,516)	(842)	(1,881)	(2,183)	(657)	(770)	(5,376)
EOY movement	2,193	273	278	(1)	260	157	292	934

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 Accounted to Date £'000	EOY Comm'er Position £'000
SB	105,148	105,148	105,165	0	(17)	105,148	(564)
Aneurin Bevan	163,682	163,682	161,669	2,013	0	163,682	(2,299)
Betsi Cadwaladr	194,037	194,037	191,000	3,082	(45)	194,038	(4,445)
Cardiff and Vale	140,088	140,088	139,286	889	(87)	140,088	(2,244)
Cwm Taf Morgannwg	127,819	127,819	126,753	(16	1,082	127,819	(1,883)
Hywel Dda	103,134	103,134	102,127	1,030	(23)	103,133	(502)
Powys	41,909	41,909	41,563	360	(13	41,909	(480)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	875,817	875,817	867,563	7,358	897	875,817	(12,417)

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

None

8. Overview of Key Risks / Opportunities

None.

9. Public Sector Payment Compliance

As at month 12 WHSSC has achieved 100% compliance for NHS invoices paid within 30 days by value and 98.5% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 99.6% by number.

This data is updated on a quarterly basis.

WHSSC has undertaken a self-audit of our PSPP results as provided by NHS WSSP and are content that they are accurate.

10. Responses to Action Notes from WG MMR responses

None

11. SLA 20/21 status update

All Welsh SLAs are signed.
WHSSC agreed a cross border framework with NHS England providers for months 7-12 based on the block contract baselines established in months 1-6 with tiered % performance adjustments if underperformance met specific levels. Drugs and devices will also be outside the blocks and reimbursed on actuals.

12. Confirmation of position report by the MD and DOF

Sian Lewis,
Managing Director, WHSSC

Stuart Davies,
Director of Finance, WHSSC

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 25 MARCH 2021

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. 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. Action Log

Members noted the action log and received an update on:

- **MG145** - Paediatric Endocrinology: Review of activity levels – carried forward to July 2021.
- **MG210** - Paediatric Ketogenic Diet – Change in Service Model: Review of activity levels – carried forward to July 2021.

3. Managing Director's Report

Members received a paper proving updates on (1) the PET-CT Programme Business Case; (2) the revised WHSSC Risk Management Strategy; (3) UHW2; (4) de-escalation of the SBUHB TAVI service; and (5) de-escalation of the Paediatric Intensive Care services at the Children's Hospital for Wales, which was noted.

4. PET New Indications for 2021-22

Members received a paper that sought approval for the release of funding in order to implement the new PET indications included within the 2021-22 ICP.

Members (1) approved the release of funding for implementation of the 2021-22 ICP scheme for new PET indications; (2) noted the scheme is within the funding provision approved in the 2021-22 ICP; (3) noted the revised PET policy has been developed with clinical advice from the All Wales PET Advisory Group and that routine commissioning of the new policy will commence following a period of stakeholder consultation during April 2021.

5. Aortic Stenosis Clinical Pathway Development and Implementation Plan

Members received a paper that sought support for the implementation of the Aortic Stenosis Clinical Pathway Development and Implementation Plan.

It was confirmed that the recently published NICE draft clinical guidelines on heart valve disease presenting in adults and the English referral to treatment 62-day target would be taken into consideration.

Members (1) noted the information presented within the report; and (2) supported the implementation of the Aortic Stenosis Clinical Pathway Development and Implementation Plan.

6. Tuberous Sclerosis Complex Specialist Clinic: Implementation of 2021-22 ICP scheme

Members received a paper that sought approval for the release of funding to enable the implementation of the 2021-22 ICP scheme for the Tuberous Sclerosis Complex Specialist Clinic.

Members (1) approved the release of funding for the 2021-22 ICP scheme for the Tuberous Sclerosis Complex Specialist Clinic; (2) noted that the requested funding is within the provision made for Tuberous Sclerosis within the 2021-22 ICP; and (3) noted the assessment that the business case provides value for money.

7. Proposal for Syndrome Without a Name (SWAN) service

Members received a paper that informed them that the WHSS team is supporting a Rare Diseases Implementation Group (RDIG) proposal to establish a SWAN service as a 3 year pilot, backed by Welsh Government funding. The main aim of the SWAN service is to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG.

Members noted the WHSS team support for a RDIG proposal for a pilot children's SWAN service.

8. Traumatic Stress Wales (TSW) – Hub Staffing

Members received a paper that informed them that, following confirmation of recurrent funding from Welsh Government, the TSW hub posts (filled and unfilled) are to be made permanent. This is a Welsh Government funded initiative.

Members noted the information presented within the report.

9. CIAG process for 2021-22

Members received a paper that outlined a proposed CIAG process for 2021-22.

Members (1) considered and discussed the process and associated timeline; and (2) supported the process and associated timeline.

10. Proposals for Utilisation of Underspend

Members received a paper that reported the WHSSC Chair's Actions taken to approve proposals for the utilisation of forecast underspend, based on the Joint Committee's decision taken on 15 December 2020.

Members noted the list of proposals supported by WHSSC Corporate Directors Group Board and approved by WHSSC Chair's Action in line with the decision of Joint Committee taken on 15 December 2020.

11. Activity Report for Month 10 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 whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented within the report.

12. 2020-21 Month 11 Finance Report

Members received a paper the purpose of which was to provide the current financial position of WHSSC together with the outturn forecast for the financial year. The financial position at month 11 is a year to date underspend of £17.5m and a forecast year end under spend of £14.2m.

This under spend under spend relates mainly to months 1-11 underspend on the pass through elements of welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1–Q4 2020-21 development slippage.

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 22 APRIL 2021

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. 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. Action Log

Members noted that there were no actions due on the action log.

3. Managing Director's Report

Members received a paper proving an update on removal of the south Wales Soft Tissue Sarcoma Service from escalation of, which was noted.

4. Project Initiation Document: Mental Health Strategy

Members received a paper that sought to initiate the development of a 'Specialist Mental Health Strategy' for the population of Wales.

Members noted the initiation of this work and commented as required.

5. Provision of Microprocessor Controlled Prosthetic Knees for Civilians

Members received a paper that informed them of the funding provided by Welsh Government for microprocessor controlled prosthetic knees for civilians and request approval for implementing the commissioning of this new prosthetic activity.

Members (1) noted the funding provided by Welsh Government for the establishment of a microprocessor controlled prosthetic knee service for the civilian population; and (2) approved the proposed commissioning arrangements for this additional prosthetic activity.

6. Funding Release for the Prosthetics Service - SBUHB

Members received a paper that sought approval for the release of funding for the prosthetics service provided by SBUHB to mitigate the workforce risks highlighted in the 2021-24 ICP.

Members (1) approved the request for the release of funding, which is fully provided for in the ICP 2021-22 for the prosthetic service, SBUHB, to mitigate the workforce risks to support equity of access, sustainability and quality of service provision.

7. Pulmonary Hypertension – Potential to develop an improved service for Wales

Members received a paper that provided a summary of the findings of the review and sought support to take forward the recommendations to improve pulmonary hypertension services across Wales.

Members (1) noted the information in the report; and (2) supported the WHSS team in taking forward the work required to determine what a local service could look like, to include:

- Revitalising the Clinical Working Group to support the ongoing work to develop the satellite model of care;
- Reviewing the findings/outcomes from the pilot being undertaken at SBUHB to provide further evidence of success of a satellite clinic;
- Undertaking further financial scrutiny; and
- Determining if this new model of care should be considered for prioritisation through the 2022-25 ICP, or if this could be achieved through repatriation of services.

8. Paediatric Inherited Metabolic Disease

Members received a paper that sought support for the proposed new arrangements for the south and west Wales' paediatric inherited metabolic disease population, following notification by CVUHB that they are unable to continue to deliver the service after the 31 March 2021.

Members (1) noted the cessation of the existing service; (2) supported the funding for the new integrated service between University Hospital Bristol and CVUHB; and (3) supported the increase in consultant provision at CVUHB until September 2021 to support the transition between the current and new model.

9. Activity Report for Month 11 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 whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented within the report.

10. 2020-21 Month 12 Finance Report

Members received a paper the purpose of which was to provide the final outturn for the financial year. The financial position at was an under spend of £12.03m after making prudent provisions.

The under spend relates mainly to months 1-12 underspend on the pass through elements of NHS Wales provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at >20% below agreed baseline and Q1 – Q4 2020-21 development slippage.

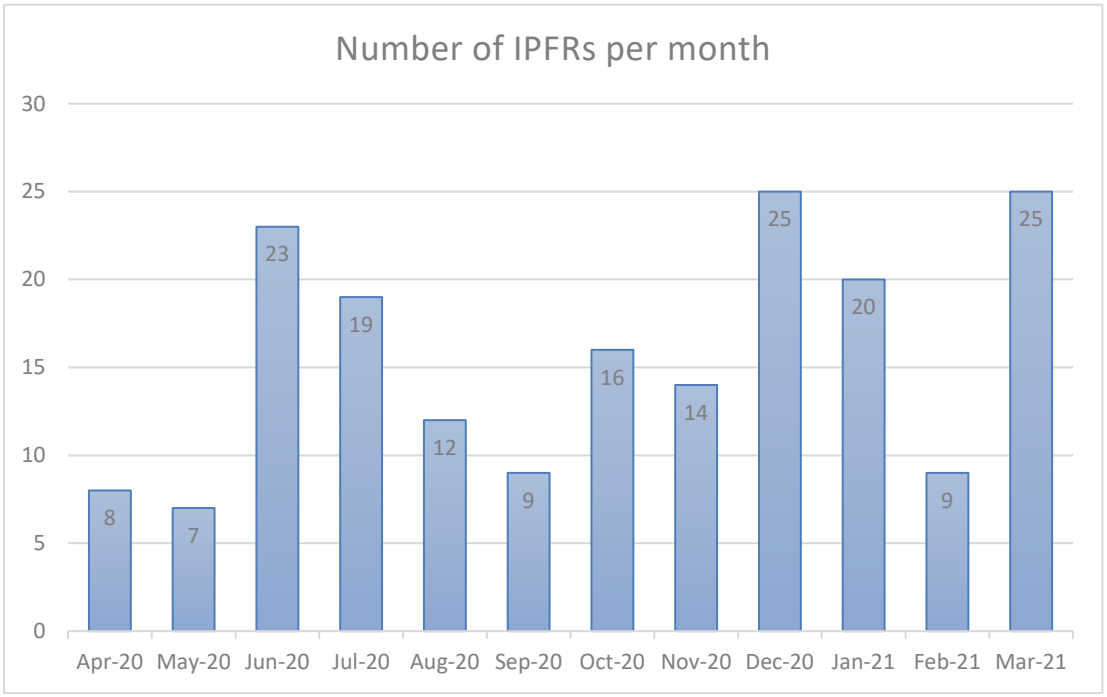
Reporting Committee	**All Wales Individual Patient Funding Request (IPFR) Panel**
Chaired by	**Professor Vivienne Harpwood**
Lead Executive Director	**Director of Nursing and Quality Assurance**
Date of last meeting	**Twice monthly - Virtual – last meeting 15 April 2021**

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

As of March 2021, IPFR decisions have been made by the All Wales IPFR Panel as full meetings have now resumed, with twice monthly meetings being held virtually via MS TEAMS.

The number of requests considered per month has remained very high with over 187 new requests received between Apri 2020 and March 2021. 162 of these requests were discussed as Chairs Action, prior to the AW IPFR Panel being reinstated. A number of these requests were deferred and discussed at more than one meeting.

74 of these requests were for PET scans, many of the indications where PET has been requested are likely to be included in the next revision of the PET policy in 2021. On average, 16 IPFRs were considered per month.



Key risks and issues/matters of concern and any mitigating actions	
Qoracy of AW IPFR Panel Meetings Although full All Wales IPFR meetings have resumed, quoracy still seems to be an issue with some Health Boards struggling to provide representation. **Requesting clinical outcomes** To inform future policy development and monitor outcomes of treatments approved by the Panel. It is intended to actively request outcome data. These requests for feedback will commence with PET outcomes and evalution of patient experience of patient/s who have received a micro-processor knee. **Lay membership** WHSSC have now recruited a replacement Lay member. Faith Walker has now joined the AW IPFR Panel and is currently observing meetings as part of her induction.	
Matters requiring Committee level consideration and/or approval	
• None	
Matters referred to other Committees	
None	
Confirmed Minutes for each of the virtual Chair Action Panel meetings or AW IPFR Panel meetings are available on request.	
Date of next meeting	

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

WHSSC Joint Committee
11 May 2021
Agenda Item 5.3.3

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Emrys Elias**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**23 March 2021**

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

1. Commissioning Assurance Framework

Members received an update regarding the review of the Quality Assurance Framework which has been renamed the Commissioning Assurance Framework and will be supported by the following suite of documents:

- Risk Management Framework;
- Performance Framework;
- Escalation Process; and
- Patient Engagement & Experience Framework.

The Commissioning Assurance Framework was circulated to Joint Committee on 16 February 2021 as an appendix to the 2021-22 Integrated Commissioning Plan. Further work is on-going to finalise the appendices.

2. Caswell Clinic Feedback from SUI

The committee received a presentation for Swansea Bay University Health Board following an untoward serious incident that occurred on the unit. They were reassured by the robustness of the investigation and asked that any lessons learnt would be shared wider amongst the network.

3. Risk Management

Members were reminded of the changes to the way in which risk is monitored and scored across the organisation and would be more aligned to the risk management process within Health Boards. It was proposed that a new Risk Register would be created for the new financial year and that this would be presented at the next meeting. There was agreement that there were long standing fragilities within the system before and this had been compounded by the COVID-19 pandemic. A workshop was being held on 11 May 2021 to discuss the deliverability of the ICP and to establish key principles regarding equity of access to services.

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:

- **Cancer and Blood**

It was noted that the collaborative working between the thoracic surgery services in SBUHB and CVUHB had resulted in patients moving across to receive their surgery in a different centre where the waiting time is shorter. The BMT service in CVUHB had recently received notification that they had received JACIE accreditation. Non-recurrent funding had been used to support the plastic surgery service in SBUHB to allow them to run more theatre sessions. A formal impact of investment report would be available in May 2021.

- **Cardiac**

The TAVI service in SBUHB had reduced to level 2 of the WHSSC escalation process. Further work was ongoing regarding a regional approach to subclavian access.

- **Mental Health & Vulnerable Groups**

An update of the complex mental health patient was provided to the committee. The increase in Eating disorder referrals was also noted and the committee were updated of the ongoing work led by Welsh Government to review the pathway. An update was provided on the two CAMHS inpatient units and the review undertaken by the NCCU Quality Assurance Improvement Service would be available for the next meeting.

- **Women & Children's**

It was reported the Women & Children's Team had been subject to review by Internal Audit and had received an audit opinion of Substantial Assurance. An engagement plan was in the process of being put in place with the BAHA and Cochlear service around Cochlear services so that a final decision as to lead provider can be made. The committee were updated regarding the ongoing work around neonatal transport service and were reassured that the Joint Committee would be considering the issue at an Extraordinary meeting in early April 2021. Members raised concerns about the harm to the personal development and wellbeing of the 55 patients waiting for Cleft Lip and Palate treatment given their young age. Members were assured that the SBUHB Cleft Lip and Palate team were assessing the children regularly and were treating in highest priority order. A full update was requested for the next meeting.

- **Neurosciences**

Access to Mechanical Thrombectomy for stroke patients remained the main concern noted within the report. Work was underway with CVUHB to develop a thrombectomy service within University Hospital Wales and that it was hoped significant progress would be made over the next 6 months. All Health Boards and The Stroke Network were aware of the issues regarding access to Mechanical Thrombectomy. Members wished the Joint Committee to be made aware of the concerns.

5. Services in Escalation Report

Members received and considered a report proposing changes to the reporting of services in escalation to reflect the performance monitoring expectation in light of COVID-19. It was acknowledged that the Minister for Health & Social Services had made a decision to suspend the monitoring of RTTs. As a result it was proposed and supported that those service in escalation as a result of breach of RTT would be temporarily removed and monitored to be monitored through the recovery plans with the providers. The remaining services in escalation are attached to this report. It should be noted that the movement of arrows down is an improving picture and an arrow upward a rise in the escalation level. This is further expanded in the revised escalation proves which will be considered at the next meeting.

6. Other Reports Received

Members received reports on the following:

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

7. Items for information

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

- Chair's Report and Escalation Summary to Joint Committee 09 March 2021
- Quality & Patient Safety Committee Annual Cycle of Business
- Health Board QPS Leads Contacts
- DOLS Replacement Arrangements
- Welsh Risk Pool Learning and Advisory Panel Newsletter

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
Matters referred to other Committees
None
Confirmed Minutes for the QPS meetings are available on request

Date of next scheduled meeting:	08 June 2021

Services in Escalation

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
April 2015 Escalated to Stage 3 December 2018	Cardiac Surgery	CVUHB	3	• 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 meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	
April 2015	Cardiac Surgery	SBUHB	2	• Failure to deliver the Referral to Treatment times targets	Only emergency surgery being undertaken. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	
March 2017	Thoracic Surgery	SBUHB & CVUHB	2	• Failure to maintain cancer targets/capacity to meet patient need	Emergency and Elective work only being undertaken in Cardiff for the south Wales region. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	

March 2018	Sarcoma (South Wales)	SBUHB	2	• Risks to service quality and sustainability	Priority work being undertaken: 1. Biopsy Proven Sarcoma 2. Diagnostic biopsies for high 3. Lipomata with atypical features on US/MRI that have been discussed at MDT. GMOSS: Outreach clinics into Wales suspended. Phone appts in place. Surgery able to continue.	
February 2018	Plastic Surgery (South Wales)	SBUHB	2	• Failure to achieve maximum waiting times target	No provider update on whether any surgery is going ahead during COVID-19 although it is understood that all non-essential surgery has been cancelled. Performance meeting suspended as a result of COVID-19. SLA meeting to recommence this month to discuss recovery plans.	
November 2017	All Wales Lymphoma Panel	CVUHB & SBUHB	2	• Failure to achieve quality indicators (in particular, turnaround times)	No provider update on service being delivered during COVID-19. SLA meeting to recommence this month to discuss recovery plans.	

	North Wales Adolescent Service (NWAS)	BCUHB	3	• 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	Paper taken to CDG Board in April resulting in a reduction in escalation of service. Interim solution to medical workforce with non-medical clinical lead appointed supported by Consultants from Community Teams. Unit back operating at full commissioned capacity with fully recruited nurse establishment. This has led to sustained reduction in out of area placements. Introduction of central MH CAMHS bed management system to be introduced from this month to monitor patient flow and use of surge beds.	
December 2017	Paediatric Intensive Care	CVUHB	2	• Inadequate level of staffing to support the service	No further update on PICU during COVID-19.	
September2019	Cochlear Implant Service	South Wales	4	• 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	• C&VUHB were able to treat all patients who required both urgent and routine surgery within 26 weeks by the end of March.	

Reporting Committee	**Integrated Governance Committee**
Chaired by	**WHSSC Chair**
Lead Executive Director	**Committee Secretary**
Date of last meeting	**23 March 2021**

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

23 March 2021

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

The main focus of the meeting was WHSSC governance matters including a briefing on the role, function and governance arrangements of the WRCN presented by SS. This annual briefing provided members with an update on the work of the Network. Members were advised that there had been no changes to the governance arrangements since the last briefing report presented to the Committee. SS reported the increased prevalence of home dialysis. COVID-19 had accelerated the need to provide this as an option for this very vulnerable group of patients, reducing their risk of infection. Currently around 24% of patients had home dialysis but the target was 30% by 2022. There had also been an expansion in the number of dialysis units in the south west Wales area, to meet the original National Service Framework standards of providing dialysis units within a 30 minute drive of each patient's home, and to cope with rising demand for dialysis (~4-5% compound growth each year) with the target of increasing by a further 2 units to 23 units across Wales by 2023.

The draft Annual Governance Statement was shared with members along with the Integrated Governance annual business cycle.

Members also received a further update on the work undertaken to develop a revised draft Risk Management Strategy (RMS) for WHSSC.

The extant CRAF was also presented to members as assurance that whilst work on finalising the revised RMS was ongoing, monitoring and updating the extant CRAF continued.

A revised Draft Mental Health Risk Register was presented to members as an illustration of how the new process worked. This demonstrated how the updated RMS aligns to the recently revised CTMUHB risk management strategy to give greater clarity to risk identification, measurement and monitoring. In particular the revised RMS proposes a revised scoring process for risks at WHSSC, moving from the current system, which uses a three domain process, to a system that is

more akin to that being used in health boards whereby each risk will be attributed a single score.

Members noted the information contained within the papers and provided feedback, including support for the Risk on a Page reports.

Members generally felt that this new system was an improvement and easier to understand. Also that the overall descriptions were an improvement and in terms of the Mental Health example, of the classification into different areas such as CAMHS/eating disorders were helpful.

KS explained that from April 2021, the remaining Commissioning teams will have completed their review of their risk registers. The finalised documents will be taken to Joint Committee in May 2021 for final approval and a further update will be presented at the next meeting of the Committee.

Members received a paper which confirmed approval of the 2021-22 Integrated Commissioning Plan. A final draft of the ICP was considered by Joint Committee at an Extraordinary Meeting on 16 February 2021 and it was approved subject to some amendments which were requested to strengthen section 9 of the ICP - Planning for Recovery.

Members were also advised that Welsh Government would be issuing updated model standing orders in the next few months. In view of this, the annual review of the WHSSC standing orders would be delayed until this revised guidance had been issued.

KS reported that a draft of the Audit Wales Report had been received to check for factual accuracy. The Chair noted that the draft Report recognised positive progress with governance arrangements at WHSSC and contained no surprises. It was currently unclear when the final Report would be issued.

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 IGC meetings are available on request	
Date of next meeting	8 June 2021