2021-09-07 WHSSC Joint Committee (Public)

Tue 07 September 2021, 09:30 - 12:30

Teams Meeting - Details in Calendar Invite

Agenda

09:30 - 09:35
5 min

1. PRELIMINARY MATTERS

0.0 Agenda (Eng).pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

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

1.2. Apologies

Oral *Chair*

1.3. 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

1.4. Minutes of the Meeting held on 13 July 2021

Att. *Chair*

- To **approve** the minutes of the meeting held on 13 July 2021

1.4 Unconfirmed JC Minutes 13 July 2021.pdf (16 pages)

1.5. Action Log and Matters Arising

Att. *Chair*

- To **review** the actions and consider any matters arising not included within the action log.

1.5 Action Log as at 24 August 2021.pdf (4 pages)

09:35 - 11:50
135 min

2. ITEMS FOR CONSIDERATION AND/OR DECISION

2.1. All Wales Genetics Service Improvement

Presentation to follow *Director of Finance*

- To **receive** the presentation for information

2.2. Report from the Chair

Att. *Chair*

- To **note** the information presented within the report.

2.2 Report from the Chair.pdf (4 pages)

2.3. Report from the Managing Director

Att. *Managing Director*

- To **note** the information contained within the report.

2.3 Report from the Managing Director (Public).pdf (3 pages)

2.4. Commissioning Future New Services for Mid, South and West Wales

Att. *Managing Director*

- To **note** the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;
- To **support** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;
- To **support** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;
- To **support** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC;
- To **support** a request to commissioning health boards for approval of delegated commissioning authority to WHSSC as described above;
- To **note** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and
- To **approve** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.

2.4.1 Commissioning Future New Services for Mid, South and West Wales.pdf (7 pages)
2.4.2 Appendix 1 Letter to Kate Eden - Hepto-Pancreato-Biliary Surgery.pdf (2 pages)
2.4.3 Appendix 2 Letter to Sian Lewis - Paediatric Orthopaedic Specialised Surgery.pdf (1 pages)
2.4.4 Appendix 3 Letter to Sian Lewis - South and West Wales Spinal Services ODN.pdf (2 pages)

2.5. WHSSC - Workforce Capacity

Att. *Managing Director*

- To **note** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- To **note** the workload challenges related to services currently commissioned through WHSSC;
- To **note** the opportunities for increasing WHSST capacity which have already been exploited;
- To **support** the request to Welsh Government (WG) for funding for additional project management support;
- To **support** the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; and
- To **support** the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).

2.5 WHSSC - Workforce Capacity.pdf (14 pages)

2.6. Recovery Planning - Quality and Outcome Improvement for Patients

Presentation to follow. *Director of Planning*

- To **receive** the presentation for information

2.7. Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022

Att. *Director of Planning*

- To **discuss** the issues in the report;
- To **discuss** and agree the areas that they wish to support for inclusion in the Integrated Commissioning Plan (ICP) for 2022; and
- To **support** that the underspends identified across the Network within this year are used on a non-recurrent basis to address priorities identified by the Network.

2.7 Major Trauma Priorities.pdf (168 pages)

2.8. Review of Neonatal Cot Capacity and Neonatal Tariff

Att. *Director of Planning*

- To **support** the proposed programme of works;
- To **support** the objectives of the review;
- To **support** the planned methodology for demand and capacity modelling; and
- To **support** the timelines for completion of review.

2.8 Review of Neonatal Cot Capacity and Neonatal Tariff.pdf (5 pages)

2.9. Commissioning of Inherited White Matter Disorders Service (IWMDS)

Att. *Director of Planning*

- To **note** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and
- To **approve** the commissioning of the service for the population of Wales.

2.9.1 Commissioning of Inherited White Matter Disorders Service (IWMDS).pdf (5 pages)
2.9.2 Appendix 1 (IWMD).pdf (4 pages)

2.10. Syndrome Without a Name (SWAN) Service Pilot

Att. *Director of Planning*

- To **note** the request from Welsh Government for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service;
- To **ratify** the commissioning of the pilot; and
- To **approve** the intention to request that CVUHB hosts the pilot.

2.10.1 SWAN Service Pilot.pdf (4 pages)
2.10.2 SWAN Appendix A 2021-07-12 AG to SL.pdf (1 pages)

2.11. Commissioning Assurance Framework

Att. *Director of Planning*

- To **approve** the Commissioning Assurance Framework (CAF);
- To **approve** the Performance Assurance Framework;
- To **approve** the WHSSC Escalation Process;
- To **approve** the Patient Experience & Engagement Framework; and
- To **note** the Risk Management Strategy which was approved by the Joint Committee in May 2021.

2.11.1 Commissioning Assurance Framework.pdf (6 pages)
2.11.2 Appendix 1 - WHSSC Commissioning Assurance Framework (CAF).pdf (14 pages)
2.11.3 Appendix 1A Performance Assurance Framework.pdf (7 pages)
2.11.4 Appendix 1B WHSSC Risk Management Strategy.pdf (25 pages)
2.11.5 Appendix 1C Escalation Process 2021 v1.0.pdf (13 pages)
2.11.6 Appendix 1D Patient Experience and Engagement Framework.pdf (11 pages)

2.12. Results of Annual Committee Self-Assessment

Att. *Committee Secretary*

- To **note** the completed actions within the Committee Effectiveness Action plan 2019- 2020;
- To **note** the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and
- To **receive assurance** that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.

2.12.1 Annual Committee Effectiveness Self-Assessment 2020-2021.pdf (7 pages)
2.12.2 Appendix 1 - WHSSC Committee Effectiveness Survey Results 2020-2021.pdf (6 pages)
2.12.2 Appendix 1A - WRCN Healthly Board Workshop Summary Outcomes August 2021.pdf (2 pages)
2.12.2 Appendix 1B - WRCN - Healthy Boards summary Aug 2021.pdf (19 pages)
2.12.3 Appendix 2 - WHSSC Annual Committee Effectiveness Report - Other Sources JC.pdf (4 pages)
2.12.4 Appendix 3 Audit Wales Tracker WHSCC Governance Review -.pdf (11 pages)
2.12.5 Appendix 4 WHSSC Assurance Map.pdf (3 pages)

2.13. Sub-Committee Annual Reports 2020-21

Att. *Committee Secretary*

- 2.13.1 WRCN and IPFR Annual Reports 2020-21.pdf (4 pages)
- 2.13.2 IPFR Panel Annual Report 2020-21.pdf (14 pages)
- 2.13.3 WRCN Annual Report 2020-21.pdf (13 pages)

11:50 - 12:30
40 min

3. ROUTINE REPORTS AND ITEMS FOR INFORMATION

3.1. Activity Report Month 03 2021-22 COVID-19 Period

Att. *Director of Finance*

- To **note** the information presented in the report.

- 3.1.1 Activity Report Month 03 2021-22 COVID-19 Period.pdf (28 pages)
- 3.1.2 Appendix 1 Activity Report Month 03 2021-22 COVID-19 Period.pdf (14 pages)

3.2. Financial Performance Report Month 04 2021-22

Att. *Director of Finance*

- To **note** the current financial position and forecast year-end position.

- 3.2 Financial Report Month 04 2021-22.pdf (11 pages)

3.3. Corporate Governance Matters

Att. *Committee Secretary*

- To **note** the information presented in the report.

- 3.3.1 Corporate Governance Matters.pdf (6 pages)
- 3.3.2 Appendix 1 - WHSSC Annual Report Final 2020-2021.pdf (38 pages)
- 3.3.3 Appendix 2 - WHSSC JC Forward Work Plan 2021-22.pdf (6 pages)

3.4. Reports from the Joint Sub-Committees

Att. *Committee Chair*

- To **receive** the reports for **assurance**

3.4.1. Audit and Risk Committee

- 3.4.1 Audit and Risk Committee Assurance Report.pdf (4 pages)

3.4.2. Management Group Briefings

Committee Secretary

- 3.4.2 Management Group Briefings July and August 2021.pdf (11 pages)

3.4.3. Quality & Patient Safety Committee

Director of Nursing

- 3.4.3 QPS Chair's Report.pdf (10 pages)

3.4.4. Integrated Governance Committee

- 3.4.4 IGC Chair's Report.pdf (3 pages)

3.4.5. All Wales Individual Patient Funding Request Panel

- 3.4.5 IPFR Chairs Report.pdf (3 pages)

3.4.6. Welsh Renal Clinical Network

3.4.6 WRCN Chair's Report.pdf (3 pages)

12:30 - 12:30
0 min

4. CONCLUDING BUSINESS

4.1. Any Other Business

Oral *Chair*

4.1.1. Risk Workshop Update

Oral *Committee Secretary*

- For **information**

4.2. Date of Next Meeting (Scheduled)

Oral *Chair*

- 09 November 2021 at 13:30 hrs

4.3. In Committee Resolution

Oral *Chair*

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)”.

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

WHSSC Joint Committee Meeting held in public
Tuesday 07 September 2021 at 09:30 hrs

Microsoft Teams

Agenda

Item		Lead	Paper / Oral	Time
1.	**Preliminary Matters**			
1.1	Welcome and Introductions	Chair	Oral	09:30 – 09:35
1.2	Apologies for Absence	Chair	Oral	
1.3	Declarations of Interest	Chair	Oral	
1.4	Unconfirmed Minutes of the Meeting held on 13 July 2021	Chair	Att.	
1.5	Action Log and Matters Arising	Chair	Att.	
2.	**Items for Consideration and/or Decision**			
2.1	All Wales Genetics Service Improvement	Director of Finance	Pres. to follow	09:35 – 09:45
2.2	Report from the Chair	Chair	Att.	09:45 – 09:55
2.3	Report from the Managing Director	Managing Director	Att.	09:55 – 10:05
2.4	Commissioning Future New Services for Mid, South and West Wales	Managing Director	Att.	10:05 – 10:15
2.5	WHSSC – Workforce Capacity	Managing Director	Att.	10:15 – 10:30
2.6	Recovery Planning – Quality and Outcome Improvement for Patients	Director of Planning	Pres. to follow	10:30 – 10:45
2.7	Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022	Director of Planning	Att.	10:45 – 10:55
2.8	Review of Neonatal Cot Capacity and Neonatal Tariff	Director of Planning	Att.	10:55 – 11:05
2.9	Commissioning of Inherited White Matter Disorders Service (IWMDS)	Director of Planning	Att.	11:05 – 11:15
2.10	Syndrome without a Name (SWAN) Service Pilot	Director of Planning	Att.	11:15 – 11:25
2.11	Commissioning Assurance Framework	Managing Director	Att.	11:25 – 11:35

Item	Lead	Paper / Oral	Time
2.12 Results of Annual Committee Self-Assessment	Committee Secretary	Att.	11:35 – 11:45
2.13 Sub-Committee Annual Reports 2020-21 i. Individual Patient Funding Request Panel ii. Welsh Renal Clinical Network	Committee Secretary	Att.	11:45 – 11:50
3. Routine Reports and Items for Information			
3.1 Activity Report Month 03 2021-22 COVID-19 Period	Director of Finance	Att.	11:50 – 12:00
3.2 Financial Performance Report Month 04 2021-22	Director of Finance	Att.	12:00 – 12:10
3.3 Corporate Governance Matters	Committee Secretary	Att.	12:10 – 12:20
3.4 Reports from the Joint Sub-Committees i. Audit and Risk Committee Assurance Report ii. Management Group Briefings iii. Quality & Patient Safety Committee iv. Integrated Governance Committee v. Individual Patient Funding Request Panel vi. Welsh Renal Clinical Network	Joint Sub-Committee Chairs	Att.	12:20 – 12:30
4. Concluding Business			
4.1 Any Other Business • Risk Workshop Update	Chair	Oral	
4.2 Date of next meeting (Scheduled) - 09 November 2021 at 13:30 hrs	Chair	Oral	
4.3 In Committee Resolution - 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)".	Chair	Oral	

Minutes of the Meeting of the WHSSC Joint Committee Meeting held In Public on Tuesday 13 July 2021 via 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
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
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Ian Phillips	(IP)	Independent Member, Powys THB
Len Richards	(LR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB (for part)
Ian Wells	(IW)	Independent Member,
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

Deputies:

Linda Prosser (for Paul Mears)	(LP)	Programme Director, CTMUHB

In Attendance:

Luke Archard	(LA)	Senior Planning Manager, Cancer & Blood, WHSSC (for Item 4.3 only)
Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Karen Preece	(KP)	Director of Planning, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Gareth Roberts	(GR)	Nephrologist, Aneurin Bevan UHB (for Item 2.1 only)
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC

Observers

Vicki Dawson-John	(VDJ)	Quality Lead, WHSSC
Simon Dean	(SD)	Welsh Government
Andrew Doughton	(AD)	Audit Wales
Urvisha Perez	(UP)	Audit Wales

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Minutes:
Michaella Henderson (SMH) Corporate Governance Officer, WHSSC

Apologies:

Paul Mears	Chief Executive Officer, Cwm Taf Morgannwg UHB

The meeting opened at 13:30hrs

Min Ref	Agenda Item
JC21/015	**1.1 Welcome, Introductions and Apologies** The Chair welcomed Members to the meeting in Welsh and English and reminded everyone that, due to the COVID-19 pandemic, the meeting was being held virtually via MS Teams. It was noted that a quorum had been achieved. The Chair welcomed Professor Ceri Phillips to his first Joint Committee (JC) meeting since being appointed as a new Independent Member to WHSSC on the 1 June 2021. The Chair welcomed Simon Dean, Deputy Chief Executive NHS Wales, Welsh Government, Andrew Doughton and Urvisha Perez from Audit Wales and Vicki Dawson-John from WHSSC who were in attendance as observers. No objections were raised to the meeting being recorded for administrative purposes. Apologies were noted as above.
JC21/016	**1.2 Declarations of Interest** The Joint Committee noted the standing declarations. Ian Phillips (IS) declared his interest in agenda items 3.1 and 3.2 and the Chair requested that the declaration be formally noted and recorded in the minutes.
JC21/017	**2.1 Presentation – Welsh Renal Clinical Network (WRCN)** The Committee received a presentation summarising the work of the Welsh Renal Clinical Network (WRCN) to date and setting out future development plans.

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	Stuart Davies (SD) gave an update on the work of the WRCN and introduced Gareth Roberts (GR) as the Clinical Lead, WRCN. The Joint Committee noted that socio-economic factors played a big part in patients' decisions regarding treatment (transplant, unit dialysis or home dialysis, including viability of home environment to home dialyse) and that work was underway to analyse patient data to inform future decisions regarding how best to support patients in their treatment decisions. Members advised they were impressed with the progress made by the network and their vision for the future. Members discussed the importance of access to treatment for patients from socially deprived catchment areas, and the link to the socio-economic duty to support the most vulnerable in our society which was especially important during the COVID-19 recovery phase. The Chair thanked GR for the informative presentation and advised that it would be beneficial for the JC to have a preview of the work funded by the Welsh Government Transformation Fund, especially in relation to education and digital packages, and requested that GR attend a future meeting in 2022 to provide a further update open the work of the WRCN. The Joint Committee resolved to: • **Note** the presentation.
JC21/018	**3.1 Appointment of Vice Chair** The Joint Committee received a report proposing that a Vice Chair be appointed to WHSSC. IP declared an interest in the item and the declaration was formally noted and recorded, and IP was excluded from the meeting whilst the matter was being discussed. The Joint Committee noted that: • To ensure effective business continuity for WHSSC and the Joint Committee it was proposed that IP, Independent Member was appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing orders, • IP had been an Independent Member with WHSSC for two years and was reappointed for a further two years from 1 April 2021 and had extensive knowledge and experience of the breadth of work undertaken by WHSSC and the Joint Committee; and • the role of the Vice-Chair under the Standing Orders included the provision to deputise for the Chair in their absence for any

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	reason, and to continue to do so until either the existing Chair resumes their duties or a new Chair is appointed The Joint Committee resolved to: • **Approve** the appointment of Ian Phillips, Independent Member, WHSSC as Vice Chair of WHSSC.
JC21/019	**3.2 Appointment of Interim Chair of the Welsh Renal Clinical Network** The Joint Committee received a report proposing that an Interim Chair be appointed to the Welsh Renal Clinical Network (WRCN) for a 6 month period to support business continuity and to allow sufficient time to prepare for and undertake an open and transparent recruitment process to appoint a substantive Chair. IP had declared an interest in the item which was formally noted and recorded, and IP was excluded from the meeting whilst the matter was being discussed. SC provided a background to the WRCN chair role and the Joint Committee noted: • the important work of the WRCN and that historically, the WRCN Chair role had been undertaken by a senior renal clinician, • Dr Kieron Donovan held the role of WRCN Chair from 1 April 2020 until 31 March 2021, since then discussions had been held between the WHSSC Chair, Managing Director, Director of Finance (as Executive lead for WRCN) and Committee Secretary concerning the need to fill the WRCN Chair role, • The work of the WRCN had evolved and given the remit of the WRCN working closely with the charitable sector, third party providers and Welsh Government, consideration had been given to developing a person specification to incorporate experience of working with a variety of diverse stakeholders as an essential/desirable requirement The Chair advised that it was proposed that Ian Phillips, IM, for WHSSC, be appointed as the Interim Chair of the WRCN for a 6 month period to enable sufficient time to be given to reviewing the person specification for the substantive Chair role and to undertake an open and transparent recruitment campaign The JC noted that the WRCN role has historically been remunerated, however if IP was appointed as the Interim Chair, of the WRCN, it would not be remunerated. Len Richards (LR) advised that the idea of an independent chair demonstrated a good model to potentially pursue for other

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	networks, and that it encouraged a more multi-disciplinary approach. Members noted the need to consider the governance implications for the interim WRCN chair role if IP was ever required to take over from the Chair of WHSSC in his capacity as VC, and an assurance as given that this would be monitored closely in the interim 6 month period. The Joint Committee resolved to: • **Note** the content of the paper; and • **Approve** the Proposal to appoint Ian Phillips, IM, for WHSSC, as the Interim Chair of the WRCN for a 6 month period to enable sufficient time to be given to reviewing the person specification for the substantive Chair role with a view to undertaking an open and transparent recruitment campaign in the next 6 months. IP re-joined the meeting and the Chair congratulated him on his appointments as Vice Chair of WHSSC and as Interim Chair of the WRCN for 6 months.
JC21/020	**3.3 Minutes of the Meeting Held 11 May 2021** The minutes of the Joint Committee meeting held on the 11 May 2021 were received and **approved** as a true and accurate record of the meeting.
JC21/021	**3.4 Action Log & Matters Arising** The action log was received and members noted that the update on **JC21/007 – South Wales Trauma Network (SWTN)** was not yet due. Karen Preece (KP) gave an update on **JC21/002 - JC21/008 – Neonatal Transport Service for South and Mid Wales** and members noted that a successful workshop had taken place on the 1 July 2021 led by Mark Hackett (MH) and that the resulting Action Plan was being drafted and would be circulated to the Joint Committee for information once completed. MH thanked Mark Dickinson and Elizabeth Gallagher from the NHS Wales Health Collaborative for their contributions to the workshop. MH noted that workshop attendees had discussed the alternative service models in NHS England and across the UK with a view to creating an ODN unique to Wales drawing on the expertise available across the UK. The JC noted that an action concerning circulating the Thoracic Surgery Strategic outline case (SOC) to Members was included in

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	the minutes, but had not been captured on the action log, and advised that the document was being finalised and will be circulated in due course. The Joint Committee resolved to: • **Note** the action log.
JC21/022	**4.1 Report from the Chair** The Chair's report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous Joint Committee meeting. The Joint Committee noted: • Chair's actions taking in relation to: o the appointment of Professor Ceri Phillips, Vice Chair of Cardiff and Vale UHB (CVUHB), as an Independent Member of the Joint Committee, with effect from 1 June 2021 for an initial term of two years, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs); and o the variation of the Governance and Accountability Framework and that the amended WHSSC SOs and Standing Financial Instructions (SFIs) be taken forward for approval by the seven Health Boards (HBs), • an update regarding Dr Chris Jones, Vice Chair of the All Wales Independent Patient Funding Panel (IPFR) stepping down, • an update on attendance at the Welsh Renal Clinical Network (WRCN) meeting on the 9 June 2021, • an update on the Integrated Governance Committee (IGC) meeting on the 8 June 2021, • attendance at the Cwm Taf Morgannwg UHB (CTMUHB) Board meeting on the 9 June 2021 during which the WHSCC Annual Governance Statement 2020-2021 and financial statements were formally approved. The Joint Committee resolved to: • **Note** the contents of the report, • **Ratify** the Chair's Actions; and • **Ratify** the appointment of Professor Ceri Phillips as Chair of the WHSSC Quality & Patient Safety Committee.

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JC21/023	**4.2 Report from the Managing Director** The Managing Director's report was received and the Managing Director gave an update on relevant matters undertaken since the previous Joint Committee meeting. The Joint Committee noted updates on: • **Children and Adolescent Mental Health Services (CAMHS) Update** There are emerging issues related to an increased demand for in-patient CAMHS beds for children with disordered eating who require NG feeding. In response to this WHSSC convened a meeting of stakeholders on 24 May and wrote to the CEOs of the Health Boards on the 28 May with an action plan, as previously reported to JC. Members noted: • That NHS Benchmarking had undertaken a review of current capacity and demand for CAMHS in-patient services in line with that recently commissioned by NHS England on the 1 July 2021, • That NHS Benchmarking had also been asked to undertake a seven year trend analysis and that the National Clinical Commissioning Unit (NCCU) were also undertaking a three year trend analysis and that the results of all three pieces of work would be available at the end of July 2021, • the growing demand for children's CAHMS beds beyond just those patients with eating disorders CS reported that there were three elements to the increase in demand: • Children with eating disorders; • Children with complex behavioural requirements but not mental health needs; and • Children requiring a higher level intensity support from CAMHS. CS advised that each element was putting pressure on the service and that there were different solutions for each element of the work stream. Members noted: • in respect of children with eating disorders, detailed conversations were taking place around more intensive and expanded support to prevent hospitalisation including to the paediatric ward; and

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- the issue of safe accommodation needed to be considered. With developments in every region, an interim solution needed to be considered with colleagues at Welsh Government and within Social Services; and
- children were entering the Tier 4 in-patient service for safe keeping when it was not necessarily appropriate, affecting the potential for children with mental health needs being able to access a Tier 4 bed; and
- a different solution would be required for Welsh children as part of the ongoing pressures and harms caused by the pandemic and discussions on the matter were ongoing with Welsh Government.

Members noted that the Eating Disorder Network was working with Health Board colleagues in paediatrics and CAMHS to strengthen support at a local level and that the WHSS Team continued to work with NCCU to support a gatekeeping function to help effectively manage inpatient numbers.

- **All Wales Positron Emission Tomography (PET) Programme Business Case**

The All Wales Positron Emission Tomography (PET) Programme Business Case was sent to Health Boards on the 28 May 2021, along with a cover report and the document is due to be considered at Board meetings in July 2021 and this arrangement has been communicated to Welsh Government.

- **Ty Llidiard Escalation Review**

With reference to the letter issued to Joint Committee on the 9 November 2020 concerning the Tier 4 CAMHS units and the report submitted to Joint Committee on the 9 March 2021 due to the identification of further issues within the Ty Llidiard unit by CTMUHB, WHSSC and the National Collaborative Commissioning Unit (NCCU), it has been agreed in accordance with the escalation process that the escalation status of the unit will be raised to level four. This escalation will include the Bed Management Panel reconsidering the unit's admission criteria and supporting improved patient flow.

- **Status Report on Annual Audit of Accounts 2020-21**

The WHSSC/EASC Annual Accounts were submitted to CTMUHB ahead of time to enable consolidation by the CTMUHB. The accounts were approved by the CTMUHB Audit and Risk Committee, and the Board on the 9 June 2021.

The Joint Committee resolved to:

- **Note** the content of the report.

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JC21/024	**4.3 Commissioning of Mesothelioma MDT** The report outlining the case for establishing an all Wales specialist mesothelioma MDT commissioned by WHSSC and to propose that a scheme for an all Wales mesothelioma MDT is included within the CIAG process for the ICP 2022-23 was received. The Joint Committee noted that: • In NHS England, the mesothelioma service is commissioned to a national service specification as a specialised service (Malignant Mesothelioma (adult)).Key standards include access to a specialist mesothelioma MDT, access to specialist CNS support and access to clinical trials, • In Wales, Mesothelioma is a health board commissioned service. WHSSC commissions thoracic surgery which performs investigative procedures for some mesothelioma patients for pathology testing. Patients with mesothelioma are managed by lung cancer MDTs. Only one lung cancer MDT in Wales, the MDT in Cardiff & Vale UHB, currently meets the recommended standard of 25 new cases per annum, • It is proposed that commissioning a specialist service for pleural mesothelioma should be included within the services delegated to WHSSC. As a first stage, it is proposed WHSSC would aim to commission an all Wales mesothelioma MDT, • the WHSSC Management Group have given support to the recommendations being put forward to the Joint Committee. The Joint Committee resolved to: • **Note** the information provided in this report regarding mesothelioma incidence and outcomes for people in Wales, and the potential benefits of an all Wales specialist mesothelioma MDT; • **Approve** the proposal to transfer the commissioning of specialised mesothelioma services from Health Boards to WHSSC; and • **Support** the inclusion of a scheme for an all Wales mesothelioma MDT within the CIAG process for the ICP 2022-23.
JC21/025	**4.4 Audit Wales Report – Governance Arrangements at WHSSC** The Audit Wales report on Committee Governance Arrangements at WHSSC was received and Andrew Doughton, Lead Auditor, Audit Wales presented the report and the JC noted: • A survey had been issued to all HBs and the fieldwork was concluded in October 2020; • the scope of the work included interviews with officers and independent members at WHSSC, observations from attending Joint Committee and sub-committee meetings, feedback from

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	questionnaires issued to HB Chief Executive and Chairs and a review of corporate documents; • the findings were published in May 2021 in the Audit Wales Committee Governance Arrangements at WHSSC report; • the report outlined 4 recommendations for WHSSC and 3 recommendations for Welsh Government. AD advised that the findings of the report were positive overall and thanked the JC and WHSSC officers for their assistance and contribution to delivering the work. AD highlighted the following areas for development in future: • Conflicts of interest; • Flows of assurance between the Joint Committee and individual health boards were variable; • Hosting arrangements; • Ensuring that all aspect of Sub-Committee Terms of Reference were covered. The Chair thanked AD and Urvisha Perez (UP) for presenting the report. The Joint Committee resolved to: • **Note** the report.
JC21/026	**4.5 Audit Wales WHSCC Governance Arrangements – Management Response** The Management Response to the Audit Wales report on Committee Governance Arrangements at WHSSC was received and SL thanked Audit Wales for their thorough and constructive report. The Joint Committee noted that the report outlined four recommendations for WHSSC and the draft management response has been circulated to Health Boards, Welsh Government and Audit Wales for comment and feedback. SL advised that progress against the actions outlined within the management response would be monitored through the Integrated Governance Committee (IGC) on a quarterly basis, and that a full progress report would be presented to the Joint Committee in January 2022, once the actions related to the Integrated Commissioning Plan (ICP) process and engagement events had been completed. Members noted that: • in respect of Recommendation 1, quality and performance reporting into the Joint Committee would be strengthened, • in respect of Recommendation 2, WHSSC was building strengthened programme management capacity and a training

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programme had already commenced, however , giving major trauma as an example, that end-to-end programme management of some services was not always possible as some of the development takes place outside of WHSSC's commissioning responsibility,
- in respect of Recommendation 3, work was being undertaken with providers in respect of recovery planning,
- in respect of Recommendation 4, work had re-commenced to develop a specialist service strategy which had been put on hold due to the COVID-19 pandemic.

The Joint Committee noted that the report outlined 3 recommendations for Welsh Government (WG) and the initial WG management response had been outlined in a letter from Dr Andrew Goodall (AG), Director General Health & Social Services/NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales.

SL advised that progress against the WG management response would be monitored through discussions between the Chair, the WHSSC Managing Director and the Director General Health & Social Services/ NHS Wales Chief Executive. Members noted that:
- in respect of Recommendation 5, concerning recruitment, remuneration and retention of independent members the Chair was in discussion with Welsh Government to explore this area further,
- in respect of Recommendation 6, AG felt the national clinical framework would support the end-to-end programme management arrangement highlighted by Audit Wales;
- in respect of Recommendation 7, reference was made to the commitment outlined in "A Healthier Wales" to review the WHSSC arrangements alongside other hosted national and specialised functions, and highlighted the opportunities the NHS Executive might offer in future.

Carol Shillabeer (CS) advised that the AW report was welcomed and the areas identified in the management response were areas that the JC had previously reflected on as a Committee, and there was a need to be kept sighted on progress and the complexity of the arrangements with providers.

The Joint Committee welcomed the Audit Wales recommendations and management responses in relation to Committee governance arrangements at WHSSC.

The Joint Committee resolved to:
- **Note** the report and the proposed WHSSC management response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and

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	• **Note** the Welsh Government response to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report.
JC21/027	**4.6 Governance & Accountability Framework** The Joint Committee **received** a report providing an update on the WHSSC Governance & Accountability Framework. The Joint Committee noted that: • the Minister for Health & Social Services had issued updated model standing orders for NHS Bodies in Wales in April 2021, including WHSSC; • at the last Joint Committee meeting on the 11 May, it was proposed that the revised Governance and Accountability Framework documents, including the Standing Orders (SOs) and Standing Financial Instructions (SFIs), would be approved via Chair's Action outside of the meeting to facilitate expediency; • on the 21 June, the Chair acting in conjunction with Dr Sian Lewis and Professor Ceri Phillips, Independent Member, took Chair's Action to update the documents and to recommend that the amended SOs and SFIs be taken forward for approval by the seven LHBs for inclusion within their own respective HB SOs; • once the updated documents have been approved Chief Executives will be required to sign the Memorandum of Agreement (MOA) and the Hosting agreement; • a report on the updated Governance and Accountability Framework for WHSSC will be presented to the CTMUHB Audit and Risk Committee on the 17 August 2021 to provide assurance in accordance with the hosting agreement. The Health Board Chief Executive Officers approved the application of their electronic signatures to the updated Memorandum of Agreement and hosting arrangement documents. The Joint Committee resolved to: • **Note** the content of the paper; • **Note** the Chair's Action taken on 21 June 2021 to recommend variation to elements of the Governance and Accountability Framework for onward approval by the seven LHBs; and • **Approve** the updated versions of the Memorandum of Agreement and Hosting Agreement.
JC21/028	**4.7 WHSSC Annual Governance Statement 2020-21** The WHSSC Annual Governance Statement 2020-2021 was received and the Joint Committee noted that the document was endorsed by the CTMUHB Audit and Risk Committee, and their Board on the 9 June

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	2021 and was included in the CTMUHB Annual Report to demonstrate assurance in accordance with the hosting agreement between WHSSC and CTMUHB. The Joint Committee resolved to: • **Note** the WHSSC Annual Governance Statement 2020-21.
JC21/029	**4.8 Sub-Committee Annual Reports 2020-21** The sub-committee annual reports for 2020-21 were received and the Joint Committee noted the consideration of the IPFR Annual Report 2020-21 would be deferred until the September 2021 meeting in order to strengthen the information on quoracy and attendance to ensure greater consistency of reporting across sub-committees. The Committee Secretary advised that the WHSSC self-assessment questionnaires were recently issued to all Committee and sub-committee members, and that to date only a small number of responses had been received, and it was important that we obtain members' views. Therefore, the committee secretariat will re-issue the request after the meeting and members were encouraged to complete the self-assessment. The Joint Committee resolved to: • **Note** the Sub-Committee Annual Reports 2020-21. **ACTION:** It was agreed SMH would re-circulate the self-assessment documentation to Members following the meeting.
JC21/030	**5.1 COVID-19 Period Activity Reports Months 1 & 2 2021-22** The Joint Committee received the COVID-19 period activity reports for months 1 and 2. Members noted that the reports highlighted the scale of the decrease in activity levels during the peak 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 regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements. SD advised that there was no real change in trends with NHS Wales recovery activity still behind that of NHS England but noted that some of the core NHS Wales speciality activities were starting to recover. Members noted that whilst activity continued to strongly recover in both NHS England and NHS Wales, the waiting list profiles detailed in the report continued to show an increase of patients waiting over 52 weeks and that, therefore, it would be

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	important to get strong and agreed profiles from Welsh providers in particular to recover the waiting list position. SD reported that activity at the Liverpool Heart and Chest Hospital appeared to be fully recovered. SD assured the Joint Committee that the WHSS Team were aware of, and planning for, the expected Respiratory Syncytial Virus uptick at Alder Hey Hospital. SD noted the key to robust recovery position reporting would be clear monthly recovery profiles from providers. The Joint Committee acknowledged that COVID-19 would remain in the community for some time and would need to be kept under consideration during recovery planning, including, but not limited to, last minute cancellation of appointments by patients who may be unwell or self-isolating. SD assured the Joint Committee that the WHSSC Team were cognisant of the surge in cardiology and emergency cardiac presentations and of the additional pressure that would be placed on the ability of cardiac services to reach pre-pandemic activity levels. Members noted that: • KP had attended the Quality and Delivery Planning meeting with Welsh Government and ABUHB on the 8 July 2021 and had offered WHSS Team assistance in respect of any commissioning issues the services were experiencing, • SLA meetings had recommenced with both English and Welsh providers following the suspension of those meetings as a result of the COVID-19 pandemic. The Joint Committee resolved to: • **Note** the information presented within the reports.
JC21/031	**5.2 Financial Performance Report Month 2 2021-22** The Financial Performance Report Month 2 2021-22 was **received** and members noted that: • the financial position at Month 2 for WHSSC was a year-end outturn under spend of £3,364k, • the majority of the under spend related to the English SLA forecast underspend which reflected the difference between the plan baseline and the agreed blocks for Q1 & Q2, 2020/21 reserve releases and development slippage, • there was a partial offset with the over spend in Mental Health at month 1 that included high CAMHS Out of Area activity and an exceptional high cost medium secure patient with the forecast to plan,

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	• whilst both NHS England and NHS Wales were still on block contracts, in NHS England if providers exceeded 80% of normal underlying performance NHS England was allowing providers to be paid for that excess in terms of a recovery fund which would give them the national tariff plus at least 10% but noted that NHS Wales would not be doing that and would remain with block contracting for the time being. The Joint Committee resolved to: • **Note** the current financial position and forecast year-end position.
JC21/032	**5.3 Reports from the Joint Sub-Committees** The Joint Committee received reports from the following Joint Sub-Committees. **i. Management Group** The Joint Committee noted the core briefing documents from the meetings held on the 20 May 2021 and the 24 June 2021. **ii. Quality & Patient Safety Committee** The Joint Committee **noted** the length of time the Bridgend Cochlear service had been in escalation and SL provided assurance that the WHSS Team was working with the Board of CHCs to establish a suitable, comprehensive stakeholder engagement process and that this work had previously been put on hold due to the COVID-19 pandemic causing significant delays. **iii. Integrated Governance Committee** The Joint Committee **approved** the revised Integrated Governance Committee Terms of Reference provided within the Report from the Chair of the Integrated Governance Committee. The Joint Committee resolved to: • **Note** the content of the reports from the Joint Sub-Committees.
JC21/033	**6.1 Any Other Business** ***Future New Services*** SL advised that WHSSC had received two letters requesting that WHSSC commission two new services from the Chair of the NHS Wales Health Collaborative Executive Group regarding the service specification for paediatric orthopaedic surgery and the commissioning of Hepato-Pancreato-Biliary (HPB) services. Members noted that there had been a delay in responding to the letters as WHSSC were considering capacity issues as a result of

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	also receiving requests from Welsh Government to consider the scoping of two new services, namely Syndrome Without A Name (SWAN) and Gambling Addiction. This was in addition to the ongoing strategic work around CAMHS and Paediatrics. SL advised that JE was discussing the most appropriate governance pathway regarding the requests with the NHS Wales Board Secretaries Network.
JC21/034	**6.2 Date and Time of Next Scheduled Meeting** The Joint Committee noted that the next scheduled meeting would take place on 7 September 2021 via MS Teams. There being no other business other than the above the meeting was closed.
JC21/035	The Joint Committee made the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of the 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)".

The meeting closed at 15:35hrs

Chair's Signature: .....

Date: .....

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JOINT COMMITTEE MEETING
Action Log Open Actions as at 24 August 2021

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
11.05.21	JC21/001	**JC21/007 – South Wales Trauma Network (SWTN)** **ACTION**: It was agreed a further update on the work of the SWTN would be provided to the Joint Committee in six months' time.	(Dindi Gill to be invited)	Nov 2021		**OPEN**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
11.05.21	JC21/002	**JC21/008 – Neonatal Transport Service for South and Mid Wales** Members noted that the new service and the new ODN would go live in January 2022, with an interim DAG running from the present time until Autumn 2021 with the implementation of the formal structures scheduled for November 2021 and it was agreed KP would update the timeline in Appendix 1 to reflect those arrangements. **ACTION:** It was agreed the timeline would be revised and brought back to the July meeting for further consideration.	KP	~~July 2021~~ Sept 2021	**13.07.21** - KP reported a successful workshop had taken place on 01 July 2021 led by MH and that the resulting Action Plan was being drafted and would be circulated to the Joint Committee for information once completed. **07.09.21** – Agenda Item 2.8.	**OPEN**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
11.05.21	JC21/003	**JC21/006 – Thoracic Surgery Strategic Outline Case** **ACTION:** It was agreed Mark Hackett would circulate the Thoracic Surgery SOC to Members.	MH	Sept 2021	**07.09.21** - In Committee Agenda Item 2.2.	**OPEN**
13.07.21	JC21/005	**JC21/030 - 5.1 COVID-19 Period Activity Reports Months 1 & 2 2021-22** **ACTION:** It was noted the WHSS Team would amalgamate the Health Board and provider recovery plans and present them to the Joint Committee for information at the September 2021 meeting.	SL	Sept 2021	**07.09.21** – Agenda Item 2.6.	**OPEN**

Meeting Date	Action Ref	Action	Owner	Due Date	Progress	Status
13.07.21	JC21/006	**JC21/034 – Any Other Business – Future New Services** **ACTION:** It was noted updates on future new services would be provided to the September Joint Committee meeting.	SL	Sept 2021	**07.09.21** –Agenda Items 2.4 and 2.5.	**OPEN**

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

		Agenda Item	2.2
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Report from the Chair		
Author (Job title)	Chair		
Executive Lead (Job title)	-	Public / In Committee	Public

Purpose	The purpose of this report is to provide Joint Committee 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 requested to: • **Note** the information presented within the report.		

Considerations within the report (tick as appropriate)

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

CHAIRS REPORT

1.0 SITUATION

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

2.0 BACKGROUND

The Chair's report includes information on the key activities that have taken place since the last Joint Committee meeting on 13 July 2021.

3.0 ASSESSMENT

3.1 Chair's Year End Appraisal Review 2020-2021

On the 28 July 2021 I attended my year end appraisal meeting with Eluned Morgan MS, Minister for Health and Social Services. She thanked the Joint Committee for the work undertaken to support the Health Boards (HBs) in commissioning specialist services for the Welsh patient population during the COVID-19 pandemic and emphasised the important role WHSSC plays in continuing to support HBs with their recovery plans.

3.2 Chair's Actions

No Chair's actions have been taken since the last meeting.

3.3 Integrated Governance Committee (IGC) 10 August 2021

The WHSSC Integrated Governance Committee (IGC) met on the 10 August 2021 and considered the Corporate Risk and Assurance Framework (CRAF), progress on delivering the Integrated Commissioning Plan (IPC) 2020-2021, development of the ICP 2022-2023, and the findings of the annual Committee effectiveness survey 2020-2021, which included an update on the Audit tracker for the monitoring progress against the recommendations made in the Audit Wales report on "Committee Governance Arrangements at WHSSC".

3.4 WHSSC Independent Member Remuneration

Following the recommendation for Welsh Government in the Audit Wales report, "Committee Governance Arrangements at WHSSC", concerning the remuneration of Independent Members (IMs) at WHSSC, discussions have commenced with Welsh Government and with our host Cwm Taf Morgannwg UHB on potential options. I updated the Chairs on Welsh Government progress on this recommendation during the 06 August Chairs peer group meeting. An update report is due to go to the NHS Wales Board Secretaries group in September and the NHS Wales Chairs group in October 2021.

3.5 Dissemination of Joint Committee "In –Committee" Reports

Further to my email to Joint Committee members 23 July 2021, concerning confidentiality and the sharing of "in committee" papers, I can confirm that from September 2021 onwards all "in committee" and public papers will be shared with the NHS Wales Board Secretaries group.

3.6 Key Meetings

I have attended the following meetings, in light of COVID-19, all of these have been held via MS Teams:

- Ministerial Meeting with Chairs and Chief Executives
- NHS Wales Chairs peer group
- Meeting with Welsh Government to discuss IM remuneration
- Meeting with Ann Lloyd, Chair of the NHS Wales Chairs Group
- Meeting with Simon Dean, Deputy Chief Executive, NHS Wales
- Meeting with Andrew Goodall, Chief Executive, NHS Wales
- Meeting with Marcus Longley, Chair of Cwm Taf Morgannwg UHB
- Meeting with Maria Battle, Chair, Hywel Dda HB

4.0 RECOMMENDATIONS

Members are requested to:

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

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Not applicable
Institute for HealthCare Improvement Triple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Resources Implications	Not applicable.
Risk and Assurance	The Chairs report provides an assurance to the Joint Committee on activities undertaken since the previous meeting.
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)

		Agenda Item	2.3
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
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 Joint Committee 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 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		✓	Institute for HealthCare Improvement Triple Aim		✓	Quality, Safety & Patient Experience	✓	
Resources Implications		✓	Risk and Assurance	✓		Evidence Base		✓
Equality and Diversity		✓	Population Health	✓		Legal Implications		✓

REPORT FROM THE MANAGING DIRECTOR

1.0 SITUATION

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

2.0 BACKGROUND

At each Joint Committee meeting, the Managing Director presents a report on key issues which have arisen since its last meeting. The purpose of the Managing Director report is to keep the Joint Committee up to date with important related to WHSSC. A number of issues raised within this report may also feature in more detail within the Executive Directors' reports as part of the Joint Committee's business.

3.0 UPDATES

3.1 WHSSC Cancer & Blood Programme Internal Audit Report

The NHS Wales Shared Services Partnership (NWSSP) Internal Audit (IA) Team has undertaken a review of the Cancer and Blood Commissioning Team within WHSSC and given an assessment rating of "substantial assurance". This is the second Commissioning Team to be assessed as providing "substantial assurance". This builds on the success of the Finance Team which has received substantial assurance in each of the audits undertaken on financial systems or financial governance. The IA report was presented to the CTMUHB Audit and Risk Committee on 17 August 2021 for information.

3.2 COVID-19 Inquiry

Planning for the COVID-19 Public Inquiry has begun. Senior WHSSC staff received a briefing from the Legal & Risk Services team at the NHS Wales Shared Services Partnership (NWSSP) on 02 August which outlined the requirements placed upon NHS bodies. WHSSC have re-employed Kevin Smith, former Committee Secretary, for a 2 week period to support the information gathering process in preparation for the inquiry.

4.0 RECOMMENDATION

Members are asked to:

- **Note** the information presented within 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 adverse 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	2.4
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Commissioning Future New Services for Mid, South and West Wales		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	The purpose of this report is to consider requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission: • Hepato-Pancreato-Biliary Services; • The Hepato-Cellular Carcinoma (HCC) MDT and; • to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service. Also to consider a request from the CEOs of Swansea Bay and Cardiff and Vale University Health Boards on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales.

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 requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; • **Support** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; • **Support** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;		

	• **Support** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC; • **Support** a request to commissioning health boards for approval of delegated commissioning authority to WHSSC as described above; • **Note** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and • **Approve** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.

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)

Cardiff and Vale UHB and Swansea Bay UHB

COMMISSIONING FUTURE NEW SERVICES FOR MID, SOUTH AND WEST WALES

1.0 SITUATION

The Chairman and Managing Director of WHSSC have received correspondence from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:

- Hepato-Pancreato-Biliary Services;
- The Hepato-Cellular Carcinoma (HCC) MDT and;
- to develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.

Also to consider a request from the CEOs of Swansea Bay and Cardiff and Vale University Health Boards on behalf of the Collaborative to commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales.

2.0 BACKGROUND

WHSSC is responsible, on behalf of the seven Local Health Boards, for commissioning a range of specialised services for the population of Wales. In recognition of this expertise, WHSSC has received two letters from the Chair of the NHS Wales Health Collaborative Executive Group (CEG), to formally request, that WHSSC consider having commissioning responsibility for:

2.1 Hepato-Pancreato-Biliary (HPB) Services

Currently the commissioning arrangements for Hepato-Pancreato-Biliary (HPB) Surgery in South Wales are split between Health Boards and WHSSC. WHSSC commissions hepatobiliary surgery service at the University Hospital of Wales, Cardiff providing liver resection surgery for patients with suspected malignant disease of the liver and biliary tree. All other services, including other hepatobiliary surgery or staging procedures, and pancreatic surgery, are funded by the Health Boards and pancreatic surgery is delivered at Morriston Hospital Swansea.

Over the last year, the CEG commissioned the Wales Cancer Network to develop a model service specification to inform the future commissioning of these services.

The model service specification is clear that there needs to be much closer integration between the two services. However, as HPB surgery is already commissioned by WHSSC, it was proposed by CEG that the responsibility for pancreatic surgery, should also be delegated to WHSSC – see the Letter to the Chair of WHSSC at ***Appendix 1.***

Work undertaken on the specification also highlighted the fragility of the Hepato Cellular Carcinoma (HCC) MDT at Cardiff and Vale, and it was agreed that as there is an established interdependency with HPB surgery, and that this would also benefit from being commissioned through WHSSC - see Letter to Chair of WHSSC at ***Appendix 1.***

2.2 Paediatric Orthopaedic Surgery

Sustainability issues identified within paediatric orthopaedic surgery services in South and West Wales has led to the NHS Wales Health Collaborative requesting WHSSC's assistance to develop a service specification in this area. As WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, the request asks for WHSSC to support to develop a service specification for specialised paediatric orthopaedic surgery. See letter to Managing Director at ***Appendix 2.***

These services provide a mixture of specialised and non-specialised procedures. It will therefore, be necessary to have service specifications that span the entire range of procedures.

The CEG has agreed to commission two complementary service specifications:

- Non specialised – currently commissioned by Health Boards; and
- Specialised – also currently commissioned by Health Boards, but included in the WHSSC signal of commissioning intent for the 2022/23 Integrated Commissioning Plan.

It is proposed that the non-specialised paediatric orthopaedic surgery which is currently commissioned by Health Boards will be supported by the Welsh Orthopaedic Board. The proposal for the specialised aspect of paediatric orthopaedic surgery is for a service specification to be developed and supported by WHSSC.

Ian Langfield, Associate Programme Director for Tertiary and Specialist Services Planning Partnership, has been asked to liaise with both WHSSC and the Welsh orthopaedic Board to support the development of these documents, and to ensure that the respective processes for approval are fully aligned.

The CEG asked that this work be completed by December 2021.

It is relevant to note that whilst WHSSC has not been asked to commission this service at present, once the work has been concluded the service could be delegated to WHSSC.

2.3 Spinal Services Operational Delivery Network (ODN)

Following the reorganisation of neurosurgery in South Wales, there have been a number of attempts to improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were

successful, and there remains a lack of clarity around the pathway for elective and emergency spinal care.

The establishment of an interim network (funded by CVUHB and SBUHB) to take forward the work of the project, and to support the establishment of the ODN (funded by the six Health Boards in Mid, South and West Wales) were approved by members of the CEG at its July 2021 meeting.

CEG that WHSSC be asked to commission the ODN on behalf of the networks, as WHSSC has significant expertise commissioning complex and specialised services. A copy of the recent correspondence and information is attached at **Appendix 3.**

3.0 GOVERNANCE AND RISK

The terms of reference for the NHS Collaborative Executive Group, stipulate that:

> *"Decisions made by the Collaborative Executive Group that would have a material impact on services delivered by health boards, trusts or special health authorities, on the content of the Collaborative Team work programme will be advisory to the Collaborative Leadership Forum and will be referred back to that Forum for agreement. Where necessary, such recommendations may need to be agreed by individual boards.*
>
> *The Collaborative Executive Group has no specific delegated authority from statutory health bodies, although Chief Executives may make commitments via the Collaborative Executive Group within the normal limits of their delegated authority".*

The request for WHSSC to commission a new service specification could have a material impact on existing service models, therefore the Committee Secretary at WHSSC has liaised with the Board Secretaries at Cardiff and Vale UHB and at Swansea Bay UHB to confirm the most appropriate governance pathway. It was agreed that the decision needs to be formally taken through the Joint Committee to seek support for the change but that final approval is required from each of the commissioning HBs.

Therefore, subject to the Joint Committee supporting the proposal at the Joint Committee meeting on 07 September 2021 the WHSS Team will submit a report to the Board Secretaries for inclusion on the agendas for September Board 2021 meetings for a final decision to be made.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the requests received from the Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery;
- **Support** the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC;
- **Support** that WHSSC develop a service specification for specialised paediatric orthopaedic surgery;
- **Support** in principle the delegation of Paediatric Orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC;
- **Support** a request to commissioning health boards for approval of delegated commissioning authority to WHSSC as described above;
- **Note** that the required deadline for completing the development of the Paediatric Orthopaedic Service Specification is December 2021; and
- **Approve** that WHSSC commission a spinal services operational delivery network (ODN) on behalf of the six Health Boards in Mid, South and West Wales. With the required funding identified and invested in through the 2022/25 Integrated Commissioning Plan.

5.0 APPENDICES / ANNEXES

Appendix 1 - Letter from the Chair of the NHS Wales Health Collaborative to Kate Eden, 29 June 2021
Appendix 2 - Letter from the Chair of the NHS Wales Health Collaborative to Sian Lewis, 29 June 2021
Appendix 3 – Letter from Mark Hackett and Len Richards to Sian Lewis dated 02 August 2021

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Not linked to plan
Health and Care Standards	Effective Care Safe Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Patient Experience (including quality and Satisfaction) Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, which include ensuring effective quality, safety and patient experience.
Resources Implications	Resource implications will be considered as part of any agreed discussions.
Risk and Assurance	Risk assessments are undertaken as part of the programme management process for developing new service specifications, and when commissioning new services.
Evidence Base	The evidence based for proposing that WHSSC take on responsibility for commissioning new services is outlined in the letters from CEG.
Equality and Diversity	No adverse implications relating to equality and diversity have been identified.
Population Health	No adverse implications relating to population health have been identified.
Legal Implications	The governance framework for the NHS Wales Health Collaborative stipulates that if a new service specification could have a material impact on existing service models, the HB's need to be consulted.

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

Llawr 1af / 1st Floor
Tŷ Afon / River House
Llys Ynys Bridge / Ynys Bridge Court
Gwaelod-y-Garth / Gwaelod-y-Garth
CAERDYDD / CARDIFF
CF15 9SS / CF15 9SS
Email * Ebost: teri.harvey@wales.nhs.uk

Kate Eden
Chair
Welsh Health Specialised Services Committee
Via Email: kate.eden2@wales.nhs.uk

29 June 2021

Dear Kate

I am writing in my capacity as the chair of the NHS Wales Health Collaborative Executive Group (CEG), to formally request that WHSSC take on the commissioning of Hepato-Pancreato-Biliary (HPB) Surgery in South Wales.

As you will be aware, the commissioning arrangements for these services in South Wales are split between Health Boards and WHSSC, whereas, in NHS England, these services are all commissioned directly as specialised services.

At present, WHSSC commission the hepatobiliary surgery service at Cardiff to provide liver resection surgery for patients with suspected malignant disease of the liver and biliary tree. All other services, including other hepatobiliary surgery or staging procedures, and pancreatic surgery, are funded by the Health Boards. Furthermore, these services are currently split and located on separate sites:

- Hepatobiliary surgery at the University Hospital of Wales, Cardiff
- Pancreatic surgery at Morriston Hospital, Swansea

Over the last year, the CEG commissioned the Wales Cancer Network to develop a model service specification to inform the future commissioning of these services. This was partly in response to a letter from the Deputy Chief Medical Officer, in which he sought advice on the potential to bring the pancreatic and liver surgical teams together into one service, on one site. The model service specification was approved in principle at the May meeting of the CEG.

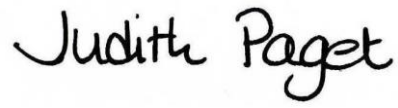
The model service specification is clear that there needs to be much closer integration between the two services, and in response I will be writing to the Chief Executives of Cardiff and Vale UHB and Swansea Bay UHB, to request that they establish a inter organisation multidisciplinary task and finish group to make recommendations on an appropriate service model which complies with the model service specification.

However, it is also clear that HPB surgery is a specialised service, and as such it would be more appropriate for it to be commissioned through WHSSC. Following discussion at CEG, it was agreed that the responsibility for commissioning the services in Cardiff and Swansea, should be delegated to WHSSC. The work undertaken on the specification also highlighted the fragility of the Hepato Cellular Carcinoma (HCC) MDT at Cardiff and Vale, and it was agreed that as there is an established interdependency with HPB surgery, this would also benefit from being commissioned through WHSSC.

In order to progress this in a timely and structured manner, I would be grateful if the WHSSC team could prepare a detailed proposal, with timeline, for taking on the delegated responsibility for commissioning HPB surgery and the HCC MDT, for consideration at the next available Joint Committee meeting.

Please let me know if you have any queries, I look forward to hearing from you.

Yours sincerely



Judith Paget
Chair - NHS Wales Health Collaborative

Copy to: Sian Lewis, Managing Director, WHSSC

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Gwaelod-y-Garth / Gwaelod-y-Garth
CAERDYDD / CARDIFF
CF15 9SS / CF15 9SS
Email * Ebost: teri.harvey@wales.nhs.uk

Sian Lewis
Managing Director
Welsh Health Specialised Services Committee
Via Email: sian.lewis100@wales.nhs.uk

29 June 2021

Dear Sian

I am writing to request the support of the WHSSC team in the development of a service specification for specialised paediatric orthopaedic surgery.

At the May meeting of the NHS Wales Health Collaborative Executive Group (CEG), members received a paper (attached), from the Regional and Specialised Services Provider Planning Partnership (RSSPPP), on the current sustainability issues within paediatric orthopaedic surgery services in South and West Wales. Following discussion, it was agreed that service specifications were needed in order to inform the commissioning of these services.

As these services provide a mixture specialised and non-specialised procedures, it will be necessary to have service specifications that span the entire range of procedures. Therefore, the CEG has agreed to commission two complementary service specifications:

- Non specialised – commissioned by Health Boards
- Specialised – currently commissioned by Health Boards, but included in the WHSSC signal of commissioning intent for the 2022/23 Integrated Commissioning Plan

As WHSSC has a well-established process for developing comprehensive and detail specialised service specifications, I am writing in my capacity as chair of the CEG, to request your support to develop a service specification for specialised paediatric orthopaedic surgery. In parallel to this, I will be writing to the chair of the Welsh Orthopaedic Board to request their support to develop a service specification for non-specialised paediatric orthopaedic surgery. I have asked Ian Langfield, Associate Programme Director for Tertiary and Specialist Services Planning Partnership, to liaise with both teams to support the development of these documents, and to ensure that the respective processes for approval are fully aligned.

Please can you confirm that WHSSC team would be able to take this work forward, in order to ensure that there are service specifications in place for these services by the end of this year.

Yours sincerely

Judith Paget

Judith Paget
Chair - NHS Wales Health Collaborative

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Cadeirydd /Chair: **Emma Woollett**
Prif Weithredwr/Chief Executive: **Mark Hackett**

Prif Weithredwr/Chief Executive: Len Richards
Our Ref: LR-jtf-08-8886

Dyddiad / Date: 2nd August 2021

Sian Lewis
Managing Director WHSSC

Sent by email to: *sian.lewis100@wales.nhs.uk*

Dear Sian

We are writing to update you on the development of the spinal services operational delivery network (ODN), and to request that the Joint Committee give formal consideration to commissioning the ODN, on behalf of the six Health Boards in Mid, South and West Wales.

As you will be aware, following the reorganisation of neurosurgery in South Wales, there have been a number of attempts to improve the organisation and delivery of spinal surgery services. Unfortunately, for a variety of reasons, none of these initiatives were successful, and there remained a lack of clarity around the pathway for elective and emergency spinal care.

In 2019/20 we asked our Medical Directors to meet with the clinical community, and to develop a plan to address this issue, and improve the delivery of spinal surgery across South and West Wales. From these meetings, it became clear that there was a strong desire to address the deficits within the system, as well as a consensus on the actions required. This led to the establishment of a project to clarify the spinal surgery model for South and West Wales.

The project concluded in March 2021, and the recommendations were presented to the NHS Wales Health Collaborative Executive Group (CEG) on the 6th April. These included the establishment of an interim network to maintain the momentum of the project, and the establishment of an Operational Delivery Network (ODN) to:

- maintain and coordinate patient flow across the spinal surgery pathway;
- lead the development, and coordinate implementation and delivery of standards and pathways;
- promote and support cross-organisational and clinical multi-professional collaboration.

The recommendations were accepted by the CEG, with the provision that we developed a business case to establish an operational delivery network for spinal services, and to address the key issues and risks identified through the spinal surgery project.

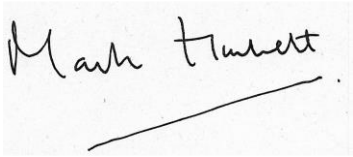
We presented our proposals to the July meeting of the CEG. These included the establishment of an interim network (funded by CVUHB and SBUHB) to take forward the work of the project, and to support

the establishment of the ODN (funded by the six Health Boards in Mid, South and West Wales) from the 1st April. These proposals were approved by members of the CEG, and they also agreed that the interim network and ODN should be hosted by SBUHB.

We also proposed that rather than entering into separate funding agreements with each of the six Health Boards, our recommendation would be for WHSSC to commission the ODN on behalf of the networks, as the organisation has significant expertise commissioning complex and specialised services, and has experience in commissioning the Major Trauma Network. However, it was not possible for members to make a decision to delegate commissioning to WHSSC, as the responsibility for commissioning specialised services rests with the Joint Committee. Therefore, we are writing to request that at the next meeting of the Joint Committee, formal consideration is given to a proposal to commission the spinal services ODN, on behalf of the six Health Boards in Mid, South and West Wales.

We have attached a copy of the paper that we submitted to the July meeting of the CEG, which provides further details on the proposals to establish the interim network and ODN. In order to support this work, we will ask Ian Langfield, Associate Programme Director for Tertiary and Specialist Services Planning Partnership, to liaise with Karen Preece, Director of Planning, to ensure that the WHSS team has the information necessary to ensure that the Joint Committee is able to make an informed decision on the commissioning of the ODN.

Yours sincerely,



MARK HACKETT
CHIEF EXECUTIVE
SBU HB

LEN RICHARDS
CHIEF EXECUTIVE
C&V UHB

cc. Judith Paget, Chair of the Collaborative Executive Group
Mark Dickinson, Director of the Collaborative

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

		Agenda Item	2.5
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	WHSSC - Workforce Capacity		
Author (Job title)	Managing Director		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	The purpose of this report is to: • Update the Joint Committee on requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales; • Update the Joint Committee on workload challenges related to services currently commissioned through WHSSC; • Outline the range of opportunities to address the workload challenges through further development of the WHSS Team (WHSST) workforce; • Seek support for taking forward requests for additional investment.

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 requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales; • **Note** the workload challenges related to services currently commissioned through WHSSC; • **Note** the opportunities for increasing WHSST capacity which have already been exploited; • **Support** the request to Welsh Government (WG) for funding for additional project management support; • **Support** the request to recharge the National Collaborative Commissioning Unit (NCCU) for increased finance support; • **Support** the inclusion of an increased DRC requirement in the 2022-2023 Integrated Commissioning Plan (ICP).		

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)

All

WHSSC - WORKFORCE CAPACITY

1.0 SITUATION

WHSSC has received a number of requests over the last 3 months to consider the commissioning, or further development, of tertiary services which are either currently commissioned through Health Boards (HBs) or are new to Wales. This is in addition to the delegation of a number of other services over the last 2-3 years such as the Major Trauma Centre and Operational Delivery Network (MTN) and the Advanced Therapeutic Medicinal Products (ATMPs).

Alongside this, the WHSS Team face an increasing workload related to existing commissioned services with major strategic reviews in paediatric and mental health services, and an important repatriation agenda in north Wales. Also, as the Committee will be aware there are significant service quality concerns in some services, growing expectations regarding public and patient engagement, an expanding policy portfolio and increasing challenges around the implementation of high cost medicines.

Meeting the demands of this growing workload will therefore require a strengthened workforce and this paper sets out the range opportunities to achieve this.

2.0 BACKGROUND

WHSSC was established in 2010 when it was envisioned that the organisation would primarily undertake planning and funding with a 'light touch' approach to commissioning. It was anticipated that HBs would play a significant role in defining their own detailed needs and demand requirements, and WHSSC would consolidate and plan/fund these.

However, since 2010, the demands on specialised commissioning have changed and WHSST now undertakes the full range of commissioning activities. This includes policy and service specifications development, gap analyses, equity of access reviews, comprehensive quality management and multiple strategic service reviews. There has been a material shift away from firefighting with short-term investment, to a more strategic approach to specialised services.

To meet this changing demand the WHSS Team has undergone significant internal modernisation. This includes:

- Introduction of a full quality function with the development of a Quality Team;
- Expansion of the 'Patient Care' function to support the Independent Patient Funding Request (IPFR) process;

- A strengthened evidence evaluation function and policy and service specification development process;
- A strengthened Medical Directorate with a number of Associate Medical Directors supporting clinical engagement;
- A significantly increased information function moving from basic contract management to a comprehensive information service with a database mapping all activity and expenditure across all providers and services;
- Establishment of a team specifically focused on the north Wales/north Powys region;
- Increased risk management capacity;
- Implementation of the Blueteq prescribing system for WHSSC drugs and support for HB wide roll out;
- Restructuring of the administration and business management functions; and
- Remote working for all staff.

This modernisation has allowed the WHSS Team to not only provide a more comprehensive commissioning function, but to also absorb a range of new service developments. This includes ATMPs, supporting the PET-CT programme business case, MTN implementation, thoracic surgery reconfiguration and a significant expansion in the finance support for the National Collaborative Commissioning Unit (NCCU). More recently, of course, there has been the introduction of home working in response to the COVID-19 pandemic. This has been achieved without any investment in staff capacity over and above pay inflation and a discrete uplift to cover the non-pay hosting fees.

3.0 ASSESSMENT

The new or increasing workload demands are summarised below:

3.1 New services

Area	Request Received from	Rationale
Spinal Surgery	NHS Wales Health Collaborative	• Following the reorganisation of neurosurgery in South Wales, there is a lack of clarity around the pathway for elective and emergency spinal care. The project established to clarify the spinal surgery model for South and West Wales concluded that the establishment of an Operational Delivery Network (ODN) is required to:

Area	Request Received from	Rationale
		○ maintain and coordinate patient flow across the spinal surgery pathway; ○ Lead the development, and coordinate implementation and delivery of standards and pathways; ○ Promote and support cross-organisational and clinical multi-professional collaboration. • The recommendations were accepted by the Collaborative Executive Group (CEG) and a letter was received on 02 August 2021 requesting that WHSSC commission the ODN, on behalf of the six HBs in Mid, South and West Wales.
Hepato Pancreato-Biliary (HPB) Surgery and Hepato Cellular Carcinoma (HCC) MDT	NHS Wales Health Collaborative	• In south Wales pancreatic surgery is commissioned by HBs and delivered by SBUHB whilst Hepato-Pancreato-Biliary surgery is commissioned by WHSSC from CVUHB. In England these services are commissioned as a single specialised service (HPB) and the CEG have recommended the same model should be used in Wales and that commissioning should be delegated to WHSSC, • In addition, because of the fragility of the Hepato Cellular Carcinoma (HCC) MDT and the established interdependency with HPB surgery, this would also benefit from being commissioned by WHSSC, • A letter requesting that WHSSC commission both HPB services and the HCC MDT was received on 29 June 2021.
Paediatric Specialised Orthopaedic Surgery	NHS Wales Health Collaborative	• Currently there are sustainability issues within paediatric orthopaedic surgery services in south Wales and the CEG considered that the development of service specifications for the specialised and non- specialised elements of the

Area	Request Received from	Rationale
		service would strengthen future commissioning, • Whilst both elements are commissioned by HBs, the CEG would like WHSSC to develop the specialised services specification and note that this service was included in the WHSSC signal of commissioning intent in the request for proposals for the Clinical Impact Assessment Group (CIAG). A letter was received requesting the development of a service specification on 29 June 2021.
Syndrome Without a Name Clinic (SWAN) and Supporting Clinical Service for Wales	Director General Health and Social Services/ NHS Wales Chief Executive	• Welsh Government has agreed funding for two years for a pilot of a "Syndrome without a Name (SWAN)" clinic and associated service, • The proposal was developed by Dr Graham Shortland, Chair of the Rare Diseases Implementation Group, and was subsequently agreed by the Minister, • A letter was received on 12 July 2021 from Dr Andrew Goodall.
Gambling Related Harm Service	Welsh Government	• In December 2020, a Task and Finish group was established at the request of the then Deputy Minister for Mental Health to look at how to support those affected by gambling-related harm in Wales, • It was identified that whilst specialist services existed in England no services were available in Wales, • WHSST were asked by the Public Health policy leads in WG to scope the development of a Welsh service in June 2021.

Area	Request Received from	Rationale
Molecular Radiotherapy Services	No formal request yet received	• Molecular radiotherapy has been used to treat a number of rare cancers for many years. Interest in this type of treatment has increased significantly during 2021 following the publication of a landmark trial of its use in prostate cancer, • This suggests much more widespread use of the modality in the future, and further to discussion with the Clinical Oncology Subcommittee (COSC) within WG a need to urgently scope out service development has been identified, • Discussion with WG is ongoing.

3.2 Strengthening the approach to commissioning existing services

3.2.1 Outcome measurement

It was emphasised at the recent Joint Committee workshop on Equity that WHSSC needs to move more quickly to develop an outcome-based approach to commissioning. This was also identified in the recent Audit Wales review of "Committee Governance Arrangements at WHSSC". It is important to note however that there are a wide-range of potential outcome measures available and ensuring that they are used meaningfully within specialised commissioning will require expertise, time and focus. It will be necessary to define the strategic approach and evaluate the different measures available. To take this forward in the required timescales will require additional resource.

3.2.2 Quality management data systems

Consistent with one of the recommendations of the Audit Wales report, WHSSC is developing ways of strengthening the assessment and reporting of the information on the quality of services. The objective is to make quality monitoring more visible and timely and promote increased discussion about quality at the Joint Committee and relevant sub-committees. To achieve this WHSSC will seek to bring together the wealth of quality data available across the health system and improve how the data is collated, stored and reported, so that it can inform in a more active way and trigger improvement actions. One example is to refine the way we use the wealth of quality and outcomes data available from the English QSIS (soon to be Model Hospital) system and turn this into meaningful and timely insights into performance. We also want to explore the ambition of HBs to adopt QSIS type systems for reporting of Welsh performance so that

we are measuring against appropriate peers from England as well as monitoring delivery by English Trusts providing care to Welsh patients.

3.2.3 Commissioning Information Systems

The increased depth of commissioning functions has led to the information function moving from basic contract management activity to delivering a comprehensive information service with a database mapping all activity and expenditure across all providers and services. This is used to inform relative utilisation by HBs and assess trends in provision by provider. The function also comprehensively validates the application of tariff for English provider activity to ensure charges are appropriate and charges follow the rules of residency and cross border GP registration. This system has also been made available to HBs for use in their cross border contracting and to date has saved hundreds of thousands of pounds per annum. The next goal for the information function is to develop the reporting of quality data and associated dashboards to enable commissioners to gain better meaning from the wealth of data that is available.

3.2.4 Strategic service reviews

Currently WHSST has embarked on two major strategic reviews in mental health and paediatrics. Both reviews are core to ensuring high quality sustainable services and pace is required. There is a particular challenge related to a lack of Public Health expertise.

3.2.5 Implementation of new high cost drugs and interventions

The number and rate of development of new high cost drugs and interventions continues to grow. This creates not only a financial challenge but an increased requirement for evidence evaluation and policy development. Ensuring this is effectively managed is a key challenge. Without the rigour provided by these processes and the ability for the WHSS Team to build on the opportunities offered by the BlueTeq prescribing system opportunities will be lost to maximise patient benefit and ensure the most effective use of resources.

3.2.6 Supporting the NCCU and its growing finance requirement

The expansion of the National Collaborative Commissioning Unit (NCCU) has increased the requirements of the WHSST finance team resource in terms of WG financial monitoring, forecasting, invoice processing, annual accounts, audits and income management

To date no formal cross charging arrangements have been agreed between WHSST and the NCCU to cover the increased finance team input and resource required in supporting the financial management of the NCCU and ensuring achievement of its statutory financial reporting duties.

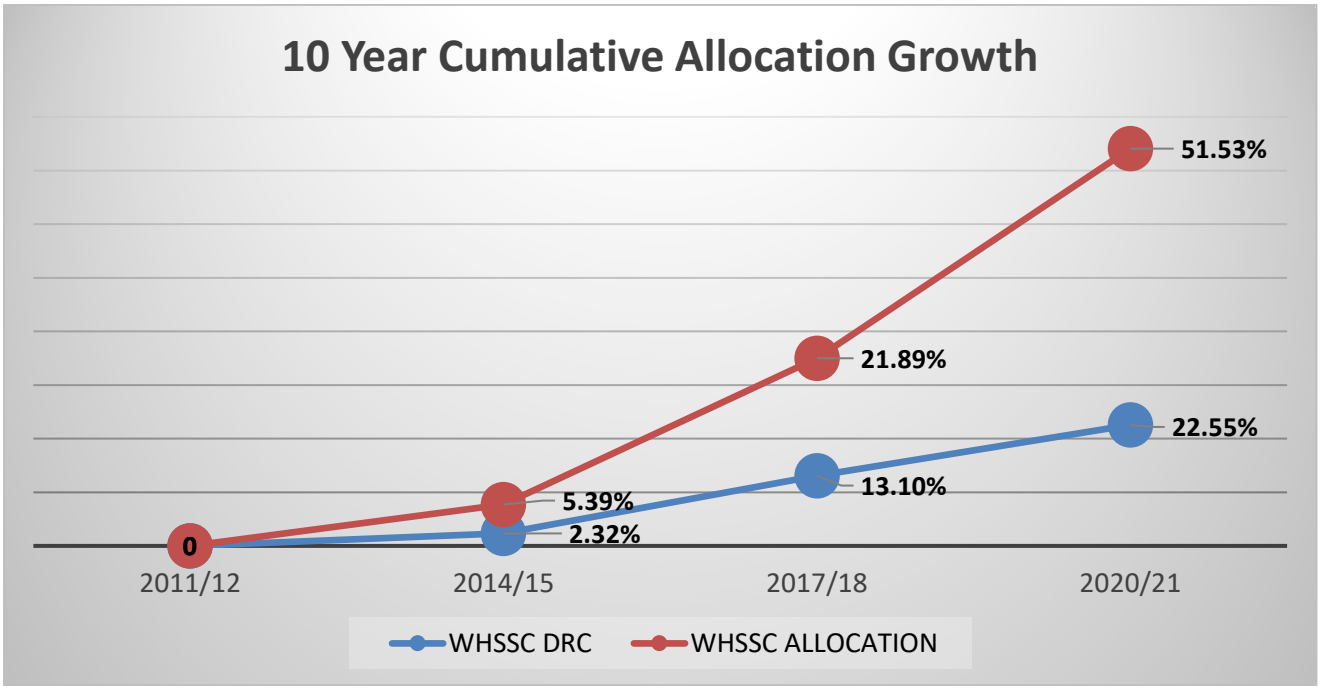
3.2.7 Pandemic Recovery

The increased activity described above needs to be seen in the setting of pandemic recovery, and the specific role WHSSC has within this, to work with providers to secure timely response from Specialist Services, for the population of Wales. The additional workforce impact within this context, is twofold:

- working closely with providers through an enhanced Commissioner Assurance Framework (CAF), and recovery planning to understand service demand and capacity within and across a recovering system, relying heavily on the need for accurate and timely data and placing requirements beyond capacity on the existing information team; and
- work to identify and commission services from different providers, support the management of cross HB waiting lists and other providers with a view to ensuring equity of provision for the Welsh population.

3.3 Assessment of WHSST efficiency

To assess the relative efficiency of the WHSS Team the growth in WHSSC allocation investment has been mapped against the growth in the direct running costs (DRC) of WHSST. The graph below outlines the comparator over 10 years since 2011-2012 to 2020-2021 and demonstrates that over this time there has been a 51% growth in the WHSSC commissioning allocation but a reduction in the ratio of running cost against allocation from 0.70% to 0.56%.



A further assessment was made by benchmarking with commissioning organisations from NHS England. This demonstrates a significantly lower cost base at around half of that compared with a number of large Clinical Commissioning Groups (CCGs).

	Source: Annual Accounts 19/20			
	Bristol, North Somerset & South Gloucestershire CCG	Liverpool CCG	Birmingham and Solihull CCG	WHSSC
	£m	£m	£m	£m
Annual Budget	1445.835	956.77	1954.478	695.412
Running Costs Allocation	20.637	10.912	23.445	3.902
Running Costs as a % of Annual Budget	1.43%	1.14%	1.20%	0.56%
Total Staff	350	144	322	63

3.4 Opportunities for increasing Workforce capacity and budget

3.4.1 Welsh Government (WG)

- Quality Management of Mental Health Services: WG agreed in early August to fund a strengthened Service Level Agreement (SLA) with the NCCU to deliver increased quality support for MH commissioning; and
- Project management support for new service development: Implementation of the SWAN clinic and the scoping work and likely commissioning of a gambling service both represent significant areas of new work. Of even greater challenge however will be the development of a molecular radiotherapy service. It is proposed therefore that WHSSC requests recurrent funding for specific project management support for these new areas of work

3.4.2 Health Technology Wales (HTW)

- Health Technology Wales (HTW) is commissioned to develop all Wales guidance on non-medicine technologies. In order to ensure more rapid adoption and implementation a joint proposal for WHSSC to develop supporting commissioning policies for each piece of positive HTW guidance was set out. This has since been supported, in principle, by the Management Group (MG) and the HTW Executive Group. Funding for two posts (Project Manager – Band 7/8A and Project Support – Band 4) is now being sought from WG to facilitate this work.

  It is proposed that both posts are joint appointments between HTW and WHSSC but both post holders would be located in WHSSC. Line management responsibility would reside with the WHSSC Assistant Director of Evidence Evaluation but they would be accountable to both the WHSSC Policy Group and the HTW Steering Group.

3.4.3 'Spend to Save' opportunities

- WHSST has already presented a business case to the MG to fund a Medicines Management pharmacist for two years in the first instance. This post will support the implementation of Blueteq and high cost drugs portfolio at WHSSC. Recruitment during the pandemic was unsuccessful

but the post has recently been re-advertised. Interviews will be held on 08 September 2021.

3.4.4 Cross charging NCCU for additional finance capacity

- A historic recharge equivalent to 3% of the Emergency Ambulance Services Committee (EASC) commissioning support allocation is applied between the WHSST finance team and the EASC DRC in recognition of the finance support required. It is proposed that an equivalent cross charge against the running cost allocation for the expanded Quality Assurance Improvement Service (QAIS) Team and Care Home Team portfolios of the NCCU is formally agreed, this would be £55k annually.

3.4.5 Ongoing internal reconfiguration of the information function

- Additional internal efficiencies: Opportunities have been identified to further strengthen the information function by bringing together information posts which currently sit in the WCRN and Traumatic Stress Wales. This will maximise efficiency and provide increased resilience.
- Remaining capacity gap: It is anticipated that internal efficiencies will not meet the increased information requirements post pandemic and further investment in the workforce will be required.

3.4.6 Slippage money

- During 2020-2021 sufficient slippage has been identified to allow the short term recruitment of project managers to take forward the new service requirements identified by the NHS Wales Health Collaborative, however currently these posts are being recruited at risk and no recurrent funding has been identified.

3.4.7 Areas of risk

Despite exploitation of the opportunities described above there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities. There is a particular risk around the 2 project management posts currently out to recruitment which are currently being funded through the use of slippage.

It is proposed therefore that a 5.9% uplift to the WHSSC running cost budget is submitted within the 2022-2023 Integrated Commissioning Plan (ICP), this is equivalent to a 0.03% uplift against the total commissioning allocation.

This will support the following functions:

- Project Management support for commissioning teams,
- Development of a programme management function to deliver Outcome Measurement,
- Increased support for quality management within the information team,
- Increased support for policy development,
- Public Health capacity

This represents an investment of £247k which still benchmarks favourably with historical funding levels and commissioning organisations within NHS England.

4.0 RECOMMENDATION

Members are asked to:

- **Note** the requests and proposals for WHSSC to undertake new work related to services currently commissioned through Health Boards (HBs) or services which are new to Wales;
- **Note** the workload challenges related to services currently commissioned through WHSSC;
- **Note** the opportunities for increasing WHSST capacity which have already been exploited;
- **Support** the request to Welsh Government (WG) for funding for additional project management support;
- **Support** the request to recharge National Collaborative Commissioning Unit (NCCU) for increased finance support;
- **Support** the inclusion of an increased direct running costs (DRC) requirement in the 2022-2023 Integrated Commissioning Plan (ICP).

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Effective Care Safe Care Choose an item.
Principles of Prudent Healthcare	Care for Those with the greatest health need first 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	Despite the exploitation of opportunities described in the report, there are significant service quality concerns in some services, growing expectations regarding public and patient engagement, an expanding policy portfolio and increasing challenges around the implementation of high cost medicines. WHSSC is developing ways of strengthening the assessment and reporting of the information on the quality of services and the request for additional workforce capacity will strengthen WHSSC's position to ensure effective Quality, Safety & Patient Experience.
Resources Implications	The financial resource implications have been reviewed and benchmarked against other similar services and are outlined in the report.
Risk and Assurance	Despite exploitation of the opportunities described in the report there will remain a significant gap in the WHSSC workforce in delivering the planned commissioning activities. There is a particular risk around the 2 project management posts currently out to recruitment which are currently being funded through the use of slippage.
Evidence Base	-
Equality and Diversity	There are no adverse equality and diversity implications arising from the report.
Population Health	There are no adverse population health implications arising from the report.

Legal Implications	The Joint Committee is responsible for approving the Joint Committee's budget and financial framework (including the overall distribution of the financial allocation and unbudgeted expenditure) in accordance with the provisions of the WHSSC Standing Orders.

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

		Agenda Item	2.7
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Major Trauma Priorities for in year use of Underspend and Resource Plan for 2022		
Author (Job title)	Director of Planning		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this report is to: • Inform the Joint Committee of the current activity and performance of the Major Trauma Network, • Inform the Joint Committee of the current risks identified in the Network, • Update the Joint Committee of the resources within the Network and how these are currently being utilised, • Seek support from the Joint Committee that the underspends identified across the Network within this year are used on a non-recurrent basis to address priorities identified by the Network, • Inform and discuss with the Joint Committee the investment requests being made by the Network, and • Confirm with the Joint Committee the areas that they wish to support for inclusion in the Integrated Commissioning Plan (ICP) for 2022.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☒	☒

Sub Group /Committee	Management Group	Meeting Date	19/08/2021
Recommendation(s)	Members are asked to: • **Discuss** the issues in the report; • **Discuss** and **agree** the areas that they wish to support for inclusion in the Integrated Commissioning Plan (ICP) for 2022; and • **Support** that the underspends identified across the Network within this year are used on a non-recurrent basis to address priorities identified by the Network.		

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)

Cardiff and Vale, Swansea Bay

MAJOR TRAUMA PRIORITIES FOR IN YEAR USE OF UNDERSPEND AND RESOURCE PLAN FOR 2022

1.0 SITUATION

This report informs Joint Committee of the current activity and performance of the Major Trauma Network. The most recent report presented to the Major Trauma Delivery Assurance Group is attached for information at ***Appendix 1***. Included in this appendix are the current risks identified within the Network.

The report further informs Joint Committee the investment requests being made by the Network to address the risks see ***Appendix 2*** together with an update on the use of the current resources within the Network.

Joint Committee members are invited to discuss these issues and confirm areas that they wish to support for inclusion in the Integrated Commissioning Plan (ICP) for 2022.

2.0 BACKGROUND

The Major Trauma Network for mid and south Wales went live in September 2020 with an investment of £12.8m provided to the relevant Health Boards (HBs) by Welsh Government (WG).

The Joint Committee agreed the priorities within the Programme Business Case (PBC) and the money was allocated to the major trauma centre (MTC), specialist plastics service, operational delivery network (ODN) and the Welsh Ambulance Services Trusts (WAST) in line with these agreed priorities.

At the end of 2020-2021 approximately £3m slippage was returned to WG on a non-recurrent basis. Also during the year Joint Committee, recognising the levels of the plastics activity in the Network, supported recurrent funding to allow the 4th locum plastics surgeon post to become substantive.

The remainder of the priorities are being delivered in line with the Joint Committee decision.

3.0 ASSESSMENT

The attached report from the ODN and MTC shows actual delivery across the Network since its inception in September 2020. The report notes that activity levels have been above those predicted in the PBC with the ODN and MTC both commenting that for much of the time the Network has been live Wales has been in

lockdown. Their assessment is therefore that activity levels are likely to continue to increase.

The levels of activity during the 11 months of delivery have highlighted risks within the Network, and resulted in a number of being proposals put forward into the Clinical Impact Assessment Group (CIAG) process for this year. The initial investment into the major trauma network was provided by WG and was therefore taken forward as a strategic priority with the WHSSC ICP.

The Joint Committee will also recall that the original PBC indicated that further business cases would need to be considered, as the initial investment did not cover all the elements of the PBC and all the TARN standards. The WHSS Team therefore intend to handle any further requests for funding as a strategic issue and reserve for a Joint Committee decision. As such the proposals were excluded from the CIAG process.

3.1 Use of Current Resources

As stated above at the end of the 2021 financial year a significant sum was returned to WG as it could not be utilised within year. However, financial monitoring suggests that the bulk of the allocation will be utilised this year. The MTC (Cardiff and the Vale UHB) is currently declaring c£400K underspend but this is expected to be on a non-recurrent basis. WG has confirmed that it does not require underspends to be returned.

The Operational Delivery Network is co-ordinating a priority order for the use of this in year non-recurrent underspend. The Joint Committee is asked to support the use of the underspend across the Network. This will mean that all of the non-recurrent underspend is not retained within the MTC, but rather will be used to address the most pressing priorities across the Network (WHSSC commissioned elements).

3.2 Resource Requests

The requests from the Network fall into three main areas detailed in ***Appendix 2*** and outlined in table 1 below:

- Investment into orthoplastics, including extra posts,
- Additional posts into the ODN,
- A signal from Cardiff and the Value UHB (CVUHB) that the Peer Review to be undertaken after 12 months of operation may identify additional resources required into the MTC

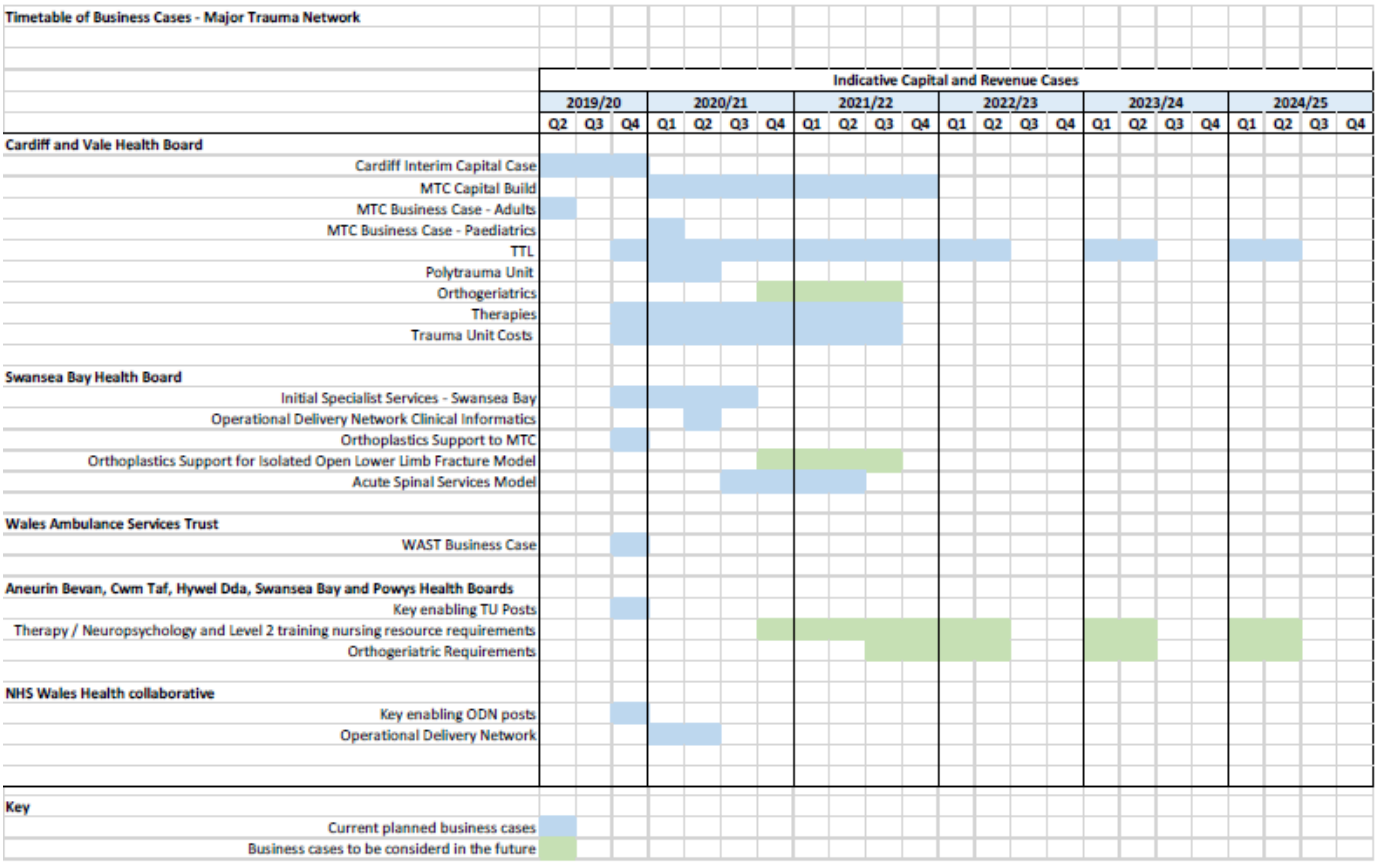
The WHSS Team has also been approached to provide commissioner support for an outline business case (OBC) to provide a bespoke theatre for major trauma at an indicative revenue requirement of £0.5m. This is not a an issue for the 2022-23 ICP and a response has been provided to CVUHB that the WHSSC priority will be the allocation already provided to the MTC.

Health Board/MTN area	Request	Costs	Comment
Swansea Bay/ Specialist services	MTC Plastic Surgery Consultant workforce Increase to 12 sessions job plans of 4x posts plus 5th post additional	8 sessions to existing posts (incl 4th to be appointed substantively before year 2) **£95,000** Additional 12 session post **£153,000** **Total £248,000**	This could potentially be handled as growth within the plan
Swansea Bay/ Specialist services	T&O consultant trauma specialist posts.	4 x 12 sessions Consultant roles **£612,000** 5 session (0.5 job) to mirror existing post part Cardiff part Morriston job plan as current service deficit 3 weeks out of 6 **£59,000**	
Swansea Bay/ Specialist services	Theatre time – dedicated Orthoplastic list in Morriston 5 days a week	**£309,000 -** theatre staff **£580,000 –** Anaesthetic Medical Staff **Total £580,000 for 10 sessions 50 weeks p.a.** **£89,000 per session per annum**	
Swansea Bay/ Specialist services	Freeflap monitoring unit for trauma cases and supporting ward infrastructure	4 bed trauma free flap monitoring unit **£291,000 for 1 nurse per shift**	
Swansea Bay/ODN	Digital network lead for the ODN	Band 8a, £65,015, 1.0 WTE	
Swansea Bay/ODN	Senior Matron as part of the ODN structure	Band 8a, £65,015, 1.0 WTE	
Swansea Bay/ODN	'Silver' Trauma Clinical Lead	1 consultant session or equivalent per week. £12,000	

Cardiff and the Vale/MTC	It is requested that WHSSC make a financial provision to address concerns that are raised at the peer review process. Once this has completed the priorities for investment can be revisited by CAV and WHSSC.	Not specified	
Cardiff and the Vale/MTC	Additional Major Trauma Theatre	£500,000/per annum	Not required in the 2022/23 plan

The Joint Committee will be aware that compromises were made when supporting the original Major Trauma programme business case (PBC) to bring it in line with the available resource and also that the PBC indicated that further business cases would be brought forward in future years. This was detailed in the PBC see excerpt from the SWTN PBC below.

Schedule of Business Cases as at September 2019 (excerpt from Programme Business Case)



4.0 RECOMMENDATIONS

Members are asked to:

- **Discuss** the issues in the report;
- **Discuss** and **agree** the areas that they wish to support for inclusion in the Integrated Commissioning Plan (ICP) for 2022; and
- **Support** that the underspends identified across the Network within this year are used on a non-recurrent basis to address priorities identified by the Network.

5.0 APPENDICES / ANNEXES

Appendix 1 – Major Trauma Report to Delivery Assurance Group August 2021
Appendix 2 – CIAG Proposals

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	
Health and Care Standards	Safe Care Effective Care Choose an item.
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Choose an item.
Institute for HealthCare Improvement Triple Aim	Improving Health of Populations Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The establishment of appropriate governance structures ensures that the MTN is reporting on quality, safety and patient experience.
Resources Implications	Resource implications are outlined in the report.
Risk and Assurance	The governance structure reports on risk within the system and aims to assure that any risks are being appropriately managed.
Evidence Base	-
Equality and Diversity	There are no adverse implications concerning equality and diversity.
Population Health	There are no implications for population health in this report.
Legal Implications	There are no legal implications within this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Management Group	19/8/21	Update
Choose an item.		

Report from the Operational Delivery Network and MTC to Delivery Assurance Group

South Wales Trauma Network

Operational Delivery Network

Quarterly Delivery Assurance Group Report

August 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 the express permission of SWTN, and is stored securely according to the host organisational policies.

This report follows Clinical and Operational Board 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 10 months and has now received its first set of TARN reports since go live.

Clinical & Operational Data

The data presented below represents Quarter 1 (1st April 2021-30th June 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.

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

South Wales Trauma Network Activity between 1st April and 30st June 2021. Data extracted from the Major Trauma Database on 1st July 2021

DEMOGRAPHICS

381 patients treated at the MTC with an incident date between 1st Apr & 30th June 2021. Of these patients, 239 (63%) were adults, 34 (9%) were paediatric patients and 108 (28%) were aged 65+.

* Note that 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 48

68% male

Busiest day: 17% of incidents on a MONDAY

* 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

128 (34%) CAVUHB*
79 (21%) ABUHB
63 (17%) CTMUHB
31 (8%) SBUHB
44 (12%) HDUHB
5 (1%) PTHB
31 (8%) Out of network/Unknown

* 112 of the 128 CAV patients were labelled as MTC patients. 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

325 (85%) NHS number assigned

319 (84%) TARN eligible

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MECHANISM OF INJURY

140 (37%) vehicle incident
106 (28%) fall < 2m
68 (18%) Fall > 2m
8 (2%) stabbing & weapon
<5 burn
<5 suspected self harm
30 (8%) sport
<5 shooting & weapon
<5 suspected high risk behaviour
10 (3%) other
7 (2%) alleged assault
<5 alleged intent (non assault)
<5 skeletal/ Organ/ Vessel Destruction
<5 inconclusive

DISTRIBUTION OF INCIDENTS BY WEEK NUMBER

OUTCOMES

So far 349 discharges for these patients:

208 patients discharged home /temp accommodation

22 other

74 patients repatriated

16 transferred for MTC specialist care

29 not major trauma

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South Wales Trauma Network

South Wales Trauma Network Activity between 1st April and 30st June 2021. Data extracted from Trauma desk data, sitrep and TARN

TRAUMA DESK, WAST & EMRTS

16 median number of calls connected per day (data to 7th June). 4,804 incidents (including providing advice to crews, arranging transfers and checking the call stack).

153 trauma tool positive incidents

60% taken to UHW

40% taken to TU/LEH/RTF

138 silver trauma tool positive incidents

16% taken to UHW

84% taken to TU/LEH/RTF

* 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

138 primary transfers, <5 secondary transfers to MTC involving EMRTS

N primary transfers to MTC by WAST – this requires data linkage between Major Trauma Database and WAST data or using the new pre hospital form in the Major Trauma Database once it's developed.

6 pathway 1 (Hyperacute) transfers to MTC

11 pathway 2 (Emergency) transfers to MTC

<5 pathway 3 transfers to UHW recorded

5 pathway 3 transfers to Morriston recorded

* Note that the figures are under-reported as further cases of secondary transfers are recorded in the Trauma Database

5 incidents escalated to EMRTS Top Cover Consultant
TCC consulted via callsign: 6x for Pathway 1, <5x Pathway 2

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SITREP COMPLIANCE

8 days where sitrep was completed by all providers during Q1. Aim for 90% compliance.

RGH-CTM	EMRTS	MH	BGH	POW	WAST
98%	98%	95%	92%	91%	87%

WGH	PCH	GGH	UHW	GUH
87%	85%	71%	67%	60%

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+%. Please see the Governance day reporting schedule for the latest TARN summaries

	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

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De Cymru

South Wales
Trauma Network

South Wales Trauma Network Activity between 1st April and 30th June 2021. Data extracted from Induction, Sharepoint, Twitter, GREATix and TRID

TRID SUMMARY

26 TRIDS reported to the network:

- 6 clinical issues
- <5 automatic acceptance
- 5 delayed repatriations
- 5 delayed transfers
- <5 Trauma Desk not contacted
- <5 pathway awareness
- <5 other
- <5 comms

TRAUMA DESK OCCURRENCE LOG

19 trauma desk occurrence log entries:

5 x trauma desk not contacted, <5 x clinical issue, <5 x transport delay, <5 x out of area crew, <5 x paediatric TTL phone, <5 x patient flow, <5 x delayed transfer, <5 x declined transfer, <5 x trauma desk phone lines

GREATix

5 nominations for teamwork, support, leadership and communication

RESEARCH/QI/AUDIT

SAIL IGRP for Trauma Evaluation, Analysis and Research (TEAR) Cymru project has been approved

ODN has provided support for the Network with data requests and student projects

MEDIA & SOCIAL MEDIA

- 985 followers
- 17K impressions during Q1
- 6.8K impressions to 'Day 2 SWTN pre hospital trauma scenarios underway' tweet

Icons by isons8.com

EDUCATION

- 1,651 views of the guidelines and policies held in induction
- 4,498 sharepoint site visits in the last 90 days
- Development of the Level 1 competency training package which will be disseminated across the Network in September for all the TU's to utilise
- filming scenarios for pre-hospital and trauma team leader for the SWTN training platform

LESSONS LEARNT BULLETIN & COMMS BRIEFS

- 2x clinical comms briefs (paediatric vascular, revised adult vascular injuries)
- 1x operational comms briefs (paediatric secondary transfers)

MEETINGS

- 1x Adult & Paediatric Case Quality Review meeting 10th June
- 1x Governance meeting 10th June
- 1x Clinical & Operational Board meeting 8th April
- 1x Delivery Assurance Group meeting 22nd April

update on SWTN at....

- All Wales School of Emergency Medicine Conference 25th May
- WHSSC Joint Committee 11th May
- EMRTS Governance Day (+ patient story) 22nd June
- Critical Care Network Service Improvement Group 20th April
- Directors of Therapy (+ rehab update) 6th April
- SBUHB Management Board (+report) 5th May

Invited to South East Vascular Network repatriation workshop to present our model for repats

South Wales Trauma Network Activity between 1st April and 30th June 2021 summary and actions

SUMMARY	ACTIONS
Major Trauma Database: 1. Roll out of Major Trauma Database 2. Addition of pre hospital form on the major trauma database	Major Trauma Database: 1. CAV IG committed to either signing off the DPIA/ DSA before COB, or supporting us going live across the network "at risk". 2. CAV will develop pre hospital form for trauma desk to complete with ATMIST and TARN fields along with details on primary and secondary transfers
NDR/NWIS 1. NWIS data acquisition	NDR/NWIS 1. Sign off from CAV IG will also cover the national work we are doing around getting data into NDR which will support the work towards developing Network dashboards. NWIS have access to the Major Trauma Database. Awaiting access to EMRTS and Trauma Desk data
Sitrep 1. Role of SITREP being expanded to include specialist rehab	Sitrep 1. New form and dashboard have been developed. Further edits may be required for the specialist rehab survey.
TARN 1. PROMs data	TARN 1. TARN have offered us a 12mth roll out of PROMS across all of our hospitals at no additional cost, to evaluate the feasibility of rolling out PROMS across a network. We would work with the Welsh National PROMS programme to optimise follow-up and seek support for our approach.

Performance Management & Governance

There has been 4 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.

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 scheduled at the end of July developing the rehabilitation and mental health requirements 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 teams chat and occurrence log
TARN coordinators
Monthly meetings cross network with teams chat
Informatics
Meetings scheduled to take place quarterly
Workforce and Service Development
Meetings scheduled to take place quarterly
Injury prevention
To be established in 2nd half of year 1
Silver trauma
Meetings scheduled to take place quarterly
Veterans Trauma Network
Referral system now up and running and being managed by the ODN team.

Training and Education

The network has recruited to a Senior Matron Nurse Lead for the network on a seconded basis. A part of the role is to provide expertise with the development of the e-learning platform, the feedback requirements of an on line learning environment and support the training and education for nurses.

It is envisaged that this learning platform will be ready imminently with access to the clinical skills videos. The 360 videos require some more post-production work before release, but Trauma Team Member (TTM) will be ready soon, with the Trauma Team Leader (TTL) content to follow.

The filming has taken place for the Trauma Team Leader and pre-hospital training scenarios. Further clinical skills videos were also captured in this cohort of filming, and all are in the post-production phase before upload on to the online platform.

A draft of the Level 1 Emergency Department nursing competency portfolio, answer book and clinical skills sessions is ready for launch. It is currently being trialled in Cardiff & Vale, with plans for evaluation and final edits during August. It is still on track for roll out across the network in September 2021. This will also include the Level 1 Paediatric Emergency Department competencies. The Level 1 Ward nursing competency package is also on track for release to the network in September.

TARN

TARN Clinical report 1 and the Q3 MTC (published 25th March) and TU dashboards (published 6th May) were summarised and discussed in the Network Governance meeting on 10th June 2021. Note that the dashboards summarised in the reporting schedule (**Appendix 1)** provide a snapshot of the data at a fixed time point, therefore, results for measures may have changed since then. Q3 dashboard data quality measures show that SBUHB, C&VUHB and ABUHB have all achieved the target of 95% for data accreditation. For case ascertainment, the target is 80+% and HDUHB and SBUHB are both at 100+%. SBUHB is leading the way in terms of submissions within the target deadline; 91% of their submissions were within the target of 40 days which is much higher than the national mean of 43.4%. We will be including SBUHB's TARN approach as an example of best practice in our feedback to the Health Boards. CTMUHB have 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 at the Welsh NICE Health Network (WNHN) group.

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.

April 2021

There were 14 TRiDs raised in April 2021

May 2021

There were 16 TRiDs submitted in May 2021

June 2021

There were 19 TRiDs submitted in June 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 4).**

Concerns: Organisational

The orthoplastic service across the MTC and Morriston hospital has seen a far higher number of patients that was modelled in the business case. Work is ongoing to understand in detail the shortfall in services that this creates. This includes a review of the number of consultants (plastics and trauma) required to run the service, the bed capacity implications in Morriston, nursing and allied health professional requirements as well as theatre capacity. The ODN is supporting this work and a request for increased funding has been submitted to WHSSC as part of the CIAG process. There is also a review of current in year spend across the network with a view to the reallocation of funds to support orthoplastics.

Concerns: Clinical

SWTN rehabilitation medicine model has required revision due to an unforeseen shortage of consultant cover. Mitigations are being explored across the network led by the SWTN clinical lead for rehabilitation.

The 4 plastic surgeons who cover the orthoplastic service for major trauma are all working additional sessions to cover the workload. This is unsustainable long term.

Risk and issues log

There is a live risks and issues log that is presented to the Clinical and Operational Board meetings. The latest Risk and Issue Registers are attached as **Appendix 2 & 3** respectively.

There are currently 14 risks identified.

Two risks have reduced as a result of relevant mitigation since the previous report. These are regarding:

- **COVID 19 recovery**

Mitigation- For major trauma to feature as part of organisational recovery plans, rather than separately and investment has been made already in major trauma services across the system. Major Trauma is an essential service and as such needs to feature in all recovery plans

- **Locum plastic surgeon post**

Mitigation- Supported by COB and further presented at DAG & WHSSC Joint Committee. Substantive vacancy has now been recruited to.

The remaining newly added risks detail

- **SWTN Year 2 Funding**- Funded posts within SWTN have not been recruited to resulting in a current underspend of funding which could be redistributed to priority vulnerable services within the network. The current underspend position remains unknown at present therefore vulnerable services remain unsupported.

Mitigation- Escalated to WHSSC to determine Year 2 position and plans around the redistribution of funding. ODN attempting to determine current financial position across the network - meeting planned 27th July.

- **WAST Trauma Desk** - Staff absence in WAST Trauma Desk team has led to a lack of resource to cover the Trauma Desk as originally proposed resulting in requirement for EMRTS to provide unplanned cover resulting in a negative impact on performance.

Mitigation- Resilience resolution being explored within WAST. Likely advert for a 6-month secondment position at a cost pressure to cover the 1 x long term sickness. ODN & WAST to meet to discuss.

There are currently 6 live issues.

All issues are high priority and the mitigations can be found in the attached Issue Register as **appendix 3**:

- TUs unable to add patients onto MTD.

  There is now a solution regarding this issue as a result of approval form COB and CVUHB Information governance lead is supporting the roll out. There will now be a phased introduction across each HB beginning in July 2021.

- Nursing/therapy T&E in relation repatriation of complex patients (incl. collar care)
- Escalation of Patients into the MTC
- Lack of awareness of secondary transfer pathways
- Sharing of patient related images via non-health approved communication apps e.g. WhatsApp, resulting in medico legal vulnerability.
- Rehabilitation Service Provision across SWTN

Service development update

The E learning platform is to be launched imminently in a phased approach to ensure no delay in providing access to content. The ODN are currently working through final revisions with the Media Company in readiness for the launch.

The second tranche of training & education filming has taken place. Both the WAST pre-hospital scenario's and Trauma Team Lead (TTL) were recorded and are now in the post-production phase with the media company.

The Post Programme Evaluation is to be published imminently and ratified through the SWTN governance process prior to being shared widely.

The SWTN Informatics group has held its inaugural meeting with encouraging attendance and productive discussions regarding the forthcoming SWTN informatics agenda.

The senior matron for the SWTN has commenced the new role complementing the network training & education clinical lead, progressing the SWTN nursing agenda and lead on nursing governance within the network and lead on the injury prevention programme of work.

The SWTN are progressing the patient held record work stream with an alternative provider.

Outstanding *Service Specification*

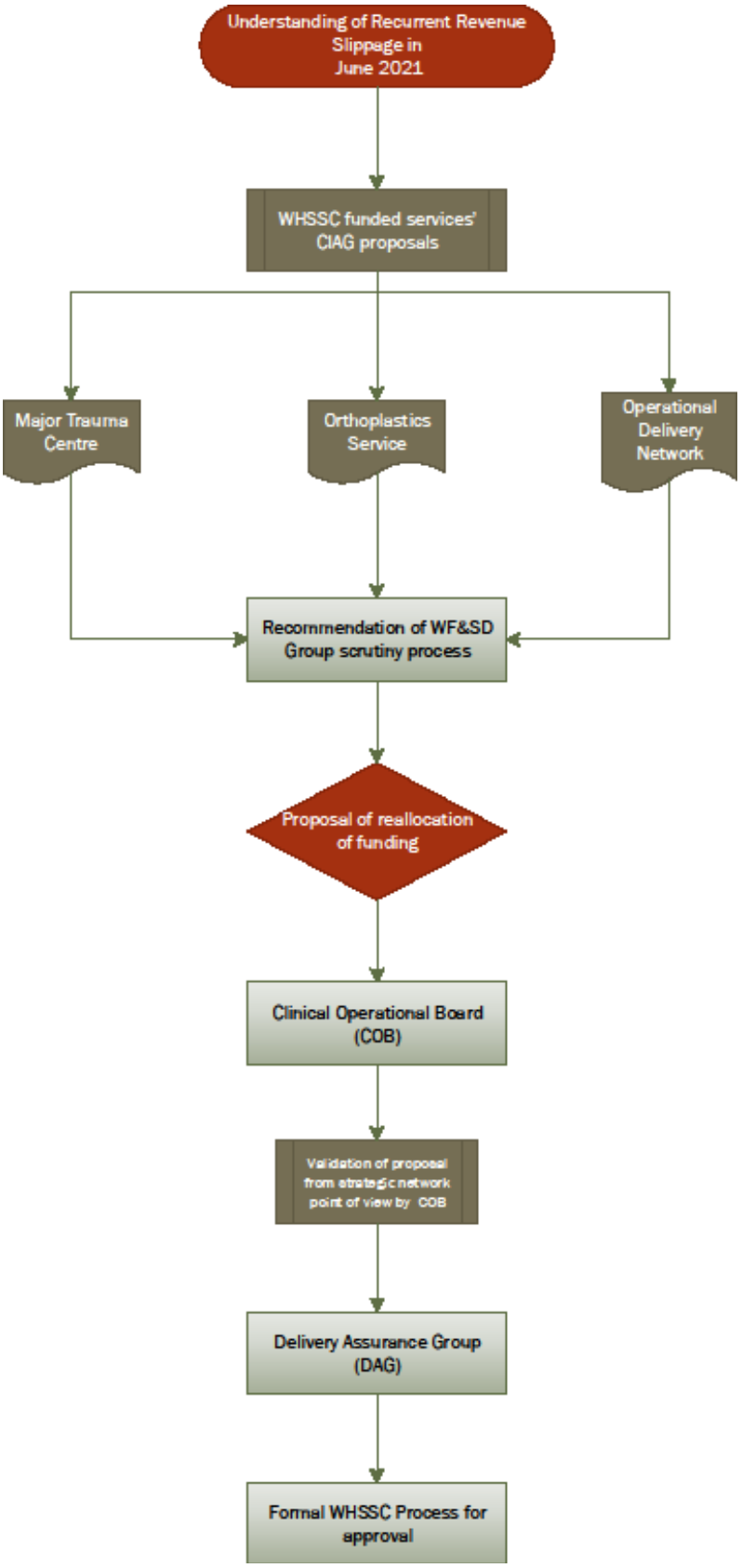
A recent updated version of the national TU quality indicators has been circulated from the national CRG. Following discussion at COB it has been agreed that the revised TU indicators will be adopted by the SWTN after the first Peer Review has taken place.

The first SWTN peer review process will begin in the forthcoming months as the anniversary for the network being operational takes place. The Quality Surveillance Team (QST) national peer review process has recently been revised in terms of the peer review membership and delivery of the process. The ODN are in communication with the national group to progress this piece of work.

Prior to go live it was agreed via the Programme Business Case that whilst there is a requirement for commissioning & Health Board scrutiny of service development proposals for the SWTN, the Operational Delivery Network would hold reigns on the process and discharge its responsibilities through the Clinical and Operational Board in order to ensure they align to the strategic direction of travel for the network.

There is complexity to the development and planning of the proposals given that there are three commissioning entities involved (WHSSC, EASC & LHB commissioning), alongside different deadlines for submission. Each of the approaches are described below.

The process around the Year 2 (operational) 2021/22 service development proposals is illustrated below and includes the identification and reallocation of funding as required



The remaining processes are centred around the Year 3 (operational) 2022/23 WHSSC funded plans and the Local Health Board Integrated Medium Term Plan (IMTP) processes.

Picture 1 describes the critical path and timeline for the recent submission of proposals to the WHSSC CIAG process for the following services-

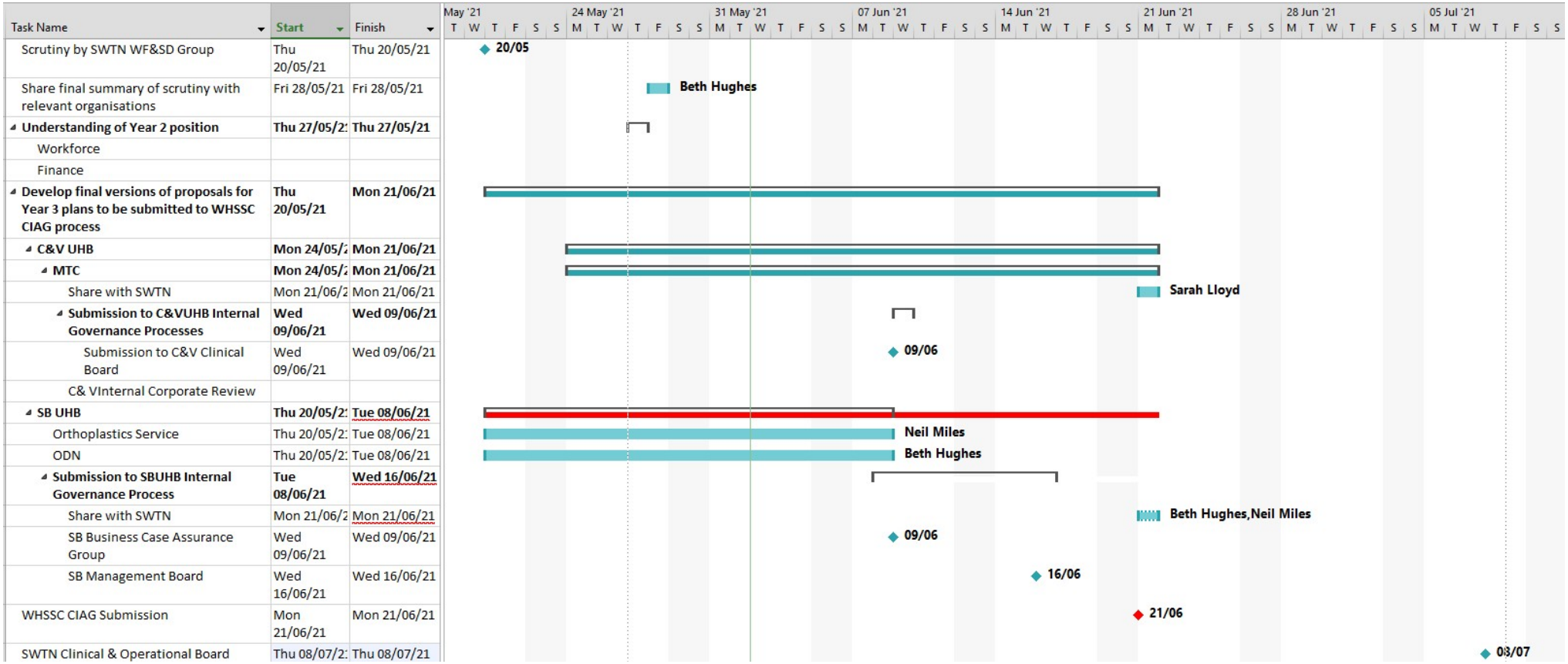
- Major Trauma Centre
- Specialist Services (Orthoplastics Service)
- Operational Delivery Network

Picture 2 details the critical path and timeline for the submission of SWTN proposals for 2022/23 Local Health Board (LHB) funding via the IMTP process.

The SWTN WF&SD group will provide supportive challenge around the proposals and pay particular attention to the following;

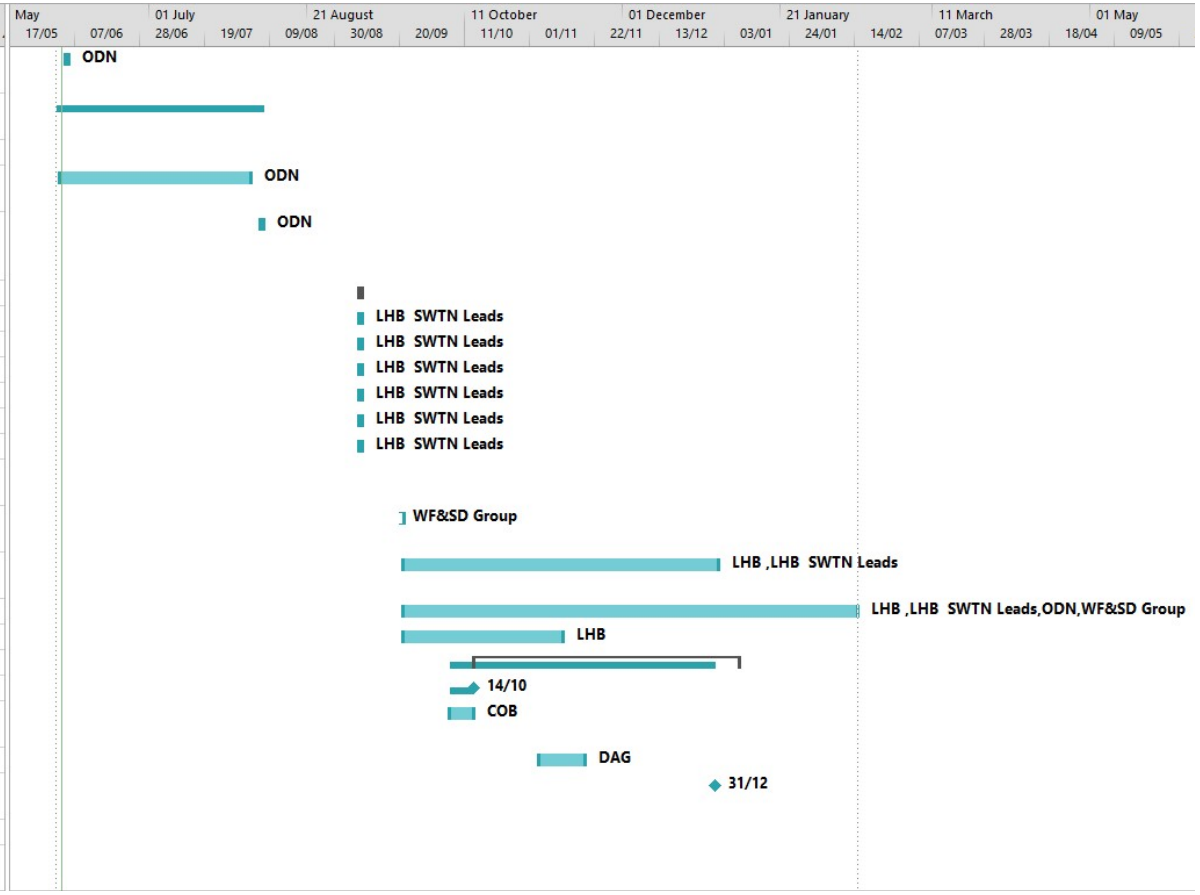
- Alignment to the Benefits Realisation Plan and the trajectory of services as described in the Programme Business Case for the South Wales Trauma Network;
- Evidence based alignment to identified gaps in workforce and/or services as a result of being operational;
- Proposal meets the overall strategic requirements, direction and overview of the South Wales Trauma Network.

Picture 1


Task Name
Start
Finish
Scrutiny by SWTN WF&SD Group
Thu 20/05/21
Thu 20/05/21
Share final summary of scrutiny with relevant organisations
Fri 28/05/21
Fri 28/05/21
Understanding of Year 2 position
Thu 27/05/2
Thu 27/05/21
Workforce
Finance
Develop final versions of proposals for Year 3 plans to be submitted to WHSSC CIAG process
Thu 20/05/21
Mon 21/06/21
C&V UHB
Mon 24/05/
Mon 21/06/21
MTC
Mon 24/05/
Mon 21/06/21
Share with SWTN
Mon 21/06/2
Mon 21/06/21
Submission to C&VUHB Internal Governance Processes
Wed 09/06/21
Wed 09/06/21
Submission to C&V Clinical Board
Wed 09/06/21
Wed 09/06/21
C& VInternal Corporate Review
SB UHB
Thu 20/05/2
Tue 08/06/21
Orthoplastics Service
Thu 20/05/2
Tue 08/06/21
ODN
Thu 20/05/2
Tue 08/06/21
Submission to SBUHB Internal Governance Process
Tue 08/06/21
Wed 16/06/21
Share with SWTN
Mon 21/06/2
Mon 21/06/21
SB Business Case Assurance Group
Wed 09/06/21
Wed 09/06/21
SB Management Board
Wed 16/06/21
Wed 16/06/21
WHSSC CIAG Submission
Mon 21/06/21
Mon 21/06/21
SWTN Clinical & Operational Board
Thu 08/07/2
Thu 08/07/21
May '21
24 May '21
31 May '21
07 Jun '21
14 Jun '21
21 Jun '21
28 Jun '21
05 Jul '21
20/05
Beth Hughes
Sarah Lloyd
09/06
Neil Miles
Beth Hughes
Beth Hughes,Neil Miles
09/06
16/06
21/06
08/07

Picture 2

Task Name	Start	Finish	Resource Names
SWTN Communicate plan to DOP's & COB	Fri 04/06/21	Fri 04/06/21	ODN
SWTN Rehabilitation Mathmatical Modelling	*TBC Early July*		**ODN**
Meeting with DU	*TBC Ealry July*		ODN
Undertake mathmatical modelling work	Wed 02/06/21	Mon 02/08/21	ODN
Robust rehab modelling data to be shared with HB's on Therapies & Psychology	Fri 06/08/21	Fri 06/08/21	ODN
Initial Year 2 & 3 plans submissior	**Tue 07/09/21**	**Tue 07/09/21**	**LHB SWTN Lead**
C&VUHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
SBUHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
ABUHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
CTMUHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
HDUHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
PTHB	Tue 07/09/21	Tue 07/09/21	LHB SWTN Leads
Scrutiny by WF&SD Group-September	*WC 11th September*		WF&SD Group
Discussed through WF&SD Group & Presentations	*Extraordinary to be arranged WC 21st*	Tue 21/09/21	WF&SD Group
Discussion through LHB planning departments	Tue 21/09/21	Fri 31/12/21	LHB , LHB SWTN
Ongoing dialogue with SWTN if re	Tue 21/09/21	Mon 14/02/22	LHB ,LHB SWTN
LHB internal process for IMTP	Tue 21/09/21	Thu 11/11/21	LHB
Submitted through SWTN Govern	**Thu 14/10/21**	**Fri 07/01/22**	**LHB SWTN Lead**
COB	**Thu 14/10/21**	**Thu 14/10/21**	
COB to provide validation of proposals	Wed 06/10/21	Wed 13/10/21	COB
DAG	Thu 04/11/21	Thu 18/11/21	DAG
Formal IMTP Submission to WG	Fri 31/12/21	Fri 31/12/21	LHB
Assuming IMTP deadline is 31st December 2021			



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 benefit of Equity was scrutinised at the previous Delivery Assurance Group meeting in order to understand the distribution of patients attending the MTC as presented in the year end data. The ODN completed a piece of work analysing the available data and produced a crude analysis of the actual data generated since going live in contrast to the predicted patient flow as presented below. In addition to the analysis below all Trauma Units are required to complete and submit to the ODN an evaluation of all patients that remain in the TU with an Injury Severity Score (ISS) >15. This evaluation is completed on a quarterly basis and is formally reported by the ODN.

The table in **Appendix 5** illustrates year 1 benefits and includes the SWTN current position against each of the measureable outputs.

Crude analysis comparing predicted spells and patients added to the major trauma database

MODELLED CHANGES IN FLOW

383 modelled predicted hospital spells for patients treated at the MTC during the first 6 months (combined direct to MTC and transfer to MTC).

- The predicted activity carried out by NWIS is based on hospital spells therefore cannot directly be compared with patient numbers
- Modelled data is based on TARN and not all those entered on the database are TARN eligible (MTC workload is underestimated by TARN since patients must have a LOS ≥3 overnight stays to be TARN eligible). Please see original business case documentation for all modelling work assumptions.
- We only have TARN data to December 2020 for the MTC (TU data is not ready yet) therefore we do not have enough TARN data to make comparisons at this time.
- More sophisticated analysis will be carried out using the SAIL databank for the 1 year evaluation of the Network. In the meantime, the ISS>15 reviews of patients that were not transferred out of TUs/RTFs/LEH will be important.

Table 1: Predicted number of spells by patient pathway in year 1 and the first 6 months

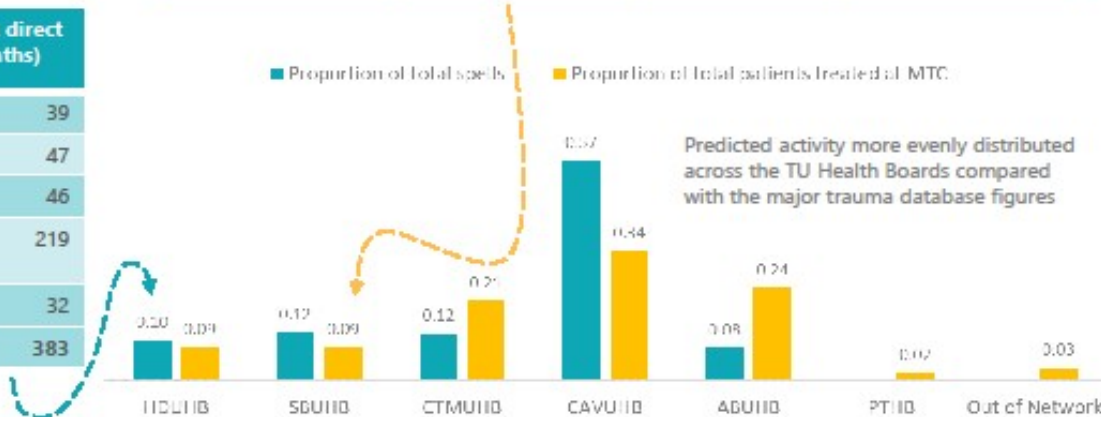
Health Board	Combined transfer & direct to MTC ISS>9 (year 1)	Combined transfer & direct to MTC ISS>9 (6 months)
HDUHB	78	39
SBUHB	93	47
CTMUHB	91	46
CAVUHB (baseline direct to MTC)	438	219
ABUHB	63	32
Total	763	383

MAJOR TRAUMA DATABASE

591 patients treated at the MTC with an incident date between 14th Sep 2020 & 31st Mar 2021 (source: Major Trauma Database).

Table 2: Number and rate per 100,000 of patients treated at the MTC by Health Board

Health Board	Patients treated at the MTC	Health Board population (mid year 2019)	Rate per 100,000
HDUHB	47	387,284	12.1
SBUHB	47	390,308	12.0
CTMUHB	113	448,639	25.2
CAVUHB	225 (all patients) (185 MTC patients)	500,490	45.0 37.0
ABUHB	132	594,164	22.2
PTHB (South)	10	132,435/2=66,218	15.1
Out of Network	17		



Achievements

The Major Trauma Database (MTD) is now in the process of being rolled out to all Health Boards across the network in an incremental programme. All Health Boards should be fully utilising the MTD by September 2021.

The publication of a positive (all green) internal audit report for the ODN. Report attached in **Appendix 6 & 7.**

Approval of the IGRP with SAIL which will allow the commencement of the TEAR CYMRU project in association with Swansea University

Agreement for TARN to support the roll out of PROMS across all trauma units as well as the MTC.

There are discussions ongoing with value based health care and a company called NeuroProActive regarding the introduction of a patient held record which will eventually incorporate PROMS. This project will be a fully evaluated piece of work with the intention of publishing results of a 1 year pilot project

Patient Stories

Patient A

Polytrauma

Mechanism of Injury

Patient A in their 20s who was riding a mountain bike and fell from a height of approximately 6 feet. Patient immediately experienced loss of power in his legs and was triaged at scene to be conveyed directly to the Major Trauma Centre (MTC) by EMRTS.

Injuries

Following CT imaging in the Emergency Unit as part of a trauma call, Patient A was diagnosed with a fracture of a thoracic vertebra (T10). Patient A was transferred for emergency MRI scan and was found to have a bulging disc at C5/6 with bruising of the spinal cord, a strain injury from C4–7 and T1-3 and haematoma at C3-4.

Initially Patient A was in spinal shock. There were no other injuries found.

Major Trauma Practitioners (MTP) attended the trauma call and were able to convey clinical information to the daily Major Trauma multidisciplinary team (MDT) meeting and injury management plans were outlined.

Patient A received an early assessment to identify the rehabilitation needs recorded on the Major Trauma Database and could be viewed by the team in Patient A's local health board.

Management Plan

Given Patient A's initially unstable presentation in spinal shock, was transferred to a level 1 monitored bed on the PTU.

A conservative spinal management was decided following the 'Rookwood protocol' of 6 weeks flat bed rest and a Miami J cervical collar. The Rehabilitation Co-ordinator (RC) and Spinal Consultant met with the patient and their family to explain the nature of the injury as an incomplete tetraplegic injury and the proposed management plan.

The clinical plan in addition to bed rest involved careful management of:

1. Bowels - aiming for daily opening of an appropriate consistency.

2. Bladder - commence a bladder training regime by clamping and releasing the catheter or using a flip-flow valve device.

3. Blood pressure – continual monitoring of blood pressure and information shared with Patient A and the major trauma team about the symptoms of autonomic dysreflexia and Patient A was to let the staff know if he experienced any symptoms.

4. Spasticity – regular stretches and splinting regime was commenced to improve spasticity and prevent worsening position of his feet.

Other clinical management included pressure management venous thrombosis prophylaxis and pain management.

There were some difficult social circumstances for the patient in recent experience prior to the injury. The patient's psychological needs were fully recognised and addressed in a holistic manner

Need for specialist spinal rehabilitation was quickly identified and a referral to Rookwood Hospital team was made soon after admission.

Major Trauma Centre care

Patient A was assigned to a Rehabilitation Coordinator as a key worker and established a good rapport with Patient A to provide support and information. Patient A was reviewed daily by the Major Trauma Coordinating Consultant, Spinal team and wider Major Trauma MDT. Patient A received twice daily range of movement exercises with the PTU physiotherapy team, to keep muscles and bones intact ready for the post bed rest period of care.

Patient was also seen regularly by Rehabilitation Consultant who provided further input in relation to the injuries and ongoing rehabilitation plan. Patient A also received input from Major Trauma Psychologist, helping to talk through prior and present circumstances.

Patient A's family member was visiting daily which was tiring given the distances that the family had to travel. After 2 weeks of admission on PTU Patient A was transferred to the spinal ward due to improvements. It was felt that this would be the most appropriate ward for ongoing rehabilitation needs with the Major Trauma team providing ongoing support.

Regular contact was maintained with the Rehabilitation Coordinator. Patient A showed continual improvement in neurology of both upper and lower limbs.

Repatriation

Patient A's progress was discussed weekly within the Trauma Unit (TU) team at the network rehabilitation meeting. Just over 2 weeks later the decision was made with the MDT to discuss repatriation back to the local Health Board pending a bed at UHL within the spinal injury unit. Transfer arrangements were delayed on a few occasions and the patient and family kept informed. Patient A was kept fully informed of the admission date to UHL. Patients neurology is improving with catheter and collar removed.

Learning points

Coordination of care across the Network

Informing the patient and family of moves around the Network.

Patient B

Open Fracture

Patient B suffered an open fracture of the lower leg whilst cycling off-road in an event. Patient B had travelled from outside of the Network to attend. Patient B received prompt orthoplastic surgery in Morriston and required five days of specialised recovery. Patient B was making excellent progress and when reviewed by the consultant and it looked very likely that Patient B could go directly home as soon as these five days specialised recovery were complete, on a Saturday, providing that Patient B was in the right cast for the leg injury. Unfortunately there was no plaster room service available that day at all so discharge looked likely to be delayed two days.

The major trauma practitioners arranged for plaster trained staff from the Emergency Department to apply the necessary cast, and planned with the site matron to allocate the hospital ambulance to get Patient B back home when medically cleared to leave. Without this intervention Patient B would have required another two nights whereby patient B would have had more time away from their family.

Specific Organisational Updates

MTC update

Workforce update

New and upcoming appointments/developments:

The Major Trauma Centre has been successful in its recruitment to the role of Senior Nurse for Major Trauma. The post holder, Bryony Roberts, took up the role on 23rd June 2021 and brings with her a wealth of experience having transitioned from a Major Trauma Practitioner role.

Following movement within the TARN team at Cardiff & Vale UHB, two new appointments have been made, both appointments started their orientation within the team on 21st June 2021, which involved immersing themselves in the Major Trauma Multi-Disciplinary Team to accelerate their transition into their new roles.

As advised at a previous meeting, the MTC Directorate team realised the significant proportion of major trauma affecting those over the age of 65y and thus the need for regular formal input from a Geriatrician. This support will cover patients admitted to the MTC (not solely the PTU) and the first phase of the plan, which sees dedicated Consultant input was enacted as planned in June 2021. The second phase takes effect from August 2021, which adds a Specialist Registrar in Geriatric Medicine to the service, which will provide further resilience to the model of care and also delivers important training opportunities relevant to new curriculum and workforce sustainability for the future.

Estates update

The capital works to create a multi-disciplinary working space for the MTC team has been completed and is operational.

On 8th June 2021 Spinal and Neuro Specialised Rehabilitation Services moved to a purpose-built Unit at University Hospital Llandough. The facility replaces services previously delivered at Rookwood Hospital and will play an integral part maximising patient recovery and outcomes.

MTEG update

Training sessions with Major Trauma stakeholder specialties on SWTN pathway awareness being organised by MTEG.

Anaesthetics

Barbara Bahlmann Lead further Trauma Line Training Session for new rotating trainees 06/2021 ODPs also involved. Permanent staff have been trained autumn 2020.

ICU/T&O/ General Surgery

ARMOR (Major Trauma Course) 2nd course provisionally September 2021. A number of surgical specialties keen to be involved.

EM/PEM

Nadiah Spencer pushing for European Trauma Course (ETC) in Cardiff. First course in Autumn COVID permitting.

NS to arrange next in-house Major Trauma Course for late summer aimed at colleagues who attend Trauma Team. M & M Learning actions integrated via this route and shop floor SIM training. Monday morning weekly SIM for trauma teams also setup.

Radiology

Recent progress includes radiology hub has moved improving communication between ED and Radiology. Current education needs include awareness of silver trauma patients, which is being followed up with a session dedicated to the topic. Plans made with Radiology to have monthly Trauma Education and non-trauma sessions.

Activity update

The Major Trauma Centre has admitted 703 patients up to the end of April 2021. The breakdown of the admissions by area is as follows:

UHB	Number of admissions
Aneurin Bevan UHB	165
Betsi Cadwallader	2
Cardiff & Vale UHB	269
Cwm Taf Morgannwg UHB	132
Hywel DDa UHB	59
Swansea Bay UHB	55
Other	21

The Polytrauma Unit has treated 305 patients for the same period, breakdown below.

UHB	Number of admissions
Aneurin Bevan UHB	60
Betsi Cadwallader	2
Cardiff & Vale UHB	118
Cwm Taf Morgannwg UHB	40
Hywel DDa UHB	36
Swansea Bay UHB	25
Other	18

The destination of patients following treatment on the Polytrauma Unit is as follows:

- 62% discharged home
- 29% repatriated to their Local Health Board/English Trust
- 6% stepped down internally

Over-triage

Members of the Major Trauma team overseen by Dr Rossiter scrutinised activity data relating to major trauma activity from go-live to the end of Quarter 3 (December 2020). The specific aim was to understand if there was any over-triage in the system. Early feedback suggests that there is minimal over-triage in the system, meaning, the patients accessing the Major Trauma Centre satisfied the trauma triage tool and were appropriately directed to the MTC. Quarter 4 data is now being analysed and outcomes will be communicated to the group accordingly.

Other Updates

A monthly multidisciplinary meeting between Orthopaedic surgery, Plastic surgery, Radiology, Microbiology and Pharmacy colleagues from C&V and SBUHBs has been established. The teams have specific aims of is to ensure continuity of care across sites for patients with complex trauma and complications of severe traumatic injury, including bone and soft tissue related infection. The meetings, which started in May 2021, provide an opportunity to further develop collaborative working across sites and aligns with best practice guidance. There is an intention to adjust the frequency of meetings according to clinical need.

Educational visits for the South Wales Orthoplastic Service to Oxford Bone Infection Unit have been arranged for July and September 2021.

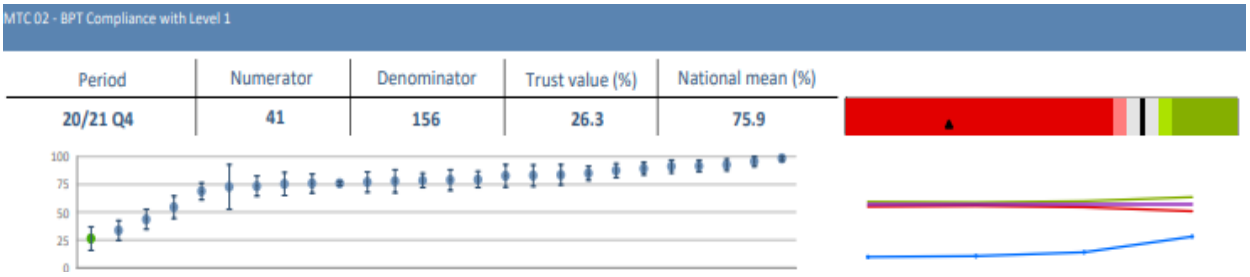
TARN at MTC

Case Ascertainment

Over the last 12 months the MTC has openly communicated acknowledged challenges with TARN data collection and submission, specifically, the ability to balance the demands of training of new staff and maintaining performance standards. The internal concerns were reflected in the Q1 TARN dashboard, which saw key indicators such as Case Ascertainment fall to 52%. An assurance report was delivered to a previous Clinical Operational Board to update on the position, including remedial plans. Positively, with training for new colleagues concluding, the improvement trajectory was immediate and this has been maintained through to Quarter 4, where Case Ascertainment reached 100+%.

Best Practice Tariff criteria (BPT)

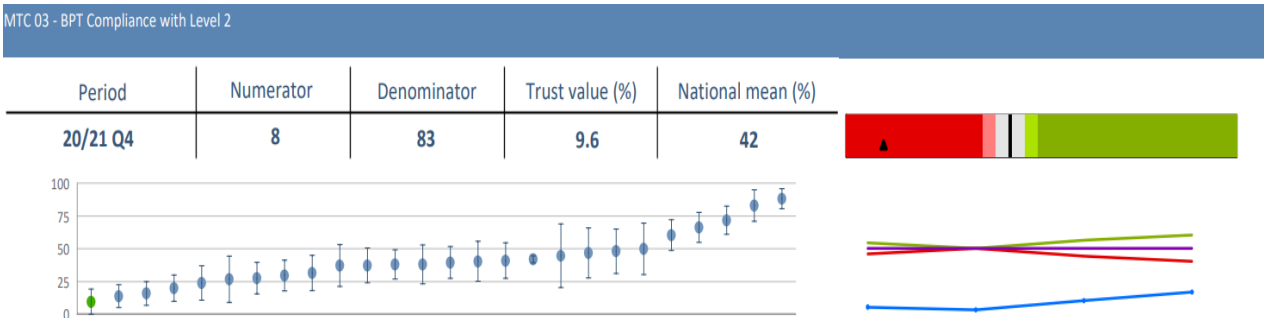
Best Practice Tariff is **an NHS England method of incentivising best practice by recognising and reimbursing health providers accordingly. This is a model which is not employed by Welsh Government.**



MTC performance against BPT1 (taken from TARN Quarter 4 dashboard) is not currently satisfying the broad criteria (displayed above). The criteria the MTC is measured against is described below along with the current position and areas the MTC has identified for improvement and discussion.

A Level 1 BPT is payable for all patients with an ISS of 9 or more, providing that:	**MTC Position**	**Next steps**
The patient is treated in the MTC	Y	No further action
TARN data is completed within 25 days of discharge	49% Historically, data submission followed the attainment of medical records post coding, causing significant delay.	Working with Clinical Audit team to achieve live identification of records. Including daily catch ups between Clinical Audit team and MT MDT.
A rehabilitation prescription is completed for	Partially – A Rehabilitation	In development,

each patient and core components recorded on TARN with documented evidence in patient notes of a copy to the patient, GP and ongoing care provider if applicable	Prescription is completed for every patient and recorded on TARN. Developments underway to make it patient friendly and link with UHB systems for GPs.	evolving with the major trauma database. Long term plan with ODN to link with Patient Knows Best app (PKB).
Any coroners' cases are flagged within TARN as being subject to delay to allow later payment	N	NHS England specific, for discussion at COB.
If the patient is transferred as a non-emergency they must be admitted to the MTC within two calendar days of referral from a trauma unit	Y	No further action
Patients with a Glasgow Coma Scale (GCS) <9 have documented evidence of intubation being considered within 30 minutes of arrival at the MTC	Y	No further action



A Level 2 BPT is payable for all patients with an ISS of 16 or more, providing all level 1 criteria are met and that:	**MTC Position**	**Next steps**
If the patients is admitted directly to the MTC or transfered as an emergency, they must be received by a trauma team led by a consultant in the MTC; the consultant can be from be from any specialty, but must be present with five minutes.	Y	No further action
Patients admitted directly to an MTC with a head injury abbreviated injury scale score of less than 13 (or intubated pre-hospital), and who do not require emergency surgery or interventional radiology within one hour of admission, receive a head CT scan within 60 minutes of arrival.	Y	No further action

Tranexamic acid is administered within one hour of arrival at scene (or arrival at the MTC for self-presentations) for patients with at least one injury associated with significant bleeding.	Y	No further action
All patients 65 years or older have a Clinical Frailty Score completed within 72 hours of admission by a geriatrician (defined as Consultant, Non-Consultant Career Grade (NCCG) or Specialist Trainee ST3+).	N – Geriatrician sessions in place from June 2021.	Phase 2 of the Geriatrician plan provides further trainee support, which commences August 2021. Frailty score is being added to the MT patient bundle to ensure timely completion.

Within both levels of BPT criteria, areas for improvement have been identified locally. Measures have been taken to consolidate the known shortfall in TARN data completion within the 25-day submission timeframe and likewise the MTC has engaged the Care of the elderly team, securing an immediate and longer-term plan around clinical frailty scoring. Performance is expected to continue on an improvement trajectory and a discussion is welcomed around the BPT and the criteria against which the MTC is measured.

It is anticipated that BPT Level 2 will be achieved from June 2021 with the Geriatrician plan taking effect, however, to achieve BPT Level 2 compliance, there is an expectation that BPT Level 1 compliance is satisfied.

Performance against BPT Level 1 is expected to continue on an improvement trajectory, however, a discussion around the BPT criteria and its link with NHS Wales is welcomed.

BOAST

The TQUIC process identified a marked disparity between local intelligence and the submitted TARN data. Further investigation has shown that TARN does not currently have a mechanism to recognise the model of specialised orthoplastics services delivered in SBUHB TU. Therefore, the BOAST metric which records the presence of both Orthopaedic and Plastic Surgery Consultants at first debridement (combined Orthoplastic approach) is known to be incomplete.

The limitations have been highlighted centrally with TARN who are escalating through their internal structures to design their system such that is able to recognise the activity across the whole pathway. We will continue to monitor locally and keep COB updated as TARN develop a structural solution.

WAST update

A total of 1892 people have completed the major trauma tool e-learning package with a further 201 enrolled but not yet completed. Within the footprint of the South Wales Trauma Network over 85% of WAST frontline clinicians have now completed the module. The face to face major trauma education is a mandatory element of this year's continued professional development which began in June and is due to be completed by March 2022.

The first pre-hospital trauma board took place on 24th May 2021. The board was well-attended and high profile cases were presented and discussed. Risks and issues that had arisen were covered as part of project governance.

There has been a long term abstraction from the trauma desk team for several months so a secondment opportunity has been advertised and shortlisted with interviews scheduled for early August. Over the last three months 85 of the 91 (93.4%) shifts were covered by the three trauma desk staff. Although the three trauma desk staff have done well to cover the majority of shifts it has been at the detriment to their clinical time. Discussions with SWTN and EMRTS on improving the resilience of the trauma desk are continuing.

At the last SWTN, Clinical and Operational Board approval was gained for the trauma desk to be the single point of contact for WHSSC commissioned thrombectomy transfers to Bristol and Walton. The trauma desk staff will take the booking and ensure the transfers are categorised correctly as well as providing guidance on the level of clinical support required during the transfer. This an interim process until further developments on an all-Wales transfer and discharge service are completed.

Finance

WHSSC to provide a separate report.

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

South Wales Trauma Network

Serving the Population of South Wales, West Wales & South Powys

The aim of the South Wales Trauma Network is to enhance patient outcomes and experience, across the entire patient pathway from the point of wounding to recovery and includes injury prevention.

Reporting Schedule – TARN Q3 Dashboards (MTC & TUs only)

Provider	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB (GUH opened 17/11/20)
Data Accreditation TU National Mean 94.1% MTC National Mean 95.3%	GGH 94% Numerator GGH 66.8 Denominator GGH 71	95% Numerator 145.3 Denominator 153	PCH 91.7%, POW 94.1% Numer PCH 45.8, POW 32.9 Denom PCH 50, POW 35	96.7% Numerator 128.6 Denominator 133	RGH 96.7%, GUH 97% Numer RGH 47.4, GUH 58.2 Denom RGH 49, GUH 60
Case Ascertainment TU National Mean = 88.4% MTC National Mean = 94.8%	GGH 100+% Numerator GGH 71 Denominator GGH 46	100+% Numerator 153 Denominator 124	PCH 74.6%, POW 58.3% Numerator PCH 50, POW 35 Denom PCH 67, POW 60	73.5% Numerator 133 Denominator 181	RGH 48%, GUH unknown Numerator RGH 49 Denominator RGH 102
Submissions within target deadline (MTC: 25 days,TU: 40 days) TU National Mean = 43.4%	GGH 13% Numerator GGH 6 Denominator GGH 46	91.1% Numerator 113 Denominator 124	PCH 41.8%, POW 55% Numer PCH 28, POW 33 Denom PCH 67, POW 60	(Part of BPT Compliance) 30.6%	RGH 40.2%, GUH unknown Numerator RGH 41 Denominator RGH 102
Proportion of patients meeting NICE head injury guidelines that receive CT scan within 60 minutes of arrival at TU TU National Mean 47.5%	GGH 27.3% Numerator 3 Denominator 11	61.1% Numerator 11 Denominator 18	PCH 37.5%, POW 75% Numerator PCH 3, POW 3 Denominator PCH 8, POW 4	NA	RGH 36.4%,GUH 80% Numerator RGH 4, GUH 4 Denominator RGH 11, GUH 5
TUs administer TXA within 3 hours of incident to patients that receive blood products within 6 hours of incident TU National Mean 58.6%	GGH 100% Numerator 2 Denominator 2	84.6% Numerator 11 Denominator 13	PCH 100%, POW 0% Numerator PCH 2, POW 0 Denominator PCH 2, POW 0	NA	RGH 0%, GUH 0% Numerator RGH 0, GUH 0 Denominator RGH 0, GUH 0
TUs deliver Consultant led trauma teams within 30 minutes with Pre-Alert and/or Trauma Team and ISS > 15 patients TU National Mean 42%	GGH 25% Numerator 2 Denominator 8	46.7% Numerator 7 Denominator 15	PCH 50%, POW 100% Numerator PCH 1, POW 6 Denominator PCH 2, POW 6	NA	RGH 71.4%, GUH 40% Numerator RGH 5, GUH 2 Denominator RGH 7, GUH 5
TUs deliver Consultant led trauma teams within 30 minutes for patients with ISS > 15 TU National Mean 19.4%	GGH 20% Numerator 3 Denominator 15	27.3% Numerator 9 Denominator 33	PCH 10%, POW 90.9% Numerator PCH 1, POW 10 Denominator PCH 10, POW 11	NA	RGH 55.6%, GUH 15.4% Numerator RGH 5, GUH 2 Denominator RGH 9, GUH 13
TUs deliver grade STR 3 or above led trauma teams on arrival for Pre-Alert and/or Trauma Team patients TU National Mean 48.2%	GGH 45% Numerator 9 Denominator 20	65.8% Numerator 25 Denominator 38	PCH 75%, POW 54.5% Numerator PCH 6, POW 6 Denominator PCH 8, POW 11	NA	RGH 35.7%, GUH 33.3% Numerator RGH 5, GUH 5 Denominator RGH 14, GUH 15
TUs deliver grade STR 3 or above led trauma teams on arrival TU National Mean 16.7%	GGH 13.2% Numerator 9 Denominator 68	22.6% Numerator 28 Denominator 124	PCH 22.4%, POW 21.2% Numerator PCH 11, POW 7 Denominator PCH 49, POW 33	NA	RGH 15.6%, GUH 13.3% Numerator RGH 7, GUH 8 Denominator RGH 45, GUH 60
Proportion of patients with GCS <9 with definitive airway management within 30 minutes of arrival in ED TU National Mean 27.2%	GGH 0% Numerator 0 Denominator 3	35.3% Numerator 6 Denominator 17	PCH 42.9%, POW 33.3% Numerator PCH 3, POW 1 Denominator PCH 7, POW 3	NA	RGH 0%, GUH 50% Numerator RGH 0, GUH 1 Denominator RGH 3, GUH 2
Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival at TU TU National Mean 20.3%	GGH 25.6% Numerator 11 Denominator 43	27.1% Numerator 19 Denominator 70	PCH 31%, POW 31.8% Numerator PCH 9, POW 7 Denominator PCH 29, POW 22	NA	RGH 33.3%, GUH 26.3% Numerator 10, GUH 10 Denominator 30, GUH 38
Proportion of patients with an ISS of more than 8 that have a rehabilitation prescription completed TU National Mean 27.6%	GGH 19.2% Numerator 10 Denominator 52	51.2% Numerator 66 Denominator 129	PCH 24.1%, POW 100% Numerator PCH 9, POW 30 Denominator PCH 37, POW 30	NA	RGH 21.2%, GUH 32.7% Numerator RGH 7, GUH 16 Denominator RGH 33, GUH 49

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Reporting Schedule – TARN Q3 Dashboards (MTC & TUs only)

Provider	HDUHB	SBUHB	CTMUHB	C&VUHB	ABUHB
Rapid access to specialist MTC care - patients transferred to MTC within 12 hours of referral request TU National Mean 71%	80% Numerator 8 Denominator 10	100% Numerator 3 Denominator 3	PCH 50%, POW 0% Numerator PCH 1, POW 0 Denominator PCH 2, POW 1	NA	RGH 100%, GUH 100% Numerator RGH 3, GUH 2 Denominator RGH 3, GUH 2
Rapid access to specialist MTC care - patients transferred to MTC within 2 days of referral request TU National Mean 86.5%	90% Numerator 9 Denominator 10	100% Numerator 3 Denominator 3	PCH 100%, POW 100% Numerator PCH 2, POW 1 Denominator PCH 2, POW 1	NA	RGH 100%, GUH 100% Numerator RGH 3, GUH 2 Denominator RGH 3, GUH 2
BPT Compliance with Level 1 MTC National Mean 77.5%	NA	NA	NA	4.4% Numerator 5 Denominator 114	NA
BPT Compliance with Level 2 MTC National Mean 42.1%	NA	NA	NA	4.1% Numerator 3 Denominator 74	NA
BOAST: Orthopaedics + Plastics consultants present at first debridement MTC National Mean 23.3%	NA	NA	NA	11.1% Numerator 2 Denominator 18	NA
BOAST: Soft tissue coverage within 72 hours of incident National Mean 51.3%	NA	NA	NA	5.6% Numerator 1 Denominator 18	NA
Surgical evacuation of a significant SDH/EDH < 4 hours National Mean 59%	NA	NA	NA	62.5% Numerator 5 Denominator 8	NA
Proportion of Patients with ISS 8 and above with trauma scan < 30 mins National Mean 28.2%	NA	NA	NA	27.3% Numerator 24 Denominator 88	NA
Proportion of Patients with ISS > 15 with trauma scan < 30 mins National Mean 38%	NA	NA	NA	31.5% Numerator 17 Denominator 54	NA
Reverse transfer <48 hrs after decision to transfer National Mean 40.7%	NA	NA	NA	50% Numerator 3 Denominator 6	NA
Documented tertiary survey (or consideration of for unfit patients) within 24 hours National Mean 30.4%	NA	NA	NA	7.3% Numerator 8 Denominator 110	NA
Orthogeriatrician review of frail patients within 72 hours of admission National Mean 79.3%	NA	NA	NA	0% Numerator 0 Denominator 1	NA

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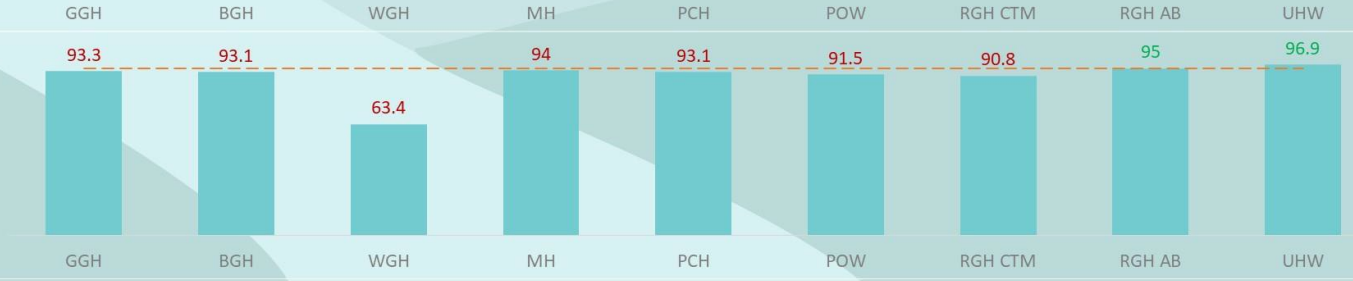
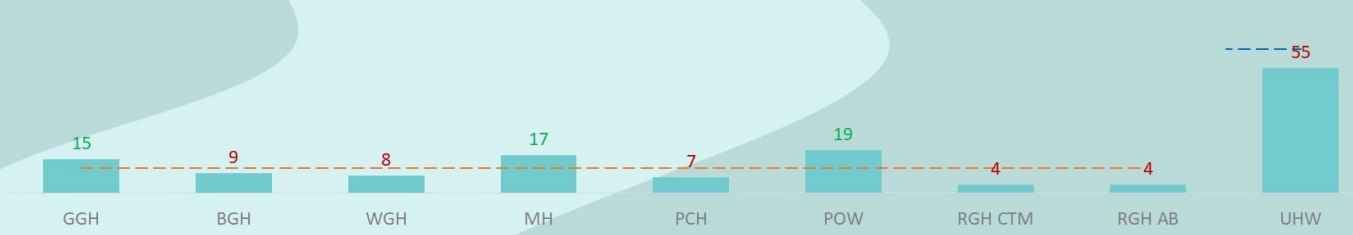
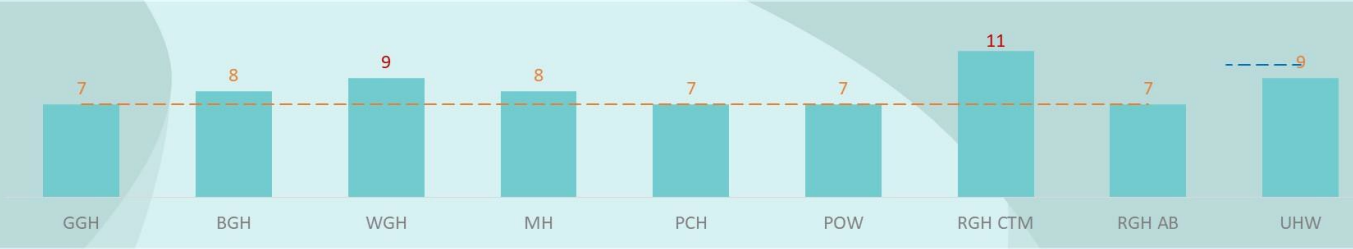
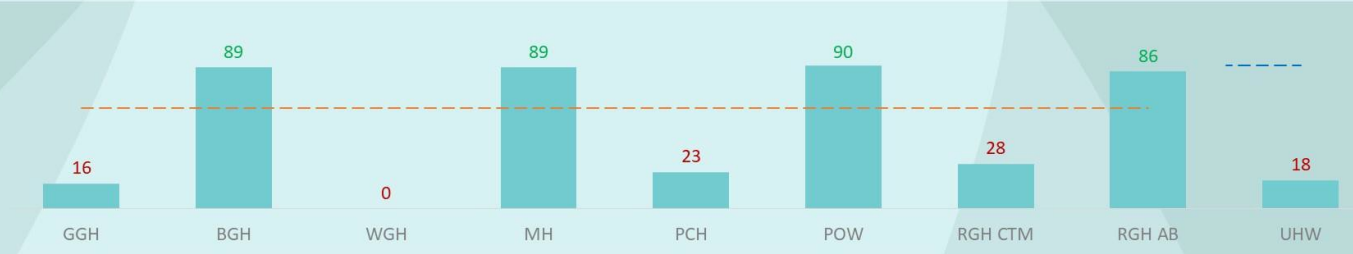
Reporting Schedule – TARN Clinical Report 1, 2021 (All sites)

Reporting item	Hospital Performance 01 January 2020 – 31 December 2020
Case Ascertainment (%) **Target 80%**	
Data Accreditation (%) **Target 95%**	
ISS > 15 patients seen by a Consultant within 5 minutes of arrival (%) **MTC National Mean 63.3%** **TU National Mean 11.1%**	
NICE criteria patients had a CT within 60 minutes (%) **MTC National Mean 88%** **TU National Mean 49%**	
Median length of stay for ISS > 15 patients **MTC National Mean 10 days** **TU National Mean 7 days**	
Rehabilitation prescription completed for patients with ISS >8 **MTC National Mean 90%** **TU National Mean 63%**	
ISS **ISS>15** **MTC National Mean 45.6%** **TU National Mean 20.5%** **ISS 9-15** **MTC National Mean 40.2%** **TU National Mean 57.5%** **ISS 1-8** **MTC National Mean 14.3%** **TU National Mean 22%**	

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Provider	HDUHB	SBUHB	CTMUHB	CV/VUHB	ABUHB
M&M Summary Q4 but accepted cases following this period *will be discussed at CQR	7 GGH cases submitted 3 BGH (will be carried forward) 0 WGH Themes Neuro surgery, recognition of severity of injury, procedural sedation, pathway awareness, packaging for transfer, delayed transfer	3 cases submitted Themes Delayed transfer, penetrating trauma, delayed clinical management and decision making	10 cases submitted (0 x POW, 6 x PCH, 4 x RGH) Themes Orthoplastic trauma, NAI, paediatric transfer pathways, lack of trauma team activation, defining ceilings of care, analgesia for rib fractures, documentation, imaging for pneumothorax, pathway awareness, silver trauma	4 cases submitted Themes Pathway awareness, delayed transfer from scene, communication between radiology & TTL/specialities, repat policy awareness	6 cases submitted Themes
Total TRIDs Q4 (01/01/2021-31/03/2021)	6 Themes: Delayed contact with trauma desk, pathway awareness, delayed repat, clinical management	2 Themes: Delayed transfer	3 Themes: Delay in repat, delayed transfer	4 Themes: Clinical handover, miscommunication, automatic acceptance	4 Themes: Delayed repat, pathway awareness
Number of Pathway 1 & 2 transfers via Trauma desk. Preliminary figures (under-reported): Number of delayed transfers (TRID) (01/01/2021-31/03/2021)	6 1	1 2	2 0	NA 0	3 0
Number of Pathway 3 transfers via Trauma desk. Preliminary figures (under-reported). Number of delayed transfers (TRID) (01/01/2021-31/03/2021)	0 to UHW 1 to Morriston 0	0 to UHW NA to Morriston 0	3 to UHW 0 to Morriston 1	NA to UHW 0 to Morriston 1	0 to UHW 0 to Morriston 1
TUs/LEH/RTF: The number of patients with ISS >15 managed definitively within a TU/LEH/RTF Q3 Oct-Dec 2020 (* clinically appropriate for transfer out validated by CON) MTC: The number of patients with LOS<3 days Q3	GGH ISS>15: 9 (*1) BGH ISS>15: 3 (*0) BGH ISS 9-15: 13 (*0) WGH ISS>15: 3 (*1) WGH ISS 9-15: 8 (*0)	MH ISS>15: 36 (*6)	PCH ISS>15: 11 (*1) POW ISS>15: 11 (*1) RGH >15: 3 (*0) RGH 9-15: 23 (*0)	transfers in to the MTC discharged within 72 hours: no concerns	AB ISS>15: 18 (*7)
Patients where repatriation from MTC exceeds 24hrs, 48hrs and 72hrs hours from referral (TRID). (01/01/2021-31/03/2021)	2	0	2	0	3
Themes from risk register relating to SWTN	**Service Related:** • Repatriation of patients with complex neurological injuries • Spinal pathway clarification • Access to service for Isolated Thoracic Injury • Completion of RPs **Recruitment:** • Clarity over rehab consultant 0.4 WTE **Operational Delivery** • Following of pathways by local teams • Appropriate flows of patients. WAST crews from North less aware of Triage tool and Trauma Desk • Implementation of Network Guidelines • Potential impact of COVID • Timely access to CT for trauma in BGH • Availability of CT in TU **IT** • TARN data (BGH & WGH) – low ascertainment level • Major Trauma Database – functionality/information flow • Activity database/sitrep **Comms & engagement** • COVID impact on delivery of training & dissemination of network info • Clinical team awareness of major trauma pathways	**Service Related** • No agreed 'landing pads' for patients repatriated • Risk of harm as a result of poor communication between Health Board's critical care units • Risk of harm due to lack of trained staff to utilise c spine collars • No dedicated orthoplastics theatre capacity at Morriston Hospital • Risk of harm to patients due to ability to provide sustainable orthoplastic service due to lack of orthopaedic involvement • Risk of harm to patients due to capacity for orthoplastic free flap and elective free flap post op monitoring.	**Risk register not received**	**Service Related** • Theatre capacity for major trauma has been reduced • Lack of identified office space for MTC Operational and Clinical team • Geriatrician cover on the Polytrauma Unit since going live as a Major Trauma Centre has been a noticeable gap. • TARN administration staff – The inability to juggle training new members of staff and maintain standards of performance has raised significant doubt on the resilience of the data and the ability to consistently submit data for which the MTC is monitored on **Recruitment:** • Recruitment to essential posts **Operational Delivery** • Reduced patient flow from the MTC if delays with repatriation	**Service Related** • Lack of Rehab Consultant dedicated sessions • Repatriation of patients with Traumatic Brain Injuries • Ensuring all ED nurses at GUH are meeting the minimum requirements for nurse trauma training • Problems with full trauma team attendance at trauma calls due to Vocera issues • Trauma documentation not being consistently used for major trauma patients • Radiology reports occasionally lacking level of detail required • Step down of patients with mainly musculoskeletal trauma to eLGHs • Lack of necessary equipment to facilitate splintage of femoral fractures • Engagement of specialties with the MT governance processes • Lack of clarity as to major trauma referral pathways • Spinal cord injury patients and problems with their care should be delivered • Open fractures and lack of clarity over management • Repatriation delays occurring with increasing frequency • Patients with TBI and lack of therapy provision

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Reporting Schedule

<table>
<tr><th>Provider</th><th>WAST</th><th>EMRTS</th></tr>
<tr><td>M&M Summary</td><td>Not received but pre-hospital Governance group commenced this quarter</td><td>Lessons Learned received for the following: Hypovolaemic trauma patients, near drowning patients, CT triage, scene/disposition, medical heads</td></tr>
<tr><td>Total TRIDS (01/01/2021-31/03/2021)</td><td>5

Themes: No transport, transfer of unstable patient, delayed transfer, pathway awareness</td><td>0

0</td></tr>
<tr><td>Number of cases taken directly (triage positive/equivocal) to the MTC (incl. number where local hospital bypassed) and to TU/RTF/LEH</td><td>TARN Q3 direct admissions (No transfer / Transfer out) where mode of arrival was ambulance
<table>
<tr><th>Site</th><th>Number of submissions</th></tr>
<tr><td>Bronglais</td><td>24</td></tr>
<tr><td>Glangwili</td><td>59</td></tr>
<tr><td>Morriston</td><td>108</td></tr>
<tr><td>PCH</td><td>41</td></tr>
<tr><td>POW</td><td>26</td></tr>
<tr><td>Royal Glamorgan</td><td>28</td></tr>
<tr><td>Royal Gwent</td><td>35</td></tr>
<tr><td>GUH</td><td>52</td></tr>
<tr><td>UHW</td><td>106</td></tr>
<tr><td>Withybush</td><td>19</td></tr>
<tr><td>Total</td><td>498</td></tr>
</table></td><td>TARN Q3 direct admissions (No transfer / Transfer out) where mode of arrival was helicopter
<table>
<tr><th>Site</th><th>Number of submissions</th></tr>
<tr><td>Bronglais</td><td>0</td></tr>
<tr><td>Glangwili</td><td>0</td></tr>
<tr><td>Morriston</td><td>4</td></tr>
<tr><td>PCH</td><td>0</td></tr>
<tr><td>POW</td><td>1</td></tr>
<tr><td>Royal Glamorgan</td><td>0</td></tr>
<tr><td>Royal Gwent</td><td>0</td></tr>
<tr><td>GUH</td><td>0</td></tr>
<tr><td>UHW</td><td>14</td></tr>
<tr><td>Withybush</td><td>0</td></tr>
<tr><td>Total</td><td>19</td></tr>
</table></td></tr>
<tr><td>Response times for all MTC transfers coordinated by the trauma desk (hyperacute, emergency, urgent) Q4 (01/01/2021-31/03/2021)</td><td colspan="2">Awaiting dashboards development, however, statistics presented below.
<table>
<tr><th>Site</th><th>Median response time (hh:mm:ss)</th><th>Range (hh:mm:ss)</th></tr>
<tr><td>6 Pathway 1 transfers to UHW</td><td>00:24:57</td><td>00:03:30 – 01:44:15</td></tr>
<tr><td>6 Pathway 2 transfers to UHW</td><td>01:09:36</td><td>00:09:08 – 03:52:52</td></tr>
<tr><td>3 Pathway 3 transfers to UHW</td><td>01:12:53</td><td>01:07:35 – 08:14:29</td></tr>
</table></td></tr>
<tr><td>Response times from booking with discharge and transfer service to ambulance being made available</td><td colspan="2">Awaiting dashboards development</td></tr>
<tr><td>TXA given within 1 hour and >1 hours</td><td colspan="2">Awaiting dashboards development</td></tr>
</table>

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South Wales Trauma Network Risk Log

Appendix 2

Sponsor:	SRO	Complied by:	BH & DG

Please do not adjust the formatting / layout of this log

Remember! *A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives*

Risk ID	Risk Category	Risk Title	Cause	Event	Effect	Risk Score / Severity			Since Last Review	Management & Mitigation	Risk Owner	Risk Response	Comments & Updates	Date raised	Date for review
			"If xxx (cause) occurs"	"then xxx (event) may happen"	"which will result in xxx (effect)"	Consequence	Liklihood	Total			Named person				
Risk Identifier	*Choose category the risk falls into*	*Staff engagement (Example Risk)*	*If staff are not fully engaged in the programme*	*Then there may be resistance to the upcoming changes*	*Which will result in a slowing of progress and changes not being accepted.*	*Assign Score 1-5 (see guidance)*	*Assign Score 1-5 (see guidance)*		*State direction of travel since last review*	*Choose how the risk is going to be dealt with (see guidance for definitions)*	*Joe Bloggs*	*22/02/18 - Discussed at workstream meeting and assigned owner with list of mitigating tasks.*	*Describe actions undertaken to control and mitigate the risk*	*20/02/2018*	*20/03/2020*
ODN 012	Operational	COVID-19 Recovery	COVID-19 impact	has forced the reorganisation of services locally and enforced relocation of services locally within MTC & TU sites	resulting in the requirement and excecution of a comprehensive recovery plan within HB's & commissioned services prior to SWTN launch	3	2	6		Tolerate	HB's & ODN	For major trauma to feature as part of organisational recovery plans, rather than seperately and investment has been made already in major trauma services across the system. Major Trauma is an essential service and as such needs to feature in all recovery plans	COVID recovery ongoing. Major Trauma is an essential service, therefore will need to be maintained through COVID surges. Will monitor Health Board issues through network meetings.	20/03/2020	05/08/2021
ODN 013	Operational	COVID-19 Implication on training	COVID-19 impact	COVID-19 escalation took place during the beginning of the comprehensive training plan organised by the SWTN	resulting in no current improvement of the training gap identified in order to go live	5	2	10	H	Treat containment	ODN	ODN creating remote training packages to meet training requirements while ensuring pandemic clinical management and social distance conditions are met.	Development of E-Learning platform. Filming complete for TTM course along with clinical skills. TTM and rehab filming planned for Oct/Nov. 1/12/2020 - due to COVID no further filming able to take place. 10/3/21- Filming and creation of TTL training planned to take place in July 2021- covid restrictions pending 4/6/21- TTL & pre-hospital filming take place w/c 21/6/21, which has now taken place	28/03/2020	05/08/2021
ODN 017	Clinical	Face to face training for WAST Operational staff	Inability to undertake face to face training due to COVID.	Road staff may not have the abequate skills to manage major trauma patients as per network guidelines.	Major trauma patients not being recognised or treated in accordance with guidelines	3	3	9	H	Escalate	WAST	Discussions ongoing via the ODN with WAST regarding the dvelopment of an E-Learning platform	Meeting with education lead. WAST onclick training - 800 staff tranined. Plans being put in place for e-learning 10/3/21- WAST scenarios to be part of SWTN filming schedule to take place in July 2021- covid restrictions pending, this has taken place	10/08/2020	05/08/2021
ODN 18	Clinical	Rehabilitation Consultant sessions for TUs	Lack of availability of sessions and gap in MTC until substantive consultant starts	Unable to provide rehabilitation support to TUs	Impact on ability of TUs to repatriate patients and inequity of care for patients	4	3	12	H	Treat containment	Network alongside SBUHB and CVUHB	Discussions have taken place with SBUHB and CVUHB.	CVUHB - agreement of 2 confirmed sessions per week from 14th September for CTMUHB. SBUHB -agreement of 2 confirmed sessions per week from 14th September for HDUHB. Rising to 4 sessions within 6 months - concerns this will not be achieveable. 10/3/21- Currently the above not being acheived, awaiting start of newly appointed consultant in UHW. 4/6/21- Rehab consultant started in C&V, increase of service to other HB's to take place in July 2021	01/08/2020	05/08/2021
ODN 26	Clinical	Locum plastic surgeon post	4th post not substantive	Post holder may leave in order to secure a substantive post	Unable to fulfil the required rota for plastic surgery within the SWTN	4	4	16		Escalate	Network / SBUHB and WHSSC	Seeking support from COB to move from a locum to substantive post given risks and if supported an expedient discussion takes place between SBUHB and WHSSC with network support for the following reasons: - Initial proposal at business case stage stated requirements for 5.0 WTE plastic surgeons, but a compromise was reached with 3 substantive and 1 locum. - BAPRAS/BOA Standards for Management of Complex Open Fractures (published August 2020), recommend a 6 consultant on call for plastic surgery as a minimum. Existing numbers fall short of this. - Since go live, the service has treated 56 polytrauma patients, 11 of which have required transfer to Morriston, despite reductions in trauma workload during recent lockdowns. Previous workforce planning across the Major Trauma Directorates have data of between 40-60 cases of complex limb trauma per annum, of which half will require microsurgical reconstruction. Therefore, the current and projected workload is unprecedented. - Current weekly workload of 12-14 sessions (all contracted for 10 sessions) is unsustainable long term. - Substantive appointments being made across UK, adding risk that excellent locum appointment will be lost. - Significant risk to the functionality of the orthoplastic service at the MTC.	Supported by COB and further presented at DAG & WHSSC Joint Committee. Vacany out to advert until 24/03/2021 Interviews took place May 2021- Awaiting outcome	Added 31/01/21	05/08/2021
ODN 27	Human Resources	Resilience within TARN Coordinator service across the SWTN	If one or more TARN coordinators were to be absent from work for a prolonged time period	there is currently little or no provision within Health Boards or across the network to backfill or subsidise the service	resulting in a delay and/or omittance of TARN data input and case ascertainment for HB's across the Network	3	4	12	T	Treat contingent	Network and HB's	ODN currently exploring mitigations for this including potential cross cover between TARN coordinators across the network	4/6/21- TARN Coordinator in AB retiring therefore risk in AB has increased. C&V- new resource to be recruited & trained. CTM-TARN Coordinator vacancy 30/6/21- New TARN Coordinator x1 at RGH, x2 at UHW. Advert at ABUHB recently closed and recruitment to be confirmed imminently.	03/02/2021	05/08/2021
ODN28	Financial	No orthopaedic capacity commissioned to meet orthoplastic demand	No orthopaedic capacity commissioned to meet orthoplastic demand	Challenge of supporting current levels of orthoplastic activity when elective work recommences. Lack of specialist trauma orthopaedic surgeon support for orthoplastics	resulting in reduced available orthoplasitc activity and potential delays in patient care across the network	4	4	16	H	Treat containment	SBUHB & Network	ODN currently working alongside SBUHB to mitigate prior to the returning elective activity. Year 2/3 SWTN orthoplastic plans and submission to WHSSC 2022/23 CIAG process to mitigate	Year 1 cover has been bridged by utilising vacant orthopaedic posts to appoint trauma specialist consultants. This is in lieu of elective sessions that will be required for orthopaedic recovery. That is likely to come on line in Q3/4 2021/22 via modular theatre proposal in NPT, pending recurrent solutions via WG capital business case process (SOC stage at present)	22/02/2021	05/08/2021
ODN29	Premises Operational Risk	Orthplastic Trauma Activity in SBUHB	Significant numbers of cases requiring freeflap surgery via the MTN and no dedicated orthoplastics theatre capacity at Morriston	however, orthoplastic trauma theatres not originally commissioned in Morriston as part of MTN development	resulting in an impact on ortho trauma and plastics trauma lists. This affects local and national patients from accessing theatre in an efficent & timely manner.	4	3	12	H	Treat contingent	SBUHB & Network	ODN currently working alongside SBUHB to mitigate prior to the returning elective activity	Year 2/3 MTN plans for dedicated orthoplastic theatre proposed via workforce & service development group for support and in WHSSC 2022/23 CIAG sumbissions	22/02/2021	05/08/2021

ODN30	Premises Operational Risk	Location of flap monitoring unit	Flap monitoring unit for orthoplastic cases. Capacity is required for 'green' elective free flap cases	Not enough capacity for orthoplastic free flap and elective free flap post op monitoring.	the commissioning of separate trauma & elective areas will have to be considered with subsequesnt space and staffing requirements	4	3	12	H	Treat contingent	SBUHB	SBUHB investigating locally. Awaiting resolution or mitigation.	Year 2/3 MTN plans for dedicated orthoplastic flap monitoring unit proposed via WHSSC 2022/23 CIAG Process	22/02/2021	05/08/2021
ODN31	Programme	Strategic Benefit of Equity to be further developed	Current benefits realisation plan to be reviewed	in response to Network having been live for six months	particularly in terms of building upon the strategic benefit of equity	3	3	9	H	Treat contingent	ODN	ODN currently working through and updating the overarching programme position and plan. This will be taken through the full SWTN governance structure for ratification.	4/6/21- Question of Equity raised at DAG due to LHB distribution of MTC patients in first 6 months of SWTN. ODN comparing opeartional data with predicted data from PBC. To be re-reviewed incrementally as network grows, more data available and lockdowns lift	04/03/2021	05/08/2021
ODN32	Governance	TARN PROMS & PREMS	PROMS & PREMS to be launched throughout SWTN	potential of incorrect data representation	resulting in a risk during the launch and embedding stage	3	3	9	T	Treat contingent	HB's & ODN	1 year baseline TARN data to be in place prior to launch of PROMS & PREMS. Benefit to be monitored & realised in Year 2. Arranging meeting with TARN to enable TU submission of PROMS/PREMS.	4/6/21- Meeting with TARN to take place. Currently TARN provide PROMS for MTC's only, solution for TU PROMS required Added to Issue Log due to the above 30/06/2021- TARN have agreed to roll out PROMS to all TU's in SWTN for 12 motnths free of charge as a trial, currently awaiting launch. ODN working with National PROMS Programme to look a ways of jointly supporting this initative with a proposed start date of January 2022. Downgraded from issues log back to Risk Register as a result of SWTN meeting with TARN. To be monitored as a risk until launched and reviewed.	04/03/2021	05/08/2021
ODN33	Operational	Covid Related Repatriation	Any surge or increase Covid 19 cases in hospitals	could potentially cause a delay in repatriation to LHB	resulting in potential capacity issues for MTC	2	2	4	H	Treat contingent	HB's & ODN	Enact surge plan in event of increased Covid cases Maintain close contact with HB's Maintain early identification of potential repatriation requirements from MTC to LHB's.	Downgraded from an Issue to a risk at Network Governance Day 18/03/2021	18/03/2021	05/08/2021
ODN34	Financial	SWTN Year 2 Funding	Funded posts within SWTN have not been recruited to	resulting in a current underspend of funding which could be redistributed to priority vulnerable services within the network	The current underspend position remains unknown at present therfore vulnerable services remain unsupported	4	4	16	T	Transfer	ODN	Escalated to WHSSC to determine Year 2 postion and plans around the redistribution of funding. ODN attempting to determine current financial position across the network - meeting planned late July.	Financial meeting between ODN, C&V and SB specialist services 27/7/21 to identify and reallocate available year 2 funding appropriately	04/06/2021	05/08/2021
ODN35	Human Resources	WAST Trauma Desk	Staff absence in WAST Trauma Desk team	has led to a lack of resource to cover the Trauma Desk as originally proposed	resulting in requirement for EMRTS to provide unplanned cover resulting in a negative impact on performance	4	4	16	T	Treat containment	WAST	Resilience resolution being explored within WAST. Likely advert for a 6 month secondment position at a cost pressure to cover the 1 x long term sickness. ODN & WAST to meet to discuss.	ODN awiting formal update from WAST. Being monitored via TRID's/Occurance Log	30/06/2021	05/08/2021
ODN36	Clinical	WAST Transport- Secondary Transfers	Lack of availability of WAST transport vehicles	causing delayed secondary transfers (pathway 2) into the MTC	resulting in a delay for MTC assessement & potential specialist clinical intervention	5	4	20	T	Treat containment	WAST	Trauma desk to utilise any available vehicles in collaboration with WAST clinical contact centre to expedite transport to MTC	Highligted a COB on 8/7/21- ODN awaiting formal update from WAST. Being monitored via TRID's/escalation to SWTN.	08/07/2021	05/08/2021
ODN37	Operational	WAST Transport- Repatriations	Lack of availability of WAST transport vehicles	causing a delay in repatriations to resident health boards	resulting in operational capacity issues in MTC	3	4	12	T	Treat containment	WAST	WAST NEPTS working internally to address WAST capacity issues	Highligted a COB on 8/7/21- ODN awaiting formal update from WAST. Being monitored via TRID's.	08/07/2021	05/08/2021

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Gwneud gwahaniaeth Making a difference

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South Wales Trauma Network Issues Log

Appendix 3

Sponsor:	SRO	Complied by:	ODN

Please do not adjust the formatting / layout of this log

Remember! *An issue is a relevant event that has happened, was not planned, and requires management action*

Issue ID	Priority - *High, Medium or Low*	Description & Impact of Issue	Mitigating Response	Issue Owner	Est. Resolution Date	Escalation required?	Comments & Updates
ODN. 009	High	TUs unable to add patients onto MTD.	each TU keeping their own database. Plan to recruit integration / project manager to undertake the integration over next 6 months	CVUHB / ODN	Apr-21	No	Integration post within C&V to commence imminently to support the development. 6 month timescale, start date Dec 2020. SBUHB integration complete. HDUHB intgration to follow ASAP. Escalated through SBUHB information governance process. Remains with IG, being escalated by ODN **Resolution proposed if agreement from COB (8/7/21) acheived.**
ODN. 012	High	Nursing/therapy T&E in relation repatriation of complex patients (incl. collar care)	Requires further discussion at COB and network governance meeting	All	Unknown at present	No	Consultant AHP role being recruited to, need for some short training videos in progress, optmisation of repatriation process through regular feedback sessions at weekly MDT 4/6/21- Focused rehabilitation teaching to be filmed June 21 to be shared on training platform 30/6/21- Focused rehabilitation videos filmed and currently in post production with external film company. To be shared via online learning platfrom asap. This was not undertaken as part of June filiming, required to secure further sessions with film company to achieve this
ODN. 011	High	Escalation of Patients	review of escalation of patietns at TU / LEH / RTFs	All	Unknown at present	No	Review of automatic acceptance policy to clarify process Automatic Acceptance policy reviewed and ready for circulation. Automatic Acceptance policy circulated, to be reviewed further in August/September 2021.
ODN. 013	High	Lack of awareness of secondary transfer pathways	Network interactive scenario based training being developed, ED charge nurse training and further role defining of trauma desk in secondary transfer pathways	All	Unknown at present	No	Workplan developed and Interactive quiz being delivered throughout March 2021. Currently HDUHB training completed and handed over to the MTP's (HDUHB) to progress further. Quiz rolled out to all HB's- training to take place locally
ODN. 015	High	Sharing of patient related images via non-health approved communication apps e.g. WhatsApp, resulting in medicolegal vulnerability.	NHS Wales solutions already in place. Education/Training & monitoring required to resolve.	All	Unknown at present	No	Priority for SWTN Informatics agenda. MTC plans to progress, updates to provided by other HBs.
ODN. 016	High	Rehabilitation Service Provision across SWTN	SWTN Rehabilitation Clinical Lead working with HB's across SWTN to develop a working solution	ODN/HB's	ASAP	No	ODN working with SWTN Rehabilitaion clinical lead to author a suitable comms brief for Health Boards.

Appendix 4

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South Wales Trauma Network

6 GREATix Received

1st April-30th June 2021

1 CLINICAL

A need was identified to assist complex patients with mealtimes to ensure that nutrition can be maximised. A holistic approach was taken using all AHP members' expertise to maximise the patients, potential. All views were considered and a template was used to roll it out with patients. This was then developed to a communication board specific to this task.

Rehabilitation technicians were used to role this initiative out across the MTC.

2 COMMUNICATIONS

The rehabilitation coordinator team have worked tirelessly to ensure the health board's contribution to the network in relation to repatriation and rehabilitation have been fulfilled. They garnered the support and cooperation of consultant and nursing colleagues, bed managers, senior hospital managers and others across five different hospital sites and community services. This has resulted in significantly reduced repatriation times.
They consistently participate in all the network MDTs and contribute to the wider aims of the network.

1 ABOVE & BEYONG

A number of staff have the confidence to run the network MDT meeting in absence of Rehabilitation Consultant or AHP Lead. Having excellent knowledge of patients, excellent communication, stepped up to the role well in what can be a very daunting experience.

2 TEAM WORK

Management of a Polytrauma patient will multiple injuries. A staff member demonstrated fantastic team working between the medical team, major trauma team, speech and language therapists, social work, reablement and the patient. The staff member was working pro-actively joint with speech and language therapists to undertake a functional assessment. The patient's plan was not straight forward but the staff member showed interest and a motivation throughout with the end result of successfully rehabilitating a seriously injured person.

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Appendix 5

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 July 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. Automatic Acceptance policy to be reviewed in September 2021. 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 ascertainmnent & accreditation. Monitored by ODN and discussed with local organisations at monthly meetings. TARN PROMS/PREMS to be initiated in collaboration with National Value Based Healthcare support across SWTN-plans for HB's to commence January 2022

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. Patients with ISS >15 reviewed by each HB clinical lead quarterly to ensure equity of access for patients
	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 & outcomes ongoing.

	012/Improved multiprofessional 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. Post holder commenced in role in July 2021. Two phases of VR scenario training videos created for TTM and TTL including focused clinical skills training. Clinical Skills and TTM training to launch across NHS Wales throughout August 2021. Hosting platform with full monitoring capabilities for all education due to launch August 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. MTC Senior Nurse progressing cross working at a MTP/RC level across the network.
	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 took place April 2021. Next meeting in July 2021 to focus on progression of rotational roles within the network. 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 took place April 2021 with next meeting July 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. SWTN SM & MTC SN working through plans for a 2 year rotational post programme within the SWTN for newly qualified nursing staff. MTC senior nurse developing work plan to facilitate cross working at MTP/RC level across 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 and ongoing discussions around a Spinal network The ODN is supporting the development of a Regional cardiothoracic service

Appendix 6 - Operational Delivery Network Governance Arrangements- Final Internal Audit Report 2020-21

Major Trauma Network:

Operational Delivery Network Governance Arrangements

Final Internal Audit Report

2020/21

Swansea Bay University Health Board

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Appendix A Management Action Plan
Appendix B Audit Assurance Ratings & Recommendation Priorities
Appendix C Responsibility Statement

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Executive sign off:	Siân Harrop-Griffiths, Director of Strategy
Distribution:	Rachel Taylor, Trauma Operational Network Manager Tersa Humphries, Interim Associate Service Director
Committee:	Audit Committee

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

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1 EXECUTIVE SUMMARY

1.1 Introduction and Background

This review originates from the 2020/21 internal audit plan.

Swansea Bay University Health Board (SBU) has been designated as the host for the Operational Delivery Network (ODN) of the Major Trauma Network (MTN). The primary purpose of the ODN is to provide the management function for the network, to coordinate operational delivery and enhance major trauma learning thus improving patient outcomes, patient experience and quality standards from the point of wounding to recovery. Welsh Health Specialist Services Committee (WHSSC) is the commissioner of the ODN and, as such, has developed a service specification.

The responsibilities of the host of the ODN essentially comprise employment and corporate services along with delivery of all elements of the service specification. Hosted bodies should comply with their host organisation's standing orders, standing financial instructions, and workforce policies and procedures. To clarify this, SBU has developed a hosting agreement that sets out the responsibilities of the ODN and the responsibilities of the MTN member health boards. The hosting agreement takes the form of a Memorandum of Understanding (MoU) for agreement by all parties.

The Network went live on 14th September 2020. As such, this review has been undertaken at an early stage in the implementation of the ODN.

1.2 Scope and Objectives

The overall objective of this audit was to review governance arrangements implemented within the health board for hosting the Operational Delivery Network of the Major Trauma Network.

The audit scope has focused on the following:

- Arrangements are in place to support compliance with Standing Financial Instructions. In particular:
    - Access to financial procedures & advice;
    - An agreed budget & financial reports;
    - A scheme of delegation for financial authorisation in line with health board requirements;
- The roles of individuals appointed to the ODN are clearly described and arrangements are in place to support their management in accordance with health board workforce policies, in particular:

  - Job descriptions;
  - Personal objectives;
  - Access to workforce policies, procedures and advice;
  - Access to workforce performance information;
- Arrangements are in place within the ODN to ensure delivery of its responsibilities, with particular respect to:
  - The establishment and management of a risk register for the MTN;
  - Mechanisms to capture information on clinical governance matters across the MTN; and in particular, to record, investigate and disseminate learning from clinical incidents;
- The ODN reports to the Clinical Operations Board on clinical governance matters, including issues & risks for escalation;
- The ODN reports to the SBU Senior Leadership Team to provide assurance that the service is being delivered in line with expectations.
- The ODN reports to the SBU Quality & Safety Committee to provide assurance on the ongoing compliance with the clinical governance requirements of the service specification, and a summary of issues escalated within the network.

It is recognised that the service is still in the early stages of implementation and this will be accommodated when considering the above objectives.

1.3 Associated Risks

The following inherent risks are associated with this subject area:

- Unclear budgetary controls may undermine the ability to manage costs and ensure that funds are spent appropriately;
- Unclear staff roles and objectives, and gaps in resource, may reduce the effectiveness of delivery of the ODN service;
- Weaknesses in the monitoring of service delivery against expectation may result in gaps in achievement and/or impede assurance reporting;
- Incomplete or ineffective reporting could undermine the assurance that the network is able to provide to commissioners, and slow the attention given to issues and risks.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the area reviewed is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

1	Standing financial instructions				✓
2	Roles and responsibilities				✓
3	Delivery of ODN responsibilities			✓	
4	Reporting to COB				✓

5	Reporting to SLT		✓		
6	Reporting to QSC				✓

The above ratings are not necessarily given equal weighting when generating the audit opinion.

2.3 Design of Systems/Controls

The findings from the review have highlighted 1 issue that is classified as a weakness in the system control / design.

2.4 Operation of System/Controls

The findings from the review have highlighted 1 issue that is classified as a weakness in the operation of the designed system / control.

3 FINDINGS & RECOMMENDATIONS

3.1 Summary of Audit Findings

The ODN has been set up with dedicated cost centre, budget and lists of nominated officers approved to authorise spend. Financial directions and advice were accessible via the Intranet. Health board workforce policies were similarly accessible this way and we noted that team roles were assigned in job descriptions and objectives set.

The Network has approved a Network Clinical Governance and Quality Improvement Policy. This sets out the information required to support clinical governance and assurance reporting. While, due to timing, we noted that a small number of areas remained to be reported, there were mechanisms in place to capture information on most measures required. In particular we noted mehcanisms in place to support the recording, investigation monitoring and reporting of incidents and the disseminating of lessons learned across the Network.

The ODN provides information for meetings of the Network Governance Group and Clinical Operations Board. Additionally, it provided an assurance report to the health board's own Quality & Safety Committee in February 2021. Information reported was consistent.

There were no high priority findings to report. However, we noted the below for further consideration by management:

- The ODN is discharging its role in maintaining a risk register for the Network and supporting the management of risk. However, there is potential to improve the demonstration of how assurance is gained that relevant provider risks are managed appopriately and that all that require escalation onto the network register are addressed consistently.
- While the SBU Quality & Safety Committee received a paper in February 2021, the Senior Leadership Team has not received a report since 'go live' providing assurance and evidence that the service is being delivered in line with expectations (quarterly reports were expected within the Memorandum of Understanding). This was discussed with the Trauma Operational Network Manager who has advised that the team are currently awaiting confirmation as to when they are next on the agenda.

3.2 Detailed Audit Findings

3.2.1 OBJECTIVE 1: Arrangements are in place to support compliance with Standing Financial Instructions. In particular:

- **Access to financial procedures & advice;**
- **An agreed budget & financial reports;**
- **A scheme of delegation for financial authorisation in line with health board requirements.**

The Operational Delivery Network (ODN) core team has access to Standing Financial Instructions and Financial Procedures via SBUHB corporate intranet and financial advice is provided via the devolved finance management team and the Morriston Deputy Finance Business Partner.

The budget for the ODN has been agreed to the financial allocation letter from Welsh Government at £496k, and our review has confirmed that the budget within Oracle has been allocated a unqiue ledger code in line with the requirements of the Memorandum of Understanding. At the beginning of the audit (February 2021) we noted that the annual budget within the ledger was recorded at £430k. Discussion with the Deputy Finance Business Partner confirmed that while the full budget of pay expenditure is loaded at an early point in the financial year, the non-pay budget is loaded incrementally, due to the variability in month by month expenditure incurred.

Authorised signatories have been identified for the approval of spend from the ODN budget. Review confirmed that those nominated and their assigned financial thresholds were in line with the health board Standing Financial Instructions.

No matters arising.

3.2.2 OBJECTIVE 2: The roles of individuals appointed to the ODN are clearly described and arrangements are in place to support their management in accordance with health board workforce policies, in particular:

- **Job descriptions;**
- **Personal objectives;**
- **Access to workforce policies, procedures and advice;**
- **Access to workforce performance information.**

Core members of the ODN team are direct employees of SBUHB. Discussion with the Trauma Operational Network Manager (TONM) confirmed the team is governed by SBUHB workforce policies accessible via the corporate policy library on the intranet. Job descriptions were in place for each of the core team roles that we reviewed and examples of objectives were also provided. An example was provided of the honorary contracts in place for those members of the network engaged on a sessional basis from other organisations.

There are mechanisms in place to capture and monitor annual leave entitlement against a decreasing balance of remaining leave via absence record cards. Sickness levels within the team are very low and recorded within pay returns appropriately. Review of returns received within NWSSP payroll services indicated that while two out of three of the payroll returns were submitted by the TONM, one was recorded as submitted by the admin assistant within the team – however, we would note that there were no pay implications within the period.

We note that due to the operational pressures encountered by Covid-19, corporate inductions and non-essential training were cancelled by the health board in early 20/21 financial year but that the team are scheduled to attend the SBUHB corporate induction in the early part of 21/22.

We reviewed information available to support monitoring of mandatory training within the ODN team. The Trauma Operational Network Manager does not have access to ESR manager self-service functionality nor does she receive corporate reports presenting compliance rates. However, the team is small and records for four employees were provided with screenshot details from their own ESR records: three employees had realatively high levels of compliance at above 84% but one was only 52.8% compliant.

Pending rollout of ESR Manager Self Service functionality, this has been brought to the TNOMs attention for action.

3.2.3 OBJECTIVE 3: Arrangements are in place within the ODN to ensure delivery of its responsibilities, with particular respect to:

- **The establishment and management of a risk register for the MTN;**
- **Mechanisms to capture information on clinical governance matters across the MTN; and in particular, to record, investigate and disseminate learning from clinical incidents.**

As stipulated within the Memorandum of Understanding, a Clinical Governance and Quality Improvement Policy has been developed which builds on the requirements set out within the Programme Business Case. Section 9 of the policy provides guidance on standards of reporting in a table format which includes the format and frequency that information should be reported providing mechanisms to capture clinical governance matters.

Mechanisms were in place to collate information to support reporting against the policy requirements for the majority of areas listed. While this is noted, a review of minutes and papers has shown that information on two items listed within section 9 of the Clinical Governance Policy was not currently captured, specifically:

- All unexpected survivors and unexpected deaths.
- The number of patients with ISS ≥15 (Injury Severity Score) managed definitively within a trauma unit and evidence that a review is undertaken of these cases to ensure they were appropriate to remain in there.

In respect of this, the TNOM indicates that there is a delay of 6-9 months before this data is obtainable within the Trauma Audit & Research Network (TARN) database but it will be available for the next Network Governance Meeting in May 2021.

The Trauma Related Incident Database (TRID) allows major trauma centres (MTC) and trauma units (TUs) to record local significant occurrences and very serious incidents that could impact on the wider network e.g. specialist units, hospital transfers and repatriation. A unique case reference is allocated against data for each incident to enable MTCs and TUs to monitor, update and subsequently close cases. A walkthrough review of one case demonstrated the capturing of incident information, investigation details, the recording of updates through to case closure, and the dissemination of learning.

The ODN has developed two lessons learned bulletins since 'go live' on September 14th 2020 which cover a wide range of subjects. These have been disseminated via the Network Governance Group, Clinical Operational Board, via the SWTN Teams Channel and through use of the 'Induction'

app. The walkthrough undertaken above within TRID was followed through to the second bulletin published in February 2021.

The ODN maintains a risk register for the Network. The SWTN Clinical Governance & Quality Improvement Policy indicates that providers will be held to account for their risk registers in terms of whether issues have been added appropriately, what actions have been taken and whether risks are being tolerated appropriately. There is no formal record maintained for undertaking this, but the Trauma Operational Network Manager informed us that discussions are periodically held between the ODN and provider health boards to cross-reference risks and issues; Additionally, the Network risk register is discussed at pre-governance meetings that precede the formal Network Governance Group, and presented at the formal Network Governance Group meeting comprising representatives from each health board, providing the opportunity to escalate risks if they do not appear on it.

The provision of provider risk registers is one of the information sources required by the policy. However, a review of the recent report taken to the Quality & Safety Committee has shown that only 3 of the 5 provider trauma risk registers were made available to the ODN for inclusion within the report. This was reported clearly to the committee. A Reporting Schedule Feedback Form is sent to provider organisations following reporting cycles highlighting strengths and areas for improvement in future submissions. An example was provided demonstrating that where a register had not been provided, the ODN raised it for attention at future submissions.

While the ODN is discharging its role in providing a Network risk register and supporting the management of risk, there is potential to improve the formalisation of how assurance is gained that relevant provider register risks are managed appropriately and that all that require escalation onto the network register are addressed consistently.

See Finding 1 in Appendix 1.

3.2.4 OBJECTIVE 4:The ODN reports to the Clinical Operations Board on clinical governance matters, including issues & risks for escalation

It is the ODN's role to organise, manage and report to the COB. A sample of items from the terms of reference were reviewed as part of the audit. We noted that meetings were organised in line with the intended frequency, and formal agendas, minutes and action logs were maintained. In line with its core agenda the meeting agendas/papers included the network quarterly report; information in respect of incidents reported and feedback from providers; risk and issue logs; and slots were provided for feedback from workstream leads.

No matters arising.

3.2.5 OBJECTIVE 5: The ODN reports to the SBU Senior Leadership Team to provide assurance that the service is being delivered in line with expectations.

The Memorandum of Understanding sets out the roles and responsibilities of the ODN, in particular responsibilities in relation to assurance reporting. Section 5.2 states: *"The ODN will report quarterly into the SBUHB Senior Leadership Team (SLT) meeting to provide assurance and evidence that the service is being delivered in line with expectations."*

We note that a readiness report was taken to SLT on August 19th 2020 outlining that the network was to 'go live' on September 14th 2020. However, a review of SLT meetings has shown that insufficient evidence has been reported to SLT to provide assurance that the service is being delivered in line with expectations.

This was discussed with the Trauma Operational Network Manager who has advised that the team are currently awaiting confirmation as to when they are next on the agenda.

See finding 2 in Appendix 1.

3.2.6 OBJECTIVE 6: The ODN reports to the SBU Quality & Safety Committee to provide assurance on the ongoing compliance with the clinical governance requirements of the service specification, and a summary of issues escalated within the network.

A review of minutes and papers for the SBU Quality & Safety Committee has shown that a paper was taken in February 2021 providing an update on the progress of the network since it went live, which also outlined the governance arrangements in place and a summary of risks and issues encountered by the MTN. This paper was presented within the first six months since go live in accordance with the Memorandum of Understanding.

A comparison of data reported to the Network Governance Group, Clinical Operations Board and the SBU Quality & Safety Committee has confirmed its consistency.

No matters arising.

3.3 Summary of Recommendations

The audit findings and recommendations are detailed in **Appendix A** together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	**0**	**2**	**0**	**2**

Finding 1 – Capturing of Network Risks (design)	Risk
While the ODN is discharging its role in providing a network risk register and supporting the management of risk, there is potential to improve the formalisation of how assurance is gained that relevant provider risks are managed appropriately and that all that require escalation onto the network register are addressed consistently.	Provider risks are omitted from the Network risk register
Recommendation 1	**Priority Level**
We recommend a more formal approach to cross-referencing provider trauma risk registers against the wider Network risk register to ensure there are no omissions that could impact on the Network. In accordance with the Network Clinical Governance & Quality Improvement Policy, all providers across the network should formally present their trauma risk registers to the ODN on a periodic basis and confirm risks for escalation – we recognise that the ODN has communicated the need to do submit registers where providers have not done so. Consideration should be given to a common Network risk management policy.	**Low**
Management Response 1	**Responsible Officer / Deadline**
Formal request of specific information after local TQuIC, including the provider risk register. Please see attached; reporting schedule reminder Jan 2021.p SWTN Email reminder to Provide Reporting Feedback Form FINA <u>Process for receing Health Board/Provider Trauma Risk Registers and providing feedback</u> Local TQuIC → Health Board Risk Register & Issue Register to be received by ODN → Formal feedback report received by the Local Health Board SRO, Clinical Lead and Managerial Lead. Formal feedback on receival of risk register including if omitted provided by ODN, including strengths and areas for improvement. (please be example 'Reporting Feedback Form FINAL SBUHB above). When provider risk registers are received by the ODN, the programme manager and team cross reference agaisnst SWTN risk register and amend accordingly. If a risk score is altered on the network risk register that directly corrolates to a provider, this is formally fed back via the ODN monthly catch	Siân Harrop-Griffiths August 2021

up meetings with organisations. Organisations are require to resubmit risk and issue registers after every TQuIC meeting and in the event of a risk scoring being altered. A network risk management policy is in the process of being authored to describe the above and will be taken through the SWTN Governance process for ratification prior to being shared with providers in August 2021.	

<table>
<tr><th>Finding 2 – Reporting to SLT (Operation)</th><th>Risk</th></tr>
<tr><td>The Senior Leadership Team has not received a report since ‘go live’ providing assurance and evidence that the service is being delivered in line with expectations (quartlerly reports were expected within the Memorandum of Understanding).</td><td>Insufficient level of reporting</td></tr>
<tr><th>Recommendation 2</th><th>Priority Level</th></tr>
<tr><td>We recommend that the dates be agreed for the receipt of ODN reports by SLT, to demonstrate that services are being delivered in line with expectations, as set out in the Memorandum of Understanding.</td><td>Medium</td></tr>
<tr><th>Management Response 2</th><th>Responsible Officer / Deadline</th></tr>
<tr><td>Please find below a copy of the report that will be submitted at the meeting in May 2021 and confirmed future dates for the ODN to report into SBUHB Management Board.

SWTN Management Board Reporting Ma

<table>
<tr><th>Meeting Date</th><th>Reporting Deadline</th><th>SWTN Management Board Reporting Ma</th></tr>
<tr><td>5th May 2021</td><td>30th April 2021</td><td></td></tr>
<tr><td>4th August 2021</td><td>30th July 2021</td><td></td></tr>
<tr><td>3rd November 2021</td><td>29th October 2021</td><td></td></tr>
<tr><td>2nd Febuary 2022</td><td>28th January 2022</td><td></td></tr>
</table>
</td><td>Siân Harrop-Griffiths

Completed & Ongoing</td></tr>
</table>

Audit Assurance Ratings

Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

** Unless a more appropriate timescale is identified/agreed at the assignment.*

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

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The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

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GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
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Rhian-Lynne Lewis (Principal Auditor) – rhian.lewis16@nhs.wales.uk

Appendix 7 - Operational Delivery Network Governance Arrangements- SWTN Risk Management Process (Appendix C)

Appendix C in SWTN P09

SWTN Process for Receiving Health Board/Provider Trauma Risk Registers & Provision of Feedback

Following TQuIC the local organisation is required to submit reporting submissions to the South Wales Trauma Network (SWTN) on or before the pre-published deadline. The required reporting submissions include the local risk and issue register in readiness for SWTN governance meeting

Provider risk registers are cross referenced against the SWTN risk register and amended accordingly. If a risk score is altered within the network risk register that directly correlates to a provider, this is formally fed back via the ODN monthly catch up meetings with organisations where discussions can take place.

A formal feedback document including the identification of strengths and areas for improvement regarding reporting submissions is provided by ODN. The report includes a section on the receipt or omission of the risk register.

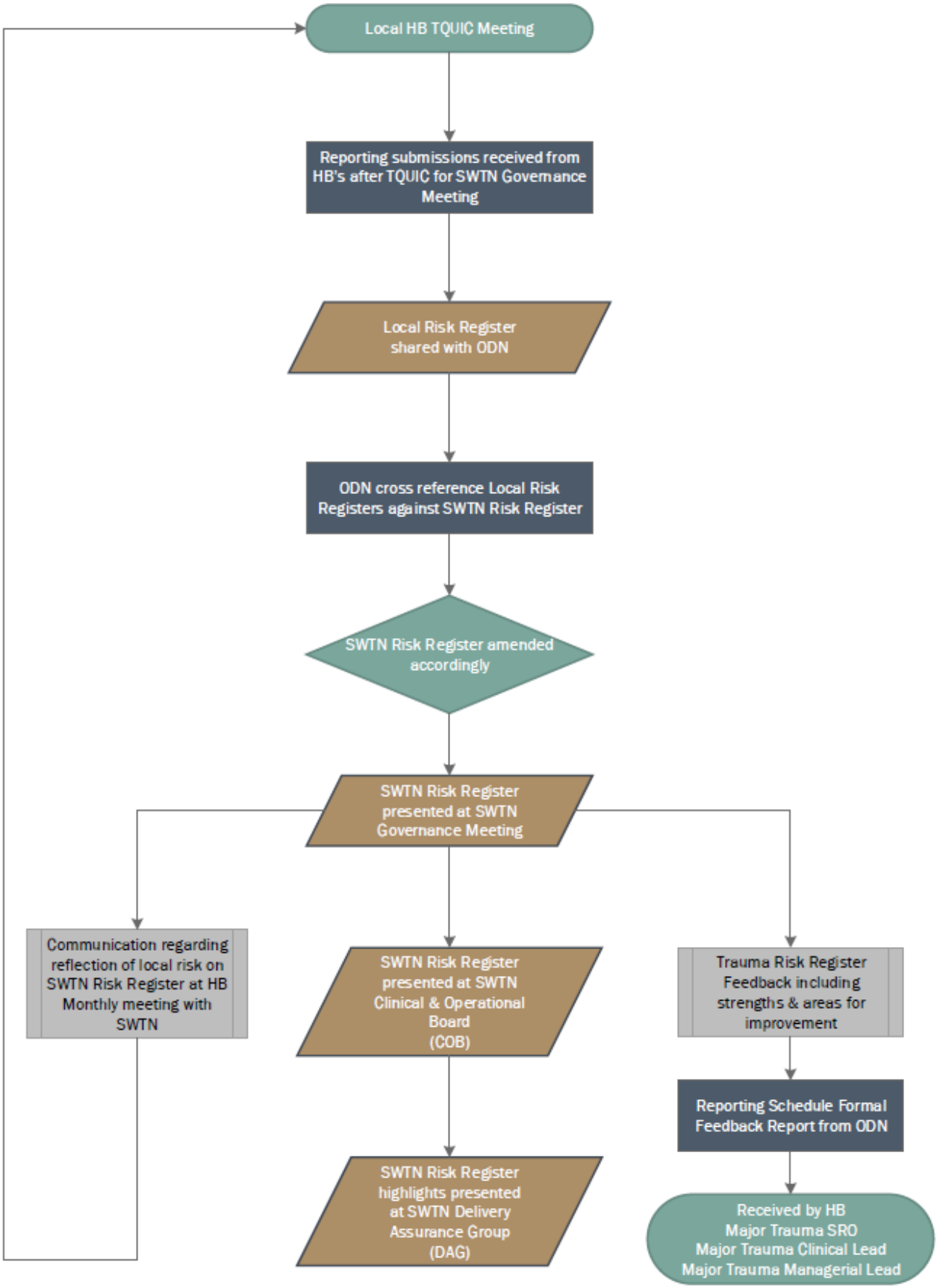
Organisations are required to resubmit risk and issue registers to the SWTN after every TQuIC meeting and in the event of a risk scoring being altered.

The SWTN Risk and Issues Register is presented at the SWTN Governance meeting for comment and to address any risks that require update, enhancing and/or including.

The SWTN Risks & Issue Register is presented at Clinical & Operational Board (COB).

Highlights of the SWTN Risk & Issue Register are presented at Delivery Assurance Group (DAG).

Please see flowchart below


Local HB TQUIC Meeting
Reporting submissions received from HB's after TQUIC for SWTN Governance Meeting
Local Risk Register shared with ODN
ODN cross reference Local Risk Registers against SWTN Risk Register
SWTN Risk Register amended accordingly
SWTN Risk Register presented at SWTN Governance Meeting
Communication regarding reflection of local risk on SWTN Risk Register at HB Monthly meeting with SWTN
SWTN Risk Register presented at SWTN Clinical & Operational Board (COB)
SWTN Risk Register highlights presented at SWTN Delivery Assurance Group (DAG)
Trauma Risk Register Feedback including strengths & areas for improvement
Reporting Schedule Formal Feedback Report from ODN
Received by HB
Major Trauma SRO
Major Trauma Clinical Lead
Major Trauma Managerial Lead

Appendix 2 - Proposals for Additional Resources

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

CLINICAL IMPACT ADVISORY GROUP (CIAG)

SERVICE DEVELOPMENT PROFORMA

SCHEME TITLE

South Wales Trauma Network Senior Matron Nurse Lead

NAME OF PERSON SUBMITTING

South Wales Trauma Network, Operational Delivery Network (Beth Hughes)

WHSSC COMMISSIONING TEAM RESPONSIBLE

Major Trauma (Karen Preece / Claire Harding)

For completion by WHSSC team

Evidence of strategic fit	Responds to commissioning intent	Responds to Covid19 recovery	Ensures equity for Welsh Residents	Confirmed as new and not growth	Issue linked to service sustainability	Issue linked to new service development
Whole Wales perspective	Assessment of risk contained	Indication of staffing levels required	Indication of what impact will be seen as a result of investment	Proposal responds to an issue of sustainability	Proposal responds to a new /innovative development	Has corporate sign off internal to organisation

1. SERVICE OVERVIEW

The Operational Delivery Network (ODN) is funded by WHSSC and hosted by SBUHB. SBUHB has an MOU in place with all organisations and the ODN discharges its clinical governance responsibilities and 'operational authority' (in relation to patient flows) through its clinical and operational board to WHSSC (via the SWTN Delivery Assurance Group).

The WHSSC commissioning of the South Wales Trauma Network (SWTN) also consists of the Major Trauma Centre (MTC) and orthoplastic services, based in the TUss. WAST and EMRTS Cymru are commissioned by EASC. The remainder of the service is commissioned by LHBs.

The South Wales Trauma Network (SWTN) was designed to achieve the common goal and purpose of improving survival, enhancing patient outcomes and experience across the entire patient pathway from the point of wounding to recovery, including injury prevention, by introducing collaborative working between participating organisations, serving the population of South Wales, West Wales and South Powys.

The network will improve patient outcomes by saving lives and preventing avoidable disability, returning patients to their families, work and education. The network is a partnership between participating organisations, working collaboratively to achieve this common goal and purpose. The aim is to develop an inclusive, collaborative, world leading trauma network, with quality improvement, informed through evidence-based medicine and lessons learnt from others.

The South Wales Trauma Network (SWTN) was launched on September 14th 2020.

The network consists of;

- Adult and Paediatric Major Trauma Centre (MTC) in University Hospital of Wales, Cardiff.

Trauma Units (TU) in the following hospital sites;

- Morriston Hospital (TU with specialist services(TUss));
- Grange University Hospital;
- Princess of Wales Hospital;
- Prince Charles Hospital;
- Glangwilli Hospital

Local Emergency Hospitals (LEH)/Rural Trauma Facilities (RTF) in the following locations;

- Royal Glamorgan Hospital;
- Withybush Hospital;
- Bronglais Hospital;

- An Operational Delivery Network (ODN) hosted by Swansea Bay University Health Board;

- SWTN Trauma Desk- based in Welsh Ambulance Service Trust (WAST) control room in Headquarters and operating 24/7.

The TU's, LEH's and RTF's have been established to provide care for injured patients and have systems in place to rapidly move the most severely injured patients to the MTC when required. They also have a role in receiving patients back from the MTC who require ongoing care in hospital.

The ODN involves cross-organisation and multi-professional working through a whole system approach, ensuring the delivery of safe and effective services (both specialised and non-specialised) across the patient pathway.

The key responsibilities of the ODN can be summarised as follows-

- A focus on improving functional outcome and patient experience from the outset;
- Ensuring injured patients are delivered to the MTC for definitive care quickly and safely;
- Maintaining patient flow across the region, ensuring timely 'care with treatment closer to home' once specialist care completed;
- Clinical responsibility for a seriously injured patient anywhere in region and ensuring clinicians maintain a responsibility extending outside their traditional health board boundaries;
- Adopting a culture of integrated multi-disciplinary working across health boards through specialist and professional groups;
- Acute and ongoing rehabilitation services to improve outcomes and restore patients back to productive roles in society;
- Adopting a population based approach; in particular developing pathways for trauma in older people;
- A continuous process of system evaluation, governance and performance improvement;
- Develop multi professional training and education across the patient pathway.
- Supports active injury prevention programmes to reduce the burden of injury for the network population;
- Active development of an audit and research programme and support of research into trauma and its effects, to improve outcomes;
- Integration with multi-agency mass casualty planning in the region.

2. ASSESSMENT OF NEED

The current commissioned workforce funded within the ODN does not include a nursing post. This has been identified since the establishment of the ODN as a gap in provision. Nurses are the commonest group of healthcare professionals to care for patients from the point of admission, through treatment and recovery.

WHSSC approved the reallocation of some non-recurring funding to appoint into a nursing lead post for six months as a proof of concept that a nurse lead post would address the gap identified above. The role has already demonstrated value and has proven the requirement for this post to become a permanent role within the ODN.

2.1 Prevalence of Disease

Major trauma – which refers to multiple and serious injuries – is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health. Patients with these type of injuries have a better chance of survival if they are treated within a major trauma network.

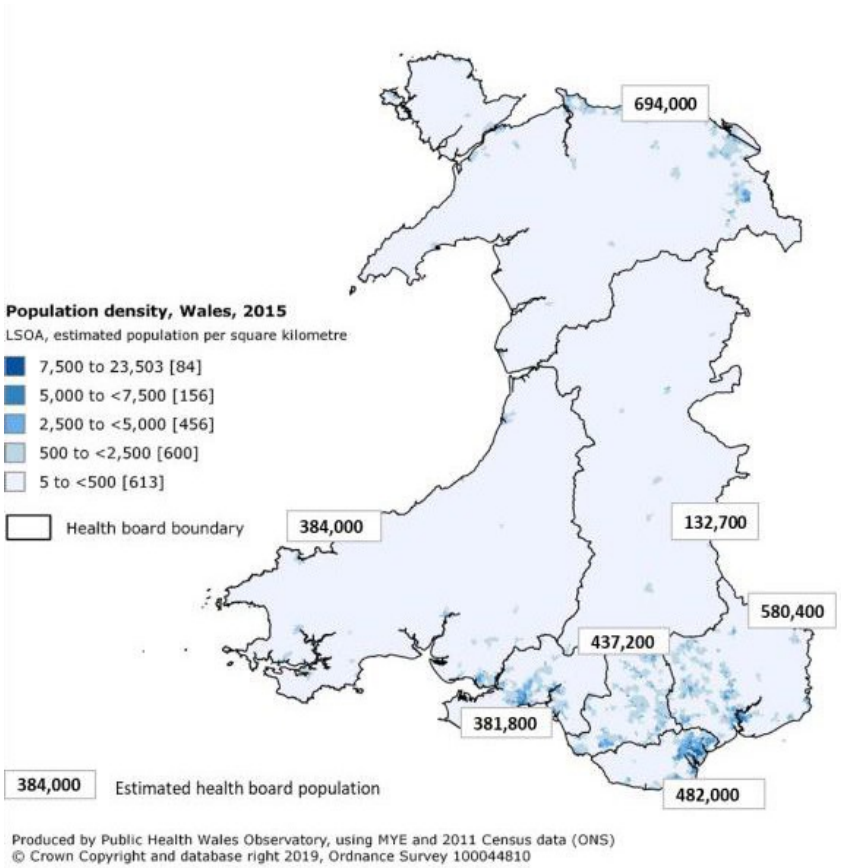
As well as saving lives, the network improves patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

The senior matron role will support the clinical teams to care for these patients and enable them to reach their full potential. This role will also lead on the injury prevention agenda for the SWTN.

2.2 Patient Population and Growth

In 2019, the total population of Wales was approximately three million people, excluding transient populations. The population of South Wales, West Wales and South Powys was 2.4 million people.

The map below shows population density and breakdown per health board (Note a boundary change took effect from April 2019):



The above graphic illustrates that the population of South Wales is concentrated in the densely populated urban areas of Cardiff, Newport and Swansea, with a spread across more sparsely populated rural areas. It is likely that major trauma would follow this distribution, being concentrated in more urban areas of higher population density.

The lead nurse will support the management of patients and delivery of education to staff across all six Health Boards covered by the SWTN.

Activity

The following data represents the activity within the SWTN in the initial six months since launching.

South Wales Trauma Network Activity between 14th September 2020 & 31st March 2021 (Extracted from the Major Trauma Database)

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.

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

It is anticipated the SWTN activity will increase further over the forthcoming months both due to the lifting of lockdown restrictions and the approaching summer months.

2.3 Service Demand

Patient Flow

Since the launch of the SWTN (6-month data referred to above) approximately 15% of patients have required repatriation from the MTC to their local health board for further care and/or rehabilitation. This largely represents new flow of patients.

Prior to the SWTN the practice was for these patients to rarely experience timely transfer back their local hospital.

The repatriation of patients is required to take place within 24 hours from the point of notification by the MTC in order to ensure patient flow through the SWTN system as a whole.

The role of the Senior matron is to support and lead-

- The identification of any training and/or education needs to support repatriation and develop & implement training plans prior to the potential transfer date.
- Incident investigations to identify any key areas that can be addressed and supported by the network in order to facilitate the required repatriation.
- On an individual patient basis, the delivery of focused training to enable repatriation.
- The injury prevention agenda for the SWTN.

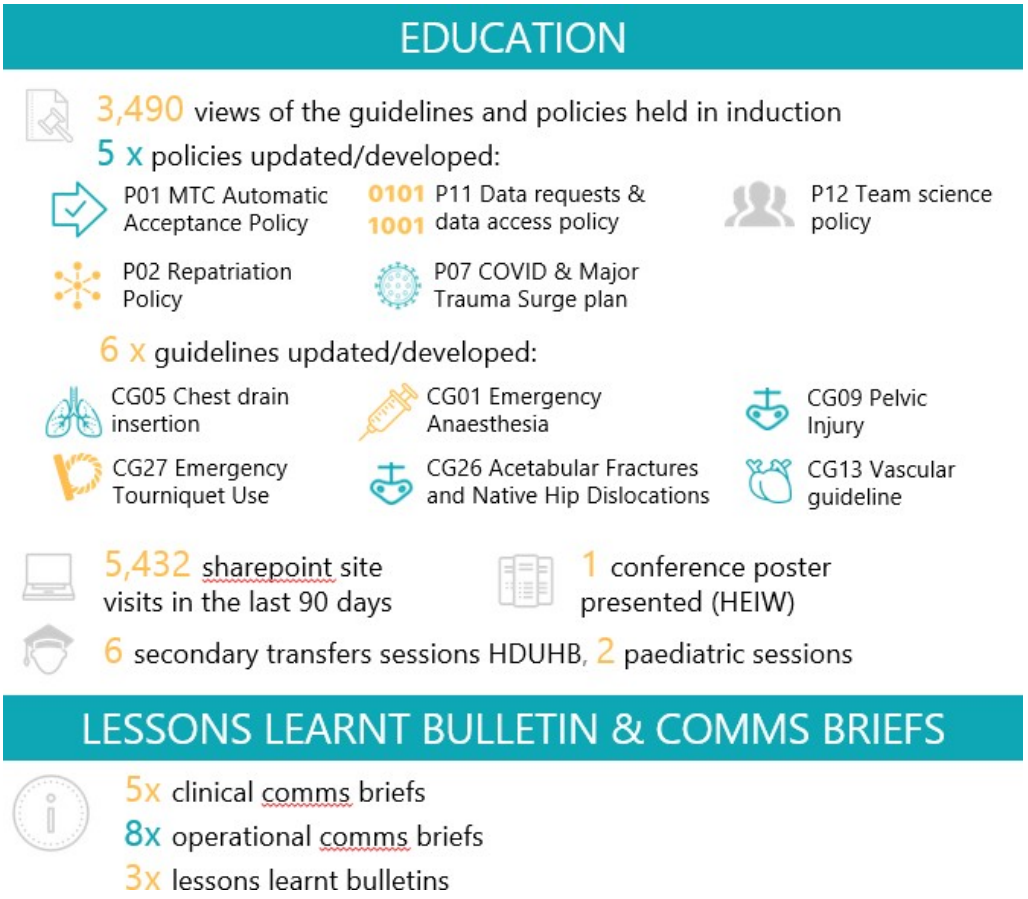
Training & Education

The Senior Matron is leading on a restructured training programme with a focus now being placed on the development of a virtual learning environment.

The work being undertaken is unique and has not been completed within NHS Wales to date. The SWTN are developing interactive scenarios filmed with a 360-degree camera that allows for a fully immersive experience and can also be viewed in virtual reality. The scenarios are interactive and the learner is required to decide the treatment pathway for the patients. Clinical skill films and links to the guidelines and policies that underpin treatment are also being created to sit on an online platform to ensure the highest level of quality and delivery of training and education.

There are future plans for the senior Matron to progress the above work to gain university accreditation to allow learners to gain formal CPD.

South Wales Trauma Network data between 14th September 2020 & 31st March 2021



Further service demand information is included in point 4 below.

2.4 Service capacity

The requirement for a Senior Matron role has been considered against the SWTN Programme Business Case and the Benefits Realisation Plan (below) to ensure the network anticipated trajectory of travel is being supported.

Benefits Realisation Plan						
Strategic Benefit	**Benefits Number/Description**	**Actions Necessary to Realise Benefits**	**Measurements**	**Target date for demonstrating benefit**	**Responsible for delivering benefits**	**Accountable**
	003/Improving timeliness and quality of clinical	Establish network policies and pathways (incl.	TARN MTC and TU dashboards/ quarterly and annual reports. Quarterly and annual network TARN reports Focused TARN quarterly and	Mar-21	ODN Provider	WHSSC/EASC/health board commissioning

Health Gain	**care.**	automatic acceptance policy to MTC)	annual reports (e.g. orthoplastics, paediatrics) Benchmarking against national average			
	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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning

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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
	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.	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
	011/Equity of care for veterans returning to Wales in line	Implement the veterans trauma network in Wales	Number of veterans referred and reviewed by	Mar-21	ODN Management	WHSSC/health board commissioners

	with England		the network			
	012/Improved multiprofessional 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)	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Mar-21	MTC	WHSSC
	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	March 2020 onwards March 2020 onwards	ODN providers ODN management	WHSSC/EASC/health board commissioners
	015/Improved staff retention	Workforce strategy	Turnover rates	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
Value for	**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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

Money			policies			
	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	ODN ProvidersWAST	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

The role is aligned to the following benefits and will support current gaps in meeting quality indicators and standards in relation to nursing competencies-

- 004/Improving patients experience
- 005/Enhancing injury prevention
- 012/Improved multi-professional training and education
- 019/Flexible working across health boards boundaries

2.5 Performance

Performance of the various elements of the Senior Matron role in the SWTN will be monitored through the following mechanisms-

- TRIDS;
    - Monitoring of delayed repatriations due to training and education needs;

- Identification of any training requirements as a result of TRID's regarding clinical management;
- Any other TRID's received by the network where appropriate;

- Analysis of use of SWTN Education & Training online platform and evaluation of quality of completed training;

- Commencement of SWTN nursing group and progression of national trauma network nursing agenda;

- Development of the injury prevention agenda.

3 SUMMARY OF THE ISSUE/RISK

Since the SWTN went live on 14th September 2020, the functioning network has been embedding within the various partaking organisations. Consideration of the service while in operation allows the opportunity for re-evaluation of both workforce distribution and service development.

There is a definite nursing gap identified within the SWTN despite the offering of an invitation during the creation and launch of the network.

The identified role will bridge the gap and lead on the network nursing agenda both within the national arena and within the SWTN participating organisations with a primary focus on the provision of network wide training and education to address the meeting of required professional standards, high standards of care and the SWTN injury prevention agenda.

The role will address current formal concerns raised via the SWTN TRID system of delayed patient care, repatriation and clinical concerns.

The criteria standards contained in the National Clinical Framework are addressed below in the body of the proposal and attached document.

4 PROPOSAL

The SWTN ODN are proposing the requirement for the permanent appointment of a Senior Matron as part of the ODN structure.

There are a number of network quality indicators that relate to improving nursing education and training across the network in both ED, ward and critical care environments. Nurses are the commonest group of healthcare professionals to care for major trauma patients – upskilling of this group is key.

A substantive Matron role would fulfil a number of roles:

- To complement the role of the network training and education clinical lead (a consultant by background) on the design and delivery of a high profile education & training programme to transform the delivery of trauma care across the region with all key stakeholders.;
- To deliver focussed training across the network where required/gaps become apparent incl. spot training prior to repatriation of complex cases;
- To lead on nursing relevant projects of work as part of the network research & quality improvement agenda;

- To lead on and provide a principal contact in terms of network senior Matron & nursing governance, chairing the network nursing group;
- To lead on the injury prevention programme of work within the network, implementing patient safety improvement initiatives and engaging with the multi-disciplinary team to develop and implement mutually driven schemes.

Through non-recurrent slippage the ODN have undertaken a 'proof of concept' seconding a senior matron lead for 30 hours per week for a period of 6 months.

The role has already demonstrated value (e.g. developing a competency framework, writing scenarios for the virtual online platform, testing and trialling educational content) and the provision of direct leadership to ensure staff across the SWTN are able to implement the nursing and quality strategy and person-centred approaches to care, in order to deliver a service that prioritises the care needs of patients and their families/carers to enable a positive experience.

Should the ODN expand to provide an All Wales perspective this role would provide resilience to the team.

The seniority of the role is reflected in the need for engagement with multiple stakeholders across multiple organisations.

Please see (below) attached Job Description for post for further detail.

Major Trauma Network Senior Mat

5 INVESTMENT

5.3 What is the investment required in posts/finance/infrastructure

Band 8a, £65,015, 1.0 WTE

5.4 Does this scheme receive funding from anywhere else? (If so please explicitly describe how this funding will be utilised for additionality, and for which part of the pathway)

Currently funded by ODN non recurrent slippage for proof of concept for 6 months (terminating January 2022).

5.5 Is this investment replacing any previous investment that has been withdrawn or redirected?

No

5.6 Are there any opportunities for de-commissioning as a result of this investment?

No

6 ASSESSMENT OF IMPACT OF INTRODUCING THE SCHEME

The Senior Matron Role would deliver the following-

- A reduction in the delay of patient repatriation to LHB's in line with the SWTN Care with Treatment closer to Home (CwTCH) policy encouraging the provisions of rehabilitation in a local environment to the patient with easier access links to community services when required;
- Any areas of clinical vulnerability within any of the participating organisation can be addresses and rectified via focused training and education.
- Providing an equitable level of training and supporting an equitable delivery of services across the participating organisations of the SWTN;
- A reduction on the reliance of other services within each of the stakeholder organisations when training or clinical skill to provide sufficient care for repatriated major trauma patients
- The continuation of this role will ensure any inequity of skills, knowledge, training & education across the network is addressed to ensure patients across the SWTN are receiving equitable care and rehabilitation that meets their needs.
- The impact of this role will be delivered to all major trauma patients during any part of their journey through the SWTN across South Wales, West Wales and South Powys and will include all stakeholder organisations.
- Development of a network injury prevention agenda that will involve multiple agencies external to NHS;
- Support in the investigation and learning from incidents;
- Lead the nursing research and quality improvement agenda.

7 HOW WILL THE INVESTMENT BE REPORTED ON AND MONITORED?

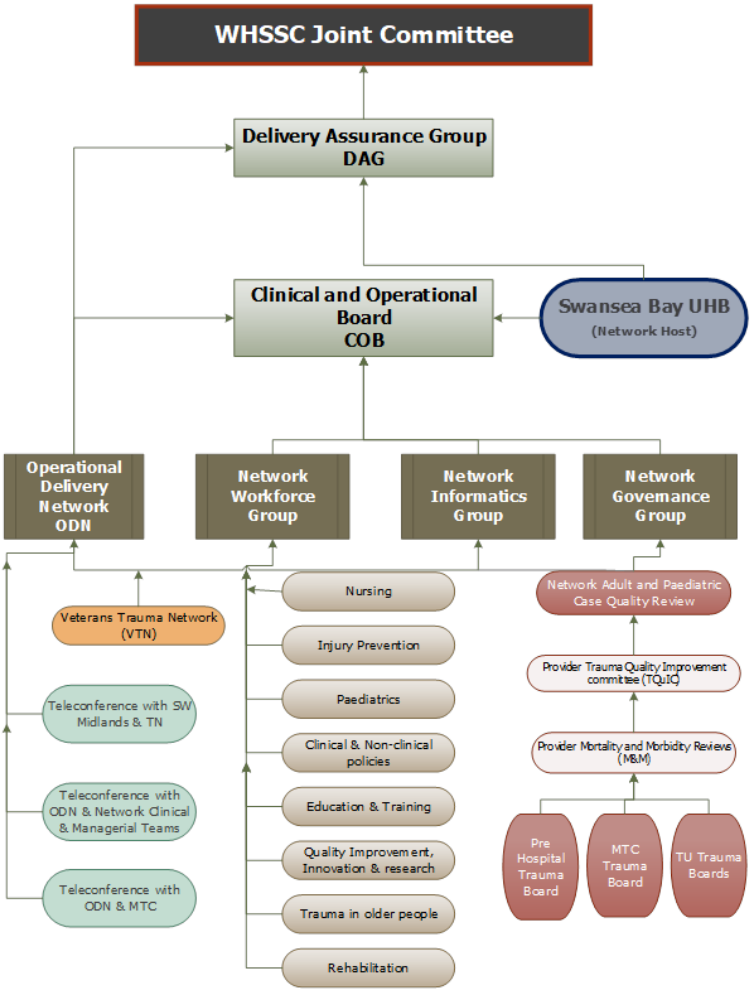
As referred to above, the value of the role will be monitored via through the following mechanisms-

- TRIDS;
- Monitoring of delayed repatriations due to training and education needs;
- Identification of any training requirements as a result of TRID's regarding clinical management;
- Any other TRID's received by the network where appropriate;
- Analysis of use of SWTN Education & Training online platform and evaluation of quality of completed training;
- Commencement of SWTN nursing group and progression of national trauma network nursing agenda;
- Development of the injury prevention agenda.

The Senior Matron as lead for the SWTN nursing group will be required to report into the SWTN governance structure.

Each of the SWTN working groups report into Clinical & Operational Board (COB) which furthermore reports into Delivery Assurance Group (DAG) and WHSSC Joint Committee respectively.

Please see below for illustration of governance process-



8 HOW WILL PATIENT EXPERIENCE BE CAPTURED?

Patient experience will be formally captured via the Trauma Audit Research Network (TARN) PROM's & PREMS recording and reporting mechanism. This will be recorded at all hospital sites within the SWTN. This proposal is being taken through the SWTN governance process for support and endorsement for data capture to start imminently.

The SWTN appraise the operation of the network, including this role using patient stories and patient volunteers. This will continue and increase with the support of the Senior Matron role working with the communications team.

South Wales Trauma Network Senior Matron Nurse Lead Job Description

Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

CAJE REF: RVC/2021/0120

SWANSEA BAY UNIVERSITY HEALTH BOARD

JOB DESCRIPTION

JOB DETAILS:

Job Title	Major Trauma Network Senior Matron Educator
Pay Band	Band 8a
Division/Directorate	South Wales Trauma Network (SWTN) (hosted by Swansea bay University Health Board)
Department	SWTN Operational Delivery Network

ORGANISATIONAL ARRANGEMENTS:

Managerially Accountable to:	Network Manager
Reports to: Name Line Manager	To be confirmed
Professionally Responsible to:	To be confirmed

Our Values
In this Health Board we aspire to be driven by our values; where every person that works for us, regardless of their role, is expected to demonstrate the values of "caring for each other", "working together" and "always improving".

Job Summary/Job Purpose:

The post holder will be responsible for supporting the management and delivery of training & education and managing the nursing components positive working relationships for the South Wales Trauma Network (SWTN) programme.

The Network includes all providers of trauma care including pre-hospital care, hospital and rehabilitation services. The Network will collaborate to ensure consistency in standards of care driven by agreed policies, protocols and procedures applied across the Network, and the involvement of all Network members in a programme of continuous quality improvement informed by consistent clinical data captured through TARN and other appropriate audit and clinical governance mechanisms.

The SWTN nurse educator will develop and deliver a high profile education & training programme alongside the SWTN training and education clinical lead to transform the delivery of trauma care across the region with all key stakeholders.
The post holder will be responsible for working with key leads within the ODN, health boards and trusts to deliver and maintain a robust education and training plan whilst ensuring alignment to the SWTN policies and clinical guidelines alongside supporting and promoting excellent standards of clinical practice and quality of patient care.

The post holder will lead and develop the injury prevention strategy of the Network Programme and must have proven experience in implementing patient safety improvement initiatives and engaging with the multi-disciplinary team to develop and implement mutually driven schemes.

The successful candidate will provide direct leadership to ensure staff across the SWTN are able to implement the nursing and quality strategy and person-centred approaches to care, in order to deliver a service that prioritises the care needs of patients and their families/carers to enable a positive experience.

The post holder is expected to work with autonomy to provide highly specialised professional nursing advice to colleagues to ensure high standards of direct care delivery.

DUTIES/RESPONSIBILITIES:

Operational Delivery
The post holder will support in the operational delivery of the Network and will be required to lead on defined aspects of network business as agreed by the Operational Network Manager. This will include working closely with varying stakeholders and ensuring agreed policies are adhered to across the Network.

Communication and relationship skills

- Provide effective clinical leadership and management to motivate and support staff working across the network, ensuring a high standard of professionalism, efficiency and effectiveness in the delivery of the trauma service;
- To promote effective communication with the clinical team within and across the Network
- Develop positive working relationships with other members of the multidisciplinary teams to ensure the SWTN is at the forefront of best professional practice and

service delivery, to enable the SWTN to deliver on targets and in line with the strategic agenda
- Use a wide range of interpersonal and communication skills when dealing with multifaceted and often highly sensitive change issues related to performance management and service reconfiguration
- Develop close working relationships with trade unions, community Health Councils and professional organisations to facilitate effective consultation, negotiation and partnership working to achieve the delivery of high quality patient care
- Work alongside staff clinically within the clinical areas to provide specialist Major Trauma education and knowledge

Quality and Safety

- Provide a visible & accessible resource to staff
- Lead, manage, and ensure the successful implementation of key projects.
- Challenge existing practices facilitating improvement and implementing best practice. This will involve engaging with clinical staff across Health Boards and seeking their views.
- Responsible for the production of plans, documentation, support, guidance and training for service groups/stakeholders and staff within and across sites throughout the Network.
- Represent the SWTN at key meetings including All Wales meetings.
- Set up and chair, agreed Steering groups with key stakeholders and develop a governance process for reporting into the network governance structure.
- Responsible for coordinating, rollout and embedding agreed initiatives across the network.
- Provide a visible and accessible resource to staff.
- Create a culture for ensuring that the patient, family and carers are at the centre of everything we do and where safe and high quality patient care is consistently delivered.
- Support Health Boards to triangulate performance information to understand quality of patient care and themes from patient feedback, complaints and incidents in order to continually improve practice and the patient experience.
- Implement robust and immediate escalation in the event of safety risks and issues that cannot be addressed.
- Undertake regular audits/ spot check audits for professional assurance relating to the expected standard and quality of care.

Professional Leadership

- Be highly visible, accessible and approachable to staff across the network when required
- Provide professional leadership in person-centered, compassionate care and role model what this means to all members across the network.
- Provide leadership in developing and implementing Quality improvement.
- Lead by example in practicing the highest standards of conduct in accordance with the NMC Code and NHS Code of Conduct for Managers.
- Responsible for supporting the professional regulation issues including NMC revalidation requirements for nursing where required
- Participate in peer reviews to promote independent professional scrutiny and promotion of continuous learning.
- Provide a source of specialist expertise and advice on service improvement and change management skills for the SWTN as a whole, to support the adoption and spread of service improvement approaches and methodologies.

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Education, Teaching & Professional Responsibilities

- To be responsible for the provision of educational requirements to fulfil the expectations and priorities of Welsh Government, the SWTN and TARN.
- Provide specialist professional advice and support to nurses across the SWTN and other agencies involved with Major Trauma as a nurse and trainer
- Foster, develop and contribute to the sharing of good and evidenced-based practice, nursing research and its application across the network, identifying opportunities that will support the Network Quality Improvement agenda
- Foster a creative learning culture, encouraging staff to participate in lifelong learning initiatives, valuing daily practice as a reflective learning opportunity where learning can be applied directly to practice.
- Develop and deliver specialist education and training for staff when required.
- Encourage staff to critically analyse the evidence base and develop their ideas to enhance practice.
- Take every reasonable step to maintain and develop own knowledge, skills and competence.
- Support, facilitate and monitor the network Education and Training budget and training resources and the processes to monitor course/module uptake
- Identify future education and training opportunities to develop and move the service forward whilst adhering to designated budget planning responsibilities
- Provide formal and informal links with LED, external Higher Education Institutions and Further Education organisations to ensure value for money when commissioning services for the network
- Devise and support the implementation of an action plan, and work with the Heath Board trauma leads, facilitating learning environments to ensure that they are conducive to the needs of students and learners.
- Promote the NHS Wales Post Registration Career Framework to support the development and delivery of innovative career progression pathways and ensure succession planning
- Provide support for pre and post registration nurses by ensuring Health Boards have fully trained and competent major trauma mentors and preceptors in clinical practice;
- Foster, develop and contribute to Clinical Audit, the sharing of good and evidenced-based practice, nursing research and its application in the network;
- Identify opportunities which will support the corporate R&D nursing agenda building capacity and enabling others to develop relevant skills and knowledge
- Maintain own clinical credibility by working within clinical areas on a regular basis and produce evidence of own continuing professional development
- Attend conferences/courses and forums to maintain specialist knowledge and skills pertinent to the role. Share this information gleaned where appropriate;
- Review and implement recommendations from external statutory and professional inspections as they relate to nursing and the clinical areas of responsibility, including Internal and External Audit Bodies; Welsh Health Estates; the Health and Safety Executive; and Health Inspectorate Wales;
- Be responsible for the development, organisation and initiation of adaptable education and learning programmes and for the network. Including competency based development programmes for Registered Nurses and HCSW's
- To contribute teaching skills and professional knowledge when delivering informal and formal presentations on corporate professional initiatives across stakeholder and external organisations across the network;
- Work clinically alongside Registered Nurses and HCSW's to assess their performance and capability and to be responsible for ensuring the necessary education development plans are provided
- Work with Senior Nurses, Ward Sisters/Charge Nurses to implement the Knowledge and Skills Framework PADR framework ensuring staff are fit for purpose and that mechanisms are in place for staff to progress through identified Gateways

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- Support the Clinical Board and Lead Nurse in the provision of active and transformational leadership to assist Registered Nurses and HCSW's realise their personal, service and corporate objectives
- Provide visible clinical leadership within and outside of the Directorate, putting patients, and carers at the centre of services, communicating across care sectors, agencies and partner organisations including Local Authorities and Voluntary Organisations
- Provide clinical leadership and direction across situations where highly complex ideas or concepts need to be conveyed in easily understood language and implemented in the Clinical Board.
- Identify key trends and changes from complex data and summarise these using a range of presentation formats and data analysis tools in a meaningful and succinct manner to inform reports and developments for a diverse range of individuals and agencies, both internal and external to the Health Board
- Provide support through effective coaching and mentoring of teams and individuals to promote personal, team and organisational development, promoting innovation and change

Service Delivery, Quality & Improvement

- Provide leadership in developing and implementing long term complex and numerous service change programs with multidisciplinary clinical teams across the network, adjusting plans as required and using service improvement and change management techniques.
- Provide highly developed expert advice utilizing service improvement and change management skills, working through the structure of assessing diagnosing and treating the system, ending with standardizing to ensure the redesigned process drives effective and efficient quality improvement across the network.
- Lead on and Support training & education projects and encourage teams to participate in relevant improvement initiatives utilising appropriate quality improvement methodologies, which promotes a culture of continuous improvement.
- Contribute to the development / review of relevant network policies, clinical guidelines and protocols.
- Keep abreast with changing National best practice and nursing standards.
- Foster effective working relationships with nursing leaders and senior managers across the network in support of the continuous quality improvement agenda.
- Ensure that practice development is in line with the SWTN objectives, All Wales and Health Board Nursing, Midwifery and Health Visiting Strategy.

Communication & Engagement

- Implement and embed systems that ensure the patients' voice is heard in all key activities and at Senior Management level.
- Foster involvement and engagement with relevant staff across the network to guide learning and service development within areas of responsibility.
- Role model the maintenance of patient advocacy in all situations and ensure communication takes place in a manner that is consistent with legislation, policies and procedures and consistent with the level of understanding required.
- Use highly developed clinical and communication skills to provide appropriate information regarding highly complex, sensitive and contentious information.
- Build effective working relationships and gain support from members of the multi-professional/ multi-agency teams, developing clear and agreed channels of communication to enable effective reporting of concerns to the relevant Senior Nurse/Matron or local Major Trauma management structure.
- Chair meetings, providing effective leadership, specialist advice, guidance and clear communication on agreed priorities and ensure action is taken with an appropriate degree of urgency. This includes effective communication with outside agencies.
- Act as a change agent and effective role model to challenge, motivate and overcome barriers to improve clinical practice and across professional boundaries.

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- Continuously build relationships and develop network opportunities across the network, within Delivery Units and also at an All Wales level.
- Support the Implementation of mechanisms for staff engagement and feedback.

Research and Development

- Lead on specific practice development project work across the SWTN
- Support a culture of research and audit.
- Undertake audit and research activity, when required which will enhance evaluation of patient care and the impact of the nursing service.
- Ensure an evidence-based approach to policy development/implementation and service re-design, considering outcomes of audits and/or evaluation work on all aspects.
- Promote research and ensure innovation and good practice is disseminated through clear channels of communication.

Information Resources

- Produce reports and presentations, using computer software based on a range of information from a variety of sources including the network specific data capturing mechanisms.
- Write and present reports to a wide range of MDT across the network and at a range of agreed forums.

Efforts and Environment

- The post holder will be required to travel to across the network to provide training and support to stakeholder organisations as needed.
- There will be frequent requirement for concentration when report writing.
- There will often be competing priorities with frequent interruptions.
- The post holder will be exposed to very occasional highly distressing/emotional circumstances.

PERSON SPECIFICATION

The knowledge to be measured is the minimum needed to carry out the full duties of the job to the required standards. Qualifications should be used to provide an indicator of the level of knowledge required. Training and experience is also a means of acquiring the knowledge required for a job such as on-the-job training, short courses and experience to an equivalent level of knowledge which should be specified.

NOTE: Please do not use the number of years experience as this is potentially discriminatory and these will be returned. It is essential that managers concentrate on the sorts of skills and qualities needed to fulfil the duties of the post. Essential criteria must not state "or willing to work towards" any qualification.

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications and/or Knowledge	• Registered Nurse Level 1 or appropriate Active NMC Registration • Recognised management qualification or equivalent demonstrable experience • Educated to Degree level • Masters in relevant health related subject or relevant experience • Improving Quality Together (IQT Bronze) • Extensive knowledge of the South Wales Trauma Network and forthcoming agenda • Knowledge of Safeguarding Adults/Children including the Mental Health Act and Mental Capacity Act and Deprivation of Liberty Safeguards • Knowledge of quality and service improvement methodologies • Knowledge and understanding of current policy and issues in professional practice, compliance, standards and the wider NHS	• Post Graduate qualification/ Diploma • Improving Quality Together (IQT Silver) • Awareness of Clinical Governance • Awareness of budgetary control Awareness of topical issues in Trauma	Application form and pre-employment checks

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Experience	• Experience working in a Major Trauma Network setting • Experience of delivering training packages to staff • Experience of staff and service management • Experience of managing change	• Experience of leading service improvement / change	Application form and interview
Aptitude and Abilities	• Able to demonstrate situations where effective leadership and management skills have been used • Be able to demonstrate tact and diplomacy when working with a multidisciplinary team • Ability to author and deliver successful training packages concerning major trauma • Ability to provide bespoke training to network member organisations' as required • Evidence of delivering presentations to multidisciplinary groups.	Ability to speak Welsh	Interview
Values	• **Person Centred Care:** Demonstrates in everyday work, organisational values and role models person centred approaches to care. • **Team Working:** ability to develop effective working relationships on an individual and multi-disciplinary basis with all levels of staff; take time to listen, understand and involve people, receptive to appropriate change. • **Effective communication skills:** ability to communicate effectively with colleagues, patients, clinical staff and other agencies. Communicate		Application Form Interview References

	openly and honestly and explain things clearly. • Empathy and sensitivity: ability to listen, understand and involve people; see people as individuals and do the right thing for every person. • Leadership: ability to take responsibility and demonstrate leadership. Demonstrates ability to: o empower others o lead through change o influencing skills o demonstrate patience and empathy o value everybody's contribution o demonstrate innovation and highly complex problem solving abilities • Coping with pressure: highly resilient with the ability to work effectively under pressure and cope with setbacks; ability to maintain composure and set high standards of behavior when under pressure • Service Improvement: ability and drive to use information and experience to improve the service; ability to adapt and respond to changing circumstances to improve patient care. Positive attitude, seek out learning, and continually develop our skills and services. • Organisation and Planning: ability to cope with effectively managing and organising a wide range of complex services throughout areas of responsibility ensuring clear and unequivocal focus on quality and safety. • Problem Solving: evidence of an enquiring and critical approach to solving work problems. Ability to analyse		

	highly complex facts and use judgment in situations where there is no precedent and creative and original thinking is required. • Information Technology: IT skills & experience in the use of software.		
Other	• Able to travel across the network as part of role		Application form and interview

GENERAL REQUIREMENTS

Include those relevant to the post requirements

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.

- **Registered Health Professional:** All employees who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.

- **Competence:** At no time should the post holder work outside their defined level of competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor. Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.

- **Learning and Development:** All staff must undertake induction/orientation programmes at Corporateand Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence ofcontinuing professional development.

- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.

- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.

- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.

- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.

- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.

- **General Data Protection Regulation (GDPR):** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the General Data Protection Regulation and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation and the HB Disciplinary Policy.

- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.

- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB/Trust to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB/Trust is committed to ensuring that no job applicant or employee receives less favour-able treatment of any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.

- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy.

- **DBS Disclosure Check:** In this role you will have * direct / indirect contact with* patients/service users/ children/vulnerable adults in the course of your normal duties. You will therefore be required to apply for a Criminal Record Bureau *Standard / Enhance Disclosure Check as part of the HB/Trust's pre-employment check procedure. *Delete as appropriate.
  If the post holder does not require a DBS Disclosure Check, delete as appropriate.

- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.

- **Infection Control:** The organisation is committed to meet its obligations to minimise infections.
  All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board/Trust Infection Prevention & Control Policies and Procedures.

- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board/Trust sites, including buildings and grounds, are smoke free.

- **Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.

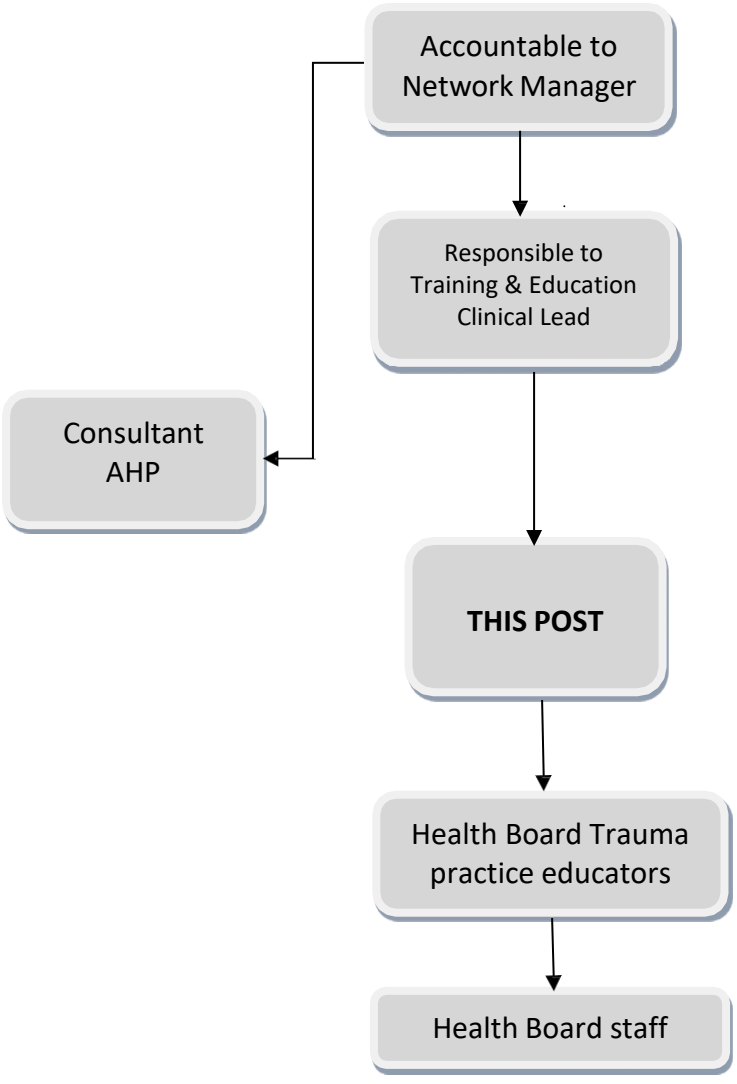
APPENDIX 2

Job Title: Major Trauma Network Senior Matron Educator

Organisational Chart **To be confirmed**

The Organisational Chart must highlight the post to which this job description applies showing relationship to positions on the same level and, if appropriate, two levels above and below.

Complete, add or delete as appropriate the text boxes below showing the organisational relationships.



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APPENDIX 3

Job Title: Major Trauma Network Senior Matron/Practice Educator

Supplementary Job Description Information

Please complete information on Physical Effort, Mental Effort, Emotional Effort and Working Conditions in order to assist the Job Matching process.

Physical Effort

This factor measures the nature, frequency and duration of physical effort (sustained effort at a similar level or sudden explosive effort) required for the job.

Please ensure any circumstances that may affect the degree of effort required, such as working in an awkward position; lifting heavy weights etc. are detailed, such as:

'Working in uncomfortable/unpleasant physical conditions; sitting in restricted positions; repetitive movements; lifting heavy weights; manipulating objects; kneeling, crouching, twisting; heavy duty cleaning; working at heights; using controlled restraint; driving as part of daily job - **N.B. Walking /driving to work is not included'**

Examples of Typical effort(s)	How often per day / week / month	For how long?	Additional Comments
There is a regular requirement to travel by car between SWTN Trauma Units, regionally and nationally often with limited time between meetings. Travel to meet stakeholders, patients and relatives to lead difficult discussions of a highly personal and confidential nature.	Variable	Between working hours	
There is a frequent requirement for sitting or standing in a restricted position for a substantial proportion of the working time.	Variable	Between working hours	

Mental Effort

This factor measures the nature, level, frequency and duration of mental effort required for the job, for example, concentration, responding to unpredictable work patterns, interruptions and the need to meet deadlines.

Please identify the normal requirement to concentrate in the post and determine, how often and for how long it is required to concentrate during a shift / working day, e.g. :

'Carrying out formal student assessments; carrying out clinical/social care interventions; checking documents; taking detailed minutes at meetings; operating machinery/equipment; carrying out screening tests/microscope work; carrying out complex calculations; carrying out non-clinical fault finding; responding to emergency bleep; driving a vehicle; examining or assessing patients/clients.

Examples of Typical effort(s)	How often per day / week / month?	For how long?	Additional Comments
Frequent intense and prolonged concentration will be required on a wide variety of complex issues throughout the day. The post holder will frequently have to adapt to changing priorities and re-focus the work of self and others on new priority areas that may require urgent action.	Variable	Between working hours	
The post holder will participate in and facilitate meetings which require a high level of concentration on a wide range of topics, with a variety of audiences and mixtures of attendees	Variable	Between working hours	
Working to tight timescales that will often change. The post holder will need to:	Variable	Between working hours	

• Manage an unpredictable work pattern • Manage frequent interruptions requiring immediate response as part of the working day • Review and analyse data and information • Absorb and note taking of information, both verbal and written • Compile reports and presentations • Cross reference and make connections across a range of information.			

Emotional Effort

This factor measures the nature, frequency and duration demands of the emotional effort required to undertake clinical or non-clinical duties that are generally considered to be distressing and/or emotionally demanding.

Please identify how often the post holder has exposure to direct and/or indirect distressing and/or emotional circumstances and the type of situations they are required to deal with.

For example,' processing (e.g. typing/transmitting) news of highly distressing events; giving unwelcome news to patients/clients/carers/staff; caring for the terminally ill; dealing with difficult situations/circumstances; designated to provide emotional support to front line staff; communicating life changing events; dealing with people with challenging behaviour; arriving at the scene of an accident.' **N.B. Fear of Violence is measured under Working Conditions**

Examples of Typical effort(s)	How often per week / month?	For how long?	Additional Comments
The role will require daily negotiation with senior NHS professionals and external partners and stakeholders in a financially constrained public sector economy practice	Variable	Between working hours	

where issues have a significant impact on the quality and quantity of the delivery of planning and service development, challenging practice and established management processes.			
The post holder will be expected to deal positively and promptly with staff concerns and personal problems, challenge staff on any inappropriate behavior or poor performance and investigate and deal with complaints as required.	Variable	Between working hours	
The post holder will be expected to: • Behave confidently and assertively to influence staff at all levels • Maintain composure when faced with challenging situations • Maintain an honest and professional approach in the use of public monies at all times • Work under pressure and to tight deadlines whilst continuing to deliver results • Respond effectively to changing demands • Implement and support new initiatives and actively suggest improvements/change as appropriate • Motivate self and team members to maintain work effectiveness	Variable	Between working hours	

Working Conditions

This factor measures the nature, frequency and duration of demands on staff arising from inevitably adverse environmental conditions (such as inclement weather, extreme heat/cold, smells, noise and fumes) and hazards, which are unavoidable **(even with the strictest health and safety controls),** such as road traffic accidents, spills of harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

Please identify unpleasant working conditions or hazards which are encountered in the post holder's working environment and establish how often and for how long they are exposed to them during a working day / week / month.

Examples are – use of VDU more or less continuously; unpleasant substances/non-household waste; infectious material/foul linen; body fluids, faeces, vomit; dust/dirt; fleas/lice; humidity; contaminated equipment or work areas; driving/being driven in normal or emergency situations - ***Driving to and from work is not included**

Examples of Typical Conditions	How often per week / month?	For how long?
Exposure to hazards is rare.	Variable	Between working hours
Office conditions with regular requirement to travel.	Variable	Between working hours
Use Visual Display Unit equipment for several consecutive hours on most days.	Variable	Between working hours
Use of mobile technology every day, especially when away from the office to access emails for receiving and sending correspondence and maintain electronic calendar	Variable	Between working hours

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

CLINICAL IMPACT ADVISORY GROUP (CIAG)

SERVICE DEVELOPMENT PROFORMA

SCHEME TITLE

South Wales Trauma Network Silver Trauma Clinical Lead

NAME OF PERSON SUBMITTING

South Wales Trauma Network, Operational Delivery Network (Beth Hughes)

WHSSC COMMISSIONING TEAM RESPONSIBLE

Major Trauma (Karen Preece / Claire Harding)

For completion by WHSSC team

Evidence of strategic fit	Responds to commissioning intent	Responds to Covid19 recovery	Ensures equity for Welsh Residents	Confirmed as new and not growth	Issue linked to service sustainability	Issue linked to new service development
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1. SERVICE OVERVIEW

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The network consists of;

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The ODN involves cross-organisation and multi-professional working through a whole system approach, ensuring the delivery of safe and effective services (both specialised and non-specialised) across the patient pathway.

The key responsibilities of the ODN can be summarised as follows-

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- Adopting a culture of integrated multi-disciplinary working across health boards through specialist and professional groups;
- Acute and ongoing rehabilitation services to improve outcomes and restore patients back to productive roles in society;
- Adopting a population based approach; in particular developing pathways for trauma in older people;
- A continuous process of system evaluation, governance and performance improvement;
- Develop multi professional training and education across the patient pathway.
- Supports active injury prevention programmes to reduce the burden of injury for the network population;
- Active development of an audit and research programme and support of research into trauma and its effects, to improve outcomes;
- Integration with multi-agency mass casualty planning in the region.

2. ASSESSMENT OF NEED

2.1 Prevalence of Disease

Major trauma – which refers to multiple and serious injuries – is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health. Patients with these type of injuries have a better chance of survival if they are treated within a major trauma network.

As well as saving lives, the network improves patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

However, the face of major trauma is changing. Whilst the overall incidence of major trauma has not increased in the UK, the incidence of major trauma in older people

greatly exceeds earlier predictions in NHS England. Rather than being something that afflicts young men, the majority suffering major trauma are now older than 65 years of age. This is likely to hold true for Wales, given the population of Wales has become older with a 54% increase predicted in the over 65s by 2036.

The dramatic improvement in life expectancy observed is in large part due to the provision of better clinical interventions for people with acute illness or injury. Older patients who would previously have been denied access to surgical interventions or specialist care are now receiving them, the manner in which this care is being delivered is more joined up, and there is a focus on streamlined processes.

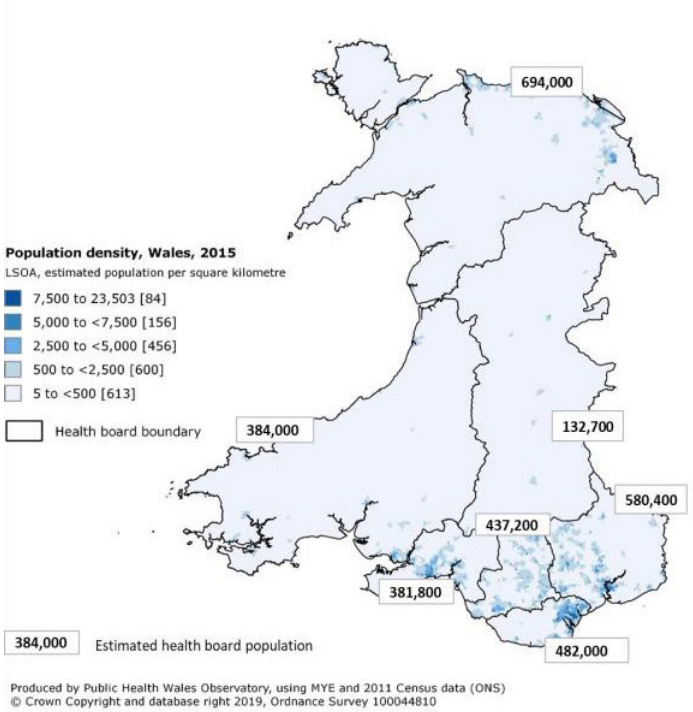
There remains however, significant inequity for older patients, which is unjustifiable: frail elderly patients with multiple medical co-morbidities are particularly vulnerable to deterioration associated with treatment delays and chronologically older but biologically fit individuals often have good outcomes and should not be discriminated against on the basis of age. All elderly major trauma patients should receive the same standards of care and referral for specialist care, as for any adult major trauma patient.

Trauma in the older person (also referred to as 'silver trauma') refers to major trauma patients of 65 years and over for the purposes of this proposal.

2.2 Patient Population and Growth

In 2019, the total population of Wales was approximately three million people, excluding transient populations. The population of South Wales, West Wales and South Powys was 2.4 million people.

The map below shows population density and breakdown per health board (Note a boundary change took effect from April 2019):



The above graphic illustrates that the population of South Wales is concentrated in the densely populated urban areas of Cardiff, Newport and Swansea, with a spread across more sparsely populated rural areas. It is likely that major trauma would follow this distribution, being concentrated in more urban areas of higher population density.

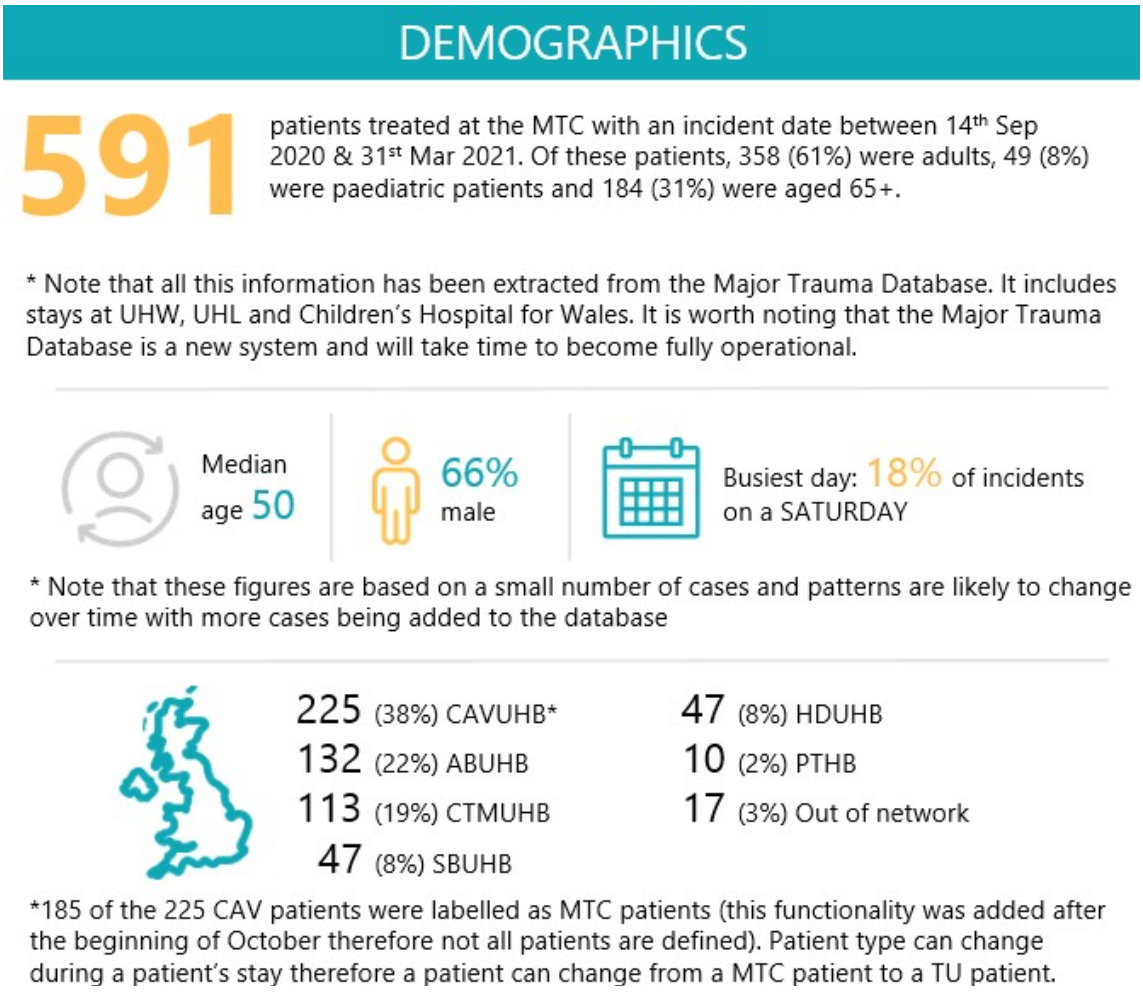
There are 11.5 million people aged 65 or over living in the UK. This is the fastest growing age group. By 2030, there will be a projected increase of around 50% in the number of people over 65 in the UK and 100% for those over 85. The Office for National Statistics (ONS) estimates that by 2040 one in four people in the UK will be aged 65 or over.

Wales has a similar population structure to the rest of the UK, but with slightly elder people and fewer younger working age adults aged 25-50yrs. Furthermore, the age structure of the population varies across South and West Wales, with Pembrokeshire, Monmouthshire and Swansea (in that order) demonstrating a higher proportion of older people compared to Cardiff.

2.3 Service Demand

The following data is a presentation of overall SWTN activity in the initial 6 months after launch and a breakdown of silver trauma data between 1st April 2019 and 31st March 2020 respectively.

South Wales Trauma Network Activity between 14th September 2020 & 31st March 2021 (Extracted from the Major Trauma Database)



MECHANISM OF INJURY

196 (33%) vehicle incident

fall < 2m

Fall > 2m

31 (5%) stabbing & weapon

<5 No risk Accidental Injury

0

<5 suspected self harm

<5 sporting

<5 shooting & weapon

suspected high risk behaviour

<5 (partial)

<5 alleged assault

<5 amputation (total)

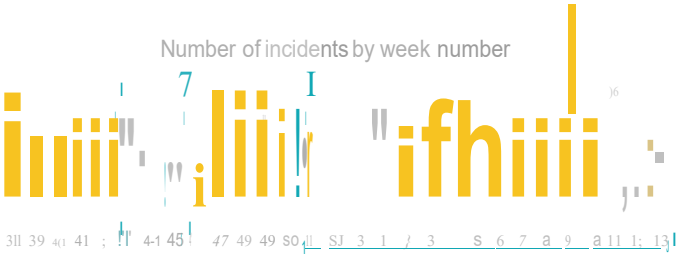
8 (1%) inconclusive

38 (6%) other

<5 blow(s)

<5 allegecl int erit (non assault}

DISTRIBUTION OF INCIDENTS



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

OUTCOMES

55 discharges:

0

356 patients discharged home /temp accommodation

4 other

12 transferred for specialist rehab

X

80 patients repatriated

transferred for MTC specialist care

not major trauma

local transfer no longer managed by major trauma

Icons by isons8.com

Silver Trauma TARN data between 1st April 2019 and 31st March 2020

1630
submissions

91%
case ascertainment

91%
data accreditation

60% female

median age 82

median LOS 13 days

median LOS ICU 0 days

What was the proportion of silver trauma?

54% aged 65+

Howmany directadmissions?

95% not transferred

Where were thepatients treated?

HDUHB
BGH
WGH
GGH

ABUHB
RGH
NHH

SBUHB
MH

CTMUHB
PCH
POW
RGH

CAVUB
UHW

Whatwere the mechanisms of injury?

82% fall less than 2m

10% fall morethan 2m

7% vehicle incident

1% blow(s) without weapon

<1% other

What were the ISS scores?

What were themodes of anivat?

ambulance

car/ personal vehicle

not applicable

other

Glasgow Outcome Scale at discharge

Not available 28%

Good Recovery 35%

Moderate disability

Severe disability 1%

Prolonged disorder of consciousness 0%

Death 13%

Which werethemost injuredbody parts?

LIMBS 31%

HEAD 27%

SPINE 17%

CHEST 16%

MULTI 8%

The above data illustrates the distribution of silver trauma patients across the SWTN. The data demonstrates the fact that silver trauma patients are managed across the network in locations other than the Major Trauma Centre with a far more even distribution across South Wales, West Wales and South Powys. The median age of silver trauma patients is 82 years and the more common mechanism of injury is fall less than 2 metres which differs from the overall activity data from the MTC therefore highlighting the requirement for a focused clinical lead for the network.

It is anticipated the SWTN older person/silver trauma activity will increase further over the forthcoming months due to the lifting of lockdown restrictions and the potential deconditioning factors within this population as a result of lockdown.

2.4 Service capacity

The requirement for a SWTN Silver Clinical Lead role has been considered against the SWTN Programme Business Case and the Benefits Realisation Plan (attached) to ensure the network anticipated trajectory of travel is being supported.

Benefits Realisation Plan						
Strategic Benefit	**Benefits Number/Description**	**Actions Necessary to Realise Benefits**	**Measurements**	**Target date for demonstrating benefit**	**Responsible for delivering benefits**	**Accountable**
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	Mar-21	ODN Provider	WHSSC/EASC/health board commissioning
	007/Improved data collection	Implement TARN working	Network wide improvement of TARN case ascertainment to 80% and accreditation to 95% (incl. all providers)	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning

		plan	Contribution of all providers to TARN PROMS/PREMS			
	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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
		Care with treatment closer to home policy	All wales repatriation database:			

Equity	**009/More appropriate patient flow**	Landing pad configuration in health boards	Number of repatriations exceeding 48hrs from when ready by origin health board.	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
	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	Mar-21	ODN Management	WHSSC/health board commissioners
	012/Improved multiprofessional 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)	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Mar-21	MTC	WHSSC
	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	March 2020 onwards March 2020 onwards	ODN providers ODN management	WHSSC/EASC/health board commissioners

			strategy			
	015/Improved staff retention	Workforce strategy	Turnover rates	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	ODN ProvidersWAST	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

The role is aligned to the following benefits and will support current gaps in meeting quality indicators and standards in relation to silver trauma, as well as emerging standards for TUs around availability of geriatric assessments-

- 002/Improving functional outcomes
- 003/Improving timeliness and quality of clinical care.
- 004/Improving patients experience
- 009/More appropriate patient flow
- 010/Equity of care for trauma in older people

2.5 Performance

Performance of the Silver Trauma Clinical Lead role in the SWTN will be monitored through the agenda of the Silver Trauma working group and via the following mechanisms-

- TRIDS;
  - Monitoring of TRID's in relation to Trauma in Older people;
  - Any other TRID's received by the network where appropriate;
- Analysis of baseline assessments of the deliverables referred to in section 6;

- Commencement of SWTN Silver Trauma working group and progression of Silver trauma network agenda;

- The SWTN Governance Structure.

3 SUMMARY OF THE ISSUE/RISK

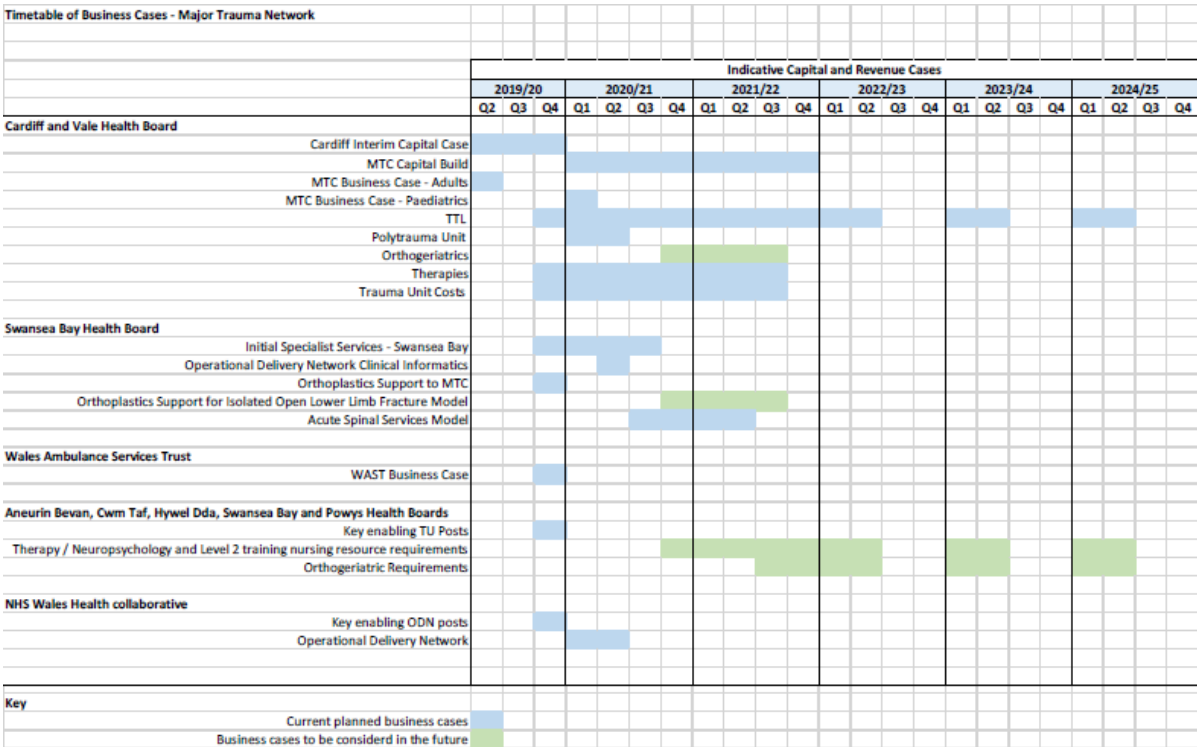
Since the SWTN went live on 14th September 2020, the functioning network has been embedding within the various partaking organisations. Consideration of the service while in operation allows the opportunity for re-evaluation of both workforce distribution and service development.

The identified role will bridge the gap and lead on the network silver trauma agenda within the SWTN participating organisations with a primary focus on the provision of network wide silver trauma patients' care to address the meeting of required professional standards and high standards of timely and quality care.

The role will enable the Programme Business case (PBC) post year 2 plans to progress the Silver Trauma agenda within each of the Health Boards from both and MTC and TU point of view.

Please see excerpt from the SWTN PBC below.

Schedule of Business Cases as at September 2019 (excerpt from Programme Business Case)



The criteria standards contained in the National Clinical Framework are addressed below in the body of the proposal and the deliverables listed in section 6 document.

4 PROPOSAL

The programme business case defined ‘silver’ trauma (trauma in older persons) as the main age group subjected to major trauma (National TARN report, 2017). Given the epidemiology of major trauma across the region (and its ageing population), this is area that the network must focus on.

A working plan has been developed by the SWTN and a ‘silver’ trauma working group is the process of being established.

The ‘Silver’ Trauma Clinical Lead will be responsible for:

- Chairing the working group;

- To improve standards of care - develop a care pathways from pre-hospital to recovery; to develop and review supporting clinical guidelines where necessary; to evaluate existing services and new service developments pertaining to ‘silver’ trauma using quality improvement methodology and engagement from providers/patients; enhancing clinical frailty scoring and importantly geriatric assessments of major trauma patients across the network and how this links in with other developments (e.g. NOF fractures, NELA etc.); identify rehabilitation requirements feeding into the network rehab group pertaining to ‘silver’ trauma; develop injury prevention strategies pertaining to older people;

- Raise awareness - use of data to raise profile for ‘silver’ trauma care and present evidence based arguments for improving outcomes; awareness targeted to different groups (e.g. commissioners, executive teams, and clinical staff); regional and national profile of network activity and progress;

- Workforce - engage HEIW in terms of future workforce/Training & Education requirements;

- Training & Education - identify multidisciplinary Training & Education requirements feeding into the network Training and Education requirements;
- Research - use of data to maximise outcomes through high quality research; start to think about outcome measures for the silver trauma patient group.

5 INVESTMENT

5.3 What is the investment required in posts/finance/infrastructure

1.0 consultant session or equivalent per week.

Approximately £25,872 per annum.

5.4 Does this scheme receive funding from anywhere else? (If so please explicitly describe how this funding will be utilised for additionality, and for which part of the pathway)

No

5.5 Is this investment replacing any previous investment that has been withdrawn or redirected?

No

5.6 Are there any opportunities for de-commissioning as a result of this investment?

No

6 ASSESSMENT OF IMPACT OF INTRODUCING THE SCHEME

The Silver Trauma Clinical Lead Role would ensure the following are delivered within the SWTN participating organisations-

- Review Silver Trauma Activation Criteria in the SWTN;
- Evaluate Effectiveness of pre-hospital Silver Trauma Triage Tool and develop further where required;
- Review &/or update the SWTN Clinical Guideline 'TRAUMA IN THE OLDER PERSON (ADULT MAJOR TRAUMA PATIENTS)' as required;
- Review &/or update Silver/orthogeriatric element of SWTN Patient Care Record;
- Identify Silver Specific Training & Education requirements;
- Ensure a baseline patient assessment is undertaken of
    - Use of CFS within 72hrs
        - By Health Board
        - Evaluate and produce
    - Geriatric review after admission
- Identify Rehabilitation Requirements, Outcomes & KPI's;
- Identify Silver specific SWTN priorities for year 2 onwards;

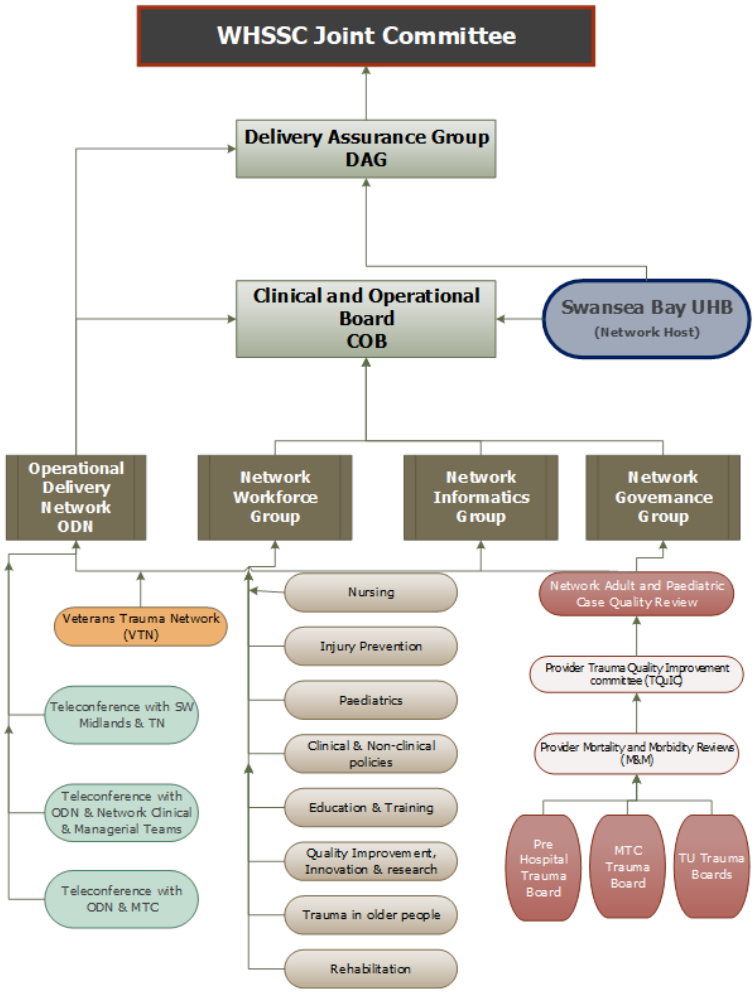
- Progress the advancing national silver trauma agenda.

7 HOW WILL THE INVESTMENT BE REPORTED ON AND MONITORED?

Through the reporting mechanisms into the SWTN governance structure.

Each of the SWTN working groups report into Clinical & Operational Board (COB) which furthermore reports into Delivery Assurance Group (DAG) and WHSSC Joint Committee respectively.

Please see below for illustration of governance process-



8 HOW WILL PATIENT EXPERIENCE BE CAPTURED?

Patient experience will be formally captured via the Trauma Audit Research Network (TARN) PROM's & PREMS recording and reporting mechanism. This will be recorded at all hospital sites within the SWTN. This proposal is being taken through

the SWTN governance process for support and endorsement for data capture to start imminently.

The SWTN appraise the operation of the network, including the development of services within the Silver Trauma working group using patient stories and patient volunteers where possible.

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

CLINICAL IMPACT ADVISORY GROUP (CIAG)

SERVICE DEVELOPMENT PROFORMA

SCHEME TITLE

South Wales Trauma Network Digital Network Lead

NAME OF PERSON SUBMITTING

South Wales Trauma Network, Operational Delivery Network (Beth Hughes)

WHSSC COMMISSIONING TEAM RESPONSIBLE

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- Acute and ongoing rehabilitation services to improve outcomes and restore patients back to productive roles in society;
- Adopting a population based approach; in particular developing pathways for trauma in older people;
- A continuous process of system evaluation, governance and performance improvement;
- Develop multi professional training and education across the patient pathway.
- Supports active injury prevention programmes to reduce the burden of injury for the network population;
- Active development of an audit and research programme and support of research into trauma and its effects, to improve outcomes;
- Integration with multi-agency mass casualty planning in the region.

2. ASSESSMENT OF NEED

2.1 Prevalence of Disease

Major trauma – which refers to multiple and serious injuries – is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health. Patients with these type of injuries have a better chance of survival if they are treated within a major trauma network.

As well as saving lives, the network improves patient outcomes by preventing avoidable disability, returning more patients to their families, to work and to education.

Informatics support is essential to improving patient outcomes through both direct support for patient care and indirectly through improving efficiency of the administration

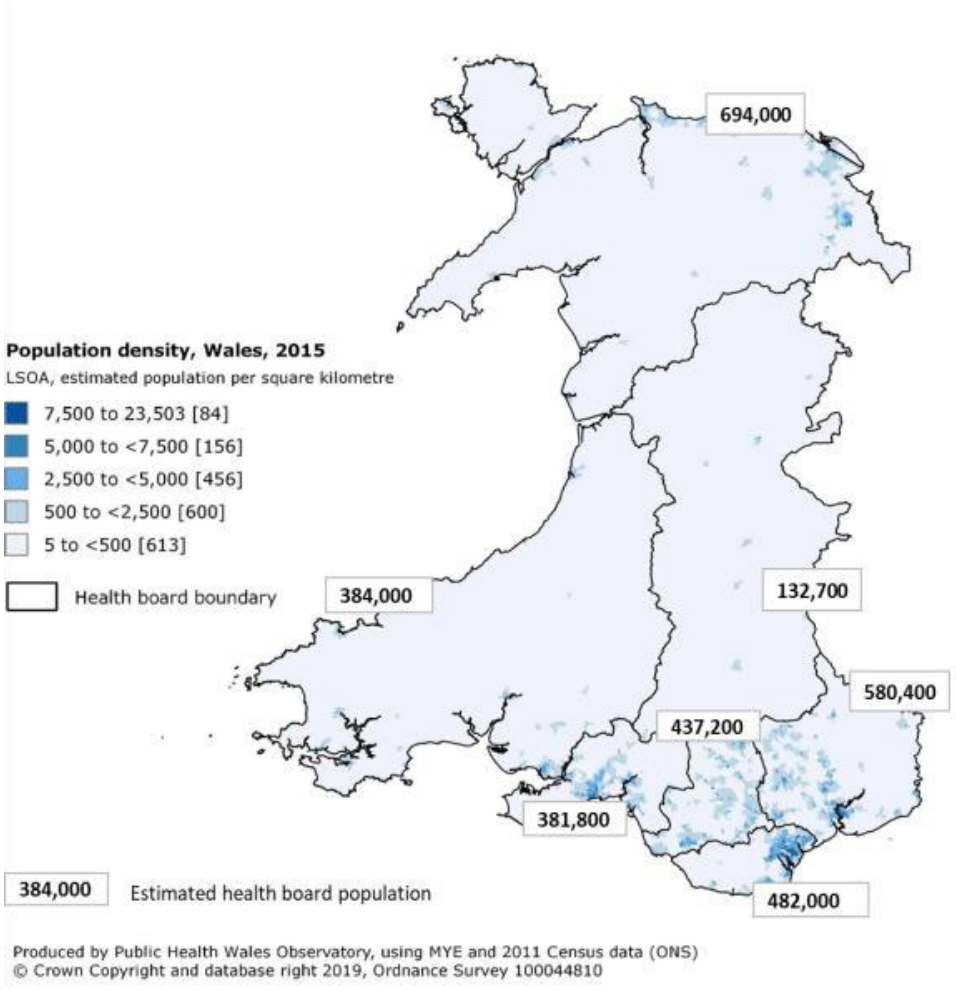
of the patient pathway particularly in the SWTN allowing cross boundary access to major trauma patient records.

2.2 Patient Population and Growth

The large spread of patients throughout the SWTN requires the dependence of the network on a digital solution in order to have visibility and communication between the various stakeholder organisations and overall sight within the network.

In 2019, the total population of Wales was approximately three million people, excluding transient populations. The population of South Wales, West Wales and South Powys was 2.4 million people.

The map below shows population density and breakdown per health board in 2015 (Note a boundary change took effect from April 2019):



The above graphic illustrates that the population of South Wales is concentrated in the densely populated urban areas of Cardiff, Newport and Swansea, with a spread across more sparsely populated rural areas. It is likely that major trauma would follow this distribution, being concentrated in more urban areas of higher population density.

The following data represents the actual activity across the SWTN in the initial six months since launching.

South Wales Trauma Network Activity between 14th September 2020 & 31st March 2021 (Extracted from the Major Trauma Database)

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.

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

It is anticipated the SWTN activity will increase further over the forthcoming months both due to the lifting of lockdown restrictions and the approaching summer months.

2.3 Service Demand

Colleagues in C&VUHB have developed a bespoke clinical system- for the purpose of this proposal this will be referred to as the Major Trauma Database (MTD)- to improve data collection and aid the tracking of patients across the network pathways. However, the delivery of this single system to all participating organisations has been challenging and has required the support of focused informatics support using non recurrent slippage from the ODN in a proof of concept model.

The informatics work programme will seek to implement and manage this system across the network, and provide a single point of access for those in involved in the care of trauma patients.

Alongside the MTD there are a number of other digital work streams that are a priority for the SWTN. These are-

- Rehabilitation Prescription
- eReferral system that can support image sharing across participating organisations within the SWTN

A phased approach to the informatics work stream was described in the SWTN Programme Business Case (PBC) and sets the demand for the proposed role over the next five years. This is described in section 6.

2.4 Service capacity

The requirement for a Digital Network Lead role has been cross referenced against the SWTN Programme Business Case and the Benefits Realisation Plan (attached) to ensure the SWTN anticipated trajectory of travel is supported by these roles.

Benefits Realisation Plan						
Strategic Benefit	**Benefits Number/Description**	**Actions Necessary to Realise Benefits**	**Measurements**	**Target date for demonstrating benefit**	**Responsible for delivering benefits**	**Accountable**
	003/Improving timeliness and	Establish network policies and pathways (incl. automatic	TARN MTC and TU dashboards/ quarterly and annual reports. Quarterly and annual	Mar-21	ODN Provider	WHSSC/EASC/health board commis

Health Gain	**quality of clinical care.**	acceptance policy to MTC)	network TARN reports Focused TARN quarterly and annual reports (e.g. orthoplastics, paediatrics) Benchmarking against national average			sioning
	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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning

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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning

			number of patients with ISS ≥15 managed			
	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.	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
	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	Mar-21	ODN Management	WHSSC/ health board commissioners
	012/Improved multiprofessional 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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

			trauma APP Number of calls made to trauma desk (where decision making supported)			
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Mar-21	MTC	WHSSC
	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	March 2020 onwards March 2020 onwards	ODN providers ODN management	WHSSC/EASC/health board commissioners
	015/Improved staff retention	Workforce strategy	Turnover rates	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
Value for Money	**019/Flexible working across health boards**	Agree HR protocols to enable cross-health boards working	Number of new posts created working across	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

	boundaries		organisations and joint policies			
	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	ODN Providers WAST	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

The role is aligned to the following benefits and will support current gaps in meeting quality indicators and standards in relation to digital data collection and management at a network level;

002/Improving functional outcomes

007/Improved data collection

019/Flexible working across health boards boundaries

2.5 Performance

The following areas will be facilitated, maintained and developed further through the work programme:

- Further development of a trauma clinical system that can be rolled out to all participating organisations in the SWTN;
- Management of a network wide information repository / “app”
- Integration of patient held records to support quality discharge and PROMS/ PREMS programme
- Supporting training, education, quality improvement and research activities as required;
- Rehabilitation Prescription;
- eReferral system that can support image sharing across participating organisations within the SWTN

3 SUMMARY OF THE ISSUE/RISK

Since the SWTN went live on 14th September 2020, the functioning network has been embedding within the various partaking organisations. Consideration of the service while in operation allows the opportunity for re-evaluation of both workforce distribution and service development.

During the development of the programme business case, the initial request for a digital network lead was declined following the professional peer review process.

Since go live, it has become increasingly challenging to deliver the informatics requirements from a technical perspective. Furthermore, the ODN host (SBUHB) and DHCW (formally NWIS) are not in a position to support key service developments (in the work plan through existing resources).

There is a definite informatics gap identified within the SWTN and currently non-recurrent slippage has been used to fund the integration work of the major trauma database as a proof of concept, however this is imminently coming to an end.

4 PROPOSAL

During the development of the programme business case, the initial request for a digital network lead was declined following the professional peer review process.

Since go live, it has become increasingly challenging to deliver the informatics requirements from a technical perspective. Furthermore, the ODN host (SBUHB) and DHCW (formally NWIS) are not in a position to support key service developments (in the work plan through existing resources).

Currently non-recurrent slippage has been used to fund the integration work of the major trauma database as a proof of concept however this is shortly coming to an end.

The digital network lead will have the following roles:

- Leading on expansion of the major trauma system to interface with clinical services and system across all 6 health boards, WAST and EMRTS;

- Leading on work to integrate with national data repository (NDR) and Trauma Audit Research Network (TARN);

- Leading on design and implementation of integrated patient held records, including PROMS/ PREMS;

- Supporting the data lead in acquisition of additional data-sets and development of a national trauma registry within NHS Wales to support central TARN submission;

- Developing a robust support model for all users of trauma systems as the system becomes embedded in practice;
- Leading on the development or procurement of a cross health board, cross speciality e-referral system including integration with the trauma system and national clinical systems;

- Supporting the project management of developments such as expansion of the trauma network as appropriate and innovation (e.g. telemedicine);

The post holder will be expected to engage effectively at all levels of multiple internal and external organisations and deal with complex requirements as part of a small network office team.

It is important to note that the role is distinct from the clinical informatics lead ((1.0 session per week) and network data analyst).

5 INVESTMENT

5.3 What is the investment required in posts/finance/infrastructure

Band 8a, £65,015, 1.0 WTE

5.4 Does this scheme receive funding from anywhere else? (If so please explicitly describe how this funding will be utilised for additionality, and for which part of the pathway)

Part time support currently funded by ODN non recurrent slippage to accelerate Major Trauma Database essential work for 6 months (terminating June 2021).

5.5 Is this investment replacing any previous investment that has been withdrawn or redirected?

No

5.6 Are there any opportunities for de-commissioning as a result of this investment?

No

6 ASSESSMENT OF IMPACT OF INTRODUCING THE SCHEME

The Digital Network Lead Role would support to deliver the following phased strategic SWTN informatics plan-

Year	Essential	Desirable
2021/22	• Patient held records (for rehabilitation prescription) functioning for MTC patients + 2 TU's	
2022/23	• Patient held records (for rehabilitation prescription) functioning for MTC patients + 4 TU's	• Patient held records (for rehabilitation prescription) functioning for 6 TU's
2023/24	TARN integration • TARN to have direct access to the network trauma information system data including all relevant linked data to complete a TARN submission. • Network to have direct link to TARN data to augment data already available within NHS	• Patient held records (for rehabilitation prescription) functioning for all 8 TU's

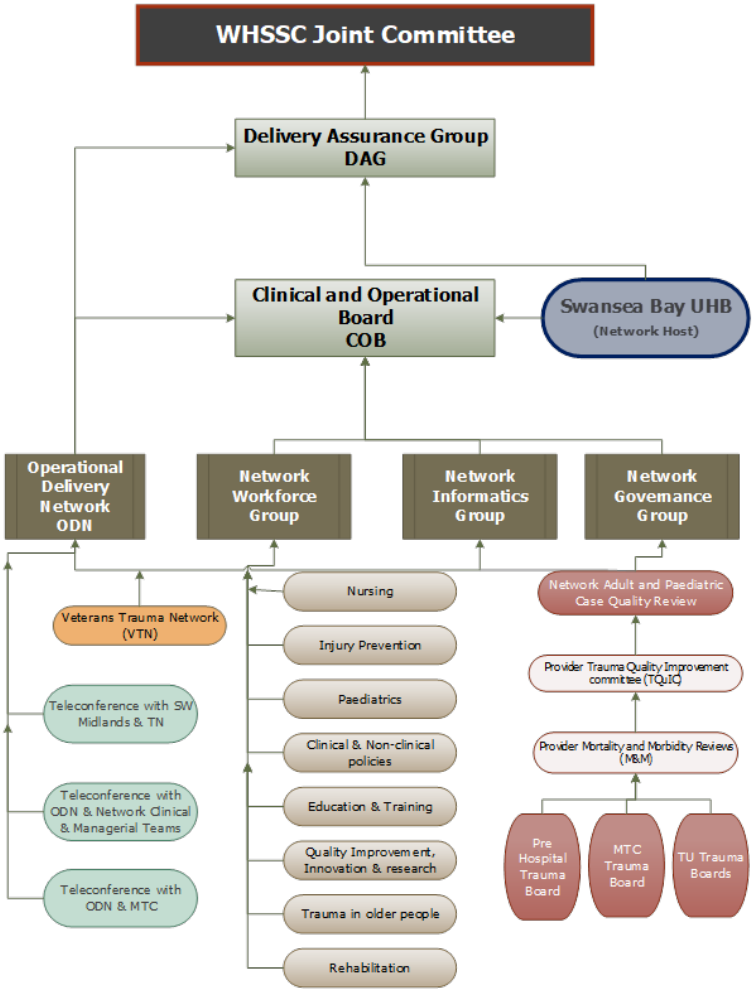
	held datasets e.g. addition of Ps, ISS etc… in operational dashboards. • PROMS data to be linked back into welsh systems, and in turn into National data repository • Export of dataset to SAIL with 3 complete years of network operation, and to include PROMS, and TARN metrics.	

7 HOW WILL THE INVESTMENT BE REPORTED ON AND MONITORED?

Through the reporting mechanisms into the SWTN governance structure. The digital lead will support the clinical informatics lead in the with the strategic direction, five-year informatics plan and management of the SWTN Informatics working group.

Each of the SWTN working groups report into Clinical & Operational Board (COB) which furthermore reports into Delivery Assurance Group (DAG) and WHSSC Joint Committee respectively.

Please see below for illustration of governance process-



8 HOW WILL PATIENT EXPERIENCE BE CAPTURED?

Patient experience will be formally captured via the Trauma Audit Research Network (TARN) PROM's & PREMS recording and reporting mechanism. This will be recorded at all hospital sites within the SWTN. This proposal is being taken through the SWTN governance process for support and endorsement for data capture to start imminently. There is also active engagement with the national PROMS/ PREMS programme to ensure all data is retained within NHS Wales and we leverage the national platforms to improve uptake.

The SWTN appraise the operation of the network, including this role using patient stories and patient volunteers. This will continue and increase with the support of the Senior Matron Educator role working with the communications team.

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

CLINICAL IMPACT ADVISORY GROUP (CIAG)

SERVICE DEVELOPMENT PROFORMA

SCHEME TITLE: MAJOR TRAUMA CENTRE DEVELOPMENTS

NAME OF PERSON SUBMITTING: SARAH LLOYD

WHSSC COMMISSIONING TEAM RESPONSIBLE: TBC

For completion by WHSSC team

Evidence of strategic fit	Responds to commissioning intent	Responds to Covid19 recovery	Ensures equity for Welsh Residents	Confirmed as new and not growth	Issue linked to service sustainability	Issue linked to new service development
Whole Wales perspective	Assessment of risk contained	Indication of staffing levels required	Indication of what impact will be seen as a result of investment	Proposal responds to an issue of sustainability	Proposal responds to a new /innovative development	Has corporate sign off internal to organisation

1. SERVICE OVERVIEW

In the United Kingdom (UK) the national drive to set up regional trauma systems followed the publication of a number of key reports from several organisations including: the Department of Health, Medical Royal Colleges and National Institute for Clinical Excellence. These highlighted major shortfalls in the quality and delivery of care for patients with severe injury and led to both the development of a gold standard for regional trauma systems, and an intercollegiate document published by the Royal College of Surgeons of England for commissioners, setting out the minimum standards required in an ideal regional trauma system to improve trauma care.

The principles of these documents have been used to drive the development of these regional trauma systems across the UK. In 2019 WHSSC commissioned the South Wales Major Trauma Service; and Cardiff and Vale University Health Board (CAV UHB) was commissioned to deliver the Major Trauma Centre (MTC) for this new service.

In September 2020 CAV UHB launched the MTC for South, West and Mid Wales. This service is a collaboration between clinical specialties across adult and paediatric pathways of care for seriously injured patients treated at CAV UHB and serves the populations of Aneurin Bevan UHB, Swansea Bay UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB and South Powys tHB. Furthermore CAV has a 14 bed Poly Trauma Unit (PTU). The PTU is designed to meet the requirements of patients with multi-system injury whose needs are challenging to manage in other clinical settings given their requirement for multi-professional input.

The MTC operates within a network that is a collaboration of providers delivering trauma care services across the region. They operate within an agreed service model to address the needs of the most severely injured patients through an inclusive trauma network delivery model, covering all aspects of care along the whole patient pathway, from the point of injury to rehabilitation and a return to socio-economic functioning. The current standards for MTC function are set out in the NHS England Major Trauma Measures (D15).[3]

2. ASSESSMENT OF NEED

2.2 Patient population and growth

The WTN provides integrated trauma care for both adults and children and serves a total population of ~2.4 million people. Wales has a similar population structure to the rest of the UK, but with slightly more older people and fewer younger working age adults aged 25-50 years. Furthermore, the age structure of the population varies across South and West Wales, with Pembrokeshire, Monmouthshire and Swansea (in that order) demonstrating a higher proportion of older people compared to Cardiff. Additionally, in the last 10 years, the

population of Wales has become older with a 54% increase predicted in the over 65s by 2036.

Nationally paediatric major trauma is most common in children under the age of one year, with this peak in incidence often being accounted for by non-accidental injury.

2.3 Service demand

Prior to commissioning of the service the Network Board undertook a detailed analysis of the current and predicted activity of the SWMTN. This is summarised below:

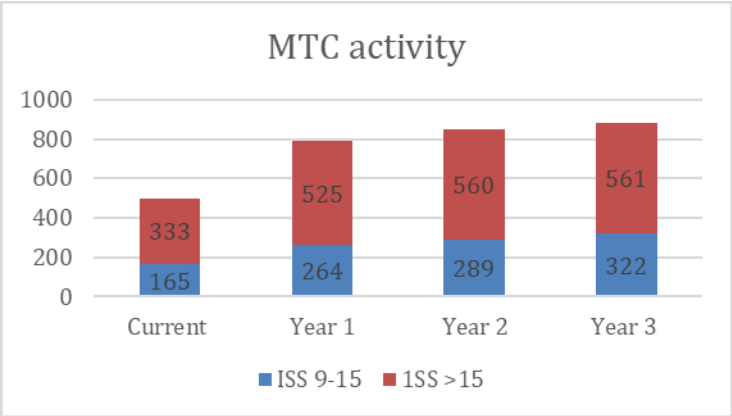
Projected Increase in Major Trauma Activity at UHW Following Establishment of Welsh Major Trauma Network

		CURRENT	YEAR 1		YEAR 2		YEAR 3	
		Predicted Median	Predicted Median	Increase on 2017-18	Predicted Median	Increase on 2017-18	Predicted Median	Increase on 2017-18
Activity total (episodes)	ISS 9-15	164	265	101	290	126	325	161
	ISS >15	385	578	193	612	227	612	227
	Total	549	843	294	902	353	937	388
Beds	ISS 9-15	9.8	14.9	5.1	16.3	6.5	18.0	8.2
	ISS >15	21.5	31.5	9.99	33.2	11.7	33.3	11.8
	Total	31.3	46.4	15.1	49.5	18.2	51.3	20.0
Critical care beds	Spells ISS >8	112.0	150.0	38.0	156.0	44.0	160.0	48.0
	Beds	3.6	6.4	2.7	6.4	2.8	6.4	2.8
Theatre time (weekly)	Cases (patients)	7.8	12.2	4.37	13.0	5.2	13.6	5.8
	Hours operating	26.7	41.0	14.37	43.8	17.2	45.8	19.1

The predicted uplift in paediatric Major Trauma cases is shown a as 'sub set' of the above data and is shown in figure 3:

	Assumed current position	Year 1	Year 2	Year 3
ISS 9-15	22	27	30	33
ISS >15	53	55	56	60

Predicted data activity for the Wales Trauma Network 2019



Services adapted to meet the changing demands resulting from the coronavirus pandemic. A number of services that support MTC pathways have seen changes to their physical footprint, bed capacity, workforce, and theatre session availability. Furthermore, lockdowns and restrictions placed on the population of Wales has meant that the actual demand and capacity has deviated from what had been forecast.

2.4 Service capacity

The MTC delivers consultant-led treatment throughout the whole major trauma pathway with a robust management and governance structure to ensure network outcomes and the expected patient flow are realised. This includes delivery of 24/7 Trauma Team Leader rota, Major Trauma Coordinating Consultant, a Major Trauma Directorate and dedicated theatre lists per week to meet the increased demands for MTC cases.

The case for investment has been supported by an external peer review panel.

It was recognised at the time of commissioning services, that there are 5 indicators that have not been met as part of the first phase of implementation. However, a phased implementation approach would be required once the service was operational. These indicators are as follows:

T16-2B-201 – Paediatric 24/7 Consultant Trauma Team Leader
T16-2B -203 – Paediatric Emergency Trauma Nurse
T16-2B-107 – CT reporting within time frames, this will be monitored during year 1
T16-2B-216 – 24/7 Specialist Acute Pain Service (for paediatrics)
New Indicator for 2019 – All patients 65 years or older have a Clinical Frailty Scale completed within 72 hours of admission by a geriatrician.

2.5 Performance

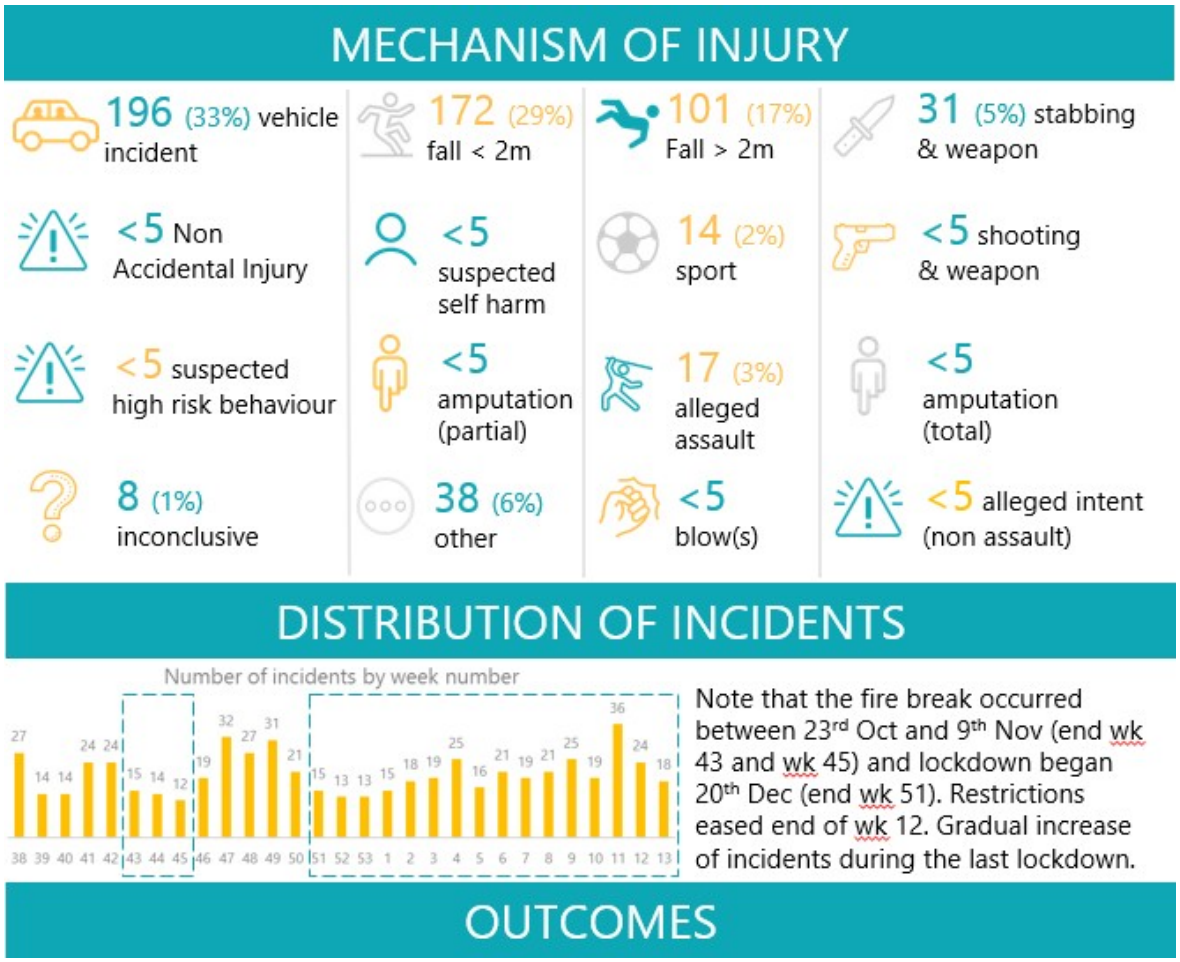
The performance information has been extracted from the major trauma database. It includes stays at UHW, UHL and the Children's Hospital for Wales. It is worth noting that the major trauma database is a new system that is still under development, and there are some recognised data quality issues.

The data displayed covers the South Wales trauma network activity between 14th September 2020 and 31st March 2021.

591 patients were 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+. If activity were to continue at this rate the full year activity number would exceed 1,200 cases against a forecast of 789-843.

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.



3. SUMMARY OF THE ISSUE/RISK

A number of MTC quality indicators are currently achieved by CAV UHB as a regional specialist centre. However there are several clinical indicators that are not met and compliance with these indicators is critical for the delivery of a clinical service which compares with other UK MTCs.

Furthermore, the service has been operational since 14th September 2020. During this time a number of operational and clinical pressures have emerged. Whilst a number of these areas are not directly linked to a MTC standard, they require investment to allow CAV UHB to deliver the outcomes and benefits expected of an MTC.

Further investment in MTC services is required to both meeting the quality indicators/service specification and meet the operational pressures that have to come to the fore since the launch of the service.

It is anticipated that a peer review of the Major Trauma service will take place towards the end of 2021. This peer review will provide an independent, comprehensive analysis of the service; and will highlights areas for development or improvement. Ideally the peer review outcome would generate the priorities for investment across the Major Trauma Service. Regrettably the WHSSC service development and investment process does not align with the peer review timescales. Therefore this investment proposal highlights developments that align with the quality indicators/service specification, or operational pressures, that would likely be highlighted as part of the peer review process.

It is requested that WHSSC make a financial provision to address concerns that are raised at the peer review process. Once this has completed the priorities for investment can be revisited by CAV and WHSSC.

4. PROPOSAL

As part of the South Wales Major Trauma Network implementation process it was agreed that the service would have a Peer Review at the one year mark. This Peer Review will be take place in early 2022. Following this process the panel will make recommendations to the SWTN and the MTC, which are likely to include areas for further development. The Health Board and WHSSC would in turn incorporate these recommendations into the service development/CIAG process.

Instead listed below are a number of service development needs that either align to the MTC standards or are operational risks/pressures that have emerged since going live as an MTC in September 2020.

Bed capacity:

The adult PTU is a level 1 polytrauma facility (6 beds) and a step-down level 0 ward area (8 beds). The PTU beds are ring-fenced to protect capacity. These beds were anticipated to cover the predicted uplift for all specialties apart from a number of isolated orthopaedic major trauma injuries which will be better managed under trauma and orthopaedics. As predicted at the clinical modelling stage the ward is providing care for polytrauma patients but also some isolated significant injuries including chest injuries and some non-operable head injuries.

The initial modelling forecast the beds requirement would be between 15 (5^{th} centile) and 19 beds (95^{th} centile) in year 1 with a further 3 beds in year 2. Note that this has been based upon current LOS for all ISS >9 patients at UHW. Published evidence shows that a reduction in LOS was not seen in the English MTCs post MTC launch and introduction of an automatics acceptance and repatriation system. 'Overall median length of stay in acute care was unchanged from initially 10 (IQR 5–21) to finally 9 (5 to 19) days.' (C Moran, 2018). The bed capacity on PTU has been sufficient to meet demand for the first 6 months since its launch,

however the system has not been adequately tested as lockdown has affected the volume and profile of trauma cases. As restrictions ease, movement increases, and the public begin to engage in more activities it is anticipated that the MTC/PTU system will be experience increased pressure.

The original modelling indicated that an uplift of four Trauma and Orthopaedic beds were required, however this was removed following UHB scrutiny on the basis of:

1) Additional capacity on the Polytrauma Unit would provide an uplift to manage most of the new inpatient demand

2) A reduction in length of stay for existing and new patients through the network repatriation policy was anticipated.

3) Patients from Hywel Dda UHB with unstable spinal fractures (and without spinal cord injury) undergoing fixation in SBUHB as per agreed Network pathway.

Again, the system has not been adequately tested as lockdown has affected the volume and profile of trauma cases. The Trauma and Orthopaedic services have adapted working practices and footprint to support the COVID-19 response. As restrictions ease, movement increases, and the public begin to engage in more activities it is anticipated that the system will be experience increased pressure. Operationally it has been noted that the MTC is discharging to home a far higher proportion of patients than was anticipated. This is in the interests of the network and the patient but means that this repatriation reduction in LOS has not been realised. Regular audit of over triage is underway to monitor and confirm that modelling predictions are correct.

Management arrangements:

This MTC management team are key in leading and developing services across the adult and paediatric Major Trauma pathways, including oversight of adherence to national standards, annual peer review, and compliance with national performance indicators. The Directorate Management Team are required to facilitate patients through the pathway across the whole network and cross border. It is important to highlight that this team does not just support the inpatient stay of Major Trauma patients, but has a key role in ensuring service and flow through the whole pathways, i.e. follow up, repatriation, escalation, across specialties and organisational boundaries. Therefore as the service evolves and develops it is becoming apparent that the resource required to oversee the remit of the Directorate, including daily operational tasks, data management, TRID management are growing and exceed the managerial capacity. The roles have not been fully evaluated, however it is anticipated that the outcome would like be a request for a full time band 7.

Radiology:

It was recognised in the initial MTC business case that to meet the standards of the MTC

there would need to be a change in the workforce model to ensure availability of staff for the expected turnaround times for investigations in CT and theatres.

Consultant Radiologists - Based on the additional activity modelling and review of local TARN data prior to the launch of the MTC approximately 75% of major trauma patients require a CT scan with over 50% of patients receiving an emergency scan. This increase in activity equates to an increase in the on-call allowance for the body and MSK radiologists. This will impact 23 staff at 0.5 sessions. Total requirement minimum 11 sessions. 1 WTE Consultant radiologist was removed from the case following feedback from external panels. As anticipated this has impacted on the ability to report MSK images within an hour as per quality indicator T16-2B -107. In reality the additional workload has been more significant than forecast at the modelling stage. Repeat scans for complex ITU and PTU patients has placed further demand on the radiology service.

Acute Pain:

APS workload from blunt chest trauma patients has increased dramatically since the MTC opened and such increases are difficult to sustain with its current workforce. Team managed to absorb the workload as COVID-19 pandemic and the reduction in elective surgery changed the range of work in the acute pain service. With the increasing COVID-19 recovery plans underway the demand will exceed clinical capacity.

Relevant MTC indicator: **T16-2B -118 -** *There should be a 24/7 specialist acute pain service available for major trauma patients. The MTC should have pain management pathways for: Patients with severe chest injury and rib fractures & early access to epidural pain management (within 6 hours).*

Paediatrics:

The data analysts struggled with forecasting of paediatric trauma demands following the launch of the MTC. This was as there are significant problems with the paediatric data captured in TARN in relation to:

1) Capturing all paediatric trauma cases. The TARN database only includes data from patients who have a length of stay greater than 3 days. From data collected in England it is recognised there are a number of patients with ISS 9-15 & ISS >15 who have a LOS < 3 days. For this reason new inclusion criteria for TARN is being piloted in a number of MTC's in England at present.

2) The injury severity score (ISS) is an adult tool that fails to accurately reflect the pattern of paediatric injuries.

We therefore assumed that activity may be more than predicted, as reflected by experiences within the Bristol Royal Hospital for Children, and shared at the Wales Trauma Network Peer Review panel, August, 2019. It was agreed that during the first year an analysis of TARN data will be undertaken by both the network and MTC to assess both

under and over triage of patients for transfer to the MTC. However at this stage only 3 months data is available from TARN and therefore an analysis of this data would be unreliable.

In addition to TARN submission the paediatric specialties have collated data on cases seen to date. Between 14th September to the end of May the service has seen 65 patients (~92 forecast for year one).

No provision was made to increase bed capacity, theatre capacity or the capacity of the pain team.

Ortho geriatric support:

The MTC does not currently have dedicated input from orthogeriatric or geriatric specialists. The MTC database data shows that there is a significant number of patients accessing the MTC with severe injuries are >60 years of age and have fallen from either a standing height or more than 2 m. Many of these patients have multi-morbidity and are complex to manage.

They are currently being managed by the MTTC and the rehabilitation consultant, with limited input from orthogeriatrics and geriatric colleagues. Whilst the orthogeriatric and geriatric services recognise the needs of this patient group they are not resourced adequately to provide support to the additional workload created by the MTC.

Orthogeriatric models of care have shown conclusively that geriatrician input in the management of vulnerable hip fracture patients can have significant positive effects on mortality, length of stay and quality of care. Managing co-morbidity effectively alongside the complexities of acute poly-trauma care requires expertise and specialist knowledge along with close working relationships with multiple surgical teams and the wider multi-disciplinary team. The skills of a geriatrician used to dealing with complex co-morbidities, polypharmacy and functional optimisation are very useful in patients with multiple injuries. Daily access to a senior geriatrician is required to support delivery of care across the MTC.

Poly Trauma Practitioners:

The Poly Trauma (PT) practitioners support patients on the Polytrauma Unit and support across the whole pathway. The current workforce is the minimum WTE required to provide a 24/7 rota and therefore cannot provide 24 hour a day cover and allow the practitioners the time needed to gain the academic and skills knowledge and skills that they require.

As highly skilled practitioners this staff group provide vital support to the registered nurses on the PTU and other clinical areas and are key to the success of the clinical service. As the service matures it is anticipated that this group of practitioners develop advanced clinical skills that will support the needs of the major trauma patients. Gaps in PT practitioners can lead to delays in patient pathways and a longer length of stay. Covering gaps is problematic as they have a bespoke set of skills which are not commonplace, therefore the service will often look to senior medical staff to bridge any gaps, which is expensive and difficult to

arrange.

The polytrauma practitioners are new roles that will require continuous education and development. As with most advanced practitioners, continuous education and development is an essential component of the role to support retention of this workforce group. of There is a need to increase the WTE to allow sufficient time within their timetables to cover all clinical duties (24/7) and time to acquire and maintain the academic and practical skills to work independently at the required level.

5. INVESTMENT

5.1 What is the investment required in posts/finance/infrastructure

It is requested that WHSSC make a financial provision to address concerns that are raised at the peer review process. Once this has completed the priorities for investment can be revisited by CAV and WHSSC.

5.2 Does this scheme receive funding from anywhere else? (If so please explicitly describe how this funding will be utilised for additionality, and for which part of the pathway)

No.

5.3 Is this investment replacing any previous investment that has been withdrawn or redirected?

No. All funding relates to costs associated with becoming a MTC.

5.4 Are there any opportunities for de-commissioning as a result of this investment?

No. All funding requests are required to support the development of the newly formed MTC.

6. ASSESSMENT OF IMPACT OF INTRODUCING THE SCHEME

The investment proposal supports the ongoing development of the Major Trauma Service, which is in its infancy. This case would deliver:

- Improved compliance with the MTC standards:
    - T16-2B-107 – CT reporting within time frames, this will be monitored during year 1
    - T16-2B-216 – 24/7 Specialist Acute Pain Service (for paediatrics)
    - New Indicator for 2019 – All patients 65 years or older have a Clinical Frailty Scale completed within 72 hours of admission by a geriatrician.
- Consistent and coordinated care for complex silver trauma patients. The personnel to build networks with Geriatric services across South Wales.
- All developments address issues of capacity and have the potential to adversely affect patient experience and outcomes. A number of these gaps were known prior to the launch of the MTC, with a view of reviewing after implementation.
- An MTC Directorate with adequate capacity to oversee and drive the governance agenda.

In addition to those benefits detailed above, the expected quality benefits support the aims of the MTC as set out below:

- Patients will receive a service that delivers the highest possible quality of care for patients 24 hours a day, seven days a week
- Reduction of 20% in preventable deaths as measured by the National Trauma Audit Research Network (TARN).
- Improved functional outcomes
- Improved patient and carer experience through increased coordination of care and communication around expected pathway and ongoing care plan.

7. HOW WILL THE INVESTMENT BE REPORTED ON AND MONITORED?

The Major Trauma Centre service reports performance monthly to WHSSC via the Delivery Assurance Group. Metrics for measurement can be adjusted to reflect the investment.

8. HOW WILL PATIENT EXPERIENCE BE CAPTURED?

The benefits will be assessed against the Major Trauma Network benefits realisation document.

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

CLINICAL IMPACT ADVISORY GROUP (CIAG)

SERVICE DEVELOPMENT PROFORMA

SCHEME TITLE…ORTHOPLASTIC SURGERY

NAME OF PERSON SUBMITTING …NEIL MILES, ASSOSICATE SERVICE DIRECTOR, SPECIALIST SURGICAL SERVICES……..

WHSSC COMMISSIONING TEAM RESPONSIBLE ……MAJOR TRAUMA……

For completion by WHSSC team

Evidence of strategic fit	Responds to commissioning intent	Responds to Covid19 recovery	Ensures equity for Welsh Residents	Confirmed as new and not growth	Issue linked to service sustainability	Issue linked to new service development
Whole Wales perspective	Assessment of risk contained	Indication of staffing levels required	Indication of what impact will be seen as a result of investment	Proposal responds to an issue of sustainability	Proposal responds to a new /innovative development	Has corporate sign off internal to organisation

1. SERVICE OVERVIEW

The orthoclastic service covers the whole of South and West Wales and South Powys, in the South Wales Trauma Network (SWTN).The newly formed orthoclastic service was launched alongside the MTC, MTN and associated MTUs in September 2020.

Our hospital hub sites are University Hospital of Wales, (UHW) Cardiff which is the Major Trauma Centre (MTC) and Morriston Hospital, Swansea, the Trauma Unit with specialist services (TUss).

Currently, we have 5.5 WTE orthopaedic trauma surgeons for the MTC at UHW. Morriston has replaced elective consultant vacancies with 2.5 wte trauma specialists but this is increasingly challenged by the covid elective recovery positon. The plastic surgery component has 4 WTE covering both sites. Of which one position was a locum but has been supportive as substantive and appointment has recently been made.

Our on call services are well supported within our hospitals. Trauma and Orthopaedic (T&O) on call rotas support orthoplastics at both the MTC in UHW and the TUss in Morriston. The Welsh Centre for Burns and Plastic Surgery has a full on call service at Morriston. The plastic surgery provision for the MTC is currently Monday-Friday 8-8 exclusive of bank holidays, 52 weeks of the year.

<u>At the MTC</u>:

Polytrauma ward (unit PTU) for major trauma admissions and trauma

Orthopaedic ward for trauma not reportable to the Trauma Audit Research Network (TARN) (A5)

Daily access to the MTC theatre 10 (7 days 9-5) with access to emergency theatre thereafter

Complex Orthoplastic Trauma Clinic (COTC) every Wednesday am, attended by orthopaedic consultant, plastic surgery consultant, and microbiology consultant (when available) currently restricted to 4 patients with dressings, planned x ray provision but limited plaster technician access.

Secretarial support for the orthoplastic service, within the major trauma directorate, but also supported by T&O service managers

Poly trauma practitioners, rehabilitation and OT/physio support

Full MDT meeting every morning at 0830, which follows the 0745 T&O meeting and the 0800 CEPOD theatre planning meeting

<u>At the TUSS</u>:

Anglesey ward and monitoring unit for admission of orthoplastic trauma requiring free tissue transfer

Orthopaedic wards for trauma not requiring free flaps/other trauma not reportable to TARN

Access to pre-existing orthopaedic or plastic surgery trauma theatres, with plastic surgery designated trauma lists for the complex fixation and free tissue transfer (on Monday and Thursday dependent on other service demans) and orthopaedic trauma lists for initial debridements if necessary

Complex Orthoplastic Trauma Clinic (COTC) 2nd and 4th Fridays, attended by orthopaedic consultants, plastic surgery consultants and physiotherapist, restricted to 10 patients, with x ray and plaster support

Regular plastic surgery dressing clinics in the Welsh Centre for Burns and Plastic Surgery

Major Trauma Practitioner (TUss) support Monday-Friday 8-4pm, Plastic Surgery Trauma Practitioner support 7 days a week 8-6pm, Rehabilitation Coordinators for the TUss, and OT/physiotherapy support within the plastic surgery department

T&O trauma meeting 0730 with 0800 theatre planning meeting in main theatres

2. ASSESSMENT OF NEED

2.1 Prevalence of disease

Orthoplastic trauma prior to the establishment of the network was conducted in an informal fashion across South Wales hospitals with emergency departments.

There would have been some transfer of cases to Morriston for secondary free flap work but the majority would have taken place in local trauma services without specialist orthoplastic input and treatment

Therefore the delivery of such specialist care to the network is a significant step forward to improving outcomes for trauma injuries in South Wales and brings the service in line with other UK trauma networks.

2.2 Patient population and growth

The service supports the SWMTN population of around 2.2 million people

2.3 Service demand

Prior to COVID at the commencement of the MTN the predicated actively was for 51-77 open tibial fractures per annum.

National benchmarking suggested 40-60 free flap procedures per year.

Prior to the MTN serving their local population and those transferred in to the plastic surgery service Morriston was undertaking around 15 free-flap procedures per year.

Work is ongoing to fully understand the impact of the MTN and re model activity levels going forward within the first year of the network being launched, but, within the first 6 months 57 free flap procedures were undertaken in Morrison, double the predicted maximum.

This is during a period of significant unprecedented national ‘lockdown’ and reduction in activities during the COVID pandemic

Around half of the 57 patient in the first 6 months presented to Morriston directly and half were planned transfers from the MTC at UHW.

2.4 Service capacity

The service has limited dedicated capacity in either the TuSS and the MTC. The resources are taken from existing plastics surgery service in Morriston or orthopaedic resources on both sites.

The COVID pandemic and changes to elective operating has masked the impact on the trauma service in Morriston for the orthoplastic activity increase.

1. The elective plastic surgery flap monitoring service is critical to complex elective procedures etc. when these are reintroduced there will be no where to recover the complex trauma flaps.
2. There is no dedicated orthoplastci list, a lot of these cases require multiple procedure's of long theatre times and immediate access to theatres displacing other cases. A daily, named, orthoplastic theatre would support this demand and no disadvantage other plastic surgery trauma or orthopaedic trauma cases
3. The 4 x 10 session orthoplastci consultant job plans are not sufficient to provide the level or operating being delivered. People are working above job planned activity without recognition/remuneration
4. There is a lack of orthopaedic specialist trauma consultant input to support this work and those that are in posts have been appointed using job plan funding for elective posts. There are 10000 patients awaiting orthopaedic surgery in Swansea Bay, over 4000 have waited over 1 year. Elective orthopaedic capacity is urgently required and the surgeons to deliver it.

2.5 Performance

'Traditional' performance measures do not exist for this service and in part are being developed through the network and interrogation of tarn data on outcomes but also on time to theatre and transfers to the TuSS

But what is clear is that the lack of dedicated theatre and ward capacity for this service is limiting throughput of these cases and/or displacing other plastic surgery or local orthopaedic trauma from its core capacity. One such metric is the #nof time to theatre target not being able to be met sustainably in Morriston hospital

Further, the MTC cover is only 5 days a week, thus providing a differential service level at weekends to patient who present with trauma and lack of specialist plastic surgery input to their care which they would receive Monday to Friday. The investment proposed in a 5th consultant and the re job planning to a 12 PA job plan of this post and the existing 4 posts would remove this weekend deficiency of cover.

3. SUMMARY OF THE ISSUE/RISK

Criteria 1:	There is evidence that the outcomes for people are significantly below comparator providers or there are significant patient safety concerns.

Variable access 7 days a week is a cause for concern and being audited as part of the year 1 audit of the service

Criteria 2: There is no viable prospect of the service meeting professional standards and/or recommended minimum volumes of activity to maintain high standards of care.

Consultants are currently working above agreed job plans to provide service levels. This is unsustainable and contraction will restrict MTC access to Morriston and delay time to theatre and cross cover of MTC sessions

Criteria 3: The workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed or retained - or can only be delivered by a dependency on agency or locum staff.

This is the case for the free flap unit and theatre staff versus their 'core' activities. The inability to retain specialist theatre scrub to support this service will compromise service delivery as will have appropriately trained free flap nursing teams to recover the patients post operatively and maintain the flap and avoid breakdown and potential return to theatre or limb salvage.

Criteria 4: There is professional consensus on the merits of reconfiguring services to deliver an enhanced pathway or a new service model.

The service has been of significant benefit and has the potential for increased professional development of staff in training role sin medical and non medical professions. There is consensus that the service should run consistently through 7 days and should have dedicated access to the specialist staff to support patient care not just the specialist surgical input required to perform the operations. Dedicated theatre and nursing resource are critical to the patient outcome. Further, there is collective professional support of orthopaedic trauma a as specific sub specialty of care as arthroplasty or spinal would also be considered. This level of trauma is far more specialist that local orthopaedic trauma even that you would expect in a MTU.

Criteria 5: There is significant public support or democratic mandate to change a service model

This is an enhancement of a recently introduced service model which was met with great public support to improve the outcomes for South Welsh patients who were the only area of the UK without access to a major trauma network and its many associated benefits.

4. PROPOSAL

The proposal is as shared with the MTN ODN via the year 2 and 3 investment proforma embedded below.

South Wales Trauma Network

Swansea Bay UHB Orthoplastics Year 2 & Year 3 Plan

March 2021

Since the SWTN went live on 14th September 2020, the functioning network has been embedding within the various partaking organisations. Consideration of the service while in operation allows the opportunity for re-evaluation of both workforce distribution and service development and the potential for a redistribution of funding in order to meet recently identified requirements that differ from original plans.

Please use this proforma to detail organisational priorities and the financial impact in terms of Major Trauma over the next two years (2021/22 & 2022/23).

Please consider the Health Board Year 1 plans/Business Case for the South Wales Trauma Network.

Please align to the PBC Benefits Realisation Plan (attached below as Appendix 2) or alternatively please provide evidence regarding the prioritisation.

- The completed proforma is to be returned by **26th March 2021**
- **Next steps**
  - The submitted information will be collated and presented at Clinical Operational Board, Delivery Assurance Group and onto WHSSC Joint Committee.
  - The SWTN will then define the steps required to develop the proposals and scrutiny thereafter. This work is being undertaken alongside understanding any recurrent slippage that may be identified for 2021/22.

As a reminder:

WHSSC commission the MTC, ODN and specialist services

EASC commission WAST and EMRTS

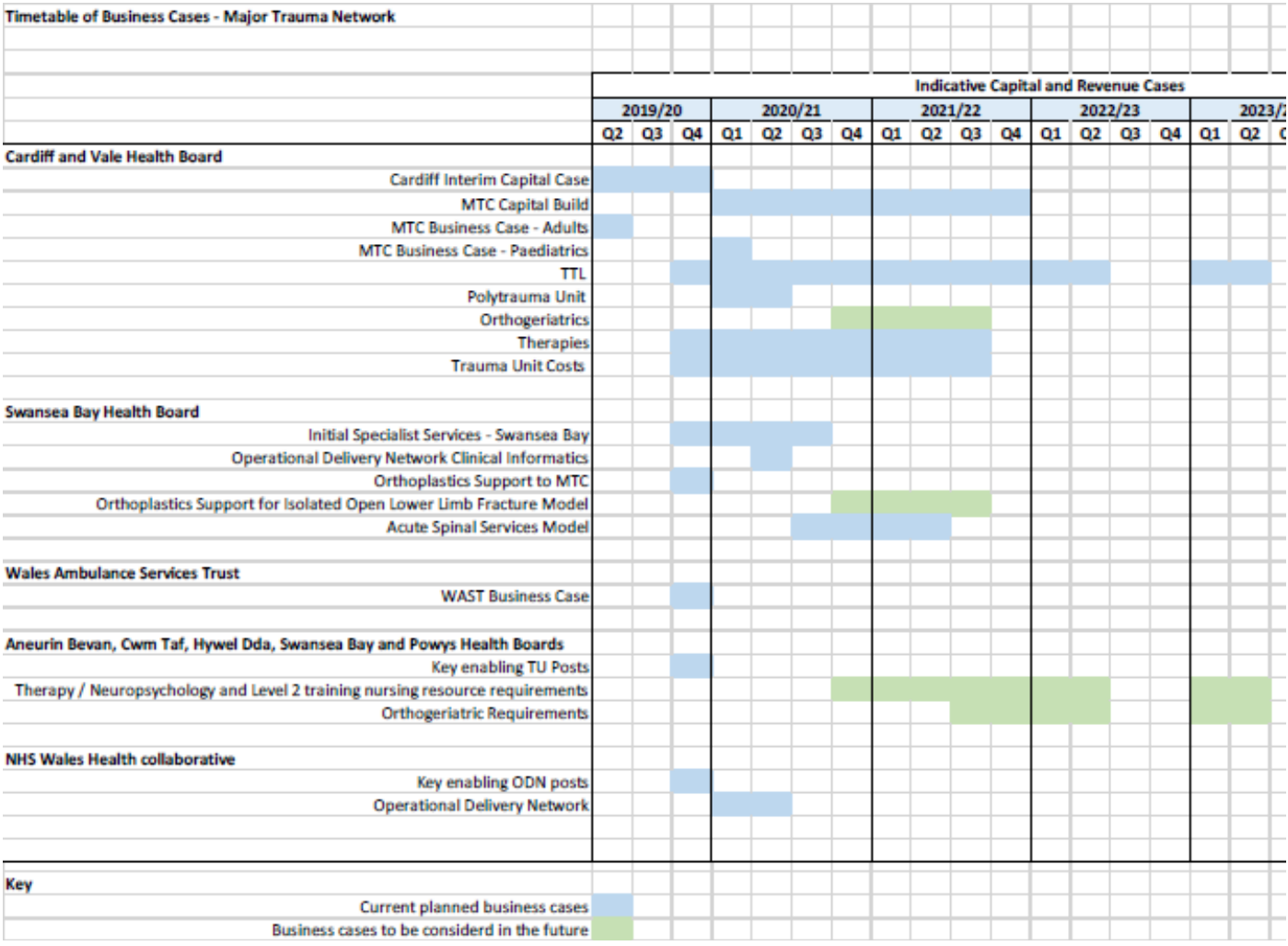
LHB commissioning covers TUs/LEHs/RTF (i.e. HB IMTP)

Priority	Service Change / Workforce Change	Financial Impact	IMTP Submission/Internal Process (Y/N, Detail & Year)	Benefit aligned t Evidence
			2021/22	
1	MTC Plastic Surgery Consultant workforce Increase to 12 sessions job plans of 4x posts plus 5th post additional	8 sessions to existing posts (incl 4th to be appointed substantively before year 2) **£95,000** Additional 12 session post **£153,000** **Total £248,000**		Consistency of service across to MTC in line with MTC Ortho trauma consultant job plans Improved free flap operating capability at Morriston to mee significant increase in demand
2	T&O consultant trauma specialist posts.	4 x 12 sessions Consultant roles **£612,000** 5 session (0.5 job) to mirror Prof IP part Cardiff part Morriston job plan as current service deficit 3 weeks out of 6 **£59,000**		Requirement for trauma speci roles to work alongside plastic forming orthoplastics cover ar recon service every day and i trauma capabilities via on call and junior doctor training.
	Theatre time –dedicated Orthoplastic list in	**£309,000 - theatre staff**		Timely access for orthoplastic patients to specialist centre.

3	Morriston 5 days a week	**£580,000 – Anaesthetic Medical Staff** **Total £580,000 for 10 sessions 50 weeks p.a.** **£89,000 per session per annum**		Theatre team training and subspecialisation Lower LoS in Morriston and in transfer site
2022/23				
1	Freeflap monitoring unit for trauma cases and supporting ward infrastructure	4 bed trauma free flap monitoring unit *Need to cost this on the same nursing ratio as current flap unit* *Do we need to add more specialist nurse support also?* **£291,000 for 1 nurse per shift**		Free flap cases need specialist procedure care
2	Limb reconstruction service development	Uncosted		To fully support specialist limb reconstruction and pop opera pathways and rehabilitation f patients who have has special reconstruction work.
3				

Appendix 1

Schedule of Business Cases as at September 2019 (excerpt from Programme Business Case)



Appendix 2

Benefits Realisation Plan						
Strategic Benefit	**Benefits Number/Description**	**Actions Necessary to Realise Benefits**	**Measurements**	**Target date for demonstrating benefit**	**Responsbile for delivering benefits**	**Accountable**
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	Mar-21	ODN Provider	WHSSC/EASC/health board commissioning
	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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
			TARN data: The number and proportion of patients			

			transferred directly to MTC/TU with specialist services.			
	008/Equity of access to specialist care	Implementation of pre-hospital triage tool and automatic acceptance policy to MTC (incl. rapid secondary transfer)	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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
	009/More appropriate patient flow	Care with no clear treatment escalation policy Landing pad configuration in health boards	All wales repatriation database: Number of repatriations exceeding 48hrs from when ready by origin health board.	Mar-21	ODN Providers	WHSSC/EASC/health board commissioning
Equity	**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	Mar-21	ODN Management	WHSSC/health board commissioners
			Number of training and education events held split by type Number of			

	012/Improved multiprofessional training and education	Implementation of network training and education programme	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)	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
	013/Enhanced engagement of the MTC with the wider network	Strategy for supporting wider network	Number of engagement sessions led by MTC	Mar-21	MTC	WHSSC
	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	March 2020 onwards March 2020 onwards	ODN providers ODN management	WHSSC/EASC/health board commissioners
	015/Improved staff retention	Workforce strategy	Turnover rates	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
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	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners
	020/Benefits to other part of the healthcare system	Development of an inclusive network overlapping with other areas of strategic development	ODN ProvidersWAST	Mar-21	ODN Providers	WHSSC/EASC/health board commissioners

In summary:

1. Additional plastic surgery DCC sessions and post to support 7 day working and reflect increased theatre requirements over original proposal
2. Orthopaedic Trauma specialist posts in Morriston hospital to compliment plastic consultants
3. Dedicated orthoplastic theatre lists
4. Trauma free flap monitoring unit

5. INVESTMENT

5.1 What is the investment required in posts/finance/infrastructure

Service Change / Workforce Change	Financial Impact
MTC Plastic Surgery Consultant workforce Increase to 12 sessions job plans of 4x posts plus 5th post additional	8 sessions to existing posts (incl 4th to be appointed substantively before year 2) **£95,000** Additional 12 session post **£153,000** **Total £248,000**
T&O consultant trauma specialist posts.	4 x 12 sessions Consultant roles **£612,000** 5 session (0.5 job) to mirror Prof IP part Cardiff part Morriston job plan as current service deficit 3 weeks out of 6 **£59,000**
Theatre time –dedicated Orthoplastic list in Morriston 5 days a week	**£309,000 - theatre staff** **£580,000 – Anaesthetic Medical Staff** **Total £580,000 for 10 sessions 50 weeks p.a.** **£89,000 per session per annum**
Freeflap monitoring unit for trauma cases and supporting ward infrastructure	4 bed trauma free flap monitoring unit *Need to cost this on the same nursing ratio as current flap unit* *Do we need to add more specialist nurse support also?* **£291,000 for 1 nurse per shift**

In addition, future years should consider the full development of a limb reconstruction service including AHPs, ALAC and mental health support for patients

5.2 Does this scheme receive funding from anywhere else? (If so please explicitly describe how this funding will be utilised for additionality, and for which part of the pathway)

No

5.3 Is this investment replacing any previous investment that has been withdrawn or redirected?

No, in addition to previous investment

5.4 Are there any opportunities for de-commissioning as a result of this investment?

No

6. ASSESSMENT OF IMPACT OF INTRODUCING THE SCHEME

It would be helpful to consider and reference:

- **Impact on patient outcomes**

Improved through 7 day cover, more specialist orthopaedic trauma consultants providing a higher level of consistent cover, dedicated post op care and theatre dedicated to this care working with the team to develop specialist skills and support further training and development

Improved patient outcomes for the local trauma services and non major plastics trauma cases who's care is being delayed as the orthoplastic work takes priority over theatre access at present through the 'shared' lists

- **Impact on activity and waiting lists**

Will reduce beds days in the MTC and pre op bed days in the TuSS (being audited as part of year 1 audit)

- **Impact on developing service**

Will improve the development of the service through providing stable career development for nursing staff to develop skills in this field and support junior doctor training and enhance future workforce models

- **Impact on other services**

As noted, will allow the 'core' orthopaedic and plastic travel lists to be utilised for these services and not deteriorated in terms of waiting times as a result of the orthoplastic prioritisation.

- **Impact related to socio-economic duty**
- **Reduction in inequity**

Will ensure consistent access 7 days a week to the specialist professional care patients require from the MTC and MTN.

- **Assessment of whether impact is Wales wide or relevant to a particular geographical area or patient cohort**

This is a mid and South Wales wide service to a population of 2.2million

- **Impact on Covid recovery/reset**

Will mitigate the current 'flow' of trauma activity into pre covid elective plastics and orthopaedics service and therefore assist in their recovery from significant waiting list positions.

7. HOW WILL THE INVESTMENT BE REPORTED ON AND MONITORED?

Via the SWMTN ODN governance processes and structure

8. HOW WILL PATIENT EXPERIENCE BE CAPTURED?

Patient experience will be captured via the ODN and TARN database on outcomes and activity

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

		Agenda Item	2.8
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Review of Neonatal Cot Capacity and Neonatal Tariff		
Author (Job title)	Specialised Services Planning Manager (Women and Children)		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose				
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: • **Support** the proposed programme of works; • **Support** the objectives of the review; • **Support** the planned methodology for demand and capacity modelling; and • **Support** the timelines for completion of review.		

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

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

Provider Health Board affected (please state below)

Cardiff and Vale UHB

1.0 SITUATION

Over recent years concerns have been expressed about the number of neonatal intensive care and high dependency cots commissioned across the south Wales region. The Dr Grenville Fox review in to Neonatal Transport recommended a review of cot capacity in light of the high number of capacity transfers carried out by the transport team. Concerns have also been expressed about the neonatal tariff that is the contracting mechanism for the units, in particular when benchmarked against units in NHS England.

2.0 BACKGROUND

WHSSC currently holds commissioning responsibility for Neonatal Intensive Care level and High Dependency level cots however Special Care level cots are the responsibility of individual Health Boards. Activity at each level flows through the WHSSC contract.

The neonatal tariff was introduced in February 2017 and baselines were set using three year activity levels up until March 2015. Since the introduction of the tariff and the setting of the baselines there has been no review of activity. There has however, over recent years been minor changes to the re-distribution of a small number of cots; the boundary change between Swansea Bay and Cwm Taf resulted in cots located at Princess of Wales transferring from Swansea Bay to Cwm Taf, and the re-designation of the maternity unit in the Royal Glamorgan Hospital and the subsequent closure of the SCBU as part of the South Wales Plan resulted in cots moving to Prince Charles Hospital.

WHSSC recognises that Neonatal activity and cot capacity is variable across units in the south and west of Wales, and requested support to carry out a review in to both Neonatal Transport and Neonatal Units in 2018. The view of Joint Committee was that Neonatal Transport needed to be resolved in the first instance. This work is still in progress however in recent years providers have submitted varying schemes in to the WHSSC prioritisation process for consideration to increase the staffing infrastructure within Neonatal units.

The Maternity and Neonatal Network have recently undertaken peer reviews of the units across south Wales and have recommended within the reviews that there is a shortfall in varying posts across the units, the outcomes of the peer reviews have been variable and lack consistent themes.

NHS England have recently undertaken a Review of Neonatal Critical Care and have published the 'Implementing the Recommendations of the Neonatal Critical Transformation Review'. Within this document there are 5 key findings: Outcomes; activity, demand and capacity; transfers; staffing levels and Pricing.

3.0 ASSESSMENT

Within the 2021/24 WHSSC Integrated Commissioning Plan, neonatal capacity was identified as a strategic priority that would require a specific programme of work to complete. The Women and Children's Commissioning Team are proposing a review of cot capacity, cot configuration and the neonatal tariff is undertaken in 2021/22 in order to inform the 2022/25 WHSSC ICP that will be submitted to WG in December 2021.

The objectives of the project will include:

- demand and capacity exercise for neonatal activity across the south and west Wales
- the net impact on cots at all levels if there are changes to the configuration
- the net impact on cot numbers at each unit
- the impact on commissioner health boards
- the financial implications of changes in cot numbers
- current utilisation of the tariff within each unit
- benchmarking of tariff against proposed new tariff in NHS England

In order to undertake the demand and capacity modelling the Women and Children's Commissioning Team will considered three years of activity data from Badgernet. The data will include all cot days in a Welsh unit whether the baby is an NHS Wales or NHS England resident.

We have been informed by the Maternity and Neonatal Network that the capturing of information for babies that flow across the border to NHS England is not robust and potentially not complete. We do know from our contracts with NHS providers that there is activity in NHS England however this is in part due to three reasons; capacity constraints in welsh units, women booking to deliver in NHS England and spontaneous labour in NHS England. Currently there are no monitoring measures in place to understand the reasons for capacity difficulties / refusals.

Taking all of the above in to account the proposed modelling methodology will:

- Review contract baseline for 2018/19, 2019/20 and 2020/21
- Review activity for each of 2018/19, 2019/20 and 2020/21 against the baseline
- Include English activity in a Welsh unit to balance the unknown flow of Welsh babies to England
- Calculate three year average (two year average to be used for Swansea Bay and CTMUHB to take account of the boundary change and the south wales plan flow changes)
- Using three year average data model occupancy at 100%, 90%, 80% and 70%

The British Antenatal and Perinatal Medicine (BAPM) standards note that 80% occupancy is the recognised standard.

In order to ensure robust governance for the programme, the financial implications will be considered by the Finance Working Group which is a sub-Group of the WHSSC Management Group and has representation from each of the Health Boards. The broader outcomes and recommendations of the review will be considered by Management Group and Joint Committee as part of the approval process of the WHSSC 2022/25 Integrated Commissioning Plan. The timeline for the programme of works is noted below.

Objective	Jul	Aug	Sep	Oct	Nov	Dec
Demand and capacity						
Development of new configuration						
Assessment of impact						
Financial assessment						
Letters to providers seeking update on tariff utilisation						
Benchmarking with NHS England Tariff						
Inclusion within WHSSC ICP						
ICP considered by MG						
ICP considered by JC						
Submit ICP to WG						

Throughout the development of the programme of works WHSSC will engage with the Maternity and Neonatal Network.

4.0 RECOMMENDATIONS

Members are asked to:

- **Support** the proposed programme of works;
- **Support** the objectives of the review;
- **Support** the planned methodology for demand and capacity modelling; and
- **Support** the timelines for completion of review.

Link to Healthcare Objectives	
Strategic Objective(s)	Implementation of the Plan Development of the Plan Choose an item.
Link to Integrated Commissioning Plan	A review of neonatal cot capacity and cot configuration is identified within the 2021/24 ICP.
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) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The programme of work will need to consider any unintended consequences of any changes.
Resources Implications	Dependent on the outcome of the review there are potentially resource implications which will be worked through with the Finance Working Group as discussed within the paper.
Risk and Assurance	Cot capacity is currently scored as 9 on the W&C Risk register.
Evidence Base	BAPM standards and the All Wales Neonatal Standards will be considered as part of the review.
Equality and Diversity	No specific implications
Population Health	N/A
Legal Implications	There are no specific legal implications

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Choose an item.	15/07/2021	CDG supported the report for consideration by MG.
Choose an item.		

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

		Agenda Item	2.9
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Commissioning of Inherited White Matter Disorders Service (IWMDS)		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Managing Director	Public / In Committee	Public

Purpose	The purpose of this report is to: • Update the Joint Committee on the development of a new Highly Specialised Service in NHS England for an Inherited White Matter Disorders Service (IWMDS); and • Seek approval from the Joint Committee that WHSSC commissions this service for the population of Wales.				
RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒	

Sub Group /Committee	Corporate Directors Group Board	Meeting Date	12/07/2021
Recommendation(s)	Members are asked to: • **Note** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and • **Approve** the commissioning of the service for the population of Wales.		

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)

All

COMMISSIONING OF INHERITED WHITE MATTER DISORDERS SERVICE (IWMDS)

1.0 SITUATION

NHS England have confirmed their intent to commission a specialised diagnostic and management service for inherited white matter disorders, for both children and adults. Based on the available evidence, and the emerging 4 nation's position on this, it is proposed that Wales also formalises its commissioning intent for this patient cohort.

2.0 BACKGROUND

Inherited White Matter Disorders (IWMD's), also known as leukodystrophies, are a group of rare genetic disorders caused by single gene mutations which affect the white matter in the brain and sometimes the peripheral nervous system (PNS), resulting in clinical presentation with delay or slowing of motor development or loss of previously acquired motor skills. IWMDs comprise a large number of distinct genetic diseases, with over 90 identified to date. Symptoms include visual, gait, feeding/eating difficulties, encephalopathy, seizures and cognitive and psychiatric features, skin conditions, impacts on the bladder and bowel, breathing, hygiene, self-care, sleeping and pain levels.

3.0 ASSESSMENT

Data from NHS England suggests an incidence of 315 new patients per year (175 children and 140 adults). On a population basis the expected incidence in Wales will be 15 patients per year although the familial pattern of disease means this can be difficult to predict.

The service aims to stratify patients and it is anticipated:

- 50% of these will achieve a diagnosis locally, be managed locally, have their details sent through to the IWMD service for confirmation of diagnosis and to be added to the IWMD disease Registry; and
- 50% will have a rarer form of the disease group and need referral by local clinicians to the IWMD service for remote MDT review known as Level 1. If necessary due to complexity or still not having a diagnosis a number will be escalated to Level 2 Remote MDT review of the prior investigations (including molecular testing when available) and clinical features with recommendations for further molecular or metabolic testing to be carried out locally. In the continued absence of a diagnosis or in the case of

complex presentations the remaining patients will then be seen face to face by the MDT known as Level 3 Review and Care.

In considering the impact for Wales, NHS England have indicated that there will be 'small numbers' of patients identified who require specialist care for inherited white matter conditions, no set up costs have been requested and tariff costs are being applied to consultations:

Cost to the devolved nations	£130 per contact per patient with Remote Review MDT plus all face-to-face activity at tariff cost per case rates.

It is anticipated that once the service is established in NHS England requests for patients to access the specialist advice would come through the Independent Patient Funding Request (IPFR) route. The budget impact has not yet been assessed but this is likely to be limited given the stratified out-patient based service planned.

Given the unavoidable nature of the costs, it is recommended that WHSSC formally commission this small highly specialised service allowing easier access for our population.

The proposal details are described in ***Appendix 1*** for information.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the development of a new highly specialised service for an Inherited White Matter Disorders Service (IWMDS) in NHS England; and
- **Approve** the commissioning of the service for the population of Wales.

5.0 APPENDICES / ANNEXES

Appendix 1 – Devolved Administration IWMDs BS

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Not identified within the 2021/22 plan
Health and Care Standards	Effective Care Safe Care Choose an item.
Principles of Prudent Healthcare	Care for Those with the greatest health need first 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	Increases access to specialist expertise
Resources Implications	Budget impact predicted as low.
Risk and Assurance	A risk assessment will be undertaken if agreement is made for the IWDS to be commissioned by WHSSC.
Evidence Base	Improves access for patient to the most up to-date evidence based care.
Equality and Diversity	Improves access to specialist advice for some patients with a neurological disability.
Population Health	Improves access to specialist advice for some patients with a neurological disability.
Legal Implications	There are no legal implications within this report.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	12/7/21	Supported
Choose an item.		

Devolved administrations principle commissioning intentions for a

new Highly Specialised Service or Policy

The purpose of this form is to enable the devolved nations to have early stage discussions prior to NHS England commissioning decisions on their likely commissioning intentions; and for the devolved nations to confirm their commissioning position once known.

URN:

National Programme of Care: Women and Children

Commissioning Manager: Bernie Stocks

Product name	Inherited White Matter Disorders (IWMD) Diagnostic and Management Service (All Ages).
Brief description of service/policy	This service specification covers the provision of an Inherited White Matter Disorders (IWMD) Diagnostic and Management Service. The service will have a small number of separate, collaborating paediatric and adult IWMD Lead Centres that will: • develop and advise the use of tailored, disease-specific protocols, guidelines, pathways and specialised diagnostics to enable accurate diagnosis and early access to optimal management or treatment, including initiation of treatment trials; • support local neurology services by providing a diagnosis and management service, including advice on symptom management; • register patients on the national Rare Disease Registry and the IWMD Service Register; and • facilitate research including via formal collaboration with other international white matter disease services and registries; • Ensure that patients and families/carers and are involved in the design and functioning of the network. White matter is required for the correct transmission of nerve impulses between neurons involved in cognitive processes such as planning, organising, problem-solving and focussing attention. Inherited White Matter Disorders (IWMD's), also known as leukodystrophies, are a group of rare genetic disorders caused by single gene mutations which affect the white matter in the brain and sometimes the peripheral nervous system (PNS), resulting in clinical presentation with delay or slowing of motor development or loss of previously acquired motor skills. IWMDs comprise a large number of distinct genetic diseases, with over 90 identified to date. Symptoms include visual, gait, feeding/eating difficulties, encephalopathy, seizures and cognitive and psychiatric features, skin conditions, impacts on the bladder and bowel, breathing, hygiene, self-care, sleeping and pain levels.

Anticipated financial impact for NHS England	£500,000 block payment comprising circa £90,000 each for five units (3 paediatric and 2 adult) to fund the remote multi-disciplinary review. plus All face to face activity at tariff cost per case rates as now.
Financial impact for the devolved nations	£130 per contact per patient with Remote Review MDT plus all face to face activity at tariff cost per case rates.
Anticipated activity from English cohort	Robust epidemiological data for this group of patients in the England does not exist. Based on the available data the numbers of patients eligible for management of IWMD, under the current commissioned arrangements there are 315 new patients per year (175 children and 140 adults) in England, of which 50% of these will achieve a diagnosis locally, be managed locally, have their details sent through to the IWMD service for confirmation of diagnosis and to be added to the IWMD disease Registry. A further 50% will have a rarer form of the disease group as per the list on the NHS England service specification (Appendix A, page 11), remain without a diagnosis and need referral by local clinicians to the IWMD service for remote MDT review (Level 1). If necessary due to complexity or still not having a diagnosis a number will be escalated to Level 2 remote MDT review of the prior investigations (including molecular testing when available) and clinical features with recommendations for further molecular or metabolic testing to be carried out locally. In the continued absence of a diagnosis or in the case of complex presentations the remaining patients will then be seen face to face by the MDT (Level 3 review and care). In summary: Level One: 175 children and 140 adults, of which 95 (75 children and 20 adults) will be discharged back to local care after review and 220 (100 children and 120 adults) without a diagnosis will go through to levels 2 and 3, as appropriate, for further evaluation. Level Two: 220 patients (100 children and 120 adults) patients per year, of which 55 (25 children and 30 adults) patients with an alternative diagnosis - referred back to local services; 78 (38 children and 40 adults) patients with a genetic diagnosis of an IWMD - referred back to local services with information about disease and management and 87 (37 children and 50 adults) patients in whom no molecular diagnosis has yet been made. (This group will remain under review of the Level 2 MDT. Around half of this group would be referred for Level 3 evaluation i.e. 43 (18 children and 25 adults) patients). Level Three: (face to face clinical outpatient assessment and review in children and outpatient or inpatient/outpatients review in adults) in 103 patients per annum (48 children and 55 adults).

Activity impact for the devolved nations	NI – small numbers, tba Wales - small numbers, tba Scotland - small numbers, tba Total expected p.a: TBA
Most likely date for implementation	01 04 2022

Nation	**Commissioning intentions**	**Comments**
Scotland	Choose an item.	Click here to enter text.
Wales	Choose an item.	Click here to enter text.
Northern Ireland	Choose an item.	Click here to enter text.

Decision status	Choose an item.
Date decision effective from:	MM/YY
Return to: Commissioning Manager to enter email address	Berniestocks@nhs.net

Agreement signed on behalf of	Northern Ireland ☐ Scotland☐ Wales☐
Name of signatory	
Date signed	

FOR INTERNAL USE ONLY:

NHS England to clarify commissioning arrangement on behalf of the devolved nations	
Name of Commissioning Manager	Bernie Stocks
Date	07072021

Email contacts for the devolved nations:

Wales: Stuart.davies5@wales.nhs.uk /sian.lewis100@wales.nhs.uk
Iolo.Doull@wales.nhs.uk
Scotland: mike.winter@nhs.net / Susan.Buchanan2@nhs.scot
Northern Ireland: Teresa.Magirr@hscni.net / Joanne.McClean@hscni.net

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

		Agenda Item	2.10
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Syndrome Without a Name (SWAN) Service Pilot		
Author (Job title)	Assistant Planning Manager		
Executive Lead (Job title)	Director of Planning	Public / In Committee	Public

Purpose	The purpose of this report is to request the ratification of the commissioning of a 2 year pilot of a Syndrome Without a Name (SWAN) service further to WHSSC receiving a request from Welsh Government.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☒	☒	☐	☐	☒

Sub Group /Committee		Meeting Date	
Recommendation(s)	Members are asked to: • **Note** the request from Welsh Government for WHSSC to commission a 2 year pilot for a Syndrome Without a Name (SWAN) service; • **Ratify** the commissioning of the pilot; and • **Approve** the intention to request that CVUHB hosts the pilot.		

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

Welsh Government has agreed to a Rare Diseases Implementation Group (RDIG) proposal to establish a Syndrome Without a Name (SWAN) service. Funding is to be provided for a 2 year pilot and commissioned by WHSSC, the outcomes of which will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes. The main aim of the SWAN service will be to reduce the burden of the "diagnostic odyssey" experienced by patients, which is a key action identified by the RDIG.

This report requests the ratification of the commissioning of the 2 year SWAN pilot.

2.0 BACKGROUND

Rare diseases are a significant health problem often associated with poor outcomes. A rare disease is one that affects 1:2000 or fewer patients with ultra-rare conditions being those that affect 1:50000 or fewer (NICE definition). There may be over 8000 diseases that qualify for the definition of a rare disease. This leads to the estimate that 150,000 people in Wales are affected by a rare disease (5% Welsh Population). Eighty percent of these conditions are estimated to have genetic component and children are disproportionally represented and impacted upon with 50% of rare diseases affecting children, of whom 30% will die before the age of 5 years.

The Rare Diseases Implementation Group was established in 2015 to oversee the delivery of the Welsh Rare Diseases Implementation Plan. The Group identified 3 key actions:

1. Identify and improve the pathway for patients with unknown or delayed diagnosis - "The Diagnostic Odyssey"

2. Ensure better use of patient feedback, best practice and evidence to improve pathways for primary, secondary and specialist services.

3. Improve reporting of rare disease information including epidemiology, significant event analysis and shared learning.

Challenges remain around improvements in delayed diagnosis and improved pathways of care which the SWAN clinic aims to address.

Due to a lack of evidence in the form of outcome data for the impact of such a service, Welsh Government have provided funding for a 2 year pilot. This, with agreed evaluation criteria, would inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes.

3.0 ASSESSMENT

WHSSC will establish a project, the aim of which will be to develop an informed commissioning proposal for a SWAN service aligned to WHSSC's aim of ensuring equitable access to safe, effective, and sustainable specialised services for the people of Wales.

The project will include the establishment of a Task and Finish Group to develop the outcome measures and pilot evaluation criteria.

An evaluation of the pilot will take place 18 months after commencement. In order to use the evaluation of the pilot to inform the ICP for 2024/25, the pilot will need to commence in January 2022 and the review will take place in June 2023.

As a significant proportion of the anticipated cohort will be paediatric patients, the intention is to request Cardiff and Vale University Health Board, as provider of tertiary paediatric services, to host the pilot.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the request from Welsh Government for WHSSC to commission a 2 year pilot for a SWAN service.
- **Ratify** the commissioning of the pilot.
- **Approve** the intention to request that CVUHB hosts the pilot.

5.0 APPENDICES / ANNEXES

Appendix 1 - Letter from Welsh Government to WHSSC

Link to Healthcare Objectives	
Strategic Objective(s)	Development of the Plan
Link to Integrated Commissioning Plan	The outcomes of the SWAN pilot will inform a longer term commissioning proposal to be considered via WHSSC Integrated Commissioning Planning processes
Health and Care Standards	Effective Care Timely Care Individual Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Public & professionals are equal partners through co-production Reduce inappropriate variation
Institute for HealthCare Improvement Triple Aim	Improving Patient Experience (including quality and Satisfaction) Reducing the per capita cost of health care
Organisational Implications	
Quality, Safety & Patient Experience	The SWAN service aims to reduce the length of the diagnostic odyssey thus improving the patient experience.
Resources Implications	WG has agreed to fund a pilot for two years. If the pilot is successful, ongoing recurrent funding would be required.
Risk and Assurance	Outcome measures used to assess the success of the pilot will be agreed as part of the commissioning process.
Evidence Base	The proposal for the pilot drew upon evidence from a study based in the United States. The outcomes from the pilot will form the evidence base for longer term commissioning.
Equality and Diversity	No equality and diversity implications have been identified.
Population Health	The health outcomes of people with a previously undiagnosed syndrome are expected to improve as a result of introducing this service.
Legal Implications	None identified.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board	17/08/21	Approved for presentation to Joint Committee

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Sian Lewis
Managing Director
Welsh Health Specialised Services Committee
Unit G1, The Willowford
Main Avenue
Treforest Industrial Estate
Pontypridd
CF37 5YL

Our Ref: AG/JW/SB

12 July 2021

Dear Sian

The Minister for Health and Social Services has agreed funding for a two year pilot for a Syndrome Without A Name (SWAN) clinic and associated service. I understand that WHSSC worked with Dr Graham Shortland, Chair of the Wales Rare Diseases Implementation Group, to help develop the proposal that was subsequently agreed by the Minister.

I would be grateful if WHSSC could commission this service in accordance with the SBAR that was previously drafted and which was used as the basis for the ministerial advice. There is to be evidence gathering throughout the life of the clinic and a review at the 18 month point, to ensure that the objectives of the clinic are being met. This evidence gathering will also help inform future service delivery once the pilot has concluded.

I would like assurance that this work will commence as soon as possible. Jonathan Williams, Head of Women and Children's Health Branch, will be your link with Welsh Government throughout this process.

Yours sincerely

Dr Andrew Goodall CBE

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

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

		Agenda Item	2.11
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Commissioning Assurance Framework (CAF)		
Author (Job title)	Head of Quality and Patient Care		
Executive Lead (Job title)	Director of Nursing & Quality Assurance	Public/In Committee	Public

Purpose	The purpose of this report is to present the Commissioning Assurance Framework (CAF) and the supporting suite of documents for final approval.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☒	☐	☐	☐

Sub Group /Committee	Quality and Patient Safety Committee	Meeting Date	10 August 2021
Recommendation(s)	Members are asked to: • **Approve** the Commissioning Assurance Framework (CAF); • **Approve** the Performance Assurance Framework; • **Approve** the WHSSC Escalation Process; • **Approve** the Patient Experience & Engagement Framework; and • **Note** the Risk Management Strategy which was approved by the Joint Committee in May 2021.		

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)

COMMISSIONING ASSURANCE FRAMEWORK (CAF) AND APPENDICES

1.0 SITUATION

The purpose of this report is to present the Commissioning Assurance Framework (CAF) and the supporting suite of documents for final approval.

2.0 BACKGROUND

The Integrated Commissioning Plan (ICP) 2021-2022 was presented to the Joint Committee on 09 March 2021 and it was recognised that the unprecedented challenges which have arisen as a consequence of the COVID-19 pandemic required a specific focus and level of pragmatism now and during the period of recovery which will follow. It was agreed that there needed to be a new framework for providing commissioner assurance to:

- Provided an increased focus on identifying patient outcomes,
- Support to optimise patient benefit and minimise harm,
- Influence the whole of the patient pathway,
- Support effective information systems across the patient pathway,
- Provide assurance on risk and patient prioritisation

A final draft of the ICP was considered and approved by Joint Committee at the Extraordinary Meeting on 16 February 2021, subject to some amendments which were requested to strengthen section 9 of the ICP - Planning for Recovery. The final version of the ICP was taken to JC on 09 March for information.

Section 13 of the ICP outlined that a new Commissioning Assurance Framework (CAF) would be introduced in 2021-2022 which would be supported by a:

- Performance Assurance Framework,
- Risk Management Strategy,
- Escalation Process,
- Patient Engagement & Experience Framework.

The Commissioning Assurance Framework (CAF), and the supporting suite of documents are presented to the Joint Committee for final approval.

3.0 COMMISSIONING ASSURANCE FRAMEWORK (CAF) 2021-2022

The aim of the Commissioning Assurance Framework (CAF) is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services.

The fundamental principles underpinning the CAF are to develop open and transparent relationships with our providers, to engage and involve the clinical

teams and work in partnership with stakeholders when planning and commissioning services. Where concern regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

The CAF and the following supporting suite of documents were endorsed by the Quality and Patient Safety Committee (QPSC) on the 10 August 2021:

- **Performance Assurance Framework** –see ***Appendix 1A***
- **Escalation Process** – see ***Appendix 1C***
- **Patient Engagement & Experience Framework** – see ***Appendix 1D***

The Joint Committee are requested to approve the above documents and note that the Risk Management Strategy was approved by the Joint Committee on the 11 May 2021, see ***Appendix 1B.***

4.0 GOVERNANCE & RISK

The Decisions Reserved to Joint Committee in the WHSSC Standing Orders include approval of its framework for performance management, risk and assurance.

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

5.0 RECOMMENDATIONS

Members are asked to:

- **Approve** the Commissioning Assurance Framework (CAF);
- **Approve** the Performance Assurance Framework;
- **Approve** the WHSSC Escalation Process;
- **Approve** the Patient Experience & Engagement Framework; and
- **Note** the Risk Management Strategy which was approved by the Joint Committee in May 2021.

6.0 APPENDICES / ANNEXES

- **Appendix 1** Commissioning Assurance Framework (CAF)
- **Appendix 1A** Performance Assurance Framework
- **Appendix 1B** Approved Risk Management Strategy
- **Appendix 1C** WHSSC Escalation Process
- **Appendix 1D** Patient Engagement & Experience Framework

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	The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.
Resources Implications	Some improvement actions may require the application of additional resources.
Risk and Assurance	The Decisions Reserved to Joint Committee in the WHSSC Standing Orders include approval of its framework for performance management, risk and assurance.
Evidence Base	-
Equality and Diversity	There are no equality and diversity implications.
Population Health	There are no immediate population health implications.
Legal Implications	The Decisions Reserved to Joint Committee in the WHSSC Standing Orders include approval of its framework for performance management, risk and assurance.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Quality Patient Safety Committee (Q&PSC)	10 August 2021	Supported

CDGB	2 August 2021	Supported subject to minor amendments
Quality Patient Safety Committee (Q&PSC)	8 June 2021	Power point presentation given.
Joint Committee Extraordinary Meeting	16 February 2021	Draft document was considered

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

Appendix 1

Commissioning Assurance Framework (CAF)

DRAFT

1.0 INTRODUCTION & AIMS

The Welsh Health Specialised Services Committee (WHSSC) is responsible for the joint planning of Specialised and Tertiary Services on behalf of the Local Health Boards in Wales. Our strategic aim is, on behalf of the Health Boards to ensure that there is equitable access to safe, effective and sustainable specialised services, as close to patients' home as possible, within available resources. Specialised services are those provided in relatively few hospitals accessed by comparatively small numbers of people at high cost. Many specialised services are delivered and coordinated nationally through a very small number of expert centers. This trade-off for delivering specialised, highly expert care is that access may be more difficult for patients who live a long way from their nearest centre.

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality and Planning and five cross directorate commissioning teams. The commissioning teams are;

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning. The WHSSC Quality Framework was first developed in July 2014 with the purpose of setting the direction to quality assuring services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. The framework has been revised and renamed the Commissioning Assurance Framework to encompass all of the components necessary to provide assurance. The aim is to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services and where there is concern regarding the quality of services and remedial action is required escalation processes are initiated and acted upon in a timely manner.

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

In order to implement the Quality Framework (2015) a quality team was appointed in 2019 to strengthen the focus on quality monitoring and improvement. The 'Quality Team' have a pivotal role in the co-ordination of quality monitoring and interventions within commissioned services. In addition

there is a focus on building relationships with providers to develop robust reporting mechanisms. Internally, they work closely with the Medical Directorate, within the Commissioning Teams in order to monitor the quality elements of commissioned services.

Quality activities include:

- **Compliance with legislation and regulation:** This includes the Nurse staffing Act (2016) where applicable to specialist services, Putting things right (2011) and Once for Wales (2020). Working with providers in management and learning from serious untoward incidents and never events monitoring the timeliness and quality of investigations and responses to complaints and reported near misses. Compliance with key legislation such as the Welsh Government's Health and Social Care Act (Quality and Engagement 2019) and Safeguarding and Public Protection.
- **Quality planning:** Supporting the development of the WHSSC Integrated Commission Plan by contributing to the commissioning cycle including planning, contracting and quality assurance of provider services.
- **Quality improvement:** For example promoting increased clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, research & development, organisation-wide and national sharing of learning. Working with relevant networks and providers to evaluate clinical services and patient pathways. Using quality data analysis patient experience, principles of equality and diversity, workforce development and wellbeing as well as public engagement to inform service development.
- **Quality assurance:** For example by promoting service improvements using learning generated by internal and external scrutiny processes, including those undertaken by Health Inspectorate Wales, the CQC, Community Health Councils, and other regulatory bodies. Using speciality, service specific and professional standards reviews, mortality reviews, evidence-based policies and protocols, and data collection tools of services such as the NHS England Quality Surveillance Information System (QSIS) and Commissioning Care and Performance System for mental health services (CCAPS).
- **Managing risk:** This includes assessing, understanding and articulating risk via risk registers. Ensuring infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning are all in place for commissioned services.

The QAF was established to ensure the basic infrastructure was in place to drive forward the quality assurance and quality improvement of specialised commissioned services. As such it sets out the systems and processes that need to be in place, the roles and responsibilities of key staff and the tools developed to support staff to deliver their responsibilities.

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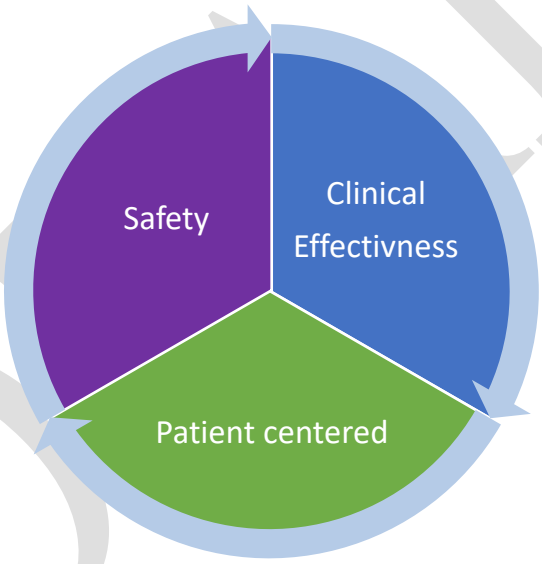
The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents designed to support this ambition by:

- Gaining assurance regarding the quality of commissioned services
- Identifying and addressing variation in access and outcomes for populations
- Ensuring services are sustainable and there is continuous service improvement.

2.0 QUALITY

Quality in health care supports a system-wide approach which requires an organisational culture of openness and honesty with continual public engagement in the planning and commissioning of services. Building on the previous definition of quality the Health & Care Act (2012) sets out a single definition of quality whereby the following three dimensions must be present in order to provide a high quality service.



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- **Safety**: people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- **Clinical Effectiveness**: people's care and treatment aim to improve an individual's health outcomes, promotes a good quality of life and is based on the best available evidence.
- **Patient centred**
  - Caring: staff involve and treat patients with compassion, dignity and respect.
  - Responsive and person centred: services respond to people's needs and choices and enable them to be equal partners in their own care.

- Aims to give the individual as positive an experience of and recovering from the care as possible

Fundamental principles underpinning the Commissioning Assurance Framework Implementation Plan include:

- Ensuring that the patient is at the centre of the services commissioned by WHSSC. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and service users in line with the Welsh Government framework for Assuring Service User Experiences (2018).
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators that are clinically-led and reflect the specialist nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.

These fundamental principles bring the concept of Prudent Healthcare to the forefront and in line with Welsh Government policy direction. Segmenting the individual elements of this definition gives rise to four components on which to build the various elements of the framework

1. Identification and implementation of standards,
2. Monitoring, evaluating and reporting of performance against standards
3. Action in response to monitoring; sharing good practice, disseminating and embedding lessons learnt
4. Evidencing closure of concerns and continuous improvement

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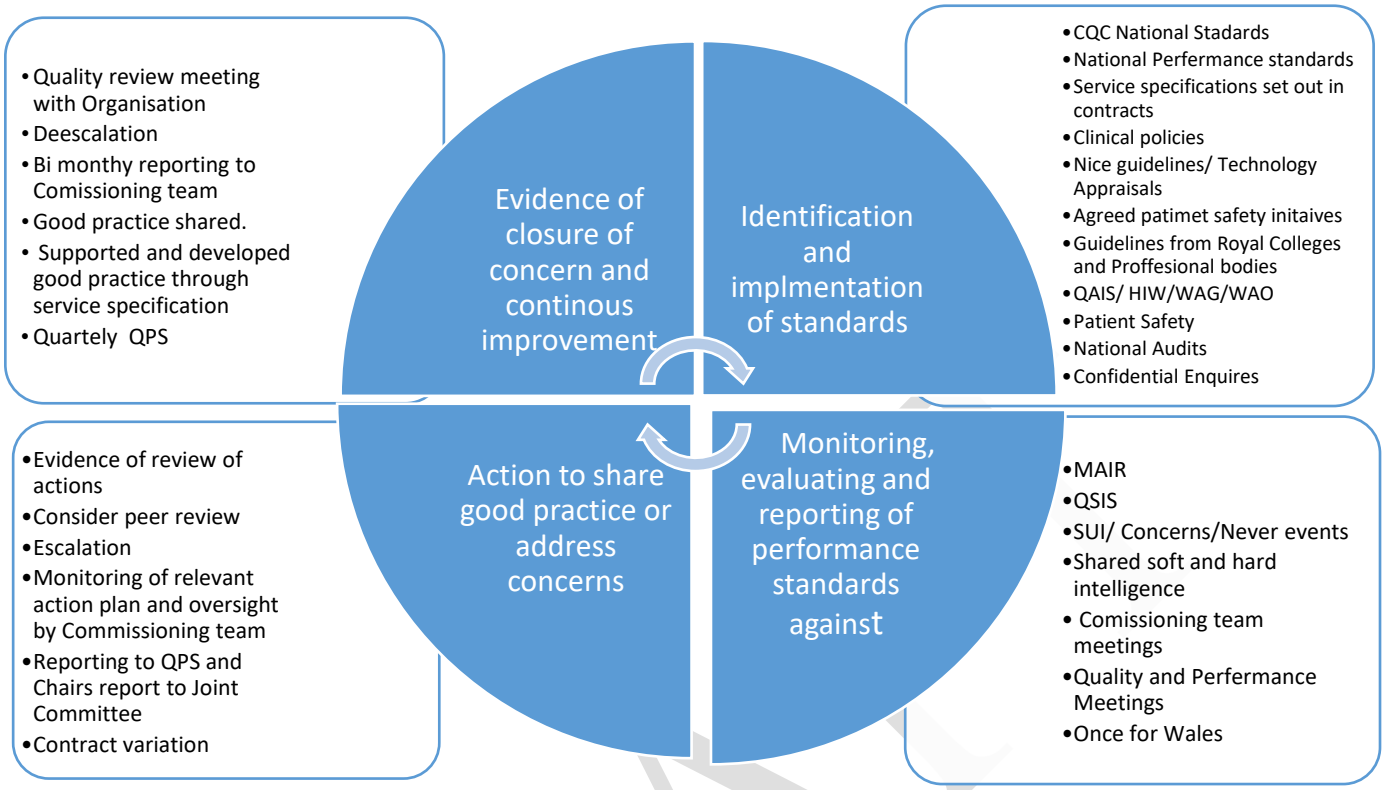
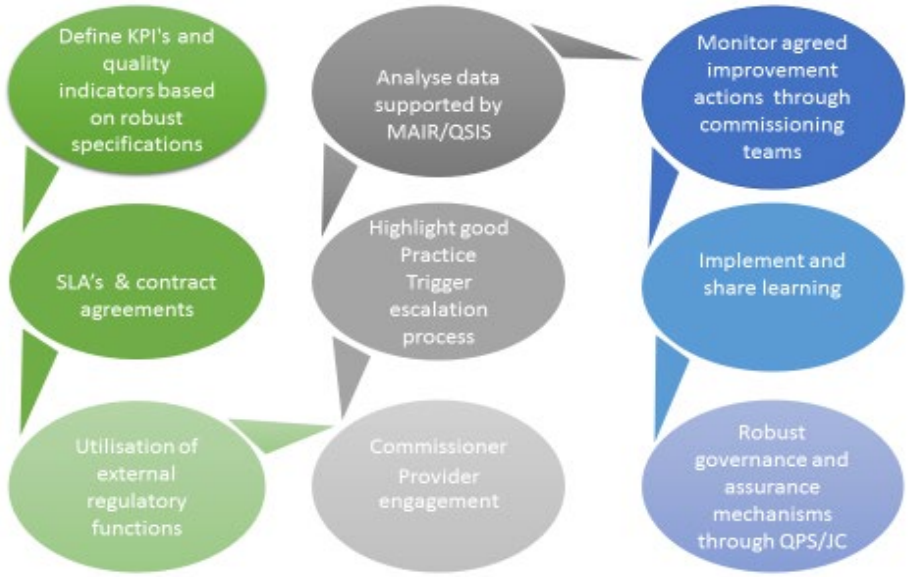


The following diagram sets out the systems and processes which need to be in place in order to achieve the above.



In addition to the expectation set out in the contracting arrangements with providers the following sources of internal and external intelligence are used to gain a better understanding from a provider and service perspective. The sources

of intelligence builds on quality reporting from the providers, gathers assurance from the regulators and provides an emphasis on the reporting back to the Health Boards for the services that WHSSC commission on their behalf.

The following illustration shows the internal, external and local sources of evidence which are used to gather as much information as possible by which assurance is sought and can be reported or necessary action taken.

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Provider evidence sources

- Monthly Board Quality Report/ Quarterly Governance Report or equivalent
- Annual Quality Account (NHS England) Annual Quality Statment (NHS Wales)
- Patient Survey or Equivalent
- Any safe staffing reviews including benchmarking Safe staffing Act if applicable
- Notification of CQC (England) HIW (Wales) visits QSIS or other external commissioned services and action plans to address any complaints,
- Safeguarding or serious incidents including never events relating to contracted services which should be reported to WHSSC within 48 hours of the event
- Any Claims as a result of a SUI or complaint Notification of organisational intervention and arrangements
- For Welsh providers Monitoring of Health & Care StandardsWales (2015)

External evidence sources

- CQC/ HIW
- CCAPS/QAIS Framework (Mental Health)
- QSIS SELF ASSESSMENT
- National Audits / Welsh Audit Office/ Kings Fund/CKHS
- Health & Safety Alerts (HSE)
- CHC /Citizen Voice
- HEIW/ Deanery reports

Internal evidence

- Referral to Treatment times breaches
- Complaints which may come from users or Assembly Members
- Communication with WHSSC from providers of a concern
- Escaltion status of services
- MAIR information
- Soft intelligence

3.0 REPORTING MECHANISMS

WHSSC reports through an Executive Board, to the Quality Patient Safety Committee through to Joint Committee (JC) which is a statutory subcommittee of each of the Local Health Boards in Wales. Through the commissioning teams and in conjunction with the Information department within WHSSC the available data and data sources are analysed. These are used to compile a performance and commissioning team report to highlight service development and good practice, alongside key risks and monitor progress of services that are in escalation. In partnership with the provider, the Quality standards/ indicators alongside the Key Performance Indicators and performance Outcomes are reviewed as part of the SLA meeting and are described in more detail in the Performance Framework (Appendix A).

These are monitored by WHSSC via the bi monthly QPS and reported to the JC through a chairs report. This is supported by a work plan and an annual report is produced outlining the quality findings and summarising the work undertaken over the previous year.

One of the key features in the development of the Commissioning Assurance framework is the strengthening of the interface with LHBs and the role of their Quality & Patient Safety Committees. This is core in ensuring they are fully sighted on the key risks and are assured appropriate action is being taken.

The Risk Management Strategy supports the monitoring and reporting of risk within the organisation and is described in more detail in Appendix (B).

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4.0 RISK MANAGEMENT

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). The Risk Management Strategy and ensuing Risk Register will be used by the Joint Committee to identify, monitor and evaluate risks which impact upon strategic objectives. It will be considered alongside other key management tools, such as performance, quality dashboards and financial reports, to give Joint Committee a comprehensive picture of the organisational risk profile.

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 commissioning 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
- Manage all potential risks WHSSC are exposed to.

5.0 ESCALATION PROCESS

The WHSSC escalation process provides a clear methodology by which providers and the organisations understand the reporting mechanisms, identify any issues and the actions required to find a joint resolution. This process should not be seen as a punitive one but a means by which problems are identified as early as possible with the aim that support and partnership working will lead to an improvement in the service commissioned.

Routine Monitoring is the term used to report on all Commissioned services where there are no identified concerns around the service being delivered. Where there are performance concerns and there is lack of available assurance in terms of improvement, there is an escalation process in place. This process is structured to allow engagement with providers, local and regional commissioners and regulators where necessary. It is a system whereby there is continuous service improvement or decommissioning/outsourcing of services if necessary.

This process is described in more detail in Appendix (C). In summary the

process is aligned to a tiered approach similar to the Welsh Government (NHS Wales Escalation and Intervention Arrangements 2014) the Local Health Boards will be familiar with when receiving assurance reporting:

- Routine Monitoring
- Escalated Monitoring
- Escalated Intervention
- Escalated Measures
- Decommissioning/Outsourcing

All services in escalation are reported through to the Quality Patient Safety Committee via the Commissioning Team reports and a summary of services in Escalation submitted with the Chairs report to the Joint Committee. This in turn is circulated the Local Health Boards.

6.0 SOURCES OF INFORMATION

6.1 My Analytics and Information Reports (MAIR) System.

In order to gather the information access to data sources is vital. There are a number of information sources used to inform the commissioning teams to feed into the process. The information capability of WHSSC has continued to develop significantly with the launch of the My Analytics and Information Reports (MAIR) System. Access is available to Health Boards and the information is valuable in highlighting trends in for improving both forecasting and contracting to demonstrate equitable access.

6.2 Once for Wales Concerns Management System/Datix/StEIS

The Service Level Agreement (SLA) contracting requirements in place for all providers requires the reporting of any complaints or claims or serious incidents including never events directly to WHSSC within 48hrs of the event.

The Datix system operates in Wales which is a web based incident and risk management system. This is soon to be replaced by the Once for Wales Concerns Management System Programme

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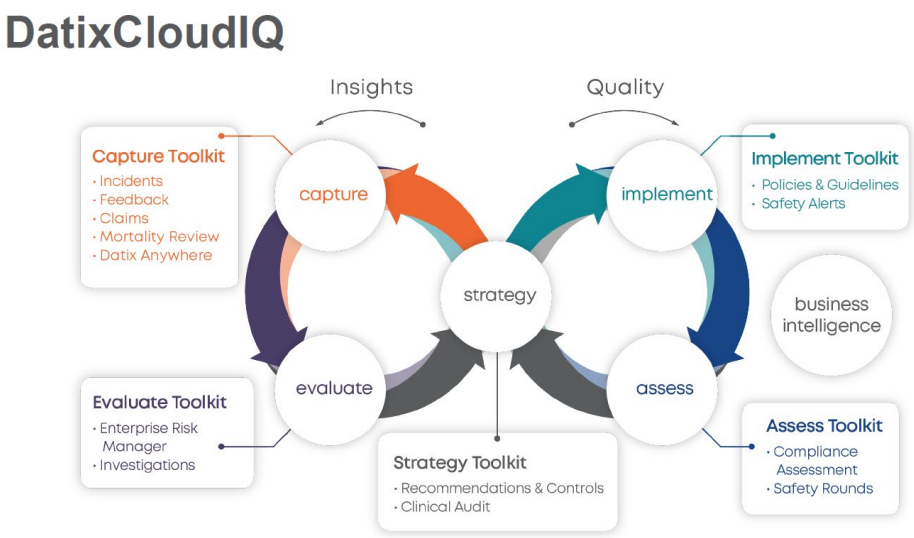

Similarly, in NHS England the Serious Incident to the Strategic Executive Information System (StEIS) requires all providers to report and monitor the progress of Serious Incident investigations between NHS providers and commissioners.

6.3 Quality Surveillance Information System (QSIS)

A large percentage of the services WHSSC commission are from NHS England. Sharing of intelligence and access to assurance systems and processes not only prevents duplication but utilises the workforce and resources to compliment the systems and processes within WHSSC. The Quality Surveillance Team (QST), supports the monitoring of quality of all specialised commissioning services in England. Information on the quality of services is made available through a single portal known as the Quality Surveillance Information System (QSIS) this used to gain assurance from a provider perspective through the self-assessment process but also through access to the service dashboards capturing the key quality indicators agreed through the service specifications. Bringing NHS Wales providers on line will further enhance national benchmarking of specialised services.

6.4 Commissioning Care, Assurance & Performance System (CCAPS)

The National Collaborative Unit operates an informatics system known as the Commissioning Care, Assurance & Performance System (CCAPS). This system provides assurance and a prompt response to complaints incidents or safeguarding issues relating to mental health placements accessing services on the framework. The quality team at WHSSC work closely with the Quality Assurance & Improvement team (QAIT) in the NCCU who oversee the quality of placements on WHSSCS behalf.

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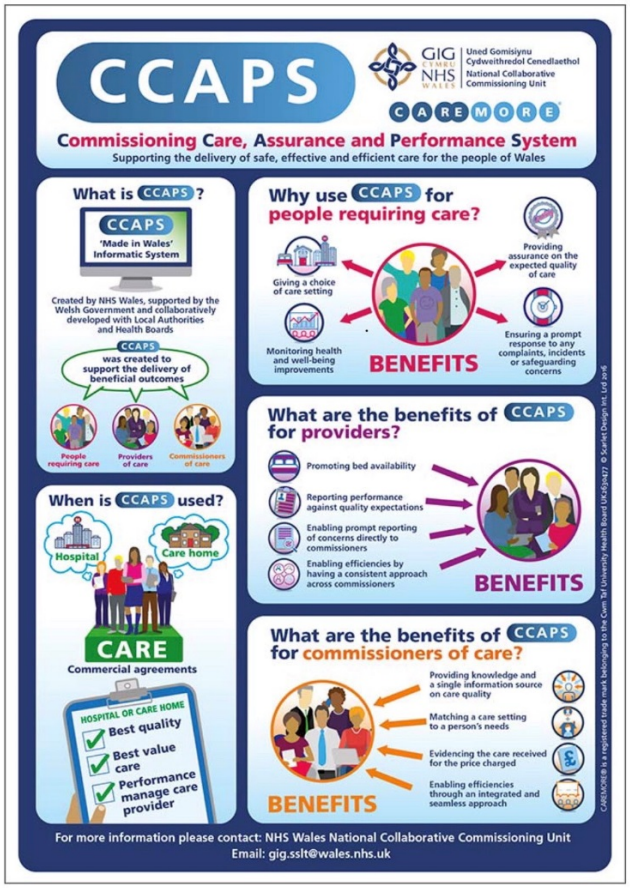

7.0 PATIENT EXPERIENCE

A key element of commissioning serves is ensuring that patients are put at the centre and is seen pivotal to the success of the framework. Patient experience is an important element of the quality cycle and whilst the Patient Engagement Framework (Appendix D) provides more detail the main aims of patient and public engagement are summarised as follows:

- Understand the patient's expectation of a particular service
- Put things right if the patient experience was not as expected or unplanned
- Understand differences in patient experience between locations and types of treatment
- Make changes where needed and highlight areas where changes have improved care
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision

The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning

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Assurance Framework (CAF) is supported by a suite of documents and designed to support this ambition by:

- Gaining assurance regarding the quality of commissioned services
- Identifying and addressing variation in access and outcomes for populations
- Ensuring services are sustainable and there is continuous service improvement.

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Welsh Health Specialised Services Committee (WHSSC)

WHSSC

Performance Framework: Measure what matters

Document Author:	Director of Planning
Executive Lead:	Director of Planning
Approved by:	Joint Committee
Issue Date:	2021
Review Date:	2024
Document No:	Corp-02

1. PURPOSE

The new commissioner performance assurance framework for WHSSC includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process.

2. PREVIOUS PROCESS

The previous performance assurance process at WHSSC was based on the key performance targets mandated in the Welsh Government Delivery and Outcomes Framework, key performance indicators in contracts and service specifications. Performance was reported monthly to Management Group and bi-monthly to Joint Committee. WHSSC has an escalation process that enables enhanced monitoring where service concerns arise. Any concerns with service provision is reported to the Quality and Patient Safety Committee (QPS).

Regular performance meetings held with providers dependent upon the level of escalation. For the larger contracts in particular Welsh providers regular service level agreement meetings (SLA) are held and at least annual contract meetings with the rest of the WHSSC contracts (providers in England). WHSSC also rely on the scrutiny on providers discharged by NHS England Specialist Commissioners and have access to their quality portal and scrutiny of regulator reports, HIW and CQC predominantly. Any issues arising from regulator reports were acted upon and reported to QPS.

3. WHSSC COMMISSIONING INTENTIONS POST COVID-19

The COVID-19-19 pandemic has had a significant impact on the delivery of specialised services and the impact is likely to last at during 2021-22 and beyond. WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan. However it has been recognised that in the COVID-19 environment the commissioning intentions needed to be revisited, along with a new performance assurance framework. Joint Committee at its meeting on 14 July 2021 agreed to reset the WHSSC commissioning intentions to the following:

1. Reduce the harms related to COVID-19-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

4. COMMISSIONER RELATIONSHIP

WHSSC commission a range of specialised services on behalf of Health Boards in Wales. Although there are discussions with Health Boards at Management Group and Joint Committee there is little opportunity to understand individual organisation's strategic direction and priorities. The WHSS Executive Team rarely

meets with executive teams in Health Boards to discuss their individual Health Board strategic direction and ambition for their residents and therefore what their ambition is for specialised services.

It is therefore proposed that an annual meeting is held with each Health Board Executive Team in their commissioner function to inform the WHSSC strategy and Integrated Commissioning Plan (ICP).

5. PERFORMANCE ASSURANCE MEASUREMENT

As a result of responding to the COVID-19 outbreak, provider organisations were permitted to stand down routine care and focus on delivery of services for patients with COVID-19 and essential services. This means that the regular performance reporting also changed. As services start to resume and to reflect the revised commissioning intentions a new performance assurance process needs to be developed to provide assurance on WHSSC commissioned service.

Moving forward the emphasis will need to be on a range of indicators and not simply referral to treatment times (RTT) or activity based measures. There is now an opportunity to measure what matters to patients to provide a rounded assessment of how services deliver. Appendix 1 suggests new performance measures for WHSSC commissioned services in four domains;

- Quantitative
- Process
- Outcome
- Qualitative

These domains are then applied to patients referred, patients undergoing treatment, patients waiting for treatment and patients diverted to other forms of treatment using a range of indicators to assess performance. Activity and cost based indicators still remain relevant and important but these are balanced with other indicators, including patient reported measurements, to give an assessment based on outcomes and not simply inputs. The range of indicators will remain under review and will need to align with any new outcomes frameworks that are mandated by Welsh Government.

A new risk management strategy has been developed to support the performance assurance framework.

6. PERFORMANCE ASSURANCE PROCESS

Throughout the pandemic WHSSC has applied a light touch commissioning process, standing down all routine meetings to support the provider organisations to respond to COVID-19 and reduce burden on them. As services restart there is now an opportunity to reset and develop a performance assurance process that is clear and transparent, provides the appropriate level of assurance, measuring what matters and also supports the continued development and improvement of specialised services.

WHSSC will therefore adopt the following process:

- Reliance on the NHS England specialist commissioner frameworks and processes will still be maintained for English contracts but these will be strengthened in line with the process below which will apply to all of the WHSSC contracts.
- Regular service level agreement (SLA) meetings will be held with providers in Wales, as there is no other assurance mechanism and these contracts are usually higher value.
- Regular SLA meetings will also be held with providers where the service is of strategic importance that is they could be the sole provider of a service or the provider has a significant strategic link to Welsh provision.

At the SLA meetings there would be an expectation that data is provided in accordance with the assurance measures detailed in appendix 1 together with a discussion on financial outturns and projections across the WHSSC commissioned services, identification of any key risks, implementation of schemes approved in the ICP and a forward look for the next iteration of the ICP.

6.1 Contracts with value over c£40m or where the contract is of significant strategic importance

- Annual Exec to Exec (would expect to meet with Director of Planning, Finance and a Clinical Director as a minimum) meetings to discuss the plan for the forthcoming year and to discuss performance on the previous year. This will form part of ICP process
- Bi-monthly SLA Meetings to include lead executive as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.2 Contracts with value £10m to £40m

- Bi-annual SLA Meetings to include lead executive as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.3 Small Contracts <£10m

- Annual SLA Meetings to include lead assistant director as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.4 Specific Deep Dives

We will use the core structure as above but supplement with a cyclical view that could have a deeper dive into a particular specialty or geographic are area – examples included specialised cardiac; specialised paediatrics; or geographical coverage eg a Powys deep dive bringing in University Hospital Birmingham; University Hospital North Midlands and Birmingham Women and Children's Hospital.

7. REPORTING

The performance assurance dashboard (refined to reflect the performance measures) will be reported as follows;

- Corporate Directors Group Board Monthly
- Management Group Monthly
- Joint Committee Bi-monthly

8.0 ROLES AND RESPONSIBILITIES

Whilst it is everyone's role to manage performance, Joint Committee must drive a culture of performance by providing a clear vision together with priorities, goals and objectives.

Effective performance management requires defined roles and responsibilities and clear ownership of outcome measures. A summary of these roles and responsibilities is as follows:

8.1 Managing Director

- Overall statutory responsibility for patient safety, governance and performance management
- Accountable to Joint Committee

The Managing Director has delegated responsibility for the detailed operation of the Performance Management Framework to the Director of Planning and Performance. To discharge this responsibility, s/he will work with the Corporate Directors to ensure effective performance management arrangements are in place across WHSSC.

8.2 Corporate Directors

The Corporate Directors Group, provides a forum for Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to Joint Committee or other appropriate committees. The Corporate Directors Group also decides, given evidence from locality, directorate

or corporate team, whether any deviation from required performance is material in relation to WHSSC's escalation process.

8.3 Director of Planning

Leads the development and implementation of performance management arrangements and has delegated responsibility for preparing, implementing and updating the Performance Framework:

- Ensuring that robust systems are in place for the performance management of national, local and internal targets;
- Facilitating Performance Reporting to the relevant committees as detailed above, including exception reporting for "off plan" performance;
- Ensuring that plans to address "off plan" performance are developed and implemented;
- Ensuring that governance arrangements to support performance management are in place, robust and effective; and
- Ensures that all aspects of WHSSC's responsibilities are reflected within the framework.

8.4 Director of Nursing and Quality

Responsibility for ensuring the safety and quality of services commissioned by WHSSC, ensuring that these are adequately reflected in the performance management framework.

8.5 Medical Director

Responsibility for driving professional accountability in delivering key performance indicators and promoting clinical leadership to support the delivery of the performance agenda.

8.6 Director of Finance

Lead responsibility for delivering the Financial Framework within which WHSSC operates, linking to Business Planning, Commissioning and Contracting functions. Leads the development of systems to deliver the Financial Plan.

8.7 Commissioning Teams

Responsible for working with Health Boards and services to understand the drivers to performance and developing and monitoring improvement plans.

8.8 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action, taking positive personal action and responsibility to improve their own practice and performance.

Appendix 1 Performance Measures

Themes/pillars				
Scope	**Quantitative assessment:**	**Process assurance**	**Outcome measures**	**Qualitative assessment**
All patients referred	Referral numbers Waiting list numbers	Prioritisation process	Contact with patients waiting	
Patients undergoing treatment	Activity Data	Are providers; following nosocomial guidelines Pre surgical guidelines	Mortality 30-day readmission PROM Treatment specific measures KPI's from service specific service specifications	PREM
Patients referred but not treated	Waiting list numbers	Waiting list management and processes for patient reviews.	Mortality Emergency admission rates PROM Treatment specific measures KPI's from service specific service specifications	PREM
Patients diverted to alternative treatment	Numbers referred for alternative treatment. Waiting list numbers for alternative treatment. Activity Data for alternative treatments.	Provider following WHSSC Policy	KPI's from service specific service specifications Patient outcome measurement – mortality - LOS - Readmission rate	PREM

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Welsh Health Specialised Services Committee (WHSSC)

WHSSC

Risk Management Strategy

Document Author:	Committee Secretary
Executive Lead:	Committee Secretary
Approved by:	Joint Committee
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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

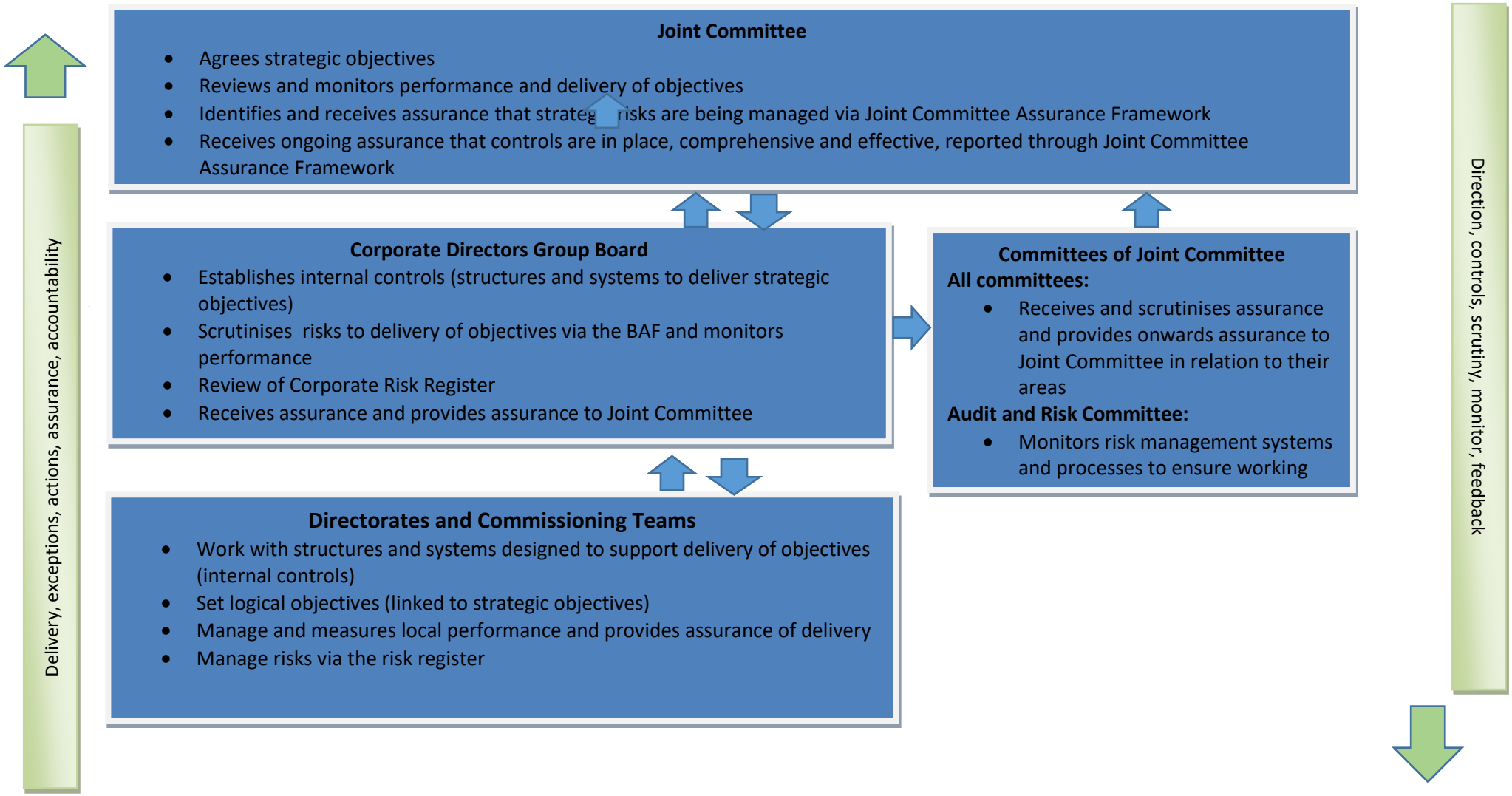
Risk Register Content and Definitions

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.

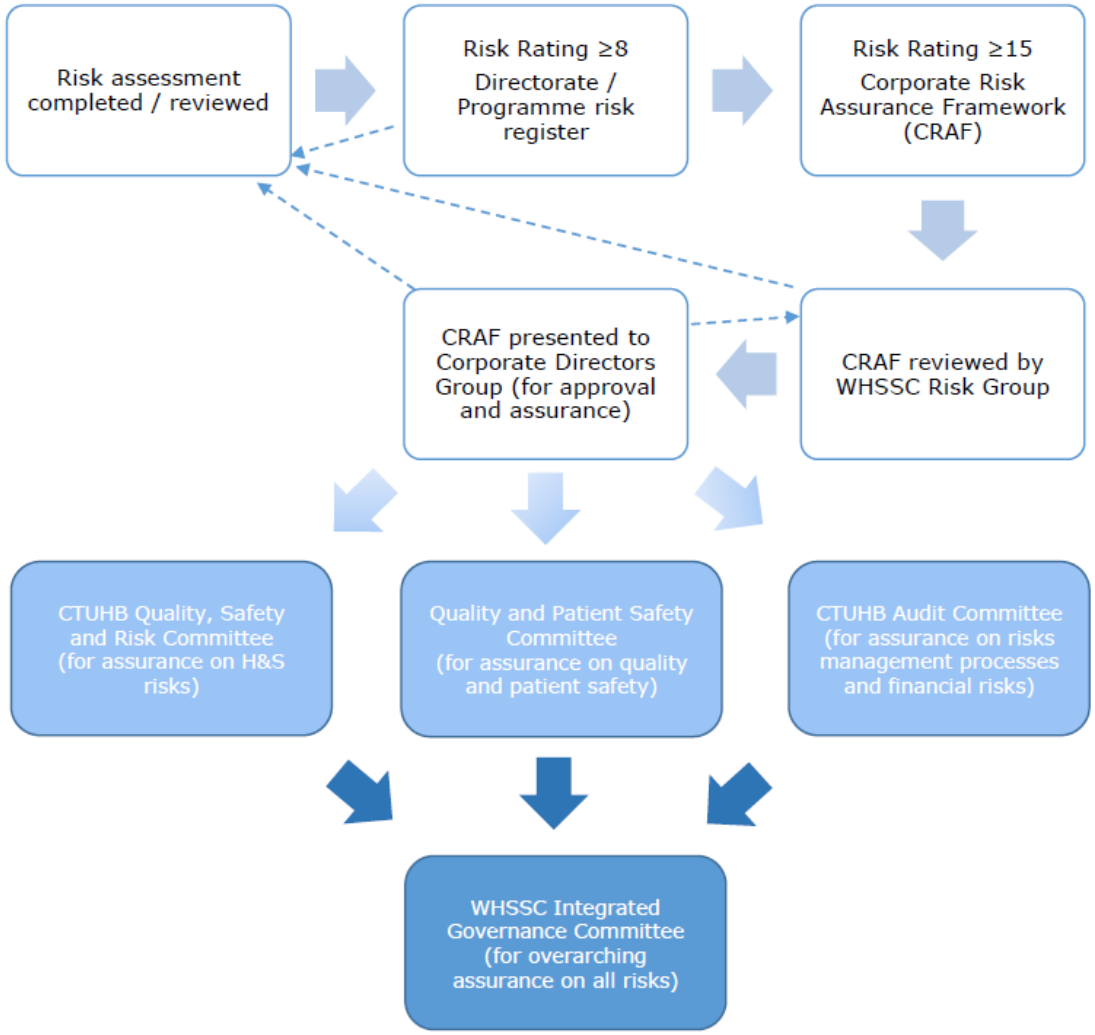
8.	Target risk rating / Residual Risk	When action is taken to treat risks, it may eradicate the possibility of the risk occurring. However, actions are often more likely to reduce the probability of the risk occurring, leaving the residual risk. The remaining level of risk after all treatment plans have 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

Appendix 2 Risk Management Process



Appendix 3 Risk Reporting Structure



Matrix to support better risk sensitivity in decision taking

Appendix 4

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	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on

		Minor implications for patient safety if unresolved Reduced performance rating if unresolved	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	Multiple complaints/ independent review Low performance rating Critical report	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.

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

ESCALATION & DE-ESCALATION PROCESS:

Document Author:	Director of Nursing
Executive Lead:	Director of Nursing
Approved by:	Joint Committee
Issue Date:	2021
Review Date:	2024
Document No:	Corp-020

Appendix 3

Serious concerns including performance, patient outcomes, clinical incidents, complaints or provider reviews

Appendix 3

Escalation & De-escalation Process

The WHSSC escalation and de-escalation process provides a clear methodology by which providers and the organisations understand the reporting mechanisms, early identification of issues and the actions required to find a joint resolution. This process should not be seen purely as a punitive one but a means by which problems are identified as early as possible with the aim that support and partnership working will lead to an improvement in the service commissioned.

Key principles underpinning the escalation and de-escalation process will be:

- **Transparency & Engagement**: WHSSC will be transparent regarding the stage of the process and engage with the providers, working in partnership to identify the next steps and the timescales involved.
- **Effective governance:** Assurance around the later stages of escalation and any negotiated contractual realignment imposed on provider organisation will be detailed and addressed with the provider. They will be reported through the WHSSC reporting structures outlined in the document
- Where appropriate Welsh Government will be notified following the *Guidance on the reporting and handling of serious incident and other patient safety concerns / no surprises*.

The following section sets out the process in place to review commissioned services and the steps in the escalation and de-escalation process in both identifying and responding to serious issues affecting Commissioned services. It aims to support services by ensuring that potentially serious issues are identified as early as possible and addressed effectively. De- escalation is equally as important in order to recognise actions taken to improve services and lessons shared where appropriate.

The process reflects how information will be exchanged and used in a timely manner, the triggers and prompts for escalation and intervention, and who will undertake those actions. It further builds on and enhances arrangements already in place to share information and performance. It aims to manage risks and operates within the WHSSC Commissioning Assurance Framework to compliment the suite of documents.

The following sources of evidence will be scrutinised and where concerns are identified the escalation process will be triggered:

- Performance monitoring: This includes data such as Referral to Treatment Times (RTT), and maintenance of cancer treatment targets.
- Routine process indicators: This includes length of stay and delayed transfers of care.
- Routine outcome indicators: These will vary from specialty to specialty but might include mortality indicators, complication rates etc.
- Patient reported outcomes and experience; Clinical incidents: these might include incidents related to individual patients or to units such as infection outbreaks;
- Complaints or claims;
- Reviews undertaken either internally by providers or by external agencies such as CQC or HIW;
- Notification of service disruption;
- Failure to deliver services in line with WHSSC commissioning intentions; and
- Any other sources of concern.

Stages/Levels of escalation

In order to provide consistency the escalation steps are aligned to a tiered approach similar to the Welsh Government (NHS Wales Escalation and Intervention Arrangements 2014) so that Local Health Boards/Trust will be familiar with when receiving assurance reporting:

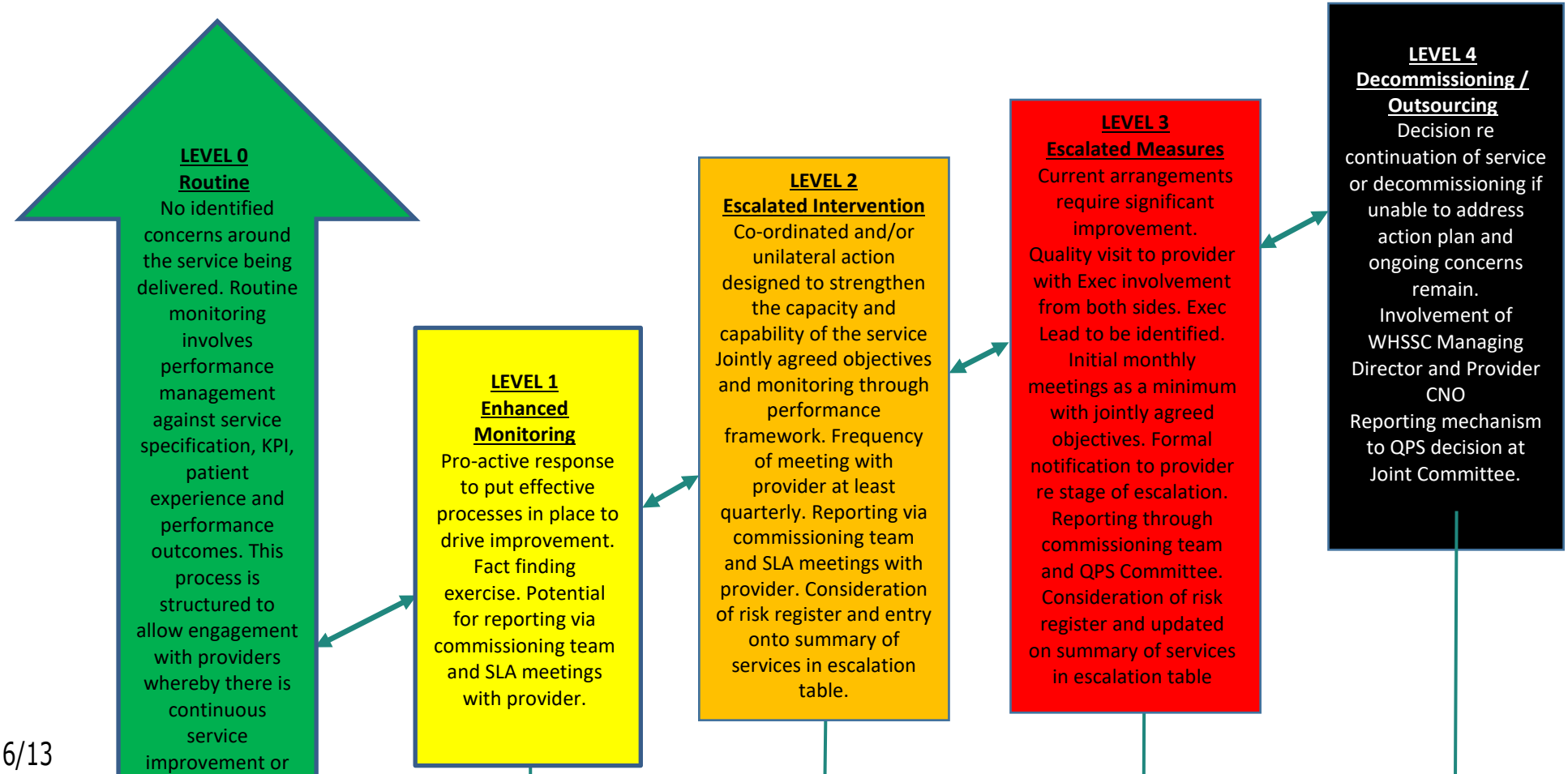
- Routine Monitoring

- Escalated Monitoring
- Escalated Intervention
- Escalated Measures
- Decommissioning/Outsourcing

Whilst the LEVELS are clearly defined depending on the severity of the issue the starting point can be at any stage of the process. Movement will take place up and down through each of the levels.

Routine Monitoring is the term used to report on all Commissioned services where there are no identified concerns around the service being delivered. Routine monitoring involves performance management against service specification, KPI, patient experience and performance outcomes. Where there are performance concerns and there is lack of available assurance in terms of improvement, there will be a need to introduce the steps in escalation. This process is structured to allow engagement with providers whereby there is continuous service improvement or decommissioning/outsourcing of services as necessary.

The following diagram represents the definitions of the four LEVELS of escalation and reporting process:



- **Level 1 ENHANCED MONITORING**

Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team.

The enquiry will lead to one of the following possible outcomes:

1. No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further.
2. Continued intervention is required at level 1 and a review date agreed.
3. Escalation to Level 2 if further intervention is required

There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider.

- **Level 2 ESCALATED INTERVENTION**

Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service.

At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include

- Provider performance meetings
- Triangulation of data with other quality indicators
- Advice from external advisors
- Monitoring of any action plans

A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider.

The investigation will lead to on to the following possible outcomes:

1. Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring.
2. If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures.

- **Level 3 ESCALATED MEASURES**

Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:

- Chair (WHSSC Executive Lead)
- Associate Medical Director - Commissioning Team
- Senior Planning Lead – Commissioning Team
- WHSSC Head of Quality
- Executive Lead from provider Health Board/Trust
- Clinical representative from provider Health Board/Trust
- Management representative from provider Health Board/Trust

An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage.

If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.

- **Level 4 DECOMISSIONING/OUTSOURCING**

Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:

1. De-commissioning of the service
2. Outsourcing from an alternative provider. This may be permanent or temporary
3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider.

Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making.

Moving in and out of escalation and between Levels

In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.

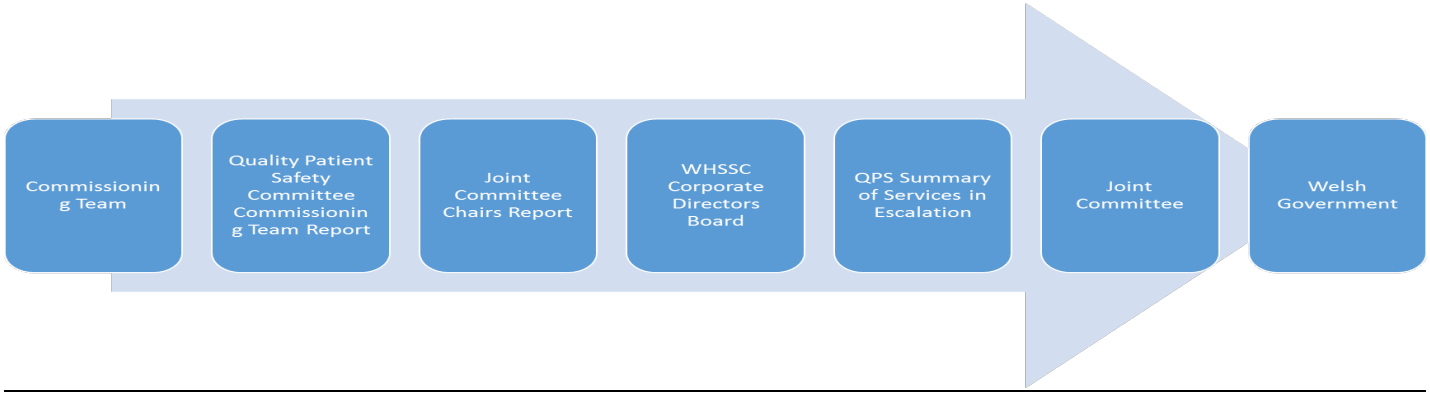
At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable.

In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.

Reporting
All services in escalation are reported through to the Quality Patient Safety

Committee via the Commissioning Team reports and a summary of services in Escalation submitted with the Chairs report to the Joint Committee. This in turn is circulated to each of the seven Local Health Boards. The following diagram illustrates reporting through the levels of escalation:

Appendix 3



Summary of Services in Escalation Dashboard

A summary of services in escalation dashboard is submitted to the Joint Committee as an appendix to the Chairs report. The colour of the arrow demonstrates the movement within the level and the direction of the arrow the movement between the Levels.

Level of escalation reducing / improving position

Level of escalation unchanged from previous report

Appendix 3

Level of escalation increasing / worsening position

Appendix 3

Appendix 3

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

PATIENT EXPERIENCE AND ENGAGEMENT FRAMEWORK WHSSC

Document Author:	Director of Nursing
Executive Lead:	Director of Nursing
Approved by:	Joint Committee
Issue Date:	2021
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Document No:	Corp-024

Pivotal for WHSSC to the success and delivery of the Commissioning Assurance Framework is ensuring that patients are put at the centre of Commissioned services. They are integral in monitoring the quality of care and in the development and improvement of services for the future. The Patient and Public engagement document forms part of the suite of documents to support and enable the delivery of the Commissioning Assurance Framework.

The main aims of WHSSC's patient and public engagement are summarised as follows:

- Understand the patient's expectation of a particular service
- Put things right if the patient experience was not as expected or planned
- Understand differences in patient experience between locations and types of treatment
- Make changes where needed and highlight areas where changes have improved care
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision
- Understand the delivery of a value based health care approach
- The patients role in the decision making about their care

Good experience of care, treatment and support is an essential part of an excellent health and social care service. This alongside clinical effectiveness and a culture of safety puts the patient first and gives patient experience the highest priority.

A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and may include end-of-life care. Providing compassionate care good emotional support and involving patients in decision-making enables positive patient experience (NHS Improvement, 2018).

There is an expectation that commissioned providers can demonstrate an open and transparent organisational culture which will have a positive impact on staff and patients alike and support quality improvement and innovation programmes. Factors such as leadership and culture underpin an ability to improve patient experience where staff are proud of their organisation as a place to work

Patient experience is enhanced when staff ensure there is time for patients to ask questions, when people using the services are treated as individuals and their specific emotional, cultural and social needs are considered (NHS Improvement, 2018).

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of A Healthier Wales (2019). This sets out the goal of ensuring citizens are placed at the heart of a whole system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. The Health and Social Care (Quality and Engagement) (Wales) Act 2020 will strengthen the voice of citizens, by replacing Community Health Councils with a new All Wales Citizen Voice. The Citizen's voice will further strengthen

- An effective mechanism to have Citizen's views heard
- Ensure Citizens are supported when making a complaint in relation to their care
- Use the user service experience to drive forward improvement including the involvement and consultation of the users in service delivery changes.

The new organisation will be established as a public body and structured to enable it to perform its functions at a national regional and local level. A Code of Practice will also be published by Welsh Government for the Citizens Voice body when seeking the views of individuals. Working in partnership with Citizen's voice will be key in the planning of new services and the monitoring of commissioned services. As a member of the Quality Patient Safety Committee they will also have an overview and ensure that the voice of the patient is at the centre of decision making.

In addition the Well-being of Future Generations Act (2015) will require public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other.

Every contact with a patient is an opportunity to support someone to better maintain or improve their own health and wellbeing, which will often mean looking beyond their immediate symptoms or needs. Prudent Healthcare commits to ensuring decisions and choices are taken forward hand in hand with those receiving services and this extends to how system supports lifestyle

and wellbeing choices. This will be an increasingly important part of putting the citizen at the heart of a whole system approach.

Ensuring representation from all stakeholders when planning and evaluating services is key for WHSSC. Activities should be inclusive and equal opportunity given to fully participate in patient and public engagement activities in a manner which reflects and supports this.

The WHSSC Commission Teams and Networks will ensure patients and public are engaged and involved through a number of forums. These will include representation and participation on the Individual Patient funding panel, the Clinical Impact Assessment process, Independent members on the Quality Patient safety forums and all project boards.

Some examples of direct Engagement may involve

- Meeting with patients and obtaining patient and carer stories
- Including representation on WHSSC working groups and committees
- Undertaking patient surveys and questionnaires
- Encouraging patient's public to contact WHSSC in writing, in person or through website
- Investigating, responding and reporting of complaints
- Establishing focus groups and/or patient panels on specific topics
- Inviting patient representatives to service improvement and innovation workshops

Indirect Engagement may involve

- Undertaking visits to hospitals and Specialised units where treatments are funded by WHSSC and speaking to the staff and reviewing the environment
- Internal reporting of actual and potential issues with a particular service
- Collating compliments and areas of best practice
- Keeping updated on current media interests in UK wide patient feedback and NHS developments
- Requesting clinical updates on patients post treatment
- Maintaining a website that is easy to use and gain access to important information.
- Undertaking regular audits and reviews of services funded by WHSSC including presentations on Quality Improvement initiatives and development of these

- Monitoring patient feedback from provider services, through Quality indicators and through data collected on the Once for Wales site.
- Utilizing 3rd party surveys.

The feedback may be classified into the following types:

1) **Patient outcomes** – What was the patient's (and family) experience of the service and to what extent were their expectations met or not met.

2) **Process data** – Tells us about the way the services WHSSC funds are delivered

3) **Outcome data** –Demonstrates what difference the service has made to the patient and if this was within a prudent model of care.

4) **Impact data** – Relates more to the longer-term effects once patients have had their treatment

5) **Clinical outcomes** – How the treatment or care impacted on a person's physical, mental and social wellbeing.

Patient feedback should be considered along with other sources, including complaints and compliments. Collecting feedback from a variety of sources is the best way of identifying and learning lessons from areas where improvements are required and highlighting areas of best practice. The establishment and embedding of the Once for Wales reporting tool into Welsh Health Boards may further support and enhance the development of feedback.

Obtaining balanced feedback

The following table sets out a range of well tested and recognised methods which can be used to provide a balanced view of a patient experience.

WHSSC and the respective commissioning teams will adopt the approaches and embed them into practice to ensure patient experience is captured using multiple methods.

"Real Time"	"Retrospective"
Short surveys are used to obtain views on key patient experience indicators whilst patients, carers and service users are receiving a WHSSC funded service e.g. home care delivery of specialist drugs Or after discharge e.g. cardiac surgery **Limitations** May be subject to bias, not related to longer term outcomes	Surveys post discharge or any clinical encounter in any setting can provide in depth feedback of a service users experience. Feedback can also be incorporated into quality-of-life measures and Patient Reported Outcome/Experience Measures to inform future planning of services and treatments **Limitations** Low response rates, reflect average experience not the finite detail of were highs and lows
"Proactive/Reactive"	**"Balancing"**
Provide opportunities for all service users/families/carers to provide feedback. Includes questionnaires, audit days, Lay representatives on committees and patient groups, online surveys, contact details publicised on web, etc **Limitations** Recognising where to target surveys and feedback	Evaluate feedback in relation to other sources such as: Concerns and complaints Compliments Clinical incidents Patient stories Patient groups Third party surveys **Limitations** Small numbers, potential respondent bias

Patient Reported Outcome measures (PREMS) and Patient Experience Measures (PROMS) are frequently used in the NHS to assess the quality of care delivered. Information about a patient's health and quality of life **before** they receive treatment and about their health and the effectiveness **after** they have received treatment can be used to measure and improve the quality of care, evaluate the specific outcomes of treatments and inform future decisions about how care is planned and delivered in the future.

PROMs are a means of collecting information on the effectiveness of services, care and treatment delivered to individuals as perceived by the individuals themselves. They measure the impact of clinical interventions such as did patient's physical and/or mental condition improve and if so by how much?

PROMs examples are Quality of Life, Measurement of symptoms e.g. pain, functional ability, distress.

Patient Reported Experience Measures **(PREMs)** gather a patients' objective experience after treatment and aim to remove the subjectivity around the experience of care by focusing on specific aspects of the process of care e.g. were you seen on time?

The feedback received via these questionnaires informs the following areas of Quality:

- **Effectiveness of care** – Does the treatment reduce symptoms, improve function and improve quality of life? (PROMs)

- **Safety** – Does the treatment cause harm or have complications? (PROMs)

- **Experience of care** – What do patients think of the process of care, where they treated with dignity, kept informed, had trust in staff, cleanliness of the environment and timeliness of care? (PREMs)

Services may adapt questionnaire such as PROMS and PREMS to specifically analyse and support patient outcomes and feedback to facilitate effectiveness improve decision making and service improvement further enabling the delivery of a prudent health care system. The Value Based Heath care team in Wales are working across Health Boards and with Digital Health and Care in Wales to support a coordinated approach to the development and standardisation of PREMS and PROMS for certain conditions. WHSSC will support and work with the team to facilitate the utilisation of these within specialised services in Wales. WHSSC will also continue to work with the Quality Improvement team in NHS England to gain patient feedback through digital platforms such as the Quality Surveillance Information System.

All patient information will be anonymised. The results of data collection and analysis will be shared as widely as possible to enable closer working, improved communication and patient experience. This will facilitate and support Consultation and Engagement across the NHS to reduce duplication and will support and improve standards of clinical practice.

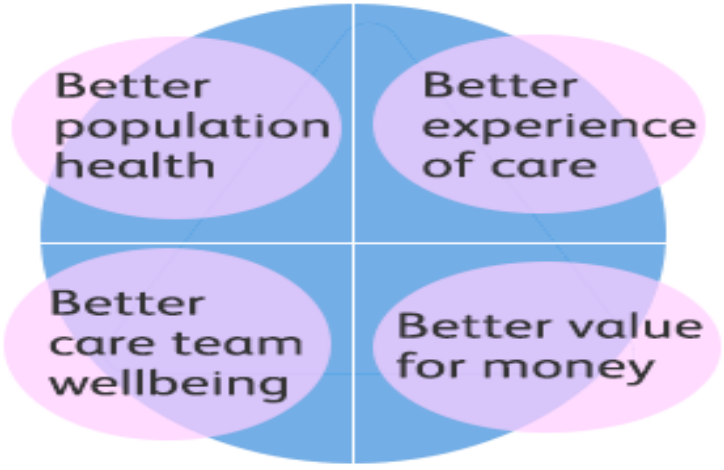
Patient and public experience of the commissioned services is perhaps the most valuable information that can be captured and incorporated into the

evaluation of service provision across WHSSC. Measuring what matters to people can be used to establish which services and treatments work well and which ones need to be improved. This information will enable a picture to be built of how it feels to receive care from a particular service or provider and will support and identify best new models of health and social care.

It is critical that the information is gathered in a systematic way and "triangulated" i.e. used along with other related information such as clinical outcomes to:

- promote best practice
- empower citizens to make the best choices regarding treatments available
- reduce variability and treatment across Wales
- support service re design to achieve better clinical outcomes
- provide a measure to determine clinical and cost effectiveness of treatments and services linking to prudent heath care

This will further support the Quadruple aim of improved population health and well-being (WG 2019)



Quadruple aim of healthcare

Analysis of the information collated

The Commissioning Teams will be central to agreeing a work-plan of patient experience and outcomes required and will work with the relevant providers in collecting the data. Any relevant patient data and the collection of

Patient and public feedback, patient stories, reports from contracted health care providers or third party surveys will be analysed by the quality team and fed into the commissioning team.

The data will be cross referenced to mirror the Health & Care Standards (WG 2016) and incorporated into the commissioning team reports for Quality Patient Safety Committee or into a separate report as deemed applicable.
Shared decision making and co-production between provider and commissioner is crucial in capturing and reporting the data. Shared decision-making is 'an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve preferences' in order to design person-centred care.(Elwyn et al., 2012 cited in Public Engagement and a Healthier Wales, 2020)

Engagement is the active participation of members of the public, communities, customers or stakeholder in service planning, delivery and evaluation. Effective public engagement leads to decisions, delivery and evaluation of services that have been shaped by the relevant people and communities.

Reporting and Acting on Findings

It may not be possible to act on every view expressed but the principles of this framework form a foundation and a driving force to support WHSSC being open and transparent when explaining why and how decisions are made and specialist services are delivered for the people of Wales.

Evaluation will be built into all engagement activities to allow us to not only monitor patient experience but enable us to share and apply any 'lessons learnt'. Equal value will be placed on collecting numerical (quantitative) and narrative (qualitative) information captured as both will provide evidence that the framework is achieving its objective.

Process for reporting feedback

The findings from all of the patient experience work from internal and external sources will be reported through the commissioning team's reports to Quality Patient Safety Committee and included in the performance report. Individual targeted reports will be collated where applicable and a patient story presented to the Joint Committee and Quality Patient Safety Committee to support ongoing discussions as appropriate.

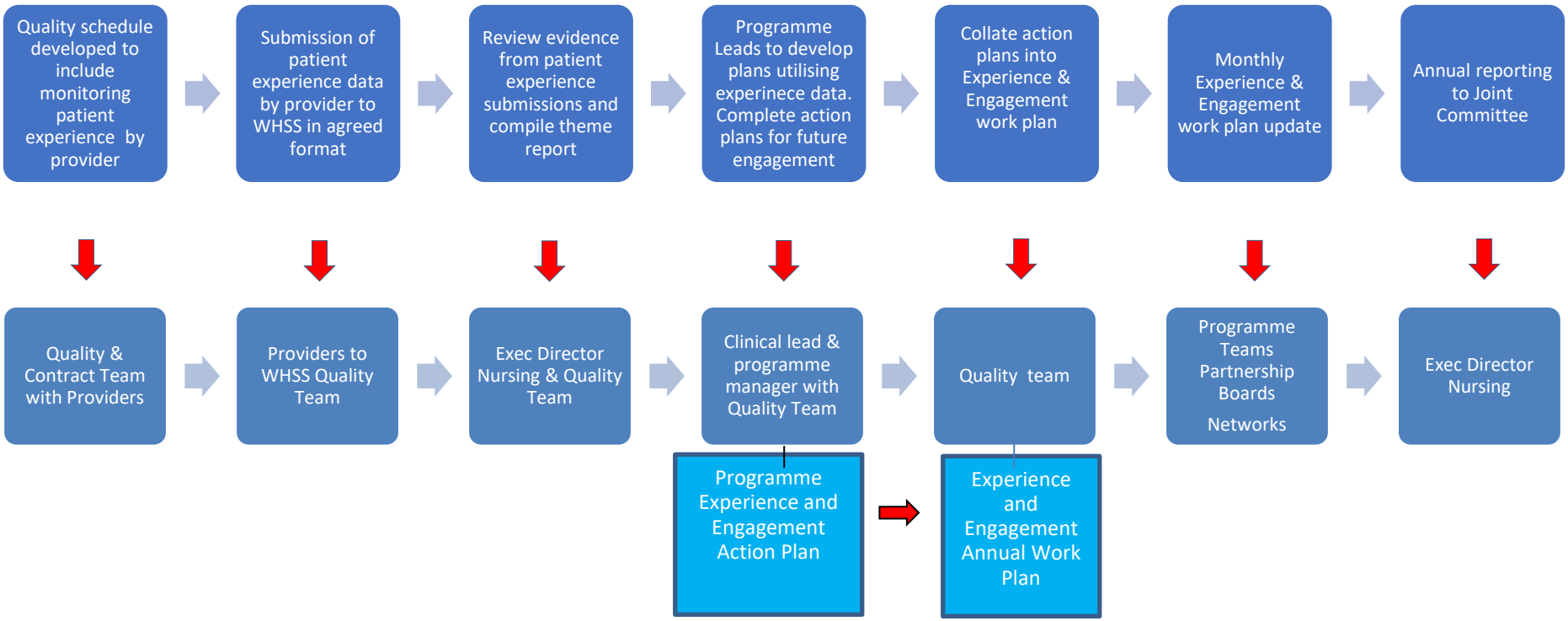
Conclusion

Patient and Public Engagement are essential to enabling supporting and continuously developing and embedding the Quality agenda throughout commissioned services. WHSSC will ensure that the patient voice and experience is central to discussions and decisions made and the Citizens Voice has been considered throughout.

Appendix 4

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

Experience and Engagement Framework



Appendix 4

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

		Agenda Item	2.12
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Annual Committee Effectiveness Self-Assessment 2020-2021		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary	Public / In Committee	Public

Purpose	The purpose of this report is to present the findings of the annual Committee Effectiveness Self-assessment for 2020-2021.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☒	☒	☒

Sub Group /Committee	Integrated Governance Committee	Meeting Date	10/08/21
Recommendation(s)	Members are asked to: • **Note** the completed actions within the Committee Effectiveness Action plan 2019- 2020; • **Note** the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and • **Receive assurance** that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.		

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		✓

ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT 2020-2021

1.0 SITUATION

The purpose of this report is to present the findings of the annual Committee Effectiveness Self-assessment for 2020-2021.

2.0 BACKGROUND

Effective Committee meetings are a key part of an effective governance structure and it is important to ensure that the Welsh Health Specialised Services Committee's (WHSSC's) organisational governance is compliant with the provisions of its Standing Orders which state stipulate a requirement to review the performance of the Joint Committee, its joint sub- Committees, Expert Panels and Advisory Groups, specifically that:

> *"The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panels and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated."*

Traditionally, WHSSC has undertaken questionnaire style self-assessments and the anonymised responses were used to produce a feedback report, reflecting the output from the self-assessment, to the relevant Sub Committee/Group. However, some of the feedback received suggested that some participants found the questionnaires difficult to complete, and that in some cases, the questions were felt to be irrelevant. Consequently, WHSSC modified its approach and adopted a workshop approach in 2019-2020.

Feedback from the 2019-2020 self-assessment indicated that members preferred the workshop approach as a way of obtaining valuable feedback and it was suggested that the process should be repeated each year. However, due to the COVID-19 pandemic, we were unable to arrange face-to-face workshops, within the allocated timeline, for members in 2020-2021.

The Integrated Governance Committee (IGC) plays a central role in the scrutiny of a number of key governance mechanisms for which it provides assurances to the Joint Committee. One of these is agreeing an organisation wide approach to the annual effectiveness self-assessment.

Therefore, in light of the above, through the IGC, the Chair and Independent Members of WHSSC decided to seek written feedback from Joint Committee and

joint sub-Committee/Group members/attendees to comply with the 2020-2021 annual self-assessment.

This report provides a summary of the action plan emanating from the 2019-2020 self-assessment exercise, and presents the findings of the self-assessment exercise undertaken in 2020-2021.

3.0 ACTION PLAN FROM THE 2019-2020 SELF-ASSESSMENT

The table below provides a summary of the agreed actions following the self-assessment undertaken in 2019-2020 with comments on progress:

Action	Progress/Comment	RAG
The Induction process could be strengthened	A formal induction pack has been created and a menu of appropriate documents is available via Admincontrol. Face-face induction meetings with WHSSC officers and staff are also routinely arranged as part of the induction process.	Completed
The inherent time lag of the CRAF and Integrated Performance reports makes discussing up to date information difficult.	In relation to the CRAF a new Risk Management strategy has been approved and the CRAF is now being regularly reported to CDGB, IGC, QPS and CTUHB Audit & Risk Committee. Changes to the Performance Reports has been delayed due to COVID-19 but following the Audit Wales Governance Review, these form part of the recommendations and will form part of the Audit Wales tracker.	Completed
Independent Members raised the possibility of holding regular briefings	The Managing Director agreed to host briefing meetings with the Chair and Independent Members on pertinent subjects, generally prior to Joint Committee meetings These have continued and are well received.	Completed.

4.0 ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT 2020-2021

4.1 Results of Annual Committee Effectiveness Survey 2020-2021

In order to gather feedback for the Annual Committee effectiveness survey for 2020-2021, a questionnaire was disseminated via email to all Joint Committee members on 17 June 2021 enabling an efficient yet effective reflection on Committee effectiveness. The prompt sheet provided to participants was split into four areas:

- Composition, Establishment and Duties;
- Effectiveness;
- Compliance with the Law and Regulations Governing the NHS; and,
- Individual Effectiveness.

There was also an opportunity for participants to provide free text comments in relation to anything that worked well or required improvement/clarity. The findings are presented at ***Appendix 1*** for information.

The survey achieved a 29% response rate, equating to 19 responses. The majority of responses were positive and the following areas of good practice were noted:

- Actions are increasingly more clearly defined during the meeting, the monitoring of follow up actions has been strengthened and long standing issues, (e.g. neonatal transport) have been escalated. The length of time though for some of these issues to be resolved does still remain a concern for some members;
- The Independent Member briefings are especially helpful in providing a fuller understanding of key issues. The opportunity to ask questions and have discussion at these more informal meetings allows time to reflect on the key issues, hear the perspective of other IMs and executives and, as a result, provide more appropriate scrutiny and insightful questioning at the formal meetings;
- Scrutiny and challenge from all members has strengthened during the course of the year;
- The papers for meetings are distributed in sufficient time and this has improved significantly over the past 12 months. The Admin Control software package for document sharing has significantly improved the process for issuing meeting papers;
- Assurance has improved in recent times with papers having a greater degree of consistency, being more concise and focussed. There remains scope for further strengthening of assurance and consistency;
- Independent Members will speak up if they do not think they are getting the right information;
- There is no difficulty in obtaining further information if required; and
- Members are free to challenge.

The IGC considered the feedback from the self-assessment at its meeting on 10 August 2021, and noted the low response rate and it was suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the COVID-19 pandemic. It was suggested that consideration be given to changing the approach for next year and consideration will be given to arranging external input to facilitate the process.

The comments and themes from the 2020-2021 will be incorporated into an action plan and progress will be monitored through the IGC.

Following discussion, of the findings of the self-assessment and other sources of assurance the IGC agreed that the majority of comments and themes were echoed in the recommendations of the recent Audit Wales report on "Committee Governance Arrangements at WHSSC". Monitoring progress against these recommendations will be a key priority of the Integrated Governance Committee and this will be reported back to Joint Committee in January 2022.

4.2 Review of the System of Assurance

A During the year WHSSC has undertaken and/or engaged in a number of assessments that provide internal and external sources of assurance to support the Joint Committee in undertaking its annual effectiveness assessment, details of which are presented at ***Appendices 2-4*** for information.

The IGC considered the internal and external sources of assurance to support the Committee in undertaking its annual effectiveness assessment feedback at its meeting on 10 August 2021, including the feedback from the recent Audit Wales review on "Committee Governance Arrangements at WHSSC".

The Audit Wales review outlined that governance, management and planning arrangements have improved since the previous governance review undertaken in 2015, however the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within A Healthier Wales.

The IGC were assured that WHSSC have a number of tools in place which already provide assurance on committee effectiveness.

The overall findings of the self-assessment are positive which provides an assurance that the governance arrangements and Committee structure in place are effective, and that the Committees are effectively supporting the Joint Committee in fulfilling its role.

5.0 GOVERNANCE & RISK

To ensure effective governance the Committee Effectiveness Survey is undertaken on an annual basis, in accordance with the provisions of the Standing Orders for NHS Wales.

The next self-assessment will be undertaken in March - April 2022 to coincide with the end of financial year reporting requirements of the Annual Governance Statement (AGS) 2021-2022.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the completed actions within the Committee Effectiveness Action plan 2019- 2020;
- **Note** the results of the Annual Committee Effectiveness Survey 2020-2021, and the action plan for 2020-2021, to be progressed via the Integrated Governance Committee; and
- **Receive assurance** that the Annual Committee Effectiveness Self-assessment for 2020-21 has been completed and that the appropriate actions have been agreed.

7.0 APPENDICES

Appendix 1 - Annual Committee Effectiveness Survey results 2020-2021
Appendix 2 - Annual Effectiveness Report – Other Sources of Assurance
Appendix 3 - Draft Audit Recommendations Tracker
Appendix 4 - WHSSC Assurance Map

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development
Link to Integrated Commissioning Plan	Not applicable
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	Strong governance mechanisms will indirectly improve quality of service and patient safety and experience.
Resources Implications	Not applicable
Risk and Assurance	In order for the Committee to carry out its duties in relation to scrutiny of potential risks which impact on services provided, it needs to consider its own effectiveness and ability to do this.
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**
Integrated Governance Committee (IGC)	10 August 2021	Supported subject to some amendments

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

APPENDIX 1

RESULTS OF THE WHSSC ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT 2020-2021

The purpose of this paper is to provide members with the results and feedback from the recently distributed surveys on committee effectiveness.

1.0 BACKGROUND

In the past, WHSSC has undertaken questionnaire style self-assessments and the anonymised responses were used to produce a feedback report, reflecting the output from the self-assessment, to the relevant Sub Committee/Group. However, feedback received from members in 2019-2020 suggested that the questionnaires were difficult for some participants to understand and, in some cases, questions were felt to be irrelevant. On the basis of this feedback, WHSSC modified its approach and adopted a workshop approach for 2020-2021.

Members generally preferred the workshop approach as a way of obtaining valuable feedback; however, due to the COVID-19 pandemic, we have been unable to arrange face-to-face workshops, within the allocated timeline, for members this year.

In light of the above, through the Integrated Governance Committee, the Chair and Independent Members of WHSSC decided to seek written feedback from Joint Committee and joint sub-Committee/Group members/attendees. This was followed by a discussion during the Integrated Governance Committee (IGC) meeting on 10 August 2021 to review the responses, which were compiled by the Corporate Governance Manager, and to provide further input and comments.

The prompt sheet provided to participants was split into four areas:

- Composition, Establishment and Duties;
- Effectiveness;
- Compliance with the Law and Regulations Governing the NHS; and,
- Individual Effectiveness.

There was also an opportunity for participants to provide free text comments in relation to anything that worked well or required improvement/clarity.

2.0 SELF-ASSESSMENT 2020-2021

The request for feedback was circulated on 17 June 2021 with responses requested by 01 July 2021. The deadline was subsequently extended to 08 July 2021 and again to 23 July 2021.

2.1 Response Rate

The table below outlines the number of responses received for each Committee together with a response rate:

Name of Committee	Number of Individuals asked to complete survey	Responses Received	Response Rate
Joint Committee	26	6	30%
Q&PS	8	5	63%
Management Group	26	3	12%
IPFR	1	1	100%
IGC	4	4	100%
WRCN	N/A	N/A	-
Total	65	19	29%

When considering the response rate for the Independent Patient Funding Request (IPFR) Panel it is important to note that due to COVID-19 the panel had to adopt agile governance and the majority of decisions were taken via the Chairs Action panel. Due to this temporary change, feedback for the effectiveness of the committee has been obtained through discussion with the Committee Chair only, and a decision was made not to include other members for this year as full panel meetings have only recently been re-convened.

During 2020-2021 the Welsh Renal Clinical Network (WRCN) Renal network arranged a specific development session with Academi Wales which included a facilitated session through a Healthy Boards Workshop. A summary of the results is attached at ***Appendix A***. This feedback will be considered by the IGC and will contribute to the overall view of Committee effectiveness.

2.2 Composition, Establishment and Duties

This section of the assessment related to the structural framework of committees.

All responses agreed that the committees undertake a regular assessment of their effectiveness.

Responses in relation to the other questions were positive. However, one area that was worthy of reflection related to the quoracy. Meetings of Joint Committee

meetings have only avoided quoracy issues due to the recruitment of new members. Without these new members, it would be difficult to fully and properly scrutinise and ensure effective governance.

The recent improvements to the induction process have been well received. One member commented that they had attended several training sessions. Another member commented that they received a very good induction.

One member did not agree that new members received appropriate induction and training. However, this was from a member that undertook their induction prior to the changes and was unable to attend the most recent training session.

The responses to all other statements were largely positive including operating within and familiarity of the guidelines set out in the Governance and Accountability Framework and the appropriateness of the knowledge and background of members.

2.3 Effectiveness

This section of the assessment related to the work carried out by the committees. The majority of responses were positive and the following areas of good practice were noted:

- Actions are increasingly more clearly defined during the meeting, the monitoring of follow up actions has been strengthened and long standing issues, (e.g. neonatal transport) have been escalated. The length of time though for some of these issues to be resolved does still remain a concern for some members;
- The Independent Member briefings are especially helpful in providing a fuller understanding of key issues. The opportunity to ask questions and have discussion at these more informal meetings allows time to reflect on the key issues, hear the perspective of other IMs and executives and, as a result, provide more appropriate scrutiny and insightful questioning at the formal meetings;
- Scrutiny and challenge from all members has strengthened during the course of the year;
- The papers for meetings are distributed in sufficient time and this has improved significantly over the past 12 months. The Admin Control software package for document sharing has significantly improved the process for issuing meeting papers;
- Assurance has improved in recent times with papers having a greater degree of consistency, being more concise and focussed. There remains scope for further strengthening of assurance and consistency;
- Independent Members will speak up if they do not think they are getting the right information;
- There is no difficulty in obtaining further information if required; and
- Members are free to challenge.

It was suggested that the following areas could be improved:

- It would be useful to have more scheduled informal session to discuss specific matters or developmental agendas. The session on equity for example was particularly helpful in stimulating discussion and thought;
- Work plans could be more detailed;
- Joint Committee is sometimes difficult as there is tension between provider and commissioner views;
- There are also sometimes tensions resulting from the need to bring clinical staff with you in the provision of new services or changes or changes in the provision of specialist services in line with best practice or audit recommendations when the clinical staff are not aligned with the recommended way forward;
- When there is turnover in the membership it takes time for new members to settle in;
- Links with sub-groups could be strengthened;
- In line with the Audit Wales review, it would be useful to see a more comprehensive approach to quality at the Committee itself rather than in the sub-committee;
- Regarding the appropriateness and level of information received, there has been continual improvement in quality and consistency over time but there is still work to do; and
- Since the COVID-19 pandemic began there has been a request for questions to be submitted prior to meetings. Some members find it difficult to respond in the timescales required for the submission of questions before the meeting. However, overall the introduction of submitting comments ahead of meetings has been a helpful addition.

2.4 Compliance with the Law and Regulations Governing the NHS

In this section participants were asked about the wider elements of the Joint Committee and sub-Committees' role, how it integrates with the wider WHSSC governance structure and the assurances it receives.

The responses received within this section highlighted a higher level of uncertainty than the previous sections.

Comments to consider included the following:

- The Joint Committee has recently undertaken a review of its risk management strategy. The recent Audit Wales reports gives external opinion and it is important that these recommendations are monitored through to conclusion;
- The WHSS Team visit a Board Meeting for each Health Board to ensure integration. The Director of Nursing has attended a recent Quality & Safety Chairs meeting; and
- The diverse nature of WHSSC's work means that reporting can at times seem fragmented. COVID-19 has not helped this, especially in relation to

performance reports. However, where possible validated data is utilised and limitations are communicated. During COVID-19 an activity report has been introduced.

In relation to performance reports, the WHSSC Executives will review the recommendations of the recent Audit Wales review of governance.

2.5 Individual Effectiveness

This section of the assessment sought to identify the individual's views regarding their own knowledge and skills relating to identification of issues and ability to challenge executives and management on critical and sensitive matters.

Overall members felt that they had sufficient knowledge and understanding of the organisation to identify issues appropriately and felt confident to challenge colleagues on critical and/or sensitive matters.

Comments included the following:

- My knowledge and understanding of the organisation has improved over the year;
- It was really useful having a 1:1 with the new Chair – without overburdening the Chair could these be arranged every year or bi-annually?
- I am still learning about services so I am not confident to challenge yet;
- All execs and staff members have been open and very happy to meet and discuss issues;
- To challenge executives and management on critical and sensitive matters appropriately. They have responded with courtesy, patience and helpful explanations;
- I have been given a number of opportunities for development to support my effectiveness as a member of the sub-Committee;
- The Joint Committee functions well with helpful communication back via highlight reports to member Health Boards. The recommendations made in the recent Audit Wales review of WHSSC Governance Arrangements are welcomed and when implemented, will further strengthen the Committee;
- As an experienced member of the committee, I welcome the progress that has been made in improving the quality of information and assurance provided, the realignment of the risk register, commissioning assurance; and
- I am confident as a member of the committee that we are given the opportunity to provide appropriate scrutiny and challenge, we have regular and up to date reports from the various teams and I am developing a good understanding of the organisation and how it works, I have found all members of the team both knowledgeable and helpful if I have had any queries.

3.0 NEXT STEPS

The IGC considered the feedback from the self-assessment at its meeting on 10 August 2021, and noted the low response rate and it was suggested that this could be attributed to operational pressures impacting on the ability to run actual workshops, and the impact on the time commitments of individual members arising from the COVID-19 pandemic. It was suggested that consideration be given to changing the approach for next year and consideration will be given to arranging external input to facilitate the process.

The comments and themes from the 2020-2021 will be incorporated into an action plan and progress will be monitored through the IGC.

Following discussion, of the findings of the self-assessment and other sources of assurance the IGC agreed that the majority of comments and themes were echoed in the recommendations of the recent Audit Wales report on "Committee Governance Arrangements at WHSSC". Monitoring progress against these recommendations will be a key priority of the Integrated Governance Committee and this will be reported back to Joint Committee in January 2022.

WRCN Healthy Board Workshop August 2021
Summary Outcomes

1.0 BACKGROUND

The Welsh Renal Clinical Network (WRCN) is a non-statutory body which obtains its authority and responsibility as delegated by the Welsh Health Specialised Services (WHSSC) Joint Committee. This delegation provides the autonomy within an agreed framework for the officers of the WRCN to carry out the duties required of them to manage and lead the planning, commissioning and performance management of specialised renal services across Wales.

The work of WRCN is governed by a Network Board which historically has been clinically led. Although the majority of the Board membership remains clinical, the recent retirement of the Chair and the learning that evolved from the challenges of the pandemic has given the opportunity to reflect on the form and function of the Board to ensure it is as effective as possible as we move into the post-pandemic reset and recovery phase.

In the summer of 2021, with the support of Academi Wales independently facilitated workshops enabled Board members to identify key areas for improvement.

2.0 PURPOSE

The workshops were designed to identify, by consensus, key areas for action to improve the performance of the WRCN Board. An initial workshop in July aimed at helping participants to identify affective working methods and start to discuss how WRCN compares against agreed good practice. Diagnostic questionnaires were utilised between workshops to identify possible areas for discussion at the follow-up workshop held in August.

3.0 QUESTIONNAIRE ANALYSIS

5 questionnaires were received and analysed, in summary findings were as follows: -

- Against the vast majority of success criteria, the network scored well with results at average or above average ratings.
- 2 areas were identified where ratings fell below average: -

- There was a suggestion that the Board members did not always agree about priorities and therefore did not always 'speak with one voice';
- It was suggested that Board discussions did not always reflect sufficiently the views of what is a diverse range of stakeholders;

Within the narrative element of the questionnaires some questions were raised about consistency of levels of engagement and alignment across the network.

A further question had been raised about whether members had got the balance right between undertaking assurance discussions and activities that validated service performance and standards and improvement discussions aimed at improving the service.

These points were presented as part of the introduction to the follow-up workshop.

4.0 WORKSHOP OUTCOMES

4.1 Focus on Assurance

Issue: The Board need to be clearer and more organised about assurance activities in advance of meeting as this would allow more focus on service improvement requirements. There needs to be a clear distinction made between commissioned services and paid for activities.
Action: Agreement in principle that dealing with assurance activities via transparent reporting prior would be helpful in stimulating improvement discussions. Network Manager to produce a paper prior to September's Management Team meeting for discussion and endorsement.

4.2 Focus on Improvement

Issue: Need to draw on performance and assurance data and socialise better lessons from existing QPS processes to ensure Board members have the opportunity to focus on service improvement requirements.
Action: Network Manager to produce discussion paper regarding options for taking improvement activities forward for September Management Team meeting

5.0 SUMMARY

- Good participation in workshop discussion, although mainly from commissioners/clinical leadership.
- Broad agreement on forward strategy, a way forward identified for both assurance and improvement activities. Both will need engaged discussions and clear action plans to come to fruition.

Llywodraeth Cymru
Welsh Government

AcademiWales

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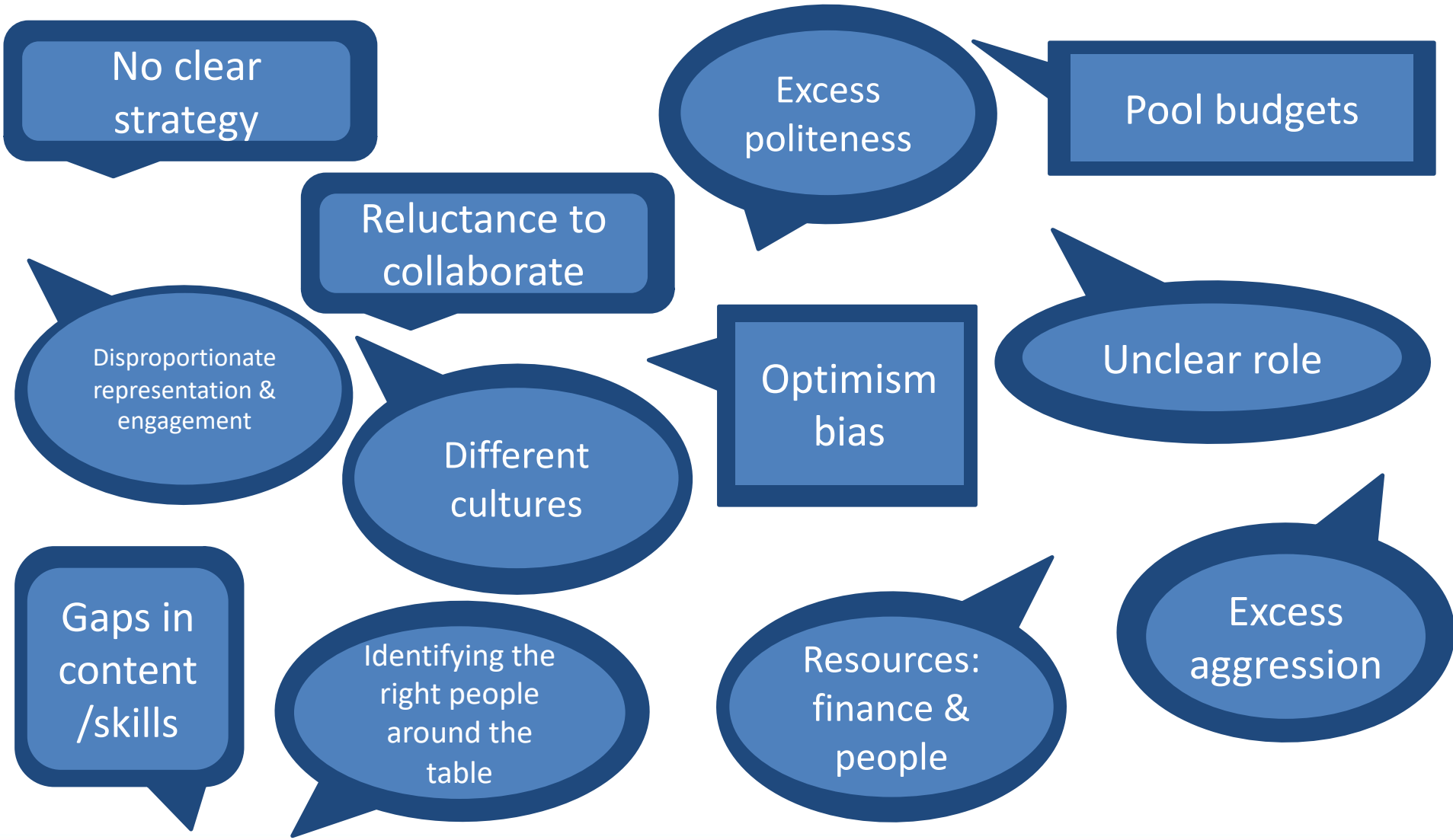
WRCN Board
Healthy Boards
Self-Assessment Summary

August 2021

David Hain

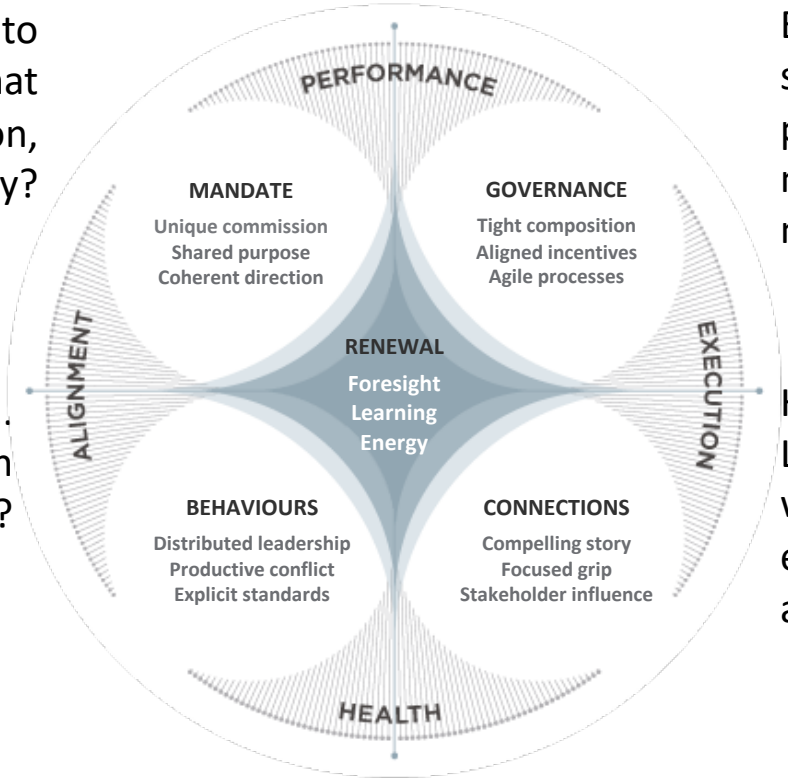
What are the unique challenges for Welsh PS Boards?



What you should be asking yourself

How well does your Board….. Hold a collective commitment to a clear shared purpose, that determines a shared vision, values and strategy?

How well does your Board….. Deal with issues openly, with transparency and candour?



How well does your Board….. Ensure you have the right mix of skills and experience, with strong processes that enable you to monitor performance and manage risk?

How well does your Board….. Listen to and engage powerfully with partners and stakeholders; effectively monitor delivery against the needs of the citizen?

How well does your Board….. anticipate challenges and opportunities, while building your own current and future strength as a Board, learning from and responding to successes and failures, with energy and vigour?

How do you rate WRCN?

5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

Mandate	1	A high level of mutual accountability and collective commitment to a clear shared purpose for the Network	
	2	The way in which we focus on work that only WRCN can perform	
	3	The way in which we prioritise to determine the vision, values and strategy for our local plans and performance	
	4	The way in which we ensure an integrated and inclusive strategy to provide clarity of direction for all partners	
Governance	5	Our focus on ensuring the right mix and diversity of skills, experience and perspectives for WRCN	
	6	The way in which we reinforce individual and collective accountabilities through determining and implementing clear consequences for all	
	7	The way we monitor performance and identify, mitigate and manage strategic risks	
	8	The effective mechanisms we have in place for decision-making and the clarity of decision rights	
Behaviours	9	The impact of the Independent Chair on leveraging the full capabilities of the partnership	
	10	Our willingness to deal with issues openly, with transparency and candour and the way we instill these behaviours onto our organisations	
	11	The way we identify and role model core values and behaviours including unwavering citizen focus and uncompromising stance about professional standards including responsibility, honesty, openness, respect, professionalism, leadership and integrity	
	12	The way in which we build effective individual working relationships with all partners beyond the formal meetings	
Connections	13	The powerful way in which we engage with system partners and stakeholders including patients , members and advocacy groups	
	14	The effectiveness with which we deliver on the needs and requirements of patients and use of shared resources	
	15	Our robust approach to planning and monitoring delivery of plans and performance	
	16	The effectiveness with which we consider, and consciously shape, the external environment in which we operate	
Renewal	17	Anticipating the challenges and opportunities through external scanning and constant feedback	
	18	Building our strength as a network and considering our own succession needs	
	19	Energising ourselves to drive performance across the provision of renal services in Wales and ensure healthy relationships	
	20	The way in which we proactively review, learn from and respond to our successes and failures	

How do you rate your own Board?

Contra-indicators are those items that can constrain your Boards effectiveness and health. Review each item, only tick those that apply to your Board.

Mandate Contras	1	Disagreement about the WRCN contribution to local/national renal services and delivery of plans and performance	
	2	Confusion around the roles and responsibilities of members and forums	
	3	Confusion about long-term strategic direction and the vision and values for WRCN	
Governance Contras	4	Difficulty adapting to changing circumstances	
	5	A lack of effective performance indicators that can be used by WRCN	
	6	Becoming 'bogged down' by governance and assurance processes	
Behaviours Contras	7	Failure to involve some members and allowing certain people to dominate 'air time' and distort decision-making	
	8	Appearing fragmented in our conclusions and failing to speak with 'one voice' outside the meeting/network	
	9	The emergence of 'group think' that constrains diversity of perspective	
Connections Contras	10	The effectiveness with which we consider, and consciously shape the culture and values of the network of renal services across Wales	
	11	A lack of focus on disciplined delivery	
	12	Not listening to, or being fully in touch with, the views of patients, advocacy groups, key system partners and stakeholders	
Renewal Contras	13	A resistance to new ideas that might challenge the status quo	
	14	Insufficient long-term focus on WRCN succession	
	15	Insufficient knowledge of the long term strategy and plans and the daily reality of partner organisational priorities and long term impact on patients	

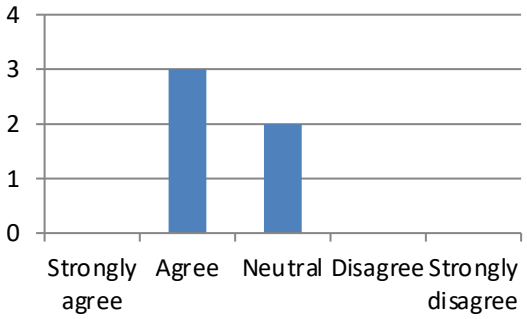
Summary of responses (5 rec'd)

5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

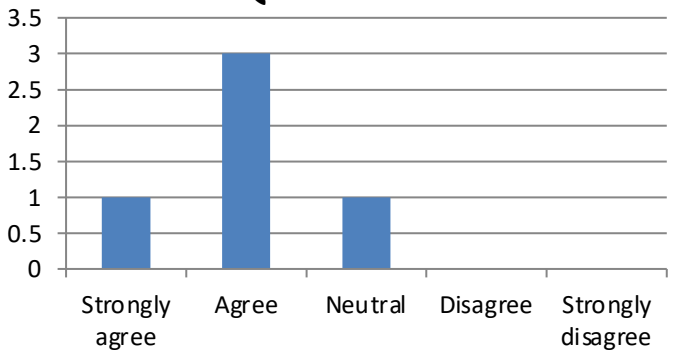
Mandate

Mandate	1	A high level of mutual accountability and collective commitment to a clear shared purpose for the Network
	2	The way in which we focus on work that only WRCN can perform
	3	The way in which we prioritise to determine the vision, values and strategy for our local plans and performance
	4	The way in which we ensure an integrated and inclusive strategy to provide clarity of direction for all partners

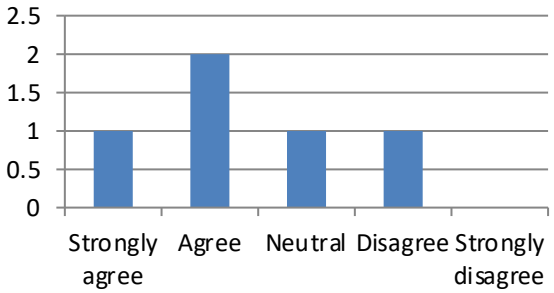
Question 1



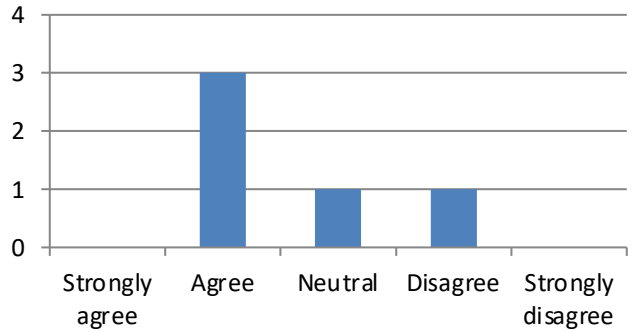
Question 2



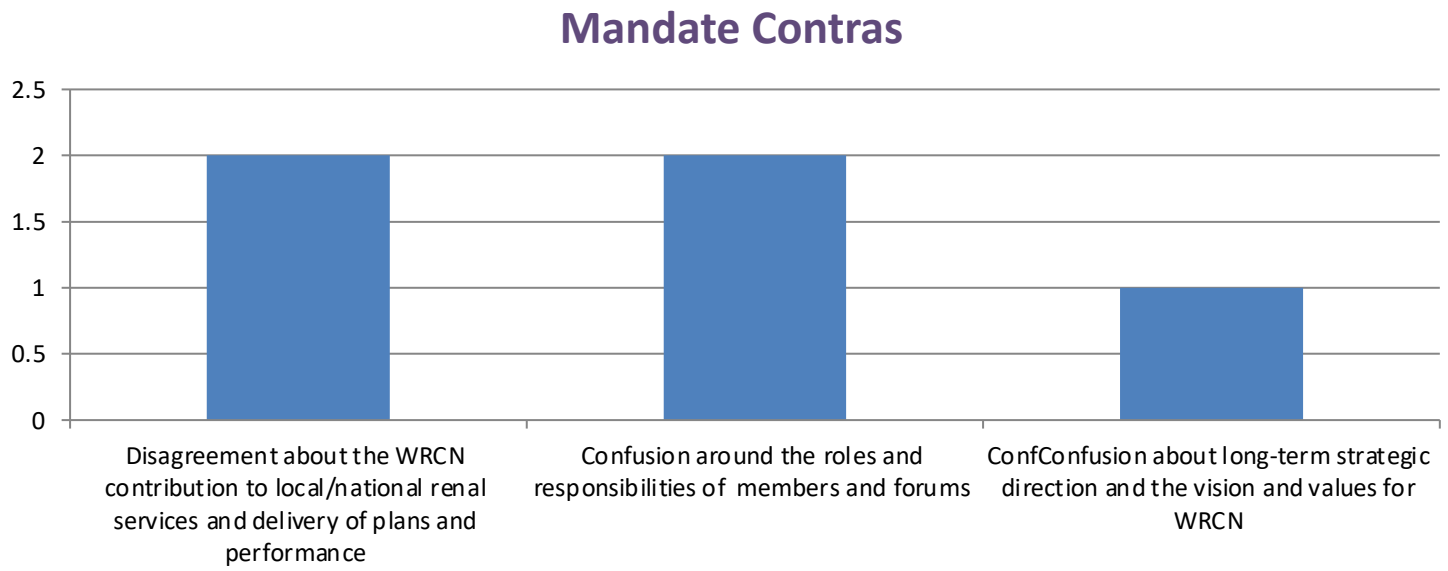
Question 3



Question 4



Mandate Contras		
	1	Disagreement about the WRCN contribution to local/national renal services and delivery of plans and performance
	2	Confusion around the roles and responsibilities of members and forums
	3	Confusion about long-term strategic direction and the vision and values for WRCN



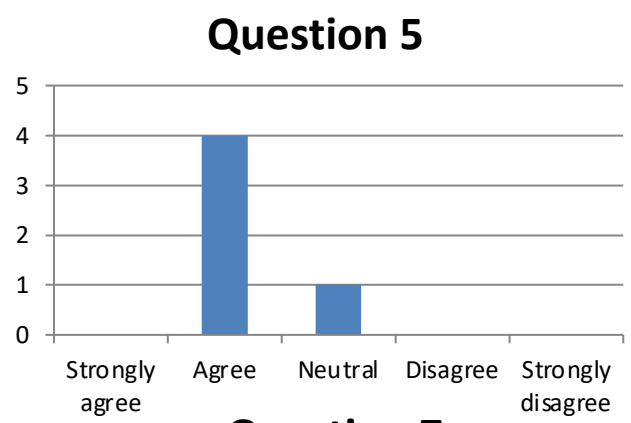
Contra-indicators are those items that can constrain a Board's effectiveness & health

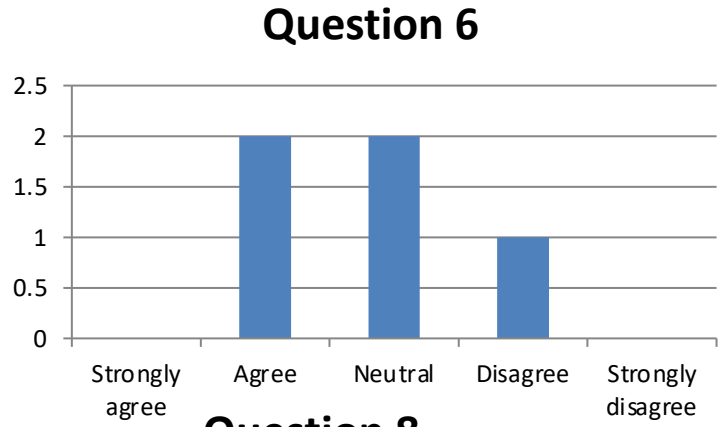
Summary of responses

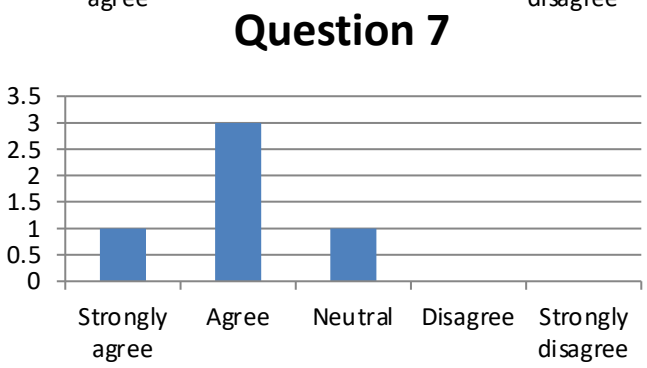
Governance

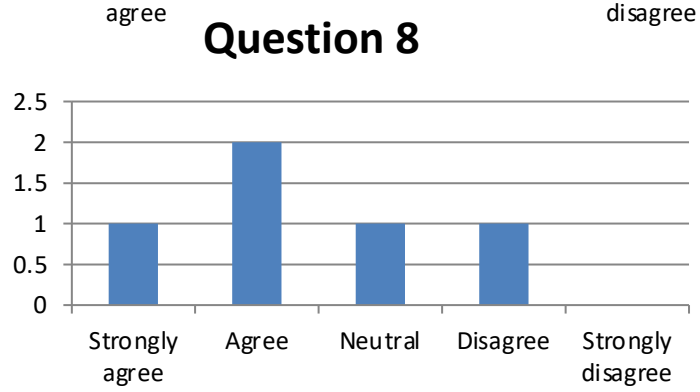
5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

Governance	5	Our focus on ensuring the right mix and diversity of skills, experience and perspectives for WRCN
	6	The way in which we reinforce individual and collective accountabilities through determining and implementing clear consequences for all
	7	The way we monitor performance and identify, mitigate and manage strategic risks
	8	The effective mechanisms we have in place for decision-making and the clarity of decision rights

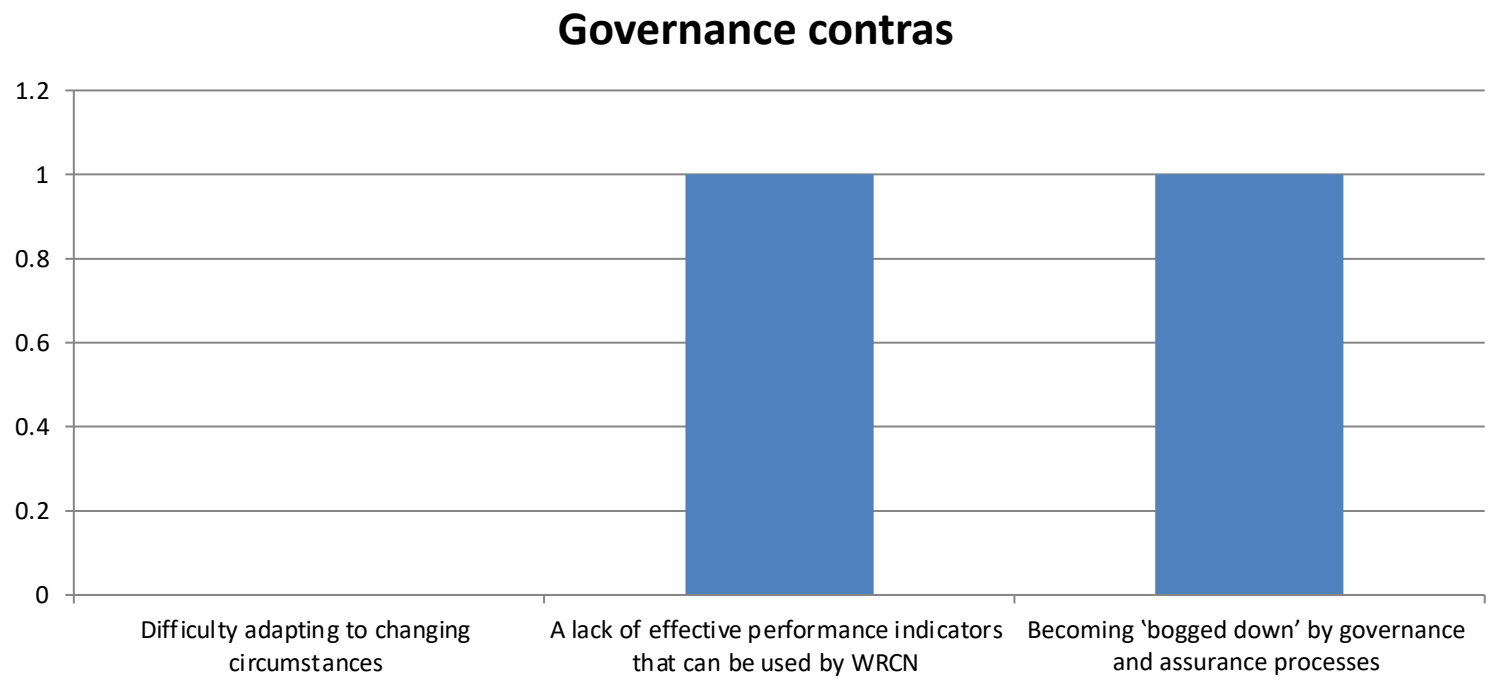








Governance Contras	4	Difficulty adapting to changing circumstances
	5	A lack of effective performance indicators that can be used by WRCN
	6	Becoming 'bogged down' by governance and assurance processes



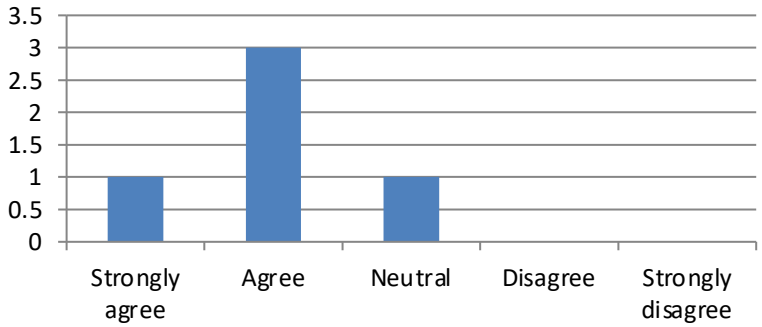
Summary of responses

Behaviours

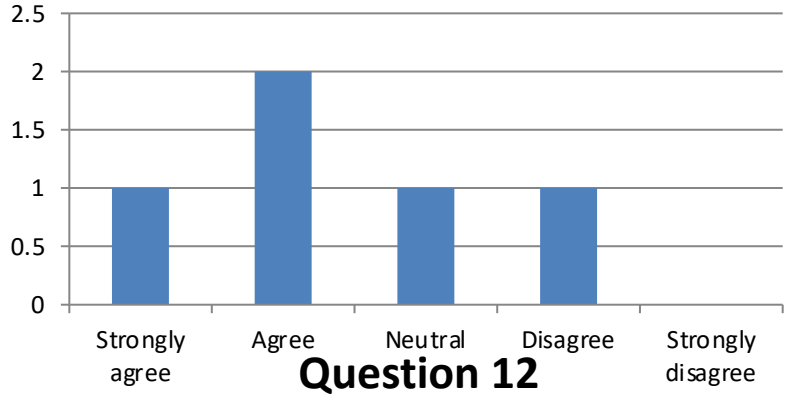
5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

Behaviours	9	The impact of the Independent Chair on leveraging the full capabilities of the partnership
	10	Our willingness to deal with issues openly, with transparency and candour and the way we instill these behaviours onto our organisations
	11	The way we identify and role model core values and behaviours including unwavering citizen focus and uncompromising stance about professional standards including responsibility, honesty, openness, respect, professionalism, leadership and integrity
	12	The way in which we build effective individual working relationships with all partners beyond the formal meetings

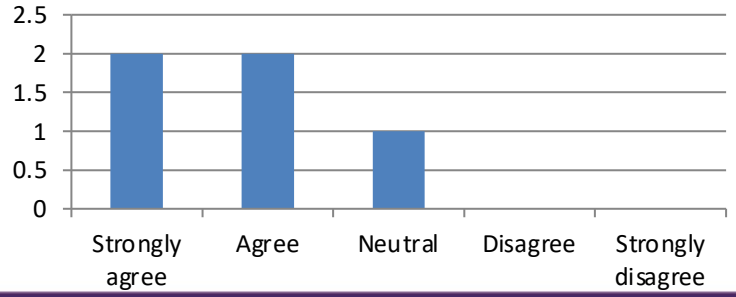
Question 9



Question 10



Question 11



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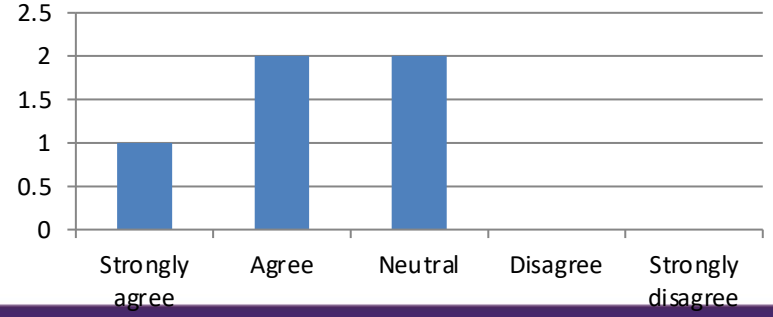
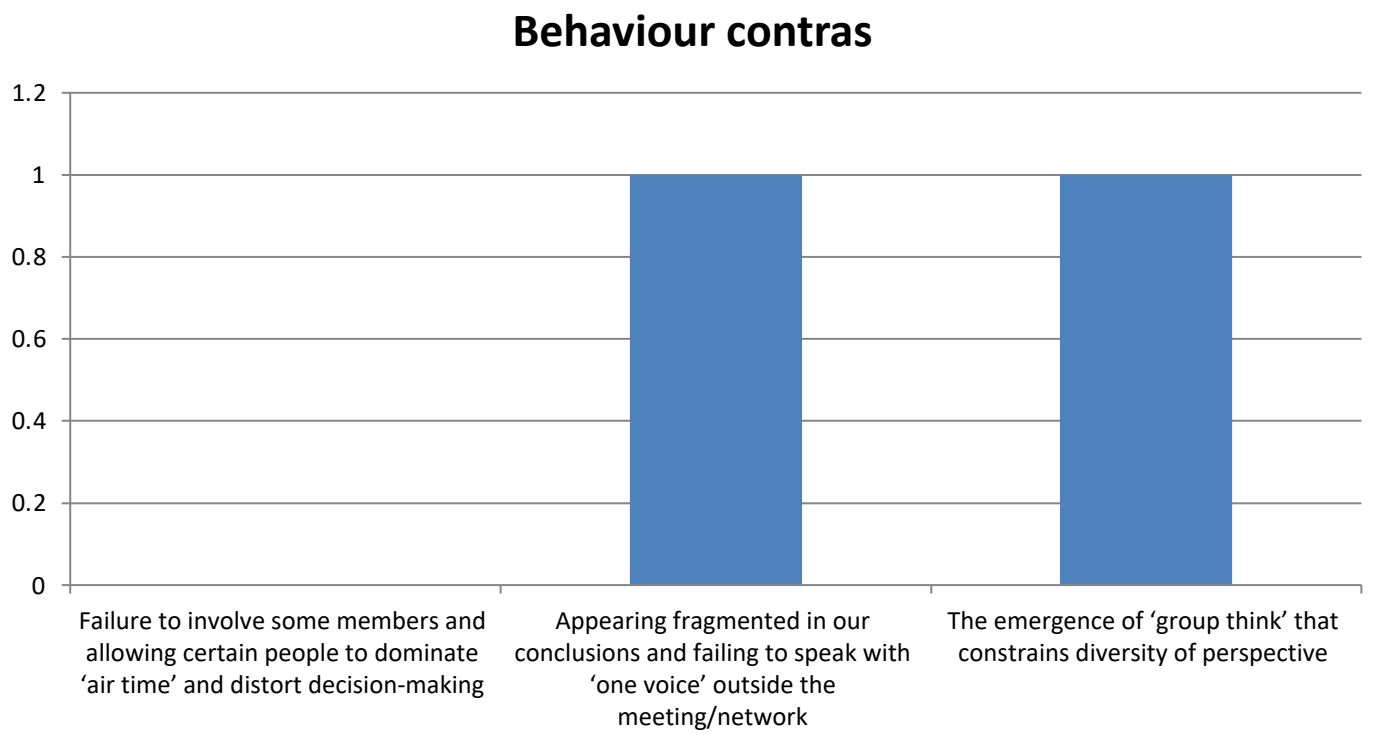


Behaviours Contras	7	Failure to involve some members and allowing certain people to dominate 'air time' and distort decision-making
	8	Appearing fragmented in our conclusions and failing to speak with 'one voice' outside the meeting/network
	9	The emergence of 'group think' that constrains diversity of perspective



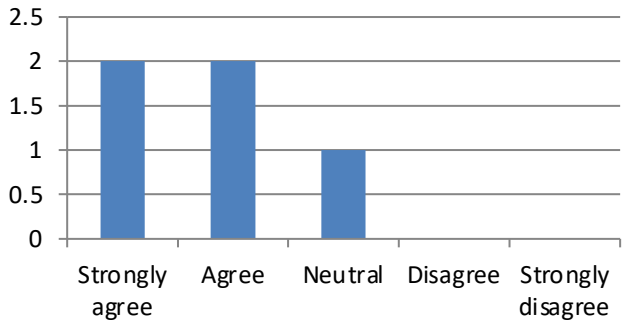
Summary of responses

Connections

5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

Connections	13	The powerful way in which we engage with system partners and stakeholders including patients , members and advocacy groups
	14	The effectiveness with which we deliver on the needs and requirements of patients and use of shared resources
	15	Our robust approach to planning and monitoring delivery of plans and performance
	16	The effectiveness with which we consider, and consciously shape, the external environment in which we operate

Question 13



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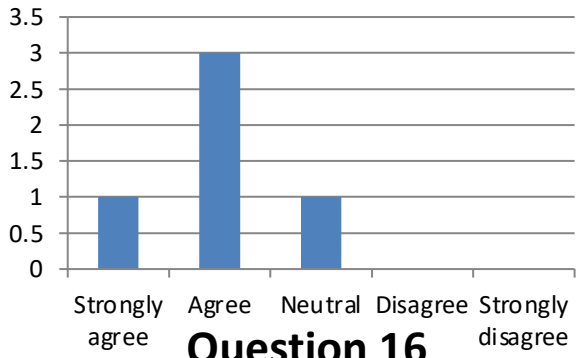

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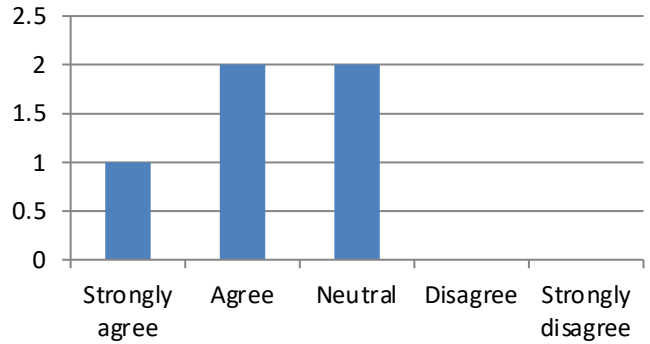

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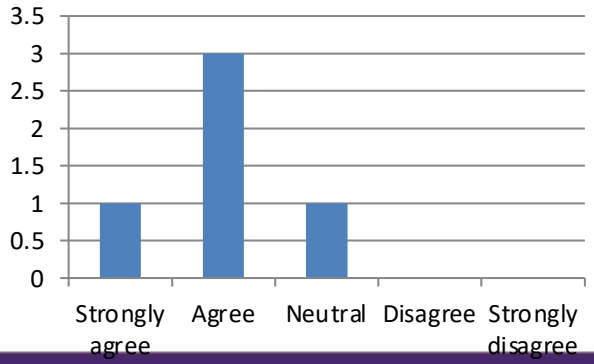
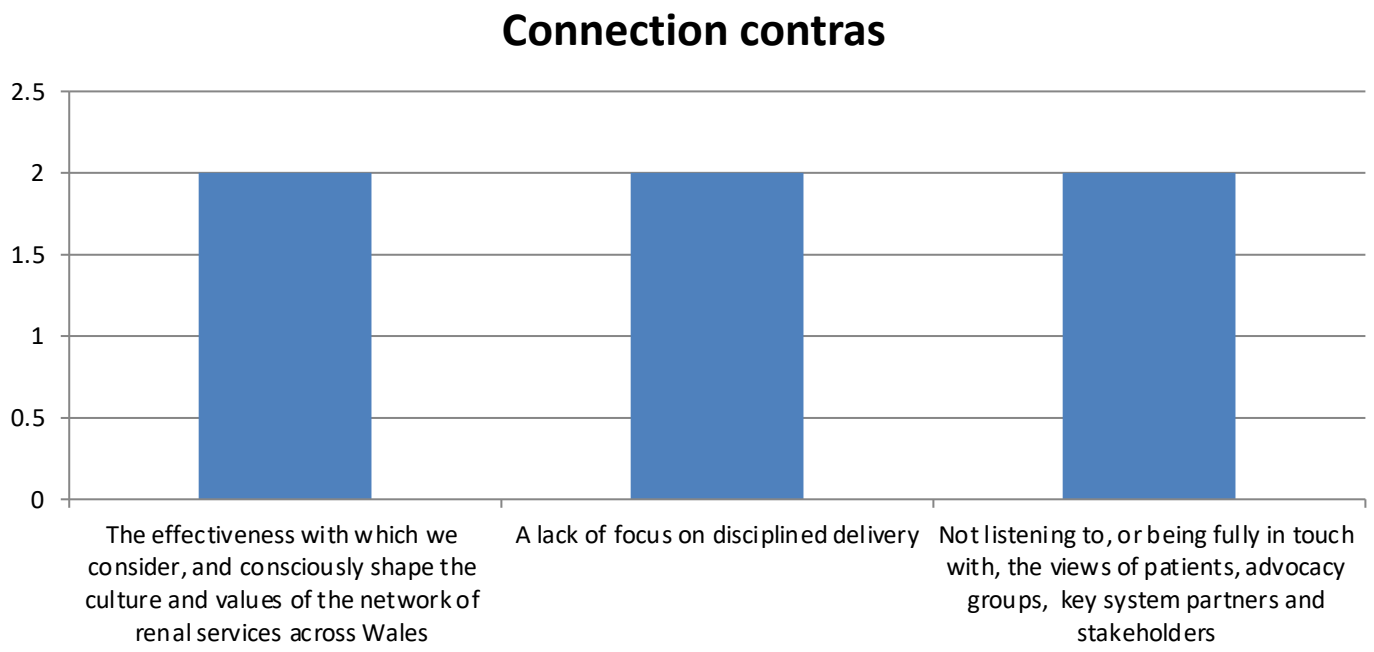


Connections Contras	10	The effectiveness with which we consider, and consciously shape the culture and values of the network of renal services across Wales
	11	A lack of focus on disciplined delivery
	12	Not listening to, or being fully in touch with, the views of patients, advocacy groups, key system partners and stakeholders



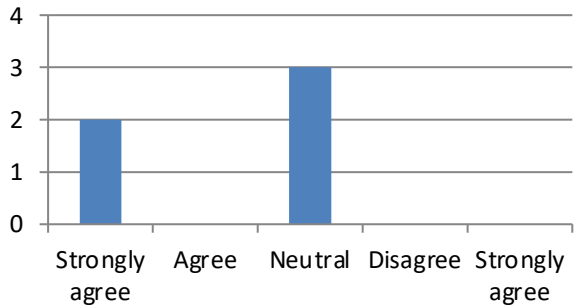
Summary of responses

Renewal

5 = strongly agree
4 = agree
3 = neutral
2 = disagree
1 = strongly disagree

Renewal	17	Anticipating the challenges and opportunities through external scanning and constant feedback
	18	Building our strength as a network and considering our own succession needs
	19	Energising ourselves to drive performance across the provision of renal services in Wales and ensure healthy relationships
	20	The way in which we proactively review, learn from and respond to our successes and failures

Question 17



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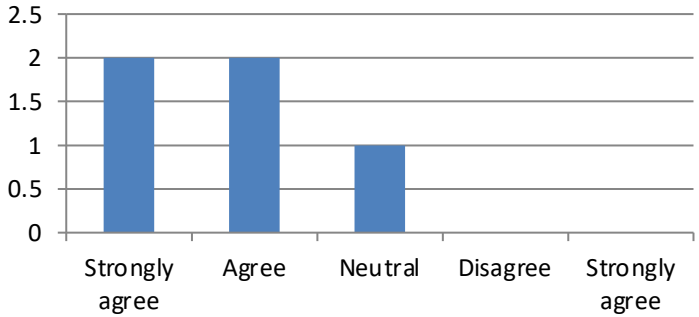

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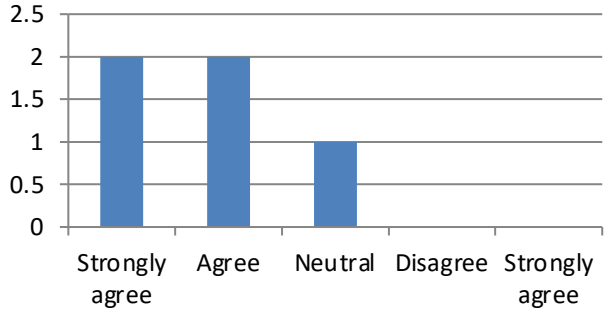

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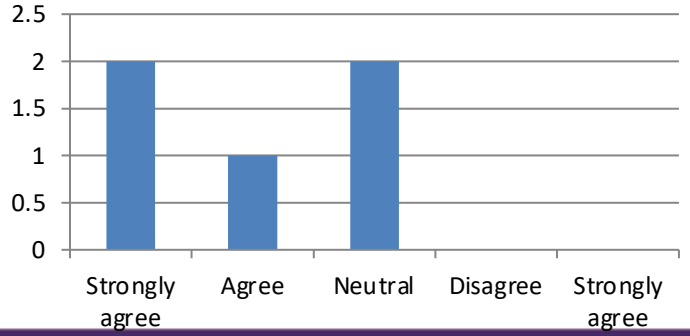
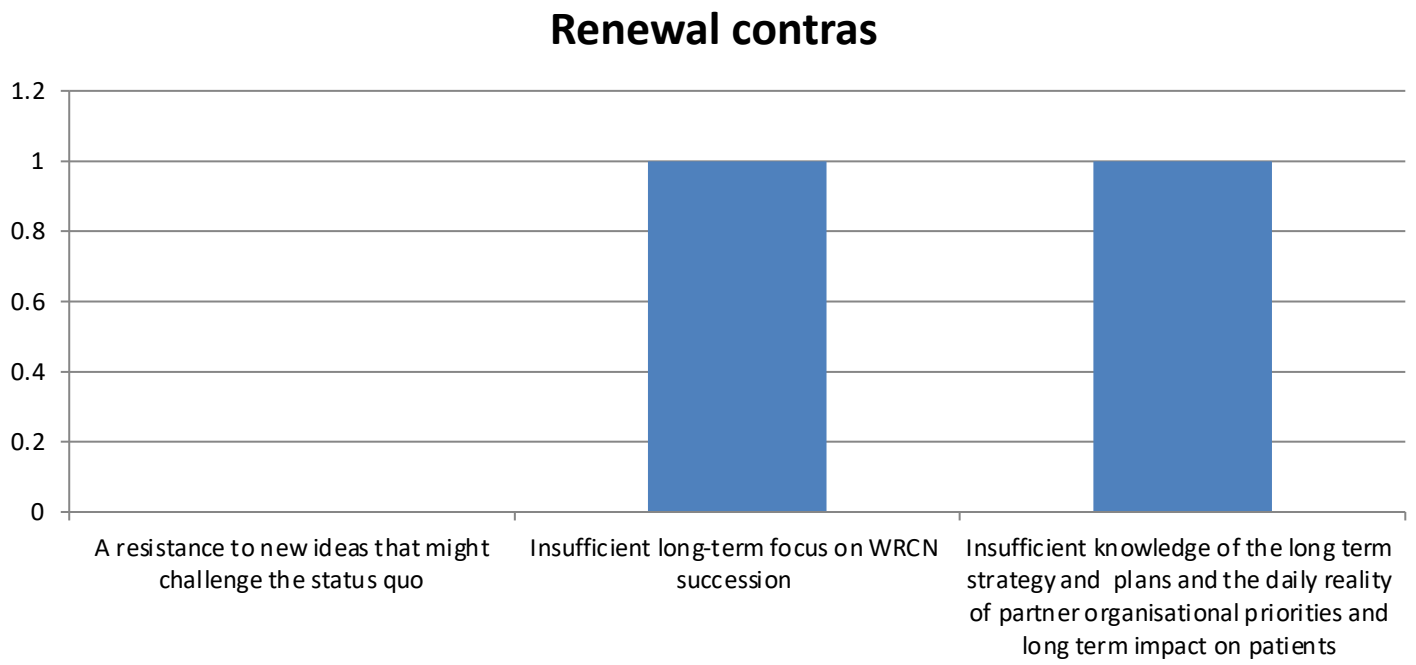


Renewal Contras	13	A resistance to new ideas that might challenge the status quo
	14	Insufficient long-term focus on WRCN succession
	15	Insufficient knowledge of the long term strategy and plans and the daily reality of partner organisational priorities and long term impact on patients



Top 5 Contra-indicators

Mandate:

- Disagreement about the WRCN contribution to local/national renal services & delivery of plans & performance
- Confusion around the roles and responsibilities of members and forums

Connections:

- The effectiveness with which we consider and consciously shape the culture and values of the network for renal services across Wales
- A lack of focus on disciplined delivery
- Not listening to, or being fully in touch with the views of patients, advocacy groups, key system partners and stakeholders

How to improve – a check list of practical actions

Mandate	Governance	Behaviours	Connections	Renewal
✓ Be clear on the 4-5 big bets and ensure alignment throughout ✓ Hold ***"challenge our strategy"*** sessions ✓ ***Meeting agenda review*** – how much time do you allocate to strategy and future, and how might that need to change? ✓ Make sure you have the right 'skill and will' in your Board membership – no free riders	✓ Complete a skill and experience gap analysis for board members ✓ Organise meetings to encourage critical debate – agree devil's advocate role, sub group preparatory work. ✓ Step the decision making process for complex decisions – (1) information gathering; (2) debate; (3) decision making. ✓ Find touch points to meet outside the meetings ✓ Conduct a regular Board evaluation getting feedback from stakeholders	✓ Know each other as people – robust debate doesn't happen without trust which is a body contact sport ✓ Board Observation – feedback by an external to test how effectively you challenge each other, and engage in strategic debate ✓ Board member 360s – individual feedback on impact, strengths and development areas, together with speed feedback/360 to sustain change ✓ Set your ambitions – on how you want to be in meetings, based on the Board Review diagnostic and conduct a 10 minute self review ✓ Use Balcony and Dance to build best behaviours	✓ Know your staff, partners and stakeholders better – by meeting them more regularly, or through structured dialogue ✓ Hold Board meetings at different locations across your organisation ✓ Manage the 'system' you are part of as well as the services you are responsible for	✓ 'Critical Event analysis – take time to review and reflect how you dealt with an issue/performance when it didn't go to plan. ✓ Challenge and Paradox – facilitated exercise to stretch your thinking beyond delivering today's service delivery, financial and statutory goals ✓ hold Board to Board review and learning sessions

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

Appendix 2

WELSH HEALTH SEPCIALISED SERVICES COMMITTEE (WHSSC)

Annual Assessment of Committee Effectiveness – Other Sources of Information

2020-2021

1.0 BACKGROUND

The Joint Committee is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process.

During the year the Joint Committee has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the Committee in undertaking its annual effectiveness assessment, these are outlined below:

2.0 ASSURANCE FRAMEWORK

WHSSC have a number of tools in place which already provide assurance, including:

2.1 Internal Sources of Assurance

- **Corporate Risk Assurance Framework (CRAF) –** updates are provided to each IGC, to Joint Committee twice yearly and to each CTMUHB Audit and Risk Committee for assurance**.**
- **Joint Assurance Framework (JAF) –** is being developed
- **Committee Effectiveness** – There is a programme in place to ensure Committees operate effectively:
  - Assurance reports are issued to each Health Board after each Joint Committee and Management Group meeting,
  - Terms of Reference and Operating Arrangements,
  - Committee Effectiveness Annual Surveys (A comprehensive report following this exercise is attached at ***Appendix 1***),
  - Committee Cycle of Business ,
  - Annual Committee Reports on Activity,
  - Chairs reports following each meeting

2.2 External Sources of Assurance & Review

- **External Audit - Audit Wales – Governance review –** was undertaken during 2020 and 2021 and the full report and management response has been circulated. The recommendations will be monitored via the Integrated Governance Committee (IGC) through to completion together with update reports to Joint Committee. A copy of the draft Audit tracker is attached at ***Appendix 3*** for information. A further update on this will be presented at October's IGC meeting.
- **Internal Audit - Reports on Commissioning Teams – Women and Children and Cancer and Blood –** in 2021 Internal Audit undertook a review of two commissioning teams and provided an assessment rating of 'substantial assurance' in relation to both services. The reports and actions are presented and monitored via the Cwm Taf Audit & Risk Committee.
- **Stakeholder feedback**
- **WHSSC Commissioned reviews**
- **Assurance Map** - summarising the assurance mechanisms within WHSSC and how this assurance is provided through the joint sub-committees and to the Joint Committee. A copy of this Assurance Map is attached at ***Appendix 4***.

By using the methods above to map the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified.

3.0 OVERALL SELF-ASSESSMENT

In concluding this process and in demonstrating continued self-reflection and an appetite for continuous improvement, the Joint Committee Members are asked to identify any areas of activity or improvement.

What are we doing well? Reflections from members	• Pandemic response and overall management arrangements during this time period. Morning Executive catch up sessions have resulted in issued being dealt with promptly. All Executives are cited on key issues. • Virtual Meetings have overall been a positive experience in that it has allowed meetings/scrutiny to continue without interruption. • Assurance that Committee Effectiveness is working well via: ○ Annual Review of Terms of Reference ○ Highlight Reports from Committees to Board ○ Annual Committee Reports

	○ Development of Board and Committee Cycles of Business ○ Annual Committee Effectiveness surveys. • The Joint Committee has robust committee structures and governance arrangements. The new Committee Secretary is in the process of reviewing governance arrangements with a view to strengthening some areas. • The Joint Committee is open and transparent. • Introduction of Independent Member briefings are helpful in providing a fuller understanding of issues and provides an opportunity for Independent Members to reflect on key issues which has strengthened their ability to provide appropriate scrutiny. • As an organisation WHSSC embraces its values and is evolving to a new way of working. Staff are being consulted on the future working arrangements post pandemic. There is a lot of emphasis on staff wellbeing. • Good Financial management arrangements. • Improved IM inductions which have been tailored to the individual, depending on the Committee. • Revised Commissioner Assurance Process introduced. This is supported by updated Escalation Framework, Risk Management Strategy, Patient Engagement and Performance Assurance Frameworks.
What could we be doing better?	• Develop a new Specialised Services strategy during 2021. • Develop an equivalent to a Board Assurance Framework to support implementation of a new specialised services strategy. • Implement quality and outcome reporting as discussed in the Audit Wales Governance Review. • Build on programme Management competency/capacity as outlined in the Audit Wales report. • Finalise review of Risk Management and embed new processes into the organisation. • Consider undertaking good governance maturity matrix self-assessment as part of the 2021-22 process.

	• Consider undertaking the self-assessment against the Corporate Governance in central Governance Departments: Code of Good Practice 2017. • Undertake an Annual Assessment against Health and Care Standard 1 – Governance, Accountability and Leadership
Is there any Committee Training/development needs?	• Report writing – is there an opportunity to strengthen this. • It would be useful to have more scheduled informal session to discuss specific matters or developmental agendas. The session on equity for example was particularly helpful in stimulating discussion and thought. • More detailed wok plans will be introduced going forward.

Audit Tracker
Recommendations from the Audit Wales Report
Welsh Health Specialised Services Committee Governance Arrangements

In May 2021, Audit Wales published the "Welsh Health Specialised Services Committee Governance Arrangements"[1] which found that the governance, management and planning arrangements at WHSSC have improved, however the impact of COVID-19 will require a clear strategy to recover key services and that the Welsh Government's long-term model for health and social care 'A Healthier Wales', and the references made to WHSSC should be re-visited.

Audit Wales made a number of recommendations for both WHSSC and Welsh Government and the management response was presented to the Joint Committee on the 13 July 2021. Progress against actions to address the recommendations will be monitored through the Integrated Governance Committee (IGC).

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
Quality governance and management				
R1 Increase the focus on quality at the Joint Committee. This should ensure effective focus and discussion on the pace of improvement for those services in escalation and driving quality and outcome improvements for patients.				
a) We will include in our routine reports to Joint Committee (JC) on quality, performance and finance a section highlighting key areas of concern to promote effective focus and discussion.	Sept 2021	WHSSC Executive leads		
b) We will develop a revised suite of routine reports for JC that will include elements of the activity reporting, that we introduced during the pandemic, and will take into account the quality and outcome reporting that is currently	Mar 2022	WHSSC Executive leads		

[1] Welsh Health Specialised Services Committee Governance Arrangements (audit.wales)

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
being developed by Welsh Government (WG).				
c) We will encourage members of the JC to engage in consideration and discussion of key areas of concern that are highlighted.	Sept 2021	Chair of WHSSC		
d) We will include routinely at JC an invitation for an oral report to be delivered by, or on behalf of, the Chair of the WHSSC Quality & Patient Safety Committee (Q&PSC) based on the written report from the Chair of Q&PSC.	Sep 2021	Chair of WHSSC		
Programme Management				
R2 Implement clear programme management arrangements for the introduction of new commissioned services. This should include clear and explicit milestones which are set from concept through to completion (i.e. early in the development through to post implementation benefits analysis). Progress reporting against those milestones should then form part of reporting into the Joint Committee.				
a) Building Programme Management competency/capacity A number of new staff have recently joined WHSSC in senior positions in the planning team who bring with them strong programme and project management skills. There are 'lunch and learn' sessions planned to share this approach, and the use of common templates is embedding, it is	To commence Sept 2021	WHSSC Director of Planning		

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Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
anticipated that this approach will grow programme management competency and capacity within the organisation. The approach is already starting to embed in the way the planning team operates, with programme management approaches already applied to the two strategic pieces committed to through the 2021 ICP (namely paediatrics and mental health) and to the management of the CIAG prioritisation process. Common templates apply to highlight and exception reporting, risk logs and timelines/milestones.				
b) Programme management on WHSSC commissioned services. Programme arrangements have previously been used for strategic service reviews and the development of the PET (positron Emission Therapy) business case. We will further develop this approach as outlined above, i.e. through a common approach to programme management across the organisation and to and the use of common templates. These will become the basis of reporting through programme structures and as necessary to joint committee.	To commence Sept 2021	WHSSC Director of Planning		
c) HB Commissioned Services – when services are not the sole responsibility of WHSSC, and where the senior responsible	To commence Sept 2021	WHSSC Director of Planning		

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Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
officer is outside of WHSSC, we will contribute to the programme arrangements, offering clarity about the role of WHSSC and the scope of the responsibilities it has within the programme. We will seek to deliver against any key milestones set, and report progress, risk and exception accordingly.				
Recovery Planning				
R3 In the short to medium term, the impact of COVID-19 presents a number of challenges. WHSSC should undertake a review and report analysis on: a. the backlog of waits for specialised services, how these will be managed whilst reducing patient harm. b. potential impact and cost of managing hidden demand. That being patients that did not present to primary or secondary care during the pandemic, with conditions potentially worsening. c. the financial consequences of services that were commissioned and under-delivered as a result of COVID-19, including the under-delivery of services commissioned from England. This should be used to inform contract negotiation.				
a) Managing backlog of waits whilst reducing harm i. Introduction of real-time monitoring and reporting of waiting times to Management Group and Joint Committee ii. Review of recovery plans with Welsh provider Health Boards, iii. Regular Reset and Recovery meetings with services to monitor performance against plans. Significant variance from plans will be managed through the WHSSC	Sep 2021 Jul 2021 From Apr 2021	WHSSC Executive leads		

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
escalation process iv. Introduction of the WHSSC Commissioner Assurance Framework (CAF), v. Workshop with Joint Committee members on how to deliver 'equity' in specialised services. Report shared with HBs and WG.	In Place To commence May 2021			
b) Potential impact and cost of managing hidden demand. i. Introduction of demand monitoring compared to historical levels for high volume specialties, findings to be reported to the WG Planned Care Board and HBs to inform non-WHSSC commissioned pathway development. ii. Appointment of an Associate Medical Director for Public Health to work with Health Board Directors of Public Health to assess impact.	In place Q3/Q4 2021-22	WHSSC Executive leads WHSSC Executive leads		
c)Financial consequences of services that were commissioned and under-delivered as a result of COVID-19 i. This information is already captured through our contract monitoring process and compared against the national block contract framework implemented to	In Place	WHSSC Executive leads		

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Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
maintain income stability through COVID-19. This will inform future planned baselines and contract negotiation, where the negotiation is within our control. WHSSC is working with contracted providers across Wales and England to establish their specialised recovery trajectories and where appropriate will secure recovery funding from WG to direct to providers for recovery performance if above established contracted baseline levels.				
d) Reporting Analysis We will review and analyse the business intelligence gathered from the actions outlined in points a,b and c above and use the real-time and historical data to inform our decision making on managing existing, and developing new specialised commissioned services. We will report our analysis and outcomes to the Joint Committee, Welsh Government and the Management Group as appropriate.	Sept 2021	WHSSC Executive leads		

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Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
Specialised Services Strategy				
R4 The current specialised services strategy was approved in 2012. WHSSC should develop and approve a new strategy during 2021. This should: a. embrace new therapeutic and technological innovations, drive value, consider best practice commissioning models in place elsewhere, and drive a short, medium, and long-term approach for post pandemic recovery. b. be informed by a review of the extent of the wider services already commissioned by WHSSC, by developing a value-based service assessment to better inform commissioning intent and options for driving value and where necessary decommissioning. The review should assess services: • which do not demonstrate clinical efficacy or patient • outcome (stop); • which should no longer be considered specialised and therefore could transfer to become core services of health boards (transfer); • where alternative interventions provide better outcome for the investment (change); currently commissioned, which should continue (continue).				
a. Embrace New Innovations i. We will continue to utilise our well-established horizon scanning process to identify new therapeutic and technological innovations, drive value and benchmark services against other commissioning models to support , short, medium, and long-term approach for post pandemic recovery ii. We will continue to develop our relationship with NICE, AWMSG and HTW in relation to the evaluation of new drugs and interventions, iii. We will engage with developments	Jul 2021 Q3 2021-22	WHSSC Managing Director		

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
for digital and Artificial intelligence (AI), iv. We will continue our regular dialogue and knowledge sharing with the four nations' specialised services commissioners, v. We will continue to build upon our existing relationships with the Royal Colleges, vi. We will continue to develop our work on value-based commissioning, vii. We will develop a communication and engagement plan to support and inform the strategy. viii. As previously agreed with Joint Committee a stakeholder engagement exercise will be undertaken to gain insight on long term ambitions and to inform how we shape and design our services for the future. This will inform the Specialised Services Strategy and the supporting the 3 year integrated commissioning plan.	In Place Dec 2021 Dec 2021			
b. Approach to Review of Services will be considered in strategy engagement **i.** The draft strategy will consider our approach to the review of the existing portfolio of commissioned services and	Sept 2021			

DRAFT

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
undertake a value based services assessment to assess if existing services are still categorised as specialised, ii. We will continue to undertake our annual prioritisation panel with HB's to assess new specialised services that could be commissioned, iii. We will continue to undertake a process of continuous horizon scanning to identify potential new and emerging services and drugs, and to focus on existing and new hyper-specialised services, iv. WHSSC will investigate opportunities for strengthening its information function through internal re-organisation and investment. This will include the development of an outcome manager post to support both the WHSSC strategic approach to outcome measurement as well as a feasibility analysis of currently available tools. We will pursue our planned investment to utilise the SAIL database with a view to assessing the population impact of services in a number of pilot areas. As previously agreed with the Joint Committee a stakeholder engagement exercise will be undertaken to gain insight from our stakeholders on long term ambitions and to inform how we shape and design our services for the				

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Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
future. This will inform transferring commissioned services into and out of the WHSSC portfolio to meet stakeholder and patient demand.				
Welsh Government Recommendation - Independent member recruitment				
R5 Review the options to recruit and retain WHSSC independent members. This should include considering measures to expand the range of NHS bodies that WHSSC members can be drawn from, and remuneration for undertaking the role				
Letter from Dr Andrew Goodall to Adrian Crompton, 2 June 2021 stated: I am aware there have been challenges in securing nominations from health boards to undertake the independent member role at WHSSC. My officials have been looking at options in relation to recruitment, remuneration and retention of independent members and I am currently considering their advice before the matter is raised with the Minister. There are a number of options, some of which could be achieved relatively simply and others which would require changes to the legislation. I will write to you again when we have a clear way forward.				
Welsh Government Recommendation - Sub-regional and regional programme management				
R6 This is linked to Recommendation 2 made to WHSSC in this report. When new regional or sub-regional specialised services are planned which are not the sole responsibility of WHSSC, ensure that effective multi- partner programme management arrangements are in place from concept through to completion (i.e. early in the development through to post-implementation benefits analysis).				
As you have highlighted, whilst some key service areas like major trauma have been developed successfully and with good collaboration across organisations, the timelines around such changes have been slow and often hampered by a lack of clarity on who is driving the process. I agree with your view that end-to-end programme management of such schemes, which are not within the sole remit of WHSSC, should be strengthened. The National Clinical Framework which we published on 22 March, sets out a vision for a health system that is co-ordinated centrally and delivered locally or through regional collaborations. Implementation will be taken forward through NHS planning and quality improvement approaches and our accountability arrangements with NHS bodies.				
Welsh Government Recommendation - Future governance and accountability arrangements for specialised services				
R7 A Healthier Wales included a commitment to review the WHSSC arrangements along with other national hosted and specialist advisory functions. COVID-19 has contributed to delays in taking forward that action. It is recommended that				

Response/ Action	Target Date	Exec Lead	Progress/Comments	RAG
the Welsh Government set a revised timescale for the action and use the findings of this report to inform any further work looking at governance and accountability arrangements for commissioning specialised services as part of a wider consolidation of current national activity.				
A Healthier Wales committed to reviewing the WHSSC arrangements alongside other hosted national and specialised functions, in the context of the development of the NHS Executive function. The position of WHSSC within this landscape needs to be carefully considered. On the one hand, there are strengths in the current system whereby health boards, through the joint committee, retain overall responsibility for the commissioning of specialised services. This requires collaboration and mature discussion from both the commissioner and provider standpoint. However, I recognise the inherent risk of conflict of interest in this arrangement and note the reference made in your report to the Good Governance Institute's report of 2015 which suggested a more national model may be appropriate. In my letter to health boards of 14 August 2019, I indicated that, as recommended by the Parliamentary Review, the governance and hosting arrangements for the existing Joint Committees would be streamlined and standardised. I also said that it was intended the NHS Executive would be become a member of the Joint Committees' Boards in order to ensure there is a stronger national focus to decision making. However, the thinking at the time was that the joint committee functions would not be subsumed into the NHS Executive function. We will continue to look at this as the NHS Executive function develops further and I will update you should there be any change to the direction of travel I indicated in 2019.				

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

Appendix 4

WHSSC's Strategic Aim: ***On behalf of the health boards, to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources.***			
Aim/Objective	**Primary**	**Secondary**	**Assurance bodies**
Service quality	Integrated Performance Reports/ Commissioner Assurance Framework Commissioning Team Quality Reports NHSE Quality Surveillance Information System (QSIS) portal	Quality meetings with providers Provider SUI/SI (Serious Untoward Incident/Serious Incident) reports SLA (Service Level Agreement) meetings with providers Quality and Patient Safety Committee (Q&PSC) Chair's report to Joint Committee (JC)	Quality & Patient Safety Committee/ Joint Committee
	Escalation framework/ process and table – Initially to Corporate Directors Group Board (CDGB)	Escalation review meetings with providers Q&PSC Chair's report to JC	Quality & Patient Safety Committee/ Joint Committee

Service performance/ activity	Integrated Performance Reports/ Commissioner Assurance Framework – Initially to CDGB	SLA meetings with providers	Management Group/ Joint Committee
	Activity Reports – Initially to CDGB		Management Group/ Joint Committee
Financial performance	Monthly Finance Report – Initially to CDGB	SLA meetings with providers	Management Group/ Joint Committee
Risk identification and management	Commissioning Teams/ Directorates/ Organisation-wide – Risk identification and Risk registers	Corporate Risk and Assurance Framework (CRAF) Reporting – Initially to CDGB*	Audit Committee/ Integrated Governance Committee/ Quality& Patient Safety Committee/ Joint Committee
Development and deployment of the Integrated Commissioning Plan (ICP)	Periodic reports – Initially to CDGB		Management Group/ Joint Committee
	Periodic reports to Integrated Governance Committee	Integrated Governance Committee (IGC) Chair's report to JC	Integrated Governance Committee

*CDGB WHSSC –Corporate Directors Group Board

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

		Agenda Item	2.13
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Welsh Renal Clinical Network and Individual Patient Funding Request Panel 2020-21 Annual Reports		
Author (Job title)	Corporate Governance Officer		
Executive Lead (Job title)	Director of Finance and Director of Nursing & Quality Assurance	Public / In Committee	Public

Purpose	The purpose of this report is to present the Sub-Committee 2020-21 Annual Reports for Welsh Renal Clinical Network and Individual Patient Funding Request Panel.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☒	☒

Sub Group /Committee		Meeting Date	Click here to enter a date.
Recommendation(s)	Members are asked to: • **Note** and **receive** the Welsh Renal Clinical Network and Individual Patient Funding Request Panel 2020-21 Annual Reports.		

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 present the Welsh Renal Clinical Network and Individual Patient Funding Request Panel 2020-21 Annual Reports.

2.0 BACKGROUND

Model Standing Orders ('SOs') are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business[1]. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 20092 and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

Section 4.4.2 of the Standing Orders for the Welsh Health Specialised Services states:

Each joint Sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

3.0 ASSESSMENT

The Welsh Renal Clinical Network and Individual Patient Funding Request Panel 2020-21 Annual Reports attached set out the activities of each Sub-Committee during the year and are presented to comply with the provisions of the WHSSC standing orders which stipulate that "*each joint sub-Committee shall submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.*"

1 Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** and **receive** the Welsh Renal Clinical Network and Individual Patient Funding Request Panel 2020-21 Annual Reports.

5.0 APPENDICES/ ANNEXES

Appendix 1: Welsh Renal Clinical Network 2020-21 Annual Report
Appendix 5: IPFR Panel 2020-21 Annual Report

Link to Healthcare Objectives	
Strategic Objective(s)	
Link to Integrated Commissioning Plan	
Health and Care Standards	
Principles of Prudent Healthcare	
Institute for HealthCare Improvement Triple Aim	
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**

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

INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

Annual Report 2020-2021

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

Individual Patient Funding Request (IPFR) Panel
ANNUAL REPORT

1. INTRODUCTION

This report outlines the work of the WHSSC All Wales Independent Patient Funding Request Panel (IPFR) during the period April 2020-March 2021.

The impact of the pandemic on the work of the panel cannot be underestimated, it affected both the way the panel was able to carry out its business and the number of requests submitted to the panel. At the start of the pandemic the number of IPFR requests reduced but then there was a marked increase in the numbers received, with a higher proportion being identified as clinically urgent reflecting many of the clinical challenges of the pandemic. However, we responded positively and proactively and rapidly adapted our process to ensure that there were no avoidable delays for patients. Indeed, we were able to improve the turnaround times, which was so important for patients who might already have been disadvantaged by delays in the system, as a result of the essential focus on the care of patients with COVID-19. During the reporting period, we stopped all traditional face-to-face panel meetings and moved over to virtual systems such as MS Teams. These changes were achieved, whilst acting at all times, in accordance with the all Wales IPFR policy.

Key to our response was our ability to adopt agile governance methods and to convene strengthened Chairs Action Panels to ensure that decision-making could not only continue but that our responsiveness was improved. I was so pleased to read the feedback from clinical colleagues regarding our ability to deliver and communicate more timely decisions. So many colleagues have done so much to ensure we continue to provide the highest quality of robust decision making for patients across NHS Wales during this period. I would like to thank the representatives of the WHSSC IPFR panel and the WHSSC support staff for their hard work and commitment to help us manage the unprecedented demands over the past 12 months.

Vivienne Harpwood
Chair of the IPFR Panel

2. BACKGROUND - THE ALL WALES IPFR PANEL

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

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

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

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

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

The Panel have financial authorisation to agree funding up to a set limit of £750,000 for one-off packages and £1million for lifetime packages.

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

The WHSSC IPFR panel terms of reference (TOR) are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", which is presented at ***Appendix 1*** for information.

3.MEETINGS DURING THE COVID-19 PANDEMIC

As a consequence of the COVID-19 pandemic, during April 2020-March 2021 the panel were unable to meet in person and instead held weekly virtual Chair's Action meetings and utilised electronic communication to ensure business continuity and effective decision-making.

In March 2020, the "*WHSSC - COVID-19 – Standard Operating Procedure 02*, Individual Patient funding (IPFR) decisions" was developed in line with the provisions of the WHSSC IPFR terms of reference which states that "provision must be made for occasions where decisions may need to be made urgently".

The SOP outlined a temporary change to the governance of the panel so that where possible, a "virtual Chair's Action panel" could be held to consider urgent cases. In the event that it was not possible to convene a virtual panel, due to the urgency of the request, the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) were authorised to make a decision outside of a full meeting of the Panel, through a Chairs action within their delegated financial limits, on behalf of the Panel.

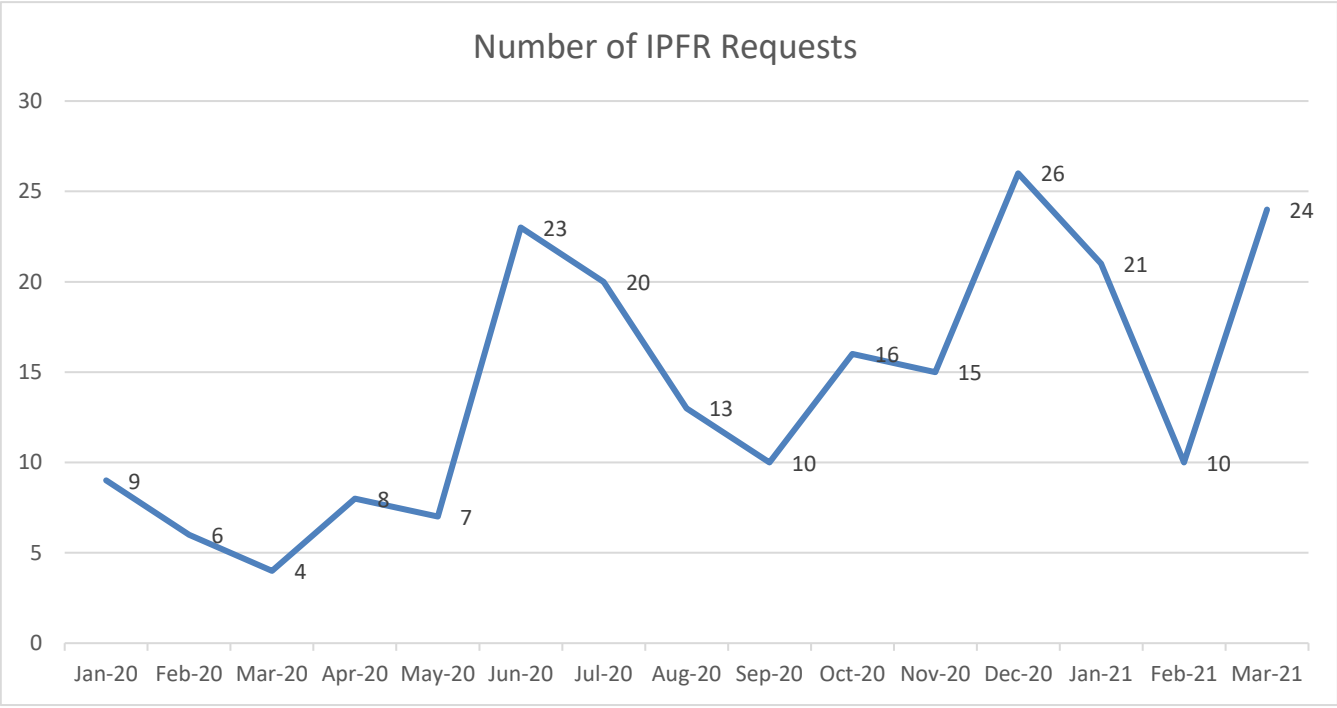
Because it was apparent that changes would be required for a protracted period of time the core Chair's Action Panel was strengthened to include both the Director of Nursing and Quality Assurance and the Medical Director as well as a lay member. The panel met virtually on a weekly basis to consider an average of 5 requests per week.

The IPFR Manager/Co-ordinator ensured that all discussions and decisions were recorded and that decisions were communicating to the relevant clinician within the 5 working day parameter.

The weekly Chair's Action Panels worked well with IPFR requests being processed much more swiftly than when the face to face panels were convened on a monthly basis. Positive feedback has been received from clinicians about the speed of decision-making, and there has been an improvement in the quality of the IPFR applications with clinicians contacting the Patient Care Team before submitting applications.

Table 1 shows the number of requests per month prior to and following the implementation of the COVID-19 measures. On average 5 requests were considered or reconsidered by the Chair's Action Panel each week.

Table 1 - Number of IPFR Requests per Month Prior to and Following the Implementation of the COVID-19 measures



Although, the weekly Chair's Action Panel meetings worked well, the format did not comply with the All Wales IPFR policy as the use of Chair's Actions are only intended to deal with urgent IPFR requests and as limitations related to the COVID-19 pandemic were likely to be required longer-term, consideration was given to reinstating full Panel meetings.

The existing panel members were canvassed for their views regarding twice-monthly Panel meetings which would allow the Panel to manage the growing demand and maintain the improved turn-around times. The responses were generally supportive although some members indicated they would struggle to attend every two weeks and would need to appoint deputies. There was a consistent view that virtual meetings would provide a more efficient use of time and make attendance easier. However, it was also noted that the panel members would prefer to meet face-to-face at least three times a year or if a particularly complex case was to be considered. It was acknowledged that Microsoft Teams was available to all members, including lay representatives, and the introduction of the Admin-control document management system was beneficial to support panel administration.

WHSSC officer considered the responses and given long-standing issues regarding quoracy at the meeting and views of panel members regarding their ability to attend twice monthly it was felt that the Terms of Reference of the Panel should be reconsidered to enable the established Panel to be reconvened.

The current All Wales (WHSSC) Panel Terms of Reference - see ***Appendix 1***, page 24, stipulate that to achieve quoracy an Independent Chair (or Vice Chair) and a minimum representation from 5 of the 7 Health Boards (3 of whom must be clinicians) is required. Ensuring this attendance at meetings would be a challenge during the pandemic and it became evident that it was unlikely that the format could be used to deliver two-weekly meetings even if they were held virtually.

Achieving quoracy for the WHSSC IPFR panel is significantly more demanding than for Health Board IPFR Panels, which require a Chair (or Vice Chair), who is usually a HB Medical Director, and just two clinicians (from its largely Executive Director membership). Therefore, it was proposed that a hybrid model be developed which built on the strengths of the pre and post COVID-19 All Wales (WHSSC) IPFR Panel processes.

The proposed way forward involved a change to the current Terms of Reference in terms of membership of the All Wales (WHSSC) IPFR Panel but did not affect the overall decision-making process and the decisions continued to be made in line with the Policy criteria.

To ensure effective governance, and in attempt to strengthen the WHSSC TOR to deal with challenges in achieving quoracy, a report was submitted to the Joint Committee on the 10 November 2020 informing members of the need to amend the governance process for IPFR decision making due to the COVID-19 pandemic. The report outlined that the WHSSC - COVID-19 – Standard Operating Procedure 02, for Individual Patient funding (IPFR) decisions had been introduced and that there was a reliance on

undertaking Chairs action[1] meetings to ensure effective decision making in accordance with the IPFR policy. The report outlined that the COVID-19 pandemic was likely to have long-term impacts on IPFR decision making and that consideration had been given to the future All Wales (WHSSC) IPFR Panel membership, and that lessons could be learned from the agile governance methods adopted during the pandemic.

The report made a recommendation to update the TOR for the WHSSC IPFR panel to support efficacy and quoracy, however this was not approved by the Joint Committee. Discussions to amend the current All Wales Panel terms of reference to ensure that quoracy is achievable in order to support bi-monthly meetings, are ongoing.

The report included feedback from the IPFR Quality Assurance Group Audit which stated that:

"During the COVID-19 pandemic the majority of IPFRs have been considered by the Chair and met urgency timelines. The group expect WHSSC to re-instate monthly IPFR meetings using virtual meeting technology."

In the interim, it was decided that full panel meetings would resume in January 2021, however the Chief Executive Officers requested for this suggestion to be put on hold due to the second wave of the COVID -19 pandemic and the likely impact this would have on Health Board clinical staff. As a consequence, the Chair's Panel meetings did not resume until March 2021.

WHSSC have made enquiries with Welsh Government to confirm the authority of Joint Committee regarding the All Wales IPFR TOR and also to identify when the All Wales IPFR policy will be reviewed, and we are still awaiting on this.

4. MEMBERSHIP & ATTENDANCE

The full panel membership of the Committee comprise 10 members, enabling the Committee to operate independently of the management decision-making processes. Membership during 2020-2021 remained as follows:

- Independent Chair (from an existing member of the NHS Health Boards)
- Two Lay representatives
- Nomination at Director level from each of the seven LHBs

During the period April 2020-March 2021 the Chair of the all Wales IPFR Panel was Professor Vivienne Harpwood, and the Vice Chair was Dr Chris DV Jones. Dr Jones has since resigned from this role and a replacement Vice Chair is yet to be appointed.

[1] *For the Chairs action to be effective the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) were required to be in attendance*.

A further two panel members can be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist, however these posts were not filled between April 2020-February 2021. A Pharmacy representative was appointed in March 2021.

The Full Panel membership includes:

Name of Member	Designation
Professor Viv Harpwood	Chair Chair of Powys THB
Vacant	Vice Chair
Advice as required only / no representative	Ethics Committee Representative
Brian Hawkins, CTMUHB Teena Grenier, BCUHB	Senior Pharmacist Representatives on a rotational basis
Anne-Marie Mathews	ABUHB Lead for Clinical Commissioning/IPFR,
Currently No representative	BCUHB
Currently No representative	CTMUHB
Richard Hain Rim Al-samsam	Consultant & Clinical Lead, Paediatric Palliative Medicine, CAVUHB Consultant in Critical Care, CAVUHB
June Picton	AMD Professional Standards & Deputy MD, HDUHB
Jeremy Tuck	Assistant Medical Director for Primary Care & Clinical Services, Powys THB
Keith Reid Helen Kemp Judith Vincent Christine Morrell Roger Williams Paul Knaggs	SBUHB representative on a rotational basis
Professor Sheila Hunt	Lay Member
Faith Walker	Lay Member

The following WHSSC officers also attended the committee meetings during the year:

Name of Attendee	Designation
Iolo Doull	WHSSC Medical Director
Sian Lewis	Deputy to WHSSC Medical Director
Carole Bell	WHSSC Director of Nursing or Deputy
Catherine Dew	WHSSC IPFR Manager
Natalie Hall	WHSSC IPFR Co-ordinator

5. MEETINGS - CHAIRS ACTION IPFR PANEL

The Chair's Action Panel met virtually on a weekly basis from March 2020 to March 2021 to consider an average of 5 requests per week. To strengthen the process both the medical and nursing director attended as well as a lay member.

The Chairs Action IPFR Panel met on the following dates during 2020-2021:

Month	Number of IPFR Requests
April 2020	8
May 2020	7
June 2020	23
July 2020	20
August 2020	13
September 2020	10
October 2020	16
November 2020	15
December 2020	26
January 2021	21
February 2021	10
March 2021	N/A
	169

6. IPFR PANEL MEETINGS

Full IPFR Panel meetings were reconvened from 4 March 2021 via MS Teams. The Panel meetings were scheduled every 2 weeks. Two full panel meetings were convened from March 2021 on the 4 March 2021 and 18 March 2021, the meeting on 4 March 2021 was not quorate and the meeting on 18 March 2021 was only quorate for part of the meeting.

Date of Meeting	Panel Members	Number of IPFR Requests
4 March 2021	Vivienne Harpwood Chris D.V Jones Rim Al-samsam Jeremy Tuck Teena Grenier June Picton Richard Hain Ann-Marie Matthews Sheila Hunt Faith Walker	12
18 March 2021	Vivienne Harpwood Brian Hawkins Jeremy Tuck June Picton Kate Clark Ann-Marie Matthews Rim Al-samsam Sheila Hunt Faith Walker	12

7. IPFR COMMITTEE ACTIVITY

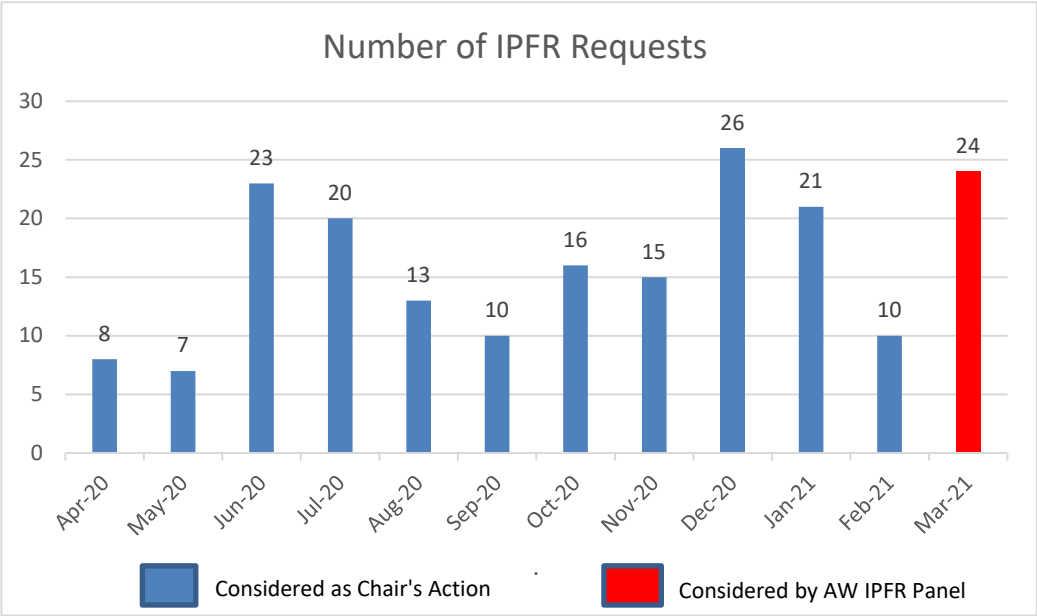
7.1 IPFR Requests

In 2020-2021 the IPFR Panel considered 193 new requests, 169 of these requests were discussed through the Chairs Action panel, prior to the IPFR Panel being reconvened. Of the 193 requests:

- 74 were for PET scans,
- 8 were for Microprocessor knees,
- 18 were for Drug treatments,
- 23 were for Fertility Treatments

136 of these IPFR requests were Approved, 57 of these IPFR requests were Declined.

Table 2 - number of IPFR cases discussed per month



The number of IPFR requests fell immediately following the start of the pandemic but then rose to higher levels which have been maintained

In financial year 2020-2021, the IPFR Panel committed £510,643.13 of funding (this figure does not include PET Scans or approved treatments that are included under existing service level agreements).

Where funding was approved, clinical outcomes were routinely requested and the Panel was updated when outcomes were received. These outcomes were also relayed to the WHSSC programme teams to inform future revision and development of WHSSC commissioning policies and fed into the WHSSC prioritisation process.

Examples of policy development related to Panel consideration are Microprocessor Knee provision and the forthcoming review of the fertility policy.

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

8. GOVERNANCE AND RISK ISSUES

8.1 WHSSC IPFR Terms of Reference (TOR)

The All Wales IPFR Panel provided an essential element of the overall governance framework for the organisation. 2020-2021 was a challenging year due to the COVID-19 pandemic and the issues concerning the need to adopt agile governance is highlighted in sections 3 and 4 above.

The WHSSC IPFR panel terms of reference (TOR) are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)". The All Wales policy stipulates that it should be reviewed on an annual basis, however there are two unresolved issues relating to the policy:

1. The policy itself has not been reviewed since 2017,
2. Clarification has been requested from Welsh Government to confirm the authority of the Joint Committee in relation to the WHSSC IPFR panel being a sub-committee of the Joint Committee, and the fact that the TOR for WHSSC are featured as an appendix within the All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR),
3. The review and approval process for updating the terms of reference needs to be confirmed to ensure effective governance and to enable WHSSC to update the TOR to meet the new demands on the panel as a consequence of the COVID-19 pandemic and the exacerbation of longstanding challenges in achieving quoracy.

8.2 Appeals

In 2020-2021 one case was submitted to Swansea Bay University Health Board (SBUHB) for review.

The review was not upheld and the original decision of the WHSSC panel was allowed to stand. The matter was then referred for a Judicial Review. The Court refused permission and leave to apply for a Judicial Review.

8.3 Judicial Review

There were no WHSSC IPFR decisions subject to Judicial review during the reporting period. The case mentioned above did not proceed to a Judicial Review as leave was refused by the Court.

8.4 Public Services Ombudsman for Wales (PSOW)

No IPFR cases were referred to the Public Services Ombudsman for Wales during the reporting period.

8.5 Annual Committee Review of Effectiveness Survey

Due to the COVID-19 pandemic the annual review of committee effectives was delayed and took place in July 2021. Feedback has been obtained from the Chair of the IPFR panel and this will be considered alongside the result of the committee effectiveness report. The findings will be presented to the IPFR panel, the Integrated Governance Committee and the Joint Committee for assurance.

8.6. All Wales IPFR Learning And Training

Due to the COVID-19 pandemic the annual All Wales IPFR Conference which provides an important opportunity for learning and development was not held, and it is hoped that it will be held in 2021-2022 to share lessons learned from adapting to decision making during the pandemic.

9. INDIVIDUAL PATIENT FUNDING REQUEST QUALITY ASSURANCE GROUP

The Individual Patient Funding Request Quality Assurance Group consider, on a quarterly basis, an anonymised random sample of IPFR requests (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process. The full terms of reference of the group are available on the AWTTC website (https://www.awttc.org/ipfr/ipfr-quality-assurance-advisory-group). The findings and recommendations of each audit is reported to the Joint Committee as part of the Chair Report.

9.1 IPFR Quality Assurance (QA) Group Audit

The IPFR Quality Assurance (QA) group undertake quarterly audits on the quality of information considered by the panel.

Quarter	Feedback from Audit
Apr-Jun 2020	During January – March 2020 the number of requests which requested urgent consideration was 68%. However, between the periods April to June 2020 the number requesting urgent review had gone up to 97%. The group note that WHSSC have cancelled all IPFR panels and were prioritising urgent cases for Chair's action decisions. The group are of the opinion that after the initial disruption of the COVID-19 pandemic at the end of March virtual panels should be convened to provide continuation of the IPFR service going forward. Due to continued disruption due to the COVID-19 pandemic, the QA Group will continue to monitor two applications every six months to ensure the IPFR process is followed and documented according to the pre-defined criteria.

Oct – Dec 2020	Overall urgency was met in 89% and 77% of cases considered by WHSSC in the quarters July to September and October to December respectively. It should be noted that the caseload for WHSSC was particularly high in the latter quarter when 56 requests (including 17 PET scans) were considered. Although both cases assessed were requested as non-urgent, Chair's action decisions were made with members of WHSSC in attendance but no Health Board representation. This is an ongoing situation arising from disruption by the pandemic, however WHSSC have confirmed that from March full panel meetings will be held online every two weeks via a virtual meeting platform. The Chair of the IPFR QA group is in contact with WHSSC regarding future changes to the IPFR terms of reference for the All Wales IPFR panel. For the next meeting, due to easing of disruption due to the COVID-19 pandemic, the QA Group will return to monitor one application every three months to ensure the IPFR process is followed and documented according to the pre-defined criteria.
Jan – March 2020	The urgency stipulated was met in 83% (40 of 48) requests considered in the quarter January to March 2021. This is comparable to the last two quarters of 2020 where urgency was met in 89% and 77% of cases respectively. The group were pleased to be informed that the WHSSC IPFR panel are now meeting regularly every two weeks with Health Board representation within the current Terms of Reference.

10. ASSURANCE TO THE JOINT COMMITTEE

The All Wales WHSSC IPFR Panel wishes to assure the Joint Committee that on the basis of the work completed by the Committee during 2020-2021, that the necessary measures were put in place to deal with the challenges of decision making during the COVID-19 pandemic. A decision was taken to temporarily deal with IPFR requests via a Chairs Action panel. This was largely as a consequence of the additional pressures which clinical staff found themselves facing at the height of the pandemic. When IPFR meetings were re-convened in March 2021, issues with quoracy and attendance has continued to be a problem. A change to the IPFR Terms of Reference were proposed in November 2020 but not finalised. The need to review the WHSSC IPFR Terms of Reference will be revisited as a key priority for the panel for 2021-22.

11. CONCLUSION

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2021-2022 in respect of:

- Learning lessons from the agile governance adopted by the WHSSC IPFR panel and HB IPFR panels during the COVID-19 pandemic,
- Continued compliance with the All Wales IPFR Policy (June 2017) and decision making criteria during the COVID-19 pandemic,
- To address the unresolved governance issues related to the All Wales IPFR Policy (June 2017) to ensure effective governance and to incorporate lessons learnt from the agile governance adopted during the pandemic,
- Continuing to work closely with the Health Boards and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.
- Ensure each Health Board nominates a designated clinical representative and deputy at director level to attend each Panel.

Rhwydwaith Clinigol Arennol Cymru
Welsh Renal Clinical Network

Annual Report

2020-2021

1.0 Background

The WRCN was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of WHSSC in 2011. The WRCN is funded by the LHB's via WHSSC and manages a ring fenced commissioning budget of circa £75m on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.

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

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

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

Membership of both the Board and Management Team is noted in **appendix 1** and the organogram of the clinical and managerial oversight of the organization is illustrated in **appendix 2.**

2.0 UK Context

In the latest published UK Renal Registry report Wales has the highest rate of incidence (new patients, expressed as patients per million of population (ppm) starting Renal Replacement Therapy – RRT; the second highest prevalence (patients on treatment at end of Audit year) of RRT. As a percentage of the overall numbers of patients in Wales receiving RRT, prevalence of Kidney Transplants is just below average for the UK however home dialysis (Home Hemodialysis (HHD) and Peritoneal dialysis (PD) has the highest level of prevalence across the home nations. This highlights the success of treatment strategies in Wales offering RRT to more patients, and treating more patients whilst promoting / delivering Transplantation and home dialysis as the preferred treatment options.

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

Patients per million of Population (PMP) and % of Total RRT	**Wales**	**England**	**Scotland**	**Northern Ireland**	**UK**
Incidence	***166***	153	136	160	152
RRT prevalence	***1296***	1277	1190	1326	1272
ICHD prevalence	**36.5%**	37.2%	35.7%	30.9%	36.8%
HHD prevalence	***2.7%***	2.1%	1.0%	0.9%	2.0%
PD prevalence	**5.8%**	5.7%	4.0%	4.1%	5.5%
Tx prevalence	**55.0%**	55.1%	59.3%	64.1%	55.7%

Source: UK Renal Registry 22nd Annual Report

3.0 Sustainability of Services

3.1 **BCUHB**

- Completion of the procurement process to refresh existing units including the provision of new water treatment plants where required. A new dialysis center was also established in Mold providing increased capacity closer to patients homes. This has delivered world class facilities and space that is future proofed for at least 5-10 years of anticipated growth.

3.1.2 **SBUHB**

- Commencement of procurement exercise to refresh existing satellite units and replace dialysis machines within Morriston Hospital. In addition, two expansion units are planned that will alleviate demand on the Morriston Hospital site and enable patients to dialyse closer to home. On award of contract it is anticipated that overall capacity will future proof the service in West Wales for at least 5-10 years.

3.1.3 **CVUHB**

- Discussions with Directorate and current provider for the Merthyr unit with a view to extension of current contract and small expansion of the unit to accommodate 3 additional stations. Delivery of this proposal will enable the unit to manage growth to 2026 and bring the service in line with the re-tender programme for South East Wales in 2026.

3.1.4 **Home Dialysis Framework**

- As noted in section 3.3 the findings of the peer review and the current All-Wales audit of the Home Dialysis workforce will inform an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2022. Following initial stakeholder consultation in late 2020, a Prior Information Notice was issued in March 2021 and market engagement events have been arranged in order to assess the requirements and inform the scope of the next Home Dialysis framework.

3.2 Transformation Fund Programme and IT Update

An All Wales Transformation Project (Collaborative Kidney Care for a Healthier Wales) enabled through the Welsh Government's Transformation Fund has been developed and delivered, despite the challenges of the pandemic, throughout 2020-21. This is a five point plan for enabling change in every part of renal care in Wales by proactively recognising, preventing and managing kidney disease.

Two thirds of Wales (South West Wales & North Wales) have digitised their outpatient haemodialysis units through the rollout of the electronic prescribing and medicines administration (EPMA) system, initially developed in SBU Health Board. This improves the quality, safety, efficiency and resilience of service delivery; which was clearly evident during the COVID-19 response.

Innovation and digitisation, has raised the ambition, and expectation, for how modern kidney care should look. A fully consolidated electronic care record now places the tool to deliver care at the finger-tips of our staff; and the record is accessible to patients on their own devices. The video links below tell the story.

Our Journey of digital innovation in kidney care
Benefits of digitisation Renal EPMA Functions & benefits - YouTube
EPMA insights from the professionals

The transformation project has been independently evaluated by Cardiff University and is delivering on the promises for a Healthier Wales, despite renal services being hard hit by COVID-19.

3.3 Home Dialysis

Dr. Helen Jefferies, Consultant Nephrologist and Lead Consultant for Home Dialysis in Cardiff University Health Board, was appointed in February 2021 to the new role of WRCN Clinical Lead for Home Dialysis. The work of this role aims to significantly increase the numbers of patients dialysing at home towards the WRCN target of 30% of the total dialysis population. The low rates of Covid-19 observed in Home Dialysis patients compared to the national dialysis population provides additional impetus towards this goal.

In line with this objective, the first national Home Therapies Peer Review was completed in July 2021. In addition to the recommendations made to each Home Dialysis centre, the peer review process has identified opportunities for Home Dialysis teams to work more collaboratively across Wales to support quality improvement and service development. All-Wales initiatives to support refinements of patient pathways towards Home Dialysis, improvements in access to Shared Care and Self-Care Haemodialysis to increase patient access and uptake of Home Dialysis will be coordinated via the Home Dialysis working group.

The findings of the peer review and the current All-Wales audit of the Home Dialysis workforce will inform an update of the Home Dialysis Service specification. The procurement framework to support provision of Home Dialysis is under review ahead of the framework end date of December 2022. Following initial stakeholder consultation in late 2020, a Prior Information Notice was issued in March 2021 and market engagement events have been arranged in order to assess the requirements and inform the scope of the next Home Dialysis framework.

Driven by the findings of the Dialysis Choices study, All-Wales Home Dialysis educational resources for patients and staff will be developed in collaboration with the WRCN Education Advisory group and Transformation Fund Work streams, with the aim of delivering equity of access across Wales to high-quality, patient-centred home dialysis information. A successful application for 2020 End of Year non-recurrent WHSSC monies has funded the provision to each Home Dialysis unit of equipment and e-learning education modules for staff to support patient education and training for Home Dialysis.

The 2021 scheme for patient reimbursement of Home Dialysis costs in line with the WRCN board recommendations has been implemented across Wales.

3.4 Vascular Access

Vascular Access services were disrupted in all units in Wales during the first wave in 2020 but centres worked hard to re-establish services quickly. The South Wales units utilised operating space in the independent sector hospitals which was facilitated by the WRCN, and the Swansea unit in particular used innovative ways to ensure peritoneal dialysis access surgery continued. Waiting lists and waiting times increased across Wales for access surgery and with the reconfiguration of theatre lists most centres still have difficulty accessing sufficient theatre space. Two of the most senior vascular access nurses in Wales retired during the year, and careful planning is required to maintain this unique skill set. The Cardiff unit have secured funding to trial a new way of establishing vascular access using an endovascular approach, and this will be trialled during 2021/2.

The focus for the next year will be ensuring the appropriate access to operating theatre space is restored and waiting times shorten. Options for keeping the experience of our most senior access nurses available are also being explored. The endovascular pilot in Cardiff should be able to report some early outcomes within the year.

3.5 Renal Transplantation

All kidney transplant units were significantly affected by the pandemic and most closed completely while additional safety measures and patient testing were established. Live

donor transplants were particularly affected, and even as the national situation settled during the summer months, many transplant centres struggled to secure theatre access for elective cases due to staff redeployment and competing pressures from other specialities. The Cardiff transplant unit pausing new transplants in the middle of March but fully reopened for all transplants in June 2020. Most pancreas transplant centres remained closed until later in the year due to their reliance on ITU beds whereas in the Cardiff Transplant Unit there is a flexible nursing model which allows 1:1 nursing of pancreas transplant recipients and therefore ITU is rarely needed. This allowed a surge of pancreas transplants during July and August and virtually the entire transplant list received organs over a two-month period. Kidney activity also returned to baseline levels until an outbreak of COVID on the ward in November caused a second brief pause of activity. The unit remained open during the second wave of the pandemic and overall transplant activity for the year ended at approximately 2/3 the usual levels. Organ retrieval activity was maintained through and there were significant Welsh advances in this area as the Cardiff team became only the third team in the UK able to perform Normothermic Regional Perfusion (NRP). This is the culmination of a lot of hard work led by Elijah Ablorsu (Transplant Surgeon) in collaboration with Welsh Government and WRCN.

The focus for the next year is ensuring the recovery plan includes pathways for transplant work-up, maximising organ utilisation (working with NHSBT nationally), and building the NRP programme.

4.0 Quality and Patient Safety

4.1 Covid Response

National renal COVID board meetings were convened at the inception of Pandemic in March 2020. The meetings, chaired by the Network Lead, with the participation of representatives from all HBs, was run on a weekly basis to address the impact on renal services in Wales:

a. Staffing: sickness, PPE
b. Patient transport during pandemic
c. Prioritisation of home therapies
d. Management of potential outbreaks within renal facilities in Wales
e. Impact of pandemic on transplant service
f. Prioritisation of renal patients for screening/ vaccination.
g. Participation in national registry for COVID related events

One of the highlights of the concerted efforts of the renal community in Wales during COVID was the active immunisation programme for patients with CKD (Dialysis and transplant patient), an effort that was acknowledged by the UK Renal Association.

4.2 Governance Developments

- Collaboration with NHS Wales Shared Services Partnership, to implement the new Datix system across all renal dialysis areas in Wales. The aim of this initiative is to provide a suite of minimum recordable renal incidents which are coded with the facility for the WRCN to have an overview of frequency and type of incidents. This will enable the WRCN to proactively identify on an all Wales basis trends and areas of care that require service improvement programmes and also shared learning opportunities.
- Collaboration with Health Inspectorate Wales exploring long term plan for inspecting dialysis units. The aim of this initiative is, given the vulnerability of the patient group and the highly specialised nursing requirements of delivering dialysis care, that the out-patient status of dialysis units will become more in line with the inspection requirements of in-patient environments.
- Development of real-time nurse to patient ratio audit tools for both unit dialysis and home dialysis services. This will provide assurance to the provider Health Boards and the WRCN that the nurse to patient standards for care are being met.

4.3 Clinical Audit Event

The WRCN audit has been running this for the last 11 years and is the only specialist service audit in Wales inclusive of all multi-disciplinary health professionals and patients. Since its inception, the involvement of different members of the renal multidisciplinary team has been crucial for evaluating compliance with Renal Service Specifications and implementing the principles of Prudent Healthcare. Patients' representatives are always invited to attend this meeting and participate in presentation, discussions and planning for future meetings/ presentations.

Due to the Covid19 pandemic the audit event moved to a virtual platform in 2020. This proved to be an invaluable reflection and shared learning opportunity as the services moved out of the first wave. This enabled a higher degree of resilience to manage the second wave in early 2021.

4.4 Nurse Education

- Embedded and ongoing delivery of Degree/Master level Renal Nursing module through Swansea and Bangor Universities.
- Explored provision of all Wales nurse education e-learning opportunities to support up-skilling of workforce. Kidney Care e-learning modules, endorsed by the British Renal Society with CPD accreditation. Plan to roll these out to Health Board during 2021.

4.5 Patient Reported Experience Measures (PREM)

- Following an extensive awareness raising campaign Wales saw an increase in returns from 365 in 2019 to 968 in 2020, making up over 10% of the total Kidney PREM. The approach undertaken in Wales been highlighted as a best practice case study within the Patient Reported Experience of Kidney Care in the UK 2020 published report (**see appendix 3**).

4.6 Patient Reported Outcome Measures

- Improving the uptake of PROM across Wales was in development during 2020. A strategy meeting has subsequently identified three focussed working groups to take the project forward. It is anticipated that the findings from group 1"Operationalising embedding PROMS into care pathway"; group 2 "Developing a digital solution to PROM data capture" and group 3 "Acting on PROM findings group" will inform the .delivery plan during 2021.

4.7 Awards

- Coordination of the annual Liz Baker Excellence in Renal Nursing Award 2020 & 21.
- Finalist Betsi Cadwaladr Foundation Scholarship Award 2021.
- Finalist HSJ Partnership Award 2021.
- Collaborative Kidney Care for a Healthier Wales won a Quality Improvement award in June 2021.

4.8 National Collaboration

- Supporting patients through COVID in Wales Collaboration – Paul Popham Fund, Kidney Wales, Kidney Care UK, Welsh Kidney Research Unit
- Lead Nurse, WRCN invited to role of Executive Board Member of the Association of Nephrology Nurses UK (ANNUK)
- Lead Nurse, WRCN Co-chairs the ANNUK Home Dialysis Special Interest Group
- Lead Nurse and Network Manager, WRCN standing members of the British Renal Society and Renal Association Kidney Patient Safety committee

- Lead Nurse and Network Manager, WRCN standing members of the KQuIP (Kidney Quality In Partnership Group) "Ensuring Haemodialysis patient safety"

5.0 Transport

Throughout the pandemic dialysis patient transport services have been maintained and the WRCN and provider Health Boards have worked collaboratively with the Welsh Ambulance Trust Non-Emergency Patient Transport Service (NEPTS) to ensure that patient safety has been maximised at all times. Although the WRCN does not commission transport, monthly meetings are held between the WRCN QPS Lead, Network Manager and NEPTs senior officers. These meeting are informed by quality metrics aligned to the 30:30:30 standard for dialysis transport.

The extension of the renal travel reimbursement scheme to 31st October 2021 has enabled patients to make their own arrangements which has eased some of the pressures during the Covid period. The WRCN is current working with the NEPTS commissioner to seek a permanent extension to the scheme under value based healthcare and in support of enhancing the patient experience.

6.0 Financial Management

The WRCN holds the responsibility for an annual budget of £74.7m which is specifically ring fenced for renal dialysis and transplant services across Wales.

In total, the £74.7m ring fenced funding has been invested in the following areas:

Dialysis Services North and Mid Wales	£16.9m
Dialysis Services West Wales	£19.4m
Dialysis and Nephrology Services South East Wales	£27.5m
Transplant Services	£8.8m
Dialysis Transport Services	£1.5m
Network Support (see organogram **Appendix 2**)	£0.6m

In response to the COVID 19 pandemic, the WRCN acknowledged that, while many NHS services, procedures and treatments had been halted throughout Wales, there was still a requirement to financially protect dialysis and transplant services while all available NHS Wales resources were diverted to support frontline care of COVID patients.

To this end, the WRCN provided regular monthly block amounts of funding into dialysis and transplant services across Wales, in order to ensure that those services had sufficient funding available to be able to provide all necessary treatments throughout the pandemic.

On top of this the following additional investments were made during the year.
A further £276,000 was provided to Swansea Bay LHB to be able to undertake more dialysis in units across West Wales and at Morriston Hospital. Similarly, £170,000 was made available to provide additional dialysis treatments in units in the South East Wales region.

In response to the pandemic effort, a further £419,000 was made available to allow more patients to receive their dialysis at home where they were shielding.

7.0 Work Plan for 2021-22

WorkPlan 21-22 as at July 2021.xls

8.0 Governance and Reporting Structure

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

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

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

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

The WRCN board has met on four occasions during 2020-21. Copies of the minutes of these meetings can be made available on request.

The WRCN management team has met on five occasions.

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

9.0 Assurance to the Joint Committee

The WRCN Chair:

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

The WRCN QPS Lead:

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

Appendix 1

Remit and Scope of the Welsh Renal Clinical Network

The WRCN has the following discrete areas of responsibility:

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

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

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

The WRCN Board has the following membership:

Core (voting) members:

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

*Patient Groups include:

- Kidney Wales
- Paul Popham Fund
- Kidney Care UK

In attendance:

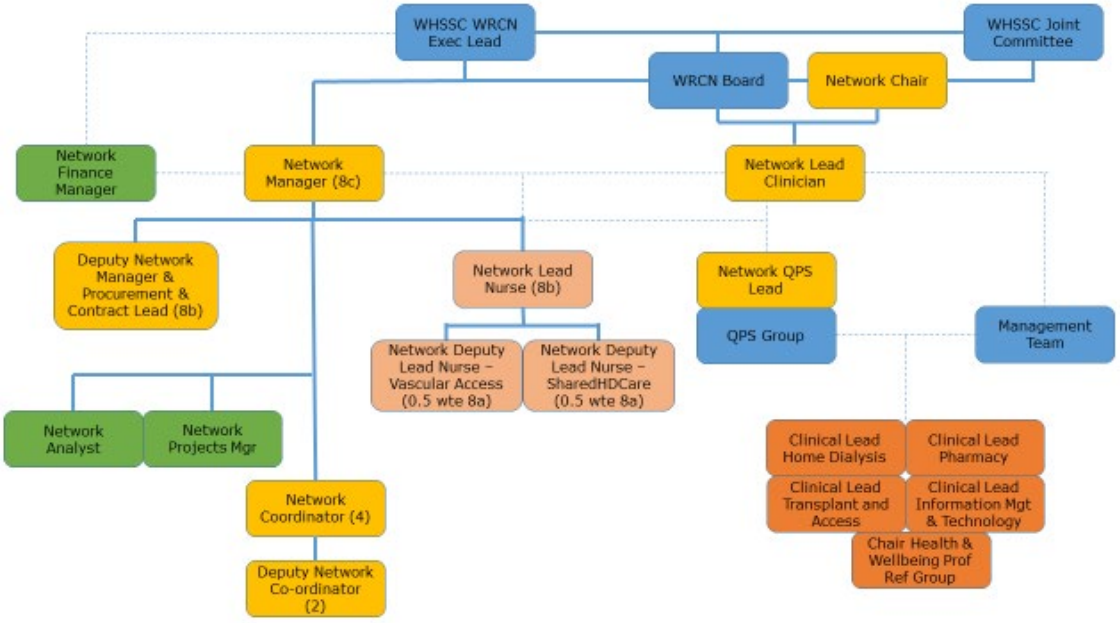
- Nominated Director of Welsh Health Specialised Services Team
- Network Manager
- Network Finance Manager
- Deputy Network Manager
- Welsh Government – Policy Lead for Renal Services;
- Individual patient representatives from renal services and dialysis units as agreed advocates.

The membership of the management team is as follows:

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

Appendix 2

WRCN Structure



Appendix 3

Case Study

Collaborating to promote the Kidney PREM and ensure digital inclusion

Welsh Renal Clinical Network (WRCN)

Our ambition was set this year that every RRT patient in Wales was to be offered the opportunity to participate in the 2020 Kidney PREM. The Lead Nurse approached the process as a national audit and sought interest from each dialysis unit, home dialysis team and transplant coordination team to act as a Kidney PREM link person.

The role of the Kidney PREM link person was to:

- Attend Kidney PREM link training delivered virtually by the WRCN
- Cascade learning to provide education regarding the importance of the Kidney PREM to staff and patients
- Identify difficulties in accessing the Kidney PREM
- Support patients with digital access
- Completion and submission of the audit tool
- Liaise with kidney charities who had already offered direct patient support.

Overcoming digital exclusion

As our ambition was set at 100% of RRT patients being offered the Kidney PREM to complete, lack of access to a digital device was not an acceptable barrier. Working with the kidney charities, 54 hand held devices were sourced and distributed to dialysis units and teams. The devices were pre-loaded with internet access and key communication platforms such as Zoom and TEAMS and had a suitable pre-paid sim card installed. For patients who were not confident in using the device, nurses reached out to the kidney charities for a volunteer support.

Kidney patient
Covid-19 update

COVID-19 the 'new normal' for kidney patients

PREMS

Communications

As well as raising awareness about the Kidney PREM through link nurse education, posters and regular social media messages, we also featured the Kidney PREM in our patient newsletter.

Issue 9 led with the Kidney PREM survey and a reminder to patients that "their voice mattered" and support was available to participate in the survey digitally.

Outcome

Patient participation in Wales rose significantly in 2020 to 902 responses which represents a 40% increase on the 2019 submissions and accounts for 27.2% of the RRT population.

The findings will be used to drive forward quality improvement programmes on a regional and national level.

"[The Kidney PREM] really puts patients as the drivers of innovation and improvement... We are looking forward to seeing all the service improvement programmes in Wales when the analysis is published."

Welsh Renal Clinical Network Manager

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

		Agenda Item	3.1
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Activity Report for Month 3 2021-22 COVID-19 Period		
Author (Job title)	Head of Information		
Executive Lead (Job title)	Director of Finance	Public / In Committee	Choose an item.

Purpose	The purpose of this report is to highlight 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.

RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
☐	☐	☐	☐	☒

Sub Group /Committee	Management Group	Meeting Date	19/08/2021
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

Swansea Bay	✓	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-19 periods, and 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-19 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 some non-specialist activity that may be included in local Health Board contracts.

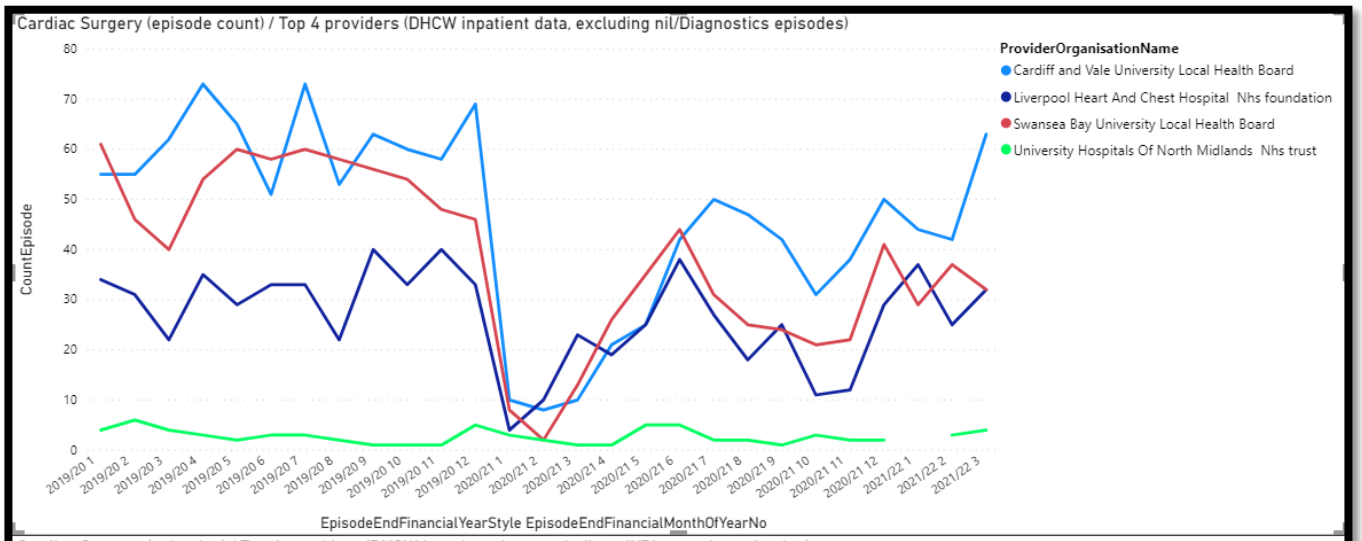
3.0 ASSESSMENT

This report has been rearranged from the version used in 2020/21 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 with a WHSSC contract (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)

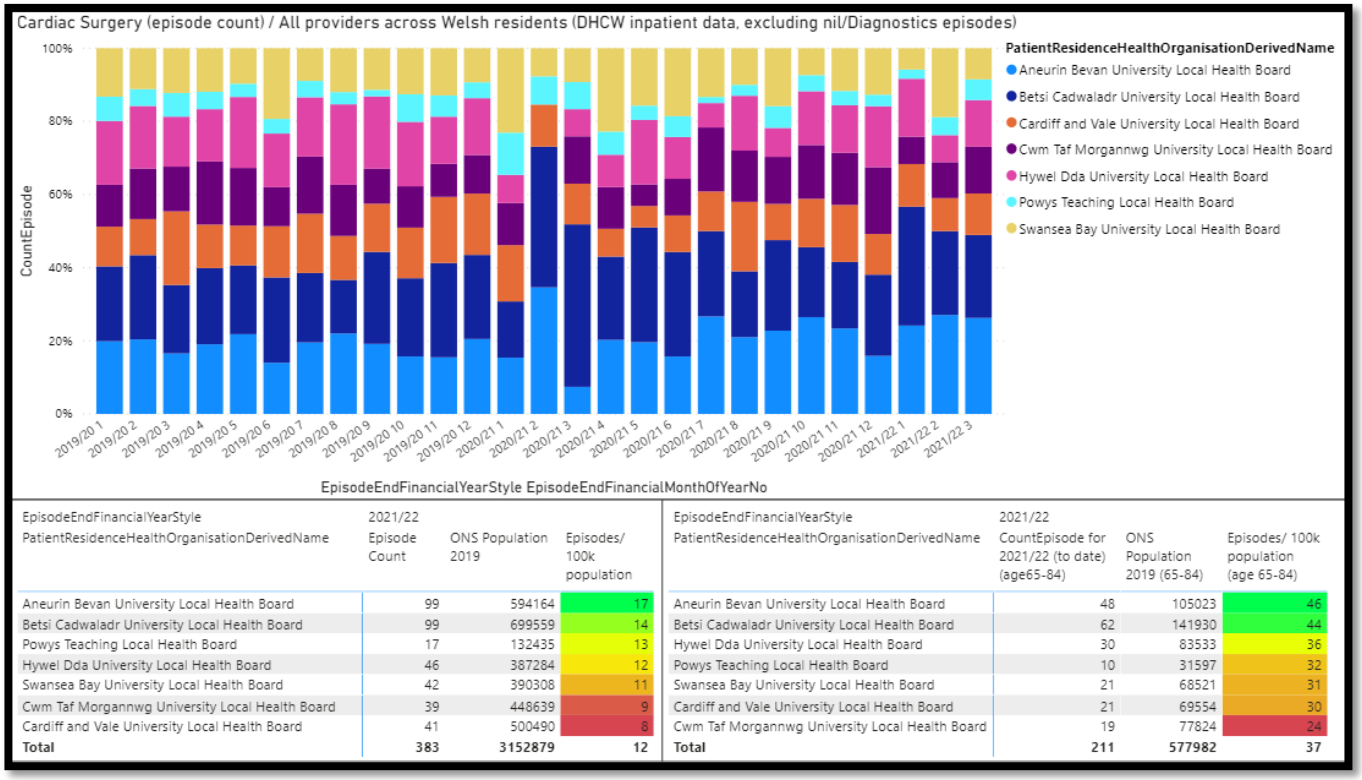
ProviderOrganisationName	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Cardiff and Vale University Local Health Board	149	28	432%	172	-13%
Liverpool Heart And Chest Hospital Nhs foundation	94	37	154%	87	8%
Swansea Bay University Local Health Board	98	23	326%	147	-33%
University Hospitals Birmingham Nhs Foundation Tr	10	4	150%	12	-17%
University Hospitals Bristol And Weston Nhs found	8	3	167%	11	-27%
University Hospitals Of North Midlands Nhs trust	7	6	17%	14	-50%
Total	**366**	**101**	**262%**	**443**	**-17%**

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 Liverpool Heart & Chest showing the highest and quickest recovery. The main 3 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a concerning drop in the volume of Cardiac inpatient activity reported during the period, which is recovering but stood at 48% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 3), activity is already 262% more than last year, but is 17% lower than to the same month in 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 periods. The risk of COVID-19 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	2021/22 Episode Count	ONS Population 2019	Episodes/ 100k population
Aneurin Bevan University Local Health Board	99	594164	17
Betsi Cadwaladr University Local Health Board	99	699559	14
Powys Teaching Local Health Board	17	132435	13
Hywel Dda University Local Health Board	46	387284	12
Swansea Bay University Local Health Board	42	390308	11
Cwm Taf Morgannwg University Local Health Board	39	448639	9
Cardiff and Vale University Local Health Board	41	500490	8
Total	**383**	**3152879**	**12**

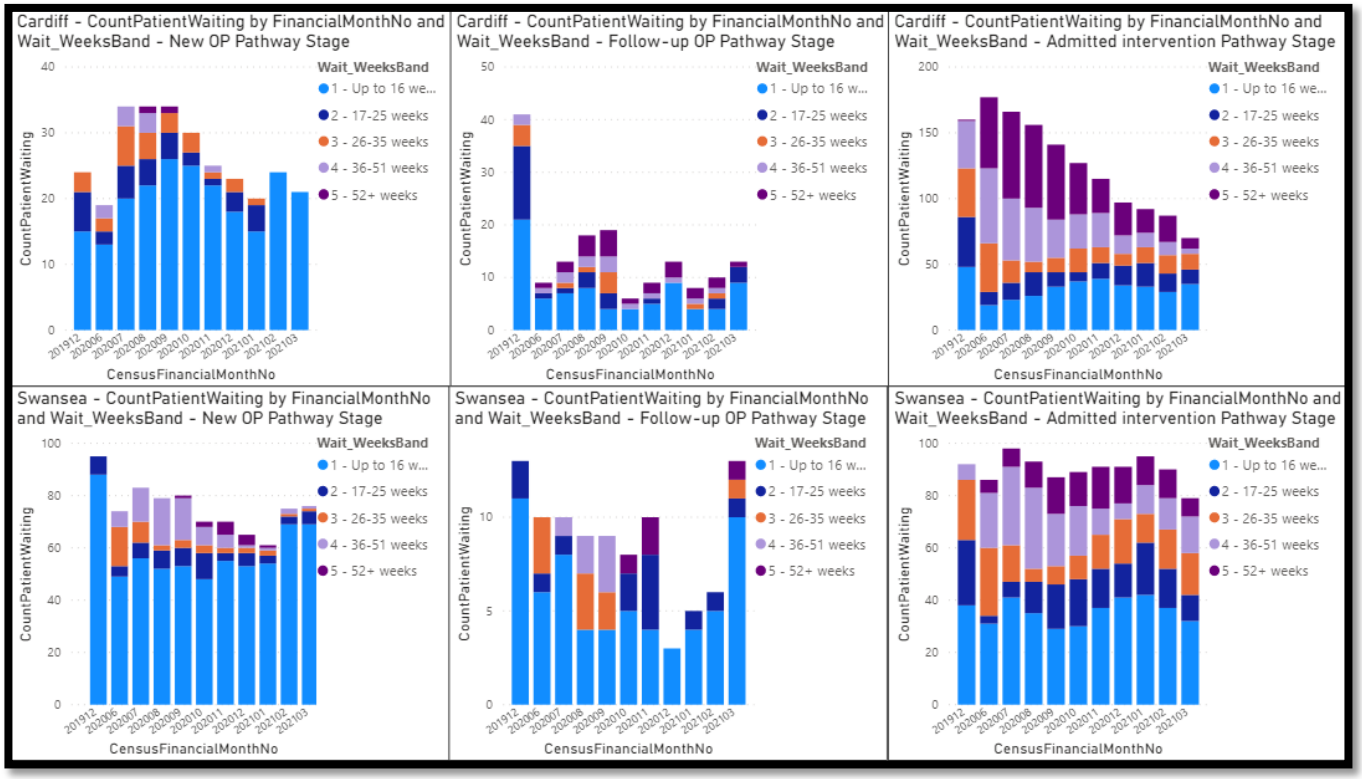
EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2021/22 CountEpisode for 2021/22 (to date) (age65-84)	ONS Population 2019 (65-84)	Episodes/ 100k population (age 65-84)
Aneurin Bevan University Local Health Board	48	105023	46
Betsi Cadwaladr University Local Health Board	62	141930	44
Hywel Dda University Local Health Board	30	83533	36
Powys Teaching Local Health Board	10	31597	32
Swansea Bay University Local Health Board	21	68521	31
Cardiff and Vale University Local Health Board	21	69554	30
Cwm Taf Morgannwg University Local Health Board	19	77824	24
Total	**211**	**577982**	**37**

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, North Wales are reflecting an increased share of the activity, due to Liverpool Heart & Chest recovering quicker than Welsh providers.

Interestingly, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 8 to 17 so far in 2021/22 as per the small table above. Analysing the biggest age group user (age 65-84), which represents over half the overall activity, still shows a broad range of 24 to 46 across Health Boards.

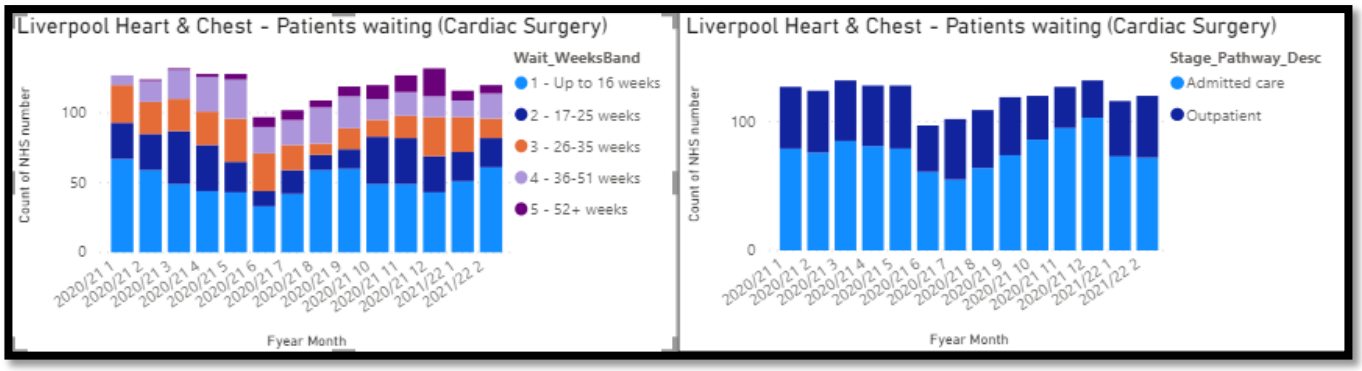
3.1.3 Cardiac Surgery – going forward



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 the main Welsh centres. Both centres have kept waits for new outpatients steady, with most patients being seen within 16 weeks. Follow-up outpatients have also been seen relatively quickly, with low total numbers. However, where Cardiff have been steadily reducing the number of patients waiting for an admitted intervention, with about half the total waiting now compared to pre-COVID-19 levels, Swansea's numbers have stayed close to pre-COVID-19 levels with more patients having waited a significant length of time.

Historically both Welsh centres have not delivered contracted activity levels, leading to higher elective waiting lists than should result from commissioned activity. An additional note 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.

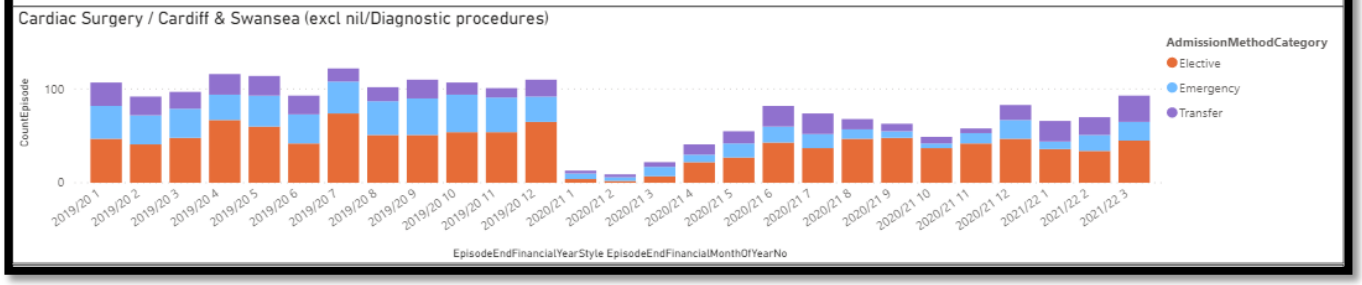


Data source: File received directly from LHCH monthly; all patients waiting with an open pathway

The above table shows the progression of patients waiting for Cardiac Surgery at Liverpool Heart and Chest since March 2020. Although totals are not too dissimilar to March 2020, more patients are waiting for admitted care, and for longer than before.

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

EpisodeEndFinancialYearStyle	2019/20													2020/21													2021/22				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	1	2	3	Total	
⊞ Elective	54	45	50	75	65	48	79	54	53	55	58	67	703	4	2	7	23	29	46	40	50	49	37	43	52	382	40	38	46	124	1,209
⊞ 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	23	153	10	22	20	52	655
⊟ Transfer	25	20	18	23	21	24	15	17	21	13	10	18	225	3	3	5	13	15	22	22	11	9	7	5	16	131	23	19	29	71	427
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	8	69	14	14	22	50	206
Stay overnight intended	15	17	12	12	15	15	8	10	6	7	5	16	138			4	5	6	11	9	5	5	5	4	8	62	9	5	7	21	221
Total	116	101	102	127	125	109	133	111	119	114	106	115	1,378	18	10	23	47	60	86	81	72	66	52	60	91	666	73	79	95	247	2,291

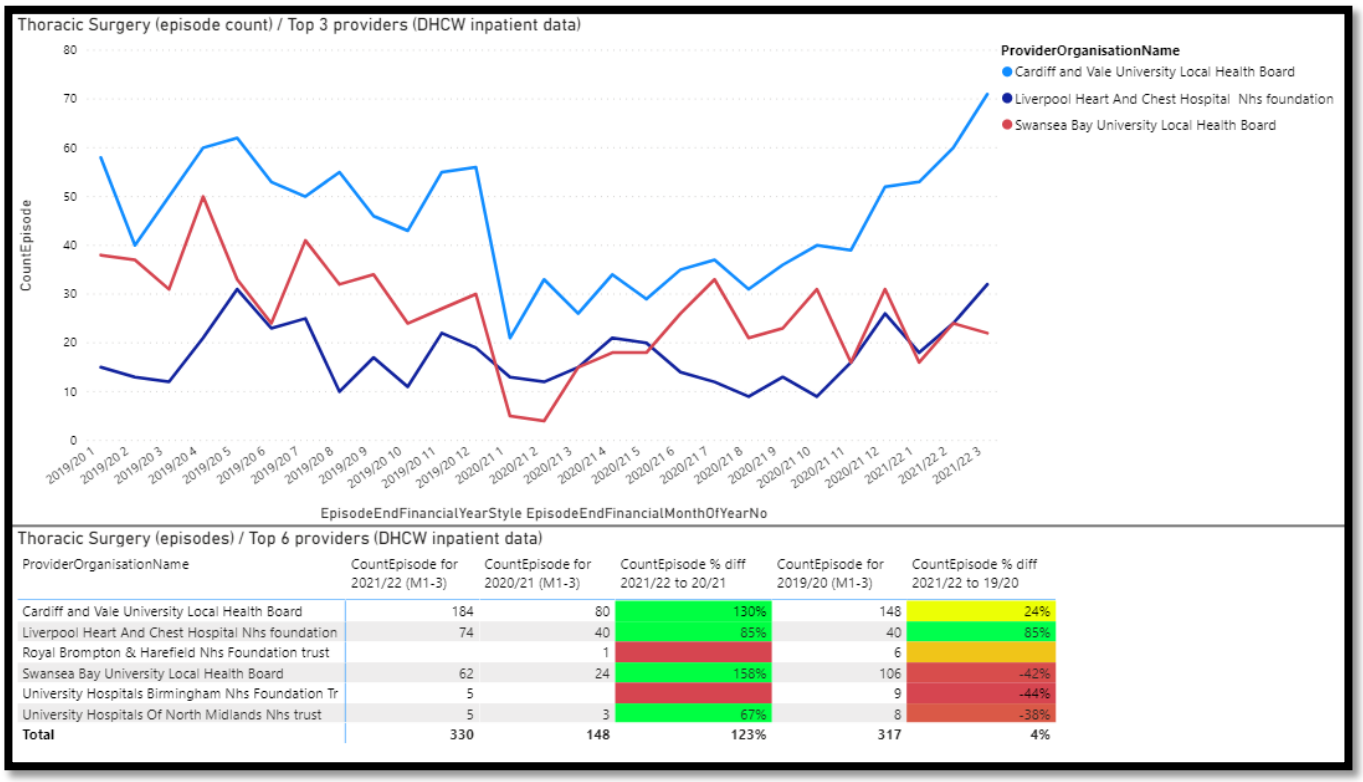


Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Whilst percentages of delivery between Elective and Emergency activity appears similar in percentage terms, in quantum terms emergency activity was significantly down in 2020/21 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 in 2020/21, with transfers down to 58%, although Non elective transfers are at 79% 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.

3.2 Thoracic Surgery

3.2.1 Thoracic Surgery – Activity/recovery rates



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

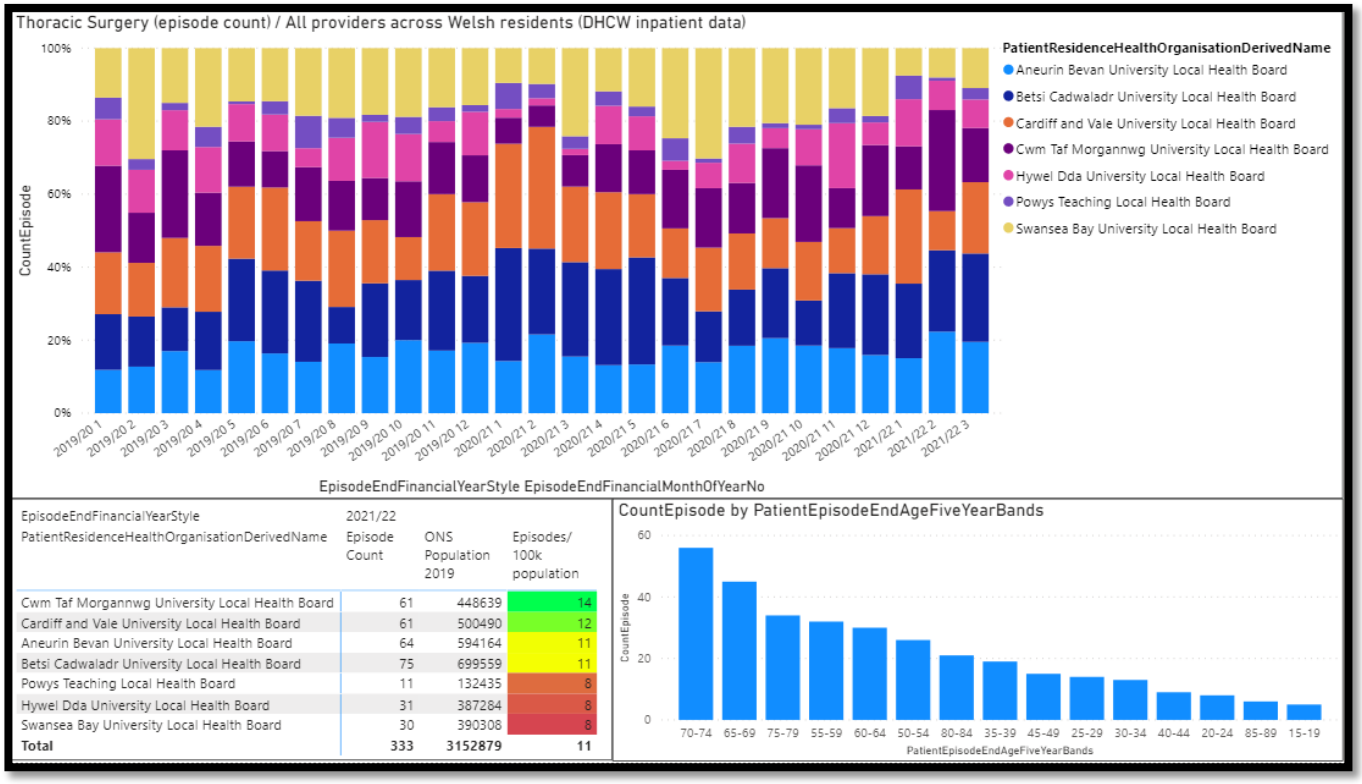
ProviderOrganisationName	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Cardiff and Vale University Local Health Board	184	80	130%	148	24%
Liverpool Heart And Chest Hospital Nhs foundation	74	40	85%	40	85%
Royal Brompton & Harefield Nhs Foundation trust		1		6	
Swansea Bay University Local Health Board	62	24	158%	106	-42%
University Hospitals Birmingham Nhs Foundation Tr	5			9	-44%
University Hospitals Of North Midlands Nhs trust	5	3	67%	8	-38%
Total	**330**	**148**	**123%**	**317**	**4%**

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 quickest recovery to activity actually 85% higher to date than 2019/20. Cardiff & Vale is also showing 24% higher activity than 2019/20 to the same month. However, Swansea Bay is showing a 42% drop in activity to date compared to 2019/20, although this is still 158% more than they had performed to this point in 2020/21.

The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020/21 compared to 2019/20. Using activity to date this year 2021/22 (Month 2), activity is already 123% more than last year, and is 4% higher in total than to the same month in 2019/20.

3.2.2 Thoracic Surgery – Access rates



EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2021/22 Episode Count	ONS Population 2019	Episodes/ 100k population
Cwm Taf Morgannwg University Local Health Board	61	448639	14
Cardiff and Vale University Local Health Board	61	500490	12
Aneurin Bevan University Local Health Board	64	594164	11
Betsi Cadwaladr University Local Health Board	75	699559	11
Powys Teaching Local Health Board	11	132435	8
Hywel Dda University Local Health Board	31	387284	8
Swansea Bay University Local Health Board	30	390308	8
Total	**333**	**3152879**	**11**

Data source: DHCW central data warehouse; all inpatient activity

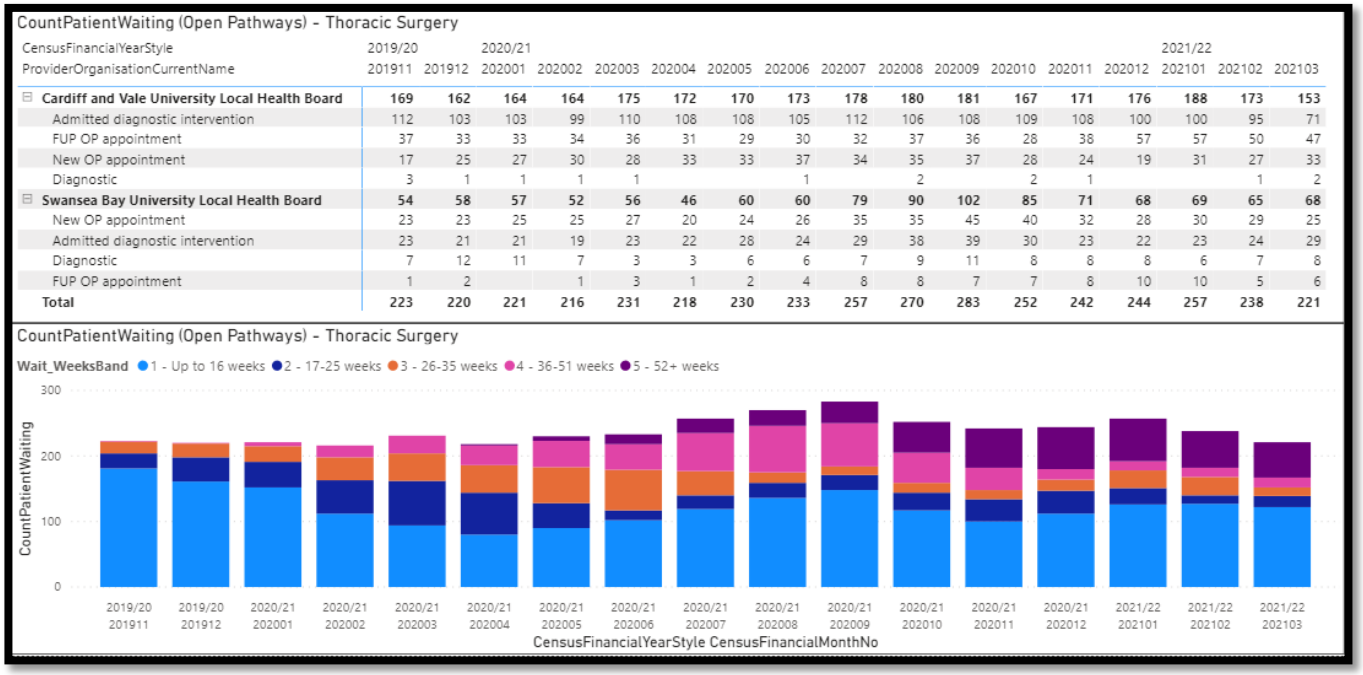
Access rates across the Health Boards varied across the past two years, which is to be expected given the lower activity numbers (about 73/month), but should still be monitored. The chart above shows a slighter higher access across 2020/21 for North Wales, which is in line with the quicker recovery at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

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 8 to 14 as per the small table above for 2021/22. Given Swansea's slower recovery, it is unsurprising to see lower access rates for Hywel Dda and Swansea residents. A breakdown of the total activity across 5-year age bands shows a higher access by ages 60-79, which should be taken into account.

3.2.3 Thoracic Surgery – going forward

CountPatientWaiting (Open Pathways) - Thoracic Surgery

CensusFinancialYearStyle	2019/20		2020/21										2021/22				
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	202101	202102	202103
Cardiff and Vale University Local Health Board	**169**	**162**	**164**	**164**	**175**	**172**	**170**	**173**	**178**	**180**	**181**	**167**	**171**	**176**	**188**	**173**	**153**
Admitted diagnostic intervention	112	103	103	99	110	108	108	105	112	106	108	109	108	100	100	95	71
FUP OP appointment	37	33	33	34	36	31	29	30	32	37	36	28	38	57	57	50	47
New OP appointment	17	25	27	30	28	33	33	37	34	35	37	28	24	19	31	27	33
Diagnostic	3	1	1	1	1			1		2		2	1			1	2
Swansea Bay University Local Health Board	**54**	**58**	**57**	**52**	**56**	**46**	**60**	**60**	**79**	**90**	**102**	**85**	**71**	**68**	**69**	**65**	**68**
New OP appointment	23	23	25	25	27	20	24	26	35	35	45	40	32	28	30	29	25
Admitted diagnostic intervention	23	21	21	19	23	22	28	24	29	38	39	30	23	22	23	24	29
Diagnostic	7	12	11	7	3	3	6	6	7	9	11	8	8	8	6	7	8
FUP OP appointment	1	2		1	3	1	2	4	8	8	7	7	8	10	10	5	6
Total	**223**	**220**	**221**	**216**	**231**	**218**	**230**	**233**	**257**	**270**	**283**	**252**	**242**	**244**	**257**	**238**	**221**



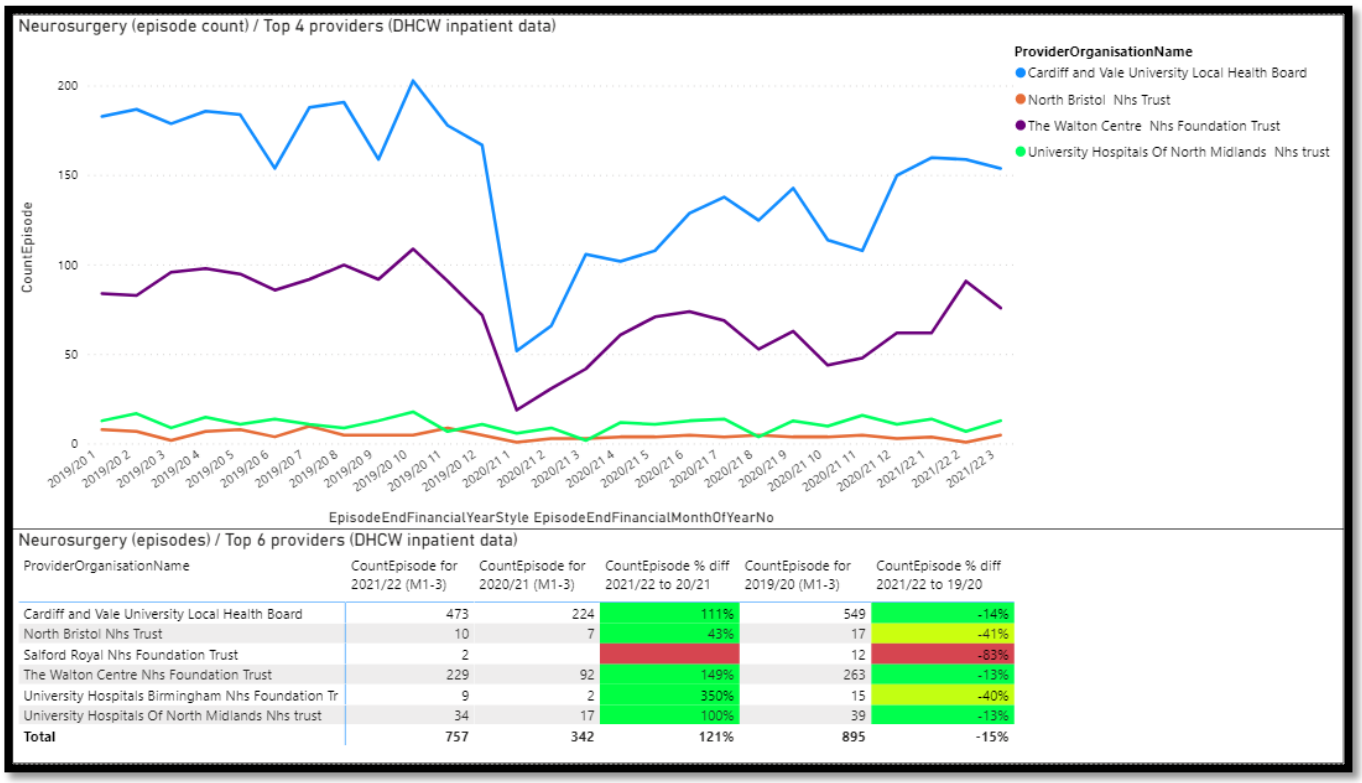
Data source: DHCW central data warehouse; all patients waiting with an open pathway

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, 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 numbers are not material (about 20 in total), 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 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Cardiff and Vale University Local Health Board	473	224	111%	549	-14%
North Bristol Nhs Trust	10	7	43%	17	-41%
Salford Royal Nhs Foundation Trust	2			12	-83%
The Walton Centre Nhs Foundation Trust	229	92	149%	263	-13%
University Hospitals Birmingham Nhs Foundation Tr	9	2	350%	15	-40%
University Hospitals Of North Midlands Nhs trust	34	17	100%	39	-13%
Total	**757**	**342**	**121%**	**895**	**-15%**

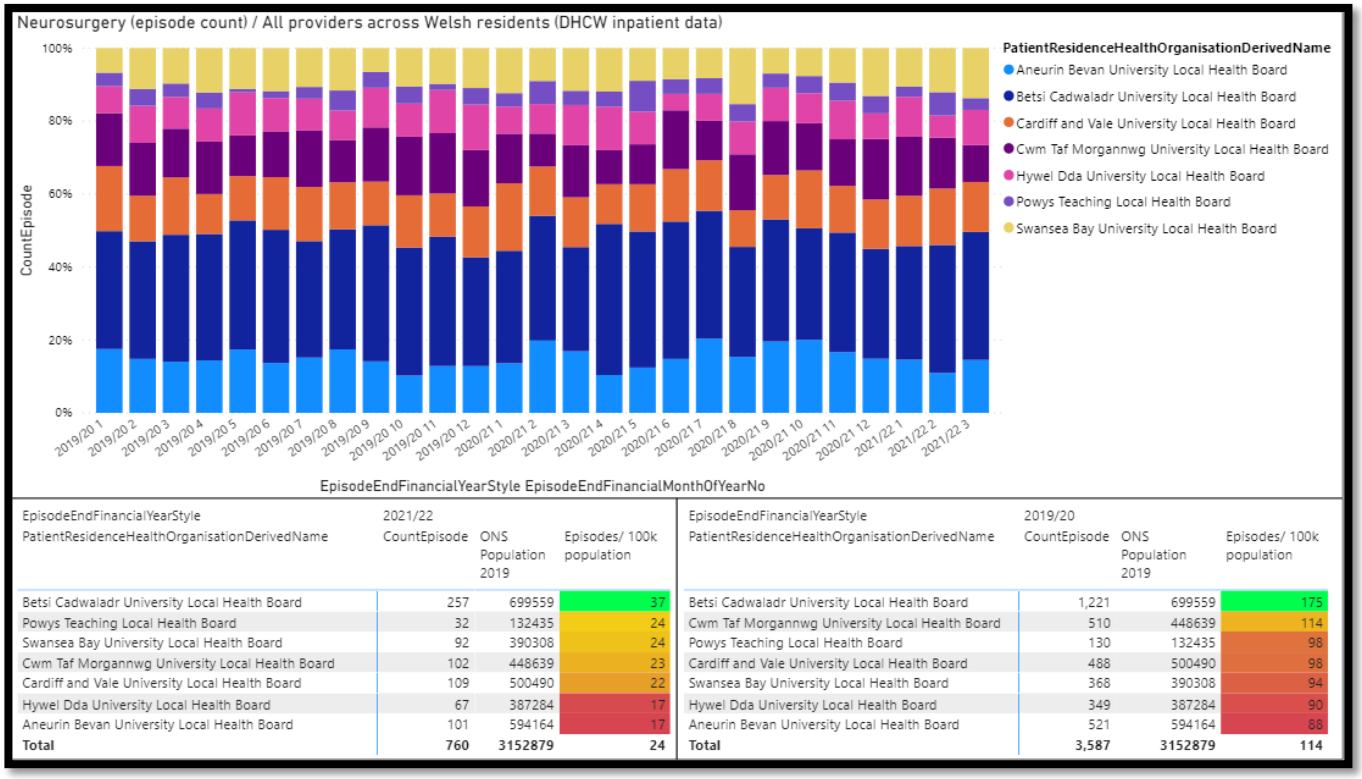
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff and the Walton showing similar recoveries with reductions of 14% and 13% this year compared to the same point in 2019/20. Overall activity was 39% less in 2020/21 than in 2019/20, with the equivalent figure being 15% less so far in 2021/22.

The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

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 PatientResidenceHealthOrganisationDerivedName	2021/22 CountEpisode	ONS Population 2019	Episodes/ 100k population
Betsi Cadwaladr University Local Health Board	257	699559	37
Powys Teaching Local Health Board	32	132435	24
Swansea Bay University Local Health Board	92	390308	24
Cwm Taf Morgannwg University Local Health Board	102	448639	23
Cardiff and Vale University Local Health Board	109	500490	22
Hywel Dda University Local Health Board	67	387284	17
Aneurin Bevan University Local Health Board	101	594164	17
Total	**760**	**3152879**	**24**

EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2019/20 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

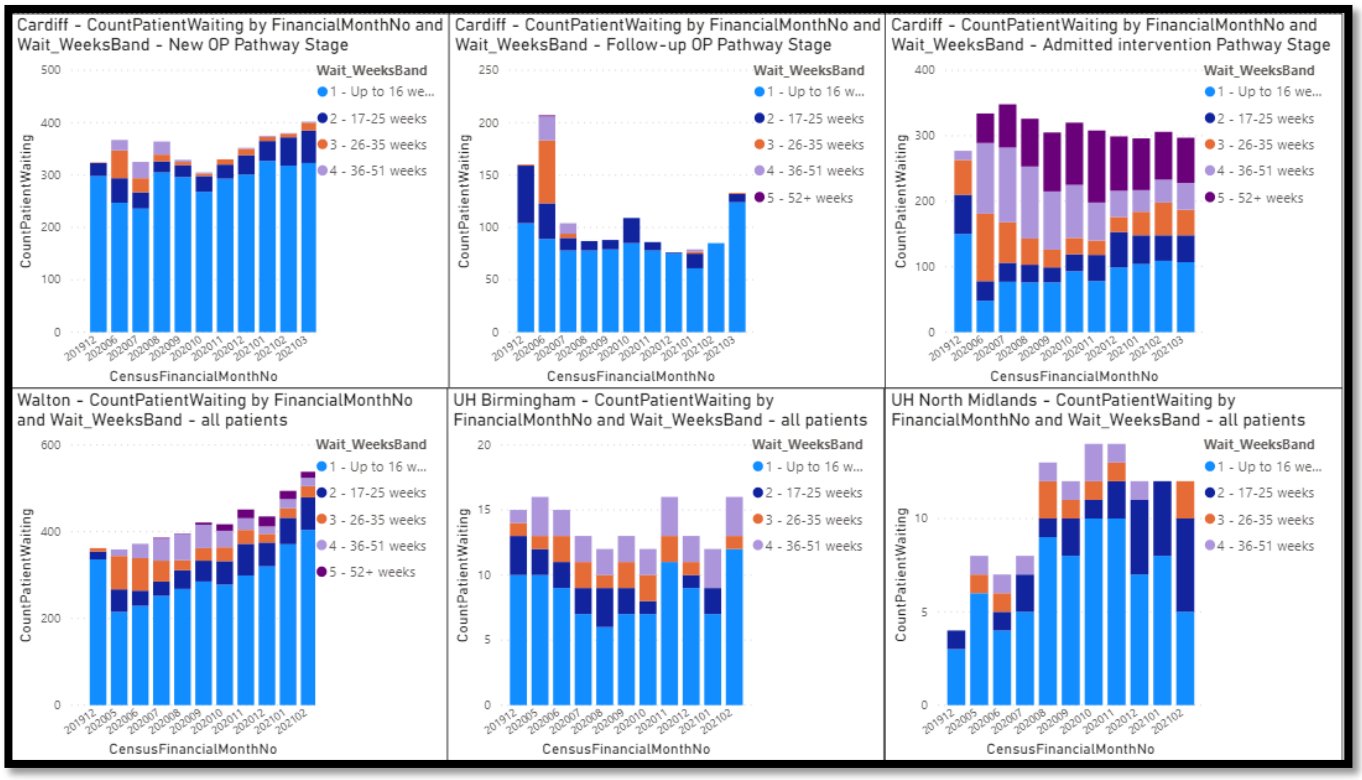
Access rates across the Health Boards varied across the past two years, as shown in the charts above. Inpatient episodes per 100k population in 2021/22 so far vary from 17 to 37 across Health Boards in the bottom left chart, but it is noteworthy that the order of access rates has moved from the 2019/20 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 main centres as being in different NHS countries. 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

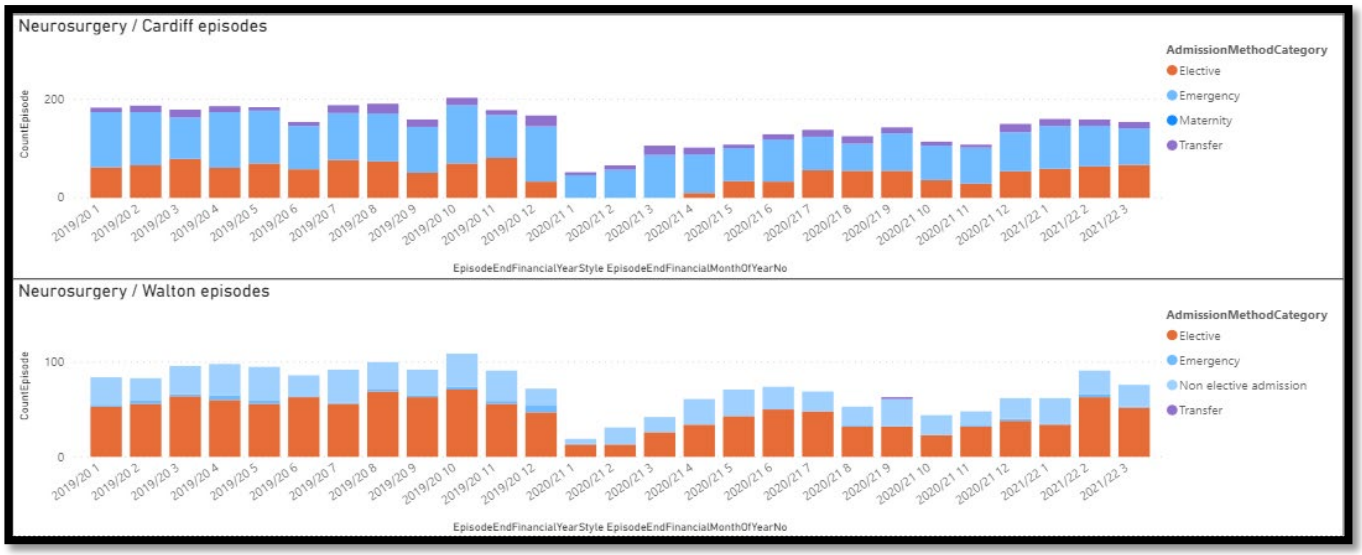
CensusFinancialYearStyle	2019/20		2020/21											2021/22			
ProviderOrganisationCurrentName	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Cardiff and Vale University Local Health Board	**730**	**761**	**806**	**842**	**901**	**876**	**907**	**908**	**777**	**777**	**722**	**734**	**724**	**727**	**750**	**771**	**832**
New OP appointment	326	324	347	334	360	350	387	367	325	364	329	305	330	352	375	380	402
Admitted diagnostic intervention	248	277	297	328	338	338	321	334	348	326	305	320	308	299	296	306	297
FUP OP appointment	155	160	162	180	203	188	199	207	104	87	88	109	86	76	79	85	133
Diagnostic	1																
The Walton Centre Nhs Foundation Trust	**330**	**362**	**399**	**400**	**351**	**334**	**359**	**372**	**386**	**396**	**421**	**417**	**451**	**435**	**494**	**538**	
Unknown	330	362	399	400	351	334	359	372	386	396	421	417	451	435	494	538	
University Hospitals Birmingham Nhs Foundation Tr	**21**	**15**	**13**	**15**	**16**	**16**	**16**	**15**	**13**	**12**	**13**	**12**	**16**	**13**	**12**	**16**	
Unknown	21	15	13	15	16	16	16	15	13	12	13	12	16	13	12	16	
University Hospitals Of North Midlands Nhs trust	**3**	**4**	**3**	**5**	**4**	**5**	**8**	**7**	**8**	**13**	**12**	**14**	**14**	**12**	**12**	**12**	
Unknown	3	4	3	5	4	5	8	7	8	13	12	14	14	12	12	12	
Total	**1,084**	**1,142**	**1,221**	**1,262**	**1,272**	**1,231**	**1,290**	**1,302**	**1,184**	**1,198**	**1,168**	**1,177**	**1,205**	**1,187**	**1,268**	**1,337**	**832**



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 reduced their Follow-up outpatient numbers, with very few patients now waiting for a follow-up over 16 weeks, which is to be commended. However, although the total 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 more patients waiting at the Walton. Please note the breakdown across the pathway areas is not available from English providers through DHCW data.

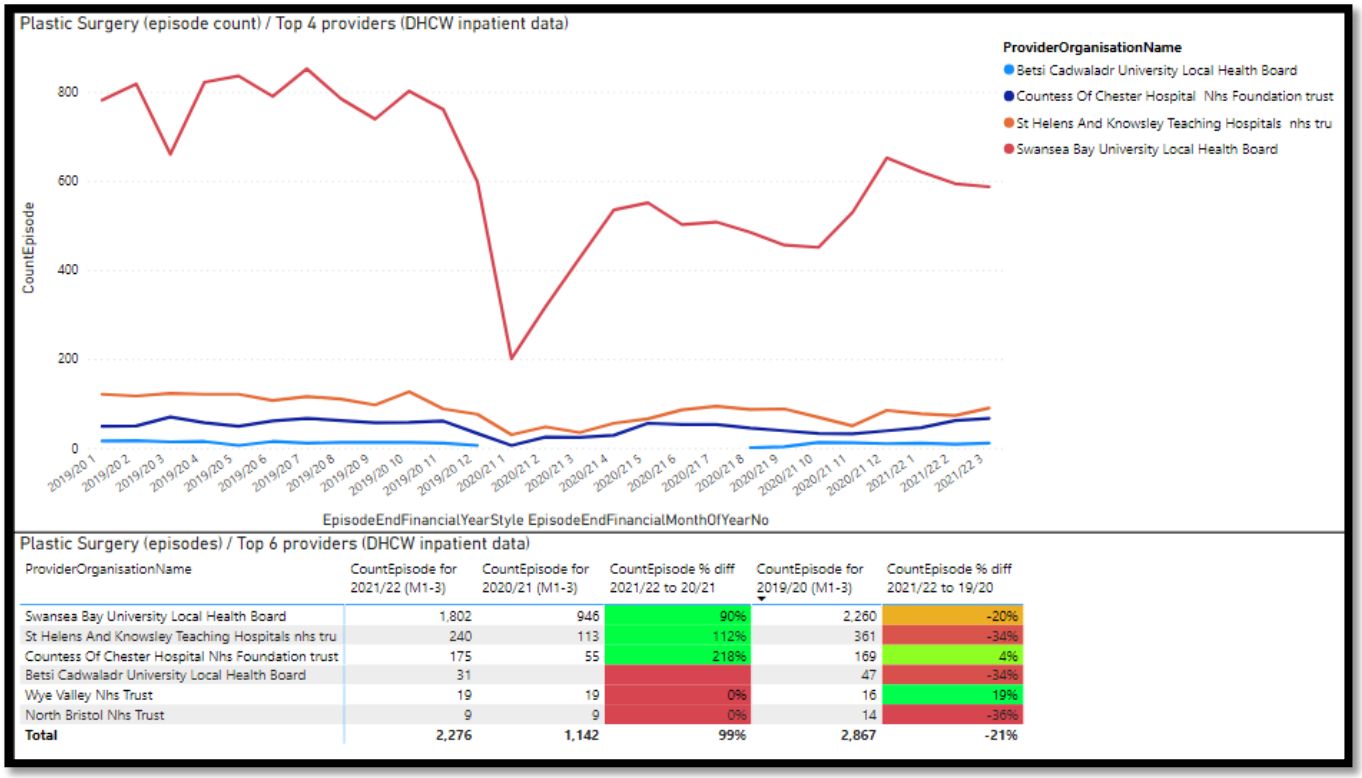


Data source: DHCW central data warehouse; all inpatient activity

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)

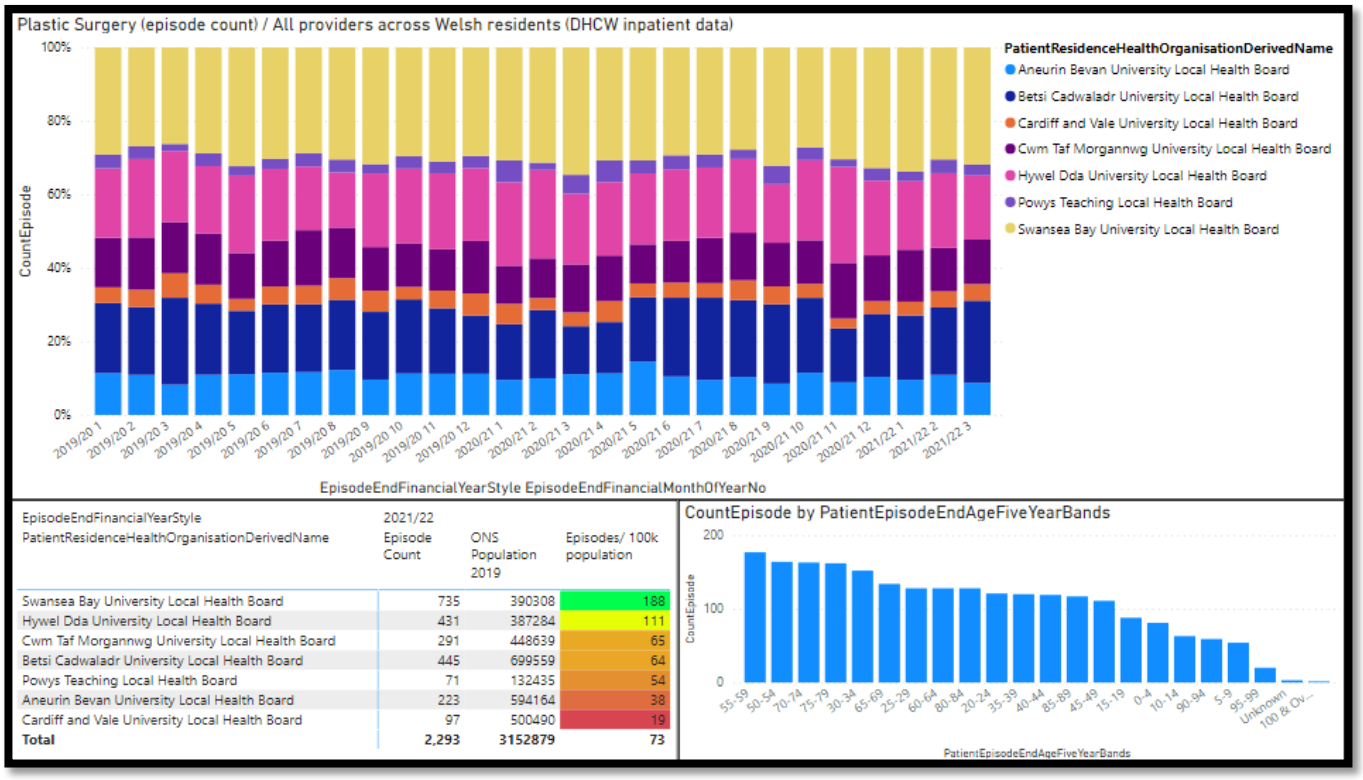
ProviderOrganisationName	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Swansea Bay University Local Health Board	1,802	946	90%	2,260	-20%
St Helens And Knowsley Teaching Hospitals nhs tru	240	113	112%	361	-34%
Countess Of Chester Hospital Nhs Foundation trust	175	55	218%	169	4%
Betsi Cadwaladr University Local Health Board	31			47	-34%
Wye Valley Nhs Trust	19	19	0%	16	19%
North Bristol Nhs Trust	9	9	0%	14	-36%
Total	**2,276**	**1,142**	**99%**	**2,867**	**-21%**

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 an overall reduction of 21% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21. 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	2021/22 Episode Count	ONS Population 2019	Episodes/ 100k population
Swansea Bay University Local Health Board	735	390308	188
Hywel Dda University Local Health Board	431	387284	111
Cwm Taf Morgannwg University Local Health Board	291	448639	65
Betsi Cadwaladr University Local Health Board	445	699559	64
Powys Teaching Local Health Board	71	132435	54
Aneurin Bevan University Local Health Board	223	594164	38
Cardiff and Vale University Local Health Board	97	500490	19
Total	**2,293**	**3152879**	**73**

Data source: DHCW central data warehouse; all inpatient activity

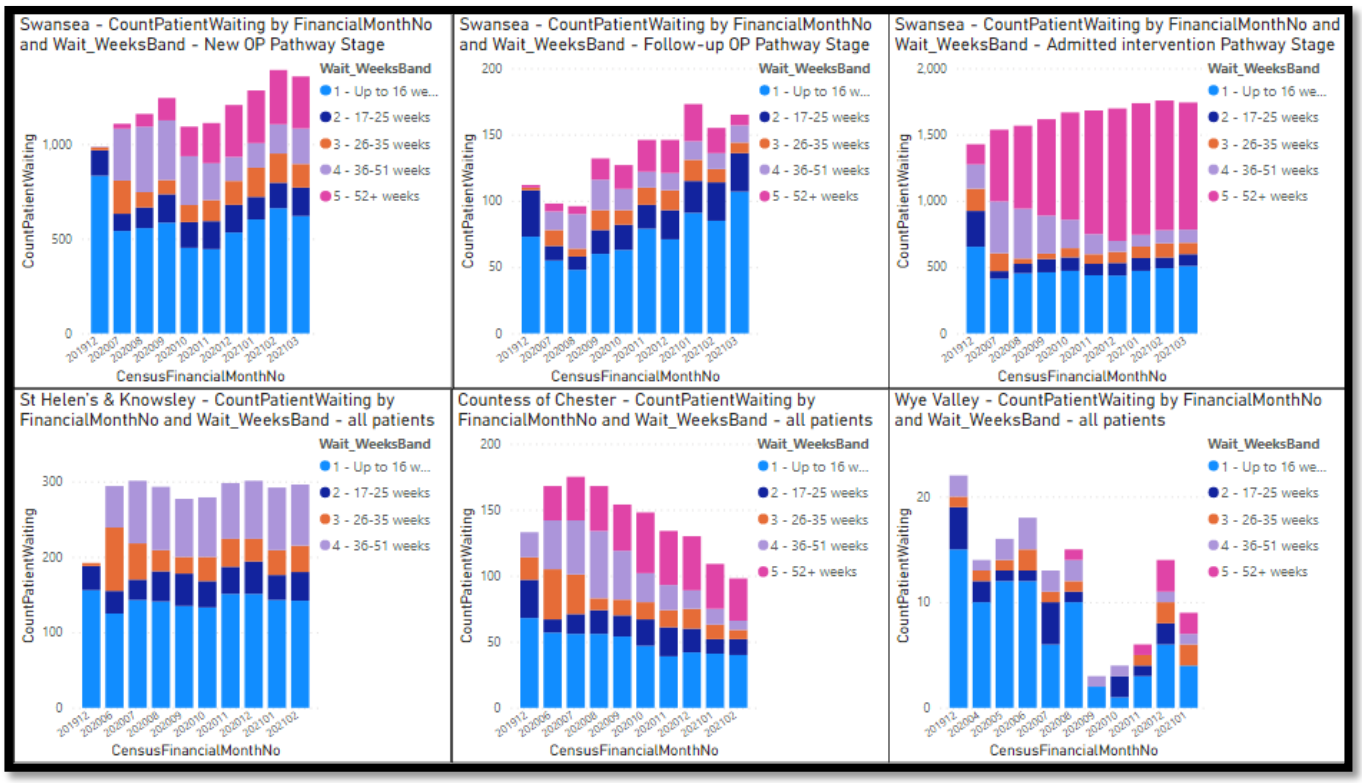
Access rates across the Health Boards do not appear to have varied much across the past 2 years, as shown in the charts above.

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020/21 varying from 58 to 552 across Health Boards, and between 19 and 188 in 2021/22 in the bottom left chart. This is related to the current contract that Swansea Bay hold as the lead South Wales centre, which includes significant non-specialist activity for both Swansea Bay and Hywel Dda residents, and is being discussed internally. Non-specialist activity for other Health Boards is reported under non-WHSSC areas/specialties, and reporting is also linked to the specialty/grade of the treating medic (eg. Dermatology/Plastic Surgery).

3.4.3 Plastic Surgery – going forward

CountPatientWaiting (Open Pathways) - Plastic Surgery

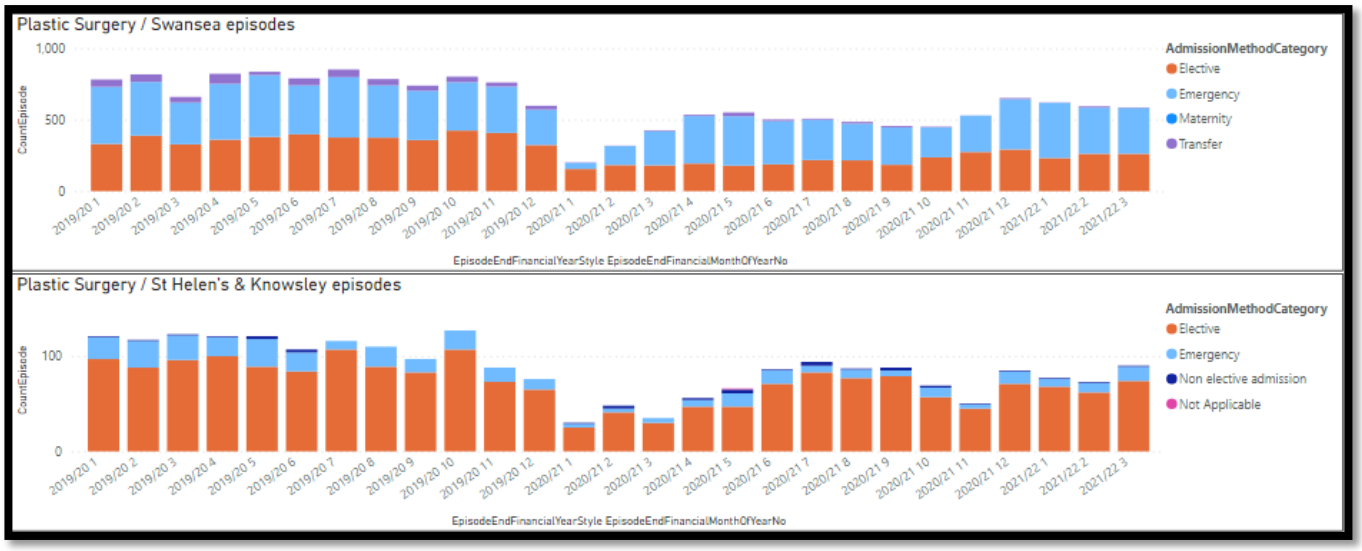
CensusFinancialYearStyle	2019/20		2020/21											2021/22			
ProviderOrganisationCurrentName	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	202101	202102	202103
Swansea Bay University Local Health Board	**2,624**	**2,610**	**2,424**	**2,408**	**2,421**	**2,499**	**2,544**	**2,674**	**2,796**	**2,897**	**3,066**	**2,965**	**3,008**	**3,120**	**3,273**	**3,402**	**3,374**
Admitted diagnostic intervention	1,514	1,427	1,413	1,414	1,415	1,417	1,440	1,495	1,537	1,567	1,616	1,667	1,682	1,697	1,737	1,757	1,742
New OP appointment	921	987	865	817	845	906	940	1,018	1,107	1,159	1,243	1,092	1,111	1,206	1,283	1,391	1,357
FUP OP appointment	111	112	67	91	104	114	109	108	98	96	132	127	146	146	173	155	165
Diagnostic	78	84	79	86	57	62	55	53	54	75	75	79	69	71	80	99	110
St Helens And Knowsley Teaching Hospitals nhs tru	**27**	**192**	**250**	**246**	**271**	**277**	**298**	**294**	**301**	**293**	**277**	**279**	**298**	**301**	**292**	**296**	
Unknown	27	192	250	246	271	277	298	294	301	293	277	279	298	301	292	296	
Countess Of Chester Hospital Nhs Foundation	**135**	**133**	**192**	**151**	**157**	**156**	**156**	**168**	**175**	**168**	**154**	**148**	**134**	**130**	**109**	**98**	
Unknown	135	133	192	151	157	156	156	168	175	168	154	148	134	130	109	98	
Alder Hey Children's Nhs Foundation Trust	**21**	**23**	**18**	**31**						**23**	**27**	**24**	**27**	**1**	**37**	**33**	
Unknown	21	23	18	31						23	27	24	27	1	37	33	
Total	**2,807**	**2,958**	**2,884**	**2,836**	**2,849**	**2,932**	**2,998**	**3,136**	**3,272**	**3,381**	**3,524**	**3,416**	**3,467**	**3,552**	**3,711**	**3,829**	**3,374**



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. Total waiting patients have increased at St Helen's, although no one has been waiting over a year, initially increased but since decreased to pre-COVID-19 levels at Countess of Chester (primarily BCU patients), and have reduced at Wye Valley (primarily Powys patients).



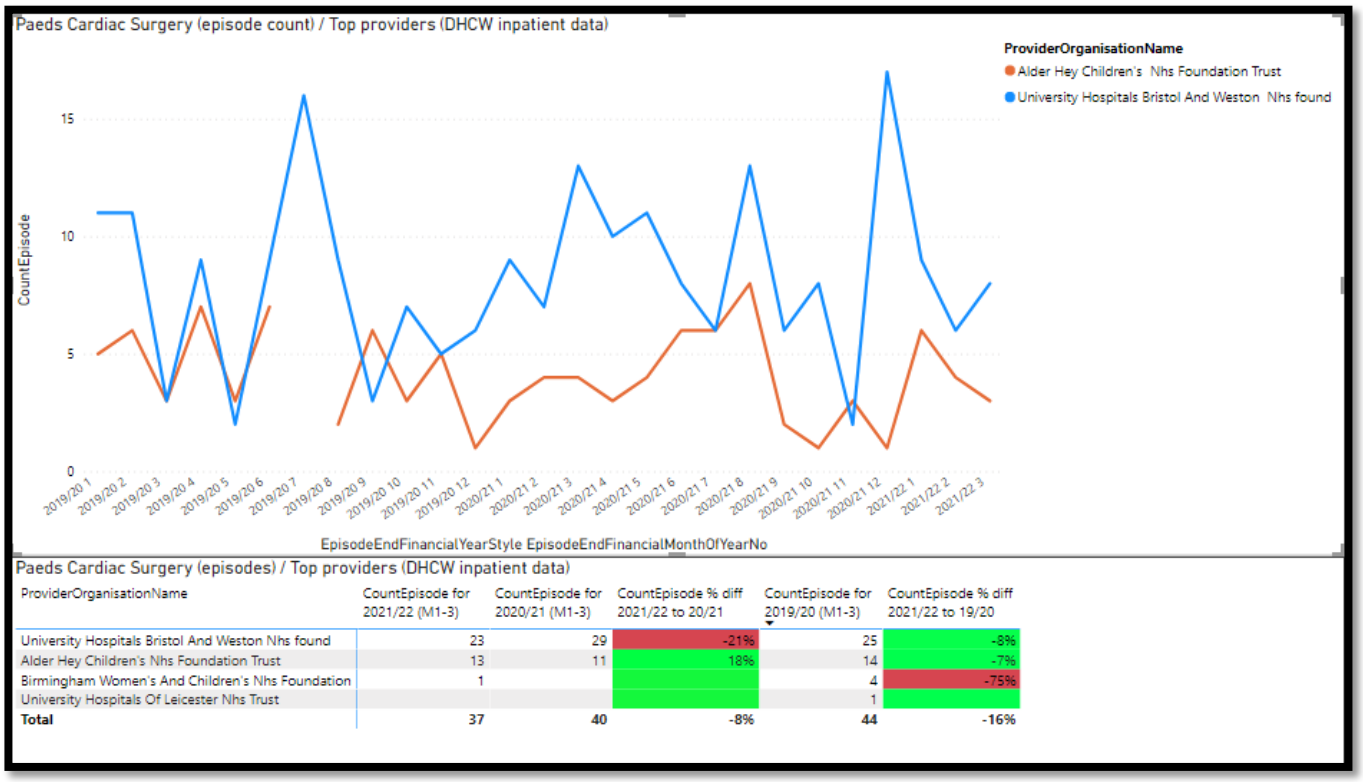
Data source: DHCW central data warehouse; all inpatient activity

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 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
University Hospitals Bristol And Weston Nhs found	23	29	-21%	25	-8%
Alder Hey Children's Nhs Foundation Trust	13	11	18%	14	-7%
Birmingham Women's And Children's Nhs Foundation	1			4	-75%
University Hospitals Of Leicester Nhs Trust				1	
Total	**37**	**40**	**-8%**	**44**	**-16%**

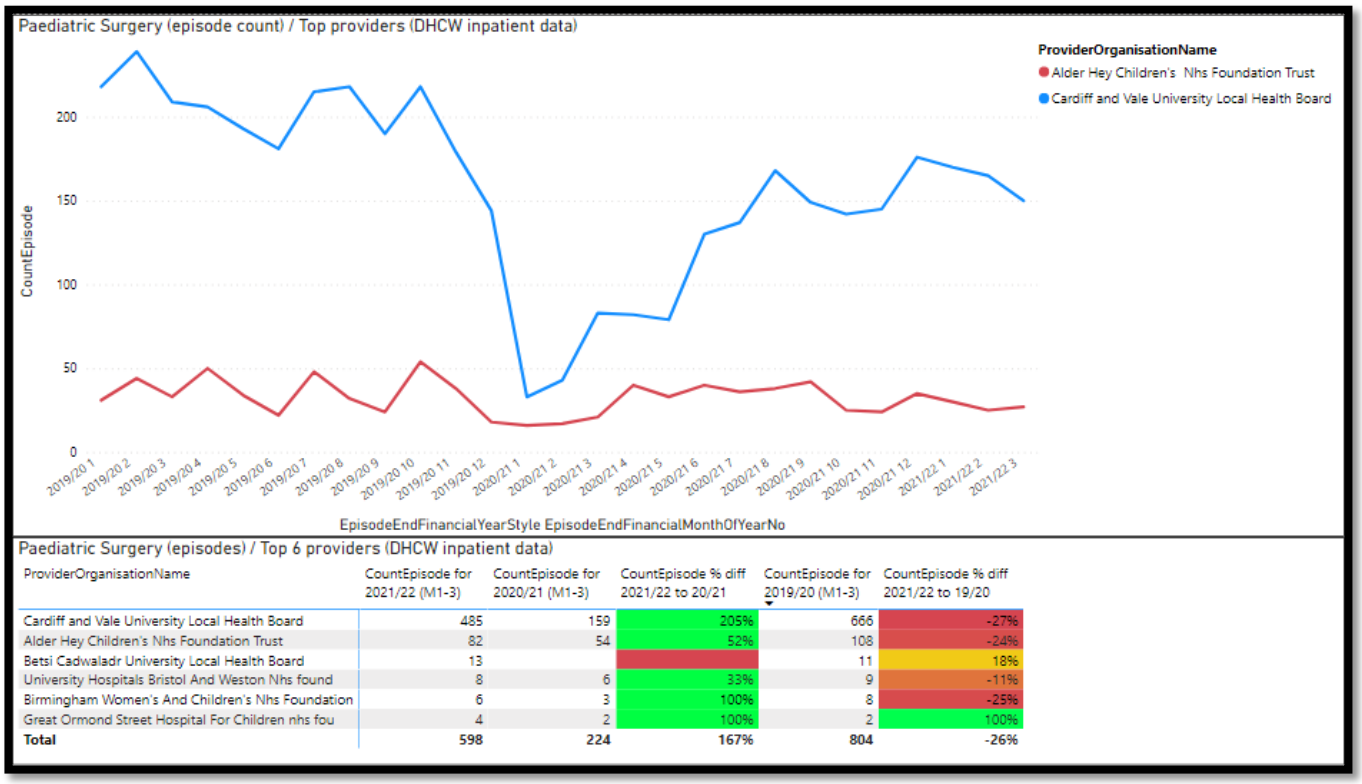
Data source: DHCW central data warehouse; all inpatient activity

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 was actually 4% more episodes in 2020/21 than performed in 2019/20. Figures to date for this year show a 16% reduction compared to 2019/20, but 8% more than 2020/21. Please note this needs to be interpreted with caution given this is just three month's data at this point.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity/recovery rates



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

ProviderOrganisationName	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Cardiff and Vale University Local Health Board	485	159	205%	666	-27%
Alder Hey Children's Nhs Foundation Trust	82	54	52%	108	-24%
Betsi Cadwaladr University Local Health Board	13			11	18%
University Hospitals Bristol And Weston Nhs found	8	6	33%	9	-11%
Birmingham Women's And Children's Nhs Foundation	6	3	100%	8	-25%
Great Ormond Street Hospital For Children nhs fou	4	2	100%	2	100%
Total	**598**	**224**	**167%**	**804**	**-26%**

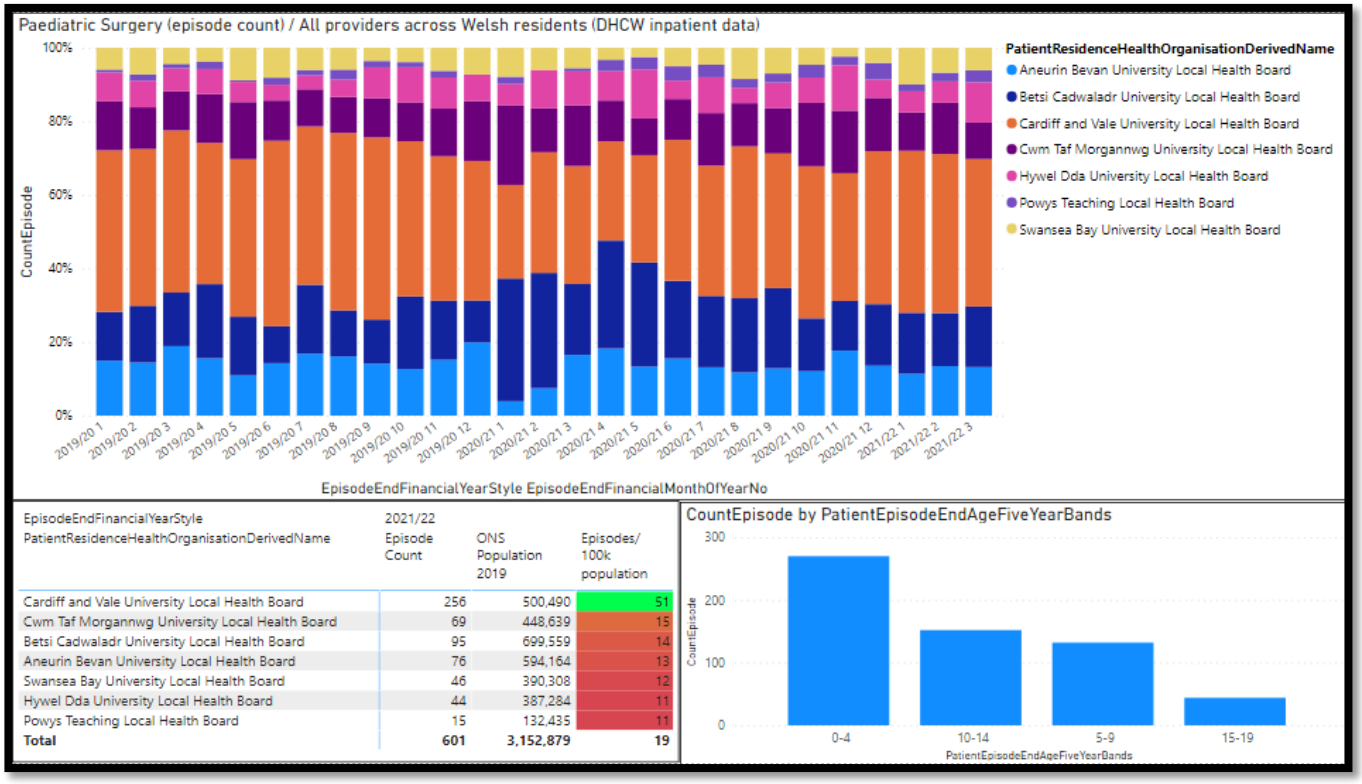
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alderhey initially 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 was 38% less activity overall in 2020/21 compared to 2019/20.

Activity so far in 2021/22 shows a 167% increase compared to last year at this point, and 26% less than 2019/20, with the 2 main providers being roughly the same.

3.6.2 Paediatric Surgery – Access rates



EpisodeEndFinancialYearStyle PatientResidenceHealthOrganisationDerivedName	2021/22 Episode Count	ONS Population 2019	Episodes/ 100k population
Cardiff and Vale University Local Health Board	256	500,490	51
Cwm Taf Morgannwg University Local Health Board	69	448,639	15
Betsi Cadwaladr University Local Health Board	95	699,559	14
Aneurin Bevan University Local Health Board	76	594,164	13
Swansea Bay University Local Health Board	46	390,308	12
Hywel Dda University Local Health Board	44	387,284	11
Powys Teaching Local Health Board	15	132,435	11
Total	**601**	**3,152,879**	**19**

Data source: DHCW central data warehouse; all inpatient activity

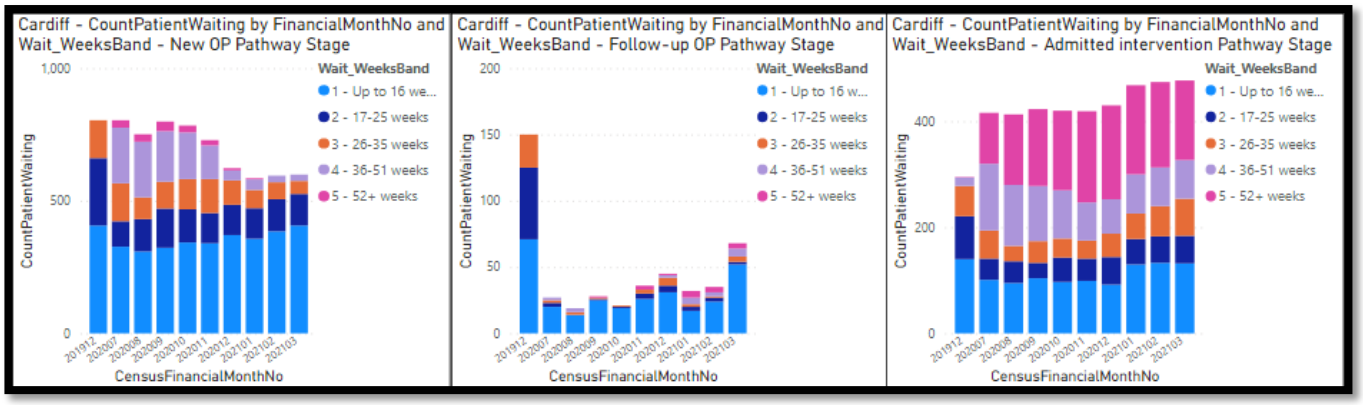
Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as last year. The highest age group having inpatient episodes are by far the 0-4 age group.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 11 to 51 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

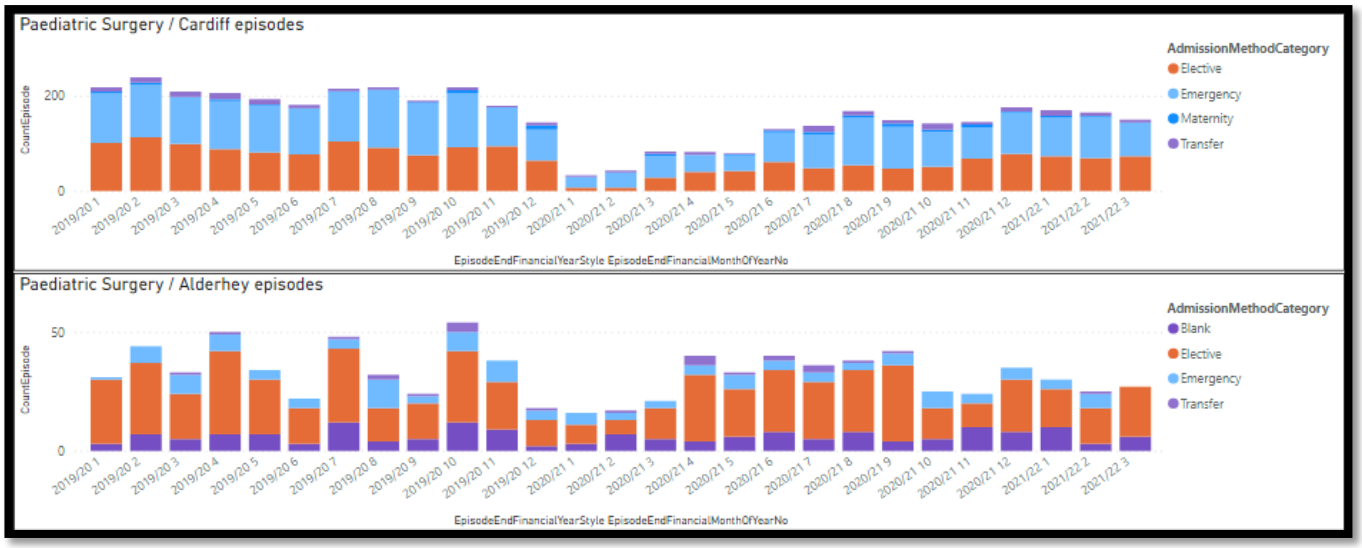
CensusFinancialYearStyle	2019/20		2020/21												2021/22		
ProviderOrganisationCurrentName	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Cardiff and Vale University Local Health Board	**1,245**	**1,249**	**1,320**	**1,285**	**1,318**	**1,336**	**1,382**	**1,307**	**1,247**	**1,183**	**1,250**	**1,225**	**1,184**	**1,098**	**1,085**	**1,104**	**1,144**
New OP appointment	803	804	844	831	800	840	857	833	804	751	799	784	729	623	585	595	599
Admitted diagnostic intervention	295	295	323	333	380	388	382	413	416	413	423	420	419	430	468	474	477
FUP OP appointment	147	150	153	121	138	108	143	61	27	19	28	21	36	45	32	35	68
Betsi Cadwaladr University Local Health Board	**44**	**41**	**40**	**41**	**49**	**49**	**45**	**56**	**53**	**58**	**58**	**53**	**48**	**53**	**38**	**35**	**44**
New OP appointment	43	40	40	41	49	49	45	56	53	58	57	53	42	44	33	29	36
Admitted diagnostic intervention														4	4	6	8
FUP OP appointment	1	1									1		6	5	1		
Alder Hey Children's Nhs Foundation Trust	**49**	**54**	**45**	**49**	**40**					**65**	**63**	**58**	**44**	**67**	**64**	**61**	
Unknown	49	54	45	49	40					65	63	58	44	67	64	61	
University Hospitals Bristol And Weston Nhs found	**8**	**1**	**6**	**6**	**7**	**7**	**6**	**10**	**6**	**14**	**9**	**7**	**8**	**11**	**10**	**8**	
Unknown	8	1	6	6	7	7	6	10	6	14	9	7	8	11	10	8	
Total	**1,346**	**1,345**	**1,411**	**1,381**	**1,414**	**1,392**	**1,433**	**1,373**	**1,306**	**1,320**	**1,380**	**1,343**	**1,284**	**1,229**	**1,197**	**1,208**	**1,188**



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 increased, with almost 35% 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.



Data source: DHCW central data warehouse; all inpatient activity

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).

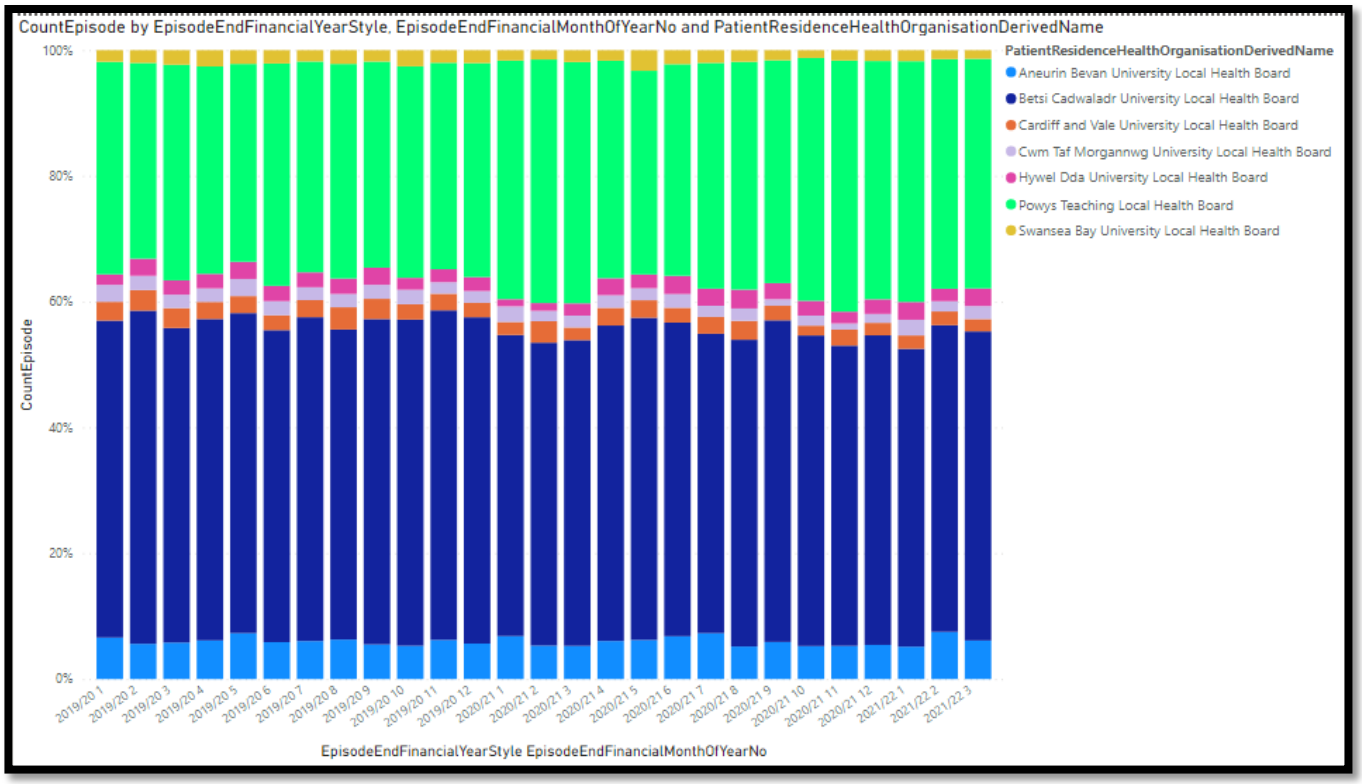
3.7 NHS England Providers – organisations with WHSSC contracts

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 since the 2019/20 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 2019/20, and in the inverse pattern to the COVID-19 waves, as expected. June 2021 activity shows a continued increase in performance and is expected to continue into 2021/22, and indeed activity this year to date has improved to 12% less than to this point in 2019/20.

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					
	February	March	Average 20/21	April	May	June	February	March	Average 20/21	April	May	June
CARDIOTHORACIC												
Cardiology - Specialist	1,075,650	1,151,524	890,234	1,103,826	1,033,887	1,143,182	194	146	149	159	192	183
Cardiology - Aneurin Bevan	121,728	154,633	161,312	150,558	86,483	124,892	37	47	44	37	39	41
Cardiology - Cwm Taf	111,392	77,524	29,836	29,629	39,275	19,982	7	8	2	3	2	1
Cardiology - Swansea Bay	61,240	11,253	3,307	2,765	13,996	8,257	3	2	0	1	0	1
Transcatheter Aortic Valve Implantation (TAVI)	198,385	378,735	263,010	372,548	281,280	332,552	12	20	15	16	17	17
Adult Congenital Heart Disease (ACHD)	36,353	36,353	64,857	105,022	105,022	105,022	61	63	56	65	55	50
Cardiac Surgery	1,169,555	1,305,417	1,103,661	1,150,513	1,189,440	1,270,428	62	82	37	49	56	71
OP							106	119		88	78	80
Thoracic Surgery	327,363	370,447	230,345	302,516	428,711	395,390	53	61	35	52	63	67
OP							111	102		123	122	103
TOTAL	*3,101,665*	*3,485,886*	*2,746,563*	*3,217,377*	*3,178,095*	*3,399,705*	*646*	*650*	*496*	*593*	*624*	*614*
NEUROSCIENCES / ALAS												
Neurosurgery	1,522,373	1,532,197	1,467,583	1,565,659	1,578,737	1,530,505	190	192	120	174	183	149
OP							516	396		422	279	573
Spinal Implants	135,361	139,471	40,960	150,358	62,487	218,081	4	12	3	9	6	13
OP							63	38		0	0	0
Intrathecal Pump Transfer from ABMU/SBU	13,776	13,750	14,025	14,306	14,306	14,306			-			
ISAT	186,841	97,465	138,768	180,870	227,291	164,072	18	13	14	20	16	16
Excess costs of INR outsourcing	106,661	46,683	10,118	(6,338)	11,897	5,575	4	0	0	0	0	0
Epilepsy Surgery	30,774	30,774	5,231	(1)	(1)	(1)	1	1	0	0	0	0
Spinal Injuries	286,626	277,665	278,062	284,938	291,788	281,689	615	556	512	522	574	495
OP							63	38		53	48	60
Neuro Rehab	285,593	316,256	282,238	268,067	264,948	252,038	537	782	479	341	312	223
OP							16	9		20	33	33
ALAS incl. AAC	1,320,373	2,053,666	1,269,732	1,440,166	1,311,312	1,411,172			-			
ALAS - Exceptional Circumstances (Treforest Ind. Estate)	-	(998,000)		-	-	-						
TOTAL	*3,888,378*	*3,509,927*	*3,506,717*	*3,898,024*	*3,762,764*	*3,877,435*	*2,027*	*2,037*	*1,570*	*1,561*	*1,451*	*1,562*
RENAL												
Renal Surgery	303,929	288,717	277,873	304,402	300,967	299,513	75	69	51	63	60	60
OP							394	347		327	329	356
Nephrology	537,530	520,979	519,762	534,765	532,325	565,690	154	118	100	90	72	112
OP							736	557		489	659	945
Home Renal Dialysis	115,577	121,610	125,181	130,510	122,923	124,516	583	650	662	656	575	592
Renal CAPD (Dialysis)	122,934	126,686	128,186	129,202	128,338	127,195	1,723	1,872	1,883	1,799	1,930	1,716
Hospital Renal Dialysis	1,096,826	1,103,018	1,105,891	1,103,972	1,143,098	1,100,576	6,900	6,900	6,831	6,792	6,957	6,638
Renal Transplants	468,270	509,790	449,974	472,029	462,450	512,204	9	2	5	5	7	10
TOTAL	*2,645,067*	*2,670,799*	*2,606,867*	*2,674,880*	*2,690,101*	*2,729,692*	*10,574*	*10,515*	*10,326*	*10,221*	*10,583*	*10,429*

CVUHB – Page 2 of 3

	Financial (£)						Activity					
	February	March	Average 20/21	April	May	June	February	March	Average 20/21	April	May	June
HAEMATOLOGY												
Haemophilia	453,297	628,980	336,642	325,387	407,033	535,670	1,600,796	2,223,126	1,419,378	1,348,670	1,554,260	2,169,065
IBD Transfer	148,754	148,754	122,914	154,764	154,764	154,764			-			
Haemophilia Reference Centre	6,002	6,002	6,122	6,245	6,245	6,245			-			
Blood and Marrow Transplantation (BMT)	670,804	593,983	644,365	883,350	808,388	744,041	8	7	7	13	14	10
ATMP - CAR-T	105,982	357,543	231,419	336,914	336,914	338,574	0	1	1	1	1	1
All Wales Lymphoma Panel	86,058	83,495	78,672	109,775	109,775	109,603	114	103	74	188	188	187
Clinical Immunology	675,522	752,926	786,206	742,995	635,524	855,806	234	254	248	93	141	210
Herediatry Anaemia			7,917	30,770	30,770	30,770			-			
TOTAL	*2,146,420*	*2,571,683*	*2,214,257*	*2,590,199*	*2,489,413*	*2,775,473*	*1,601,152*	*2,223,491*	*1,419,707*	*1,348,965*	*1,554,604*	*2,169,473*
PAEDIATRICS / NEONATAL												
Paediatric Surgery	537,628	510,886	498,489	546,195	541,778	536,865	178	139	113	170	163	150
OP							280	276		286	232	320
Paediatric Renal	135,801	122,769	121,909	129,984	134,040	129,575	62	62	48	75	64	61
OP							131	134		148	142	150
Paediatric Oncology	920,072	728,621	758,417	814,840	816,644	901,684	278	232	232	201	192	223
OP							493	464		248	238	735
Paediatric Neurology	196,659	197,099	192,661	193,056	197,087	198,049	22	25	17	15	18	19
OP							120	121		96	122	90
Paediatric Ketogenic Diet			3,958	8,313	8,313	8,313			-			
Paediatric Rheumatology Service	21,764	21,764	22,199	22,643	22,643	22,643			-			
Paeds Neuro Rehab	21,401	21,401	21,829	22,266	22,266	22,266			-			
Paediatric Gastroenterology	76,488	81,544	88,449	85,232	89,672	88,554	40	45	48	51	53	55
OP							30	60		97	98	113
Paediatric ENT	119,853	108,012	105,832	110,597	109,844	114,768	55	23	19	25	22	31
OP							257	187		100	103	132
Paediatric Cardiology	194,093	190,093	214,877	241,567	242,824	243,616	14	9	14	16	20	24
OP							261	220		281	249	172
Fetal Cardiology	20,344	19,831	20,873	21,510	21,855	22,545	24	17	25	27	41	46
Paediatric Cystic Fibrosis	57,246	27,728	38,645	36,464	39,461	37,467			-			
Paeds Respiratory Equipment / CNS	18,368	35,424	22,676	30,383	18,014	19,215			-			
Paediatric Endocrinology	57,917	57,917	59,075	60,257	60,257	60,257			-			
Foetal Medicine	10,250	10,250	25,925	26,444	26,444	26,444			-			
Children's Hospital for Wales	102,716	102,716	104,770	106,866	106,866	106,866			-			
PICU BH	392,403	426,562	356,408	327,405	339,843	386,044	113	153	63	22	36	88
NICU BH	794,525	799,534	796,630	744,152	784,065	860,192	898	864	814	681	717	892
Perinatal Pathology	23,048	23,048	23,509	23,979	23,979	23,979			-			
Paedatric MRI Investment			14,152	28,863	46,888	37,876			-			
TOTAL	*3,700,575*	*3,485,201*	*3,491,285*	*3,581,013*	*3,652,782*	*3,847,218*	*3,256*	*3,031*	*2,610*	*2,539*	*2,510*	*3,301*

CVUHB – Page 3 of 3

	Financial (£)						Activity					
	February	March	Average 20/21	April	May	June	February	March	Average 20/21	April	May	June
ADULT CRITICAL CARE												
Adult ICU	555,445	593,323	484,917	566,122	606,802	514,001	309	340	230	286	318	245
Adult HDU	59,893	37,959	42,758	64,595	66,116	76,766	42	12	17	45	47	61
LTV Consultant Sessions	3,121	3,121	3,184	3,247	3,247	3,247			-			
LTV Unit Development	69,167	69,167	69,167	71,961	71,961	71,961			-			
TOTAL	*687,626*	*703,570*	*600,025*	*705,925*	*748,126*	*665,976*	*351*	*352*	*247*	*331*	*365*	*306*
GENETICS / LTC												
Medical Genetics	1,046,804	993,969	1,088,985	1,316,849	1,300,266	1,321,196	186	162	67	83	99	92
Lynch Syndrome - (Genetics)	24,350	24,350	24,837	25,334	25,334	25,334			-			
Genetic Counsellor 8a - £24,420 HD & £36,630	5,189	5,189	5,293	5,399	5,399	5,399			-			
Enzyme Replacement Therapy	38,117	38,117	38,879	39,657	39,657	39,657			-			
Cystic Fibrosis	466,750	496,464	509,631	511,591	516,808	537,303			-			
Home TPN	105,433	77,956	104,063	110,979	122,750	115,183	172	104	170	181	209	191
TPN Exceptional Costs	31,132	68,130	32,188	29,468	31,574	30,014	106	117	115	111	124	111
BAHAs & Cochlears	370,106	470,738	386,167	410,559	410,559	410,559			-			
TOTAL	*2,087,882*	*2,174,913*	*2,190,044*	*2,449,835*	*2,452,346*	*2,484,645*	*464*	*383*	*351*	*375*	*432*	*394*
OTHER												
Liver Surgery	85,842	93,391	87,559	65,750	81,457	97,164	10	11	10	7	9	11
Major Trauma Centre	359,250	359,250	881,583	935,184	935,184	935,184			-			
Gender Service	41,667	41,667	47,964	49,773	49,773	49,773			-			
Radiofrequency Ablation (RFA)	-	-	12,862	26,722	27,022	11,680			-			
Hepatology	21,436	21,436	21,865	22,302	22,302	22,302			-			
Neuropsychiatry	112,961	236,433	225,738	227,499	223,888	208,669	425	351	301	319	315	371
Regional Pharmaceutical Service	60,638	60,638	61,851	63,088	63,088	63,088			-			
Pay Award	282,411	282,411	441,050	449,871	449,871	555,452			-			
NICE / High Cost Drugs	51,126	24,097	78,317	71,309	58,218	47,825			-			
Interstitial Lung Disease	12,469	12,469	12,719	12,973	12,973	12,973			-			
Neuroendocrine Tumours	33,163	33,163	47,993	63,403	63,403	63,403			-			
Rebasing Difference / Roundings	(19,339)	(19,339)		-	-	-						
TOTAL	*1,041,624*	*1,145,616*	*1,919,502*	*1,987,875*	*1,987,179*	*2,067,513*	*435*	*362*	*311*	*326*	*324*	*382*
Total	19,299,238	19,747,594	19,275,259	21,105,128	20,960,806	21,847,657	1,618,905	2,240,821	1,435,619	1,364,911	1,570,899	2,186,461

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

	Financial (£)						Activity					
	February	March	Average 20/21	April	May	June	February	March	Average 20/21	April	May	June
RENAL												
Renal - Other	743,237	708,435	678,963	743,028	705,840	706,601	1,149	802	892	931	1,177	1,128
Hospital Dialysis	493,173	494,608	495,504	511,853	517,576	522,678	2,968	2,980	2,906	2,958	3,004	3,045
Home Dialysis	91,962	90,006	93,303	95,678	63,107	85,499	47	46	47	47	31	42
Renal Wwales Contract	258,816	261,966	256,298	281,920	229,118	196,577	2,035	2,060	2,180	2,194	2,187	2,197
Total	***1,587,188***	***1,555,014***	***1,524,067***	***1,632,479***	***1,515,641***	***1,511,355***	***6,199***	***5,888***	***6,025***	***6,130***	***6,399***	***6,412***
CARDIOTHORACIC												
Cardiac Surgery	1,000,074	986,839	1,112,468	1,147,404	1,185,217	1,209,806	43	40	21	20	31	36
OP							33	23		34	25	33
TAVI	351,679	184,578	317,055	304,092	401,148	347,435	14	11	13	11	15	11
Cardiology	1,169,098	1,197,472	835,629	915,290	1,014,919	961,440	168	111	149	160	178	181
Bariatrics	49,596	25,872	16,637	13,659	13,659	20,881	8	2	1	0	0	2
Total	***2,570,447***	***2,394,766***	***2,281,788***	***2,380,445***	***2,614,943***	***2,539,562***	***266***	***187***	***266***	***225***	***243***	***263***
PAEDS / NEONATAL												
CLP	114,206	85,937	112,170	117,294	119,478	124,939	19	2	5	7	9	14
NICU	444,699	434,980	448,083	477,944	449,484	454,650	592	534	540	587	486	502
BAHA	5,091	5,091	5,193	5,270	5,270	5,270			0			
Paeds Onc	11,611	11,611	11,844	12,080	12,080	12,080			0			
Total	***575,607***	***537,620***	***577,290***	***612,588***	***586,313***	***596,939***	***611***	***536***	***544***	***594***	***495***	***516***
CANCER & BLOOD												
Plastics	1,485,513	1,326,215	1,055,137	1,372,010	1,152,205	1,238,484	695	620	434	569	502	575
OP							582	534		299	318	342
Burns	427,931	410,743	420,748	471,148	458,630	444,325	166	126	130	224	196	164
Thoracic	213,522	217,228	149,015	132,436	212,117	170,233	27	30	19	13	26	25
OP							68	34		90	94	89
SNB	9,221	9,221	9,405	9,593	9,593	9,593			0			
Haemophilia	97,824	63,931	64,730	73,838	54,484	75,617			0			
Sarcoma	82,359	103,167	75,287	104,034	76,973	80,220	15	27	13	29	32	15
Clinical Genetics	5,177	5,177	5,177	5,386	5,386	5,386			0			
Total	***2,321,546***	***2,135,681***	***1,779,455***	***2,168,446***	***1,969,385***	***2,023,858***	***1,553***	***1,371***	***962***	***1,224***	***1,168***	***1,216***
NEUROSCIENCES												
ALAC	155,174	155,174	158,277	161,443	161,443	161,443			0			
Rehab	158,237	158,763	150,653	147,004	154,699	160,811	295	314	263	245	315	374
OP							28	25		3	5	6
Total	***313,410***	***313,937***	***308,930***	***308,447***	***316,142***	***322,253***	***323***	***339***	***276***	***248***	***320***	***380***
OTHER												
NICE	28,953	42,825	49,204	41,979	50,953	22,442			0			
East Forensics	1,174,502	1,174,502	1,197,992	1,221,952	1,221,952	1,221,952			0			
Devices	-32,838	-32,838										
Academic Fee	10,629	10,629	10,841	11,058	11,058	11,058			0			
IVF	163,597	238,959	123,533	186,217	159,639	220,911	179	153	129	165	149	175
EMRTS	260,563	260,563	312,690	318,944	318,944	318,944			0			
Air Am	63,833	63,833	65,110	66,412	66,412	66,412			0			
Pay award 20/21	132,167	132,167	193,060	196,921	196,921	196,921			0			
Total	***1,861,405***	***1,896,638***	***1,952,431***	***2,043,484***	***2,025,879***	***2,058,646***	***179***	***153***	***129***	***165***	***149***	***175***
Total	9,169,604	8,827,651	8,424,006	9,145,889	9,028,307	9,052,609	9,131	8,474	8,082	8,586	8,780	8,956

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

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border resident

ProviderOrganisationName	2019/20	2020/21	2021/22	Total	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Alder Hey Children's Nhs Foundation Trust	3,669	2,812	789	**7,270**	789	520	52%	897	-12%
Birmingham Women's And Children's Nhs Foundation	413	311	63	**787**	63	56	13%	97	-35%
Cambridge University Hospitals Nhs Foundation Tru	80	27	10	**117**	10	1	900%	12	-17%
Great Ormond Street Hospital For Children nhs fou	326	188	92	**606**	92	30	207%	92	0%
Guy's And St Thomas' Nhs Foundation trust	240	123	80	**443**	80	22	264%	62	29%
Imperial College Healthcare Nhs Trust	302	131	51	**484**	51	11	364%	85	-40%
King's College Hospital Nhs Foundation Trust	130	61	15	**206**	15	8	88%	38	-61%
Leeds Teaching Hospitals Nhs Trust	80	24	12	**116**	12	7	71%	25	-52%
Liverpool Heart And Chest Hospital Nhs foundation	1,400	1,129	377	**2,906**	377	177	113%	308	22%
Liverpool University Hospitals Nhs Foundation Tru	2,572	1,454	439	**4,465**	439	224	96%	657	-33%
Manchester University Nhs Foundation Trust	1,106	571	205	**1,882**	205	76	170%	238	-14%
Royal Brompton & Harefield Nhs Foundation trust	206	59		**265**		9		65	
Royal Free London Nhs Foundation Trust	193	121	49	**363**	49	12	308%	40	23%
Royal Papworth Hospital Nhs Foundation Trust	105	32	11	**148**	11	3	267%	20	-45%
Salford Royal Nhs Foundation Trust	301	109	41	**451**	41	33	24%	61	-33%
Sheffield Teaching Hospitals Nhs Foundation Trust	221	155	45	**421**	45	27	67%	43	5%
St Helens And Knowsley Teaching Hospitals nhs tru	1,655	1,010	307	**2,972**	307	137	124%	406	-24%
The Christie Nhs Foundation Trust	620	542	102	**1,264**	102	107	-5%	149	-32%
The Clatterbridge Cancer Centre Nhs Foundation tr	351	212	62	**625**	62	50	24%	105	-41%
The Newcastle Upon Tyne Hospitals Nhs foundation	132	103	22	**257**	22	8	175%	34	-35%
The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,190	1,037	**8,415**	1,037	207	401%	1,180	-12%
The Royal Marsden Nhs Foundation Trust	52	54	16	**122**	16	9	78%	11	45%
The Royal Orthopaedic Hospital Nhs Foundation tru	159	98	37	**294**	37	21	76%	32	16%
The Walton Centre Nhs Foundation Trust	1,895	1,170	447	**3,512**	447	180	148%	442	1%
University College London Hospitals Nhs Foundatio	357	216	90	**663**	90	31	190%	95	-5%
University Hospitals Birmingham Nhs Foundation Tr	1,154	699	183	**2,036**	183	129	42%	246	-26%
University Hospitals Bristol And Weston Nhs found	1,851	1,287	383	**3,521**	383	242	58%	465	-18%
University Hospitals Of North Midlands Nhs trust	903	738	206	**1,847**	206	135	53%	218	-6%
Wirral University Teaching Hospital Nhs Foundatio	1,020	615	142	**1,777**	142	105	35%	294	-52%
Wye Valley Nhs Trust	9,991	7,645	2,468	**20,104**	2,468	1,359	82%	2,445	1%
Total	**36,672**	**23,886**	**7,781**	**68,339**	**7,781**	**3,936**	**98%**	**8,862**	**-12%**

Major regional provider – BCUHB

Major regional provider – Powys THB

Major Regional Provider – South Wales HBs

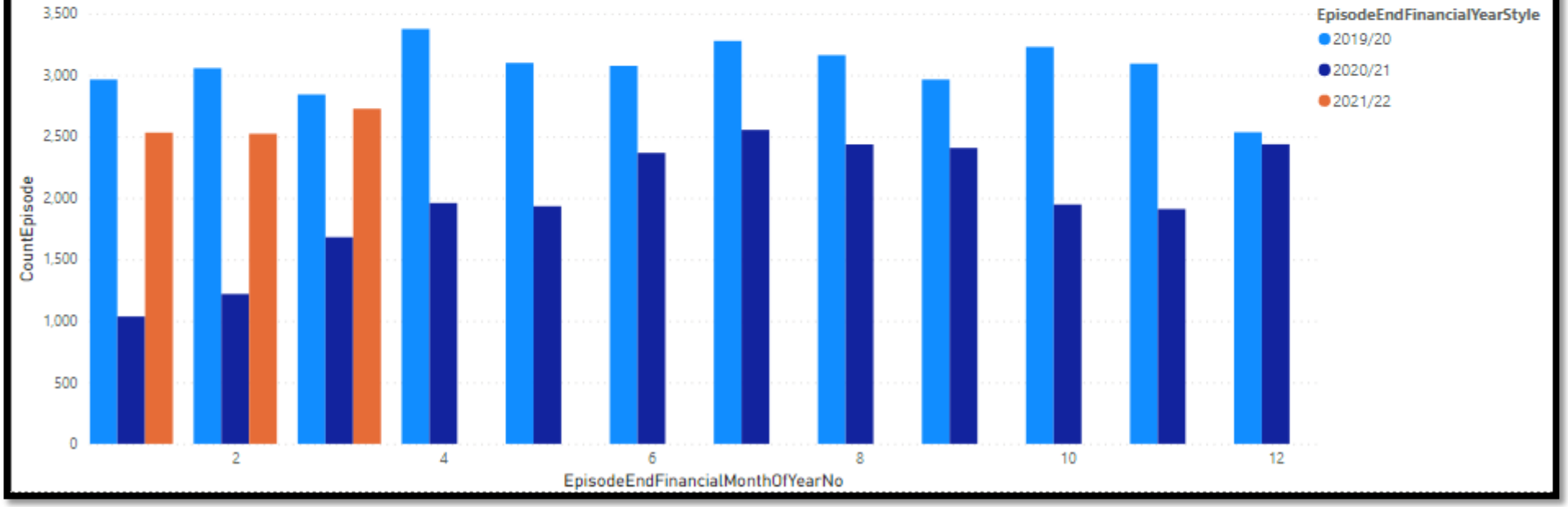
Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpc)

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 (DHCW data warehouse)

EpisodeEndFinancialYearStyle	2020/21													2021/22				Total
PatientResidenceHealthOrganisationDerivedName	1	2	3	4	5	6	7	8	9	10	11	12	Total	1	2	3	Total	
Aneurin Bevan University Local Health Board	66	61	84	112	114	153	177	121	136	98	96	126	1,344	124	179	160	463	1,807
Betsi Cadwaladr University Local Health Board	462	551	773	927	938	1,119	1,154	1,138	1,178	921	867	1,141	11,169	1,138	1,162	1,282	3,582	14,751
Cardiff and Vale University Local Health Board	20	39	32	52	51	53	65	70	53	29	46	46	556	51	52	51	154	710
Cwm Taf Morgannwg University Local Health Board	24	19	30	37	35	49	43	46	24	30	18	33	388	60	39	54	153	541
Hywel Dda University Local Health Board	11	14	31	50	40	65	66	70	59	44	34	54	538	68	47	73	188	726
Powys Teaching Local Health Board	366	443	610	639	593	755	870	845	816	720	725	878	8,260	920	870	952	2,742	11,002
Swansea Bay University Local Health Board	16	17	30	31	60	50	49	43	37	23	30	40	426	42	34	36	112	538
Total	**965**	**1,144**	**1,590**	**1,848**	**1,831**	**2,244**	**2,424**	**2,333**	**2,303**	**1,865**	**1,816**	**2,318**	**22,681**	**2,403**	**2,383**	**2,608**	**7,394**	**30,075**

Episode total to current month (NWIS data warehouse) - NB. Includes non-HB residents so reflects marginally higher activity than the above table



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 in 2021/22 to 2019/20 and 2020/21

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Accident & Emergency	384	194	79	657
Adult Cystic Fibrosis Service	69	34	3	106
Adult Mental Illness	2			2
Allergy Service	91	54	31	176
Anaesthetics	20	15	57	92
Blood And Marrow Transplantation	137	83	37	257
Breast Surgery	89	61	12	162
Burns Care	95	77	15	187
Cardiac Surgery	602	376	145	1,123
Cardiology	1,665	1,330	411	3,406
Cardiothoracic Surgery	72	52	15	139
Cardiothoracic Transplantation	71	29	15	115
Chemical Pathology	3	2		5
Child & Adolescent Psychiatry				
Clinical Genetics	1		1	2
Clinical Haematology	1,055	926	242	2,223
Clinical Immunology	22	6		28
Clinical Immunology And	17	15	11	43
Clinical Microbiology		2		2
Clinical Neurophysiology	4			4
Clinical Oncology (previously Radiotherapy)	491	406	84	981
Clinical Pharmacology	7	23	10	40
Colorectal Surgery	270	204	64	538
Community Paediatrics				
Congenital Heart Disease	29	28	10	67
Critical Care Medicine	201	116	34	351
Dental Medicine Specialties		1		1
Dermatology	503	404	95	1,002
Diabetic Medicine	29	20	3	52
Diagnostic Imaging	199	186	63	448
Total	**36,672**	**23,886**	**7,781**	**68,339**

TreatmentSpecialtyDescription	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Accident & Emergency	79	31	155%	105	-25%
Adult Cystic Fibrosis Service	3	7	-57%	19	-84%
Adult Mental Illness					
Allergy Service	31			13	138%
Anaesthetics	57			7	714%
Blood And Marrow Transplantation	37	21	76%	29	28%
Breast Surgery	12	8	50%	19	-37%
Burns Care	15	13	15%	14	7%
Cardiac Surgery	145	61	138%	139	4%
Cardiology	411	190	116%	381	8%
Cardiothoracic Surgery	15	13	15%	22	-32%
Cardiothoracic Transplantation	15	4	275%	33	-55%
Chemical Pathology		1			
Child & Adolescent Psychiatry					
Clinical Genetics	1				
Clinical Haematology	242	157	54%	255	-5%
Clinical Immunology		1		2	
Clinical Immunology And	11			4	175%
Clinical Microbiology					
Clinical Neurophysiology				1	
Clinical Oncology (previously Radiotherapy)	84	85	-1%	135	-38%
Clinical Pharmacology	10	2	400%	3	233%
Colorectal Surgery	64	21	205%	65	-2%
Community Paediatrics					
Congenital Heart Disease	10	4	150%	4	150%
Critical Care Medicine	34	22	55%	43	-21%
Dental Medicine Specialties					
Dermatology	95	70	36%	114	-17%
Diabetic Medicine	3	3	0%	12	-75%
Diagnostic Imaging	63	30	110%	50	26%
Total	**7,781**	**3,936**	**98%**	**8,862**	**-12%**

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Endocrinology	91	72	17	**180**
ENT	322	127	55	**504**
Gastroenterology	1,695	1,343	460	**3,498**
General Medicine	3,018	2,431	695	**6,144**
General Surgery	1,799	1,101	308	**3,208**
Geriatric Medicine	376	367	102	**845**
Gynaecological Oncology	9	17	2	**28**
Gynaecology	448	238	100	**786**
Haemophilia Service		3	1	**4**
Hepatobiliary & Pancreatic Surgery	297	188	34	**519**
Hepatology	216	194	43	**453**
Infectious Diseases	38	17	15	**70**
Intermediate Care			2	**2**
Interventional Radiology	138	103	41	**282**
Maxillo-Facial Surgery	110	29	6	**145**
Medical Oncology	474	266	78	**818**
Midwifery Service	15	10	1	**26**
Neonatology	77	74	21	**172**
Nephrology	425	303	73	**801**
Neurology	962	651	227	**1,840**
Neurosurgery	1,376	830	285	**2,491**
Nuclear Medicine	9	6	2	**17**
Obstetrics Hospital Bed	343	366	97	**806**
Ophthalmology	1,530	689	300	**2,519**
Oral Surgery	198	101	22	**321**
Orthoptics	1			**1**
Paediatric Audiological		1		**1**
Paediatric Burns Care	58	53	20	**131**
Paediatric Cardiac Surgery	153	159	37	**349**
Paediatric Cardiology	355	267	71	**693**
Paediatric Clinical Haematology	354	162	66	**582**
Total	**36,672**	**23,886**	**7,781**	**68,339**

TreatmentSpecialtyDescription	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Endocrinology	17	16	6%	26	-35%
ENT	55	17	224%	75	-27%
Gastroenterology	460	168	174%	421	9%
General Medicine	695	498	40%	750	-7%
General Surgery	308	174	77%	462	-33%
Geriatric Medicine	102	85	20%	85	20%
Gynaecological Oncology	2	3	-33%	4	-50%
Gynaecology	100	26	285%	98	2%
Haemophilia Service	1	1	0%		
Hepatobiliary & Pancreatic Surgery	34	41	-17%	67	-49%
Hepatology	43	27	59%	57	-25%
Infectious Diseases	15	1	1400%	9	67%
Intermediate Care	2				
Interventional Radiology	41	14	193%	34	21%
Maxillo-Facial Surgery	6	6	0%	19	-68%
Medical Oncology	78	57	37%	112	-30%
Midwifery Service	1	2	-50%	1	0%
Neonatology	21	13	62%	15	40%
Nephrology	73	84	-13%	131	-44%
Neurology	227	123	85%	215	6%
Neurosurgery	285	116	146%	338	-16%
Nuclear Medicine	2	1	100%	5	-60%
Obstetrics Hospital Bed	97	77	26%	82	18%
Ophthalmology	300	89	237%	325	-8%
Oral Surgery	22	5	340%	55	-60%
Orthoptics					
Paediatric Audiological					
Paediatric Burns Care	20	18	11%	10	100%
Paediatric Cardiac Surgery	37	40	-8%	43	-14%
Paediatric Cardiology	71	62	15%	101	-30%
Paediatric Clinical Haematology	66	35	89%	84	-21%
Total	**7,781**	**3,936**	**98%**	**8,862**	**-12%**

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Clinical Immunology And Allergy Service	47	18	4	**69**
Paediatric Dentistry	52	28	12	**92**
Paediatric Dermatology	31	18	6	**55**
Paediatric Diabetic Medicine		3		**3**
Paediatric Ear Nose and Throat	205	107	40	**352**
Paediatric Endocrinology	122	78	22	**222**
Paediatric Epilepsy	24	11	4	**39**
Paediatric Gastroenterology	221	217	75	**513**
Paediatric Infectious Diseases	1			**1**
Paediatric Intensive Care	158	127	44	**329**
Paediatric Interventional Radiology	26	12	6	**44**
Paediatric Maxillo-Facial Surgery	2	1	2	**5**
Paediatric Medical Oncology	679	553	101	**1,333**
Paediatric Metabolic Disease	17	17	7	**41**
Paediatric Nephrology	367	267	80	**714**
Paediatric Neuro-Disability		2	1	**3**
Paediatric Neurology	151	99	27	**277**
Paediatric Neurosurgery	193	141	35	**369**
Paediatric Ophthalmology	95	94	30	**219**
Paediatric Plastic Surgery	187	139	43	**369**
Paediatric Respiratory Medicine	158	100	35	**293**
Paediatric Rheumatology	103	93	21	**217**
Paediatric Surgery	513	440	102	**1,055**
Paediatric Thoracic Surgery	6	2	2	**10**
Paediatric Transplantation Surgery	10	2	2	**14**
Paediatric Trauma and Orthopaedics	143	95	34	**272**
Paediatric Urology	331	235	91	**657**
Paediatrics	708	361	95	**1,164**
Pain Management	126	75	11	**212**
Total	**36,672**	**23,886**	**7,781**	**68,339**

TreatmentSpecialtyDescription	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Paediatric Clinical Immunology And Allergy Service	4			10	-60%
Paediatric Dentistry	12	5	140%	13	-8%
Paediatric Dermatology	6	2	200%	14	-57%
Paediatric Diabetic Medicine					
Paediatric Ear Nose and Throat	40	13	208%	63	-37%
Paediatric Endocrinology	22	10	120%	38	-42%
Paediatric Epilepsy	4			10	-60%
Paediatric Gastroenterology	75	32	134%	63	19%
Paediatric Infectious Diseases					
Paediatric Intensive Care	44	32	38%	39	13%
Paediatric Interventional Radiology	6	2	200%	7	-14%
Paediatric Maxillo-Facial Surgery	2			2	0%
Paediatric Medical Oncology	101	150	-33%	99	2%
Paediatric Metabolic Disease	7	2	250%	3	133%
Paediatric Nephrology	80	66	21%	110	-27%
Paediatric Neuro-Disability	1				
Paediatric Neurology	27	23	17%	43	-37%
Paediatric Neurosurgery	35	23	52%	50	-30%
Paediatric Ophthalmology	30	16	88%	24	25%
Paediatric Plastic Surgery	43	16	169%	42	2%
Paediatric Respiratory Medicine	35	6	483%	28	25%
Paediatric Rheumatology	21	15	40%	30	-30%
Paediatric Surgery	102	69	48%	128	-20%
Paediatric Thoracic Surgery	2			1	100%
Paediatric Transplantation Surgery	2			2	0%
Paediatric Trauma and Orthopaedics	34	8	325%	42	-19%
Paediatric Urology	91	31	194%	76	20%
Paediatrics	95	76	25%	155	-39%
Pain Management	11	1	1000%	37	-70%
Total	**7,781**	**3,936**	**98%**	**8,862**	**-12%**

Episodes by provider - 2019/20 and 2020/21 full year, 2021/22 to previous full month - DHCW data for Welsh/border residents

TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	Total
Paediatric Respiratory Medicine	158	100	35	**293**
Paediatric Rheumatology	103	93	21	**217**
Paediatric Surgery	513	440	102	**1,055**
Paediatric Thoracic Surgery	6	2	2	**10**
Paediatric Transplantation Surgery	10	2	2	**14**
Paediatric Trauma and Orthopaedics	143	95	34	**272**
Paediatric Urology	331	235	91	**657**
Paediatrics	708	361	95	**1,164**
Pain Management	126	75	11	**212**
Palliative Medicine	1	5	2	**8**
Physiotherapy				
Plastic Surgery	1,490	939	269	**2,698**
Podiatric Surgery	109	22	21	**152**
Rehabilitation Service	46	37	7	**90**
Respiratory Medicine	875	508	168	**1,551**
Respiratory Physiology	4	3	1	**8**
Restorative Dentistry	2	3	1	**6**
Rheumatology	728	550	252	**1,530**
Spinal Injuries	235	84	39	**358**
Spinal Surgery Service	27	39	10	**76**
Stroke Medicine	157	171	50	**378**
Thoracic Surgery	309	210	85	**604**
Transient Ischaemic Attack				
Transplantation Surgery	242	158	42	**442**
Trauma & Orthopaedics	5,429	2,168	1,016	**8,613**
Tropical Medicine	2			**2**
Upper Gastrointestinal Surgery	87	46	13	**146**
Urology	1,103	718	228	**2,049**
Vascular Surgery	113	64	21	**198**
Well Babies	22	14	6	**42**
Total	**36,672**	**23,886**	**7,781**	**68,339**

TreatmentSpecialtyDescription	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode % diff 2021/22 to 20/21	CountEpisode for 2019/20 (M1-3)	CountEpisode % diff 2021/22 to 19/20
Paediatric Respiratory Medicine	35	6	483%	28	25%
Paediatric Rheumatology	21	15	40%	30	-30%
Paediatric Surgery	102	69	48%	128	-20%
Paediatric Thoracic Surgery	2			1	100%
Paediatric Transplantation Surgery	2			2	0%
Paediatric Trauma and Orthopaedics	34	8	325%	42	-19%
Paediatric Urology	91	31	194%	76	20%
Paediatrics	95	76	25%	155	-39%
Pain Management	11	1	1000%	37	-70%
Palliative Medicine	2			1	100%
Physiotherapy					
Plastic Surgery	269	147	83%	393	-32%
Podiatric Surgery	21			31	-32%
Rehabilitation Service	7	9	-22%	9	-22%
Respiratory Medicine	168	111	51%	212	-21%
Respiratory Physiology	1				
Restorative Dentistry	1	1	0%		
Rheumatology	252	65	288%	151	67%
Spinal Injuries	39	6	550%	54	-28%
Spinal Surgery Service	10	1	900%	3	233%
Stroke Medicine	50	35	43%	38	32%
Thoracic Surgery	85	44	93%	63	35%
Transient Ischaemic Attack					
Transplantation Surgery	42	25	68%	62	-32%
Trauma & Orthopaedics	1,016	251	305%	1,274	-20%
Tropical Medicine					
Upper Gastrointestinal Surgery	13	5	160%	21	-38%
Urology	228	91	151%	304	-25%
Vascular Surgery	21	3	600%	22	-5%
Well Babies	6	1	500%	2	200%
Total	**7,781**	**3,936**	**98%**	**8,862**	**-12%**

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, 2020/21 and 2021/22 (All-Wales and each Health Board of residence)

4.1 All-Wales:

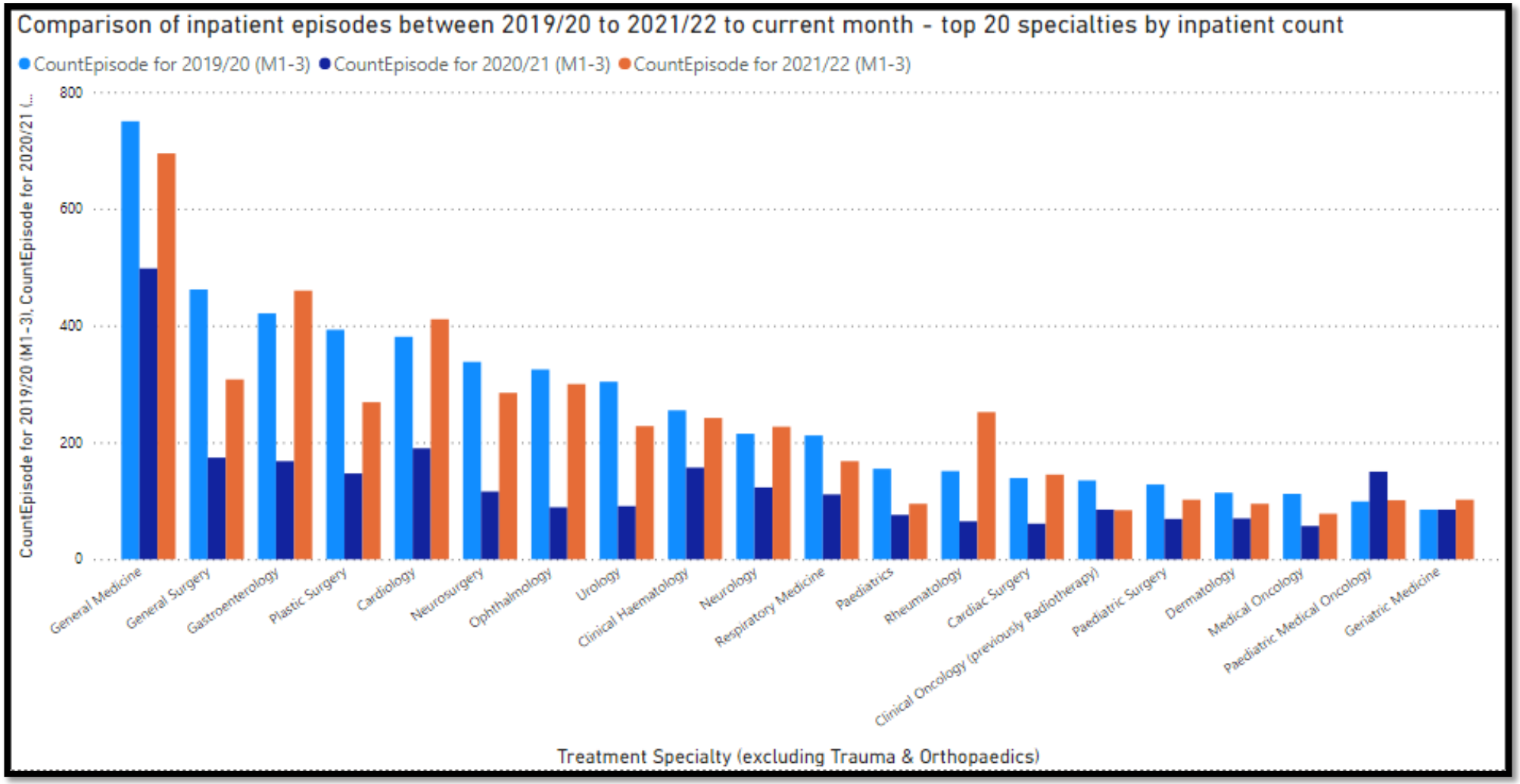


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

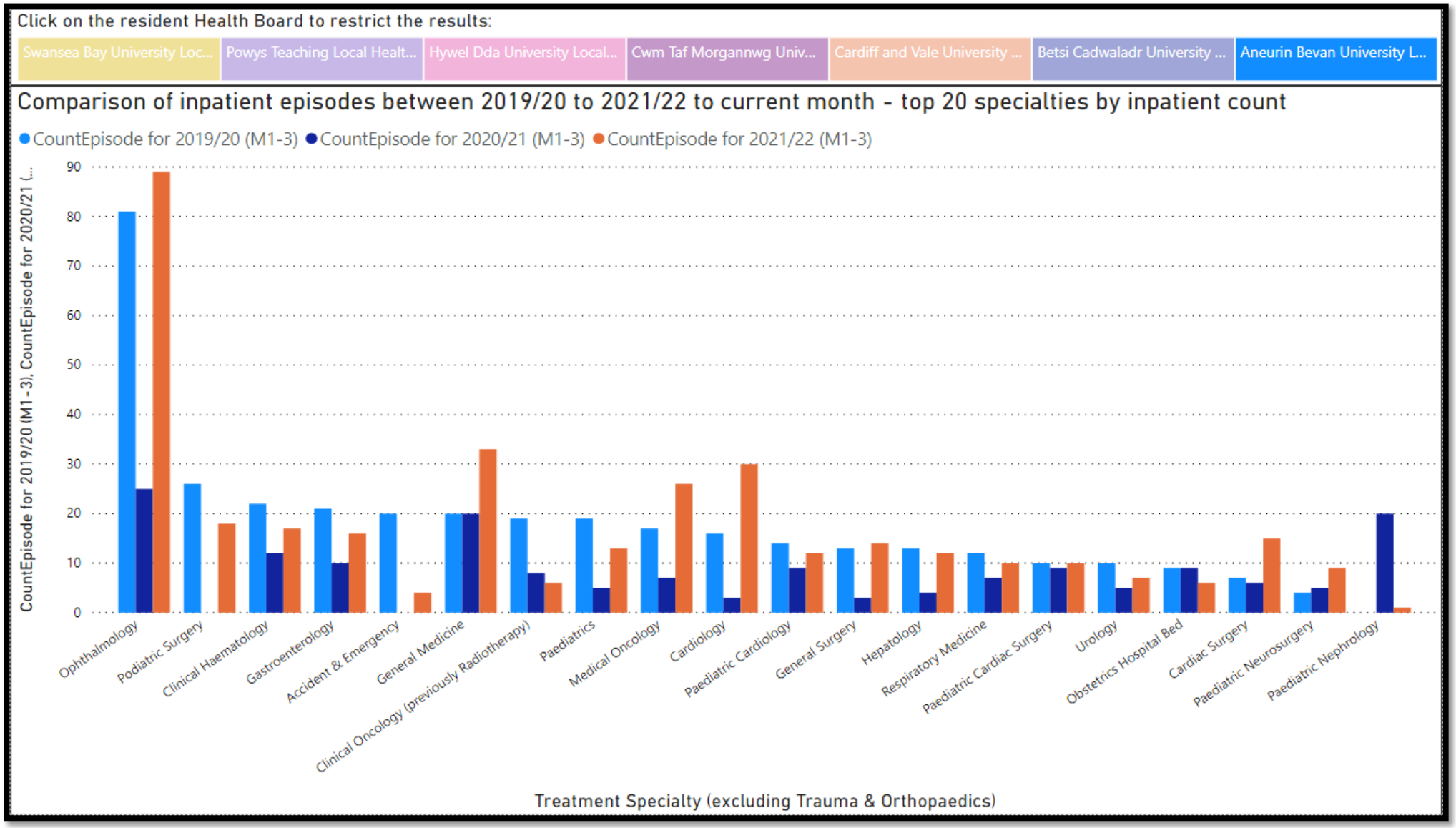


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

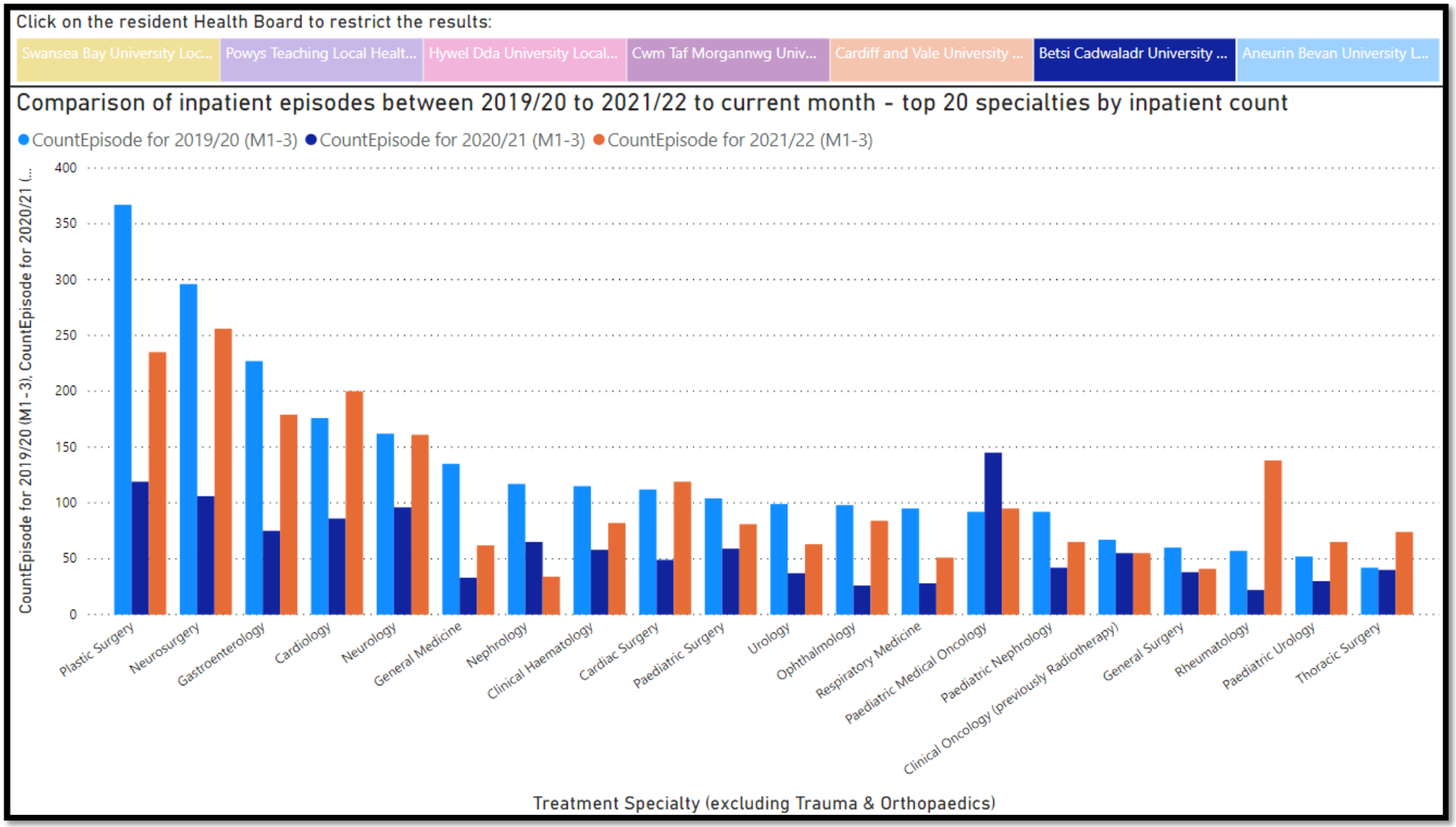


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

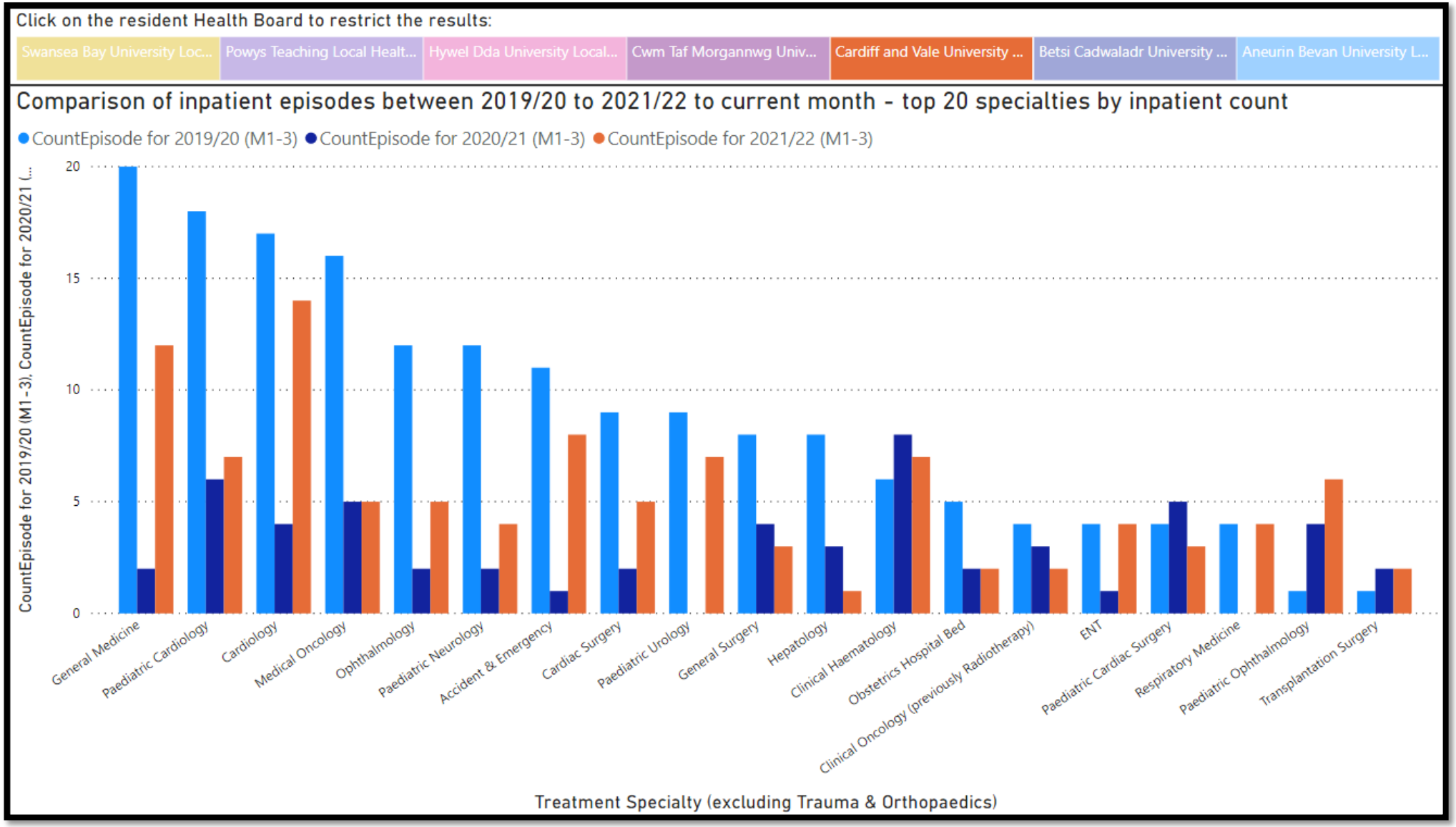


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

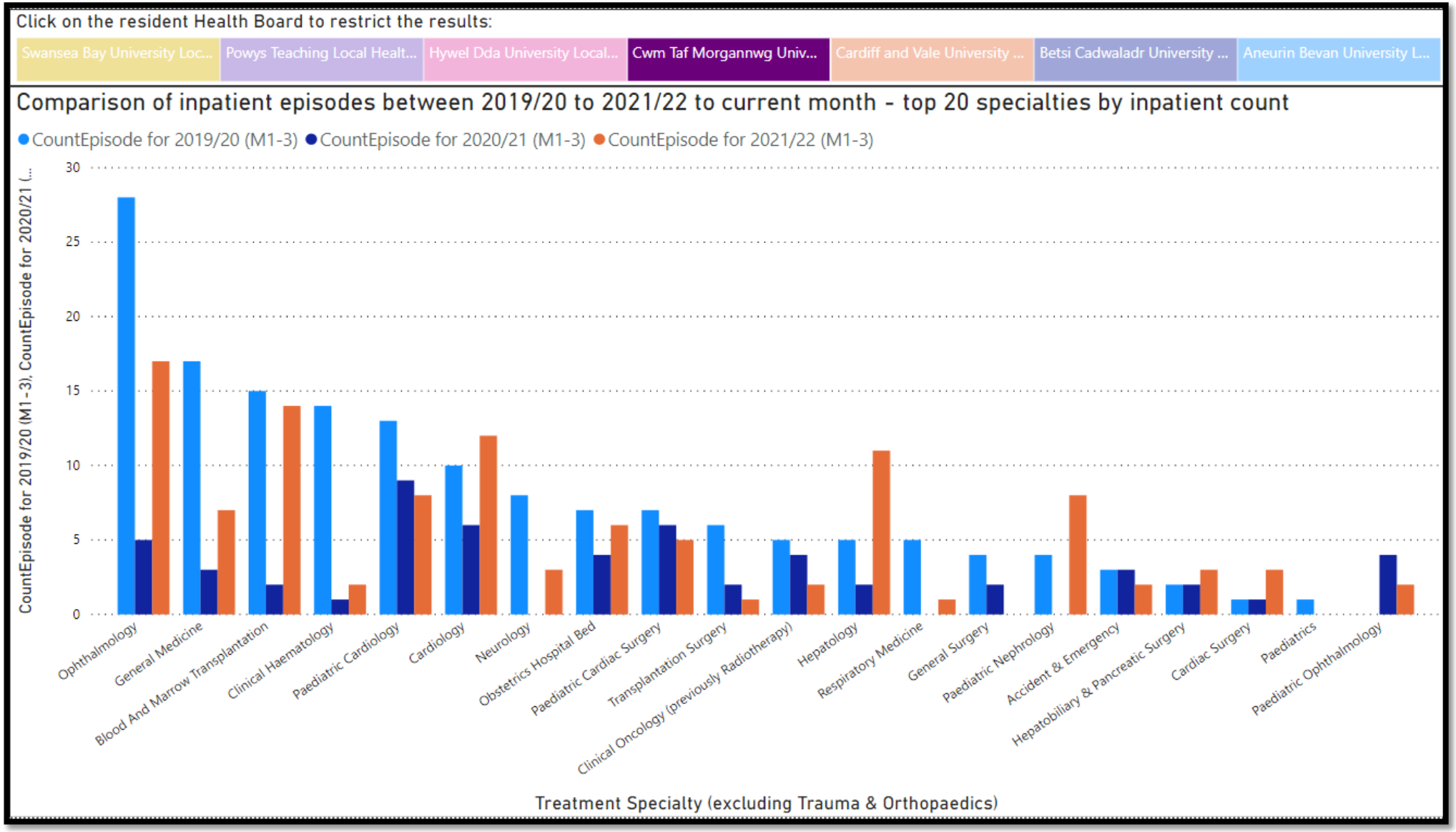


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

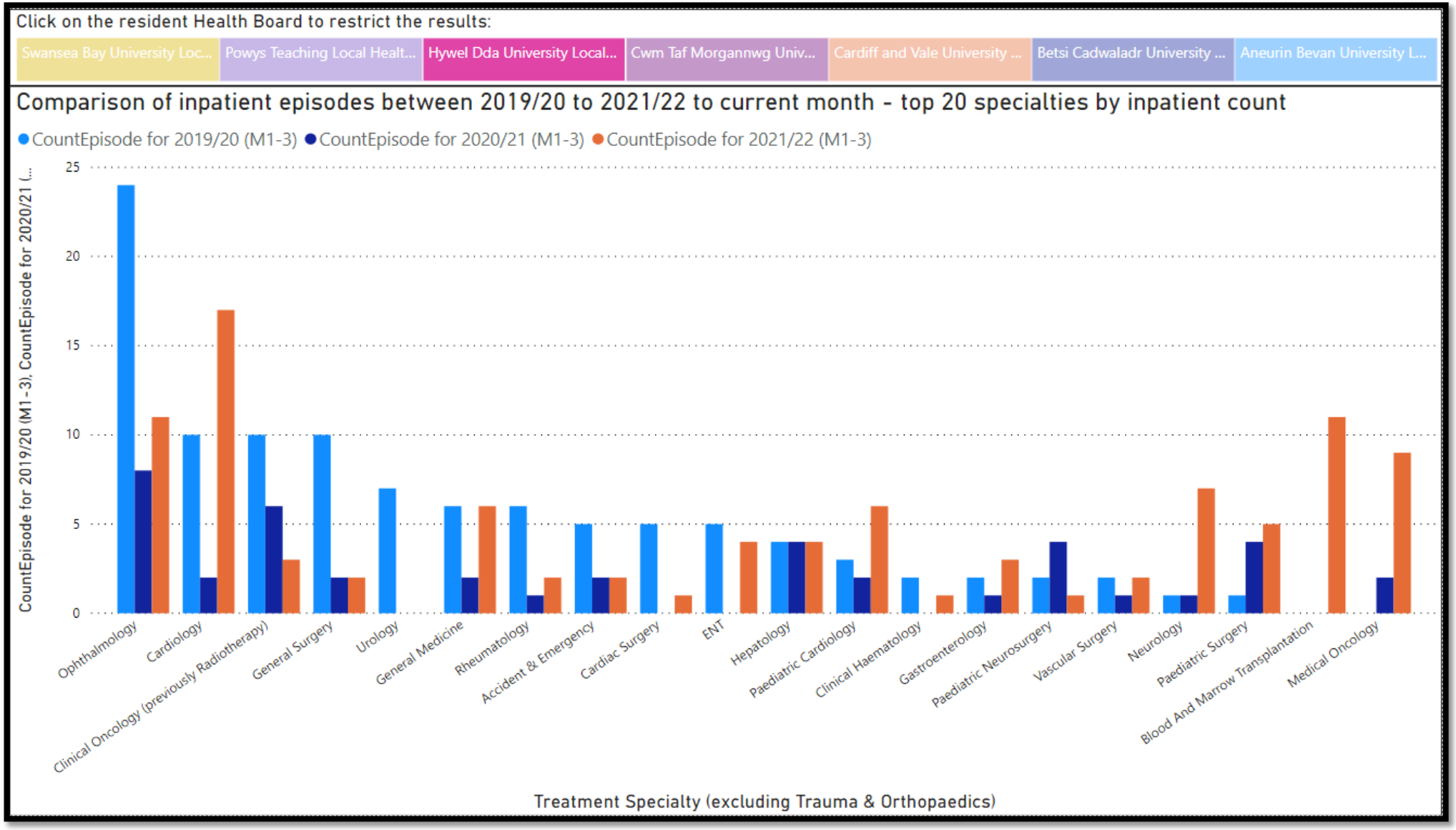


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

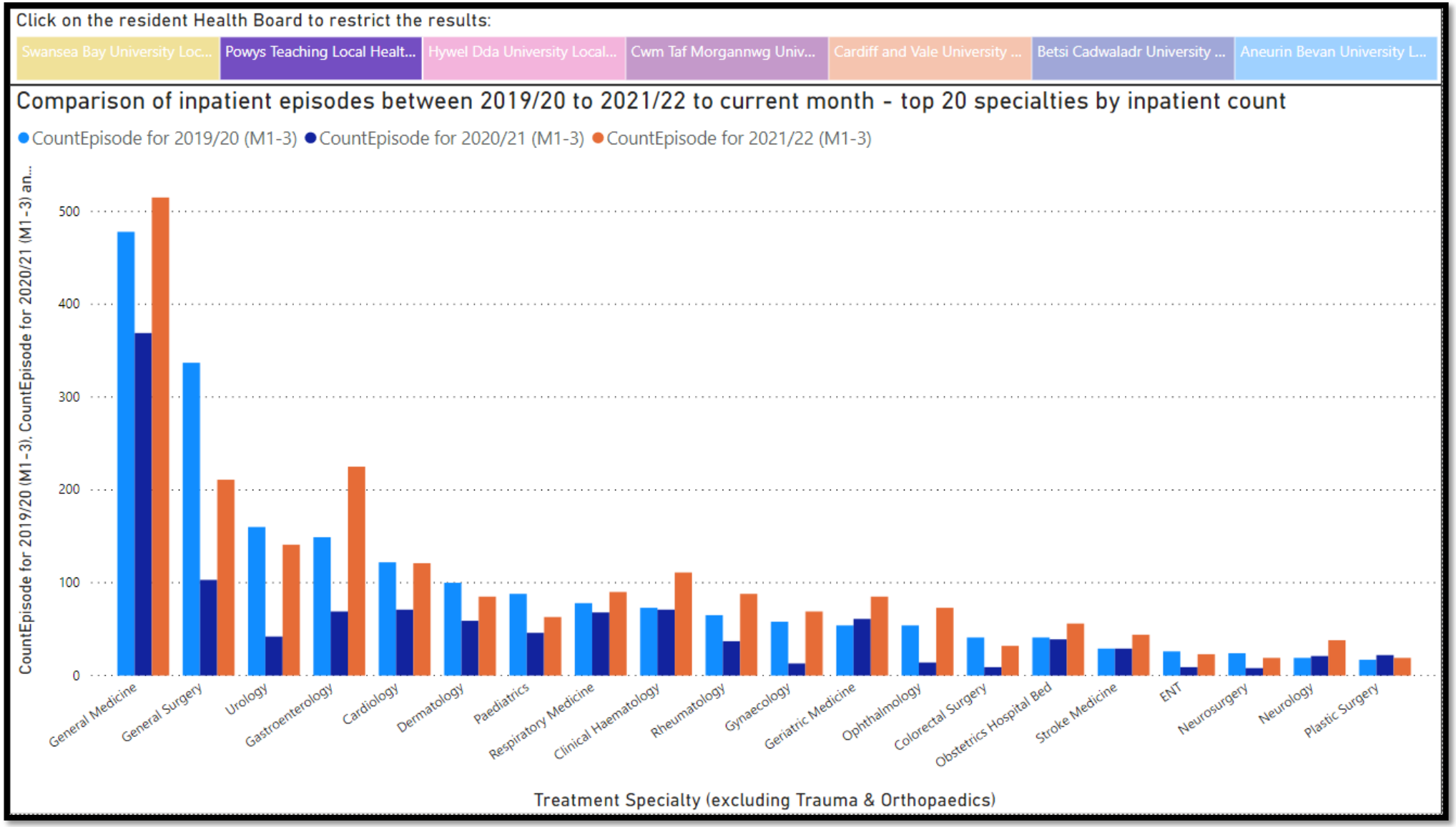
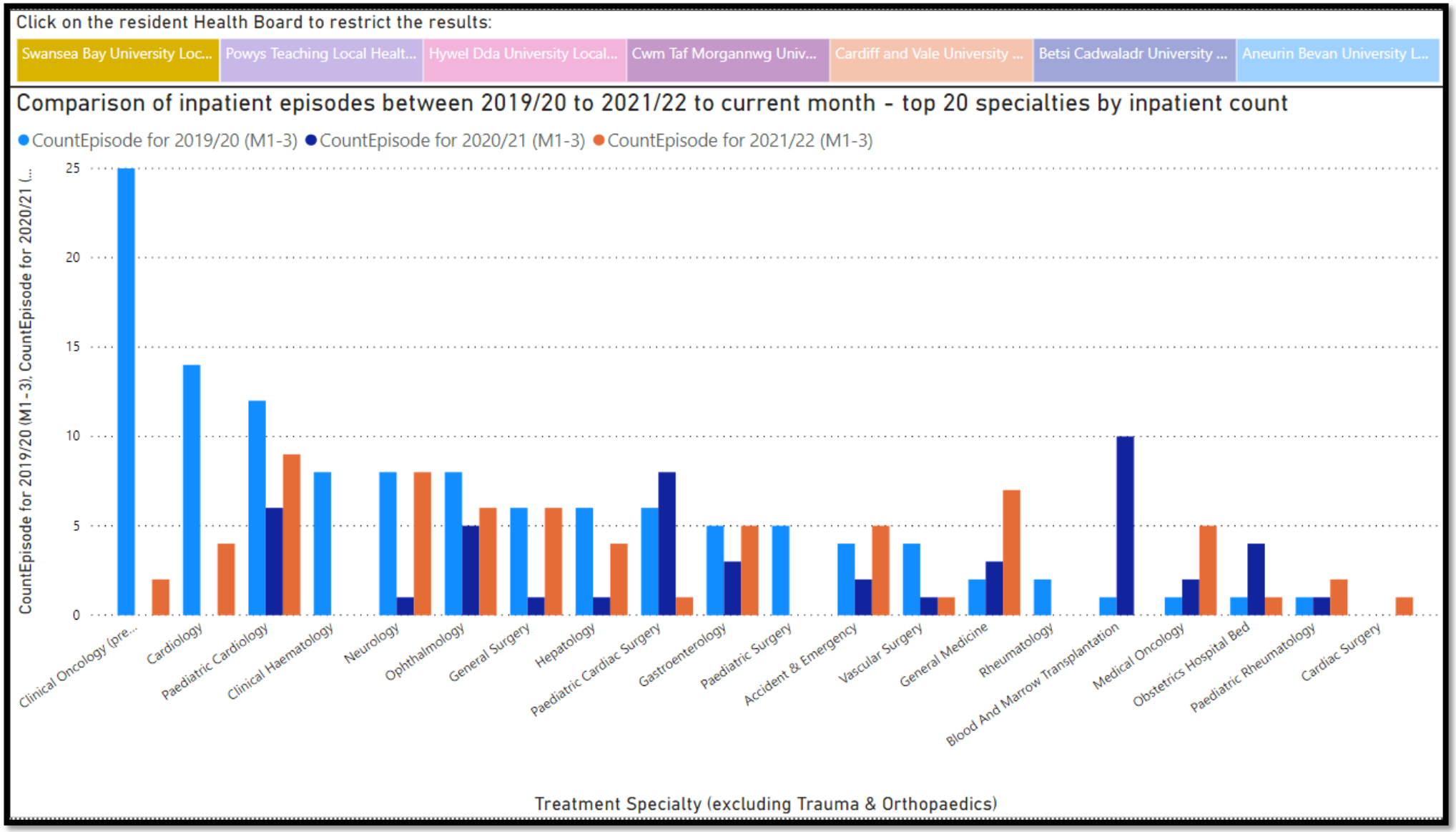


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22



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

		Agenda Item	3.2
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Financial Performance Report – Month 04 2021/22		
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 4th month of 2021/22. The financial position is reported against the 2021/22 baselines following approval of the 2021/22 WHSSC Integrated Commissioning Plan by the Joint Committee in January 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 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 current financial position of WHSSC together with outturn forecasts for the financial year.

This report will be shared with WHSSC Management Group on 19 August and Joint Committee on 07 September.

2.0 BACKGROUND

The financial position is reported against the 2021/22 baselines following approval of the 2021/22 WHSSC Integrated Commissioning Plan the Joint Committee in January 2021.

3.0 ASSESSMENT

The financial position reported at Month 4 for WHSSC is a year-end outturn forecast under spend of £4,804k.

The under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020/21 provisions. There is a partial cost pressure offset with the over spend in IPFR and Mental Health due to high CAMHS out of area activity and complex LD patient placements.

4.0 RECOMMENDATIONS

Members are asked to:

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

Link to Healthcare Objectives	
Strategic Objective(s)	Governance and Assurance Development of the Plan Choose an item.
Link to Integrated Commissioning Plan	**This document reports on the ongoing financial performance against the agreed IMTP**
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Only do what is needed Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Resources Implications	**This document reports on the ongoing financial performance against the agreed IMTP**
Risk and Assurance	**This document reports on the ongoing financial performance against the agreed IMTP**
Evidence Base	
Equality and Diversity	
Population Health	
Legal Implications	

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**
Corporate Directors Group Board		
Joint Committee		

Finance Performance Report – Month 4

1. Situation / Purpose of Report

The purpose of this report is to set out the estimated financial position for WHSSC for the 4th month of 2021/22 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	713,897	237,966	236,383	(1,583)	(343)	(4,804)	(566)
EASC (WAST, EMRTS, NCCU)	192,996	64,332	64,332	0	0	0	0
Total as per Risk-share tables	906,894	302,298	300,715	(1,583)	(343)	(4,804)	(566)

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 2021/22 baselines following approval of the 2021/22 ICP by the Joint Committee in January 2021. The remit of WHSSC is to deliver a plan for Health Boards within an overall financially balanced position. However, the composite individual positions are important and are dealt with in this financial report together with consideration of corrective actions as the need arises.

The financial position at Month 4 is a year to date underspend of £1,583k and a forecast outturn underspend of £4,804k.

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.

3. Governance & Contracting

All budgets have been updated to reflect the 2021/22 ICP, including the full year effects of 2020/21 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 transposed into the 2021/22 contract documents.

The Finance Sub Group has developed a risk sharing framework which has been agreed by Joint Committee and was implemented from 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 individual 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	248,240	82,747	83,250	503	46	811	46
Swansea Bay University Health Board	109,075	36,358	36,432	73	68	173	68
Cwm Taf Morgannwg University Health Board	10,146	3,382	3,382	0	0	0	0
Aneurin Bevan Health Board	8,934	2,978	2,978	0	0	0	0
Hywel Dda Health Board	1,662	554	554	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	43,950	14,650	14,497	(153)	(81)	(153)	(81)
Velindre NHS Trust	49,566	16,522	16,522	0	0	0	0
Sub-total NHS Wales	**471,573**	**157,191**	**157,615**	**424**	**32**	**831**	**32**
Non Welsh SLAs	119,250	39,750	39,161	(589)	(1,025)	(1,560)	(2,149)
IPFR	37,388	12,463	13,862	1,400	804	1,754	596
IVF	4,906	1,635	1,536	(99)	(77)	8	0
Mental Health	35,013	11,671	12,067	396	601	1,898	1,452
Renal	4,834	1,611	1,425	(187)	(90)	(264)	(289)
Prior Year developments	1,928	643	643	0	0	0	0
2020/21 Plan Developments	34,841	8,395	7,493	(901)	(675)	(1,635)	(887)
Direct Running Costs	4,164	1,388	1,319	(69)	(59)	35	10
Reserves Releases 2019/20	0	0	(1,957)	(1,957)	(750)	(5,871)	(3,000)
Phasing adjustment for Developments not yet implemented ** see below	0	3,219	3,219	0	0	0	0
Total Expenditure	**713,897**	**237,966**	**236,383**	**(1,583)**	**(1,240)**	**(4,803)**	**(4,235)**

The reported position is based on the following:

- Developments – variety of bases, including agreed phasing of funding.
- Mental Health – live patient data as at the end of the month, plus current funding approvals.
- NHS England activity – block basis for months 1-6 of this financial year.
- All other areas are reported as 1/12th of IMTP.

** 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

Provider positions can be summarised as follows for month 4:

- **NHS Wales Providers**
  YTD M4 position £0.424m, Forecast YE position £0.831m

  Month 4 reporting is based on the COVID-19 block funding flow agreements for 21/22, with pass through elements paid on pass through. The increase in the forecast position reflects the NICE and High Cost drug expenditure in the Cardiff and Swansea contract monitoring.

- **NHS England Providers**
  YTD M4 position (£0.589m), Forecast YE position (£1.560m)

  The reported underspend reflects the difference in the WHSSC plan baseline over the agreed blocks for the first 6 months of 21/22.
  The forecast outturn has decreased in month to (£1.56m) reflecting increases in drug and devices activity on the pass through elements of the block.
  Additional activity payments to NHSE providers are estimated to be in the region of £2.2m for H1 and is reported in the COVID recovery section of the tables as Welsh Government have confirmed direct funding for this cross border over performance under the terms of the NHSE elective recovery fund.

- **Individual Patient Commissioning & Non Contract Activity**
  YTD M4 position £1.400m, Forecast YE position £1.754m

  The yearend forecast has increased at month 4 to take account of two complex long term VAD patients at Great Ormond Street. There are partial underspend offsets in some high cost drug budgets such as Eculizumab and Pulmonary Hypertension.

- **Specialised Mental Health**
  YTD M4 position £0.396m, Forecast YE position £1.898m

  There is continued pressure on mental health budgets due to a high level of CAMHS out of area activity and a high cost complex Learning Disability placement. There is also Gender

- **Renal**
  YTD M4 position (£0.187m), Forecast YE position (£0.264m)

  Renal forecast is under budget mainly due to lower than planned activity in Royal Liverpool & Broadgreen.

- **WHSSC Developments and Strategic Priorities**
  YTD M4 position (£0.901m), Forecast YE position (£1.635m)

  The underspend forecast reflects anticipated slippage on provisions for the Cystic Fibrosis unit infrastructure and Thrombectomy activity. 2021/22 new schemes will be phased into the position once funding releases have been approved through management group and monitored on an actual costs incurred basis.

- **WHSSC Running Costs**
  YTD M4 position (£0.069m), Forecast YE position £0.035m

  The non-pay cost pressure is being partially offset by current staff vacancies.

- **Reserves**
  YTD M4 position (£1.957m), Forecast YE position (£5.871m)

  Emerging known releasable 20/21 reserves of £5.871m releases have been identified and are included in the month 4 position.

6. Financial Position Detail – by Commissioners

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

Table 3 – Year to Date position by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
Variance M4	(1,583)	(245)	(49)	(167)	(196)	(217)	(73)	(636)
Variance M3	(1,240)	(186)	29	(155)	(115)	(73)	(10)	(730)
Movement	(343)	(58)	(78)	(12)	(82)	(143)	(63)	94

Table 4 – End of Year Forecast by LHB

	Allocation of Variance							
	Total £'000	Cardiff and Vale £'000	SB £'000	Cwm Taf Morgannwg £'000	Aneurin Bevan £'000	Hywel Dda £'000	Powys £'000	Betsi Cadwaladr £'000
EOY forecast M4	(4,804)	(661)	(144)	(447)	(519)	(599)	(411)	(2,023)
EOY forecast M3	(4,237)	(631)	(243)	(491)	(457)	(375)	(328)	(1,712)
EOY movement	(566)	(30)	99	44	(62)	(224)	(83)	(311)

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.

These figures reflect the rebased risksharing financial framework and a cost neutral allocation adjustment is anticipated to realign commissioner funding with the WHSSC income expectations.

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

Table 5 – 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	110,228	36,743	36,743	0	0	36,743	(144)
Aneurin Bevan	172,832	57,611	57,549	61	0	57,610	(519)
Betsi Cadwaladr	196,932	65,644	65,644	0	0	65,644	(2,023)
Cardiff and Vale	146,355	48,785	48,785	0	0	48,785	(661)
Cwm Taf Morgannwg	129,748	43,249	43,281	(32)	0	43,249	(447)
Hywel Dda	107,178	35,726	34,471	1,255	0	35,726	(599)
Powys	43,621	14,540	14,600	(59)	0	14,541	(411)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	**906,894**	**302,298**	**301,073**	**1,225**	**0**	**302,298**	**(4,804)**

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

None

8. Overview of Key Risks / Opportunities

- NHS England – Recovery over performance payments to English providers are estimated at £2.2m at month 4 based on Q1 contract monitoring. Whilst the thresholds for over performance are higher in Q2 there is a risk that performance increases and further performance will need to be routed through to NHS contracts

- WHSSC Activity Recovery Fund – The 2021/22 Integrated Commissioning Plan included a £4m provision for activity recovery. It is anticipated this will be passed back to commissioners as central funding is available for in year recovery. However as we are still assessing provider recovery plans there may be a requirement to utilise this fund if there are gaps identified in recovery plans and the requested funding.

9. Public Sector Payment Compliance

As at month 3 WHSSC has achieved 99.1% compliance for NHS invoices paid within 30 days by value and 97.2% by number.

For non NHS invoices WHSSC has achieved 100% in value for invoices paid within 30 days and 100% 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. Therefore we have updated our forecast end of year position.

10. Responses to Action Notes from WG MMR responses

Both actions points 3.1 and 3.2 relating to the reporting of planned COVID spend will be rectified for month 4 reporting.

11. SLA 21/22 status update

All Welsh SLAs have been signed.

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)

		Agenda Item	3.3
Meeting Title	**Joint Committee**	Meeting Date	07/09/2021
Report Title	Corporate Governance Matters		
Author (Job title)	Corporate Governance Manager		
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services	Public/In Committee	Public

Purpose	To report on corporate governance matters arising since the previous meeting.			
RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Sub Group /Committee	Audit Committee	Meeting Date	09/06/2021
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

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

Provider Health Board affected (please state below)

CORPORATE GOVERNANCE MATTERS

1.0 SITUATION

To report on corporate governance matters arising since the previous meeting.

2.0 BACKGROUND

There are a number of corporate governance matters which need to be reported to the Joint Committee as a regular item in-line with the governance and accountability framework for WHSSC, e.g. the Standing Orders. This report encompasses all such issues as one agenda item.

3.0 GOVERNANCE AND RISK ISSUES

3.1 Matters Considered In-Committee

In accordance with the WHSSC Standing Orders the Joint Committee is required to report any decisions made in private "In-Committee" sessions to the next available public meeting of the Joint Committee.

The following items were discussed during the In-Committee meeting held on 13 July 2021:

- **Cardiac Surgery – Findings from the Getting It Right First Time (GIRFT) Bench Marking Review** – an update report was received for assurance.

3.2 Corporate Risk & Assurance Framework (CRAF)

The WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB, which was approved by the Joint Committee at its meeting on 11 May 2021[1]. During the meeting it was noted that further work was ongoing to develop risk reporting in line with the new strategy.

In order to strengthen the corporate risk register in accordance with the new risk management strategy a risk management workshop was held with the Corporate Directors Group on 16 September 2021 in order to:

- review the existing risks and continue to validate the scoring,
- identify potential additional corporate and operational risks,
- review the risks in the context of the COVID-19 pandemic,
- horizon scan for potential future risks,

[1] https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/may-2021-jc-agenda-bundle/

- consider the feedback received from the CTMUHB Audit & Risk Committee and the WHSSC integrated Governance Committee (IGC) on progress in managing risks

The Integrated Governance Committee (IGC) and the CTMUHB Audit and Risk Committee receive an update on the CRAF and progress to manage risks at each meeting, and provide assurance to the Joint Committee (JC) and CTMUHB as our host that there are effective arrangements in place for risk management. The new risk management strategy states that the JC will receive a full update on the CRAF twice a year.

The updated CRAF, including the full risk register will be presented to the Joint Committee in November 2021.

3.3 WHSSC Annual Report 2020-2021

In accordance with the Standing Orders WHSSC have devised an annual report setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

The aim of the Annual Report is to provide an overview of the business undertaken by the Committee as well as providing an opportunity to assess the effectiveness of the Committee in achieving its stated purpose. The report is presented at ***Appendix 1*** for information and assurance.

3.4 Joint Committee Assurance Framework (JAF)

The updated Risk Management Strategy, approved by the Joint Committee on 13 July 2021[2], outlined that WHSSC aspires to establish a JAF (often referred to in Health Boards as Board Assurance Framework or BAF). Whilst not yet established, the planned approach for developing the JAF will commence once the updated corporate risk register has been agreed.

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.

3.5 Welsh Health Circulars (WHCs)

Welsh Government issues WHCs around specific topics. The following WHCs have been received since the last meeting and are available via the Welsh Government website, where further details as to the risks and governance issues are available:

- WHC (2021) 019 - The National Influenza Immunisation Programme 2021-22

[2] https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/july-2021-agenda-bundle/

3.6 WHSSC Standing Orders, MOU, Hosting Agreement and SFI's

The Joint Committee approved the Chair's Action taken to approve the WHSSC Standing Orders, Memorandum of Agreement, Hosting arrangements and the Standing Financial Instructions (SFI's) at its meeting on 13 July 2021. As a hosted organisation under Cwm Taf Morgannwg UHB we are required to provide an assurance that due process has been followed in updating the governance and accountability framework and an assurance report was presented to the CTMUHB Audit & Risk Committee on 17 August 2021.

3.7 WHSSC Committee Business Cycle

In accordance with the SO's the Annual plan of Committee business was agreed at the Joint Committee on 09 March 2021[3]. Going forward, each Joint meeting will receive a copy of its business cycle which outlines the business planned for each meeting for assurance. This is presented at ***Appendix 2*** for information.

3.8 Board and Committee Arrangements

As WHSSC continues to manage and support its response to the recovery phase of COVID-19, the Joint Committee arrangements will continue to be held virtually, with focussed agendas and shorter meetings.

4.0 RECOMMENDATION

Members are asked to:

- **Note** the information presented in the report

5.0 APPENDICES / ANNEXES

Appendix 1 – WHSSC Annual Report 2020-2021
Appendix 2 – WHSSC Forward Work Plan 2021-22

[3] https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/2021-03-09-final-updated-jc-bundle2-pdf/

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	Welsh health circulars provide advice, guidance and information relating to changes in process or services which work to enhance services
Resources Implications	There are no financial implications associated with this report.
Risk and Assurance	To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the CRAF is reviewed monthly.
Evidence Base	-
Equality and Diversity	There are no equality and diversity implications.
Population Health	There are no immediate population health implications.
Legal Implications	The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). They were reviewed by officials in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance group. The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special

	Health Authorities) of the National Health Service (Wales) Act 2006.

Report History:		
Presented at:	**Date**	**Brief Summary of Outcome**

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

ANNUAL REPORT

2020-21

"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

Foreword from our Chair and Managing Director

We are delighted to bring you our Annual Report for 2020-2021.

This Annual Report provides an opportunity for us to look back on our performance and achievements over the last financial year and reflect on what we have achieved in collaboration with our partner organisations and stakeholders.

The COVID-19 pandemic response has been the single biggest public health challenge that has faced the NHS since its inception in 1948 and has required a comprehensive emergency response from all agencies across local, regional and national health and care systems in order to ensure that essential services were able to continue to operate. COVID-19 has had a significant impact on activity levels of specialised services and that impact is likely to last for some time to come.

We are immensely proud of the way in which our staff have responded throughout the past year – both those who remained part of the WHSSC team and those who were redeployed to Health Boards to help with the COVID 19 effort adapting to work differently

Despite the many challenges WHSSC has been able to largely deliver the planned activities and new prioritised services for 2020-21. Performance monitoring and service development activities changed to take the pressure off operational delivery but commissioning was able to continue with the Commissioning Teams ensuring that the majority of schemes in the Integrated Commissioning Plan (ICP) were delivered.

Working with the Policy and Clinical Effectiveness Team, WHSSC published new policies and varied others to expand the accessibility criteria or bring forward new treatments where there would be clear benefit in a COVID environment.

The Quality and Patient Care Team moved to a more agile Independent Patient Funding Request (IPFR) process to facilitate a swift response - in addition ensuring the process became paperless for the first time.

Working with regulators and providers quality concerns were understood and acted upon. Capacity in Mental Health and Children and Adolescent Mental Health Services (CAMHS) was considerably challenged but working with the Quality Assurance Improvement Service (QAIS) and Welsh Government surge beds were procured and a bed management panel implemented to manage flow.

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted access to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service. They also supported the proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.

WHSSC led the work on procurement of the Independent Hospital Sector leading to access to significant additional capacity.

Joint Committee agreed to reset the WHSSC Commissioning intentions to prioritise the reduction of harms related to Covid-19, ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible. WHSSC has continued with its usual prioritisation process to inform the 2021-22 ICP. These prioritised schemes along with the key strategic priorities for WHSSC, aligning to the Ministerial priorities, all have a specific focus on service recovery and improved outcomes.

Finally, we would like to express our thanks to all Members of the Joint Committee (Independent Members, CEOs and Executive Directors) whose leadership supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines. WHSSC's previous Chair, Professor Viv Harpwood, stepped down in September 2020 and we would also like to thank her for her years of leadership and expertise.

We would also like to take this opportunity to express our deep thanks to our staff, our commissioning colleagues, and partner organisations for their hard work and commitment to delivering specialised commissioned services to the people of Wales.

Kate Eden, Chair of WHSSC

Sian Lewis, Managing Director

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1. WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population; they have delegated the responsibility for commissioning a range of specialised services to WHSSC.

WHSSC's strategic aim is to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources.

However, 2020-21 was a year like no other ever experienced in the lifetime of the NHS. The COVID-19 pandemic has had a significant impact on activity levels of specialised services.

Despite all the difficulties and challenges WHSSC has been able to largely deliver the planned activities and new prioritised services described within the 2020-21 Integrated Commissioning Plan (ICP); these are described under the Key Achievements.

The staff in WHSSC, working with providers and the wider NHS must take the credit for this delivery.

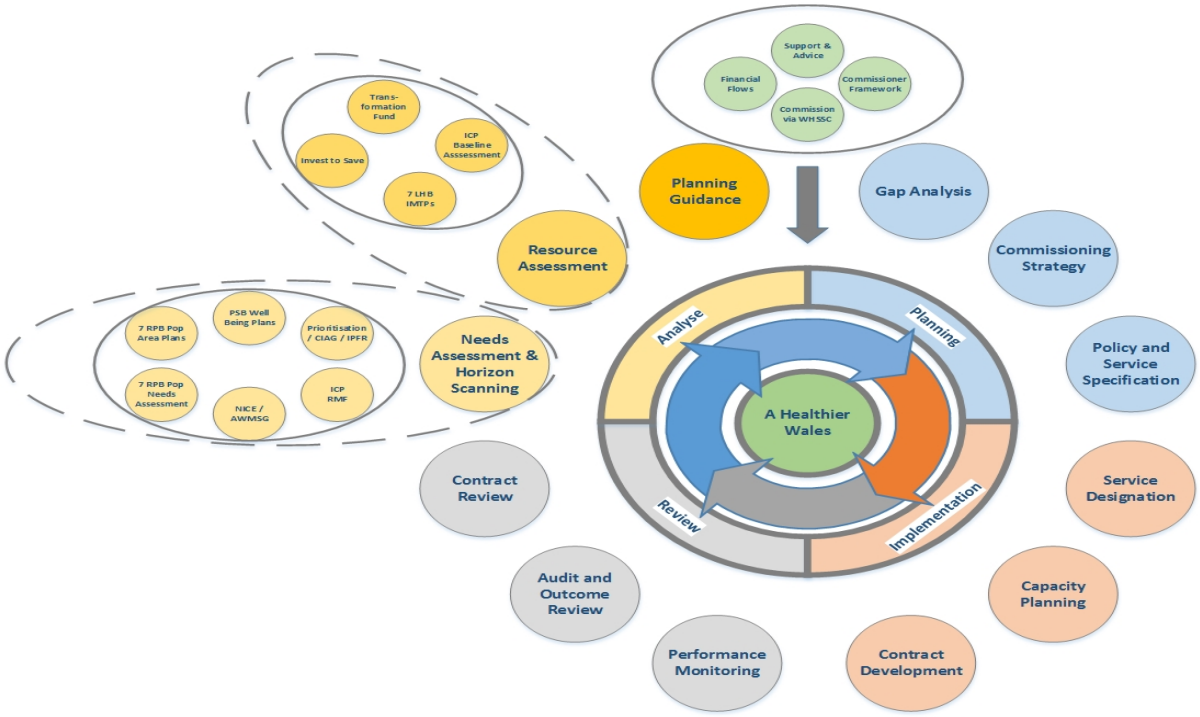
1.1 The Role of WHSSC

WHSSC's role is to:

- Plan, procure and monitor the performance of specialised services;
- Establish clear processes for the designation of specialised services providers and the specification of specialised services;
- Ensure there is assurance regarding clinical quality and outcomes through the contract mechanisms and a rolling programme of service review;
- Develop, negotiate, agree, maintain and monitor contracts with providers of specialised services;
- Undertake associated reviews of specialised services and manage the introduction of drugs and new technologies;
- Coordinate a common approach to the commissioning of specialised services outside Wales;
- Manage the pooled budget for planning and securing specialised services and put financial risk sharing arrangements in place;
- Ensure a formal process of public and patient involvement underpins its work; and
- Ensure that patients are central to commissioned services and that their experience when accessing specialised services is of a high standard.

All of this work is undertaken on a cyclical basis with ongoing engagement with patients, service users and professionals. WHSSC's commissioning cycle is shown in the following diagram:

Diagram 1: WHSSC Commissioning Cycle



In order to achieve its strategic aim, WHSSC works closely with each of the LHBs (in both their commissioner and provider roles) as well as with Welsh NHS Trusts, providers in NHS England and the independent sector. The commissioning of specialised services is informed through the application of the Prudent Healthcare Principles and the Institute of Healthcare Improvement Quadruple Aim.

1.2 Our Values

The core values of the organisation outlined in Figure 1 below, were developed by the staff within the organisation and are an indication of how we would like to be measured by each other, by those who work with us, and by those who depend on us to deliver services. They are also the values we would expect to be upheld by those who will join our team in the future and have been integrated in our workforce processes from recruitment through to Personal Development Reviews

Figure 1: Values of WHSSC launched in July 2018

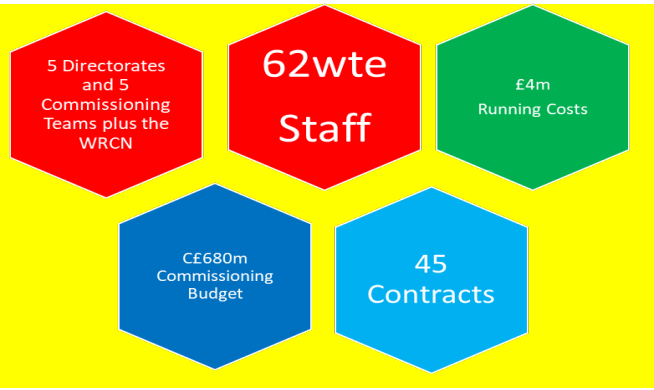
We know that it is sometimes difficult to live up to values. To this end, we will try to hold ourselves to account and invite those who work with us, or for whom we work, to measure us against these values.

We want to know when we are doing well and when we fall short. In order to do this, you can provide us with your comments, questions and feedback here: WHSSC.GeneralEnquiries@wales.nhs.uk

1.3 WHSSC as an Organisation

In order to explain the relative scale of WHSSC compared to the services that it commissions on behalf of the LHBs, *Diagram 2* below sets out the key statistics for the staffing levels, direct running cost budget, commissioning budget and contracts.

Diagram 2: WHSSC in Numbers



Around two-thirds of WHSSC staff are directly engaged in commissioning work.

As the host organisation for WHSSC, the following areas are included within the Cwm Taf Morgannwg University Health Board Annual Report:

- Staff remuneration
- Sickness and absence statistics
- Staff policies, for example health and safety and human resources
- Exit packages

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality, and Planning and five cross directorate commissioning teams. The commissioning teams are:

- Cancer and Blood;
- Cardiac Services;
- Mental Health and Vulnerable Groups;
- Neurosciences and Long Term Conditions; and
- Women and Children's Services.

WHSSC also hosts the Welsh Renal Clinical Network (WRCN) and Traumatic Stress Wales (TSW).

WHSSC aims to commission high quality specialised services that deliver good patient outcomes and experiences.

1.4 *Our Executive Team*

WHSSC's Executive Team is led by its Managing Director, **Dr Sian Lewis.**

Prior to taking up post as Managing Director, Sian was a consultant haematologist in Hywel Dda University Health Board. Sian also previously held the role of Acting Medical Director at WHSSC.

Before joining WHSSC Sian held medical management roles within Hywel Dda and a number of roles within the Wales Postgraduate Deanery. She has led on a number of major change management initiatives including remodelling A&E services within a district general hospital and establishing the first postgraduate medical education quality systems in Wales. She is a member of the GMC Quality Scrutiny Group and holds an MBA and a Postgraduate Certificate in Medical Education.

Carole Bell - Director of Nursing & Quality Assurance

Carole qualified as a midwife in 1987. She was the Clinical Director for Women & Children's Services in Hywel Dda University Health Board until September 2015.

She has a Masters in Health Care Management from University of Wales, Swansea. She was appointed as an RCMG assessor for the MBRRACE-UK Confidential Enquiries into Maternal Death in 2013.

She has won a number of RCM National Midwifery awards for Midwifery led Care and capturing the patient experience.

Stuart Davies - Director of Finance

Having held Director level positions for both the NHS and Welsh Government for over 15 years, Stuart has extensive experience of commissioning specialised health services in Wales. He has a career spanning over 30 years in Public Service with previous experience in Local Government, NHS England (former Regional Health Authority) and in NHS Acute, Community and Mental Health Services Trusts both in England and Wales.

Stuart is a Fellow of the Chartered Association of Certified Accountants and a member of the ACCA UK Health Panel.

Professor Iolo Doull - Deputy Medical Director (Acting Medical Director from 1 November 2020 and Medical Director from September 2021)

Iolo trained at Southampton University and Great Ormond Street in London, where he became a paediatric specialist. After training in respiratory paediatrics, he was appointed Consultant Respiratory

Paediatrician at the Children's Hospital for Wales. He holds a Degree of Doctor of Medicine in children's asthma.

He has over 20 years' experience of specialised services. He has served as an expert advisor to the National Institute for Health and Care Excellence and to the Commission on Human Medicines. He has previously represented his specialty as the Royal College of Paediatrics and Child Health Officer for Wales. He is a fluent Welsh speaker.

Karen Preece - Director of Planning

Karen has been employed in the NHS since 1992 having previously worked in industry. She has worked in many sectors in the NHS including primary care development, operational management and planning and commissioning.

Prior to joining WHSSC Karen was an Assistant Director in the Medical Directorate in Hywel Dda University Health Board, a post that gave her a wide ranging experience leading across directorates such as R&D, Medical Education and Clinical Effectiveness.

Kevin Smith - Committee Secretary (until 1 June 2021)

Kevin joined WHSSC as Committee Secretary & Head of Corporate Services in October 2016. He is a Chartered Secretary and Chartered Governance Professional with experience in both the NHS and the private sector.

He was Company Secretary at Heart of England NHS Foundation Trust from August 2013 and at Telent Limited from September 2006. Prior to that he worked at Marconi Corporation plc, Kalamazoo Computer Group plc, McKechnie plc, John Wood Group plc, Evered Bardon plc and Birmid Qualcast plc over a period of 20 years. His private sector career spanned the aggregates, engineering, IT and utilities sectors. He is also a non-executive director of the corporate trustee of the GEC 1972 Pension Plan, which has assets of around £4.5bn and 40,000 members.

Kevin took early retirement on 31 May 2021 and his successor Jacqueline Evans joined the Welsh Health Specialised Services Committee (WHSCC) as Committee Secretary and Head of Corporate Services in June 2021.

Jacqueline Evans – Committee Secretary (from 1 June 2021)

Jacqui joined the NHS in 2014, and has held senior governance and compliance roles in Cardiff and Vale UHB, Swansea Bay UHB, Cwm Taf Morgannwg UHB, and the NHS Wales Shared Services Partnership (NWSSP). She has gained a broad experience during her time in the NHS and has a track record of delivery across a number of areas including developing and strengthening governance, compliance and risk

management frameworks, managing pan Wales corporate services functions and leading the governance and communications elements for major projects.

Prior to joining the NHS, Jacqui was the Deputy Monitoring Officer (Committee Secretary equivalent) & Head of Corporate Communications & Democratic Services for a Fire & Rescue Authority for 7 years, supporting 25 elected members across six Local Authorities. During her career she has also undertaken UK wide roles with the Crown Prosecution Service, Her Majesty's Court Service and the Driver & Vehicle Licensing Agency (DVLA).

Dr Jenny Thomas - Medical Director (until 30 October 2020)

Jenny is a rehabilitation medicine consultant with interests in major trauma and brain injury, complex disability and transition.

She has held managerial roles as Clinical Director of Neurosciences for five years and Clinical Board Director for Children and Women's services for four years. She has also supported the development of the major trauma network across mid and South Wales linking in with health boards to help develop their rehabilitation model and has supported Welsh Government in the development of the mass casualty planning. She is a fluent Welsh Speaker.

2. THE JOINT COMMITTEE

2.1 The Role of the Joint Committee

The WHSSC Joint Committee makes formal decisions about the commissioning of services and is a Statutory Sub-Committee of each of the LHBs in Wales. An Independent Chair, appointed by the Minister for Health and Social Services leads the Joint Committee. The Chair is supported by three Independent Members, (one of whom is the Vice Chair) the LHB Chief Executives, Associate Members and the WHSSC Officers (as set out in the WHSSC Directions and Regulations).

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

2.2 Joint Committee Members

Independent Members

Professor Vivienne Harpwood stood down from her role as Interim Chair with effect from 31 September 2020 and Kate Eden took up the role of Chair of the Joint Committee with effect from 1 October 2020. Paul Griffiths

left his role as Independent Member with effect from 31 December 2020 and his replacement, Professor Ian Wells, commenced as an Independent Member on 1 May 2021. Ian Phillips agreed to stand for a further two years as an Independent Member from 1 April 2021. Emrys Elias left his role as an Independent Member with effect from 31 May 2021 and his replacement, Professor Ceri Phillips, commenced as an Independent Member on 1 June 2021.

Local Health Board Chief Executives

Simon Dean - **Betsi Cadwaladr University Health Board** (until 31 August 2020)
Mark Hackett - **Swansea Bay University Health Board** (from 1 January 2021)
Gill Harris - **Betsi Cadwaladr University Health Board** (from 1 September 2020 until 31 December 2020)
Sharon Hopkins - **Cwm Taf Morgannwg University Health Board** (until 31 August 2020)
Paul Mears – **Cwm Taf Morgannwg University Health Board** (from 14 September 2020)
Steve Moore – **Hywel Dda University Health Board**
Tracy Myhill– **Swansea Bay University Health Board** (until 31 December 2020)
Judith Paget – **Aneurin Bevan University Health Board**
Jo Whitehead – **Betsi Cadwaladr University Health Board** (from 1 January 2021)
Len Richards – **Cardiff and Vale University Health Board**
Carol Shillabeer - **Powys Teaching Health Board**

WHSSC Officer Members

Dr Sian Lewis – **Managing Director**
Carole Bell - **Director of Nursing & Quality Assurance**
Stuart Davies **- Director of Finance**
Dr Jenny Thomas **- Medical Director** (until 31 October 2020)
Prof Iolo Doull **– Interim Medical Director** (from 1 November 2020)

Associate Members

Tracey Cooper - **Chief Executive - Public Health Wales NHS Trust**
Steve Ham – **Chief Executive - Velindre University NHS Trust**
Jason Killens – **Chief Executive - Welsh Ambulance Service NHS Trust**

Affiliate Member

Kieron Donovan –**Chair - Welsh Renal Clinical Network** (until 26 March 2021).

2.3 Joint Sub-Committees

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Management Group
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network

The **All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC)** holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a health board has agreed to routinely provide.

The **Integrated Governance Committee** scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

The **Management Group** is the specialised services commissioning operational body responsible for the implementation of the Specialised Services Strategy. The group underpins the commissioning of specialised services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The **Quality and Patient Safety Committee** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

The **Welsh Renal Clinical Network** is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with clear remit, responsibility and accountability.

2.4 *Advisory Groups and Networks*

The Joint Committee also established three advisory groups in the discharge of its functions.

- NHS Wales Gender Identity Partnership Group
- All Wales Mental Health and Learning Disability Collaborative Commissioning Group
- All Wales Posture & Mobility Partnership Board

In April 2016, the All Wales Gender Identity Partnership Group (AWGIPG), (formally known as the All Wales Gender Dysphoria Partnership Board) was established to advise the Joint Committee on the development of a NHS Wales Strategy for Gender Dysphoria Services. In 2019, key elements of the strategy were realised, with the commencement of an interim all Wales Welsh Gender Service hosted by Cardiff & Vale University Health Board (CVUHB), supplemented by local gender teams in each health board and a Direct Enhanced Service direction issued by Welsh Government to General Practice. As this graduated model of care is now in place, the focus needed to shift to the co-ordination and consistency in development of the pathway across primary, secondary and tertiary care to move to a longer term integrated model.

The Joint Committee supported the proposal to disband the AWGIPG and supported the recommendation to consider the development of a Managed Clinical Network hosted outside of WHSSC in its meeting on 10 November 2020.

The All Wales Mental Health and Learning Disability Collaborative Commissioning Group was established to advise the Joint Committee on issues regarding the development of secure mental health services for Wales. The Group ensured that there was a co-ordinated approach to secure services across Wales and that the benefits of working collaboratively were realised. The purpose of this Group was subject to review during 2019-20 because of changes to the structure of mental health advisory functions. It is anticipated that the learning disability aspects

previously incorporated in the function of the Group will be incorporated elsewhere during 2021-22 and the Group will be disbanded.

The All Wales Posture and Mobility Services Partnership Board was established in 2011 to monitor the service's delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service was delivering in line with the All Wales Service Specification and to advise the Joint Committee on the commissioning strategy for Posture and Mobility services, including identification of, and supporting opportunities for embedding co-production as a core principle of the commissioning strategy. Having achieved its main objectives, namely to ensure that there is equitable access to safe and effective Posture and Mobility services across Wales, the decision was taken by Joint Committee on 9 March 2021 to disband the All Wales Posture and Mobility Services Partnership Board. The Joint Committee agreed that the Posture and Mobility Service providers across Wales and WHSSC would continue to engage with local user groups and third sector partners, when appropriate, to support service developments and that in order to ensure that this continues, WHSSC would organise twice yearly Stakeholder and Partnership Engagement events to supplement the Risk, Assurance and Recovery meetings.

3. THE INTEGRATED COMMISSIONING PLAN (ICP)

The Integrated Commissioning Plan (ICP) is the vehicle through which WHSSC establishes its strategic direction and commissioning aims for specialised services, within the ministerial priorities (as they apply to WHSSC) of equal access to all residents of Wales, the decarbonisation agenda and provision of care as close to home as possible.

WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan to include more explicit, measurable intentions to measure achievement against. However, it was recognised that in the Covid-19 environment the commissioning intentions needed to be revisited, along with a new commissioner assurance framework, with revised quality and performance measures which in particular address the Welsh Government published framework 'Leading Wales out of the Covid-19 pandemic: A framework for recovery'.1

Within this context, Joint Committee at its meeting on 14 July 2020 agreed to reset the WHSSC commissioning intentions to the following:

[1] https://gov.wales/leading-wales-out-coronavirus-pandemic

1. Reduce the harms related to COVID-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

Additionally, the Joint Committee further agreed that investment for 2021-22 would need to be focused in those areas most likely to have a positive impact on patient outcomes in an environment dominated by the effects of the COVID-19 pandemic, whilst ensuring that opportunities for service recovery and improved outcomes for the future are not missed.

Specifically:

- The implementation of innovative technologies which will in the longer term deliver significantly improved patient outcomes; and
- Undertaking strategic planning around services where there are service sustainability issues – "Fragile Services".

The final ICP for specialised services for Wales 2021-22 was agreed by the Joint Committee at its meeting on 16 February 2021.

The ICPs are available via the Integrated Commissioning Plan section of our publications page on the WHSSC website:

http://www.whssc.wales.nhs.uk/integrated-commissioning-plan-icp-

4. COMMISSIONED SERVICES

Specialised services generally have a high unit cost because of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

The Joint Committee agree the range of services delegated by the seven LHBs to be commissioned by WHSSC. An original list of services was agreed in 2012. Since then there have been a number of transfers back to local planning and funding, as well as some additions to WHSSC's responsibilities. The services delegated to WHSSC can be categorised as:

- Highly Specialised Services provided in a small number of UK centres;

- Specialised Services provided in a relatively small number of centres and requiring planning at a population of >1million; and
- Services that have been delegated by LHBs to WHSSC for other planning reasons.

4.1 Commissioning Teams

The WHSSC planning functions have been delivered through a specialty based programme team model since 2010. In 2017, the clinical focus of the teams was strengthened through the appointment of Associate Medical Directors, and they were re-launched as commissioning teams.

The following table shows the range of services delegated for commissioning by WHSSC for 2020-21:

Range of Services Commissioned by WHSSC

Assistant Director of Planning Lead
Intestinal Failure
Home Parental Nutrition
Hyperbaric Oxygen Therapy

Mental Health & Vulnerable Groups
High Secure Psychiatric Services
Medium Secure Psychiatric Services
All Wales Traumatic Stress Quality Improvement Initiative (Traumatic Stress Wales)
Gender Identity Services for Adults
Gender Identity Development Service for Children and Young People
Specialised Eating Disorder Services (Tier 4)
Mental Health Services for Deaf People (Tier 4)
Specialised Perinatal Services
CAMHS (Child and Adolescent Mental Health Services) Tier 4
Forensic Adolescent Consultation and Treatment Service (FACTS)
Neuropsychiatry

Cancer & Blood
PET scanning
All Wales Lymphoma Panel
Specialist services for Sarcoma
Haematopoietic Stem Cell Transplantation (BMT)
Extra corporeal photopheresis for graft versus host disease
CAR-T therapy for lymphoma and acute lymphoblastic leukaemia
Thoracic surgery
Hepatobiliary cancer surgery
Microwave ablation for liver cancer

Brachytherapy (prostate and gynaecological cancers)
Proton Beam Therapy
Radiofrequency Ablation for Barrett's Oesophagus
Stereotactic Ablative Body Radiotherapy
Specialist service for Neuroendocrine Tumours
Peptide Receptor Radionuclide Therapy (PRRT) for Neuroendocrine Tumours
Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for Pseudomyxoma Peritonei
All Wales Medical Genomics Service
Burns and Plastics
Specialist service for Paroxysmal Nocturnal Haemoglobinuria
Inherited Bleeding Disorders
Welsh Blood Service
Hereditary Anaemias specialist service
ECMO
Long Term Ventilation
Immunology

Cardiac Services
Cardiac Surgery
Heart Transplantation including VAD's
Electrophysiology, ablation and complex ablation
Complex Cardiac devices
Interventional Cardiology, (PPCI, PCI, PFO closures, TAVI, PMVLR)
Inherited Cardiac Conditions
Adult Congenital Heart Disease
Pulmonary Hypertension
Cystic Fibrosis
Cardiac Networks (SWSWCHD Network, NWNWCHD Network, All Wales Cardiac Network)
Bariatric Surgery

Neurosciences & Long Term Conditions
Neurosurgery Emergency and elective neurosurgery (including stereotactic radiosurgery and Deep Brain Stimulation)
Neuroradiology (diagnostic and interventional undertaken by neuroradiologists)
Neurorehabilitation
Spinal rehabilitation
Artificial Limbs and Appliances Service including: o Wheelchair and special seating o Prosthetics o Orbital prosthetics
Electronic assistive technology

Alternative Augmentative Communication (AAC)
Immunology for Primary Immuno Deficiency
Cochlear and BAHA
Rare Diseases – RDIG

Women and Children
Fetal Cardiology
Fetal Medicine
Neonatal
Neonatal Transport
Paediatric Cardiology
Paediatric Cystic Fibrosis
Paediatric Endocrinology
Paediatric ENT
Paediatric Gastroenterology
Paediatric Intensive Care
Paediatric Immunology
Paediatric Inherited Metabolic Disease
Paediatric Nephrology
Paediatric Neurology
Paediatric Neuro-rehab
Paediatric Oncology
Paediatric Radiology
Paediatric Radiotherapy
Paediatric Rheumatology
Paediatric Surgery

North Wales
IVF

4.2 *Key Achievements by Commissioning Team*

The aim of WHSSC is to ensure that specialised services are commissioned from providers that have the appropriate experience and expertise; are able to provide a robust, high quality and sustainable service; are safe for patients and are cost effective for NHS Wales.

Commissioning refers to the process of planning services to meet the identified health need requirements of the population, developing and managing contracts with providers to ensure they meet the healthcare standards, and monitoring and reviewing quality, safety and performance of the service.

The following provides an overview of the WHSSC commissioning teams' key achievements during 2020-21:

Cancer & Blood Commissioning Team

Positron Emission Tomography (PET) CT - new indications – investment to further expand the range of commissioned indications, including new indications for cervical cancer, oropharyngeal cancer, parathyroid tumours and oesophago-gastric carcinoma.

Neuroendocrine Tumours (NET) specialist service - phase 2 development (south west, mid and south east Wales) – investment to provide additional staff to ensure the sustainability of the NET service and to provide an increase in capacity to meet patient need.

Hereditary Anaemias specialist service in south west, mid and south east Wales – investment in establishing a fully commissioned service for people with hereditary anaemias, including sickle cell disease, thalassaemia and other rare anaemias, in south and mid Wales.

Cardiac Commissioning Team

Cystic Fibrosis - In August 2020 Welsh Government agreed funding to enable Welsh patients to have access to Kaftrio, a Cystic Fibrosis Modulator therapy which will be life changing for many patients. Recurrent funding was also released for a home IV service and additional staffing to support Outreach clinics to enable patients to be treated closed to home.

Paediatric Congenital Heart Disease - Funding was agreed to increase the number of paediatric cardiology outreach clinics, to ensure sustainability of the service and enable the paediatric outreach clinics to be delivered in line with Congenital Heart Disease standards of care.

Adult Congenital Heart Disease - Funding was agreed to implement Phase 2 of the development of ACHD services.

Mental Health and Vulnerable Groups

Gender Identity Service for Adults - The Welsh Gender Service (WGS) has been operational since September 2019, providing access to Gender Identity Services through a multi-disciplinary team made up of a consultant endocrinologist, gender specialists and psychologists based at St David's Hospital in Cardiff. In response to the coronavirus pandemic and through the use of virtual consultations, the team has exceeded core planned activity levels whilst also reducing travel for patients and staff. The

introduction of remote working has attracted experienced clinicians from across the United Kingdom without the need for staff to relocate to Wales. This past year, the Welsh Gender Service has reduced the waiting list by 6 months despite an increase in demand for the service, averaging 65 referrals per month. Furthermore, the introduction of an innovative peer support and psycho-social information programme provided by Umbrella Cymru, has supported over 1000 people waiting for their first appointment with the WGS since 2019. The service has also recruited additional workforce, which has enhanced service provision significantly by enabling the service to see complex patients and undertake 1st surgical assessments, which would have previously required a referral to the London based Gender Identity Clinic hosted by The Tavistock & Portman NHS Foundation Trust.

Perinatal Mental Health - In April 2021, WHSSC commissioned an interim Specialist Perinatal Mental Health Inpatient Unit (Mother & Baby Unit) based at Tonna Hospital in Neath. Further meetings have been held with NHS England to jointly develop new service in Mersey & Cheshire area with guaranteed access for patients from North Wales & North Powys. There is potential for the service to be operational in 2021 if fast tracked with national NHS England support.

Neurosciences and Long Term Conditions Commissioning Team

Thrombectomy services – this was formally commissioned in 2019-20 however, as this was an essential service provision during the pandemic, further progress was made to resolve some of the operational difficulties. This work has involved strengthening the service across south and north Wales, particularly around the transport and repatriation of patients, image transfers across the north and south Wales region and the initial development of a Mechanical Tertiary Thrombectomy service in south Wales.

Implementing the NICE recommended treatment Nusinersen - investment was to address the immediate staffing requirements of implementing the NICE approved treatment, Nusinersen (SPINRAZA) for patients with Spinal Muscular Atrophy under the care of the Children's Hospital for Wales, CVUHB.

Ketogenic Diet service – investment made to secure the Paediatric Ketogenic Diet service at CVUHB, as a result of a funding shortfall on one of the key posts for the service.

Prosthetic Service at Swansea Bay UHB – this was identified as an in year service risk. An investment was provided, in order to mitigate the immediate risks in the service.

Clinical Immunology – funding was secured to enable the service to achieve the three key actions required for QPIDs accreditation.

Intestinal Failure –this was identified as in year service risk and funding was secured to provide 7 additional consultant sessions to the Intestinal Failure service for south and mid Wales in order to mitigate the immediate risks in the service.

AAC Review – phase 1 of the second service review for the AAC service has been completed.

Women and Children's Commissioning Team

Fetal Medicine (South Wales) – additional resources provided has successfully enhanced the existing workforce across all levels to ensure a sustainable service and a key outcome is patients are now being seen in line with National Standards.
Inherited Metabolic Diseases (North Wales) – Additional funding provided leading to a strengthening the provision in North Wales to reduce the need for patients to access services across the border.

Paediatric Gastroenterology – In year investment was approved to support additional nursing and dietetic support to the services in light of fragilities exacerbated by COVID.

Welsh Renal Clinical Network Key Achievements

The Welsh Renal Clinical Network supported Health Boards and other partners to ensure that all dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic with a sustained focus on increasing access and maintenance of home therapy service across Wales. They also supported the proactive management of transplant programme including recommencement of service following the UK wide pause of transplants during the first wave of the pandemic.

- Significant refurbishment and expansion of unit dialysis estate to ensure patient access to highest quality services closer to home. Notably in North Wales in which a new dialysis unit was opened in Mold ahead of schedule to help ease pressures caused by the pandemic.
- All dialysis services across Wales remained opened ensuring uninterrupted to dialysis through the pandemic. This was supported by with clear collaboration between the WRCN, Health Boards and other

stakeholders with focussed and proactive attention to risk management for patients and staff
- Sustained focus on increasing access and maintenance of home therapy service across Wales. This has been further augmented by the agreement to recruit an all Wales Home Therapies Clinical Lead to drive forward innovation and delivery
- Proactive management of transplant programme including re-commencement of service following the UK wide pause of transplants during the first wave of the pandemic.
- Acting as Sponsor Organisation overseeing the approval of the only all Wales Welsh Government Transformation Fund programme to digitise kidney care in Wales. Progress on delivering a single instance of VitalData (the Welsh renal care data repository) roll-out of EPMA (Electronic Prescribing and Medicines Management) achieved in North Wales despite the challenges created by the pandemic.
- Patient reported PREMS rolled out digitally across Wales with Wales achieving the highest return rate of all four nations.
- Completion of comprehensive costing work as an integral element of a research project led by WRCN Clinical Lead. This will enable a clear reflection of the relative costs of different modalities of dialysis and support plan to link with PROMS to evaluate patient outcomes using value based healthcare methodology

Traumatic Stress Wales Traumatic Stress Wales

Traumatic Stress Wales Traumatic Stress Wales, (previously known as the All Wales Traumatic Stress Quality Improvement Initiative) is a national quality improvement initiative which aims to improve the health and wellbeing of people affected by traumatic events. The Project Director and Lead for Psychological Therapies have been recruited to the national hub team based at WHSSC and recruitment continues for the remainder of the team. The national hub team will provide second opinion, monitor key quality indicators and provide training and resources to help improve the quality of local traumatic stress services and increase access to evidence based therapies. The Traumatic Stress Wales Service Improvement Specification went out for consultation earlier this year. All seven health boards have been invited to submit a request for funding for additional psychology resource and training to help deliver their traumatic stress services to the standards outlined in the service improvement specification. The hub team have already started delivering 'Guided Self Help' training called 'Spring' to health boards, targeted at people with mild to moderate PTSD. A website for Traumatic Stress Wales, containing resources and information on PTSD and CPTSD is in development and will be live early in 2021. The Traumatic Stress Wales' national steering group, which includes representatives from the seven health boards,

together with key stakeholders, continue to meet on a quarterly basis to oversee the development and implementation of the initiative.

Independent Hospital Contracts

WHSSC led the work on procurement of the Independent Hospital Sector and directly supported Health Boards in the delivery of the COVID-19 response by commissioning independent hospital capacity throughout 2020-21.

Following a request from Welsh Government at the end of March 2020 WHSSC worked at pace to put in place commissioning arrangements for the Welsh independent hospitals sector. Within two weeks WHSSC, supported by Welsh Health Shared Services Partnership, signed formal heads of agreement to secure the full operating capacity of the 6 independent hospitals in Wales. The contracts commenced on 6th April 2020 and initially ran for a three month period to 5th July 2020.

WHSSC put in place robust contracting arrangements from the start of the process including formal legal heads of agreement, legally binding contracts followed by formal contract variations as required to adapt to conditions. The contracting arrangements were underpinned by a formal contract with KPMG to provide accounting and audit services to monitor and implement the contract to ensure that only qualifying costs were charged. Value for money for the arrangements was optimised by the contract mechanism which only paid for a range of approved qualifying costs which excluded profit margins and a range of non-qualifying corporate HQ costs. Throughout the contract WHSSC had in place robust monitoring arrangements via detailed weekly reporting underpinned by weekly performance meetings with health board leads. This process enabled health boards to learn from one another and improve utilisation.

The initiative delivered significant patient value to health boards in providing Covid safer environments to provide urgent surgery and essential surgery and diagnostic services which would otherwise not have been delivered.

4.3 *Individual Patient Funding Requests (IPFR)*

IPFRs are defined as requests to a Health Board or Welsh Health Specialised Services Committee (WHSSC) to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide or commission.

IPFR requests received by WHSSC are usually considered by the All Wales Panel. The Panel meet in person on a monthly basis. However, urgent decisions can be made by a Panel Chair action.

During the COVID-19 lockdown, WHSSC moved to a more agile IPFR process to facilitate swift responses and the process became paperless. All Individual Patient funding (IPFR) decisions were taken via Chair's Action until March 2021 when the virtual Panel meetings resumed.

IPFR decisions are determined on the information provided by the referring clinician to demonstrate the significant clinical benefit expected from the treatment for that particular patient and whether the cost of the treatment is in balance with the expected clinical benefit.

Key Achievements and Patient Outcomes

The number of IPFR requests reduced at the start of the pandemic but as time went on the volume of applications increased.

The Chair's Action Panel (comprising the all Wales Panel Chair, WHSSC Managing Director, Director of Nursing and Quality Assurance and Medical Director) met virtually on a weekly basis to consider between 2 and 5 requests. To strengthen the process a lay member was included to the panel membership.

The weekly Panels worked well with IPFR requests being processed far more quickly, as previously Panels were convened monthly. Positive feedback was received from clinicians about the speed of decision-making and there has been an improvement in the quality of the IPFR applications with clinicians contacting the Patient Care Team before submitting applications.

Where funding has been approved, clinical outcomes are routinely requested and the Panel is updated. These outcomes inform future decision as well as the revision and development of WHSSC commissioning policies.

WHSSC continues works closely with the LHBs and the All Wales Medicines Therapeutics and Toxicology Centre to share and promote consistency of best practice.

5. WORKFORCE AND ORGANISATION DEVELOPMENT

WHSSC supported the wider NHS during the pandemic and WHSSC staff were redeployed to support Health Boards and Welsh Government to add capacity to the system.

Staff development and well-being support remained a key priority during 2019-20. A restructure took place at the beginning of 2020 to meet changing organisational needs.

The WHSS Team have worked incredibly hard, diligently and with agility over the last year and the key achievements described in this plan are a testimony to everyone's efforts.

Last year's integrated commissioning plan included a high level workforce plan with the key aim of maximising workforce capacity. Table 1 below shows the progress in achievement of this plan during 2020-21.

5.1 Workforce High Level Overview

Objective	Action taken, by when	Progress
Strengthening of Executive team	All Executives posts are filled substantively.	All Executives posts are filled substantively
Improving recruitment and retention	One Finance Manager post for north Wales is still open	Progress has been made on strengthening the north Wales office with a dedicated senior manager in post from February 2021. This will provide the platform to further strengthen the finance support to the north Wales office.
	The role and function of the Quality Assurance Team has been reviewed during 2020-21 and further restructuring of the team will take place during 2021-22.	The one remaining vacancy has been filled and a person will be in post by the beginning of June 2021.
Expanding the workforce to lead on specific projects	Developing new posts to increase commissioning effectiveness. Recent appointments include a PET project manager.	PET project continues
	Future developments includes a Medicines Management Post and Blueteq project manager.	Blueteq implementation finalised in May 2021.
	Development of a Vulnerable Group work-stream supported by WG funding underway. This includes a planning role and a part time	Vulnerable Groups planner in post and the Traumatic Stress Wales a now recruited to.

	Associate Medical Director (AMD)	Appointment of the AMD post has been deferred because of the pandemic
Developing and implementing organisational development and learning programmes across the organisation	Regular OD sessions are taking place for the Executive team, in part facilitated by the host organisation. Roll out of an organisation wide OD programme is planned for 2020-21. A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications. Lunch and learn sessions are being provided by members of the WHSS Team. Participation in the Embrace on-line Health and Wellbeing public sector pilot.	These have continued during 2020-21. Postponed due to Covid-19 and staff working remotely. All staff meetings, PDRs and PDPs continue Additional staff have been supported to undertake further post graduate study during 2020-21 Postponed due to Covid-19 and staff working remotely This continues and a number of mindfulness sessions have been facilitated and have taken place
Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited	We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff.	This has continued during 2020-21

5.2 Personal Development Reviews (PDR)

The achievement of PDR targets and the completion of core skills training by all staff are key priorities for WHSSC. We are working with all staff not just Line Managers, to ensure understanding of the importance of personal development reviews.

5.3 Staff Sickness and Absence

As WHSSC is a small organisation, sickness and other absences have a significant effect on the capacity of the organisation. Short and long-term sickness absence continues to be a focus, with all line managers attending sessions put on by Cwm Taf Morgannwg University Health Board to ensure that they are aware of the changes to the All Wales Sickness policy and have the skills to implement them.

5.4 Development of Clinical Leadership

Five Associate Medical Directors (AMD) appointed during 2017-18, aligned to the commissioning teams. These posts have significantly strengthened WHSSC's clinical engagement however the model has developed over time. Two of the AMDs now support more than one commissioning team. In addition a new commissioning team leading on services for Vulnerable Groups has been established, this supports Gender Services and the new Traumatic stress service. There continue to be part time Medical and Deputy Medical Directors posts. There is a full time Director of Nursing & Quality Assurance in the WHSS Executive team.

An important development during 2019-20 was a review of the Clinical Gatekeeper role. WHSSC has over 50 Clinical Gatekeepers covering over 100 services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. Arrangements are being made for the Clinical Gatekeepers to have honorary WHSSC contracts addressing potential governance issues related to their roles. Further work defining their role and identifying their support and training needs has been delayed because of the pandemic.

5.5 Training Opportunities

The organisation continues to make a number of training opportunities available to staff. These include the Healthcare Financial Management Association (HFMA) modules for non-finance staff which are being undertaken by staff within the Clinical and Planning teams and the Academi Wales Senior Leadership course which is being undertaken by staff at Assistant Director level. We also have a number of staff undertaking

master's level qualifications. At Director level we are providing executive coaching and have provided professional development opportunities in Value Based Healthcare. One of our Directors is undertaking a coaching qualification to allow us to provide an "in-house" resource for future staff development.

5.6 External Training and Development

The WHSS Team is keen to offer out unique all Wales strategic planning and commissioning experience as a resource for the wider NHS in Wales.

This philosophy has helped drive the restructuring of the Medical Directorate and the development of training opportunities throughout the organisation.

The Associate Medical Director roles provide a stepping stone for those pursuing a career in medical leadership and were specifically advertised as three year posts with this in mind. The Managing Director is active in the regional Faculty of Medical Leadership and Management.

Trainees from the NHS Wales Finance Academy Financial Management graduate scheme have also undergone placements with WHSSC.

5.7 WHSSC Business Continuity Plan and the response to COVID-19

Whilst the organisation had a major incident and business continuity plan in place that served it well, the scale and impact of the COVID-19 pandemic was unprecedented. The Business Continuity Plan (BCP) was activated and WHSSC was able to continue its core activities without significant delay or disruption to services despite the temporary closure of the WHSSC office.

Throughout the pandemic the majority of WHSSC staff have predominantly worked from home, in line with Welsh Government advice. WHSSC rolled out remote working for staff and with the support of the IT department at Cwm Taf Morgannwg University Health Board, virtual meetings became the norm during 2020-21. The corporate team ensured that the office remained open and accessible and implemented a number of COVID-19 safety measures so staff have been able to combine working from home with access to the office as and when required.

6. QUALITY

Unlike the provision of most healthcare in Wales, which is planned and arranged locally, specialised services are planned nationally by WHSSC on behalf of Wales' seven LHBs.

WHSSC works closely with the LHBs to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective.

LHBs work on behalf of WHSSC and help to ensure the provision of high quality specialised services in Wales. They do this by using a Quality Assurance Framework which is monitored by the LHB's Quality and Patient Safety (QPS) Committee. Monitoring outcomes are then reported back to the LHB.

Quality is everyone's concern and the processes and the development of methodologies by which we capture patient feedback to support service delivery is central to the work of WHSSC's Quality Assurance Team.

The 'Quality Team,' which was established in 2019, helps ensure that the patient is at the heart of all aspects of the commissioning cycle as this is fundamental to the delivery of a safe and effective service and is essential in supporting the delivery of prudent health care.

The Quality Team aims to capture patient experiences, using it in conjunction with quality indicators to inform quality improvements and establish key relationships with commissioners and providers and to share these with Clinical staff in order to inform and improve service delivery.

The Quality Team looks to establish clear forums on ways in which services can showcase examples of best practice which in turn will help inform and support commissioners, other clinical areas, and the Joint Committee.

During 2021-22 a new Commissioning Assurance Framework will be introduced. The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents and designed to support this ambition. An implementation plan will also be developed to ensure that the CAF is delivered. Fundamental principles underpinning the Commissioning Assurance Framework Implementation. Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concern regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

The Quality Team work closely with the Medical Directorate and Commissioning Teams and have a pivotal role in monitoring the quality of commissioned services.

As a subset of the CAF a new commissioning performance assurance framework for WHSSC, has also been developed. This includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process. As services move into recovery and to reflect the revised commissioning intentions a new performance assurance process has been developed to provide assurance on WHSSC commissioned service.

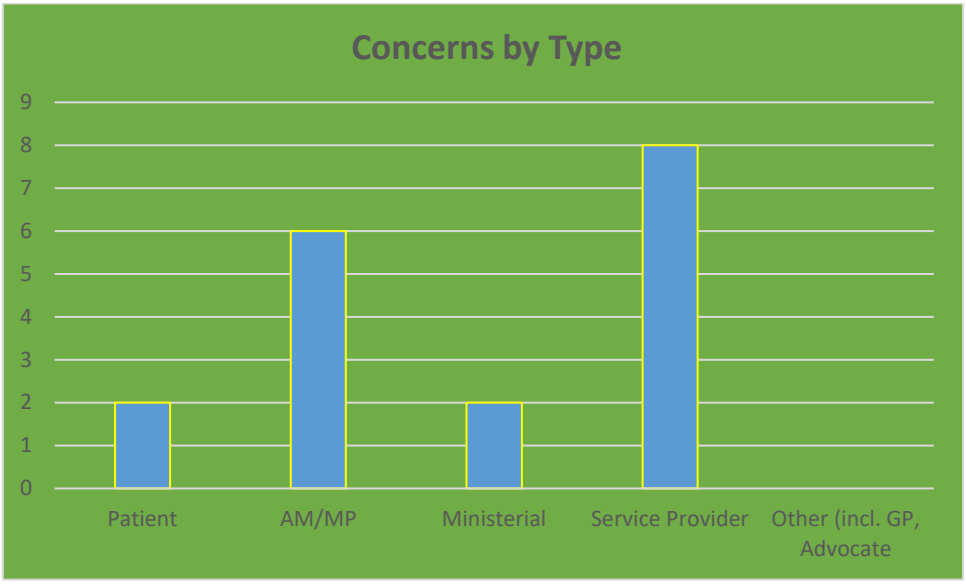
The QPS Committee goes from strength to strength, and Independent Members from each of the LHBs attend meetings alongside Community Health Council representatives who provide guidance and scrutiny.

7. CONCERNS

Concerns are comprised of the reports of incidents, complaints and claims received by WHSSC. WHSSC collates a range of complaints information that directly or indirectly relates to WHSSC commissioned services. For example, we routinely store case information shared with us by the Public Services Ombudsman for Wales (PSOW) about complaints made regarding providers and/or WHSSC itself. We also collate complaints about providers made, in the first instance, to providers or other commissioners. Work is on-going in this area and WHSSC will continue to work with providers in order to ensure embedding of such an indicator in the Quality Assurance Framework.

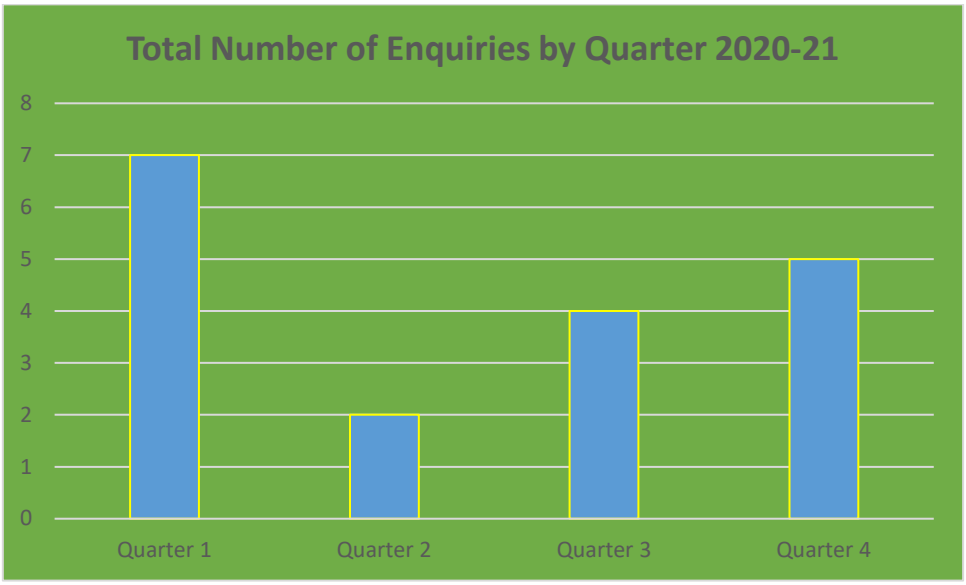
WHSSC works with the LHBs in the management of concerns to ensure that service users and patients, who notify either the LHB or WHSSC, are provided with a detailed response. Concerns are dealt with in line with the all-Wales Putting Things Right arrangements and in line with the WHSSC Concerns Protocol.

During the course of 2020-21, WHSSC received a total of 18 concerns/enquiries. Concerns were raised by a variety of sources and were broken down as follows:

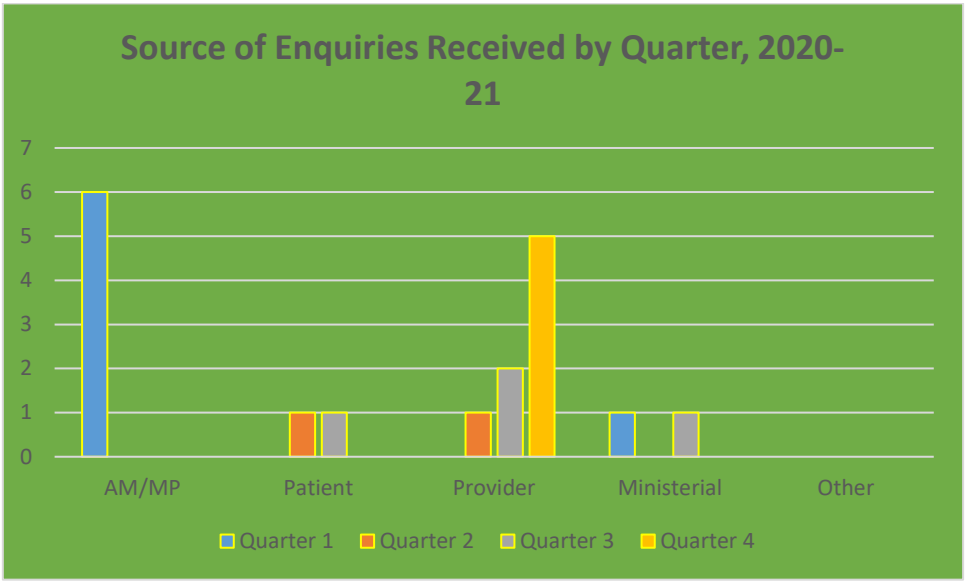


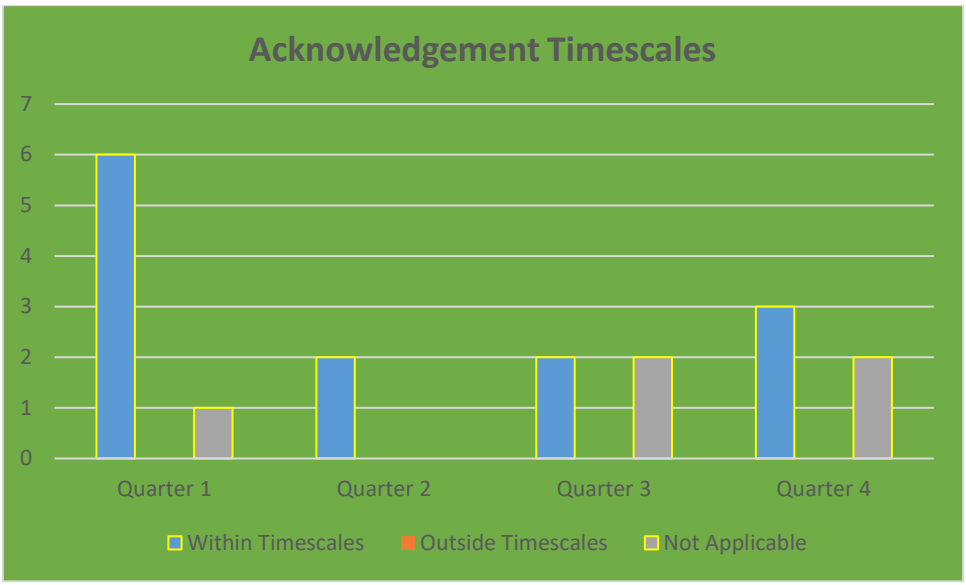
Of the 18 concerns/enquiries raised during the period 2020-21, none were acknowledged outside the predetermined timescale of 2 working days. 100%[2] of all concerns received in 2020-21 received a final response within the required timescale of 30 working days.

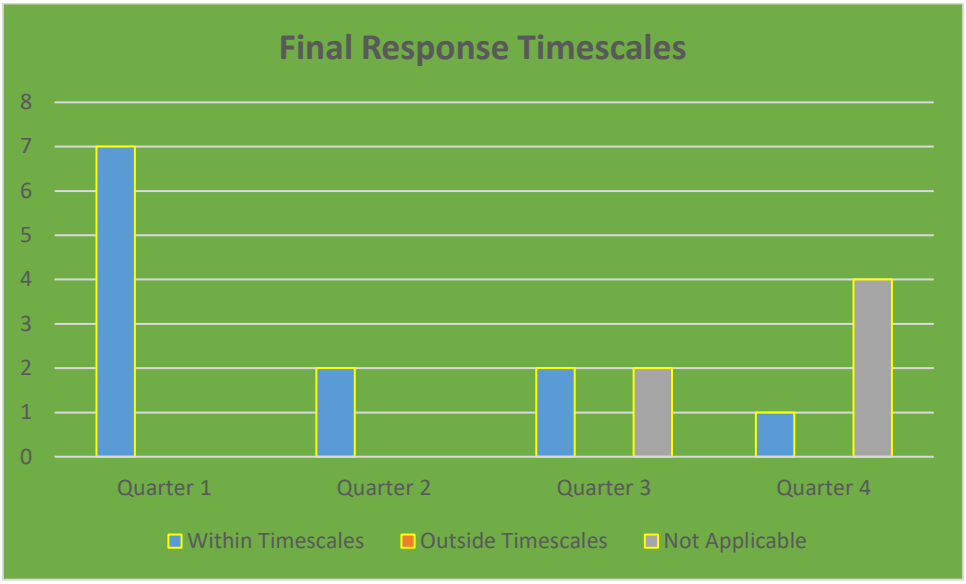
The charts below provide an illustration of this information:



[2] At the time of writing, 2 enquiries are open but remain within timescales.


Source of Enquiries Received by Quarter, 2020-21
7
6
5
4
3
2
1
0
AM/MP
Patient
Provider
Ministerial
Other
Quarter 1
Quarter 2
Quarter 3
Quarter 4


Acknowledgement Timescales
7
6
5
4
3
2
1
0
Quarter 1
Quarter 2
Quarter 3
Quarter 4
Within Timescales
Outside Timescales
Not Applicable



8. *CORPORATE RISK AND ASSURANCE FRAMEWORK*

Understanding the risks faced by WHSSC is crucial if informed commissioning decisions are to be made, and safe, sustainable specialised services are to be secured for the people of Wales.

8.1 The Risk and Assurance Framework

Risk management (for risks other than health and safety) is embedded in the activities of WHSSC through the WHSSC Risk Management Framework and associated operating procedures.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC's approach to the identification and management of strategic risks. The framework is subject to continuous review by the Executive Director lead, Corporate Directors Group Board, Internal Risk Group, Joint Committee and joint sub-committees.

WHSSC's capacity to manage risk is set out in Section 4 of the Annual Governance Statement. The latest version of the Annual Governance Statement can be found via the link in section 9.1 below.

9 CORPORATE GOVERNANCE & FINANCIAL POSITION

In this section you will find the following:

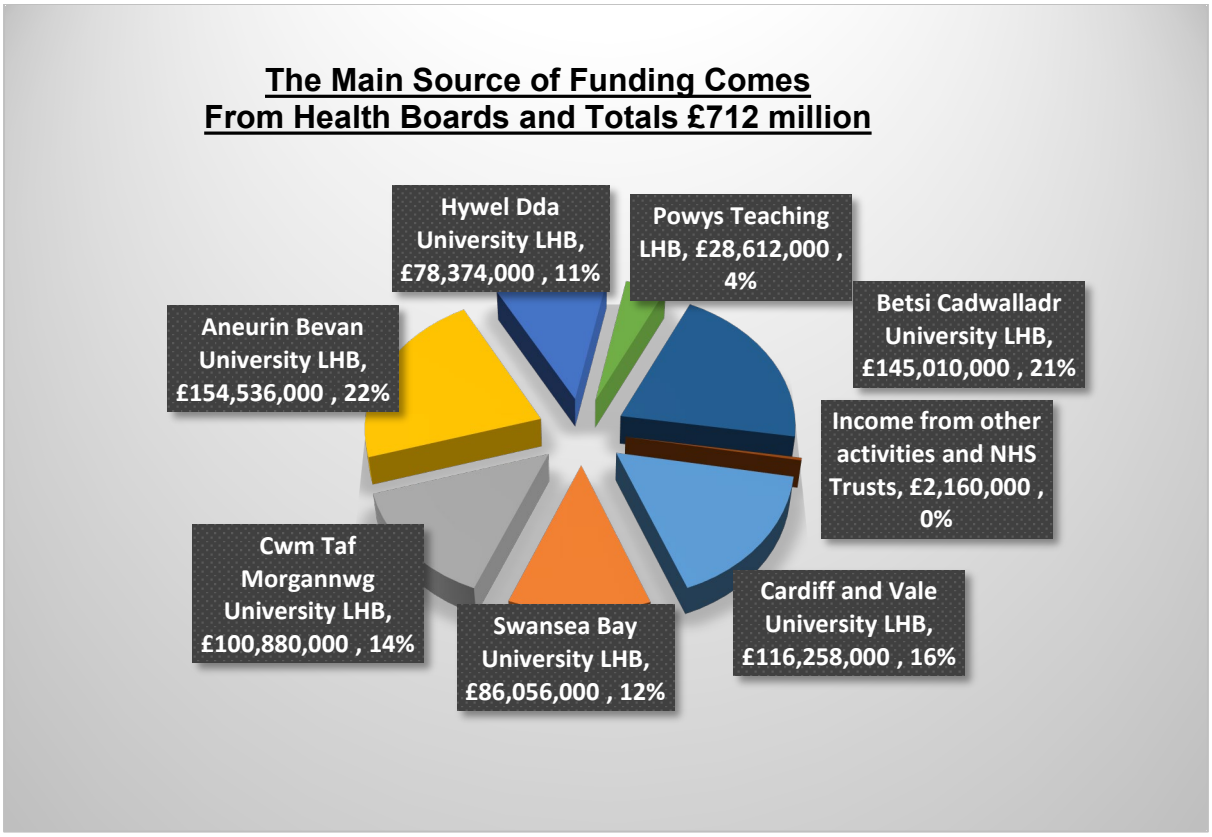
- A link to the Annual Governance Statement
- Summary of Financial Position for the year ended 31 March 2021.

9.1 Annual Governance Statement (AGS)

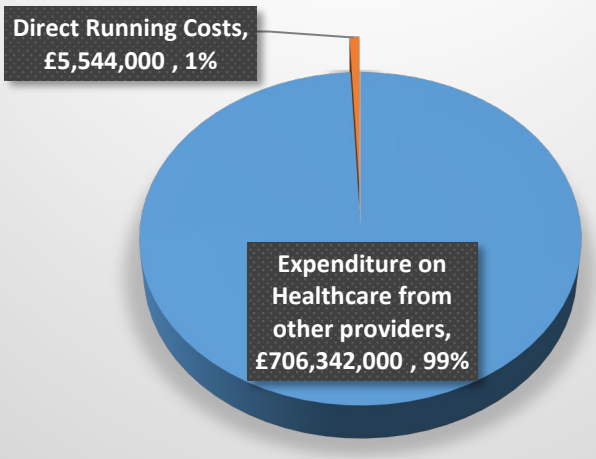
The AGS is a document explaining the processes and the procedures in place to enable WHSSC to carry out its functions effectively. The latest version of the AGS can be found in the publications section of the WHSSC website at: https://whssc.nhs.wales/publications/governance/

9.2 Summary of Financial Position

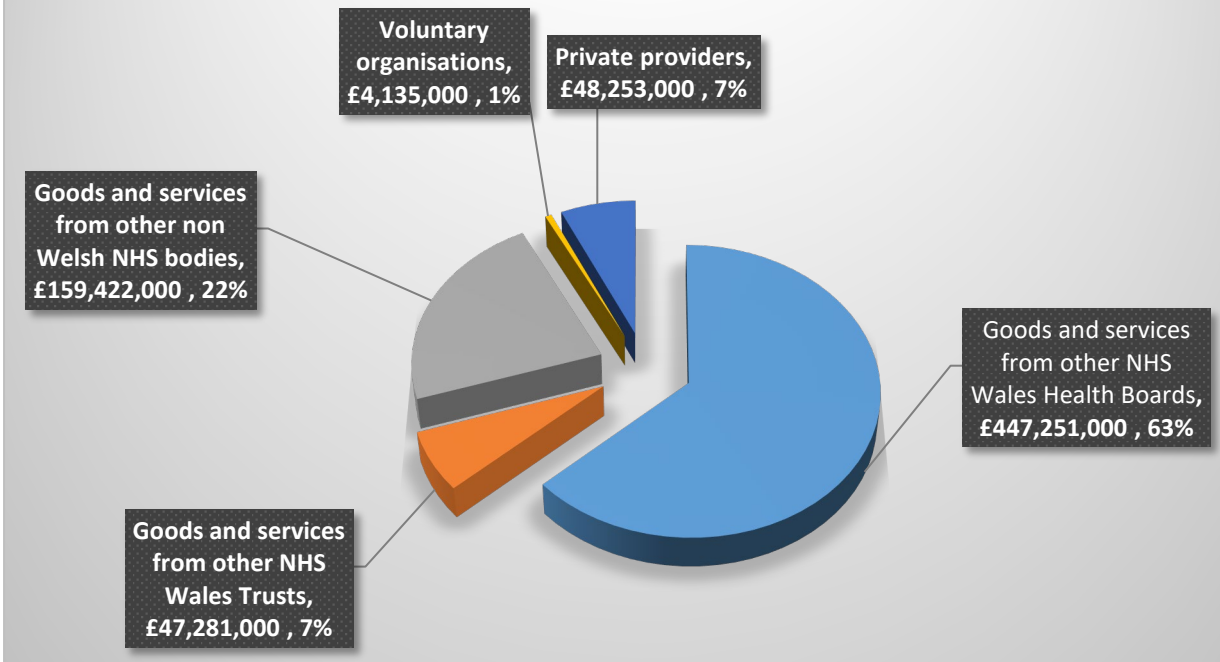
The WHSSC Summary Financial Position 2020-21 is set out in the charts below:



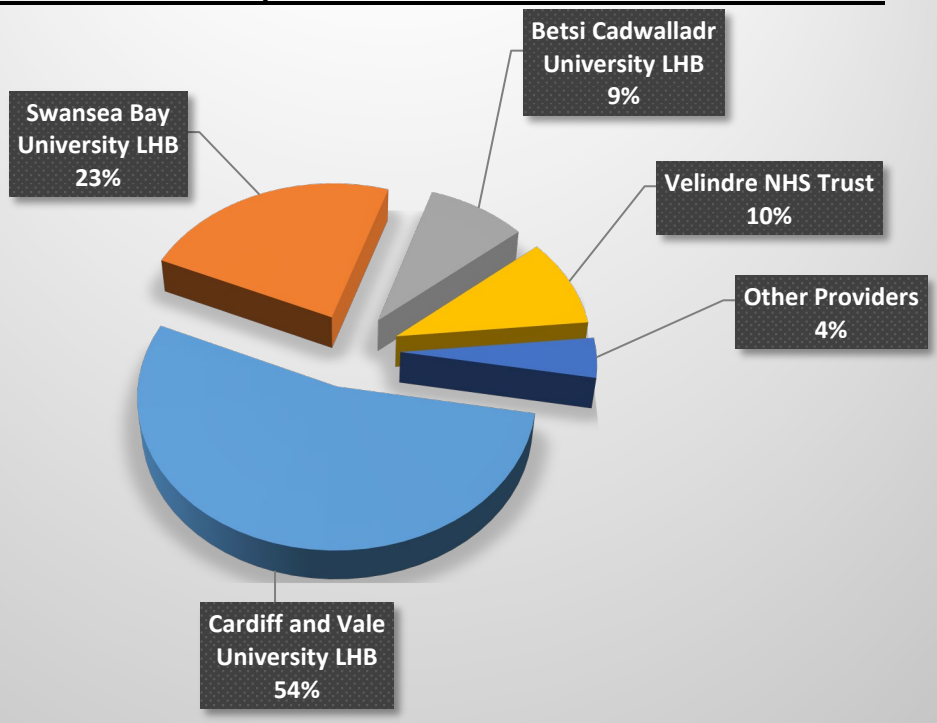
The Operating Costs of WHSSC were £712 million



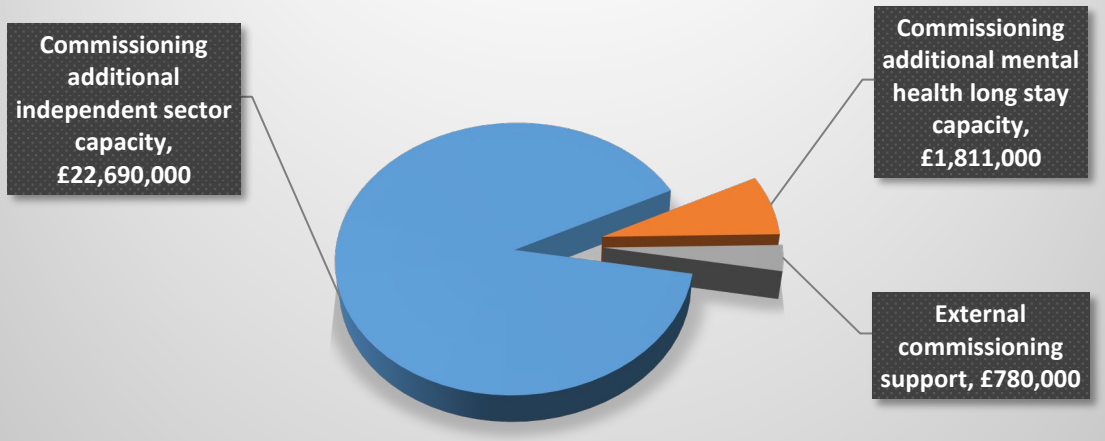
Expenditure on Healthcare From Other Providers



WHSSC Spent £494.532m on Specialist Services Provided Within Wales



WHSSC Spent £25.281m supporting the COVID-19 pandemic effort



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

Appendix 2

WHSSC JOINT COMMITTEE
FORWARD WORK PROGRAMME – SEPTEMBER 2021

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
07 September 2021	Declarations of Interest Minutes Action Log	Commissioner Assurance Framework (CAF)	Report from the Chair Report from the Managing Director COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters	Reports from the Joint Sub-Committees - Audit and Risk Committee Highlight Report - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - Welsh Renal Clinical Network

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
09 November 2021	Declarations of Interest Minutes Action Log	Integrated Commissioning Plan (ICP) 2022-25 Corporate Risk Assurance Framework (CRAF)	Report from the Chair Report from the Managing Director COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters	Reports from the Joint Sub-Committees - Audit and Risk Committee Highlight Report - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - Welsh Renal Clinical Network

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
18 January 2022	Declarations of Interest Minutes Action Log	Action Plan from the WHSSC Audit Wales Governance Review WHSSC Specialised Services Strategy 2022-2025	Report from the Chair Report from the Managing Director COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters	Reports from the Joint Sub-Committees - Audit and Risk Committee Highlight Report - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - Welsh Renal Clinical Network

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
15 March 2022	Declarations of Interest Minutes Action Log JC Annual Cycle of Business 2022-23	Corporate Risk Assurance Framework (CRAF)	Report from the Chair Report from the Managing Director COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters	Reports from the Joint Sub-Committees - Audit and Risk Committee Highlight Report - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - Welsh Renal Clinical Network

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
10 May 2022	Declarations of Interest Minutes Action Log	Annual self-assessment – Health and Care Standards Annual Review of Committee Effectiveness 2021- 2022 Joint Committee Assurance Framework (JAF) Corporate Risk Assurance Framework (CRAF)	Report from the Chair Report from the Managing Director COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters	Reports from the Joint Sub-Committees - Audit and Risk Committee Highlight Report - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - Welsh Renal Clinical Network Annual Report 2021-2022 Sub – Committee Annual Reports 2021-2022

Items to be added 2022

- Risk Management Strategy – review annually
- Learning Disability Advisory Group – disestablishment
- Annual review of SO's, SFI's, MOA and hosting agreement
- Annual Governance Statement 2021-2022 (incl DOI's, gifts, hospitality and sponsorship)
- Terms of Reference of the sub-committees
- CRAF – every 6 months
- Action plan – Audit Wales Governance report – July 2022?
- Review of Standing Orders - September

CTMUHB Audit and Risk Committee – Part 2
Assurance Report

Reporting Committee	**CTMUHB Audit and Risk Committee – Part 2**
Chaired by	**Patsy Roseblade, Chair of CTMUHB Audit and Risk Committee**
In attendance for WHSSC	**Ian Wells, WHSSC IM – Audit Lead** **Stuart Davies, Director of Finance & Information** **Jacqui Evans, Committee Secretary**
Date of Meeting	**17 August**
Report Author	**Committee Secretary**

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

The CTMUHB Audit & Risk Committee (ARC) provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations. The Memorandum of Agreement states that the Audit Lead will provide reports to the Joint Committee following the Host Audit & Risk Committee meetings. This assurance report sets out the key areas of discussion and decision.

1. WHSSC Corporate Risk and Assurance Framework (CRAF)

The Committee received the WHSSC Corporate Risk and Assurance Framework (CRAF) and Jacqui Evans (JE), WHSSC Committee Secretary gave an update on the Corporate Risk and Assurance Framework (CRAF) and members noted that:

- WHSSC had revised its approach to assurance and risk management in April 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB,
- An update on progress to develop the CRAF was provided to the ARC on the 9 June 2021,
- Following the development of the CRAF and new risk management strategy, a risk management workshop will be undertaken with the Corporate Directors Group on the 16 September 2021, which will:
    - review the existing risks and continue to validate the scoring,
    - identify potential additional corporate and operational risks,
    - review the risks in the context of the COVID-19 pandemic,
    - horizon scan for potential future risks,
    - consider the feedback received from the Audit & Risk Committee and our Integrated Governance Committee on progress being made in managing risks

- The updated CRAF, including the full risk register will be presented to the CTMUHB Audit and Risk Committee and the Joint Committee in Autumn 2021,
- The risk profile for WHSSC as at July 2021 outlined 25 risks scoring 15 and above on the CRAF.

The Committee **discussed** and **noted** the report.

2. Internal Audit Recommendations Tracker

The Committee received the Internal Audit Recommendations Tracker and Stuart Davies (SD), Director of Finance & Information gave a progress report on the implementation of internal audit recommendations and members noted that since 2018 8 reports have been issued, 21 recommendations have been made, 19 recommendations have been achieved and 2 recommendations are outstanding, which have not yet reached their due date.

The Committee **noted** the report.

3. WHSSC Governance and Accountability Framework

The Committee received the WHSSC Governance and Accountability Framework report and JE gave an update on progress to develop the WHSSC governance framework in accordance with the hosting agreement, and members noted that that:

- the Minister for Health & Social Services issued updated model Standing Orders (SO's) for NHS Bodies in Wales in April 2021, including updated model SO's for WHSSC,
- the WHSSC SO's, Standing Financial Instructions (SFI's), Memorandum of Agreement (MoA) and Hosting Agreement have been updated and were approved by the Joint Committee on the 13 July 2021,
- The MoA and hosting agreement have been signed by each CEO and issued to the Health Boards for inclusion as schedule 4.1 in their own respective SO's and they have been published on the WHSSC website

The Committee **noted** the report.

4. Internal/External Audit Reviews

4.1 Report – WHSSC Cancer and Blood Services

The Committee received the internal audit report concerning Cancer and Blood Services at WHSSC, and Paul Dalton, Internal Audit Lead presented the report and advised that the audit had evaluated and determined the adequacy of the systems and controls in place for the Cancer and Blood Programme. The audit found that the Cancer and Blood programme of services has robust governance arrangements in place which have continued to operate throughout the COVID-19 pandemic, and there are clear formal reporting lines up to the Joint Committee, and was given a "substantial assurance" assessment rating.

The Committee **noted** the report.

4.2 Audit Wales Report – "WHSSC Committee Governance Arrangements"

The Committee received the Audit Wales report "Committee Governance Arrangements at WHSSC" and Urvisha Perez, Audit Wales lead gave an update on the work undertaken as part of the audit. Members noted:

- The Audit Wales review into "Committee Governance arrangements at WHSSC"[1] was undertaken between March and July 2020, and a survey was issued to all Health Boards and the fieldwork concluded in October 2020,
- The findings were published in May 2021 in the Audit Wales report "Welsh Health Specialised Services Committee Governance Arrangements",
- The report outlined 4 recommendations for WHSSC and 3 recommendations for Welsh Government,
- The management responses from WHSSC and Welsh Government were considered at the JC meeting held on the 13 July 2021 which included a letter from Dr Andrew Goodall, Director General Health & Social Services/ NHS Wales Chief executive to Mr Adrian Crompton, Auditor General for Wales outlining the Welsh Government management response.

Members **noted** the report and **noted** that the Joint Committee had agreed that progress against the recommendations be monitored through the WHSSC Integrated Governance Committee (IGC), with a full update going to Joint Committee in January 2022. It was agreed that the ARC will receive regular updates on progress via the audit tracker report.

Matters referred to other Committees	
None	
Date of next scheduled meeting	4 October 2021

[1] Welsh Health Specialised Services Committee Governance Arrangements (audit.wales)

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 15 JULY 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 received an update on progress against the action log and **noted** the updates.

3. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- All Wales Positron Emission Tomography (PET) Programme Business Case,
- Ty Llidiard Escalation Review,
- Status Report on Annual Audit of Accounts 2020-2021

4. Funding Release for the Sustainability of the Medical Workforce for the Neuropsychiatry Service (Phase 1)

Members received a report requesting approval for the release of funding to implement (Integrated Commissioning Plan (ICP) 2021-22) to appoint a second Neuropsychiatry Consultant for the All Wales Neuropsychiatry Service to address the immediate fragility of the service to ensure sustainability, and improve patient outcomes. This scheme is phase 1 of the five year plan for the service. Members noted that the scheme was prioritised by the WHSSC Clinical Impact Assessment Group (CIAG) and received the fourth highest score across all the schemes.

Members (1) **approved** the release of funding for the appointment of an additional Consultant Neuropsychiatrist for the Welsh Neuropsychiatry Service; and (2) **noted** that this was phase 1 of a 5 year plan and that a

phase 2 scheme will be submitted to the WHSSC Clinical Impact Assessment Group (CIAG) Prioritisation Process ICP 2022-2025.

5. Funding Release for Implementation of 2021-22 Paediatric Rheumatology – Phase 2

Members received a report requesting support for the release of funding to enable implementation of the 2021-22 ICP scheme for the development of the Paediatric Rheumatology service in south Wales.

Members (1) **noted** the implementation of phase 1 of the Paediatric Rheumatology scheme, (2) **supported** the release of funding for approval by Management Group for the ICP scheme for the development of paediatric Rheumatology services in south Wales; and (3) **noted** that the requested funding is within the provision made for paediatric rheumatology within the ICP 2021-24.

6. Sustainability of South Wales Paediatric Neurology – Funding Release for Implementation of 2021-22 ICP scheme

Members received a report requesting support for the release of funding to enable implementation of the 2021-22 ICP scheme for the sustainability of paediatric neurology services in south Wales.

Members (1) **supported** the release of funding over two phases; (2) **supported** the release of funding for approval by Management Group for the ICP scheme for the sustainability of paediatric neurology services in south Wales; and (3) **noted** that the requested funding is within the provision made for paediatric neurology within the ICP 2021-24.

7. Clinical Impact Assessment Group (CIAG) Funding 2021-22

Members received a report outlining the process for the allocation of funding related to the 2021-22 Clinical Impact Assessment Group (CIAG) schemes identified within the £1.5m agreed by Joint Committee within the plan. Which:

- Offered a reminder of the CIAG process and initial financial assessment,
- Outlined the initial profiling of the schemes,
- Demonstrated how these were further profiled against potential in year risks,
- Specifically outlined how the £1.5m will be allocated

Members **discussed** their understanding of the £1.5 million scheme, the mid-year and full year effect and recurrent funding requirements. Members received assurance that each scheme would be considered on a scheme by scheme basis and that the correct governance processes had been followed. Members **noted** that:

- the CIAG prioritisation day to inform the 2021-22 Integrated Commissioning Plan took place on 8 October 2020,
- members of the management group received a presentation on the ICP on the 21 January 2021,

- On the 16 February 2021, the Joint Committee noted that the ICP had been through comprehensive and robust development procedures, including horizon scanning, the CIAG Prioritisation Process and Management Group's scrutiny and their resulting recommendations coupled with consideration of the key strategic priorities for WHSSC for 2021-22. The Joint Committee approved the ICP for Specialised Services for 2021-22, subject to the strengthening of section 9 of the ICP,
- On the 9 March 2021 the Joint Committee received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.

Some Members requested time to seek clarification on funding agreements for the ICP plan with their respective finance teams, and agreed to confirm the position to WHSSC by 12 noon on Wednesday 21 July 2021. Members **noted** that the Managing Director would issue a guidance note to members to support their understanding of the process.

Members **noted** the report as the basis for funding releases that will follow.

8. Inherited Cardiac Conditions

Members received a report requesting approval for the release of funding to enable implementation of the 2021-22 ICP Scheme for Inherited Cardiac Conditions (ICC). This investment will enable the continued funding for the South West Wales Inherited Cardiac Conditions service following the end of 2 year British Heart Foundation funding and to ensure ongoing sustainability of the service, reducing inequity. The requested funding is within the provision made for ICC in the ICP 2021-22.

Members (1) **approved** the release of funding for the ICP Scheme for Inherited Cardiac Conditions Screening Service in South West Wales, (pending receipt of confirmation from individual Health Board finance teams on the ICP allocation by 12 noon 21 July 2021); and (2) **noted** that the requested funding was within the provision made for ICC in the ICP 2021-24.

9. Sarcoma Radiology Funding Release

Members received a report requesting support for the release of funding to enable implementation of the 2021-22 ICP scheme for the sustainability of radiology support for the south Wales soft tissue sarcoma MDT. This scheme was prioritised below the line for full funding in 2021-22. However, it is proposed that in view of the relatively small investment required for this scheme and its highly specific focus on radiology sustainability (without scope for phasing), funding is released for the full value of the scheme.

Members (1) **supported** the release of funding for the ICP scheme for the sustainability of radiology support for the south Wales soft tissue

sarcoma MDT (pending receipt of confirmation from individual Health Board finance teams on the ICP allocation by 12 noon 21 July 2021); and (2) **noted** that the requested funding is within the provision made for sarcoma within the ICP 2021-22.

10. Welsh Gender Service Funding Release

Members received a report requesting approval for the release of funding to enable implementation of the 2021-22 ICP Scheme for the All Wales Welsh Gender Service (WGS). The Welsh Gender Team has proposed a 3 year, phased investment to meet growing demand and develop the service towards a sustainable model:

- Phase 1 will focus on increasing capacity and volume of activity for new first appointments through the permanent recruitment of additional Gender Specialists and developing local expertise of trans and gender diverse healthcare through training, development and shadowing opportunities for staff based in Health Boards across Wales;
- Phase 2 will focus on increasing follow up capacity and developing a satellite clinic in North Wales; and
- Phase 3 will uplift the clinical workforce establishment to sustain the Welsh Gender Service and implementation of local hubs in Health Board's across Wales to provide an All Wales Gender Identity Clinic service.

The report requested approval to release funding for phase 1 of the scheme.

Members **approved** the release of funding for phase 1 of the Welsh Gender Service Scheme submitted to the ICP Prioritisation process for 2021- 22 (pending receipt of confirmation from individual Health Board finance teams on the ICP allocation by 12 noon 21 July 2021).

11. COVID-19 Activity Report for Month 2 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases were shown in the context of the potential risk regarding patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members **noted** the report.

12. Financial Performance Report - Month 3 2021-22

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 reported at Month 3 for WHSSC is a year-end outturn under spend of £4,237k.

The majority of this under spend relates to the English SLA forecast underspend which reflects the difference between the plan baseline and

the agreed blocks for Q1 & Q2, 2020-21 reserve releases and development slippage. There is a partial offset with the over spend in Independent Patient Funding Requests (IPFR's) and Mental Health that includes high Children and Adolescent Mental Health Services (CAMHS) out of area assessment (OOA) activity and an exceptional high cost medium secure patient.

Members **noted** the report.

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

CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 19 AUGUST 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 received an update on progress against the action log and **noted** the updates.

3. Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- A Funding Release Process for Medium Risk Scheme in 2021-2022 Integrated Commissioning Plan (ICP),
- WHSSC Cancer & Blood Programme Internal Audit report, which received a substantial assurance assessment rating,
- Ty Llidiard Escalation Review,
- The commissioning of Cardiac services

4. Clinical Impact Assessment Group (CIAG)

Members received an informative presentation on the Clinical Impact Assessment Group (CIAG) prioritisation process held on the 3 August 2021 and plans to develop the Integrated Commissioning Plan (ICP) 2022-2023. Members noted that 20 schemes had been considered, with a cumulative financial value of £2.8 million, that Welsh Government's (WGs) Planning framework had not yet been published, and that the draft ICP would be presented to the Management Group on the 21 October and to the Joint Committee for final approval on the 9 November 2020, prior to submission to WG.

Members **noted** the update.

5. Review of Neonatal Cot Capacity and Neonatal Tariff

Members received a report proposing that a review is undertaken into Neonatal Cot Capacity and the Neonatal Tariff. Members noted that:

- The review of neonatal transport involving Dr Grenville Fox, Consultant Neonatologist, Guys & St Thomas, London, recommended a review of cot capacity in light of the high number of capacity transfers carried out by the transport team,
- The Maternity and Neonatal Network have recently undertaken peer reviews of the units across south Wales and have recommended that there is a shortfall in varying posts across the units,
- NHS England have recently undertaken a Review of Neonatal Critical Care and have published the 'Implementing the Recommendations of the Neonatal Critical Transformation Review',
- The neonatal tariff was introduced in February 2017 and baselines were set using three year activity levels up until March 2015. Since the introduction of the tariff and the setting of the baselines there has been no review of activity,
- The WHSSC ICP 2021-2024 identified neonatal capacity as a strategic priority that would require a specific programme of work to complete. The Women and Children's Commissioning Team proposed that a review of cot capacity, cot configuration and the neonatal tariff was undertaken in 2021-2022 in order to inform the 2022-2025 WHSSC ICP that will be submitted to WG in December 2021.

Members **supported** the proposed programme of works; the objectives of the review; the planned methodology for demand and capacity modelling and the timelines for completion of review.

6. Funding Release for Implementation of 2021-22 Adult Home Care Parenteral Nutrition (HPN) Service

Members received a report request support for the release of funding to enable implementation of the 2021-2022 ICP scheme for the Home Parenteral Nutrition (HPN) service. Members noted that:

- the HPN service was prioritised for investment in the CIAG process undertaken in 2020, in order to inform the ICP for 2021-2022,
- A detailed business case had been devised which includes funding to support the surgical element of the HPN service, appropriate resourcing for the pharmacy element, a 7 day nursing service, the development of an outreach service to other HB's to improve quality of care whilst waiting for admission to UHW and clinical advice to support other HB's.

Members (1) **noted** the report; and (2) **supported** the release of funding for the HPN service, which was approved within the 2021-2022 Integrated Commissioning Plan (ICP).

7. Commissioning Arrangements for GammaCore for the Treatment of Chronic or Episodic Cluster Headaches

Members received a report providing an update on progress to commission gammaCore for the treatment of chronic or episodic cluster headaches.

Members **noted** that:

- gammacore had been prioritised for investment in the 2021-2024 ICP prioritisation process,
- The use of gammaCore is included in the NHS England MedTech Funding Mandate,
- A Policy Position (PP220) setting out the inclusion criteria for the use of gammaCore has been developed by the WHSS team,
- Neurologists in South Wales are already prescribing gammaCore through their Health Board (HB) Independent Patient Funding Request Process (IPFR) process. The current agreement in place is that the company fund the first 3 month "trial period" with the HBs picking up the costs if the patient is considered to have benefited from the treatment.

Members (1) **noted** the information in the report; and (2) **supported** the following recommendation that the commissioning of gammaCore to remain with HBs supported by the implementation of the Policy Position developed by WHSSC; and that WHSSC undertake a stakeholder consultation exercise on the draft policy position on behalf of the HBs.

8. Impact on WHSSC Commissioned Specialised Services of SBUHB's Engagement on Service Reconfiguration

Members received an update report and presentation on progress made by SBUHB since the finalisation of the HBs Annual Plan on developing the engagement document, timeline and supporting engagement process for the "Changing for the Future" engagement process to consult stakeholders on plans for changing urgent and planned care services across SBUHB post COVID-19. Members noted the updates, the associated timeline and that the process had been agreed with the Swansea Bay Community Health Council (CHC).

Members **noted** the report.

9. Forensic Adolescent Consultation and Treatment Service (FACTS) Update

Members received a report providing an update on the Forensic Adolescent Consultation and Treatment Service (FACTS) and which sought support to transfer funding for the community element of the service from WG to WHSSC, joining up services for some of the most vulnerable children in Wales.

Members noted that:

- A new service specification outlining 'Core FACTS' is in development, co-produced by WHSSC and the FACTS Team,

- FACTS in the Community (Youth Offending Teams/YOTS) is currently funded by WG but has never been formally "commissioned". The FACTS team recently worked with the YOTS to develop a document outlining the referral pathway and access criteria for this element which has been accepted in principle by policy colleagues in WG,
- FACTS In-reach to HMP YOI Parc was provided when additional recurrent funding was provided by WG in 2016 to extend the in reach of FACTS into HMP YOI Parc through additional nursing and a psychology input to create a multi-disciplinary team. Separate to this service and from November 2021, CTMUHB will provide all primary, secondary and community care into HMP YOI Parc, including Child and Adolescent Mental Health Services (CAMHS),
- A strategic review identified a gap in service for vulnerable children based at Hillside Secure Children's Home.

Members (1) **noted** the information presented within the report; (2) **supported** in principle the transfer of funding from Welsh Government to WHSSC for the community element of the service (Youth Offending Teams); (3) **supported** the inclusion of the community element in the FACTS Service Specification and Access Policy.

10. Update on Cochlear Implant and Baha® Services

Members received a report providing an update on the Cochlear Implant and Baha® service and the next steps in respect to the future configuration of the tertiary auditory services.

Members noted that there is opportunity to consider the optimum service model for this patient group and it is proposed that the outstanding work is progressed through a series of engagement workshops to commence in September 2021 with a view to undertaking a full consultation exercise in 2022.

Members (1) **Noted** the delay in the intended engagement and consultation process; (2) **Agreed** that the work outlined in the report was required prior to moving towards any formal engagement and consultation; and (3) **Considered** the timescales set

11. Revised Mental Health Specialised Services Strategy Programme Structure

Members received a report providing an overview of the programme structure for the development of a 5 year specialised services mental health strategy for Wales.

Members noted the proposed programme structure for the development of a 5 year specialist mental health strategy for the people of Wales and the associated delivery plan.

Members **noted** the report.

12. Strategic Outline Case - Development of a Single South Wales Thoracic Surgery Centre at Morriston Hospital
Members received an update on the Strategic Outline Business Case (SOC) to develop a single South Wales Thoracic Surgery Centre at Morriston Hospital.

Members noted the case for change and that a report would be presented to a future meeting for consideration.

Members **noted** the report.

13. Major Trauma
Members received an update report on the current activity and performance of the Major Trauma Network.

Members noted the requests being made by the network to address the identified risks and the use of current resources within the network.

Members (1) **Discussed** the issues in the report; (2) **agreed** to update the relevant HHB Joint Committee Chief Executive prior to a discussion on risk and investment requests at Joint Committee in September; and (3) **Noted** that following the Joint Committee discussion any agreed investments will be included in the ICP for 2022-25.

14. Policy Report
Members received a report which provided an update on activity and output from the WHSSC Policy Group during quarter 2 May 2021 – July 2021, and an overview of the WHSSC policies and service specifications that had been published during the current financial year and the rationale for their development.

Members **noted** the report.

15. COVID-19 Activity Report for Month 3 2021-2022
Members received a report highlighting the scale of the decrease in activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members noted the decrease in activity during the peak COVID-19 periods, which informed the level of potential harms to specialised services patients, the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, recovery rates, and access comparisons across HBs.

Members **noted** the report.

16. Financial Performance Report - Month 4 2021-22
Members received the Financial Performance Report for Month 4 which provided the current financial position of WHSSC together with the

outturn forecast for the financial year. The financial position reported at Month 4 for WHSSC was a year-end outturn under spend of £4,804k.

Members **noted** that the under spend predominantly relates to the English SLAs block framework and releasable reserves from 2020-2021 provisions. There is a partial cost pressure offset with the over spend in Independent Patient Funding Requests (IPFR's) and Mental Health that includes high Children and Adolescent Mental Health Services (CAMHS) out of area assessment (OOA) activity and complex Learning Disability (LD) patient placements.

Members **noted** the current financial position and forecast year-end position.

WHSSC Joint Committee
07 September 2021
Agenda Item 3.4(iii)

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Ceri Phillips**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**10 August**

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

- **Update from the Welsh Renal Clinical Network**

The report from the Welsh Clinical Renal Network was received and considered. The Network Lead highlighted the National Renal Audit Day taking place on 24 September 2021 and extended an invitation to Members to attend if wished to do so. Members noted the Home Dialysis Peer Review completed in July 2021 and noted that the process had identified several areas of excellent performance in each of the 5 Renal Units reviews, as well as highlighting areas for improvement/action.

- **Presentation – QAIS – Summary of the Review of the NHS Wales CAMHS In-Patient Services Report**

Members received a presentation for information from Shane Mills, Director of Quality and Mental Health, NCCU who introduced slides on the following:

- Latest Benchmarking information for children and young people:
- Review of the two Tier 4 CAMHS Units that WHSSC commission:
- Review of designated beds for children and young people on adult wards requested by Welsh Government:
- Pandemic: Expected impact on Children and Young People's Mental Health:
- Actions; and
- Overview of the issues.

A copy of the review of designated beds for children and young people on adult wards report commissioned by Welsh Government is available to Joint Committee members upon request.

Members noted the increase in children with eating disorders and that WHSSC had undertaken a piece of work to understand the increase in demand, the outcome of which was being reviewed and would be reported back to the Committee in due course.

- **Patient Story – Rookwood Hospital Prosthetics Service**

Members received a patient story and update from Gwen Griffith, Prosthetist at C&VUHB and her patient DB who had been fitted with a microprocessor controlled

prosthetic knee (MPK) 3 years after having his leg amputated above the knee aged 59. Members agreed the impact on emotional health of the MPK recipient was unquantifiable and noted that financial impact should never be the most important consideration in such a situation.

- **Commissioning Assurance Framework**

Members received and considered the report the purpose of which was to present the Commissioning Assurance Framework and suite of documents prior to submission to the Joint Committee on 07 September 2021 for final approval It was noted that the Patient Engagement & Experience Framework had recently been discussed at Corporate Directors Group Board (CDGB) and following feedback the document would be strengthened to incorporate some additional information and that those minor amendments would be made prior to requesting final approval from Joint Committee in September 2021.

Members welcomed the inclusion of patient feedback and engagement in the CAF. Members were assured that whilst the CAF had a review date of 2024 it would be kept under constant review and updated as and when necessary.

- **Commissioning Team and 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 attached to this report. The key points for each service are summarised below:

- **Cancer & Blood**

Members received the Cancer & Blood report and noted the progress made.

- **Cardiac**

Members received an update on the Getting It Right First Time (GIRFT) review of cardiac services and noted that cardiac services in SBUHB had been escalated to Level 4 of the WHSSC escalation process and that Cardiac services in CVUHB had been escalated to Level 2.

Members discussed the report and noted that a report had been presented to the Joint Committee's "in committee" meeting on the 13 July 2021, and noted that reassurance had been provided to the Committee that a number of immediate actions had been taken, and that it had been agreed that progress on the recommendations made would be monitored through the Q&PS Committee.

- **Mental Health & Vulnerable Groups**

Members noted that Ty Llidiard had been escalated to Level 4, a joint decision taken by both the Health Board and WHSSC as Commissioner.

Members also noted that Cefn Carnau a low secure provision had served notice on a complex patient requiring a medium secure placement. Despite extensive searching by the Case Managers and the Health Board of residency supported by

QAIS a placement had yet to be secured. Ongoing work with providers such as Llanarth Court was in progress alongside the development of a possible bespoke placement.

Members noted that WHSSC had placements for two of the NHS Wales patients currently at the St Johns Priory Group being decommissioned on 31 August. The WHSS Team are waiting to confirm a placement for the third and the matter had been escalated to the Chief Executive Officers of the affected Health Boards including the need to have a contingency plan in place in case WHSSC were unable to place any of the patients. SL reported the WHSS Team were working with medium secure providers to develop an All Wales response to this situation. Members agreed an update on the St John's patients would be provided at the next meeting.

- **Neurosciences**

Members noted the Cochlear Implant Service risk score had been lowered from 25 to 16 and that a programme of work had been developed including work streams to define the scope of service change and undertake an option appraisal on the delivery of the service. Workshops would take place in September 2021 with a view to preparing and approving the relevant documentation by the end of 2021 and proceeding to consultation early 2022.

- **Women & Children**

Members noted the following:

- There are a number of fragile paediatric services in sub-specialty areas but that there was some recruitment funding available that would reduce some of the risks. WHSSC developing a paediatric specialist service strategy;
- Serious concerns around staffing in neonatal services as a result of absence from work, in particular as a result of staff being pinged by the NHS COVID app, which may be alleviated in October as newly qualified nurses take up their posts. NHS England similarly affected;
- A number of pregnant women delivering early as they have been admitted to hospital with COVID-19 and are in the unvaccinated community;
- An increase in the number of children in hospital with respiratory viruses, expected over winter but presenting earlier than anticipated.

- **Intestinal Failure**

Members noted WHSSC intended to undertake a review of intestinal failure services and that the WHSS Team had already engaged with the providers and the review was welcomed by all parties.

- **Other Reports received**

Members received reports on the following:

- **Services in Escalation Summary**
- **CRAF Risk Assurance Framework**
- **WHSSC Policy Group**
- **CQC/HIW Summary Update**

- **Incidents and Complaints Report**

- **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 13 July 2021;
- National Patient Safety Incident Reporting Policy – Implementation Group;
- National Framework for Managing Patient Safety Incidents following Nosocomial COVID-19;
- NHS Wales Quality Assurance Improvement Service 2021 9th Annual Position Statement 2020-2021;
- NHS Wales Executive Board – Duty of Quality and Candour; and
- Health Board QPS Leads Contacts

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

Cardiac Service – The GIRFT report and escalation of these services.
Ty Llidiard escalation to Level 4

Summary of services in Escalation (Appendix 1 attached)

Matters requiring Committee level consideration and/or approval

The Committee are asked to note the concerns raised regarding adult Cleft Lip and Palate Services and the actions requested.

Matters referred to other Committees

None

Confirmed Minutes for the meeting are available upon request

Date of next scheduled meeting:	12 October 2021

SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	• Medical workforce and shortages operational capacity • Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions	• QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision. • Participation in weekly bed management panel meeting • Environmental works complete. Unit currently able to accommodate full 12 bed establishment.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
March 2018 Sept 2020 June 2021	Ty Llidiard	CTMUHB	4	• Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance • SUI 11th September • Culture & Leadership issues raised by CTMUHB	• Concerns raised by CTMUHB re culture & leadership issues in the unit which were being investigated • Emergency Response to the unit remain outstanding from March 2018 • Paper to CDGB on 28th June 2021 decision made to escalate to level 4. Mr Stuart Davies identified as Executive Lead • Letter to Health Board explaining decision • Meeting with Health Board 12th July 2021 with agreed actions going forward • Letter from CEO CTMUHB with actions to be taken against 8 agreed action points • Letter from WG 9thJuly 2021 concerning Ty Llidiard	

					• Next escalation meeting 10th August 2021	
Date of Escalation	**Service**	**Provider**	**Level of Escalation**	**Reason for Escalation**	**Current Position**	**Movement from last month**
September 2019	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 audiology support from the Bridgend service.	• C&VUHB treating all patients • Interim CHC arrangements agreed • Following further discussions with WHSSC Corporate Directors, it was agreed that an initial key piece of work, which was started prior to the concerns raised about the Bridgend service should be re-established before the commencement of the engagement process. • It is anticipated that the first 2 workshops will take place in September. The aspiration is that documentation can be prepared and approved by the end of the calendar year, with a view to commencing consultation early 2022, subject to capacity within the Planning team.	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
February 2020	TAVI	SBUHB	2	• Quality and Patient Safety concerns due to the lack of assurance provided to the WHSS team regarding the actions taken by the HB to address 4 Serious Incidents relating to vascular complications.	• Action Plan completed • Service sustainability being monitored through the bi-monthly Risk, Assurance and Recovery meetings (next Meeting July 2021) • WHSSC Quality Team to monitor PROMS and PREMS on a quarterly basis	
July 2021	Cardiac Surgery	SBUHB	4	• Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review	• QPS agreed the monitoring arrangements in place, with 6 weekly meetings • Further discussions to be held with both South Wales centers regarding the future pathways for aorto-vascular cases	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	C&VUHB	2	• Lack of assurance regarding processes and patient flow which impact on patient experience	• C&VUHB in process of agreeing a Programme of improvement work to address the recommendations set out in the GIRFT report • Outline programmed to be shared with WHSSC • Bi- monthly meetings agreed for monitoring purposes	
September 2020	FACTS	CTMUHB	3	• Workforce issue	• 5 CQV meetings have now been held. Still waiting for substantive. Consultant Psychiatrist role to be advertised. Plans in place for all other roles. FACTS service specification is still in development. Next CQV meeting is planned for 2nd August.	

Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Level of escalation increasing / worsening position

Reporting Committee	**Integrated Governance Committee**
Chaired by	**WHSSC Chair**
Lead Executive Director	**Committee Secretary**
Date of last meeting	**10 August 2021**

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

10 August 2021

Due to the COVID-19 pandemic, the meeting was being held via MS Teams.

The main focus of the meeting was the 2020-21 Annual Committee Effectiveness Self-Assessment 2020-21.

The Annual Committee Effectiveness survey results for 2020-2021 were received and JE advised that to ensure effective governance the Committee Effectiveness Survey was undertaken on an annual basis, in accordance with the provisions of the WHSSC Standing Orders.

KE reflected on some of the feedback and highlighted the reference to quoracy.

Members noted the additional sources of information that provided assurance on the effectiveness of the committees, and that the Audit Wales tracker to monitor progress against the recommendation of the Audit Wales report "Committee Governance Arrangements at WHSSC" demonstrated that there were effective plans in place for tracking progress. IW suggested that the Audit Wales Tracker be more explicit as the current reference to executive leads was vague.

CP explained that as a new member he was assured that there had been positive progress made, however the report also suggested that more could be done to strengthen effectiveness further.

The IMs discussed the issues of the WHSSC IM tenure only being for a 2 year period, with no designated time commitment or remuneration being offered above what was already provided for within their Health Board commitments. IW queried whether this caused difficulty in terms of turnover. KE explained that the rationale was to ensure that no single Health Board dominated the Joint Committee representation. Members noted that historically some Health Boards had not volunteered IMs. KE explained that Q&PSC had representatives from each of the seven HBs but the time commitment for Q&PSC was less onerous.

After a lengthy discussion on the above issues, it was agreed that some important additions would be made to the report before submitting to Joint Committee in September for consideration.

The Corporate Risk and Assurance Framework (CRAF) was received and Karen Preece (KP) advised that as at July 2021 there were a total of 42 risks on the commissioning team risk registers, 25 of which scored 15 or above. The remaining 17 scored below 15 and these were being managed within the commissioning teams. Members noted that the planning team had recently undertaken a peer to peer challenge which had involved reviewing the risk scores across all of the commissioning risks.

Ian Wells (IW) commented that there had been some movement since the previous report and that some scores had reduced, which provided assurance that the risks were being managed. Members noted that some scores had also increased and an explanation had been provided in the narrative.

IW queried risk MH/21/02 and asked why the target score had reduced from 16 to 8. KP explained that the risk had reduced as a result of the peer challenge exercise which involved a review of the risk appetite. KP advised that in future the rationale for amending risk scores would be explained in the narrative of the report.

JE advised that the Risk Management Strategy referred to the need for WHSSC to develop a Joint Assurance Framework (JAF), which was similar to the equivalent of Board Assurance Framework (BAF) for Health Board's (HBs), and members noted that work was ongoing to develop the JAF.

Members noted that following the development of the CRAF and new risk management strategy, WHSSC will be holding a risk management workshop with the Corporate Directors Group on the 16 September 2021, which will:

- review the existing risks and continue to validate the scoring,
- identify potential additional corporate and operational risks,
- review the risks in the context of the COVID-19 pandemic,
- horizon scan for potential future risks,
- consider the feedback received from the CTMUHB Audit & Risk Committee on progress in managing risks

JE advised members that a highlight report would be presented to the Cwm Taf Audit & Risk Committee (ARC) on the 17 August 2021, instead of the usual table of Risks on a page, and that the full updated CRAF will then be presented to the would be presented to ARC in October 2021, and to Joint Committee in November 2021 following the risk workshop.

The Progress report on delivering the 2020-21 Integrated Commissioning Plan (ICP) was received and KP gave an update on delivery of last year's ICP plan. KP

advised that due to COVID-19 it had been a difficult year, however she was generally pleased with delivery of the schemes and the allocation for the new services which had been delivered.

KP explained that the Joint Committee had received a presentation on the IPC at its meeting in May 2021. Members noted that Welsh Government had not yet confirmed details for next year's plan.

The Chair commented that the report could be strengthened in places to provide a consistent view of the areas of work that had been completed, and to showcase some of the significant achievements made. The Chair requested that the document be updated and be brought back to the next meeting for assurance.

The report providing an update on the development of the Integrated Commissioning Plan (ICP) 2022-2021 was received and KP explained that the 3 year planning cycle would resume from next year. The ICP was scheduled to be finalised and signed off by the Joint Committee in November 2021, as this allowed Health Boards to carry forward the WHSSC position into their own plans which should be signed off in January 2022.

KP provided an update on the Clinical Impact Advisory Group (CIAG) prioritisation process and the Horizon Scanning day which had recently been undertaken and outlined the likely challenges as the financial elements would not be confirmed by Welsh Government until December 2021.

IW queried the next steps in the development of the ICP and queried the final deadline for Health Boards. KP advised that a draft ICP would be presented to the Management Group on the 21 October before the final version was presented to Joint Committee on the 9 November 2021.

Key risks and issues/matters of concern and any mitigating actions	
As recorded above	
Matters requiring Joint Committee level consideration and/or approval	
Approval of the revised Terms of Reference (attached)	
Matters referred to other Committees	
None	
Confirmed Minutes for IGC meetings are available on request	
Date of next meeting	12 October 2021

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 – 19/08/2021**

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

Due to the unavailability of the Chair, the IPFR Panel met on 4 occasions, out of a prospective 6, between 01 June – 31 August. There is currently no Vice Chair in place. Chairs action meetings were held to ensure that urgent requests were dealt with and that deadlines for turnaround were met.

The following table demonstrates the number of requests discussed by the AW IPFR Panel and approved and those requests taken as Chairs Actions in June and July 2021.

Chair Action meetings were held where the Chair or Vice Chair were unable to attend.

	Number of Requests discussed by IPFR Panel	Number of Requests taken as Chairs Action	Number of Requests APPROVED
June	5	14	12
July	6	10	11
August	11	0	3

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

All Wales IPFR Panel Quoracy

In line with the advice of the IPFR Quality Assurance Group, WHSSC has re-instated twice-monthly IPFR meetings via TEAMS since March 2021.

Quoracy consists of the Chair or Vice Chair and the representation of 5 of the 7 Health Boards where at least 3 members must be clinical.

It has been difficult for the Health Board representatives to attend the bi-monthly virtual Panel meetings. Cwm Taf Morgannwg University Health Board (CMTUHB) and Betsi Cadwaladr University Health Board (BCUHB) are yet to nominate a clinical representative to sit on the IPFR Panel so these Health Boards have not been represented except on those occasions, where to enable quoracy, the Pharmacy Advisor has stepped into represent the Health Board.

Pharmacy Advisors from CTMUHB and BCUHB attend Panels on a rotational basis but these members are not regarded normally as part of the quoracy.

Attendance has been inconsistent as certain Health Boards have sent a different person to each meeting. This has impacted on the consistency of discussion and decision making if a case has been deferred to the following Panel.

To try and address the issues around the lack of quoracy, individuals who were not in attendance have had to be contacted after the meeting to ensure that their opinion and ratification of Panel recommendations was obtained.

There have also been instances where meetings had to be cancelled as no Chair or Vice Chair available. The cancellation of these meetings resulted in decisions having to be made via Chair Actions to avoid breaching the turnaround times expected within the Policy.

The Vice Chair stepped down from his role in July 2021 and a potential replacement has been identified but they are yet to observe a Panel meeting or accept the position.

IPFR Quality report quarter April – June 2021

On 20 July the thirteenth IPFR Quality Assurance meeting was held. The panel considered one IPFR application randomly selected from each IPFR panel in Wales considered between April and June 2021. Using anonymised paperwork provided by the IPFR co-ordinator the group considered the reports in relation to their completeness, timeliness and efficiency of communication in line with the IPFR policy process. The following was reported:

- *The group noted that all criteria apart from one were met for the IPFR assessed and WHSSC are following the process as described in the IPFR Policy.*
- *There were very few issues raised with the application assessed for WHSSC. The application form had not been signed by the clinician. AWTTC were unable to establish if the form had been submitted from the clinician's NHS email address which is an acceptable proxy for signature. All other criteria were met and the documentation was clear and comprehensive. The group were pleased to note that WHSSC were managing to continue to maintain quoracy at panel meetings.*
- *The urgency stipulated was met in 85% of cases between April and June 2021, a slight increase from 83% in the previous quarter and a fall from 97% in the same quarter the previous year.*
- *A couple of minor redactions to remove patient identifiable information were required prior to the documents being sent out to the QA group members. The patient age was removed from part five of the application form and the record sheet.*

Explanation of points raised: • The age of the patient was not redacted as relevant to the policy position (the patient was a child). • The application form was not signed and did not come directly from the clinician email address as requests from Cardiff and Vale UHB often come through their Finance team as in this case. • Membership of this Panel was quorate for this meeting but quoracy has been an issue for other meetings.
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 are available on request.

Date of next meeting	02/09/2021

WHSSC Joint Committee
07 September 2021
Agenda Item 2.13(ii)

Reporting Committee	**Welsh Renal Clinical Network (WRCN)**
Chaired by	**Chair, Welsh Renal Clinical Network**
Lead Executive Director	**Director of Finance**
Date of last meeting	**04 August 2021**

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

- **Interim Chair arrangements and scope of report**

Confirmation has been received on 19 July 2021 that Mr Ian Phillips, Vice Chair, WHSSC will act as interim Chair for the Network for a period of 6 months. Two WRCN Board meetings have taken place since the retirement of Dr Donovan from the position of WRCN Chair. On 09 June 2021 under the Chairmanship of Kate Eden and on 04 August 2021 under the Chairmanship of Stuart Davies. This report reflects the key matters and decisions made of both Board meetings.

- **Project plan for improving uptake of home dialysis**

Following the appointment of Dr Helen Jefferies as Clinical Lead, Home Dialysis a high level project plan was presented to Board members. A key aspect of this work is the completion of a peer review of current home dialysis services in Wales. The peer review was completed in July 2021. Reports highlighting best practice and recommendations for service improvement are due to be issues to Health Board Chief Executives by 13 August 2021

- **Adoption of reference group terms of reference**

Two new groups have been established with terms of reference approved by the Board. The aim of both is to enhance collaborative working and improve governance arrangements across the network. The Clinical Reference Group will hold oversight responsibility for, development of service dashboards, data extraction requests relating to the central renal data management software, Vital Data and also approve any uploads onto the new WRCN website. The Directorate Managers group will strengthen the linkage between the strategic aims of the network and the operational implementation as well as improve communications and sharing of best practice.

- **National Collaborative Kidney Care Transformation Fund Programme**

The project team have confirmed that the merger of the two Vital Data systems into a single instance has been completed. This is a significant milestone in ensuring that data capture is consistent and analysis is meaningful to clinicians, providers and commissioners.
The roll-out of EPMA (Electronic Prescribing and Medicines Administration) is nearing completion with the final region, Cardiff and Vale anticipated to be live by August end.

- **PREMS(Patient Reported Experience Measures)**

Timeline agreed for regional services to review national PREM report and submit service improvement plan to WRCN QPS Group for oversight of implementation.

- **Renal Transplantation**

Welsh Government have formally adopted the UK wide Organ Donation and Transplantation 2030: Meeting the Need Strategy which sets out a vision for how the NHS will work together to raise donation rates, tackle inequality and increase organ utilisation across all organ groups. In Wales, renal transplantation activity level are recovering to pre-pandemic levels and use of innovations such as utilisation of Hepatitis C positive organs, with recipient patients being provided with effective treatment to eliminate infection and ANRP (Abdominal Normothermic Regional Profusion) technologies will contribute to achieving the aims of the strategy, but it is recognised that developing a timed patient 'work-up' pathway will be a critical tool in understanding in service development needs. This work is being taken forward under the Clinical Reference Group.

- **Annual Report (20-21)**

The annual report for the period 2020-21 was approved at WRCN Board on 04 August 2021 and submitted to Joint Committee for review and approval.

- **Prioritisation of Service Development Submissions**

All renal service development request submitted via the WHSSC CIAG process have been referred to the WRCN Board for prioritisation. It is anticipated that methodology aligned to the scoring principles of CIAG will be utilised to assess submissions and determine priorities.

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

- **Procurement Programme, SBUHB**

A significant procurement programme approved by Welsh Government in October 2020 to re-tender existing dialysis units, re-provide in-hospital dialysis machines and provide for two new expansion units has stalled. Main reasons for delay relate to agreement on the location of the new units, changes to the Directorate Management team and light touch approach to the management of the Project Board. An SBAR outlining the risks was developed by procurement colleagues and a meeting held (06 August 2021) between senior officers of the WRCN and the SBUHB renal Directorate to agree an action plan to re-set the Project Board to enable comprehensive oversight of issues and progress and ensure robust and timely decision making.

- **Vascular Access**

Issues relating to capacity to enable timely formation of vascular access for haemodialysis (HD) patients remains on the WRCN risk register. All areas saw a fall in definitive access for patients prior to commencement of HD during 2020 and corresponding falls in prevalent patients. An audit of vascular access services will be presented at the WRCN audit day on 24 September with a view

reviewing achievement of service improvement action plans that were issued following the 2019 Vascular Access Peer Review programme and requesting refresh of plans as required.	
Matters requiring Committee level consideration and/or approval	
•	
Matters referred to other Committees	
Annexes:	
Date of next meeting	04 October 2021