

Joint Committee (Public)

Tue 12 July 2022, 13:30 - 16:00

Teams

Agenda

13:30 - 13:35

5 min

1. PRELIMINARY MATTERS

 0.0 JC Public Agenda 12 July 2022 (Eng) - Final.pdf (2 pages)

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence


Oral Chair

1.3. Declarations of Interest

Oral Chair


1.4. Minutes of the Meeting held on 10 May 2022 and Matters Arising

Att. Chair

 1.4 Unconfirmed JC (Public) Minutes 10 May 2022 v1.0.pdf (14 pages)

1.5. Action Log

Att. Chair

 1.5 2022 JC Action Log - 12 July 2022.pdf (2 pages)

13:35 - 14:25

50 min

2. PRESENTATION

2.1. Recovery Trajectories across NHS Wales

To follow Managing Director


14:25 - 15:20

55 min

3. ITEMS FOR CONSIDERATION AND/OR DECISION

3.1. Chair’s Report

Att. Chair

 3.1 Chair's Report JC 12 July 2022.pdf (4 pages)

 3.1.1 Appendix 1 - Letter from Chair of WHSSC to NHS Chairs - IPFR Panel.pdf (2 pages)

3.2. Managing Director’s Report



Att. Managing Director

 3.2 Managing Director's Report - JC 12 July 2022.pdf (5 pages)

 3.2.1 Appendix 1 - SL to CPO - IPFR Governance (1).pdf (5 pages)

3.3. Neonatal Transport - Update from the Delivery Assurance Group (DAG)

Att. *Director of Planning*

-  3.3 Neonatal Delivery Assurance Group (DAG) Update.pdf (4 pages)
-  3.3.1 Appendix 1 - Neonatal Transport DAG Performance Slides 21 June 2022.pdf (11 pages)

3.4. Draft Specialised Paediatric Services 5 year Commissioning Strategy

Att. *Director of Planning*

-  3.4 Draft Specialised Paediatric Services 5 year Commissioning Strategy.pdf (4 pages)
-  3.4.1 Appendix 1 - Specialised Paediatric Services Strategy v1.0.pdf (86 pages)




3.5. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Att. *Director of Planning*

-  3.5 South Wales Cochlear Implant and BAHA Hearing Implant Device Service.pdf (19 pages)




3.6. Hepato-Pancreato-Biliary (HPB) Services for Wales

Att. *Director of Planning*

-  3.6 Hepato-Pancreato-Biliary (HPB) Project Update.pdf (6 pages)
-  3.6.1 Appendix 1 - HPB Project Initiation Document (PID) v0.87.pdf (32 pages)
-  3.6.2 Appendix 2 - HPB Project Action Tracker.pdf (1 pages)

3.7. Policy for Policies and EQIA Policy

Att. *Medical Director*

-  3.7 WHSSC 'Policy for Policies' Policy and EQIA policy.pdf (8 pages)
-  3.7.1 Appendix 1 - CPL-024 Policy for Policies vFINAL.pdf (52 pages)
-  3.7.2 Appendix 2 - CPL-025 EQIA policy vFinal.pdf (23 pages)

3.8. Policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age

Att. *Medical Director*

-  3.8 Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age.pdf (5 pages)

3.9. Supporting Ukrainian Refugees with Complex Health Needs

Att. *Managing Director*

-  3.9 Supporting Ukrainian Refugees with Complex Health Needs.pdf (5 pages)





3.10. Proposal for WRCN Name Change


Att. *Director of Finance*

-  3.10 Proposal for WRCN Name Change.pdf (5 pages)

3.11. Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan




Att. *Committee Secretary*

-  3.11 Results of Annual Committee Effectiveness Self-Assessment 2021-2022.pdf (6 pages)
-  3.11.1 Appendix 1 - Committee Effectiveness Survey Action Plan 2020-2021.pdf (6 pages)
-  3.11.2 Appendix 2 - WHSSC Annual Committee Effectiveness Survey 2021-2022 JC.pdf (6 pages)
-  3.11.3 Appendix 3 - WHSSC Annual Committee Effectiveness Survey 2021-2022 MG.pdf (6 pages)
-  3.11.4 Appendix 4 -WHSSC Annual Committee Effectiveness Survey 2021-2022 QPSC.pdf (6 pages)
-  3.11.5 Appendix 5 - WHSSC Annual Committee Effectiveness Survey 2021-2022 IGC.pdf (7 pages)
-  3.11.6 Appendix 6 -WHSSC Annual Committee Effectiveness Survey 2021-2022 IPFR.pdf (6 pages)
-  3.11.7 Appendix 7 -WHSSC Annual Committee Effectiveness Survey 2021-2022 WRCN.pdf (6 pages)

-  3.11.8 Appendix 8 - Draft Joint Committee Development Plan 2022-2023 v3.pdf (3 pages)
-  3.11.9 Appendix 9 - Committee Effectiveness - Sources of Assurance.pdf (3 pages)



3.12. Corporate Risk Assurance Framework (CRAF)

Att. *Committee Secretary*

-  3.12 CRAF Cover report JC July 2022 v2.pdf (9 pages)
-  3.12.1 Appendix 1 - Corporate Risk Assurance Framework (CRAF) May 2022 v2.pdf (25 pages)
-  3.12.2 Appendix 2 - Risk Activity from Feb-May 22.pdf (3 pages)

3.13. All Wales IPFR Panel Sub-Committee Annual Report 2021-2022

Att. *Committee Secretary*

-  3.13 All Wales IPFR Panel Sub Committee Annual Report 2021-2022.pdf (4 pages)
-  3.13.1 Appendix 1 - All Wales IPFR Panel Annual Report 2021-2022.pdf (20 pages)

15:20 - 15:40
20 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. COVID-19 Period Activity Report Month 1 2022-2023

Att. *Director of Finance*

-  4.1 COVID-19 Period Activity Report Month 1 2022-2023.pdf (35 pages)
-  4.1.1 COVID-19 Period Activity Report Month 1 2022-2023 - appendix 1.pdf (14 pages)
-  4.1.2 COVID-19 Period Activity Report Month 1 2022-2023 - appendix 2.pdf (7 pages)




4.2. Financial Performance Report Month 2 2022-2023

Att. *Director of Finance*

-  4.2 Financial Report Month 2 22-23 WHSSC.pdf (10 pages)

4.3. Corporate Governance Matters Report


Att. *Committee Secretary*

-  4.3 Corporate Governance Matters Report.pdf (6 pages)
-  4.3.1 Appendix 1 - WHSSC DOI Register 2021-2022 V2.pdf (17 pages)
-  4.3.2 Appendix 2 - WHSSC Register of Gifts Hospitality and Fundraising.pdf (1 pages)
-  4.3.3 Appendix 3 WHSSC JC 12 Month Rolling Forward Work Plan.pdf (6 pages)

4.4. Reports from the Joint Sub-Committees

Att. *Joint Sub- Committee Chairs*

1. Audit and Risk Committee (ARC) Assurance Report
2. Management Group Briefing
3. Quality & Patient Safety Committee (QPSC)
4. Integrated Governance Committee (IGC)
5. Individual Patient Funding Request (IPFR) Panel
6. Welsh Renal Clinical Network (WRCN)

-  4.4.1 Audit and Risk Committee Assurance Report May-Jun 2022 - updated.pdf (4 pages)
-  4.4.2a Management Group Core Brief 26 May 2022.pdf (4 pages)
-  4.4.2b Management Group (MG) Core Brief 23 June 2022.pdf (3 pages)
-  4.4.3 Chairs Report Quality & Patient Safety Committee (QPSC) June 2022.pdf (26 pages)
-  4.4.4 Chairs Report Integrated Governance Committee (IGC) June 2022.pdf (4 pages)
-  4.4.5 Chairs Report All Wales IPFR Panel - June 2022.pdf (3 pages)
-  4.4.6 Chairs Report WRCN.pdf (3 pages)
-  4.4.6a Appendix 1 - Progress Update on the 'West Wales Satellite Renal Dialysis Service.pdf (5 pages)

5. CONCLUDING BUSINESS

5.1. Any Other Business

Oral *Chair*

5.2. Date of Next Meeting (Scheduled)

Oral *Chair*

- 6 September 2022 at 13:30hrs

5.3. 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)".



WHSSC Joint Committee Meeting held in public Tuesday 12 July 2022 at 13:30 hrs

Via Microsoft Teams

AGENDA

ITEM	LEAD	PAPER / ORAL	TIME
1.0 PRELIMINARY MATTERS			
1.1 Welcome and Introductions	Chair	Oral	13:30 – 13:35
1.2 Apologies for Absence	Chair	Oral	
1.3 Declarations of Interest	Chair	Oral	
1.4 Minutes of the Meeting held on 10 May 2022 and Matters Arising	Chair	Oral	
1.5 Action Log	Chair	Oral	
2.0 PRESENTATION			
2.1 Recovery Trajectories across NHS Wales	Managing Director	To follow	13:35 – 14:15
3.0 ITEMS FOR CONSIDERATION AND/OR DECISION			
3.1 Chair’s Report	Chair	Att.	14:15 – 14:20
3.2 Managing Director’s Report	Managing Director	Att.	14:20 – 14:25
3.3 Neonatal Transport – Update from the Delivery Assurance Group (DAG)	Director of Planning	Att.	14:25 – 14:30
3.4 Draft Specialised Paediatric Services 5 year Commissioning Strategy	Director of Planning	Att.	14:30 – 14:35
3.5 South Wales Cochlear Implant and BAHA Hearing Implant Device Service	Director of Planning	Att.	14:35 – 14:40
3.6 Hepato-Pancreato-Biliary (HPB) Services for Wales	Director of Planning	Att.	14:40 – 14:45
3.7 Policy for Policies & EQIA Policy	Medical Director	Att.	14:45 – 14:50
3.8 Policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age	Medical Director	Att.	14:50 – 14:55

ITEM	LEAD	PAPER / ORAL	TIME
3.9 Supporting Ukrainian Refugees with Complex Health Needs	Managing Director	Att.	14:55-15:00
3.10 Name Change Welsh Renal Clinical Network (WRCN)	Director of Finance	Att.	15:00 - 15:05
3.11 Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan	Committee Secretary	Att.	15:05 - 15:10
3.12 Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	15:10 - 15:15
3.13 All Wales IPFR Panel Sub-Committee Annual Report 2021-2022	Committee Secretary	Att.	15:15 - 15:20
4.0 ROUTINE REPORTS AND ITEMS FOR INFORMATION			
4.1 COVID-19 Period Activity Report Month 1 2022-2023	Director of Finance	Att.	15:20 - 15:25
4.2 Financial Performance Report Month 2 2022-2023	Director of Finance	Att.	15:25 - 15:30
4.3 Corporate Governance Matters	Committee Secretary	Att.	15:30 - 15:35
4.4 Reports from the Joint Sub-Committees <ul style="list-style-type: none"> i. Audit and Risk Committee (ARC) Assurance Report ii. Management Group (MG) Briefings iii. Quality & Patient Safety Committee (QPSC) iv. Integrated Governance Committee (IGC) v. Individual Patient Funding Request (IPFR) Panel vi. Welsh Renal Clinical Network (WRCN) 	Joint Sub-Committee Chairs	Att.	15:40 - 15:45
5.0 CONCLUDING BUSINESS			
5.1 Any Other Business	Chair	Oral	15:45 - 15:50
5.2 Date of Next Meeting (Scheduled) <ul style="list-style-type: none"> - 6 September at 9.30hrs 	Chair	Oral	
5.3 In Committee Resolution <p>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)".</p>	Chair	Oral	

**Unconfirmed Minutes of the Meeting of the
WHSSC Joint Committee Meeting held In Public on
Tuesday 10 May 2022
via MS Teams**

Members Present:

Kate Eden	(KE)	Chair
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality Assurance, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Glyn Jones	(GJ)	Interim Chief Executive Officer, Aneurin Bevan UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Ceri Phillips	(CP)	Independent Member, Cardiff & Vale UHB
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff & Vale UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Powys THB
Ian Wells	(IW)	Independent Member, Cwm Taf Morgannwg UHB

Deputies:

Claire Harding (for Karen Preece)	(CH)	Assistant Director of Planning, WHSSC
Sian Harrop-Griffiths (for Mark Hackett)	(SHG)	Director of Strategy, Swansea Bay UHB
James Leaves (for Stuart Davies)	(JL)	Assistant Director of Finance, WHSSC

Apologies:

Stuart Davies	(SD)	Director of Finance, WHSSC
Mark Hackett	(MH)	Chief Executive Officer, Swansea Bay UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Karen Preece	(KP)	Director of Planning, WHSSC
Jo Whitehead	(JW)	Chief Executive Officer, Betsi Cadwaladr UHB

In Attendance:

Jacqui Evans	(JE)	Committee Secretary & Head of Corporate Services, WHSSC
Helen Fardy	(HF)	Associate Medical Director, WHSSC
Emma King	(EK)	Senior Specialised Services Planning Manager, WHSSC
Kimberley Meringolo	(KM)	Planning Manager, WHSSC
Sian Morgan	(SiM)	Head of Laboratory, All Wales Medical Genomics Service, Cardiff & Vale UHB (For presentation only)
Nicholas O'Sullivan	(NO)	Senior Project Manager, Genomics Partnership Wales, Cardiff & Vale UHB (for presentation only)
Ian Phillips	(IP)	Chair, Welsh Renal Clinical Network (WRCN), Powys THB
Helen Tyler	(HT)	Corporate Governance Manager, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Richard Hughes (RJH) PA to Executives, WHSSC

The meeting opened at 09:30hrs

UNCONFIRMED

Min Ref	Agenda Item
JC22/053	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed members to the meeting in Welsh and English and reminded everyone that, since the COVID-19 pandemic, meetings will continue to be held virtually via MS Teams.</p> <p>No objections were raised to the meeting being recorded for administrative purposes.</p> <p>It was noted that a quorum had been achieved.</p> <p>The Chair reminded members that the purpose of the Joint Committee (JC) was to act on behalf of the seven Health Boards (HBs) to ensure equitable access to safe, effective and sustainable specialised services for the people of Wales by working collaboratively on the basis of a shared national approach, where each member worked in the wider interest.</p> <p>The Chair welcomed Dr Sian Morgan from the All Wales Genomics Laboratory who was in attendance to deliver a presentation on the Genomics Delivery Plan for Wales.</p>
JC22/054	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JC22/055	<p>1.3 Declarations of Interest</p> <p>The JC noted the standing declarations and that there were no additional declarations of interest relating to the items for discussion on the agenda.</p>
JC22/056	<p>1.4 Minutes of the meeting held on the 15 March 2022 and Matters Arising</p> <p>The minutes of the JC meeting held on the 15 March 2022 were received and approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JC22/057	<p>1.5 Action Log</p> <p>The action log was received and members noted the progress on the actions including:</p> <ul style="list-style-type: none"> JC22/004 – 3.5 Major Trauma Update – Dindi Gill from Major Trauma Network to provide an update in the September 2022 meeting. <p>All other items were confirmed as closed.</p>

JC22/058	<p>2.1 Genomics Delivery Plan for Wales</p> <p>Members received an informative presentation on the All Wales Genomics Laboratory. Dr Sian Morgan (SiM) Head of Laboratory, All Wales Medical Genomics Service at C&VUHB, gave an update on how the Wales Infants and Children's Genome Service (WINGS) had pushed the boundaries of genomic testing in Wales to an unprecedented scale using whole genome sequencing which has the capacity to sequence the entire DNA structure of the human body in a matter of hours.</p> <p>Members noted the Watson family's patient story, which shared their first-hand experience of using the WINGS, when their baby suffered from breathing difficulties and complications to her nose and airways.</p> <p>Ian Wells (IW) queried how the service in Wales compared to the rest of the UK. SiM advised that in a number of areas Wales was leading the way.</p> <p>Carole Shillabeer (CS) advised that the service was impressive and demonstrated a positive patient experience for the Welsh population. CS asked what potential genomics had in the field of mental health and neurodiversity. SiM advised that work in this area was progressing as described in the strategy, and that it aligned with Welsh Government (WG) policy. CS advised that it was important to ensure that whatever was being delivered through the genomic strategy was aligned to the mental health strategy. SiM agreed to discuss this further with CS outside of the meeting.</p> <p>Members noted that that the WINGS work was unique to Wales, and that NHS England were planning to undertake a similar pilot.</p> <p>Suzanne Rankin (SR) thanked SiM for the work undertaken and asked what support was required from the HBs and other important stakeholders to support the delivery of the plan. SiM advised that since 2015, the importance of genomics had increased, and it was recognised that it was not just about diagnosis but also about prevention. There were two key areas that HBs could support relating to awareness, enabling patients in Wales to access screening and to ensure the right test, at the right time for the right patient; and to address the cancer challenge by supporting oncology colleagues to deliver the genomics strategy.</p> <p>Sian Lewis (SL) encouraged HBs to promote the engagement being undertaken on the Genomics Delivery Plan for Wales and the stakeholder engagement meetings, which will support WG to finalise the final draft in order for it to be publicised.</p>
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	<p>The Chair suggested that an update be brought back to the JC after the consultation.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JC22/059	<p>3.1 Chair's Report</p> <p>The Chair's Report was received and the Chair gave an update on relevant matters undertaken as Chair since the previous JC meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • An update on the proposal for an interim Chair of the Individual Patient Funding Request (IPFR) Panel, • Attendance at the Integrated Governance Committee (IGC) meetings on the 30 March 2022 & 19 April 2022; and • Attendance at key meetings. <p>The Joint Committee noted that Professor Vivienne Harpwood had taken the decision to step down from her long serving role as Chair of the IPFR Panel in order to focus on her HB as she enters the last six months of her tenure as Chair of Powys THB.</p> <p>The Chair expressed her gratitude to Professor Harpwood for the five years' service she had given to the IPFR panel and advised that she would formally write to thank her on behalf of the JC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Support that a letter of thanks be sent to Professor Harpwood for her commitment to the IPFR panel on behalf of the Joint Committee.
JC22/060	<p>3.2 Managing Director's Report</p> <p>The Managing Director's Report was received and the Managing Director gave an update on relevant matters undertaken since the previous JC meeting.</p> <p>Members noted updates on:</p> <ul style="list-style-type: none"> • An article published by WHSSC entitled "A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis" in the Applied Health Economics and Health Policy Journal, and the success of the collaboration with CEDAR, • The first two Normothermic Regional Perfusion (NRP) organ retrievals undertaken by the Cardiff Transplant Retrieval Service,

	<ul style="list-style-type: none"> • The stakeholder engagement being undertaken on the Genomics Delivery Plan for Wales, • The positive feedback received following the Extension of the FastTrack Process for Military Personnel; and • The findings of a review into Molecular Radiotherapy (MRT) to guide development of an all Wales MRT service. <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Note the consultation and engagement on the three-year Genomics Delivery Plan for Wales and cascade the document within Health Boards (HBs) and provide feedback by the 20 May 2022 deadline.
JC22/061	<p>3.3 Appointment of an Interim Chair for the All Wales IPFR Panel</p> <p>The report proposing that Dr Ruth Alcolado, the Vice Chair of the Individual Patient Funding Request Panel (IPFR), be appointed as Interim Chair of the IPFR Panel for a 3 month period (unremunerated) was received.</p> <p>Jacqui Evans (JE) advised that the proposal for an interim chair would support business continuity and allow sufficient time to prepare for, and undertake, an open and transparent recruitment process to appoint a substantive Chair. This included an update of the Terms of Reference (ToR) regarding the increased time commitment required and remuneration.</p> <p>Steve Moore (SM) advised that this had been discussed by the NHS Wales Board Secretaries group, and JE gave an assurance that WHSSC provide regular updates to the group and that a specific briefing session on IPFR governance had been arranged for the Board Secretaries in June 2022.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report; and • Approve the proposal to appoint Dr Ruth Alcolado as interim Chair to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to recruit a substantive Chair.
JC22/062	<p>3.4 Neonatal Transport – Update from the Delivery Assurance Group (DAG)</p> <p>The report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service was received.</p>

	<p>Claire Harding (CH) presented the report and members noted the progress made against some of the governance risks identified and that feedback received indicated that arrangements to complete the Operational Development Network (ODN) were on track and nearing completion. Members noted that there was a requirement to finalise the staffing and TUPE transfer issues through staff consultation.</p> <p>Members noted that the template provided for performance data was an example of the business intelligence that will be gathered, and that future reports would include real time data.</p> <p>CS queried the level of clinical engagement involved and CH advised that positive contributions had been received.</p> <p>Helen Fardy (HF) and Kimberley Meringolo (KM) both confirmed that positive progress was being made in both DAG and ODN meetings, and that Gareth Howells, Director of Nursing at SBUHB, had met with all of the clinicians involved.</p> <p>The Chair requested that a progress report be brought as a routine item for future meetings.</p> <p>ACTION: An update report on the Neonatal Transport Operational Delivery Network to be presented to the WHSSC Joint Committee at the next meeting.</p> <p>It was noted that further work will be required once the ODN is established to fully implement the recommendations from the two transport reviews (Puddy and Fox) commissioned by WHSSC.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report; and • Receive assurance that there were robust processes in place to ensure delivery of the neonatal transport services.
JC22/063	<p>3.5 Draft Mental Health Specialised Services Strategy for Wales 2022-2028</p> <p>The draft Mental Health Specialised Services Strategy for Wales 2022-2028 was received.</p> <p>CH presented the report and members noted that:</p> <ul style="list-style-type: none"> • Work began in June 2021 on the development of the Specialised Services Strategy for Mental Health through a programme management structure, • The programme had received excellent engagement from all HBs, and included key workstreams; and • It was proposed that the draft strategy and questionnaire be circulated through a comprehensive stakeholder list in a bilingual format for comment between 10 May and 6 June 2022.

	<ul style="list-style-type: none"> The feedback from the stakeholder engagement process will be used to inform amendments to the strategy document and the EQIA, and it was anticipated that the final strategy will be published during winter 2022. <p>Members queried if sufficient time had been allowed for the consultation period. CH advised that the consultation period had been considered in the overall timeline, which would be circulated to members. Patient access to care through the medium of Welsh was also raised.</p> <p>Members requested a list of the stakeholders who had been sent the draft strategy for comment and requested that the timeline be reviewed and that consideration be given to the Mental Over Matter evaluation report which was due to be published by July 2022. CH agreed to discuss this with CS outside of the meeting. It was noted that patient access to care through the medium of Welsh is addressed in WHSSC policies and service specifications.</p> <p>ACTION: It was agreed that WHSSC would circulate additional information including a list of stakeholders that had been sent the draft strategy. In response to comments the timeline on milestones and target dates would be revised and circulated.</p> <p>IW queried the scope of the capital investment and the availability of funding. SL advised that discussions had commenced with WG regarding capital availability including any capital monies which had been earmarked for Mental Health services.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provided comments on the document; Note that the draft Mental Health Specialised Services Strategy for Wales 2022- 2028 would be circulated through a comprehensive stakeholder list in a bilingual format for comment and that the suggested date of between 10 May and 6 June 2022, would be reviewed; and Note that it was anticipated that the final strategy would be published during winter 2022, and would be brought back to the Joint Committee for approval.
JC22/064	<p>3.6 Preparedness for the COVID-19 Inquiry</p> <p>The report on preparedness for the COVID-19 inquiry was received.</p> <p>JE presented the report and members noted that:</p> <ul style="list-style-type: none"> Since autumn 2021 Kevin Smith (KS), ex WHSSC Committee Secretary has been supporting WHSSC on a project to prepare for the forthcoming public inquiry into the COVID-19 pandemic,

	<ul style="list-style-type: none"> the main activity of the project to date had been the creation of a COVID-19 structured archive, which included a timeline of key decisions taken by WHSSC, WHSSC have been working with the legal and risk team at the NHS Wales Shared Services Partnership (NWSP) since summer 2021 and will engage legal representation through them should it be required, At present it seemed unlikely that WHSSC would be a core participant of the inquiry, however they may be required to provide written evidence; and The Committee Secretary role had been identified as the SRO for the work and linked in with the Board Secretaries group to discuss national progress. <p>SM advised that he had written to WG requesting clarity regarding legal issues and potential conflicts concerning the inquiry.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JC22/065	<p>3.7 Disestablishment of the Learning Disability Advisory Group (LDAG)</p> <p>The report seeking support to formally disestablish the Learning Disability Advisory Group (LDAG) was received.</p> <p>JE gave an overview of the work of the group and advised that as the group has not met for several years and the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in WG approving the disestablishment ensured effective governance for the JC.</p> <p>CS advised that it was not possible for the National Collaborative Commissioning Unit (NCCU) to provide the commissioning element previously undertaken by the LDAG, and that there was a requirement to establish a mechanism to provide commissioning as well as clarity on reporting arrangements. Members agreed that further consideration was required on the system of oversight of HB commissioned (Learning Disability) LD placements.</p> <p>ACTION: SL and CS to discuss the system of oversight of HB commissioned LD placements and CS to liaise with CEOs regarding any future requirements.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> Note the work undertaken by the Joint Committee's sub group, the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; Approve the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning

	<p>Group subject to a commissioning mechanism and reporting arrangements; and</p> <ul style="list-style-type: none"> • Note that the work of the group has been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG), and that further consideration was required on the system of oversight of Health Board commissioned LD placements.
JC22/066	<p>3.8 Annual Governance Statement (AGS) 2021-2022</p> <p>The Annual Governance Statement (AGS) 2021-2022 was received for retrospective approval.</p> <p>JE presented the report and members noted:</p> <ul style="list-style-type: none"> • As a hosted body under Cwm Taf Morgannwg UHB (CTMUHB), WHSSC is required to produce an Annual Governance Statement (AGS), although is not required to follow the same process for statutory bodies who are required to produce a three part annual report, • The statement brings together, in one place, all disclosures relating to governance, risk and control and is included within the CTMUHB Annual Report and Accounts presented to WG, • The AGS also provides assurance to the Joint Committee and individual HBs on the processes and procedures in place to enable the WHSSC to carry out its functions effectively, • The draft AGS 2021-2022 was considered by the Integrated Governance Committee (IGC) on the 19 April 2022, and the committee put forward some minor amendments to strengthen the document, • The statement was submitted to the governance team CTMUHB by the 29 April deadline; and • The final version of the document will be included in CTMUHB annual report and accounts being submitted to Welsh Government and Audit Wales on the 15 June and will be presented to the CTMUHB Annual General Meeting (AGM) on the 28 July 2022. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note that the Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set, • Approve the WHSSC Annual Governance Statement (AGS) 2021-2022, • Note that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it had been reviewed and agreed by the relevant sub-committees of the Joint Committee; and

	<ul style="list-style-type: none"> • Note that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.
JC22/067	<p>3.9 Sub-Committee Annual Reports 2021-2022</p> <p>The Sub-Committee Annual Report for 2021-2022 were received.</p> <p>JE introduced the report and members noted the reports for the:</p> <ul style="list-style-type: none"> • Integrated Governance Committee (IGC), • Quality & Patient Safety Committee (QPSC), • All Wales Individual Patient Funding Request (IPFR) panel, • Welsh Renal Clinical Network (WRCN); and • Management Group. <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the Sub-Committee Annual Reports for 2021-2022.
JC22/068	<p>3.10 Sub-Committee Terms of Reference</p> <p>The Sub-Committee Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG) were received.</p> <p>JE presented the report and members noted that the ToR for the sub-committees of the Joint Committee were reviewed on an annual basis in line with Standing Orders (SOs) and to ensure effective governance. The ToR for the IGC, QPSC and MG had been updated to strengthen them in accordance with the list outlined in the SOs, and to achieve consistency in the information included. In future, a detailed schedule of changes will be provided with updated ToR for completeness.</p> <p>Members noted that the ToR for the Welsh Renal Clinical Network (WRCN) were approved by the Joint Committee on 18 January 2022 and discussions were ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and • Approve the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG).
JC22/069	<p>4.1 COVID – 19 Period Activity Report Month 11 2021-2022</p> <p>The COVID-19 activity report for month 11 was received and members noted the scale of the decrease in specialist activity</p>

delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members noted:

- The decrease 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; and
- The recovery rates, access comparisons across HBs and waiting lists.

Members discussed the challenges in obtaining recovery trajectories from HBs and the importance of receiving this information in order to plan specialised services. James Leaves (JL) advised that the information was being sought from NHS Wales' providers with an option to make a formal request through alternative methods. It was noted the trajectories received from North West England NHS had been fairly robust.

CS suggested that flexible options be considered through moving patients to alternative service providers which could provide a suitable service with lower waiting times.

The Chair suggested that the recovery trajectories should be discussed further and proposed extending July's Joint Committee meeting in order to fully review the trajectories from NHS Wales providers.

ACTION: The July JC meeting to include a workshop on recovery.

The Joint Committee resolved to:

- **Note** the report.

JC22/070

4.2 Financial Performance Report Month 12 2021-2022

The financial performance reports setting out the financial position for WHSSC for month 12 of 2021-2022 was received.

Members noted that the financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 12 for WHSSC was a year-end outturn under spend of £13,112k. The under spend predominantly relates to slippage in new planned developments, under performance against Welsh Service Level Agreement (SLA)

	<p>baselines, unrealised growth provisions against 2021-2022 forecast requirement and releasable reserves from 2020-2021 provisions.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/071	<p>4.3 Corporate Governance Matters Report</p> <p>The Corporate Governance Matters report was received and members noted the update on corporate governance matters that had arisen since the last meeting.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JC22/072	<p>4.4 Reports from the Joint Sub-Committees</p> <p>The Joint Committee Sub-Committee reports were received as follows:</p> <p>i. Audit and Risk Committee (ARC) Assurance Report</p> <p>The Joint Committee noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on the 28 April 2022.</p> <p>IW paid tribute to the continuing development work on the Corporate Risk Assurance Framework (CRAF), which provided a clear sight on risks. IW also expressed a real concern regarding the position of handover times for Ambulances and noted this as a major risk for the Emergency Ambulance Services Committee (EASC).</p> <p>ii. Management Group Briefings</p> <p>The Joint Committee noted the core briefing documents from the meetings held on the 24 February 2022, 24 March 2022 and the 28 April 2022.</p> <p>iii. Quality & Patient Safety Committee (QPSC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 30 March 2022.</p> <p>iv. Integrated Governance Committee (IGC)</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 30 March 2022 and 19 April 2022.</p> <p>v. Individual Patient Funding Request (IPFR) Panel</p> <p>The Joint Committee noted the Chair's report from the meeting held on the 22 April 2022.</p> <p>It was noted the meetings scheduled for 7 April and 21 April 2022 had to be stood down due to the lack of quoracy.</p> <p>vi. Welsh Renal Clinical Network (WRCN)</p>

	<p>The Joint Committee noted the Chair's report from the meeting held on the 8 April 2022.</p> <p>IP highlighted the proposed name change of WRCN to the "Welsh Kidney Service" and members noted that a formal proposal would be brought to the next meeting for consideration and approval.</p> <p>The Joint Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JC22/073	<p>5.1 Any Other Business</p> <p>No other items of urgent business were received.</p>
JC22/074	<p>5.2 Date and Time of Next Scheduled Meeting</p> <p>The JC noted that the next scheduled meeting would be on the 12 July 2022.</p> <p>There being no other business other than the above the meeting was closed at 10:40 hrs.</p>
JC22/075	<p>5.3 In Committee Resolution</p> <p>The Joint Committee resolved:</p> <p>"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)".</p>

Chair's Signature:

Date:



JOINT COMMITTEE MEETING 2022 Action Log – 12 July 2022

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
15 March 2022					
JC22/004	JC22/041 3.5 Major Trauma Update ACTION: Dindi Gill from the Major Trauma Network (MTN) to be invited to provide an update presentation to the JC meeting in September 2022.	KP	Sep 2022	10.05.22 – Not Yet due	OPEN
10 May 2022					
JC22/006	JC22/064 Neonatal Transport – Update from the Delivery Assurance Group (DAG) ACTION: An update report on the Neonatal Transport Operational Delivery Network to be presented to the WHSSC Joint Committee at the next meeting.	KP	July 2022	27.06.22 – On the agenda for JC meeting 12 July. Agenda Item 3.3. Action Completed.	CLOSED

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
JC22/007	<p>JC22/065 Draft Mental Health Specialised Services Strategy for Wales 2022-2028</p> <p>ACTION: It was agreed that WHSSC would circulate additional information including a list of stakeholders that had been sent the draft strategy. In response to comments the timeline on milestones and target dates would be revised and circulated.</p>	CH	July 2022	27.06.22 - Update provided in the MD Report – Agenda Item 2.2. Action Completed.	CLOSED
JC22/008	<p>Disestablishment of the Learning Disability Advisory Group (LDAG)</p> <p>ACTION – SL and CS to discuss the system of oversight of HB commissioned learning disability placements and CS to liaise with CEOs regarding any future requirements.</p>	SL/CS	July 2022	27.06.22 – Meeting held between SL and CS to discuss. Action completed.	CLOSED
JC22/009	<p>COVID – 19 Period Activity Report Month 11 2021-22</p> <p>ACTION: The July JC meeting will include a workshop to review the recovery trajectories from NHS Wales providers.</p>	KP	July 2022	27.06.22 - On Agenda – Item 2.1. Action completed.	CLOSED



Report Title	Chair’s Report	Agenda Item	3.1		
Meeting Title	Joint Committee	Meeting Date	12/07/2022		
FOI Status	Public				
Author (Job title)	Chair of WHSSC				
Executive Lead (Job title)	Committee Secretary and Head of Corporate Services				
Purpose of the Report	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.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report.

CHAIR'S 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

At each Joint Committee (JC) meeting, the Chair presents a report on key issues that have arisen since its last meeting.

3.0 ASSESSMENT

3.1 Chair's Actions

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

3.2 Chair of the Individual Patient Funding Request (IPFR) Panel

Further to the last update on 10 May 2022 informing you that Professor Vivienne Harpwood, Chair of the IPFR Panel, had stepped down from the role on the 1 April 2022 with immediate effect, due to competing pressures with her Health Board (HB) position, I have written to the NHS Wales Chairs to explain the challenge, and to request support in appointing an interim HB chair for a 6 month period from amongst their Independent Members (IM's) to ensure business continuity – see **Appendix 1**. Dr Ruth Alcolado, the Vice Chair of the IPFR panel is undertaking the Chair's role on an unremunerated interim basis until July 2022 as agreed by the Joint Committee.

In the interim WHSSC will continue discussions with Welsh Government (WG).

3.3 Recruitment for WHSSC Independent Member (IM)

Further to the IM vacancy that arose following Ian Phillips being appointed as the substantive Chair for the Welsh Renal Clinical Network (WRCN), with effect from the 1 April 2022, a recruitment exercise will be undertaken to appoint a new WHSSC IM in accordance with the IM appointment process agreed by the Joint Committee on the 18 January 2022, to transition to a fair and open selection process for appointing WHSSC IMs through advertising the vacancies through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs.

3.4 Integrated Governance Committee (IGC) 7 June 2022

I chaired the WHSSC Integrated Governance Committee (IGC) on the 7 June 2022 and, among other items, the Committee considered the Corporate Risk and Assurance Framework (CRAF), the Annual Governance Statement (AGS) and the findings of the annual committee effectiveness process.

3.5 Key Meetings

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

- Annual appraisal with the Minister,
- Regular catch up meetings with WHSSC IMs and WCRN Chair including objectives setting,
- Monthly meetings with WG to take forward Audit Wales' recommendation on IM Remuneration,
- NHS Wales Chairs Peer Group Meeting,
- WG IM Induction training,
- Ministerial meeting with NHS Chairs and CEOs; and
- CTMUHB Extraordinary Board meeting – to approve the CTMUHB Annual Report which incorporates the WHSSC Annual Governance Statement (AGS).

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
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	All
Institute for HealthCare Improvement Quadruple 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.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	Appendix 1 – Letter from Chair of WHSSC to NHS Chairs



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

Your ref/eich cyf:
Our ref/ein cyf: KE/JE/DD
Date/Dyddiad: 21 June 2022
Tel/ffôn: 01443 443443
Email/ebost: Jacqueline.evans8@wales.nhs.uk

Chairs of NHS Organisations

Dear Chair,

Re: WHSSC Individual Patient Funding Request (IPFR) Panel – Request for Support from NHS Organisations to Convene All Wales IPFR Panel Meetings

As you may be aware, Professor Vivienne Harpwood has, after many years of exemplary service, had to step down from her role as Chair of the All Wales IPFR Panel. This is slightly earlier than previously planned, due to workload pressures. I am however, pleased to tell you that Dr Ruth Alcolado, Deputy Chair, has generously stepped into the role on an interim basis but has indicated that she will need to revert to her Deputy Chair position as soon as practically possible given her own workload.

The All Wales Panel, is as you will know, constituted as a sub-committee of WHSSC. The terms of reference for the Panel state that the Chair *"will be from existing members of the NHS organisations Boards"*.

Unfortunately, there are a number of complexities regarding recruitment into the substantive Chair position. The Board Secretaries Peer Group have been briefed on these issues and they have kindly agreed to update you directly on these matters. Whilst these issues are resolved, however, we do need a contingency arrangement to ensure that we are able to allow the Interim Chair to step back to her Deputy Chair role, and that during any absence of the Interim Chair we are able to continue to run the panel.

We have identified two options to do this. The first is to find a member of the Board of an NHS organisation who is willing to take on chairing the Panel on an interim basis for a period of six months. If however, a Chair cannot be identified, the reserve option would be for Health Board IPFR Panels to consider the applications arising for patients resident in their areas.

The terms of reference do not specify the time commitment required of the Chair but on consultation with the previous Chair and the Interim Chair, a commitment

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Prif Rhodfa, Ystad Ddiwydiannol
Pontypridd CF37 5SYL

Chair/Cadeirydd: Kate Eden

Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: Dr Sian Lewis

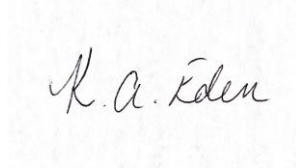
of up to one day per fortnight is a reasonable expectation. The Panel meets on a fortnightly basis. Approximately two hours' preparatory time is needed, approximately two hours for the meeting and one hour for review of the record sheets. The work, as you will appreciate, is complex and involves difficult, often ethically challenging decision making, but the interim Chair would be fully supported by WHSSC officers working on IPFR. This is an unremunerated role.

Given the time commitment of this role, I would therefore be grateful if colleagues could discuss this with their Independent Members and contact me as soon as possible with nominations; ideally by Monday 4th July, 2022.

I would also be grateful if you are unable to find anyone to take on the role that you also confirm that position.

I have attached a copy of the All Wales IPFR Policy and my team and I are more than happy to provide more detail as needed. Jacqui Evans, Committee Secretary & Head of Corporate Services Jacqueline.Evans8@Wales.nhs.uk is available to do this.

Yours Sincerely,



Kate Eden
Chair

Cc.

Board Secretaries
Dr Ruth Alcolado, Interim Chair of the All Wales IPFR Panel, Medical Director, NWSSP
Professor Iolo Doull, Medical Director, WHSSC
Jacqui Evans, Committee Secretary & Head of Corporate Services, WHSSC
Professor James Coulson, Chair IPFR QA Group
Andrew Evans, Chief Pharmaceutical Officer, WG
Dr. Sian Lewis, Managing Director, WHSSC
Carole Bell, Director of Nursing & Quality, WHSSC

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Chair/Cadeirydd: *Kate Eden*

Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*



Report Title	Managing Director's Report			Agenda Item	3.2
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Public				
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales				
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning				
Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to:

- **Note** the report;
- **Note** the ongoing discussions with Welsh Government concerning the All Wales Individual Patient Funding Request (IPFR) Panel; and
- **Note** that the draft Mental Health Specialised Services Strategy 2022-2028 was issued via email on the 30 May 2022, with a request for feedback by the 22 July 2022.

MANAGING DIRECTOR'S REPORT

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 that have arisen since its last meeting. The purpose of the Managing Director's report is to keep the Joint Committee up to date with important matters 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 ASSESSMENT

3.1 All Wales Individual Patient Funding Request (IPFR) Panel Update

A productive meeting was held with Welsh Government (WG) on 10 May 2022 to discuss the complexities of the All Wales IPFR Policy process and specifically:

1. The authority of the Joint Committee (JC) to update and approve the terms of reference (ToR) of the Welsh Health Specialised Services Committee IPFR Panel,
2. The governance process for updating the All Wales IPFR policy; and
3. Consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales.

A letter was issued to WG on the 23 May 2022, confirming the discussions from the meeting and seeking confirmation on next steps – see **Appendix 1**. The WG response is due to be received and an update will be given on progress during the meeting.

WHSSC gave a private briefing on IPFR governance to the NHS Wales Board Secretaries group on the 10 June 2022.

3.2 Mental Health Specialised Services Strategy for Wales 2022-2028

Further to discussion at the JC meeting on the 10 May 2022, of the draft Mental Health Specialised Services Strategy 2022-2028 engagement process, as requested by JC, the timeline has been reviewed and extended, and the stakeholder circulation list broadened. The draft strategy was issued bilingually via email to 368 stakeholders on the 30 May 2022, accompanied by an easy read summary and a questionnaire for completion by the 22 July 2022.

An update on progress on the draft strategy will be given to the JC meeting on the 6 September, thereafter the document will be updated to incorporate feedback from the JC. It will then be circulated for a 12 week consultation and engagement process. It is envisaged that the final strategy will be brought to the JC in March 2023 for approval, prior to publication.

3.3 Funding for Cell Path Labs to meet the growing demand for commissioned WHSCC cancer genomic testing

WHSCC allocated additional funding to the All Wales Genetics Laboratory (AWGL) in February 2019 for rapid investment and expansion of genomic testing in Wales; this included an expanded cancer genomic service. Currently, there is a risk related to delays in slide preparation from FFPE blocks carried out by under resourced Cell Pathology Laboratories (x6 Cell Path labs across Wales, one in each Health Board (HB)) who then send the slides to AWGL. The work required by the cell pathology laboratories is to cut additional tissue samples and mark up tumour tissue which can then be analysed by the genetics service. This matter has been raised at the NHS Wales Chief Executives Group and the recommendation for Cell Path Labs to be given additional allocated funding by each individual HB to meet the growing demand for commissioned WHSCC cancer genomic testing by the All Wales Genetics Laboratory (AWGL) was supported.

The genomics service and cell pathology services have recently contacted WHSCC to raise their concern that not all pathology laboratories have been funded and as a consequence, there are likely to be delays and or inequity of access for patients requiring these tests. Cell pathology services have also raised their concern that the original funding agreed will not be sufficient to deliver the increasing demands on their service from new drug therapies which are coming through from the NICE approvals process. Members are reminded that NICE NHS Wales must implement all new NICE approvals within the prescribed timelines. Cell pathology services will be submitting a revised set of proposals for investment through to the NHS Wales Chief Executives through the established route. These proposals will cover any current capacity shortfall together with a mechanism to ensure that there is a clear process to enable investment in the cell path service to keep pace with NICE approvals. Furthermore, if cell pathology services are able to integrate genomic requirements into their routine workflow this may enable costs to be mitigated by efficiencies. Members are asked to note the implications of this issue and advise on any role that they require WHSCC to undertake in addressing this.

3.4 Designation of Swansea Bay University Health Board (SBUHB) as a provider of Stereotactic Ablative Radiotherapy (SABR)

SABR is a type of precision radiotherapy used to treat certain cancers. In December 2021 and February 2022 the Management Group (MG) considered a report recommending that SBUHB become a designated provider of WHSCC commissioned SABR for both west and mid Wales. The centre was assessed through the WHSCC designation process and was found to meet all of the required

standards for safety, quality and sustainability. The MG requested additional information around costs and a further report was considered in February 2022 where it was agreed that the provider costs represented reasonable value for money. The MG subsequently supported the designation of SBUHB as a provider of SABR.

4. RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the ongoing discussions with Welsh Government concerning the All Wales Individual Patient Funding Request (IPFR) Panel; and
- **Note** that the draft Mental Health Specialised Services Strategy 2022-2028 was issued via email on the 30 May 2022, with a request for feedback by the 22 July 2022.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
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 Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	Appendix 1 – Letter from WHSSC to Welsh Government – IPFR Governance



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

Your ref/eich cyf:
Our ref/ein cyf: JE/SL/DD
Date/Dyddiad: 23 May 2022
Tel/ffôn: 01443 443443
Email/ebost: Jacqueline.evans8@wales.nhs.uk

Andrew Evans,
Chief Pharmaceutical Officer,
Welsh Government.

Andrew.Evans@gov.wales

Dear Andrew,

Re: WHSSC Individual Patient Funding Request (IPFR) Panel – Terms of Reference

Thank you for taking the time to meet with us on 10 May 2022 to discuss the complexities of the All Wales IPFR policy process, specifically:

1. The authority of the Joint Committee to update and approve the terms of reference (ToR) of the Welsh Health Specialised Services Committee IPFR Panel,
2. The governance process for updating the All Wales IPFR policy; and
3. Consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales.

During our meeting you confirmed that the status of the letter dated 21 April 2022 was 'draft' and was issued to us to help focus discussions, with a view to issuing a further letter to WHSSC and Health Boards (HB's) following the meeting. You advised that from the perspective of Welsh Government (WG) and the HB's the IPFR Policy agreed in 2017 was working well, having been developed through a robust external consultation process, which addressed a number of issues including HB variability in process and application of the policy.

Given how effective the Policy has been in addressing such issues you were of the view that a wholesale review was not required, however this could be considered in the future by the new NHS Executive.

We then discussed the following three areas in detail:

1. All Wales IPFR Panel Terms of Reference

I emphasised that the key driver behind the request to change the ToR and update All Wales IPFR policy was to allow the IPFR Panel to deliver the best

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Pontypridd CF37 55YL

Chair/Cadeirydd: *Kate Eden*

**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr
Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*

process possible for patients. There have been longstanding issues in achieving quoracy at meetings, which have been exacerbated by service pressures within HB's due to the pandemic, as well as the need to increase the frequency of meetings due to a growing workload. In addition, on 1 April 2022, Professor Vivienne Harpwood, Chair of the IPFR Panel stepped down from the role. Currently Dr Ruth Alcolado, Vice Chair is acting as Interim Chair on an unremunerated basis until July 2022, to ensure business continuity.

We, in WHSSC, are therefore, now faced with the dual challenge of ensuring we have quoracy at Panel meetings, and that of recruiting a suitably experienced substantive Chair with the relevant expertise. We believe the recruitment will be particularly difficult given the workload and growing complexity of the role and because it is not currently remunerated.

Following discussion, I believe you supported the view that the ToR required amendment and we agreed that the principles needed to be developed through a process of engagement with HB's, the All Wales Therapeutics and Toxicology Centre (AWTTC) and the IPFR Quality Assurance Group (QAG). Following the engagement process, a new ToR should be submitted to the Joint Committee (JC) for consideration, which should then go to HBs for final approval via their Board meetings.

We also discussed the risks to business continuity concerning the Interim Chair arrangement, and not having a Deputy Chair available, and the need for a contingency plan. You suggested that WHSSC should write to HB's informing them of discussions with WG, the current interim measures, the associated risks and the proposed contingency plans for consideration, e.g. for a HB Independent Member (IM) to step in as Chair of the panel, due to the lack of a Chair all IPFR Panel requests could be considered by the HB of residence etc.

You advised that you were supportive of remunerating the IPFR chair role and offered assistance via the public appointments unit if appropriate.

2. All Wales IPFR policy

We advised that following on from the judicial review 3 December 2021 we had obtained professional advice from David Locke QC the barrister leading our case, the NHS Wales Shared Services Partnership's (NWSSP's) legal and risk services team and Carl Harrison the NWSSP appointed barrister. We also took advice from Professor Vivienne Harpwood (ex-Chair of the WHSSC IPFR panel, and professor emeritus of law and ethics) and Professor Iolo Doull, Medical Director, WHSSC. The purpose was to ensure that as an organisation we learnt from the findings of the judicial review and could strengthen our processes to ensure that the Panel always acted within the current legal framework and that all patients are fairly treated by our processes.

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Chair/Cadeirydd: *Kate Eden*

Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

The advice from David Lock QC indicated that the Judge's interpretation of the policy was different from the originally intended meaning agreed in 2017. In his commentary on the case, he noted:

"the Judge picked over the language of the policies as if they were parliamentary statutes and picked up on the difference in wording between a treatment which was not recommended to be used and a treatment which was not recommended to be funded. I doubt that the drafters of the policy intended a difference but, if the courts are going to expose the policy to this level of scrutiny, the wording will have to be considered very carefully when the policy is revised to make sure that the wording reflects the correct intention".

The judge's interpretation of the comparator group for the "significantly different" test and the "significantly more clinical benefit" test is crucial. In the Wallpott case, the IPFR panel interpreted the comparator group as those with the same stage of disease, and thus potentially operable, but who would not be eligible because the policy was not to routinely commission the procedure. In contrast, the judge interpreted the comparator group as anyone with the disease (including those with an inoperable disease). Thus any patient who is potentially operable "is significantly different" and likely to derive "significantly greater benefit" than patients who are inoperable, even if the policy is not to support the procedure.

The logical conclusion is that it is now very difficult to argue that any IPFR application supported by a clinician does not meet the "significantly different" test and the "significantly more clinical benefit" test, because the comparator group would be those the clinician does not believe would benefit. Legal advice is that this interpretation is now extant and cannot be challenged.

To restore the intended meaning of the policy will require limited amendments to the text of the policy, and David Lock QC has suggested some simple changes which we believe would protect the original meaning of the policy while remaining within the "de minimus" review requirement.

There is also an issue relating to the Court's interpretation of the level of detail required in the IPFR Panel record which is now of a quasi-legal standard. We confirmed that we had addressed this issue by putting in additional corporate governance support to the IPFR Panel. However, it is important to note that, both the application of the new policy interpretation and confirming the detail of the record have significantly increased the time required for both discussion within Panel meetings and for the Chairman and Patient Care Team within WHSSC in ensuring the meeting record meets this standard.

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3. All Wales IPFR Policy Governance

We explained some of the challenges we have faced in taking forward a review of the ToR of the All Wales IPFR Panel and the lack of clarity we felt there was regarding the governance arrangements. In particular, we noted there was a lack of clarity regarding the authority and the accountability of the IPFR Policy Implementation Group (PIG) linked to the IPFR QAG as well as the need for clear ownership of the All Wales Policy. I believe we agreed that whilst a wholesale review of the Policy was not needed, a review confined to the governance framework arrangements may be of value.

4. Next Steps

In order to progress this matter you suggested that WHSSC construct a summary for you. I hope that this letter provides that summary but if you require further information we will of course be happy to provide that.

Assuming you now have all of the required information our expectation is that you will be in a position to issue a letter to WHSSC, copied to HB's, the AW TTC and the QAG, describing the actions agreed above. On receipt of that letter, we will embark on an engagement process with HB's, the AW TTC and the IPFR QAG on both changes to the ToR and the limited changes to the wording of the policy. This will include consideration of remuneration for the All Wales IPFR panel Chair.

In addition, in relation to the interim arrangements for the Chair we will write to HB's informing them of discussions with WG, the current interim measures and associated risks and to suggest a preferred contingency plan.

Finally, we have just commissioned a retired Welsh NHS governance expert to look at the governance arrangements of the Welsh Renal Clinical Network (WRCN), (which is a sub committee of the JC) as it is over 12 years since the operating framework was developed, and we wondered whether there may be synergies with the work required to undertake a governance review of the IPFR panel. We suggest this because they both have implications for all HBs in Wales, both have sub-committee arrangements within WHSSC and both have reporting arrangements into WG. If you feel it may be helpful to explore whether the same governance expert could be utilised to look at IPFR governance then please let us know.

I hope this letter meets with your recollection of the meeting and thank you again for your support in this matter.

If you have any queries please do not hesitate to contact, Jacqui Evans, Committee Secretary & Head of Corporate Services Jacqueline.Evans8@Wales.nhs.uk or myself.

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Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

Yours Sincerely,



Dr Sian Lewis
Managing Director

Cc

Natalie Proctor, Pharmacist Clinical Fellow, Welsh Government

Iolo Doull, Medical Director, WHSSC

Dr Ruth Alcolado, Interim Chair of the All Wales IPFR Panel, Medical Director,
NWSSP

Jacqui Evans, Committee Secretary & Head of Corporate Services, WHSSC

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**Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr
Comisiynu Gwasanaethau Arbenigol a Thrydyddol:** *Dr Sian Lewis*



Report Title	Neonatal Transport – Update from the Delivery Assurance Group (DAG)		Agenda Item	3.3	
Meeting Title	Joint Committee		Meeting Date	12/07/2022	
FOI Status	Open				
Author (Job title)	Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to provide an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note the report,• Receive assurance that the Neonatal Transport is being scrutinised by the Delivery Assurance Group (DAG),• Note that further work is being undertaken by the transport service on the reporting to strengthen the assurance; and• Note the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).					

NEONATAL TRANSPORT – UPDATE FROM DELIVERY ASSURANCE GROUP (DAG)

1.0 SITUATION

The purpose of this report is to provide an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.

2.0 BACKGROUND

At the request of the Joint Committee a Neonatal Transport DAG was established to provide performance monitoring and scrutiny of the neonatal transport and to improve the governance of the service. The Neonatal Transport DAG comprises of all commissioning Health Boards (HB's) that utilise the service. The DAG held its most recent meeting on 21 June 2022 and the performance report attached at **Appendix 1** was presented by the Lead Nurse for the service.

3.0 ASSESSMENT

3.1 Activity

The activity for the transport service in April and May 2022 can be seen from the attached report.

In both months the transport service retrieved 34 babies. Around half of these in each month were for repatriation i.e. bringing babies back to their local unit rather than uplifts of sick babies. There were only 3 transfers in March 2022, and 5 in April 2022 were undertaken in the out of hours period i.e. during the hours of 8pm to 8am.

Where the transfers of a sick baby required an uplift within 3.5 hours, in all but 1 case this was achieved. The outlier was one of twins as the service can only transfer 1 baby at a time.

3 Datix incidents were reported in the period January to April 2022 as detailed in the report.

Maturing the reporting from the Transport service was discussed at the DAG and it was requested that a narrative is provided in future reports to support the data presented.

3.2 Progress on Implementing the Operational Delivery Network (ODN)

There is a separate Task and Finish Group, chaired and managed by Swansea Bay UHB (SBUHB) to manage the implementation of the Neonatal Transport ODN. A progress report was provided to the DAG.

A memorandum of understanding (MoU) has been agreed between the ODN and all HBs covered by the ODN.

A business case will be presented to the July Management Group meeting to agree a funding release for a staffing structure for the ODN. WHSSC has stressed that the structure must be proportionate. The ODN is planning to go live in September 2022.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Receive assurance** that the Neonatal Transport is being scrutinised by the Delivery Assurance Group (DAG),
- **Note** that further work is being undertaken by the transport service on the reporting to strengthen the assurance; and
- **Note** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).

Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Neonatal Transport service and the establishment of the DAG were included in the ICP
Health and Care Standards	Individual Care Safe Care Timely Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The DAG is providing scrutiny on the service.
Finance/Resource Implications	The financial implications of the ODN are still being established.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	The performance report was presented at the DAG on 21 June 2022. The Transport team was asked to strengthen the report. CDGB – 27 June 2022.
Appendices	Appendix 1 – Neonatal Transport DAG Performance Slides – 21 June 2022

DAG Presentation

Claire Richards

Tuesday 21st June 2022



GIG
CYMRU
NHS
WALES

Rhwydwaith
Newiddenedigol Cymru
Wales Neonatal Network

Clinical and Operational Reason for Transfer

March 2022

Total Transfers = 34

March	Cardiac	Medical	Surgical	Neuro	Total
Uplift	1	8	6	0	15
Capacity	0	1	0	0	1
Repatriation	0	18	0	0	18
Totals	1	27	6	0	34

Out of Hours

March OOH	Cardiac	Medical	Surgical	Neuro	Total
Uplift	0	2	1	0	3
Capacity	0	0	0	0	0
Repats	0	0	0	0	0
Totals	0	2	1	0	3

X 2 abandoned transfers. 1 x baby not clinically well enough for transfer, 1 x not clinically appropriate for transfer

Clinical and Operational Reason for Transfer

April 2022

Total Transfers = 34

April	Cardiac	Medical	Surgical	Neuro	Total
Uplift	1	10	6	0	17
Capacity	0	3	0	0	3
Repats	0	14	0	0	14
Totals	1	27	6	0	34

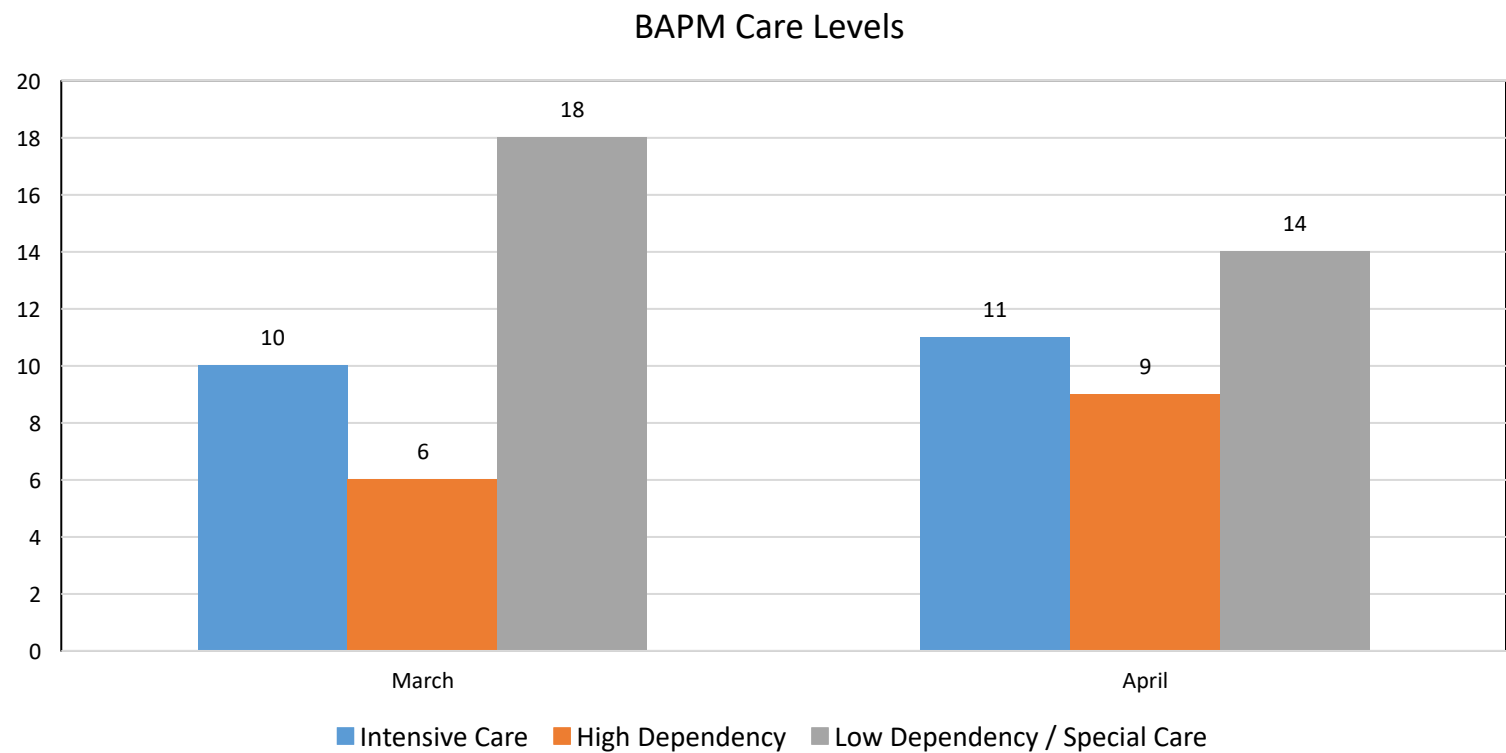
Out of Hours

April OOH	Cardiac	Medical	Surgical	Neuro	Total
Uplift	0	4	0	0	4
Capacity	0	0	0	0	0
Repats	0	1	0	0	1
Totals	0	5	0	0	5

X 2 Abandoned transfers. 1 x baby not clinically well enough for transfer, 1 x parent refusal

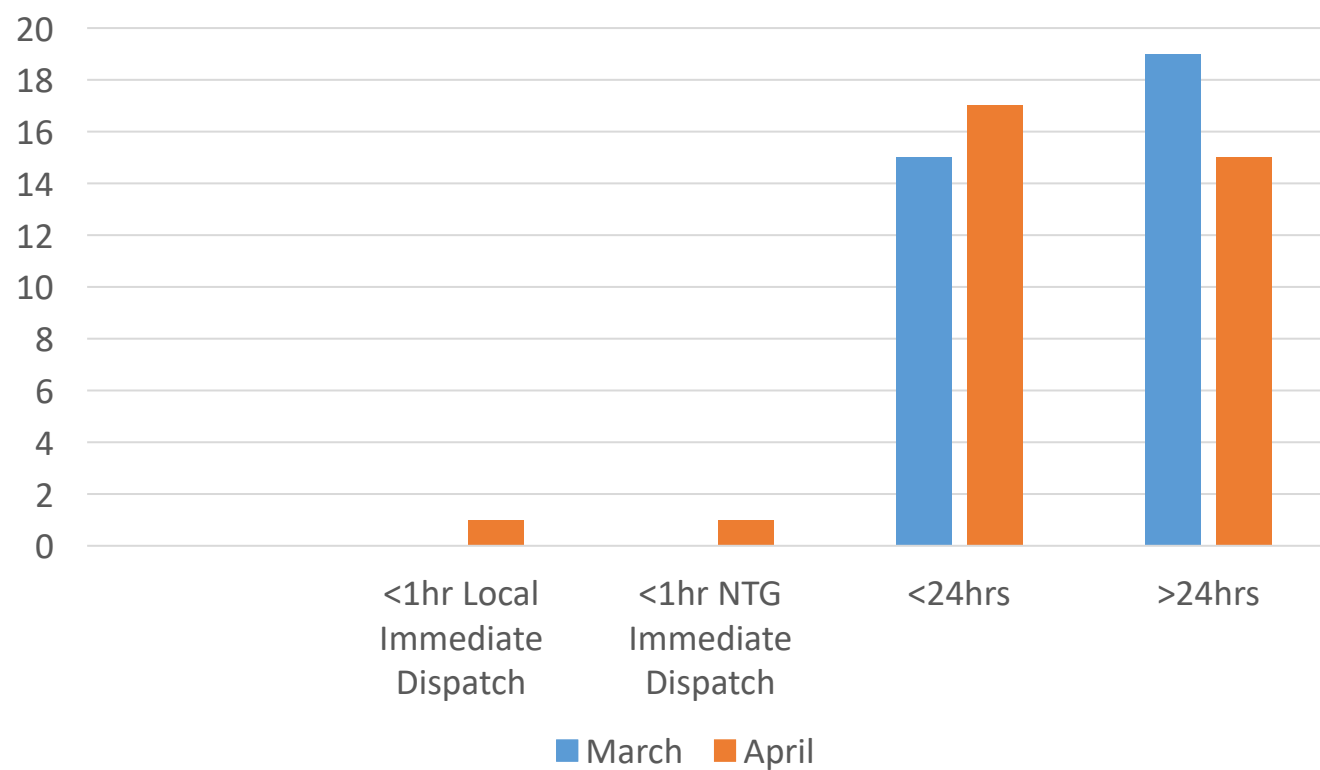
BAPM Care Levels during Transfer

March and April 2022



Timescale of Transfer

March and April



NTG and Local Immediate Dispatch

March and April 2022

	March	April
NTG Requests	0	1
Target Achieved	0	1
Local Request	0	1
Target Achieved	0	1

From/To Activity by Team Identity – MARCH 2022

Cardiff

Referring Unit	Prince Charles	Princess of Wales - Bridgend	Singleton Hospital	The Grange University Hospital	University Hospital of Wales, Cardiff	Total
Prince Charles			1		2	3
Princess of Wales - Bridgend			1			1
Singleton Hospital	1	2				3
The Grange University Hospital	1					1
University Hospital of Wales, Cardiff				2		2
Total	2	2	2	2	2	10

Swansea

Referring Unit	Glangwili General Hospital	Prince Charles	Princess of Wales - Bridgend	Singleton Hospital	St Michael's Bristol	The Grange University Hospital	University Hospital of Wales, Cardiff	Total
Bronglais	1							1
Glangwili General Hospital				4				4
Prince Charles						1	1	2
Princess of Wales - Bridgend				1				1
Royal Cornwall, Truro						2		2
Singleton Hospital	2	1	2				1	6
University Hospital of Wales, Cardiff		1				1		2
Total	3	2	2	5	1	3	2	18

Newport

Referring Unit	Glangwili General Hospital	Singleton Hospital	The Grange University Hospital	Total
Singleton Hospital	1		1	2
The Grange University Hospital		1		1
University Hospital of Wales, Cardiff	1	1	1	3
Total	2	2	2	6

From/To Activity by Team Identity – April 2022

Cardiff

Referring Unit	Prince Charles	Princess of Wales - Bridgend	Singleton Hospital	University Hospital of Wales PICU, Cardiff	University Hospital of Wales, Cardiff	Total
Glangwili General Hospital			3			3
Singleton Hospital	1				1	2
Singleton Maternity Unit					1	1
The County Hospital, Hereford		1				1
The Grange University Hospital				1	1	2
University Hospital of Wales, Cardiff			1			1
Total	1	1	4	1	3	10

Swansea

Referring Unit	Glangwili General Hospital	Prince Charles	Princess of Wales - Bridgend	Singleton Hospital	The Grange University Hospital	University Hospital of Wales, Cardiff	Total
Prince Charles					1		1
Singleton Hospital	2		2			3	7
The Grange University Hospital			1			1	2
University Hospital of Wales, Cardiff		1		1	1		3
Total	2	1	3	1	2	4	13

Newport

Referring Unit	Glangwili General Hospital	Prince Charles	Princess of Wales - Bridgend	Singleton Hospital	The Grange University Hospital	University Hospital of Wales, Cardiff	Total
Glangwili General Hospital				1			1
Prince Charles						1	1
Princess of Wales - Bridgend				1	1		2
Singleton Hospital	1	1	1				3
The Grange University Hospital						1	1
University Hospital of Wales, Cardiff		1		2			3
Total	1	2	1	4	1	2	11

Transport team arrived at baby <3.5 hours (ITU Uplifts)

March & April 2022

	March	April
ITU / Uplifts	8	9
Target Achieved	8	8

*1 outlier in April – twin transfer (team were transferring twin 1)

Datix

Reporting period January - April 2022, by date of incident

All submissions listed are from CHANTS Swansea

X 2 Equipment (not related)

- x1 Internal lessons learnt identified and also shared in TSG for all teams
- x1 WAST Lessons learnt identified and shared within WAST team and confirmation of this provide by WAST Locality Manager to CHANTS Service Manager

X 1 Ambulance (staffing)

WAST identified Internal lessons learnt and confirmation of this provide by WAST Locality Manager to CHANTS Service Manager

No identified themes

Remaining reporting questions

- Any Non-CHANTS? **No**
- Service must be operational 24 hours a day – 7 days a week. **During this period there was a 12hr driver gap, which is reflected in the Datix summary**
- Dedicated neonatal transport services transfer at least 95% of patients for uplift within its defined catchment area. **With the exception of 1 x parent refusal (slide 3) CHANTS have transferred 100%**
- Undertakes repatriation transfers to enable care to be provided as close to home as possible. Responsible for repatriation of babies to mother's booking hospital where this is within commissioned area. **CHANTS accepted all referrals made**



Report Title	Draft Specialised Paediatric Services 5 year Commissioning Strategy	Agenda Item	3.4		
Meeting Title	Joint Committee	Meeting Date	12/07/2022		
FOI Status	Public				
Author (Job title)	Specialised Planning Manager – Women and Children				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to present the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and to seek support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): <ul style="list-style-type: none">Note the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; andSupport that the Strategy will be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval in September 2022.					

DRAFT SPECIALISED PAEDIATRIC SERVICES 5 YEAR COMMISSIONING STRATEGY

1.0 SITUATION

The purpose of this report is to present the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and to seek support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.

2.0 BACKGROUND

A strategic priority set within the WHSSC 2021-2022 was to develop a Paediatric Service Strategy. This work has been undertaken through a full programme structure, overseen by a Programme Board.

3.0 ASSESSMENT

The final draft has been developed and is presented at **Appendix 1**. An earlier version was presented to the Programme Board on the 18 of May 2022, and all of the comments received have been incorporated.

The main points raised by the Programme Board were:

- Summarise progress of implementation against historic investment
- Reference the 'rights of the child'
- Amend language of strategic objectives to focus more 'children'
- Ensure actions under each strategic objective are clear and not open to misinterpretation.

The Commissioning Team are seeking support to issue the strategy for stakeholder feedback (6 weeks). It is anticipated the final version will be presented to the Joint Committee for approval in September 2022.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and
- **Support** that the Strategy will be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint Committee for approval in September 2022.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	The development of a Paediatric Strategy is a strategic priority set within the WHSSC 2021/22 ICP.
Health and Care Standards	Effective Care Timely Care Staff and Resourcing
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production Care for Those with the greatest health need first
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within the strategy reflects issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	The resource allocation for the implementation of the strategy is included at page 69 of the strategy
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating within this report.
Long Term Implications (incl WBFG Act 2015)	The strategy is underpinned by the WBFG and is referenced throughout.
Report History (Meeting/Date/ Summary of Outcome)	6 June 2022 – Corporate Director’s Group Board (CDGB) – supported. 23 June 2022 Management Group (MG) – noted that it would be presented to the Joint Committee 12 July 2022.

Appendices

Appendix 1 – Specialised Paediatric Services 5 year
Commissioning strategy.

DRAFT - 5 year Commissioning Strategy for Specialised Paediatric Services



June 2022

Draft Version 0.15

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Foreword

Foreword from the Managing Director of Welsh Health Specialised Services Committee (WHSSC)

Executive Summary

This 5 year Specialised Paediatric Services Strategy has been developed in partnership between the Welsh Health Specialised Services Committee and the 7 Health Boards for whom it commissions services. It aims to convey both the current position for the provision of Paediatric Specialised Services for Welsh paediatric residents, from English and Welsh providers, and to establish the future vision and commissioning intent to ensure high quality services for the children of Wales and their families and carers.

It has at its heart the following strategic aim:

"...to develop a 5 year commissioning strategy for the provision of high quality, sustainable and equitable specialised paediatric services for the children of Wales."

Chapter 1 offers some background to the strategy, and sets it within the policy context of NHS Wales. It provides details on the services that are within the scope of the strategy and outlines how the strategy process has been enabled along with associated governance frameworks.

Chapter 2 presents '**Where we are now**'. It offers information on current service provision, paediatric patient flows and issues that are emerging within Specialised Paediatric services.

Chapter 3 continues the '**Where we are now**' theme by presenting the findings that have emerged through the project group structure, before drawing these together into strategic objectives in Chapter 4.

Chapter 4 sets out the aspiration of the strategy, '**Where do we want to be?**' As such it develops a set of strategic objectives from which a number of key actions are developed:

Strategic Objective 1	There are clear access criteria and routes into and out of tertiary services for Children and their families, with increased knowledge of the remit of specialised services provision and how they fit within the whole pathway of care.
Strategic Objective 2	Children receive high quality, equitable and patient tailored care in the most appropriate environment, whether that be in-reach or outreach, with clinical teams supporting the use of advanced digital technologies and regional education and training.

Strategic Objective 3	A patient centred commissioning model which adds value to the treatment of children, strengthens the whole pathway approach and is commissioned across the horizontal and vertical delivery of specialised services, supporting the transforming health care agenda within Wales.
Strategic Objective 4	Children and their families experience seamless transition across their care and treatment pathway, and between age related services.
Strategic Objective 5	Specialised Paediatric services are funded prudently to ensure optimum and timely access for children, with priority being given to those services where there are deficits and constraints.
Strategic Objective 6	Health Boards are assured that the commissioning and delivery of specialised services for children and their families have appropriate oversight structures in place.

Chapter 5 outlines '**How we get there**'. It outlines the necessary enablers and implementation arrangements that will be required to ensure implementation of the strategy.

Chapter 6 outlines the '**How we get there**' and sets out the high level actions that are required to meet each of the strategic objectives.

Chapter 7 outlines the '**constraints**' beyond the remit of WHSSC that need to be considered and addressed in order to ensure the optimum impact of the strategy.

Contributors

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Further contributions have been received from representatives of the following organisations:

Aneurin Bevan University Health Board
Betsi Cadwaladr University Health Board
Cardiff and Vale University Health Board
Cwm Taf Morgannwg University Health Board
Hywel Dda University Health Board
Powys Teaching Health Board

Swansea Bay University Health Board
Alder Hey Children's Hospital NHS Foundation Trust
Birmingham Children's Hospital NHS Foundation Trust
University Hospitals Bristol NHS Foundation Trust
Higher Education Improvement Wales

CHAPTER 1

1.0 INTRODUCTION

The Welsh Health Specialised Services Committee (WHSSC) works on behalf of the seven Health Boards in Wales to commission high quality, sustainable and equitable specialised services for the population of Wales. Services are delivered by Local Health Boards across Wales and NHS providers in England.

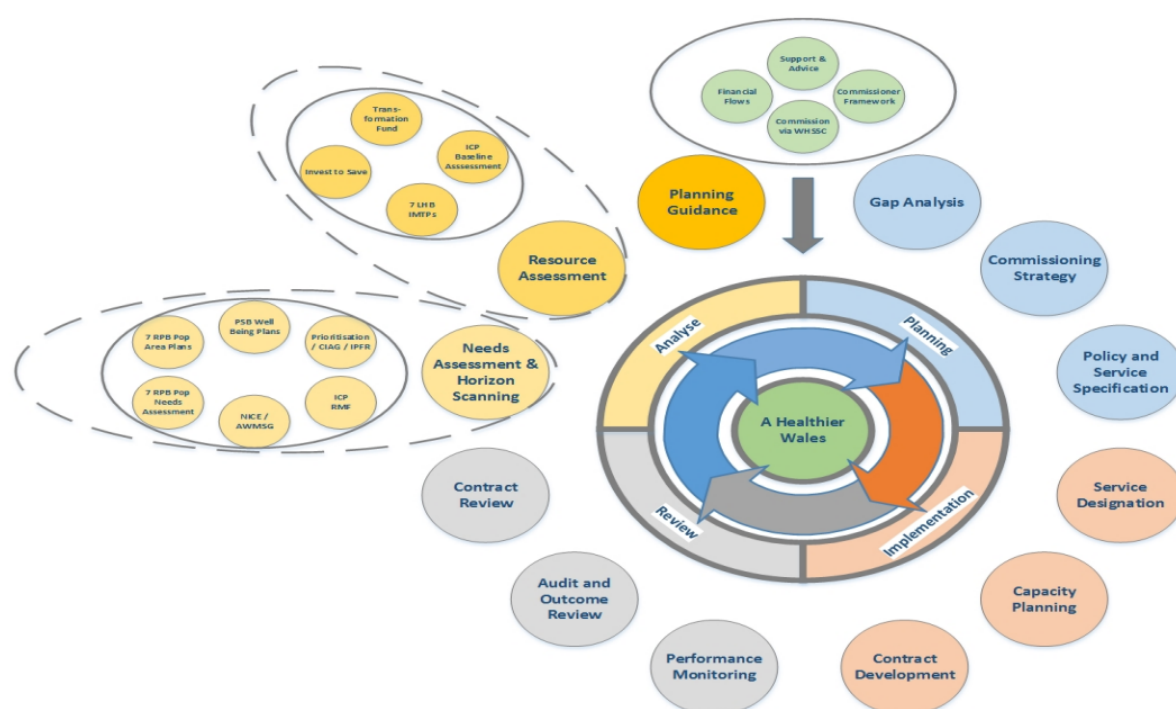
The WHSSC structure is divided into 6 commissioning teams: Cancer and Blood; Cardiac Conditions; Mental Health and Vulnerable Groups; Neurosciences and Complex Conditions; the adult Renal Network; and Women and Children. The Commissioning Teams are multi-professional groups that deliver high-quality commissioning advice for the WHSSC Joint Committee. The Commissioning Teams include the relevant Associate Medical Director, planning, quality, finance and information representatives. This strategy has been developed by the Women and Children's commissioning team through a formal project management structure.

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;
- co-ordinate 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 **Figure 1** below:

Figure 1: WHSSC commissioning cycle



1.1 Why do we need a strategy for Specialised Paediatric Services?

Tertiary paediatric services have been in receipt of significant investment through WHSSC processes in recent years. This has, in the main, been to establish full MDTs for specialised services and to stabilise historically fragile services in order to enhance and improve patient care and access. Despite this investment, there remain specific issues for both south and north Wales services. In order to determine the impact of investment and to consider the remaining issues it was considered to be a timely juncture to develop a formalised strategy for Specialised Paediatric Services.

Whilst the focus of this work is on the provision of Specialised Paediatric Services for children in Wales, it is of course set within a wider policy framework as it relates to NHS Wales and the broader Paediatric discipline; to support the health and wellbeing of children. Maximising the outcomes for children from a Specialised Services perspective, accepting it is only part of the pathway, will contribute to the broader system which will improve the social outcomes of children in all areas of their lives in particular health and education. A summary of the key documents that should be considered alongside this strategy is outlined in **Appendix A**.

1.2 The Strategy Governance and Process

In order to develop the Paediatric Strategy a full programme structure was developed. This has allowed for the strategy to be developed in a collaborative way with providers of specialised services and those referring in to specialised services from across NHS Wales and NHS England, with clear and robust governance routes for approval.

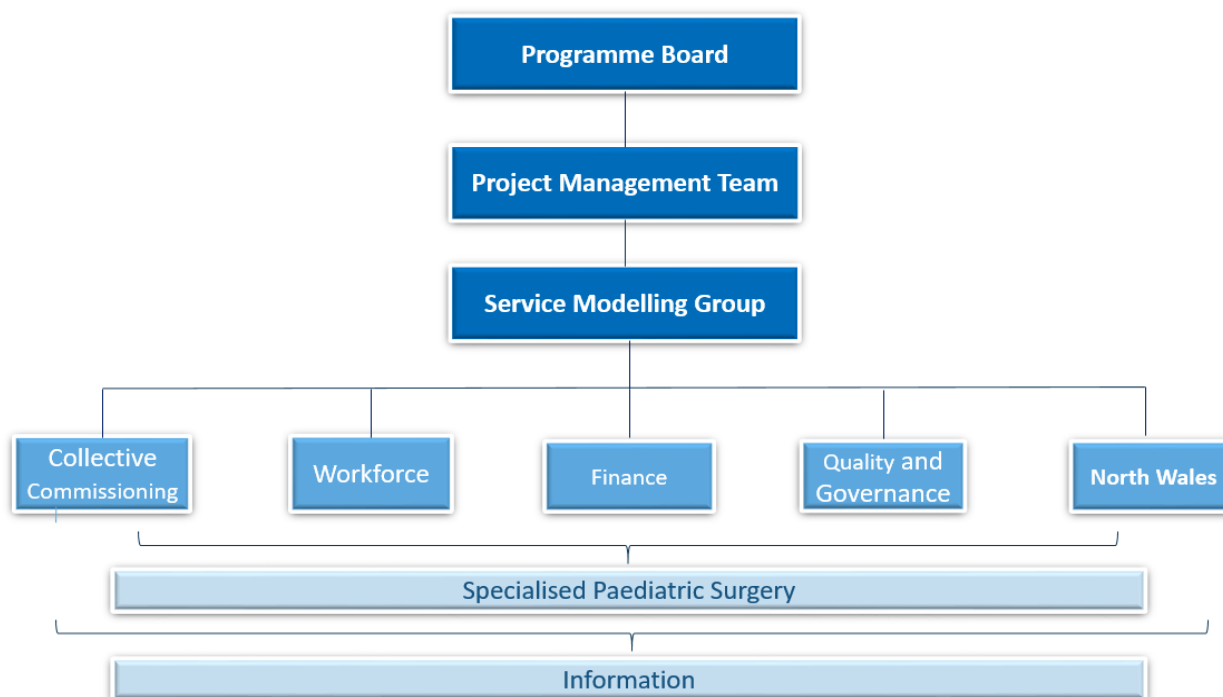
Through all stages of the Programme we have applied the following principles¹:

Attended	Throughout all formal meetings of the Programme and informal discussions we have listened objectively to the positive and negative experiences and frustrations felt by colleagues across NHS Wales and England.
Understood	The Programme Team has taken the time to understand the detail ensuring all views and evidence have been considered appropriately.
Empathised	Through adopting varying styles such as meetings, workshops and questionnaires it has allowed for colleagues to express frustrations and concerns in an anonymous and safe way with all views being considered empathetically.
Helped	In light of the current pressures of Covid-19 a number of adjustments have been made to the structure of the strategy development in order to assist colleagues in attending and contributing to discussions.
Helping in the Future	Throughout the development of the strategy, moving in to the implementation phase and beyond, a commitment has been made to continue to help. The input and views of others in to the monitoring and development of paediatric services is a continuous cycle of review.

¹ King's Fund – Compassionate Leadership [What is compassionate leadership? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-is-compassionate-leadership/)

The programme structure that was established to support the development of the strategy is outlined in **Figure 2** below:

Figure 2: Programme Structure



The aims, objectives and membership of each of the project components can be found in **Appendix B**.

1.3 Rights of the Child

Children and young people have 42 rights under the United Nations Convention on the Rights of the Child (UNCRC). These 42 rights give children and young people what they need to grow up happily, healthily and safely. In 2011 Wales became the first country in the UK to make the UNCRC part of its domestic law. The Rights of the Child have been core to the development of the strategy. A full list of the 42 rights are available in **Appendix C**.

1.4 Future Generations and Wellbeing Act

[The Wellbeing of Future Generations Act \(2015\)](#) puts in place 7 well-being goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

The aim of the Wellbeing and Future Generations Act is to improve the social, economic, environmental and cultural well-being of Wales, to ensure a future and resilient society. There is strong evidence to suggest that 'the wellbeing of women and children will produce a fairer, stronger, and more resilient society'²

² Modi N.,Hanson M. 2021. [Health of women and children is central to covid-19 recovery](#). *BMJ* 2021;373:N899

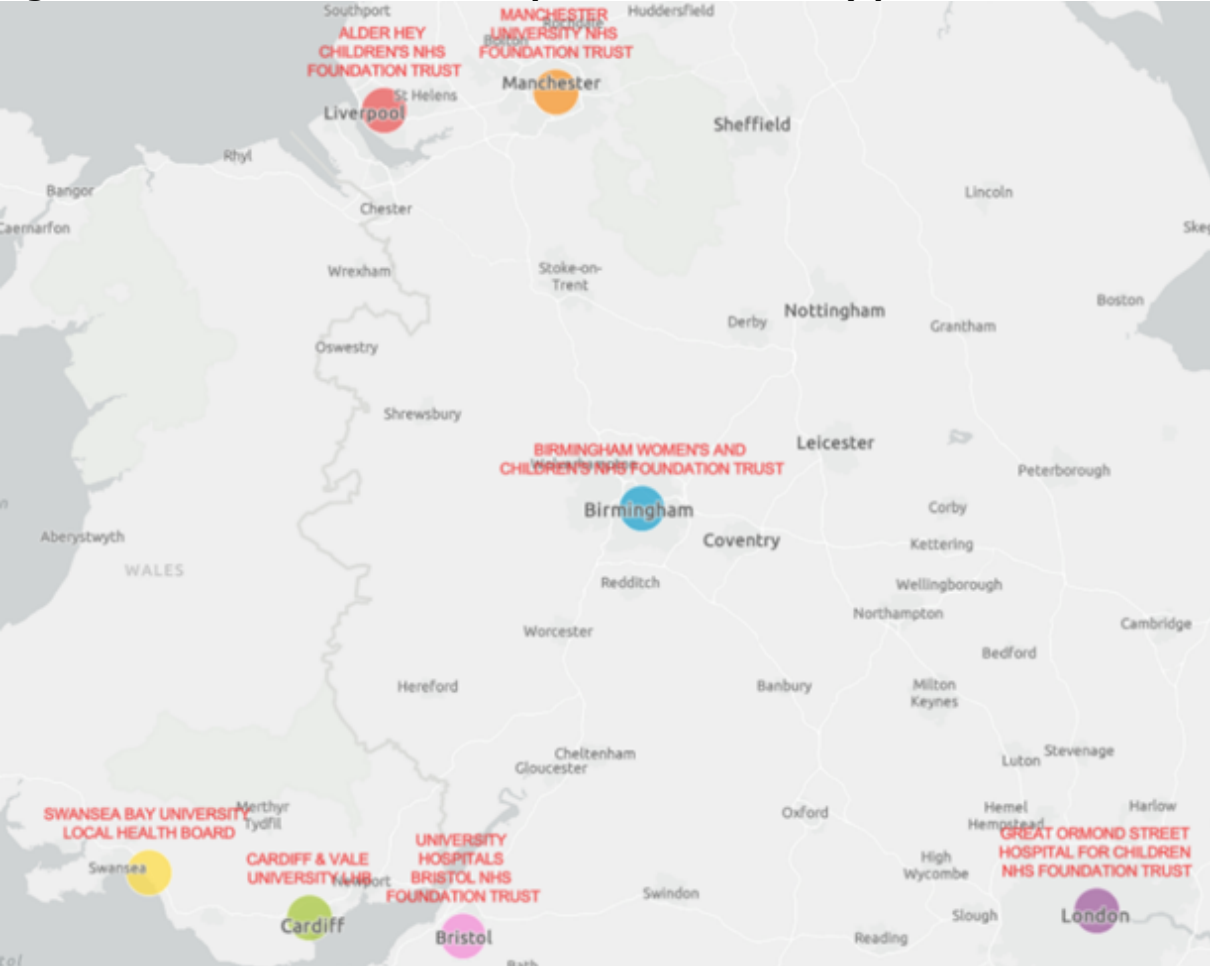
CHAPTER 2

2.0 WHERE ARE WE NOW?

2.1 Current population, projections and commissioned providers

Based on 2020 mid-year estimates³ the paediatric population for Wales is 596,592, which is 18.8% of the total population. To meet the tertiary needs of the paediatric population, tertiary paediatric services are commissioned by WHSSC from a number of providers across the UK (**Figure 3**). The south, south west and Powys population predominantly access tertiary paediatric services from the Children’s Hospital for Wales, Cardiff; Bristol Royal Hospital for Children; University Hospitals Bristol NHS Trust; and Birmingham Children’s Hospital; with patients from north Wales accessing mainly from Alder Hey Children’s Hospital.

Figure 3: WHSSC commissioned providers of tertiary paediatric services



2.1.1 Population size & projections

The following figures include a number of analyses using different data sources to highlight the possible demand for paediatric services over the

³ [Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/populationandcommunity/populationandmigration/populationestimates/articles/populationestimatesfortheukenglandandwalesscotlandandnorthernireland)

next 5 years (to 2026). The projections are based on historical paediatric (0-16 age group) activity, unlike Office for National Statistics (ONS) where there is a complex methodology used to develop their projections.

In some visuals, an ONS projection may be used as a comparison and this is for illustration purposes only as the ONS projections are based on previous years populations, not current, and do not take into account the Covid-19 pandemic. The population data used is a mixture of ONS, StatsWales (Welsh Government), and National Community Child Health Database (NCCHD) for 2020 live birth numbers only.

Figure 4: Population Projections

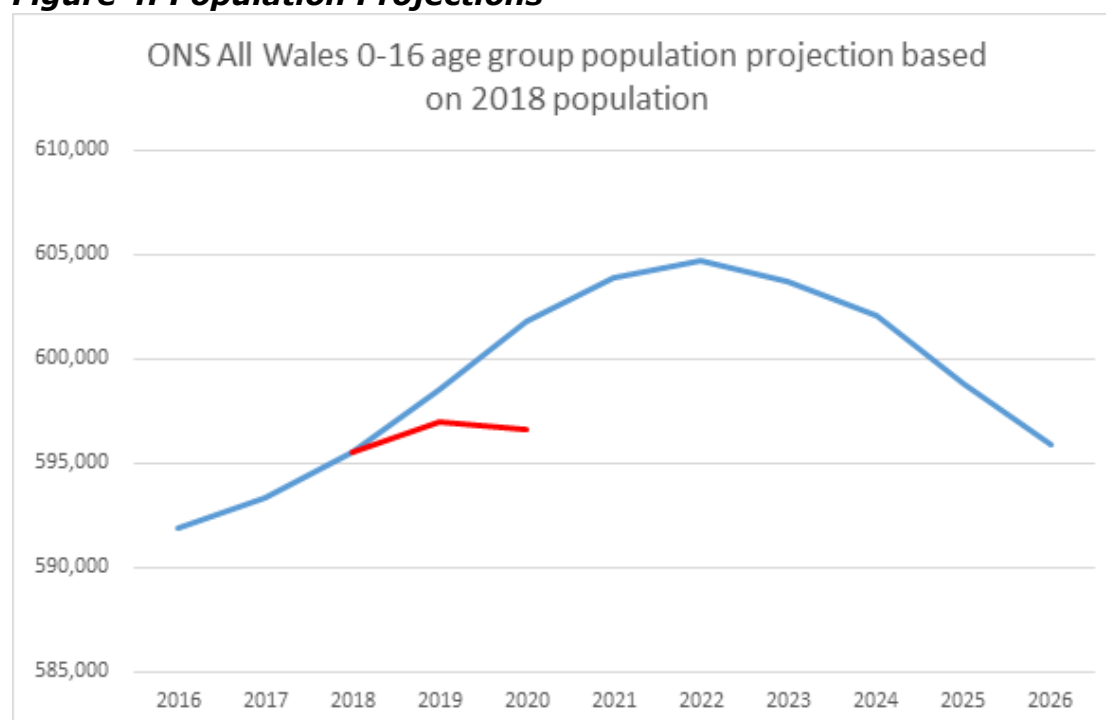


Figure 4 above illustrates the ONS projected trend (blue) of the Children (0-16) population of Wales based on a 2018 mid-year estimate. Also included are the 2019 and 2020 ONS mid-year estimates (red) based on actual historic data to illustrate the actual numbers against the projections. The paediatric population is projected to peak in 2022. However, population estimates based on actual historic data show that the peak may have already occurred in 2019.

Below, in **Figure 5**, a breakdown of the Children ONS population projections (based on 2018 mid-year estimates) by Local Health Board (LHB) is provided. The mid-year estimates for 2020 can be found in **Figure 6**.

Figure 5: Population projections

LHBs	2018	2019	2020	2021	2022	2023	2024	2025	2026
AB	116,783	117,522	118,251	118,758	119,070	119,090	118,984	118,488	117,953
BCU	131,479	131,915	132,563	132,869	132,760	132,215	131,491	130,476	129,522
C&V	96,871	97,454	98,081	98,601	98,898	98,816	98,499	98,010	97,572
CTM	87,213	87,800	88,324	88,805	88,996	88,920	88,857	88,537	88,168
HD	69,509	69,799	69,994	70,064	69,996	69,736	69,365	68,776	68,355
Powys	22,609	22,611	22,671	22,675	22,617	22,561	22,474	22,290	22,141
SB	71,048	71,386	71,860	72,139	72,317	72,383	72,411	72,232	72,149

The projections in **Figure 5** show that the children population continues on an increasing trend through 2018-2020. However, what is found in the population mid-year estimates in **Figure 6** is that all LHBs are on a decreasing trend from 2019-2020. There is little information to support that this is a continuing trend or whether other unforeseen factors are at play to cause this decrease i.e. the recent COVID-19 pandemic.

Figure 6: Mid-year population projections

LHBs	2018	2019	2020
AB	116,783	117,281	117,133
BCU	131,479	131,469	131,131
C&V	96,871	97,432	98,077
CTM	87,213	87,613	87,445
HD	69,509	69,676	69,437
Powys	22,609	22,530	22,489
SB	71,048	70,946	70,880

2.1.2 Birth rates

With live birth projections, the data could not be disaggregated by LHB and the ONS data includes all births, therefore the data used here is live births from 2010 to 2020. Using forecasting functionality in Microsoft Excel, a projection has then been cast based on the historical numbers.

These figures include an upper and lower confidence bound of 95% meaning that 95% of future points would be expected to fall within the radius from the resulting forecast value(s). The 2020 birth number is from National Community Child Health Database (NCCHD).

Figure 7: Live birth projections

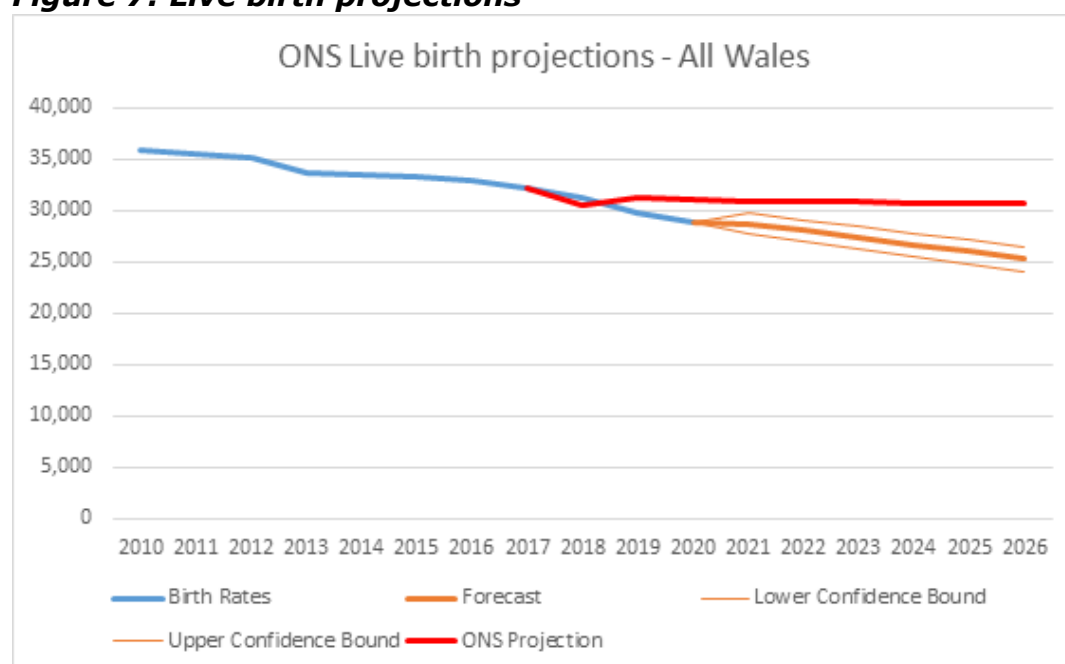


Figure 7 illustrates the trend of actual births (2010 – 2020) and then a projection from 2021 to 2026 based on the actuals. The ONS projection has been added for comparison and includes all births. The actuals for 2018, 2019 and 2020 are on a steeper decreasing line than the ONS projection. ONS projection based on 2018 live births. **Figure 8** contains the LHB split of actual live births to 2020. Together with the forecasts we are seeing a decreasing trend in live births across all LHBs.

Figure 8: LHB split of live births

LHBs	2018	2019	2020	2021	2022	2023	2024	2025	2026
AB	6,206	6,121	5,764	5,868	5,772	5,676	5,581	5,485	5,389
BCU	6,740	6,355	6,173	6,070	5,904	5,737	5,571	5,405	5,239
C&V	5,349	4,939	4,944	4,868	4,735	4,602	4,470	4,337	4,204
CTM	4,703	4,499	4,245	4,289	4,186	4,083	3,980	3,877	3,773
HD	3,362	3,229	3,195	3,135	3,058	2,982	2,905	2,829	2,752
Powys	1,114	1,034	1,018	1,024	1,005	986	967	948	928
SB	3,800	3,527	3,314	3,377	3,283	3,189	3,095	3,001	2,907

2.1.3 Population distribution by Health Board

Based on a 2020 mid-year estimate population for Wales, 188 per 1,000 population are aged 0-16 (which is 18.8%). **Figure 9**, below, presents the distribution of children (0–16) by LHB at a Local Authority level.

Figure 9: Distribution of children (0–16) by LHB at Local Authority level

LHB	Local Authority	Total Population	0-16 population	No. of 0-16 per 100,000
Aneurin Bevan UHB	Newport	156,447	33,851	21,637
	Caerphilly	181,731	35,603	19,591
	Torfaen	94,832	18,500	19,508
	Blaenau Gwent	70,020	12,913	18,442
	Monmouthshire	95,164	16,266	17,093
Betsi Cadwaladr UHB	Wrexham	136,055	27,454	20,179
	Flintshire	156,847	30,546	19,475
	Denbighshire	96,664	18,440	19,076
	Isle of Anglesey	70,440	12,647	17,954
	Gwynedd	125,171	21,974	17,555
	Conwy	118,184	20,070	16,982
Cardiff & Vale UHB	Vale of Glamorgan	135,295	26,406	19,517
	Cardiff	369,202	71,671	19,412
Cwm Taf Morgannwg UHB	Merthyr Tydfil	60,424	12,208	20,204
	Rhondda Cynon Taf	241,873	47,472	19,627
	Bridgend	147,539	27,765	18,819
Hywel Dda UHB	Carmarthenshire	190,073	35,200	18,519
	Pembrokeshire	126,751	22,715	17,921
	Ceredigion	72,895	11,522	15,806
Powys	Powys	133,030	22,489	16,905
Swansea Bay UHB	Neath Port Talbot	144,386	26,634	18,446
	Swansea	246,563	44,246	17,945

2.2 Incidence rates of specific conditions

WHSSC commissions a broad range of paediatric services from highly specialised Bone Marrow Transplants and high cost drugs for Rare Diseases which are funded on an individual patient basis; emergency services including Paediatric Intensive Care and Paediatric Surgery; and specialities providing ongoing care for long term conditions such as Paediatric Rheumatology and Paediatric Endocrinology. A full list of commissioned services is provided in **Figure 10**. Where there is published evidence for incidence rates it has been summarised in **Appendix D**.

Figure 10: WHSSC Commissioned Paediatric Services

Cleft Lip and Palate	Paediatric BAHA and Cochlear
Paediatric Bone Marrow Transplant (BMT)	Paediatric Burns Services
Paediatric Cardiac Surgery	Paediatric Cardiology
Paediatric Clinical Immunology	Paediatric Cystic Fibrosis

Paediatric Endocrinology	Paediatric Extracorporeal membrane oxygenation (ECMO)
Paediatric Gastroenterology	Paediatric Haematology
Paediatric Inherited Metabolic Disease	Paediatric Intensive Care
Paediatric Intestinal failure/ HPN	Paediatric Nephrology
Paediatric Neurology*	Paediatric Neurosurgery
Paediatric Neuro-rehabilitation	Paediatric Oncology
Paediatric Plastic Surgery	Paediatric Radiology
Paediatric Radiotherapy	Paediatric Rheumatology
Paediatric Transplant	Specialised Ear Nose and Throat Surgery
* (including Ketogenic Diet and Epilepsy Surgery)	Specialised Paediatric Surgery

Figure 11 includes three services/treatments which have been added to the WHSSC remit of commissioning responsibility as of 2022/23:

Figure 11: WHSSC Newly Commissioned Paediatric Services/Treatments

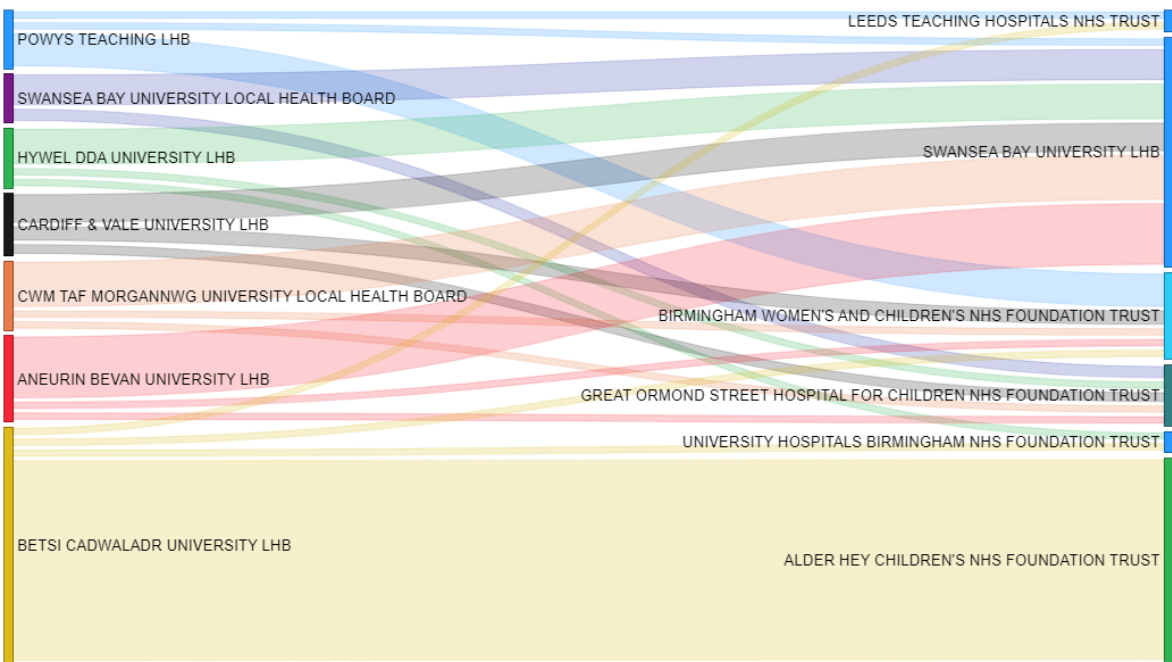
Specialised Paediatric Orthopaedic Surgery
Specialised Paediatric Spinal Surgery
Selective Dorsal Rhizotomy (a treatment within Paediatric Neurology)

Neonatal and Mental Health services are excluded from this strategy as there are two additional strategic pieces being undertaken by WHSSC covering these areas, as noted within the WHSSC ICP 2021/24.

2.3 Current Configuration of Services & Associated Access

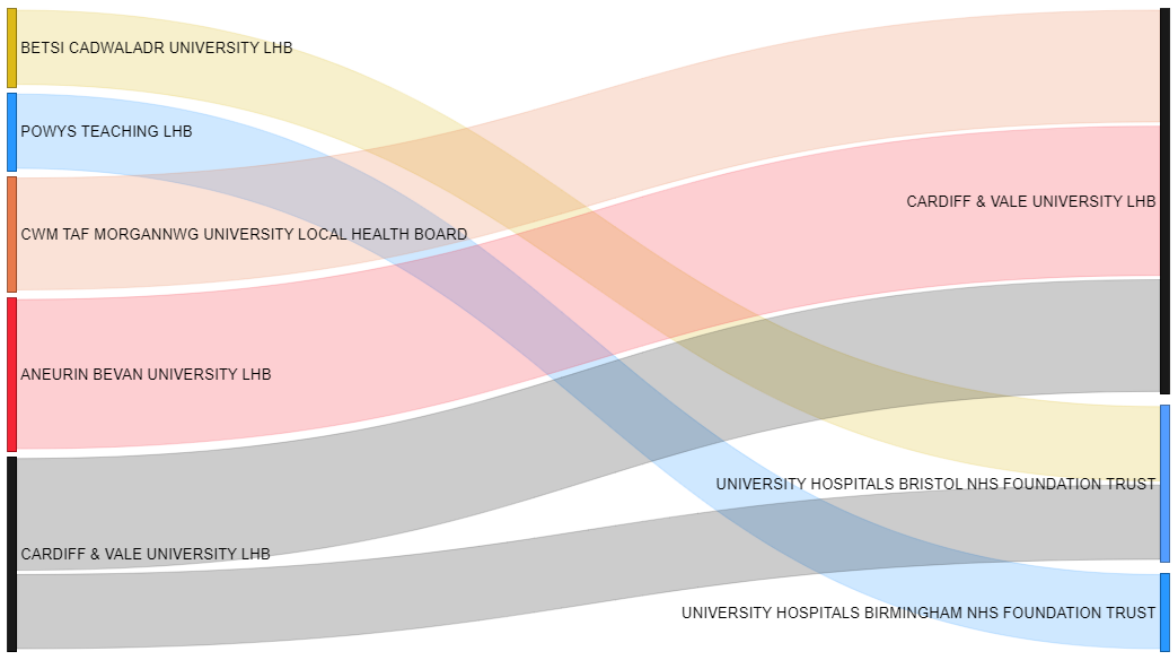
This section illustrates the flow from health board of residence to contracted provider for each of the paediatric services WHSSC commissions. Health board of residence, based on GP postcode, is on the left and contracted provider is on the right (read left to right). The illustrations use information that WHSSC receives on commissioned activity and uses financial year 2019/20 information (pre-Covid-19). In some instances, links may be missing and this is mainly due to insufficient information from providers. The wider the connection, the higher the volume of patients accessing these services. There will be small numbers of flow to other providers that are off contract and these will be due a number of reasons such as an exceptional case considered by the Individual Patient Funding Request team or where a patient has become unwell whilst out of area.

2.3.1 Cleft Lip & Palate (CLP)



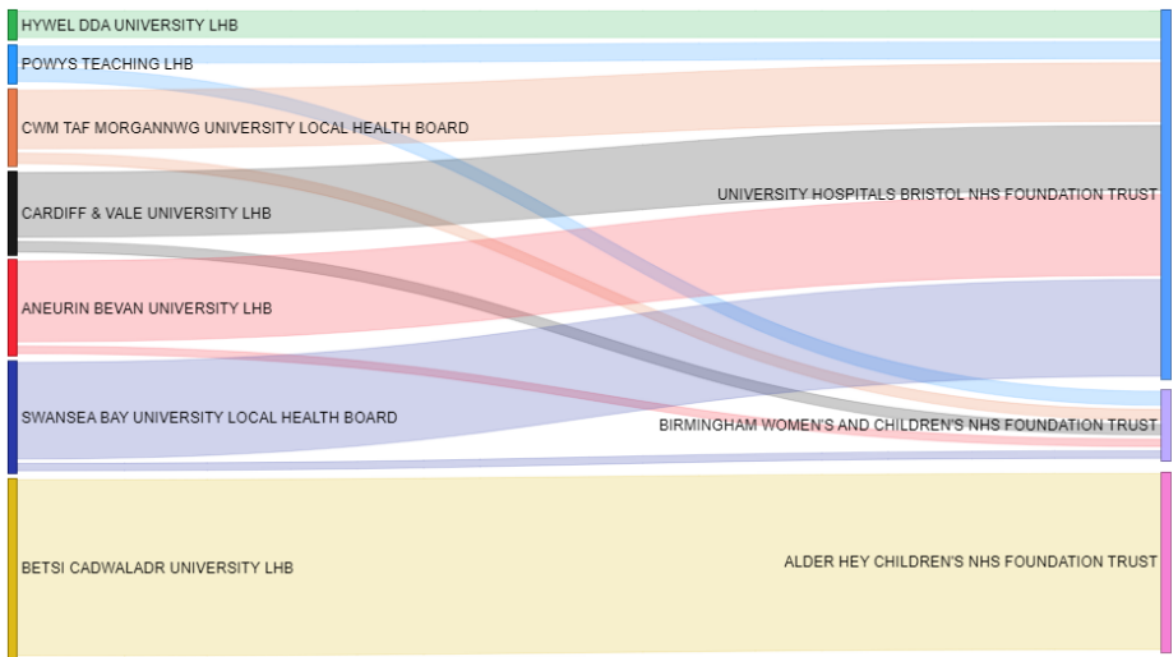
The commissioned pathway for children in north Wales requiring CLP treatment is to Alder Hey Children's Hospital, and for children in south Wales, it is to Swansea Bay. Powys patients, dependent on geographical location, flow to Birmingham Children's Hospital. Flow in the majority of cases aligns with the commissioned pathway. However there are small numbers flowing to alternative providers, such as Great Ormond Street Hospital, which are instances where patients with complex co-morbidities require treatment in a setting more appropriate for their needs.

2.3.2 Paediatric BAHA & Cochlear



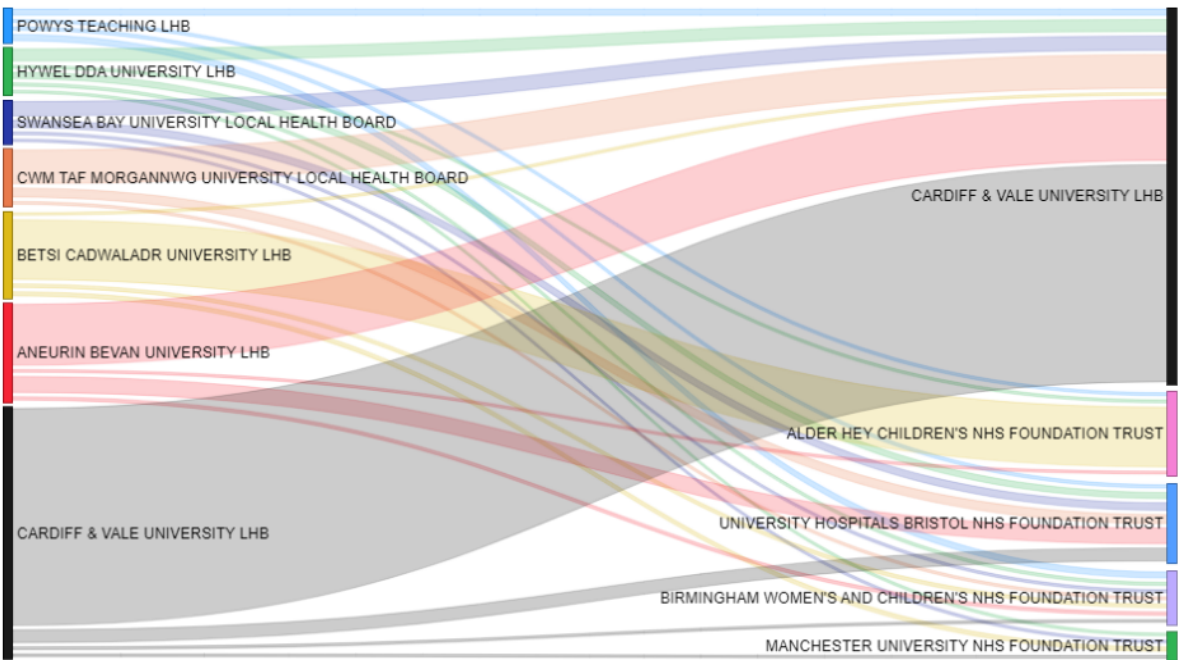
WHSSC commissions paediatric BAHA and cochlear services from three providers: Cardiff and Vale UHB and Swansea Bay UHB for patients in south Wales and south Powys and Central Manchester University Hospitals for patients in north Wales and north Powys. It appears from the chart that Hywel Dda and Swansea Bay residents have not accessed the service, this has been reviewed and it appears no data has been returned from SBUHB where these patients flow. The above illustrates that in 2019/20 there were also a number of patients treated at Bristol Royal Hospital for Children. This is in line with the commissioned pathway for patients with a cardiac condition requiring a BAHA or Cochlear implant.

2.3.3 Paediatric Cardiac Surgery



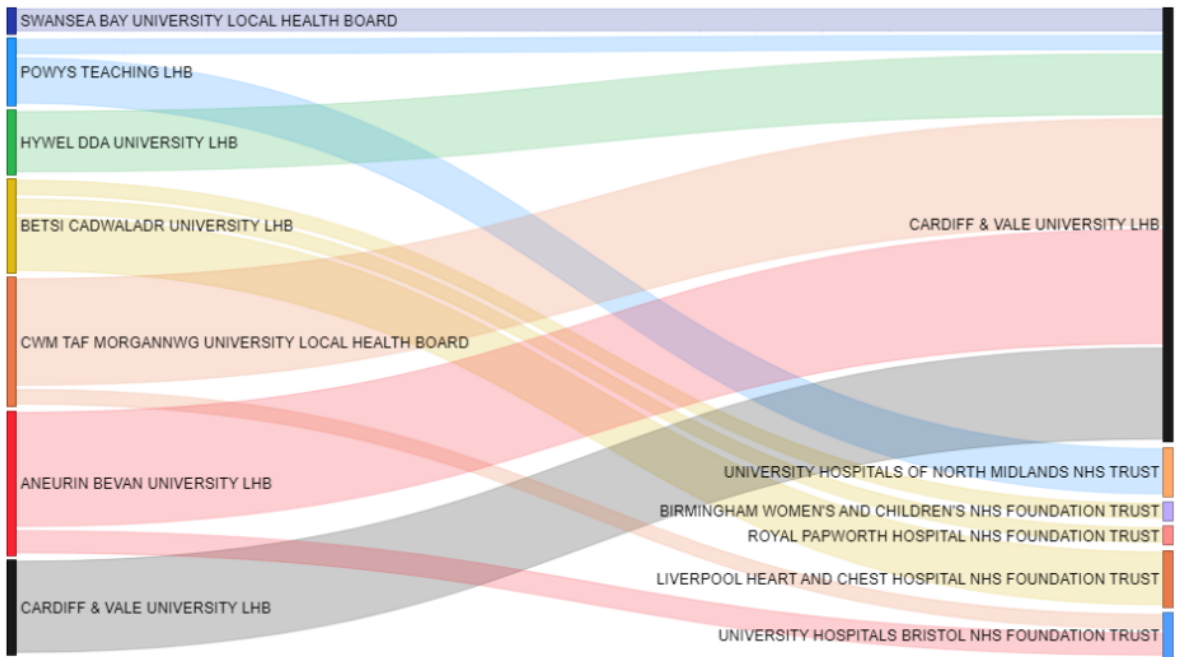
The commissioned pathway for children in north Wales requiring cardiac surgery is to Alder Hey Children’s Hospital, and for children in south Wales it is to Bristol Royal Hospital for Children. The above illustrates that flows aligns with the commissioned pathway. As for all tertiary services, children with complex needs may need to be treated at highly specialised providers.

2.3.4 Paediatric Cardiology



The commissioned pathway for children in north Wales requiring paediatric cardiology services is to Alder Hey Children’s Hospital, and for children in south Wales it is to Cardiff. The above illustrates there are small numbers of patients that flow to alternative providers.

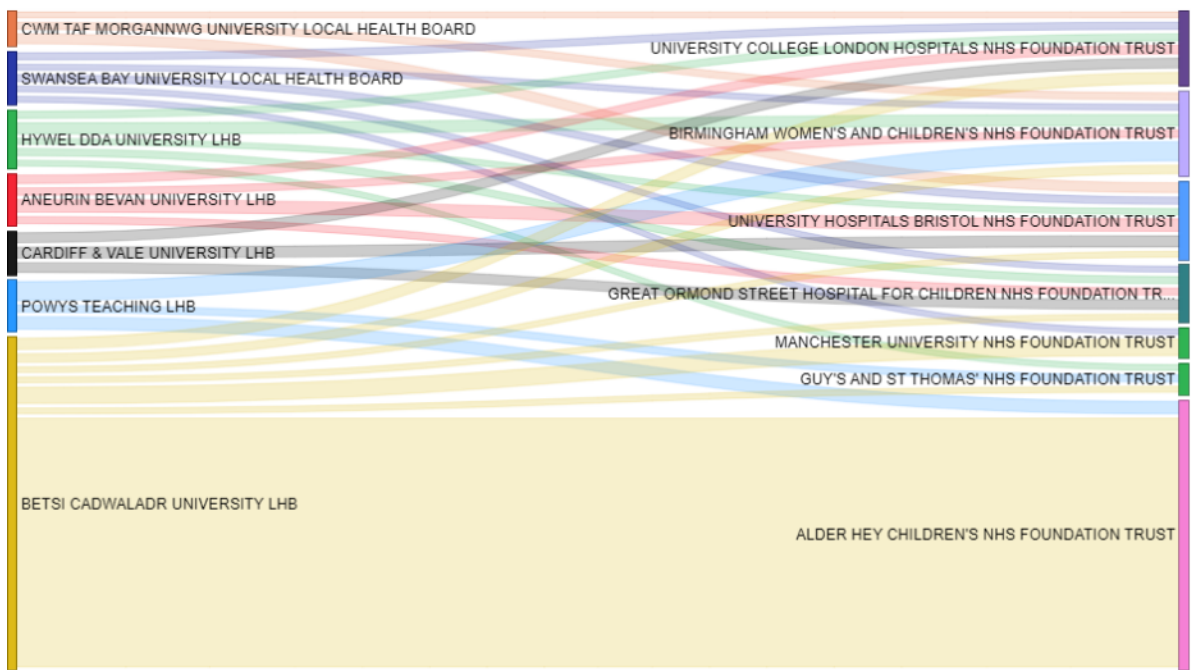
2.3.5 Paediatric Cystic Fibrosis



WHSSC commissions from three providers for paediatric cystic fibrosis services: Cardiff and Vale UHB for patients in south Wales, Birmingham Children’s Hospital for patients in Powys and Liverpool Heart & Chest

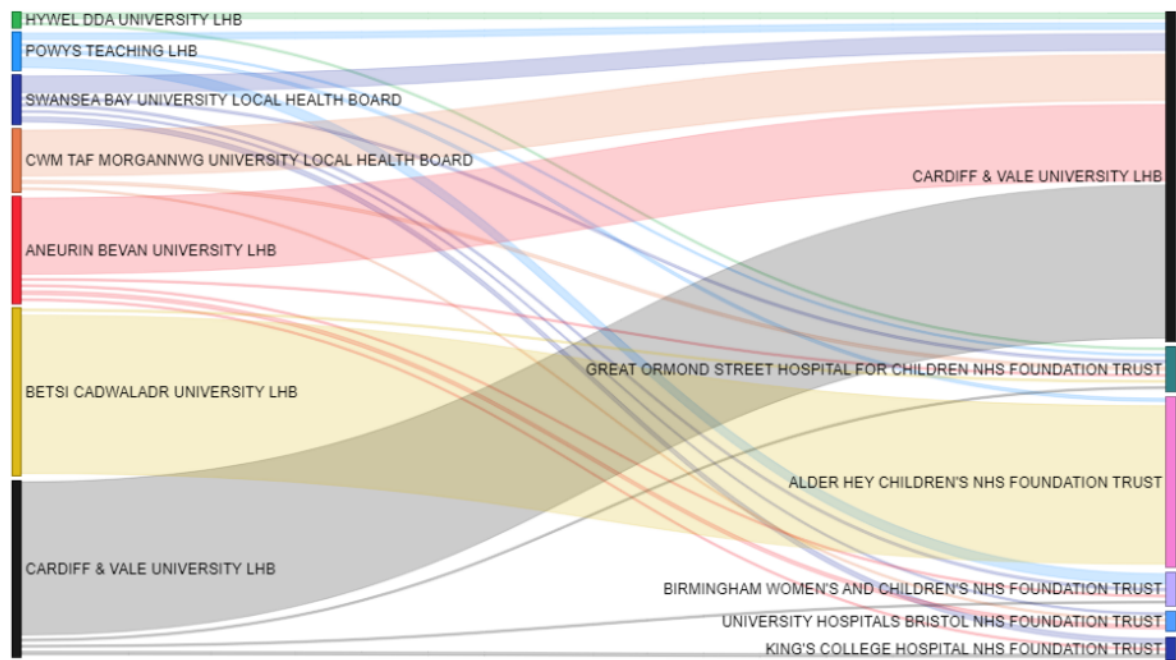
Hospital for patients in north Wales. The above illustrates that in 2019/20, the majority of patients followed the commissioned pathways.

2.3.6 Paediatric Endocrinology



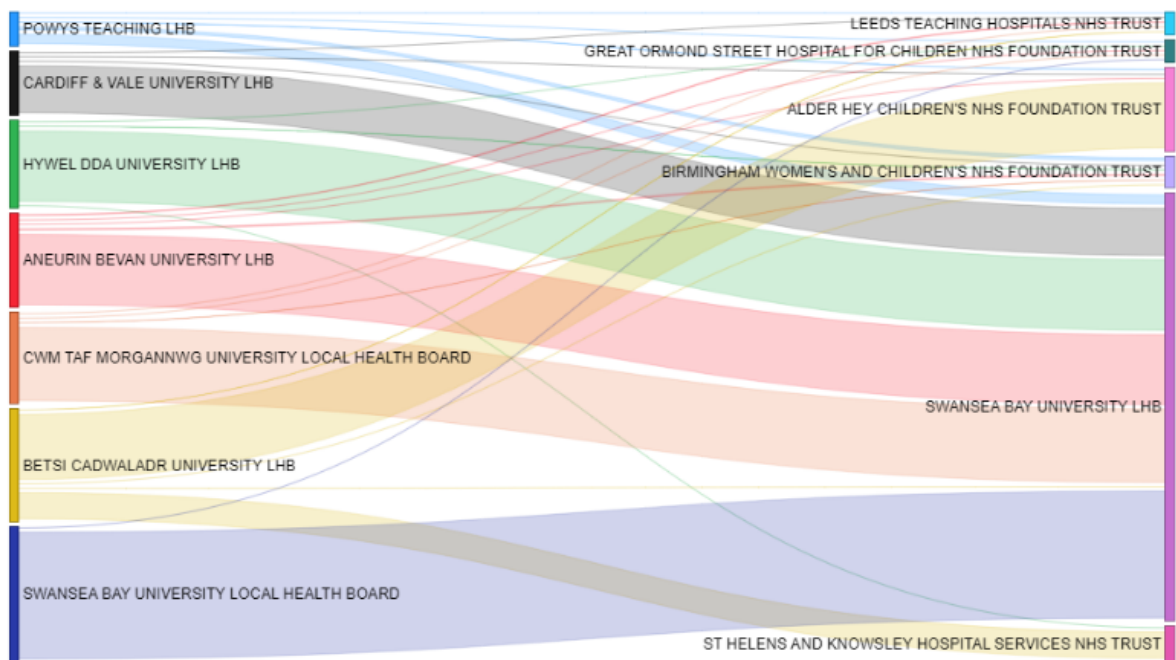
The commissioned pathway for children in north Wales requiring paediatric endocrinology services is to Alder Hey Children’s Hospital, and for children in south Wales it is to Cardiff and Vale UHB. Dependent on geographical location, Powys patients flow to Birmingham Children’s Hospital and Alder Hey Children’s Hospital. The data in this chart demonstrates historic pathways from 2019/20, this was prior to the service being the commissioning responsibility of WHSSC. The service was subject to significant investment to support the appointment of the MDT. As the service in Cardiff and Vale UHB builds with funded appointments the flow for south Wales residents will be more consistent.

2.3.7 Paediatric Gastroenterology



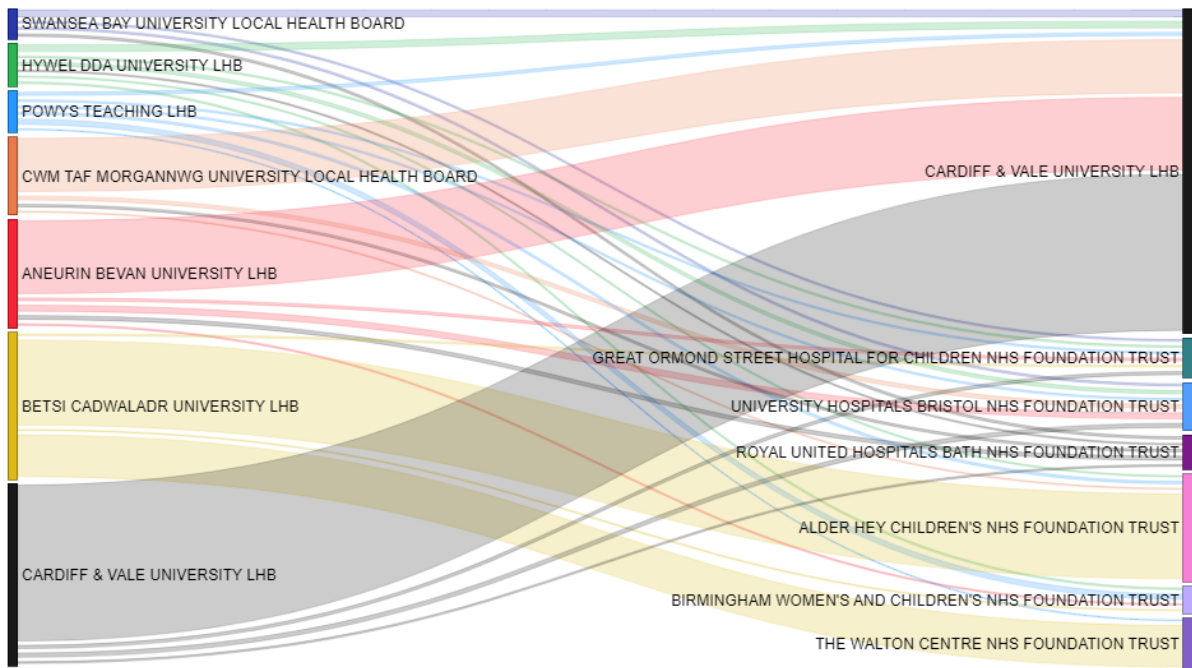
Commissioned pathways for children requiring paediatric gastroenterology services are to Cardiff and Vale UHB for those in south Wales and Powys, and to Alder Hey Children’s Hospital for those in the north. Flow largely aligns with the commissioned pathways. For Paediatric Hepatology that is a highly specialised element of paediatric gastroenterology, south Wales and Powys patients flow to King’s College Hospital London and Birmingham Children’s Hospital, as per the diagram, and Alder Hey Children’s Hospital for the north wales population.

2.3.8 Paediatric Plastic Surgery



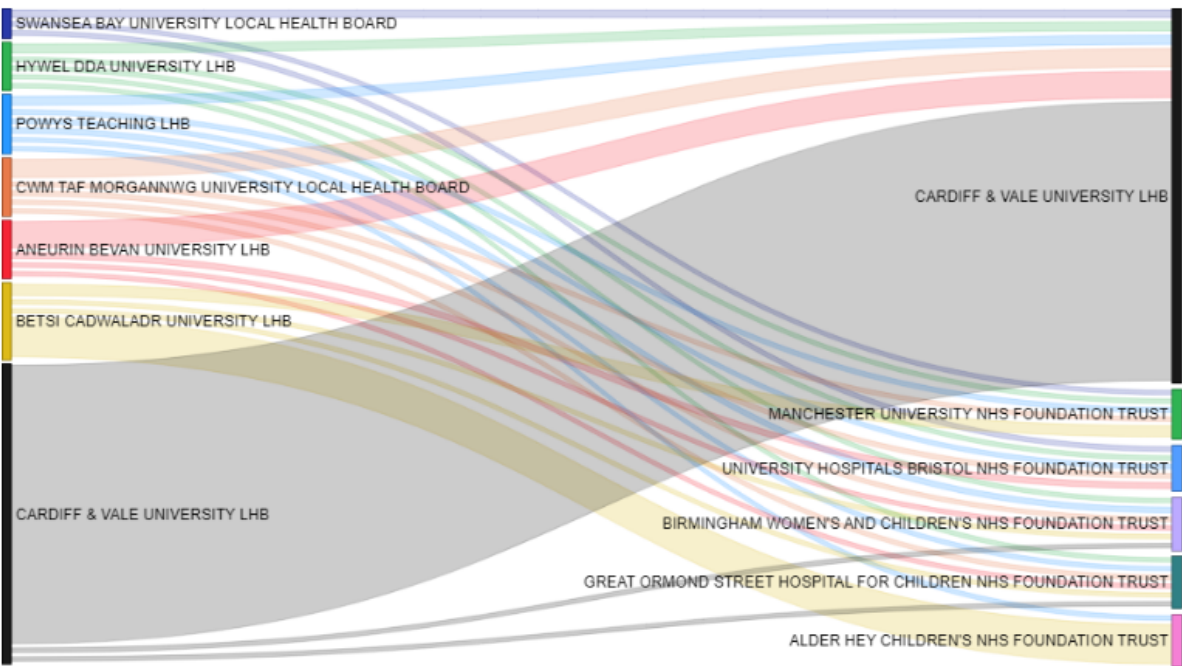
The commissioned pathway for children requiring paediatric plastic surgery is to Swansea Bay UHB for those in south Wales, to Birmingham Children’s Hospital for those in Powys, and to Alder Hey Children’s Hospital for those in the north. Flow aligns with the commissioned pathway, with a small number deviating. As previously noted for other services, this is broadly due to patients with complex needs and co-morbidities needing to access services from highly specialised centres.

2.3.9 Paediatric Neurology



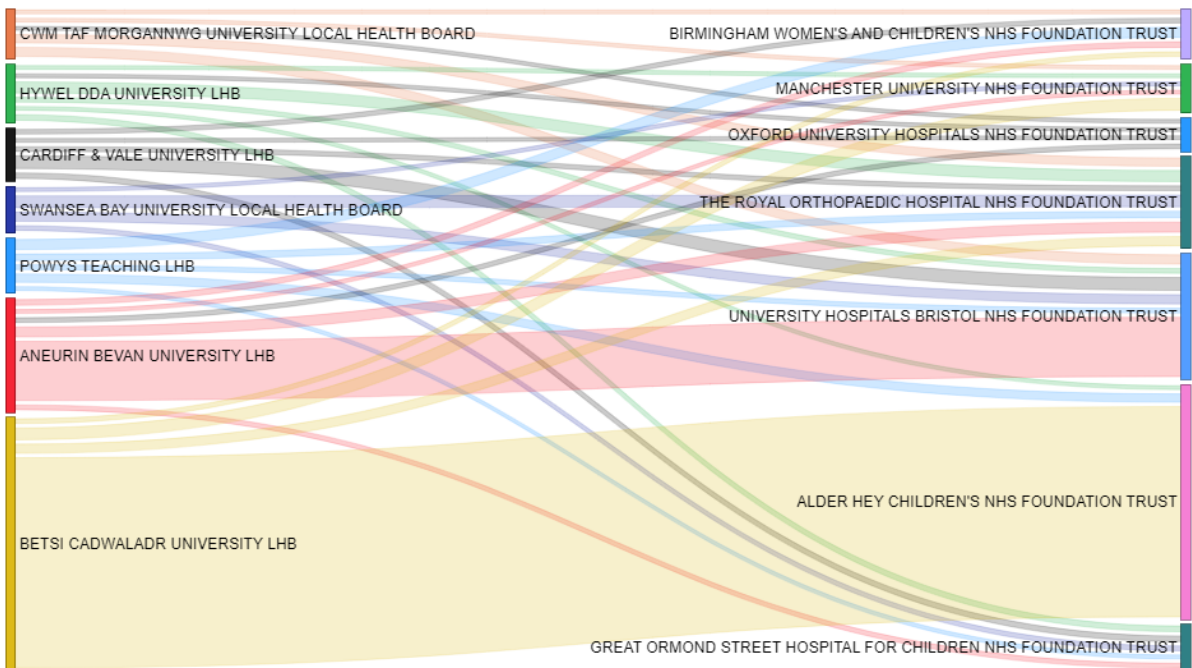
The commissioned pathways for children requiring paediatric neurology services are to Cardiff and Vale UHB for those in south Wales, the flow for Powys patients is variable dependent on geographical location and to Alder Hey Children’s Hospital for those in the north. There are small pockets of flow to other providers across NHS England, these are for more complex elements of the pathway such as epilepsy surgery, as this procedure can only be carried out in 4 designated centres across NHS England.

2.3.10 Paediatric ENT



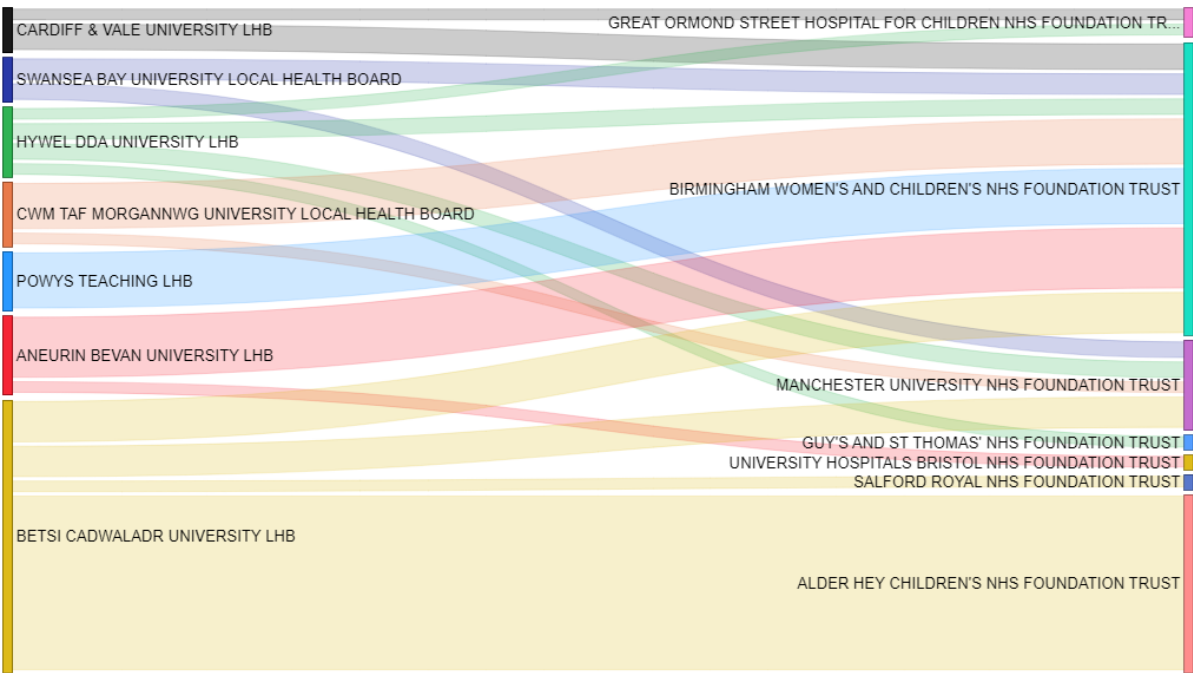
WHSSC commissions specialised paediatric ENT from Cardiff and Vale UHB for children from south Wales and Powys; and from Alder Hey Children’s Hospital for children in the north. The above illustrates that a number of other providers were used in 2019/20. The work carried out by the surgical work-stream to define specialised paediatric ENT services should result in more consistent flow.

2.3.11 Paediatric Orthopaedics



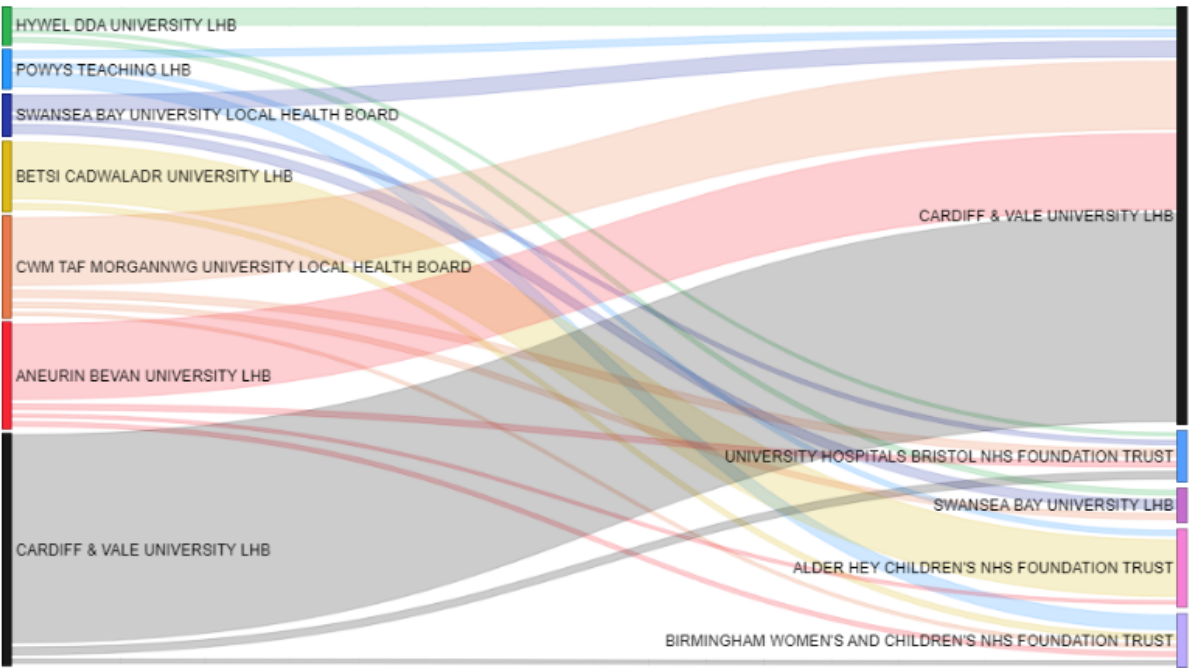
Specialised paediatric orthopaedic surgery is a newly commissioned service by WHSSC from 2022/23. It is anticipated that the varied flow, particularly illustrated by patients from south and mid Wales above, will become clearer with the recently agreed service specifications.

2.3.12 Paediatric Inherited Metabolic Disease (IMD)



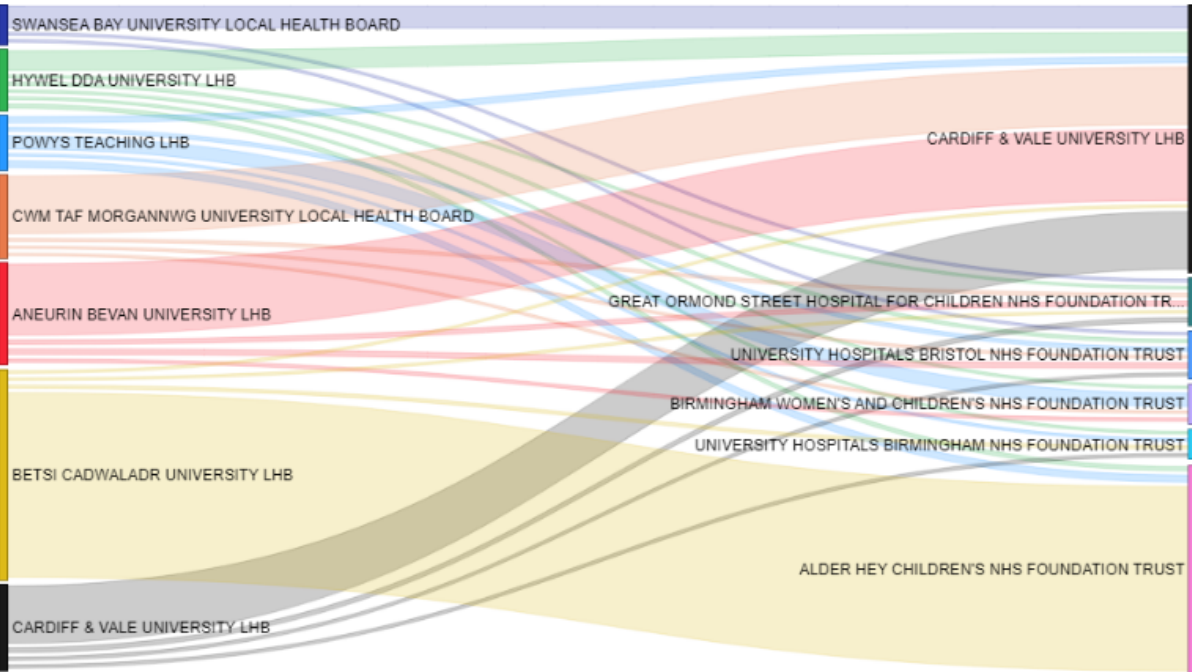
The main commissioned providers for Paediatric IMD are Birmingham Children’s Hospital for patients from south Wales and Powys; and Alder Hey Children’s Hospital for north Wales. There is flow to Manchester and Salford which is expected for patients with the more rare conditions requiring access to high cost Enzyme Replacement Therapy.

2.3.13 Paediatric Nephrology



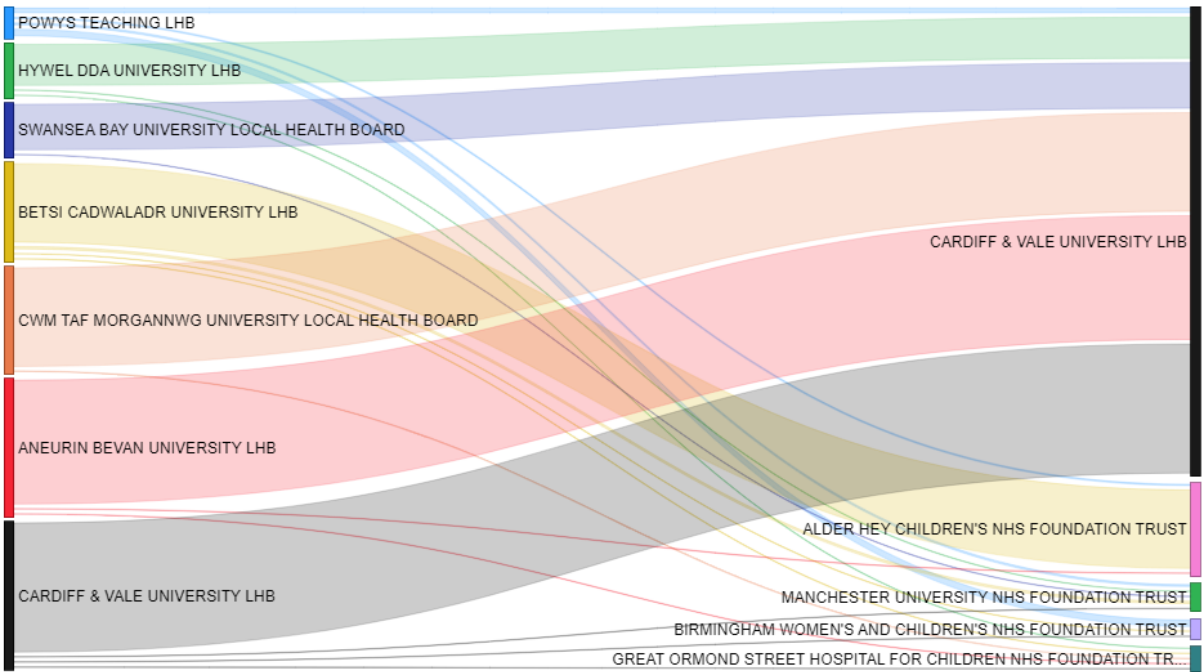
Paediatric nephrology services are commissioned by WHSSC from Alder Hey Children’s Hospital for children in the north of Wales, from Birmingham Children’s Hospital for patients living in Powys and from Cardiff and Vale UHB for patients in south Wales. These pathways are largely replicated by the activity flow for 2019/20 illustrated above.

2.3.14 Paediatric Neurosurgery



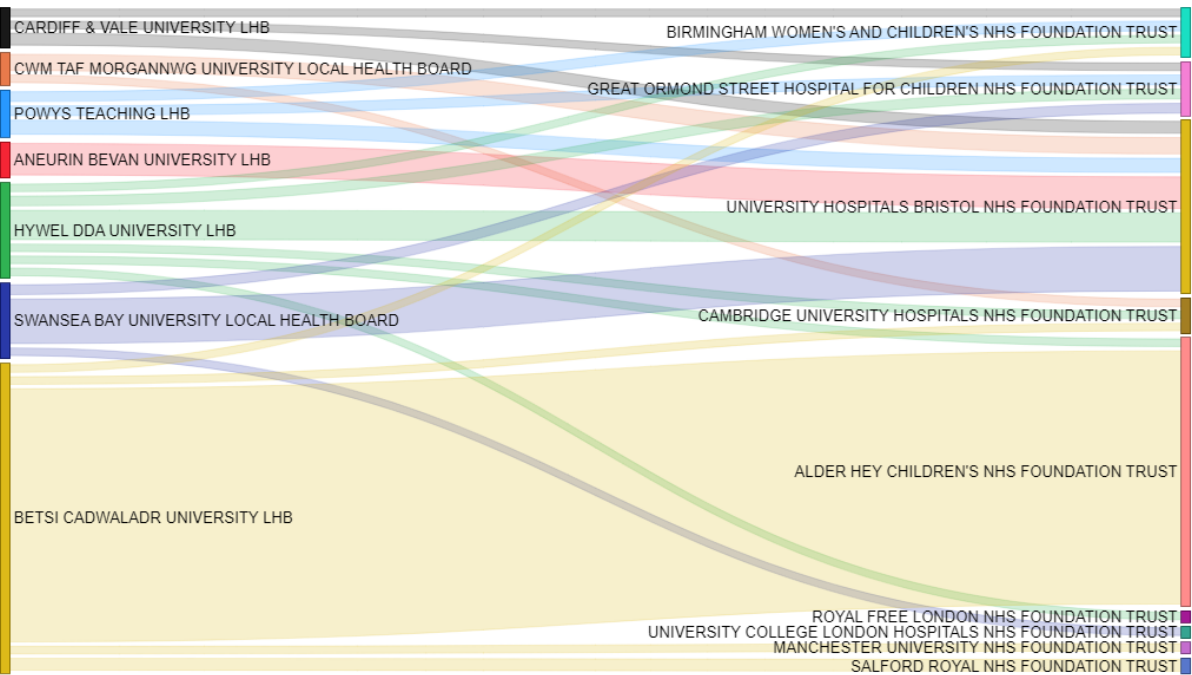
Commissioned pathways for children requiring paediatric neurosurgery are to Cardiff and Vale UHB for those in south Wales and Powys, and to Alder Hey Children’s Hospital for those in the north. The flow diagram illustrates that there are small number flowing to alternative providers due to the requirement for highly specialised services such as craniofacial surgery.

2.3.15 Paediatric Oncology



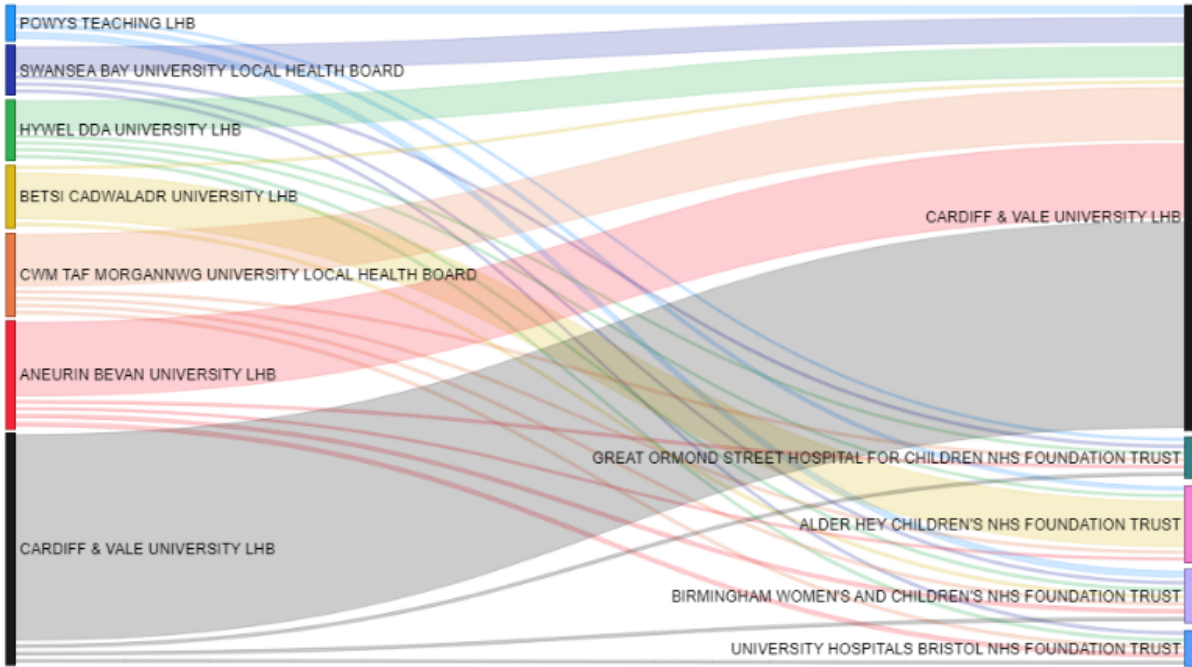
Services for children with cancer are commissioned by WHSSC from Alder Hey Children’s Hospital for those in the north, from Birmingham Children’s Hospital for those in Powys and from Cardiff and Vale UHB for those in the south. The diagram above, showing that some patients flow to other providers, illustrates activity for rarer forms of cancer.

2.3.16 Paediatric Rheumatology



The above flow diagram shows that patients from north Wales largely followed the commissioned pathway to Alder Hey Children’s Hospital and Powys to Birmingham Children’s Hospital. For patients in the rest of Wales, the picture is more mixed. A new service was developed and implemented in Cardiff and Vale UHB over two phases in 2019/20 and 2020/21. Due to the timing of recruitment, and therefore changes to patient flows, this is not demonstrated in the diagram. The investment will eventually demonstrate a far more consistent flow of patients to Cardiff and Vale UHB.

2.3.17 Paediatric Surgery



The main commissioned providers for Specialised Paediatric Surgery are Alder Hey Children's Hospital for the north Wales population, Birmingham Children's Hospital for the Powys population and Cardiff and Vale UHB for the south and west Wales. There is expected flow to Great Ormond Street and Bristol Royal Hospital for Children for complex patients and those with cardiac conditions that require the expertise of these highly specialist centres.

2.3.18 Patient Flow Conclusions

From the above, it is clear that the majority of patients are flowing to main commissioned providers. However there are and always will be flow to highly specialised providers due to the complex nature of their co-morbidities. The principles of the strategy will impact on all commissioned providers that treat the Welsh population to ensure the strategic objectives are met.

2.4 Current investment profile

As of 2022/23, the contract value for paediatric specialised services for the population of Wales is **£118million**, which is 16.4% of the WHSSC budget. This is an increase of **£45million** since 2015/16 due to inflation, investment through WHSSC ICP and growth. A full list of invested schemes is available in **Table 3** (This does not include contractual rises).

Table 3: Investment in Paediatric Services

Service	Year of Investment	Investment aims	Update on implementation
Cardiff and Vale UHB			
Paediatric Surgery	2016/17	Following the removal of Deanery trainees, additional recurrent funding was provided to increase workforce and hold additional clinics.	Implemented in full.
Paediatric Oncology	2019/20	The service reported over-performance for a number of years and therefore it was agreed that there would be a contractual uplift.	Implemented in full.
Paediatric Neuro-rehabilitation	2017/18	To establish a paediatric neuro-rehab Multi-Disciplinary Team (MDT) to enhance the Paediatric Neurology service.	Implemented in full.
Paediatric Rheumatology	2019/20 and 2021/22	Funding across two phases to establish a Paediatric Rheumatology service supported by a full MDT.	Both phases implemented in full.

Service	Year of Investment	Investment aims	Update on implementation
Paediatric Gastroenterology	2021/22	Pan-south wales model with full MDT with 24 on-call provision, aligning with standards.	Implemented in part – funding release approved in December 2021, therefore posts are in recruitment phase.
Paediatric Endocrinology	2019/20	To stabilise a small service with full MDT to align with standards.	Implemented in part – only remaining post to recruit is Social Worker.
Paediatric Cardiology	2020/21	To deliver equitable outreach across the region that meets demand.	Implemented in full.
Paediatric Cystic Fibrosis	2021/22	Following approval of Kaftrio, investment in pharmacy to support roll-out and ongoing care of patients.	Implemented in full.
Paediatric Intensive Care	2019/20	Recurrent funding to increase bed capacity to 7 and increase nursing infrastructure to align with standards.	Implemented in full.
BAHA and Cochlear	2017/18	Recurrent investment to align with providers across the UK following a benchmarking exercise.	Implemented in full.

Service	Year of Investment	Investment aims	Update on implementation
Children's Hospital for Wales	2015/16	Recurrent funding as part of the phase 2 of the Children's Hospital.	Implemented in full.
Paediatric Inherited Metabolic Disease	2021/22	Due to a joint model with NHS England, investment in nursing and dietetic infrastructure at C&VUHB.	Implemented in full.
Paediatric Neurology	2021/22	Pan-south Wales model with full MDT with 24 on-call provision, aligning with standards.	Implemented in part – a number of posts remain unfilled due to national shortages of Paediatric Neurologists.
Paediatric Clinical Immunology	2021/22	Increased capacity to manage growth.	Not implemented – funding release approved in March 2022.
Paediatric Radiology	2021/22	To support 24-hour paediatric radiology services with outreach support for local units.	Not implemented – funding release approved in December 2021, therefore posts are in recruitment phase.
Swansea Bay UHB			
Cleft Lip and Palate (MDT)	2019/20	Funding to strengthen the MDT and ensure sustainability within the core infrastructure.	Implemented in part – recruitment to Consultant sessions remains outstanding due to UK wide shortage.

Service	Year of Investment	Investment aims	Update on implementation
Cleft Lip and Palate (RTT)	2019/20	Following a historic backlog of adult cases, non-recurrent funding was approved to provide additional surgical sessions.	Implemented in part – the pandemic impeded delivery. Work is ongoing to address remaining backlog.
Bristol Royal Hospital for Children			
PICU retrieval	2015/16	The historic 7 th bed in C&VUHB was decommissioned in 2015/16 to fund the service.	Fully implemented

CHAPTER 3

3.0 PRESENTATION OF FINDINGS FROM THE PROGRAMME STRUCTURE

In order to inform this strategy, intelligence and data was gathered through the programme structure in order to develop priority areas for inclusion. The following offers a summary of the issues that emerged through this process. They are presented as they emerged from the structure, however are drawn together in the following chapter against the strategic objectives:

3.1 Summary of issues from the Collective Commissioning Sub-group

Since 2019/20, three paediatric services, previously the commissioning responsibility of Health Boards, have been delegated to WHSSC for commissioning; Paediatric Endocrinology, Paediatric Radiology and more recently Specialised Paediatric Orthopaedic Surgery. A review of services was undertaken in order to bring clarity to the range of specialised services that WHSSC commissions. The list was derived from a number of sources, including:

- Review of the [NHS England Manual for Prescribed Specialised Services](#)
- Requests from the Service Modelling Group
- Suggestions made by members of the project structure

The services considered were:

High Dependency Unit capacity for specialised services	Ophthalmology
Autism	ENT surgery
Chronic Pain	Ehlers Danlos pathway
Specialised Respiratory	Chronic fatigue
Infectious Diseases	Paediatric Radiology

Of these, the following are already WHSSC commissioned services:

- **Ehlers Danlos** is already commissioned by WHSSC and is included in the service specification for Paediatric Rheumatology
- **Paediatric Radiology** received investment in 2021/22
- **Specialised Paediatric ENT** - This service is currently delegated for commissioning responsibility through WHSSC and the list of inclusions has been considered through the Paediatric, Surgery work-stream

It is proposed that the following service areas are included within the WHSSC portfolio and will require approval and support by Joint Committee to formally delegate:

Specialised Paediatric Respiratory - Whilst WHSSC already commissions home ventilation and cystic fibrosis services, there are other aspects of respiratory services which could be commissioned by WHSSC as a specialised service as it is a strong strategic fit as WHSSC already has commissioning responsibility for Cystic Fibrosis and the Paediatric Sleep service. The tertiary elements would, however, need to be tightly defined so as to avoid care which should be provided at a secondary level being provided at a tertiary centre. NHS England already commission specialised respiratory services.

Specialised Services for Paediatric Infectious Diseases - WHSSC Joint Committee agreed in September 2022, that Specialised Services for Paediatric Infectious Diseases should be a service commissioned by WHSSC and worked up during 2022/23. In NHS England, the service is commissioned as a specialised service alongside Paediatric Clinical Immunology which is a specialised service already commissioned by WHSSC and therefore would benefit from synergies and cohesion if commissioned.

Specialised Paediatric High Dependency Unit (HDU) - The sub-group made the distinction between HDU which is required as a step-down from paediatric intensive care (PIC) and HDU within secondary care. This will allow for the episode of tertiary care to be formally commissioned. The former was considered and agreed that specialised HDU capacity should be recommended for commissioning by WHSSC.

Specialised Services for Paediatric Chronic Pain - During the recent Paediatric Rheumatology Service Specification consultation, there were a number of comments relating to establishing a Chronic Pain Service. It is proposed that further work is done to develop clear acceptance criteria to underpin the service and recommended formal commissioning by WHSSC.

Specialised Paediatric Ophthalmology - The commissioning criteria for specialised paediatric ophthalmology has been considered through the paediatric surgery work-stream.

The sub-group concluded that both autism and chronic fatigue services should remain within the remit of Health Board commissioning, pending the development of clear local pathways of care for these patients, where the criteria for a 'specialised' service may become better defined. Should these

develop in the future, then these services can be considered for commissioning by WHSSC through the standard processes.

3.2 Summary of issues from the Workforce Work-stream

Over the past 5 years, the WHSSC Women and Children's commissioning team has worked with colleagues across Wales to identify and address deficiencies in the provision of specialised services for Children and Young people. A key theme throughout has been workforce risks across a number of different domains. Notably there have been risks due to an ageing workforce with little to no succession planning, changes in training that impact on 'like for like' replacements and significant gaps and shortages in specific professional areas. Therefore, when developing the strategy, it was decided a workforce sub-group was essential in attempting to resolve and mitigate a number of these risks in a more strategic and sustainable way.

Based on the overarching vision of WHSSC, the strategy needs to support the development of a workforce that has the capabilities for, and is supported in, delivering safe, effective and sustainable specialised services that meets the needs of the children of Wales.

To inform the strategy, a series of workshops was held in order to engage with a wide range of stakeholders from the breadth of professional groups that contribute to caring for children within specialised services, from both Welsh and English provider organisations and colleagues from HEIW. Documents including the NHS Wales "[A Healthier Wales: Our Workforce Strategy for Health and Social Care](#)", the King's Fund document '[Closing the gap](#)' and a Harvard Business Review paper on '[Creating the Best Workplace on Earth](#)' were circulated and considered as part of the process. Mentimeter exercises were also used to engage and provide anonymous insights on positive aspects of current work and workplace and where positive changes could be made.

Stakeholders were asked:

- How can we, through the commissioning of specialised services, support specialised children's services being the 'employer of choice' for health care workers?
- How can we, through the commissioning of specialised services support the creation of the conditions where staff are effective in delivering the required care?

Themes emerged which can be subdivided into those which the commissioning strategy can seek to address and those which are beyond the remit of WHSSC and therefore the strategy can support in principle but are for provider organisations and/or HEIW to take forward:

Contracting barriers - A number of consistent themes developed through discussions, in the main articulating some of the barriers with existing commissioning and the unintended consequences this has on the provider's ability to recruit and staff, in particular part-time speciality specific posts that then become unattractive to fill and unsustainable. Providers noted it was challenging through Health Board processes and timings of investment to merge posts from different WHSSC contract lines.

Specialty posts – A range of complexities and barriers with current commissioning of posts within a specialty area were raised, which posed restrictions with cross-cover and the attractiveness of posts due to limited exposure to specific conditions. A number of mitigations were in train in NHS England to address these issues and through discussions with individual providers throughout the development of the strategy, we have learnt of pockets of good practice and innovative models for staffing structures.

Development of services - A further recognised theme was the lack of input referring health boards had in the development of services within a tertiary setting. Although the WHSSC structures have representatives from all providers across Wales, this is at the approval stages. Further engagement and involvement of staff from all Health Boards in service design from the outset would ensure more joined up pathways as an understanding of provision locally would be understood.

Specialised paediatric services are part of the wider system of healthcare for children, including hospital based and community services and spanning primary, secondary and tertiary care. In order for the whole system to work effectively in delivering high quality care, the right number of staff with the right skills are needed across the entire system. Consequently there needs to be a children's services workforce strategy for Wales encompassing all these elements.

As [A Healthier Wales : Our Workforce Strategy for Health and Social Care](#) offers a helpful framework, the 7 core themes of this are utilised in the '**Where we want to be**' section of this strategy in order to present key priorities for consideration when commissioning Specialised Paediatric Services.

3.3 Summary of issues from the Quality and Governance Sub-Group

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Over recent years,

in particular with investment and development of newly commissioned services, it has become clear that despite numerous documents and initiatives in place from across NHS Wales and NHS England, the reporting and measurement of service quality has been variable as has the interaction and escalation to and with the tertiary commissioner. There have been a number of contributing factors to the variability, in particular the timing of service specification development, the timing of new evidence and quality measurement processes along with the publication of new national guidance.

Appendix E provides a summary of the each of the supporting information systems.

The strategy will be required to support the consistent reporting in line with the [NHS Wales Quality and Safety Framework](#) (Welsh Government 2021) Assurance, using the Institute of Medicine (1999) six domains of quality to support a systematic approach:



Safe: Avoiding harm to patients from the care that is intended to help them.

Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

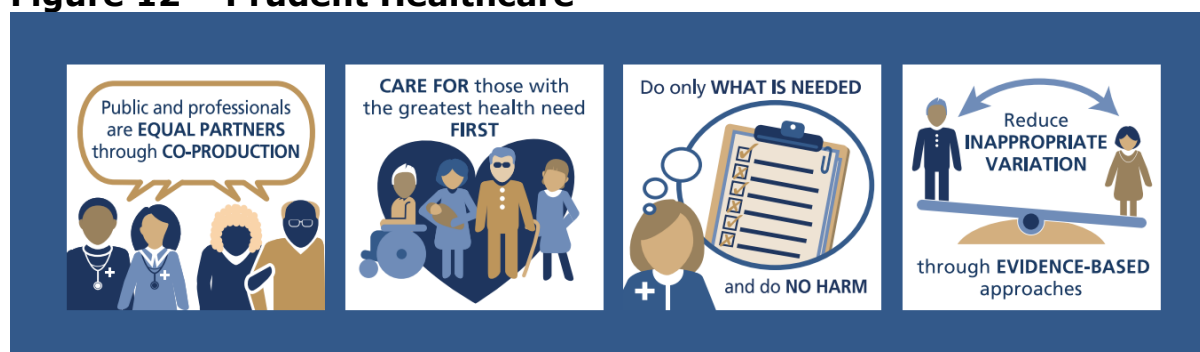
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Patient-centred: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

These characteristics of quality align with NHS Wales' prudent health and care principles⁴. **Figure 12** summaries the 4 principles of prudent healthcare.

Figure 12 – Prudent Healthcare



Due to the breadth of specialised paediatric services, a 'one size fits all' approach will not be appropriate as specialties have nationally validated quality and outcome indicators and submit data to national audits for benchmarking.

During the implementation of the strategy, agreement with each specialty will be sought on the best evidence of the quality of that service under each domain. The range of data available will provide evidence in relation to:

- outcomes
- service specific quality indicators
- process data
- patient experience
- impact data
- workforce

⁴ [Prudent Healthcare: Securing Health and Well-being for Future Generations](#)

The above are the standard principles to meet the strategic objectives and provide the required assurance, however it is important to note that if there are areas of concern or where services are falling short of the expected standard of quality existing WHSSC process such as the escalation process will be initiated.

To inform the strategy, the Quality and Governance sub-group identified a number of themes that the commissioning strategy will seek to address. Commissioning health boards do not currently feel that they receive formal assurance on the quality of specialised services, in particular at service level compared with others and, if required, improvement work is making a difference.

Stakeholders acknowledged that the breadth of commissioned children's specialised services along with the number of providers from NHS Wales and NHS England presents a challenge for the WHSSC team from a quality assurance perspective, with the need for a systematic approach to receiving, reviewing and sharing information in order to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the children of Wales.

3.4 Summary of issues from the North Wales Sub-Group

In 2018 the Women and Children's commissioning team was asked by the BCUHB commissioning team and the WHSSC finance team to look at whether there were opportunities for efficiencies in the way paediatric specialised services are delivered for the North Wales population. This work commenced in 2019, however due to Covid-19 the work paused. As the issues remained relevant it was agreed that a North Wales sub-group would be best placed to make recommendations on a strategic model for access to tertiary services for the population of North Wales.

As the pathway to Alder Hey Children's Hospital is well established, with expertise and critical mass to sustainably deliver safe and efficient tertiary services, the remit of the group was to consider the outreach element of the pathway. Throughout engagement with the strategy sub-group, together with historical knowledge and meetings with the north wales teams, a number of themes were identified.

The themes identified are consistent with those that have been raised and considered by all of the sub-groups within the strategy structure. Therefore the strategy will ensure that the implementation plan is equitable in its expectations and outcomes for all providers of tertiary services.

3.5 Summary Of Issues From The Surgery In Children Work-Stream

For all surgical specialities over the past 20 years, there has been a gradual decline in the number of children who have received their surgery in a District General Hospital (DGH), whilst the numbers of children receiving surgery in specialised centres has risen by a corresponding level. In the recent NHS England review⁵, this was most marked for children aged 0-4 years of age for routine surgical procedures. Specifically, for General Paediatric Surgery (GPS) (e.g. inguinal hernia, undescended testes, acute appendicitis) analysis from NHS England (2013-17) demonstrates a continuing steady year on year growth in GPS activity performed in specialist centres of around 6%. In some areas of the country, this development has led to increased waiting times for elective procedures in specialised centres and limited children's access to urgent or emergency routine surgical procedures out of hours, outside of specialised centres. It is likely that the pandemic will have exacerbated this situation significantly.

The aim of this work-stream was to improve sustainability of services and equity of access across Wales and to ensure a model that supports the right pathways for children and their families, ensuring that all patients can access the right care, in the right place, at the right time.

With the timing of this work in relation to the pandemic, it was agreed that there were opportunities for synergy:

- Recovery from the impact of Covid on services
- Creating a sustainable model for the future delivery of surgery in childhood

The number of referrals to specialised centres for surgery in childhood has been on the increase for a number of years, and it has been difficult to define which conditions require 'specialised' commissioning. To inform the strategy, research into a number of existing documents and reviews was undertaken, and discussed with surgeons from across a broad spectrum of services. There are 4 key documents of relevance which highlight the issues and detail the advice and recommendations of professional bodies for the future configuration of surgical services for children:

- [Working together to improve the local delivery of the general surgery of Childhood \(Royal College of Surgeons 2018\)](#)
- [Safe Delivery of Paediatric ENT Surgery in the UK: A National Strategy - A Report of a Combined Working Party of the British Association for Paediatric Otolaryngology \(BAPO\), ENT UK, The Royal](#)

⁵ [Paediatric critical care and surgery in children review: Summary report November 2019](#)

[College of Anaesthetists \(RCoA\) and the Association of Paediatric Anaesthetists of Great Britain and Ireland \(APAGBI\) \(2019\)](#)

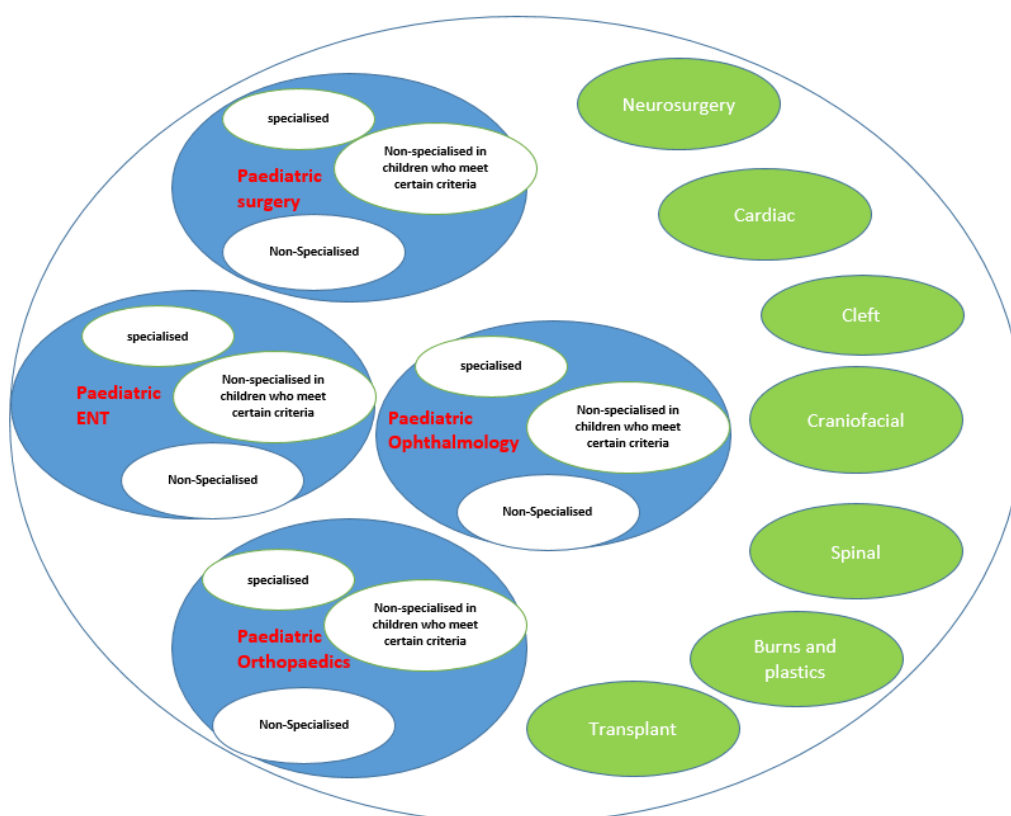
- [Guidelines for the provision of Paediatric Anaesthesia Services \(Royal College of Anaesthetists 2022\)](#)
- [The GIRFT report on Paediatric Surgery and Urology \(2021\)](#)

The GIRFT review of Paediatric Orthopaedics was in progress at the time this work was undertaken and has recently been published and the GIRFT reports on ENT surgery and Spinal Surgery have recommendations of relevance to children.

From a specialised services commissioning perspective, children's surgical services are viewed as being in one of 2 groups:

- Surgical services which are purely specialised (green on the diagram below)
- Surgical services which have specialised elements which sit in the context of a wider system of surgical care (blue on the diagram below) with elements delivered in every LHB

The system of surgery in children:



Feedback on the current situation, included the following key points:

- Variation across Wales in provision of required support and infrastructure and variability in cases that were assessed as being suitable for surgery locally, even within the same Health Board.
- Particular challenges were raised in relation to access to radiology and anaesthesia, especially out of hours.
- Change in workforce where some clinicians have undertaken different training routes meaning they are not able to operate on some patients, resulting in difficulty in accessing services locally where routine surgery is needed, or long waiting times at specialised centres.
- These pathway changes, which have evolved organically, have been further affected by changes in workforce training and surgical experience for both surgeons and anaesthetists, meaning that services have stopped being provided from some centres, increasing the demand for routine activity in specialised centres.
- There is difficulty for commissioners, in accessing data on accurate levels of activity and costs of the different types of surgery (split between specialised and routine) due to how the data is currently coded.

Principles developed through the work to develop this strategy are:

- Non-specialised surgery will be provided in all levels of hospital, with local pathways being agreed through a networked approach for the type of surgery provided in each hospital linked to the skills and competency of staff, type of patient and clinical indication.
- Specialised surgery will be provided in the specialised tertiary hospitals/units.
- Clearly defined anaesthetic criteria that will indicate the need for children requiring non-specialised procedures to be operated on at the tertiary centre.

While WHSSC would lead on the development of service specifications for the tertiary services, including the non-specialised work in children that meet certain criteria, a wider discussion would need to take place within NHS Wales with regard to how work will be taken forward to develop service specifications for surgery in children in UHBs, which will all have a common infrastructure and supporting structure requirement. It is acknowledged that the service specifications for specialised surgical services and general surgical services (commissioned by Health Boards) need to ensure a seamless service for our paediatric patient population.

A discussion is also required within NHS Wales regarding the opportunities a Network for Surgery in Children would provide.

Surgical services which are purely specialised

As per the diagram above there are a number of commissioned specialised surgical services that are not part of a wider system of surgical care.

Commissioned from NHS England

Cardiac surgery - The amount of surgery for Congenital Heart Disease (CHD) has been slowly declining over the past 7 to 8 years. This is partly a reflection of falling birth rates as demonstrated in **Figure 8** in Chapter 2. The service specification for CHD requires surgical centres to have a team of four surgeons each undertaking at least 125 operations per year due to the declining numbers, this is now unattainable for many centres. To mitigate the risk and manage numbers in the future, discussions with NHS England have noted that when service specifications are due for review, the focus will be on patient outcomes not prescriptive inputs.

Craniofacial and Transplant- Discussions with NHS England have concluded that there are no anticipated strategic developments in NHSE over the next 5 years.

Commissioned within NHS Wales

Paediatric Neurosurgery, Cleft surgery, Spinal surgery and Burns and Plastic surgery - These services are commissioned from providers in NHS Wales, a full review of pathways and Multi-disciplinary Teams in order to enhance provision will be undertaken, in line with the strategic objectives.

CHAPTER 4

4.0 WHERE DO WE WANT TO BE?

4.1 Vision for the future

The overarching vision for this strategy is: "...to develop a 5 year commissioning strategy for the provision of high quality, sustainable and equitable specialised paediatric services for the children of Wales." This vision will improve outcomes for children accessing specialised services to ensure a more resilient population by contributing to improvements such as school attendance and attainment. The vision has been developed in partnership and been driven through the principles outlined in the following section.

4.2 Principles

- High quality specialised care provided to patients in the correct place and at the right time in the least restrictive environment appropriate for their treatment.
- Whole pathway approach with the development of nationally agreed seamless and complete clinical pathways for children and young people.
- Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, from NHS England.
- Equitable access to outreach clinics and provision for education and training of staff both locally and specialist.
- Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Addresses the challenge of improving outcomes and transitions between different parts of the pathway and commissioning organisational boundaries.
- To prioritise investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.
- Consider the horizontal and vertical delivery of specialised services on order to allow professional groups to deliver what patients need 7 days a week.

4.3 Strategic Objectives

As a result of conversations to inform this strategy, a number of strategic objectives have been developed against which key actions are developed to take the strategy forward. These objectives are outlined below:

Strategic Objective 1

There are clear access criteria and routes into and out of tertiary services for Children and their families, with increased knowledge of the remit of specialised services provision and how they fit within the whole pathway of care.

The implementation of the strategy will see the inclusion of a number of new services to be commissioned over the course of the 5 year implementation phase. Clear access criteria will be developed to ensure the tertiary elements are clearly defined.

Strategic Objective 2

Children receive high quality, equitable and patient tailored care in the most appropriate environment, whether that be in-reach or outreach, with clinical teams supporting the use of advanced digital technologies and regional education and training.

When developing services in the future a standard requirement set by WHSSC will require tertiary providers to work with secondary care providers to ensure consideration is given to local provision across the entire pathway. During the review of existing services and development of new services, due regard to the commissioning of outreach and in-reach provision will be a requirement. This will allow:

- local skills and expertise to be fully utilised;
- reduced creep from secondary care to tertiary care
- any gaps at secondary care are addressed to support resident Health Boards in developing local services or commissioning for their local population
- consideration of the wider Multi-Disciplinary Team is included (not only consultants) to ensure equitable access to all elements of the service;
- equitable waiting times for all patients through the management of waiting lists by the commissioned provider regardless of the place of delivery;
- rationalisation of outreach within Health Boards to balance care as close to home as possible in the most efficient way; and
- improved joint working between local link paediatrician and tertiary team to maximise local skills, improve continuity of care, and facilitate timely repatriation.

Strategic Objective 3

A patient centred commissioning model which adds value to the treatment of children, strengthens the whole pathway approach and is commissioned across the horizontal and vertical delivery of specialised services, supporting the transforming health care agenda within Wales.

Contracting mechanisms will need to be simplified to allow the accurate and reflective measurement of activity that also takes account of infrastructure. Also, when new funding is approved there will be a review of the contract linked to that service to support providers in the operationalising of new posts. Where a tertiary provider also provides the secondary care element of the pathway the contracts will flow through WHSSC, replicating the established commissioning model with NHS England for the population of BCUHB and Powys. This will support:

- the future planning and release of any new funding required
- transparency
- commissioning beyond the remit of WHSSC

Strategic Objective 4

Children and their families experience seamless transition across their care and treatment pathway, and between age related services.

Develop service specifications for each commissioned service (a list of all current service specifications is included in **Appendix F**), that include:

- Clear access and exclusion criteria for all specialised services,
- Clear detail for the management of patients transitioning from paediatric to adult services
- Where possible work with secondary care to develop whole pathway specifications as per the recent development of the Paediatric Orthopaedic Surgery specialised and non-specialised service specifications.

Strategic Objective 5

Specialised Paediatric services are funded prudently to ensure optimum and timely access for children, with priority being given to those services where there are deficits and constraints.

In order to support the implementation against the strategic objectives, a 5 year financial profile will be in place. All funding required to support implementation will be funded through this profile and obviate the need to prioritise through the WHSSC annual processes. However, it is important to note that any emergent risks or new innovations that are not profiled in the strategy will need to be taken through alternative WHSSC funding sources.

Strategic Objective 6

Health Boards are assured that the commissioning and delivery of specialised services for children and their families have appropriate oversight structures in place.

The Establishment of an Oversight Group for Paediatric Services, with representation from all providers, to ensure robust governance and oversight of the implementation of the strategy and beyond. The established Group will:

- oversee performance and commissioning functions to improve standards of care;
- feed in to the WHSSC Quality and Patient Safety Committee;
- oversee and review clinical governance; and
- oversee the delivery against key performance indicators.

CHAPTER 5

5.0 ENABLERS

The following enablers are the recourses and facilities required to meet the 6 strategic objectives, and in turn the strategic aim.

5.1 Digital Care

The Covid-19 pandemic has brought about a number of digital milestones, removing historic barriers in areas such as digital consultations and training. There are examples where provision has expanded locally due to support being available through digital platforms to allow improved local skills. One example is the 'Omnihub' media streaming device currently being used at Swansea Bay UHB to live stream cardiac ECHO images to the specialist team in Cardiff and Vale UHB. Further exploration and focus needs to be considered:

- Increased digital consultations where clinically appropriate to increase efficiency and capacity.
- Providing care locally with live on-hand support from the specialist centres.
- Improved access to training for all clinical teams across all levels.

5.2 Workforce

An appropriately commissioned and sustainable workforce is required to enable the implementation of the strategic objectives. The seven key themes of the Higher Education in Wales; A Healthier Wales: Our Workforce Strategy for Health and Social Care, will need to be considered within the workforce strategies for all providers of WHSSC commissioned services.

Theme 1 – An Engaged, Motivated and Healthy Workforce

- Embed the need for providers to ensure staff wellbeing within commissioning requirements.
- Facilitate the input of providers referring their patients to tertiary care in the development of services with the aim of maximising the use of available skills across the whole pathway of care, and ensuring care as close to home as possible. This would help with supporting flow into and out of specialised services it requires a cross system understanding of skills and competencies, across professional groups.

Theme 2 – Attraction and Recruitment

- Work with providers to consider opportunities to support the providers' recruitment and retention strategies- retention is largely a result of other aspects of people's experience in work. It is directly related to the leadership and culture of the organisation. People leave because they feel overworked, underpaid, poorly treated, unable to

deliver good care, unable to progress, or some combination of all these things.

Theme 3 – Seamless Workforce Models

- Support the need for a 'whole children's hospital' workforce plan – services can only deliver high quality care if they have the right number of staff with the right skills, and they are given adequate support to work effectively.
- Considering the whole system and not just sub-specialty. The commissioning of paediatric specialised services needs to be a vertical (sub-specialty) and horizontal (professional group) approach to not only take account of the sub-specialty but also the wider staffing structures within a provider organisation with the aim of supporting a 'whole professional team approach'. This will ensure a more conducive and sensitive system to the practicalities of staffing a safe, sustainable and attractive workforce.

Theme 4 – Building a Digitally Ready Workforce

- The clinically effective and efficient delivery of specialist services will be dependent on a workforce that has been supported to develop the required digital capabilities. These capabilities will not only be key in delivering clinical care but also in maximizing education and training opportunities across the region.

Theme 5 – Excellent Education and Learning

- Consider the impact of service developments on training needs and training spaces – process required for triangulating between WHSSC, HEIW and the Health Boards

Theme 6 – Leadership and Succession

- Embed the need for providers to ensure and supporting the 6 skill areas needed for the future workplace:
 - Compassionate and inclusive leadership
 - Collective leadership
 - Staff and leaders meeting the care workplace needs of staff (autonomy, belonging, contribution)
 - Team based working
 - Working across boundaries and professions, with other teams, organisations, community
 - Develop skills of self-compassions
 - The link between staff engagement and patient experience is well established- more engaged staff provide better, safer care and are less likely to be absent (West and Dawson 2012)

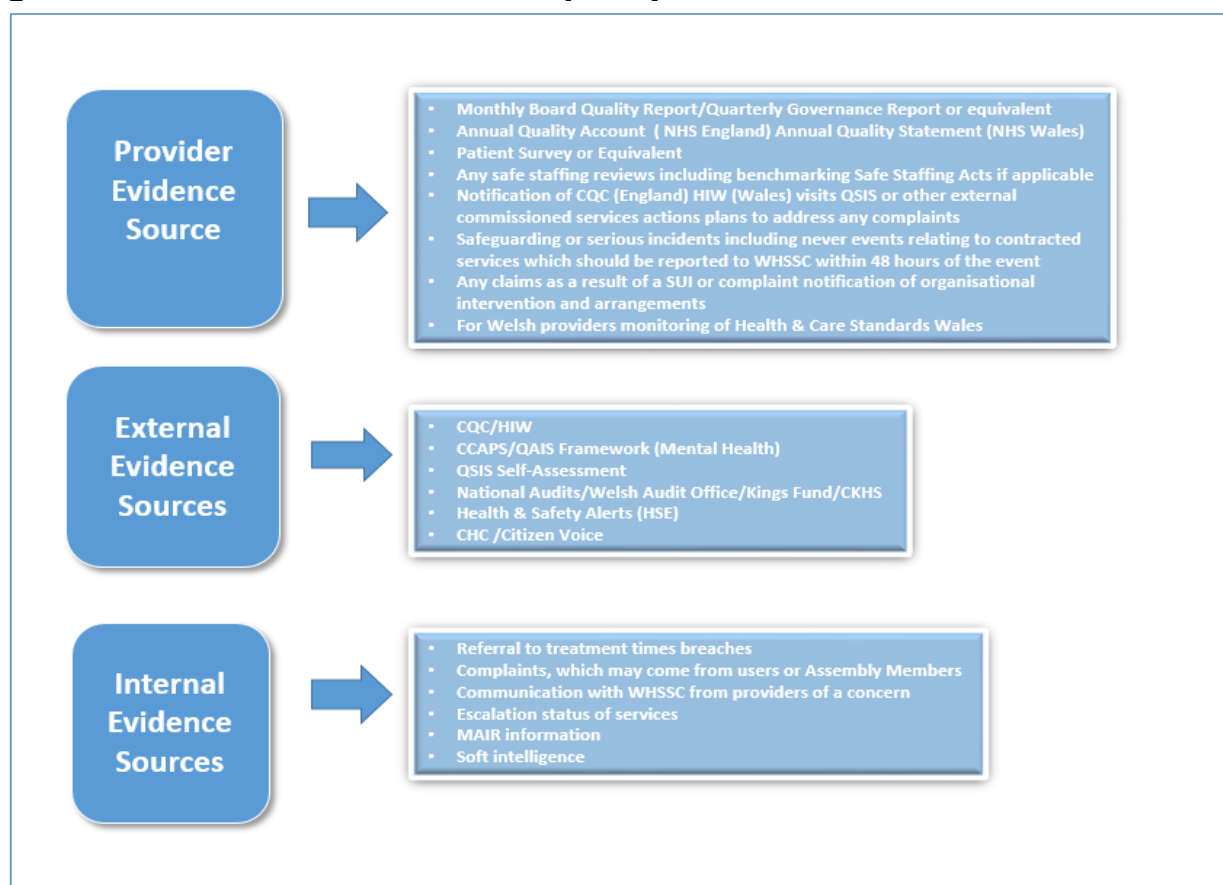
Theme 7 - Workforce Supply and Shape

- Work with teams on opportunities for workforce redesign, across all professions, including the opportunities for new roles and career development pathways. For example:
 - Opportunities for workforce redesign and development across the whole paediatric system for pharmacy, with the need for a Consultant Pharmacist to provide medicines leadership across general and specialised paediatrics and neonates. This would enable the development of a career framework for pharmacists and pharmacy technicians, which in addition to supporting retention within the specialty, can also support the development of integrated multi-professional teams and embed the principles of prudent healthcare.
 - Opportunities to stratify work into secondary and tertiary in surgery/anaesthesia which would enable paediatric anaesthetists to focus the utilisation of their specialist skills on the children that only they can manage, while general anaesthetists can manage the children that they have the competencies to manage.
 - Opportunities within several professional groups to integrate across specific specialties, based on the fact that they require a similar skill set. This has the potential to benefit the service - through increased resilience, the patient – through ensuring continuity during periods of leave, and the individual- through professional development opportunities.

5.3 Quality

There are a number of quality 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. A summary of these is available in **Figure 12**.

Figure 12: Sources of evidence for quality assurance



5.4 Capital

Commissioned Specialised Services will be required to ensure facilities that are fit for purpose including the physical space, capacity and equipment for both in-reach and outreach. Although WHSSC does not have the remit to fund capital projects, providers will need to demonstrate that the capital capabilities within the review of existing services and future proposals to ensure deliverability.

5.5 Co-ordinated structure to support the delivery of children's services

The development of the strategy for specialised services has highlighted the need for a more coordinated approach to the delivery of healthcare services for Children and Young people in Wales.

A structure that enables a coordinated approach will mean that the NHS will be able to make the most of its contribution to keeping people well in childhood and adolescence, and to deliver safe and high quality health services which meet the needs of Children and Young people across Wales, aligned with the principles described in the [National Clinical Framework](#).

The development of such a structure at this point in time, will have the added benefit of ensuring a focused approach to the recovery of children's services required as a result of the impact of the pandemic. This will ensure that the priorities for children and young people's healthcare are aligned across all levels of commissioning, and that everyone is working together as one to improve these services.

The aim of such a structure would improve the variable provision of health services and outcomes for Children and Young People through:

- Reducing unwarranted variation in health and well-being services, through supporting the planning and delivery of resilient and sustainable clinical services, making the most of all available capacity and all available skills in order to meet the need of the population;
- Encouraging innovation in how services are provided now and in the future, and supporting service transformation;
- Providing clinical leadership to support decision making and strategic planning;
- Supporting the development of nationally agreed 'seamless and complete' clinical pathways for children and young people involving patients and the public in strategic healthcare decisions

A co-ordinating structure would have an overarching view of service provision across Wales and be able to address specific issues, all of which are beyond the remit of WHSSC, by:

- Enabling strategic linkage of all organisations responsible for delivery of healthcare to children;
- Facilitating co-operation between providers at senior clinical and managerial level;
- Looking at where pathways have been effectively delivered and implementing lessons learnt from these areas;
- Driving improvements to reduce variation in quality of service provision across Wales;
- Gather the numerous professional standards for children's care developed by Professional Bodies together in one place and to support providers to deliver services against them.
- Undertaking quality assurance functions;
- Enabling effective communication between whole pathways of care and other parts of the system for example PHW, HEIW and DHCW
- Driving improvements on education, training and workforce development;
- Liaising with public health, social care, voluntary sector and non-health organisations.

CHAPTER 6

6.0 ACTIONS

Strategic Objective 1

There are clear access criteria and routes into and out of tertiary services for Children and their families, with increased knowledge of the remit of specialised services provision and how they fit within the whole pathway of care.

Ref	Action	Year	Resource
SO1-1	Formally commission specialised Paediatric Respiratory, ensuring the resource transfer of existing funding.	Year 1	Any shortfall through resource transfer will require revenue investment through strategy during the year of implementation
SO1-2	Formally commission specialised Paediatric Ophthalmology, ensuring the resource transfer of existing funding.	Year 3	Any shortfall through resource transfer will require revenue investment through strategy during the year of implementation
SO1-3	Formally commission the specialised element of a Chronic Pain pathway as part of the commissioning of a whole pathway approach by Welsh Government	Year 1	Any shortfall through resource transfer will require revenue investment through strategy during the year of implementation
SO1-4	Formally commission Paediatric Infectious Diseases, ensuring the resource transfer of existing funding.	Year 2	Any shortfall through resource transfer will require revenue investment through strategy during the year of implementation
SO1-5	Formally commission high dependency care for children requiring specialist services, as part of the review of paediatric critical care led by Welsh Government*	Year 2	Any shortfall through resource transfer will require revenue investment through strategy during the year of implementation

*Currently HD care is funded through an absorbed cost within each contract line that accesses this level of care, disaggregating this from existing contract lines will be required as part of the resource transfer.

Strategic Objective 2

Children receive high quality, equitable and patient tailored care in the most appropriate environment, whether that be in-reach or outreach, with clinical teams supporting the use of advanced digital technologies and regional education and training.

Ref	Action	Year	Resource
SO2-1	Review the provision of specialist surgical services, and develop clear access criteria for each specialty (ideally aligned with a secondary care service specification for each specialty).	Year 2	No resource anticipated
SO2-2	Review the provision of specialist medical services, ensuring that all have clear access criteria and pathways that support the majority of their care being provided as close to home as possible within their resident Health Boards.	Years 1-5	No resource anticipated
SO2-3	Review the provision of outreach clinics for each specialty, to maximize the effectiveness and efficiency of the model within the available resource (2 services year 1 and 4 per year thereafter).	Years 1-5	No resource anticipated
SO2-4	Ensure that all members of the MDT contribute to outreach, where there is clear evidence of patient benefit (either face to face or remotely). (2 services year 1 and 4 per year thereafter).	Years 1-5	Revenue investment may be required depending on any shortfall, the investment will be incremental in line with the review schedule.
SO2-5	Ensure that the lead provider has a mechanism for recording the activity and waiting list data for all the outreach clinics, its clinicians deliver.	Year 1	No resource anticipated

Ref	Action	Year	Resource
SO2-6	Ensure that service specifications include the requirement for regional education and training by the provider, capitalising on recent advances in digital capabilities. (2 services year 1 and 4 per year thereafter)	Years 1-5	No resource anticipated
SO2-7	Support a process to strengthen the role of the primary paediatricians (general and community) and the wider team in leading on the care of their children with medical complexity, working in collaboration with the range of specialty paediatricians.	Years 1-5	No resource anticipated

Strategic Objective 3

A patient centred commissioning model which adds value to the treatment of children, strengthens the whole pathway approach and is commissioned across the horizontal and vertical delivery of specialised services, supporting the transforming health care agenda within Wales.

Ref	Action	Year	Resource
SO3-1	Review the provision of specialised services commissioned posts within each professional group, with a focus on their working within their professional team, within their specialty team and within children's services more widely across the region. (2 services year 1 and 4 per year thereafter)	Years 1- 5	Revenue costs where there are identified gaps, reconfiguration and efficiency of existing funding will be a key consideration prior to funding.

Strategic Objective 4

Children and their families experience seamless transition across their care and treatment pathway, and between age related services.

Ref	Action	Year	Resource
SO4-1	When developing new service specifications or reviewing current ones, the access criteria, the pathway into and out of specialised services and the transition pathway into adult services must be included. (2 services year 1 and 4 per year thereafter)	Years 1- 5	No resource anticipated
SO4-2	WHSSC to develop clear commissioning criteria for the transition age for paediatric to adults, taking advice from WG and Health Boards.	Year 1	No resource anticipated

Strategic Objective 5

Specialised Paediatric services are funded prudently to ensure optimum and timely access for children, with priority being given to those services where there are deficits and constraints.

Ref	Action	Year	Resource
SO5-1	The performance of each service will reviewed annually in advance of the submission of the Integrated Commissioning Plan, in order to inform funding priorities for the subsequent year.	Years 1- 5	Revenue costs to support the need for infrastructure growth or to enhance fragile services.

Strategic Objective 6

Appropriate oversight structures are in place to provide the necessary assurance on the development and delivery of services.

Ref	Action	Year	Resource
SO6-1	The WHSSC Commissioning team will develop a programme for working with each specialised service to agree the quality metrics that will underpin each domain in the STEEP Quality framework. This will determine the content of the quarterly and annual reports for each service. (2 services year 1 and 4 per year thereafter)	Years 1- 5	No resource anticipated
SO6-2	Establish the specialised paediatric services oversight group.	Year 1	No resource anticipated

6.1 Resource schedule

Financial provision for the implementation of the strategy is included within the WHSSC 2022/25 ICP.

ICP 2022/25 financial profile

Ref	2022/23	2023/24	2024/25	2025/26	2026/27
N & S Wales Paediatric Strategy	0.250	1.200	1.800	TBC	TBC

The funding requirements above are high level assumptions and require detailed consideration by the Implementation Board and will be approved by the Oversight Group, prior to approval by the WHSSC Management Group and Joint Committee. Detailed consideration of existing funding will be a fundamental consideration as well as potential efficiencies and innovative ways of working to ensure prudent but effective use of the funding. In the event of further funding being required, it will be considered through the development of each WHSSC ICP over the 5 year life span of the strategy.

CHAPTER 7

7.0 Constraints

In order to improve children's health services in Wales, and meet the strategic objectives it is important that all the relevant organisations are working together collaboratively and see an overall picture of children's services, not just the area for which they have commissioning responsibility be that at Local Health Board level or WHSSC.

It has been identified throughout the development of the strategy that there a number of key constraints that are beyond the control and remit of WHSSC however are paramount to ensure the optimum success of its implementation.

7.1 Primary and Secondary Care infrastructure

NHS services are delivered to national priorities but are delivered locally. Variation exists in healthcare services due to a number of reasons. However, the population of Wales expects that wherever they use children's healthcare services they can receive the same high standard of care across all providers. The WHSSC Women and Children's commissioning team have identified a number of examples that indicate that there is significant variation in the quality, efficiency and/or equity of access within Wales's children's healthcare system and services. This variation is unwarranted and is driven by the limitations within healthcare services and professionals in Wales rather than by patient need. This needs urgent redress if the value and sustainability of existing NHS resources is to be maximised for the benefit of children and young people.

Examples of variation in healthcare for children:

- Local imaging provision
- Local surgical provision
- Local epilepsy service provision
- Local therapy and psychology provision
- Local high-dependency care provision
- Local anaesthetic provision

Challenges identified as a result of the lack coordinating structure and variation in healthcare provision:

- The ability to develop regional high dependency care plans for winter surge and cascade training
- The ability to develop seamless care pathways into tertiary care
- Tertiary specialists' time being taken up by managing children who should be cared for locally, and therefore having less time for the patients they are commissioned to provide care for and in parallel

this is resulting in the de-skilling of local providers further exacerbating the issue.

- Children being transported unnecessarily to the tertiary centres.
- Children having longer lengths of stay at the tertiary centre, as a result of a deficit in the required local skills that would enable them to move closer to home safely.

These examples point to the need to balance paediatric skills within local services and integrated networks which can provide more specialist skills. In order to improve children's health services in Wales, it is important that all the relevant organisations are working together collaboratively and see an overall picture of children's services, not just the area for which they have commissioning responsibility be that at Local Health Board level or WHSSC.

7.2 Workforce

Discussions have taken place at the Workforce subgroup for the paediatric strategy with a focus on how tertiary providers can be supported in becoming the preferred employer for paediatric professionals, in particular nurses and allied health professionals. One of the themes emerging from the discussions is the need for a Workforce strategy for all Specialist Centres and for Wales as a whole. The workforce strategies sit outside the remit of the commissioner and are the responsibility of providing Health Boards and HEIW in the context of Wales as a whole. The Commissioning Team will continue to engage with all parties to support the development of each document, the oversight group will also require sight of them when approving any future funding to implement the strategic objectives.

7.3 Transition

The key for both young people transitioning to adult care, or entering adult care is that there are services that they can access. There is variation in terms of service availability across the specialties as well as the commissioning arrangement. Some services are well developed and commissioned by WHSSC however there are a number of adult services that patients will transition to that are outside the remit of WHSSC and are often less developed, it is a notable constraint. The focus and priority needs to be on supporting the development of the adult service to meet the needs of the patient population whether this is at HB, regional or an All Wales level.

Abbreviations

ABUHB	Aneurin Bevan University Health Board
BAHA	Bone Anchored Hearing Aid
BCUHB	Betsi Cadwaladr University Health Board
BMT	Bone Marrow Transplant
C&VUHB	Cardiff and Vale University Health Board
CHfW	Children's Hospital for Wales
CLP	Cleft Lip and Palate
CTMUHB	Cwm Taf Morgannwg University Health Board
DGH	District General Hospital
ENT	Ear Nose and Throat
GPS	General Paediatric Surgery
GIRFT	Getting it Right First Time
HDU	High Dependency Unit
HEIW	Higher Education Improvement Wales
IPFR	Individual Patient Funding Request
IMD	Inherited Metabolic Disease
ICP	Integrated Commissioning Plan
LA	Local Authority
LHB	Local Health Boards
MDT	Multi-disciplinary Team
NCCHD	National Community Child Health Database
ONS	Office of National Statistics
PICU	Paediatric Intensive Care Unit
PHW	Public Health Wales
QPS	Quality and Patient Safety
SDR	Selective Dorsal Rhizotomy
SBUHB	Swansea Bay University Health Board
WHSSC	Welsh Health Specialised Services Committee

APPENDIX A - BROADER POLICY CONTEXT WITHIN WHICH THE STRATEGY IS SET

Strategic Context

The main focus of this Strategy is the commissioning of Specialised Paediatric Services. It is however important to note that it is underpinned by the Welsh Government Strategy: A Healthier Wales our plan for a healthier Wales, and a number of service specific standards published by Welsh Government.

Ministerial Priorities

In July 2021, eight priorities were issued by the Minister for Health and Social Services:

- Maintain Response to COVID-19
- NHS Recovery
- Working Alongside Social Care
- A Healthier Wales – Strategy for Health and Social Care
- Financial Discipline for NHS Wales
- Mental Health – Clinical and Broader Society
- Supporting The Health and Care Workforce
- Population Health and Health Equity

The priorities focus on improving population health and reducing health inequalities, with a concerted shift to wellness, outcomes and ensuring equity of access. This direction acknowledges and reconfirms that [A Healthier Wales](#) remains the ambition for Wales, supported by implementation of the [National Clinical Framework for Wales \(2021\)](#) and framed by the Wellbeing of Future Generations Act.

The WHSSC Integrated Commissioning Plan 2022-25 (ICP) sets out WHSSC's commitment and contribution to the achievement of these priorities.

The COVID-19 Pandemic

The WG document [Health and Social Care in Wales – COVID-19: Looking Forward](#) was published in March 2021 and describes the significant impact of COVID-19 on society and on health and social care services, identifies some of the opportunities and risks as we look ahead to the next phase of the pandemic response and towards recovery and sets out a range of priorities to be pursued in the coming months and years.

A Healthier Wales

[A Healthier Wales: our Plan for Health and Social Care](#) is the ten year strategy for health and social care in Wales and was published in 2018 in order to respond to a Parliamentary Review of the Long Term Future of Health and Social Care. It sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes.

WHSSC is ambitious about its role in supporting the bold agenda set out in A Healthier Wales. Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened more recently through the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act \(2020\)](#), the [National Clinical Framework for Wales \(2021\)](#) and the [Quality and Safety Framework \(2021\)](#). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim.

The Transition and Handover Guidance (WG) – February 2022

The recently published guidance provides clarity on the management, handover and accountability of healthcare services for children and young people during their transition from Children's to adults services. The guidance defines Children's Health Services as a service that provides health care to an infant, child and young person generally up to their 16th birthday.

Quality and Safety Framework: Learning and Improving 2021

The framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that need to be in place to be assured of high quality services at all times. There is a strong focus on quality and safety from the Covid-19 pandemic, trying to understand the true harm that has occurred over the past eighteen months and, moving forward, to ensure the needs of the population are met.

Closing the Gap

The Joint Report developed by the King's Trust and the Nuffield Trust sets out a series of policy actions that with funding will aim to create a sustainable staffing model to help support the elimination of nursing shortages.

The NHS Wales Health and Care workforce strategy

Developed jointly by HEIW and SCW, the strategy sets out the vision, ambition and approaches that put wellbeing at the heart of the plans for the NHS and social care workforce in Wales.

Paediatric Standards in Wales

A series of service specific standards for specialised healthcare services for the children and young people of Wales were developed between 2005 and 2009 and are underpinned by the overarching document, [All Wales Universal Standards for Children and Young People's Specialised Healthcare Services](#).

APPENDIX B – PROGRAMME STRUCTURE

Programme Board

Purpose

The purpose of the Programme Board is to oversee the process for the conduct of the review and to agree the report and recommendations to the Joint Committee.

Membership

WHSSC Director of Planning (Chair)

WHSSC Assistant Director of Planning

WHSSC Associate Medical Director Women and Children

Clinical Board Director of Paediatric Services in both Cardiff and Vale University Health Board and Betsi Cadwaladr University Health Board

Director of Paediatric Services or equivalent in both Cardiff and Vale University Health Board and Betsi Cadwaladr University Health Board

Commissioner representatives from each of the 7 Health Board

Associate Chief Operating Officer from Alder Hey Children's Hospital

Programme Management Team

Purpose

The purpose of the Programme Management Team is to co-ordinate and deliver on the programme outputs and requirements, as well as overseeing the process for the conduct of the review and to agree the report and recommendations to the Programme Board.

Membership

WHSSC Assistant Director of Planning (Chair)

WHSSC Assistant Director of Finance

WHSSC Associate Medical Director Women and Children

WHSSC Planner for Women and Children

WHSSC Planner for North Wales

WHSSC Information Analyst

WHSSC Assistant Planner

Service Modelling Group

Purpose

The purpose of the Service Modelling Group to develop the overarching model for specialised Paediatric Services in Wales.

Membership

WHSSC Assistant Director of Planning (Chair)
WHSSC Assistant Director of Finance
WHSSC Associate Medical Director Women and Children
WHSSC Planner for Women and Children
WHSSC Quality Lead
Chair of each of the sub-groups (x6)
Clinical Director of Paediatric Services for all 7 Health Boards in Wales

Collective Commissioning Sub-group

Purpose

The purpose of the Collective Commissioning sub-group is to develop a list of potential services that are to be considered for routine commissioning by WHSSC and to consider the appropriateness of the existing commissioned services.

Membership

Director of Finance, WHSSC
Associate Programme Director for Tertiary and Specialist Services Planning Partnership, C&V and Swansea Bay
Assistant Director of Finance, WHSSC
Assistant Director of Planning, WHSSC
Commissioning Representative from all 7 Health Boards
NHS England commissioning

Workforce Sub-group

Purpose

The purpose of the Workforce Working Group is to develop the principles and workforce model required to stabilise all specialties providing Specialised Services for the population of Wales.

Membership

WHSSC Associate Medical Director
Representation from the All Wales Nursing Group
Representation from the All Wales Therapies Group
Head of school for Paediatrics at HEIW
Representation from English Providers
Representation from all professional groups at CHFW

Finance Sub-group

Purpose

The purpose of the Finance sub-group is to consider the current financial mechanisms in place for the commissioning of paediatric services and the cost implications of the implementation of the Paediatric Strategy.

Membership

Assistant Director of Finance, WHSSC (Chair)
Finance Representative from all 7 Health Boards

Quality and Governance Sub-group

Purpose

The purpose of the Quality and Governance sub-group is to consider the current quality assurance measures that are in place and to develop robust structures for commissioned services.

Membership

Clinical Board Director for Children and Womens Services, Cardiff and Vale UHB
Head of Quality and Patient Care, WHSSC
Associate Medical Director, WHSSC
Quality Lead, WHSSC
Quality Representative with a Paediatric remit from 7 Health Boards
Quality Representation from Alder Hey Children's Hospital, Bristol Royal Hospital for Children and Birmingham Children's Hospital

North Wales Sub-group

Purpose

The purpose of the Local Provision of North Wales Specialised Services sub-group is to consider the current commissioning arrangements for services accessed by the North Wales population and to consider opportunities to strengthen local provision.

Membership

Medical Director, WHSSC (Chair)
Medical Director, BCUHB
Clinical Lead for Paediatric Services BCUHB
Commissioning Manager, BCUHB
Finance Lead, BCUHB
Quality Lead, WHSSC
Associate Medical Director, WHSSC
Assistant Director of Finance WHSSC

Surgery in Children work-stream

Purpose

The Paediatric Surgery work-stream will work on defining Specialised Surgery in Children and clinical criteria for general paediatric procedures that require specialist input due to complex needs.

Information work-stream

Purpose

The information work-stream will ensure robust data informs and underpins all recommendations within the strategy.

APPENDIX C – THE RIGHTS OF A CHILD⁶

KNOW YOUR RIGHTS

The United Nations Convention on the Rights of the Child, or the UNCRC, is a list of rights that all children and young people in Wales and across the world have.

Article 1:
Everyone under 18 has these rights.

Article 2:
All children have these rights no matter what. All children should be treated equally.

Article 3:
Adults should always do what is best for you.

Article 4:
The Government should make sure that all children and young people get these rights.

Article 5:
The Government should respect the right of your family to help you know about your rights.

Article 6:
You have the right to life, to grow up and reach your full potential.

Article 7:
You have the right to a name and a nationality.

Article 8:
You have the right to an identity.

Article 9:
You have the right to live with your parents, if this is what's best for you.

Article 10:
You have the right to see your family even if they live in a different country.

Article 11:
You have the right not to be kidnapped or taken out of the country illegally.

Article 12:
You have the right to be listened to and taken seriously.

Article 13:
You have the right to find out and share information, and say what you think.

Article 14:
You have the right to practise your own religion, as long as you're not stopping people from enjoying their rights.

Article 15:
You have the right to meet with friends and join groups.

Article 16:
You have the right to privacy.

Article 17:
You have the right to honest information from the media that you can understand, as long as it's safe.

Article 18:
You have the right to be brought up by both parents, if possible.

Article 19:
You have the right to be protected from being hurt or badly treated.

Article 20:
You have the right to be looked after properly if you can't live with your own family.

Article 21:
If you can't live with your parents, you have the right to live in the best place for you.

Article 22:
If you are a refugee, you have the same rights as any other child in the country.

Article 23:
If you are disabled, you have the right to special care and support so that you can lead a full and independent life.

Article 24:
You have the right to clean water, healthy food, a clean environment and good healthcare.

Article 25:
If you're not living with your family, you have the right to a regular check on how you're being cared for.

Article 26:
You have the right to support from the Government if your family hasn't got enough money to live on.

Article 27:
You have the right to a proper house, food and clothing. Governments must help families who cannot afford to provide this.

Article 28:
You have the right to an education.

Article 29:
You have the right to be the best you can be. Education must help you develop your skills and talents to the full.

Article 30:
You have the right to speak your own language and follow your family's way of life.

Article 31:
You have the right to relax and play.

Article 32:
You have the right to be protected from doing dangerous work.

Article 33:
You have the right to be protected from dangerous drugs.

Article 34:
Nobody should touch you in ways that make you feel uncomfortable, unsafe or sad.

Article 35:
You have the right to not be abducted, sold or trafficked.

Article 36:
You have the right to be kept safe from things that could harm your development.

Article 37:
You have the right not to be punished in a cruel or hurtful way.

Article 38:
You have the right to be protected during a war and not to fight in the army if you're under 15.

Article 39:
You have the right to special help if you've been hurt or badly treated.

Article 40:
You have the right to legal help and to be treated fairly if you've been accused of breaking the law.

Article 41:
If the laws in your country protect you better than the rights in this list, those laws should stay in place.

Article 42:
The Government must let children and families know about children's rights.

Articles 43-54:
These articles are about how adults and the Government must work together to make sure all children get their rights.

Do you need to talk to us about a problem?

Our Investigations and Advice service is free and confidential. It's there to help and support children and their families. Get in touch to find out how we can help:
Phone: 0808 801 1000 Email: advice@childrenscommissioner.wales

Get in touch

Website: www.childrenscommissioner.wales
Email: post@childrenscommissioner.wales
@ @ @ @ @childcomwales

⁶ [CCfW A2 Rights Poster ENGLISH AW \(childcomwales.org.uk\)](http://CCfW A2 Rights Poster ENGLISH AW (childcomwales.org.uk))

APPENDIX D – INCIDENCE RATES OF SPECIFIC CONDITIONS

Cleft Lip and Palate

A cleft lip and/or palate (CLP) is the most common facial birth defect in the UK, affecting around one in every 700 babies.

It is the most common congenital abnormality in the cranio-facial region. Incidence rates are approximately 1.6 per 1,000 but this can vary year to year.

The incidence of CLP in the UK can be summarised as:

- Cleft Palate only 45%
- Cleft Lip (+/- alveolus) only 23%
- Unilateral Cleft Lip and Palate 22%
- Bilateral Cleft Lip and Palate 10%⁷

Paediatric BAHA and Cochlear

Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year.

Around 90% of these children have 2 parents who can hear. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years.

There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales.

In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss.

Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical disabilities.⁸

Paediatric Cystic Fibrosis

Cystic fibrosis is a multi-system genetic disorder affecting the lungs, pancreas, liver and intestine. It results from mutations affecting a gene that encodes for a chloride channel called the cystic fibrosis

⁷ <https://whssc.nhs.wales/commissioning/whssc-policies/paediatric-services/cp186-cleft-lip-and-or-palate-including-non-cleft-velopharyngeal-dysfunction-all-ages/>

⁸ [NHS commissioning » Women and Children \(england.nhs.uk\)](https://www.nhs.uk/commissioning/women-and-children/)

transmembrane conductance regulator (CFTR), which is essential for the regulation of salt and water movements across cell membranes.

The UK Cystic Fibrosis Registry [Annual Data Report 2018](#) shows that 10,509 people in the UK have cystic fibrosis, with 222 people newly diagnosed with cystic fibrosis in the year⁹.

Paediatric Endocrinology

Endocrine conditions, which vary in incidence from 1 in 500 to <1 in 15,000 in the UK, require specialist care by a paediatric endocrinologist and an associated dedicated multi-professional team within a tertiary centre, and/or shared care with a District General Hospital through an established network.¹⁰

Paediatric Gastroenterology

The prevalence/incidence varies by condition. Examples include:

- Inflammatory bowel disease has a prevalence of 30 cases per 100,000, children under age 16 years, with an incidence of 8-10 new cases per 100,000.
- Diagnostic endoscopy rates vary around 200 per 100,000 population under age 17 years.

Intestinal failure (parenteral nutrition/intravenous feeding) >28 days) = 100-120 million children under 16 years of age.¹¹

Paediatric Nephrology

The number of children reaching ESRF per annum is around 2 per million of the total population. In Wales this is approximately 6 new cases per year. There are approximately 50 children on RRT in Wales at any one time, many with a renal transplant. Current management of ESRF in children has resulted in improved growth and Quality Adjusted Life Years (QALY).¹²

Paediatric Neurology (including Ketogenic Diet and Epilepsy Surgery)

⁹ [NHS commissioning » Women and Children \(england.nhs.uk\)](#)

¹⁰ <https://whssc.nhs.wales/commissioning/whssc-policies/paediatric-services/cp186-cleft-lip-and-or-palate-including-non-cleft-velopharyngeal-dysfunction-all-ages/>

¹¹ <https://whssc.nhs.wales/commissioning/whssc-policies/paediatric-services/cp186-cleft-lip-and-or-palate-including-non-cleft-velopharyngeal-dysfunction-all-ages/>

¹² Welsh Assembly Government (2009) [All Wales Nephrology Standards for Children and Young People's Specialised Healthcare Services](#)

It has been estimated that 2%-3% of the child population will have some level of disability leading to additional health and educational needs. The vast majority of child disabilities are neurological in origin with paediatric epilepsy the most common neurological disorder affecting about 0.7% of all children. Approximately one third of child neurological disease requires specialised services, although this figure will show local variation.

Non-traumatic acute encephalopathy has an incidence of approximately 50 per 100,000 per year. Metabolic disorders may present either as an acute encephalopathy or as long term neurological illness. Individual conditions are rare (e.g. phenylketonuria (PKU), 8.5 per 100,000. Many of the neuromuscular conditions are rare but all lead to significant morbidity. The overall prevalence of an inherited neuromuscular disease may well exceed 33/100,000 and a large proportion of these will be in the paediatric age group. 4 per 100,000 children aged 0-16 years will be diagnosed with a tumour of the central nervous system.¹³

Paediatric Oncology

Around 41% are leukaemias and lymphomas and 25% are brain tumours, with the remaining conditions comprising a wide range of solid tumours.

In Great Britain, the world age-standardised incidence rate has increased by more than two fifths (43%) since the late 1960s, from 107 cases per million children in 1966 – 1970 to 152 cases per million in 2001 – 2005. Between 1966 and 2000 there has been a statistically significant average annual increase of almost 1% per year, although this varies between 0.5% and 2.5% per year by tumour type. The literature suggests a plateau has been reached in childhood cancer incidence rates from the mid-1990s onwards.

Cancer in children is rare, with about one in 600 children developing a cancer by age 15 years. There are approximately 1,400 new cases of cancer among children 0-15 years in the UK each year; an annual incidence rate of approximately 1:7700. Proportionately, this would suggest an annual incidence in Wales of approximately 70 children per year.

Across the 0-19 age range, the highest incidence of cancer is among children 0-4 years, reducing among children 5-14, and rising again

¹³ https://www.england.nhs.uk/wp-content/uploads/2018/09/E09-S-b-Paediatric-Neurosciences-Neurology.pro_.2013.04.v2.pdf

among teenagers over 15 years. The incidence of childhood cancer in each region is similar throughout the UK.¹⁴

Paediatric Rheumatology

The prevalence of different rheumatological conditions differs depending on factors such as local demographics and ethnic composition. Many of the diseases are very rare. Even the more common JIA has incidence of 1 in 10,000 and a prevalence of 1 in 1,000. Conditions such as Juvenile Dermatomyositis (JDM) are extremely rare. It is estimated there are:

- 12,000,000 children, 12,000 children with JIA
- half of these will go on to have arthritis in adulthood
- 1 in 3 will not have arthritis in adulthood but will have sustained permanent damage to one or more joints¹⁵

¹⁴ [NHS commissioning » Women and Children \(england.nhs.uk\)](https://www.england.nhs.uk/commissioning/)

¹⁵ <https://whssc.nhs.wales/commissioning/whssc-policies/paediatric-services/cp186-cleft-lip-and-or-palate-including-non-cleft-velopharyngeal-dysfunction-all-ages/>

APPENDIX E – QUALITY ASSURANCE SUPPORTING INFORMATION SYSTEMS

NHSE Quality Surveillance Information System

A large percentage of the services WHSSC commission are from NHS England providers. 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) which is now part of NHS Improvement, 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 (QSI) which is moving to a new reporting platform known as Model Hospital. This supports benchmarking and provides the platform for the reporting on specialised service quality dashboards. These are 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 and enable further understanding around patient outcomes.

The Once for Wales Concerns Management System (OfWCMS)

OfWCMS is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine quality management processes.

APPENDIX F – WHSSC SERVICE SPECIFICATIONS

Service	Policies	Service Specification	Related
Cleft Lip and Palate		CP186	
Paediatric BAHA and Cochlear	CP35		
Paediatric Cystic Fibrosis	PP198	CP194 in development	CP193 (Adults and Young People)
Paediatric Cardiology			
Paediatric Endocrinology		CP163	
Paediatric Gastroenterology	CP211 in development		
Paediatric Immunology		CP78	
Paediatric Inherited Metabolic Disease	CP55		
Paediatric Intensive Care			
Paediatric Nephrology		CP169	
Paediatric Neurology		CP213 in development	
Paediatric Neuro-rehabilitation		CP160	
Paediatric Neurosurgery			
Paediatric Oncology			
Paediatric Rheumatology		CP172 in development	
Specialised Paediatric Surgery	CP171 planned		
Specialised ENT surgery	CP231 in development		
Specialised Orthopaedic surgery	CPXXX in development		
Specialised Paediatric Respiratory			
Paediatric Radiology		CP161 in development	



In Report Title	South Wales Cochlear Implant and BAHA Hearing Implant Device Service	Agenda Item	2.3		
Meeting Title	Joint Committee	Meeting Date	12/07/2022		
FOI Status	Open				
Author (Job title)	Specialised Planner for Neurosciences and LTC Assistant Director of Planning				
Executive Lead (Job title)	Director of Planning				
Purpose of the Report	The purpose of this report is to present the process and outcome of a recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note the report,• Note and receive assurance on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal,• Note the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal,• Support the preferred commissioning option as the basis of engagement/consultation; and• Agree to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.					

SOUTH WALES COCHLEAR IMPLANT AND BAHA HEARING IMPLANT DEVICE SERVICE

1.0 SITUATION

The purpose of this report is to present the process and outcome of a recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.

2.0 BACKGROUND

Cochlear services are commissioned from two centres in South Wales, the University Hospital of Wales (UHW) in Cardiff and the Princess of Wales (POW) Hospital in Bridgend. During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved in order to support the service. At that time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Following the pandemic, work has been undertaken to:

- Develop an options appraisal on the most appropriate means of delivering high quality Cochlear and BAHA services,
- Invite an external assessment of the options against the service standards; and
- Undertake a financial appraisal of the options to ensure that all of the options being appraised could be delivered within the existing budget.

A summary of the process and outcomes arising from these pieces of work, as well as a recommendation on a preferred future commissioning option for all specialist hearing services are outlined in the assessment section of this report, with the detailed write ups available at **Appendices 1, 2 & 3**.

3.0 ASSESSMENT

3.1 Clinical Options Appraisal

A Clinical options appraisal workshop took place in September 2021, with invitations extended to clinical and planning colleagues from Health Boards (HB's) affected by any proposed change. Five options were presented for consideration and participants had the opportunity to consider and influence both criteria and weightings, before being asked to score each option against the weighted criteria.

The options were:

	OPTION	DESCRIPTION
A	Do nothing	2 Cochlear hubs for adults and children 3 BAHA hubs for adult and children
B	Central Cochlear Distributed BAHA	A Single hub (with outreach) for Cochlear 3 x BAHA hubs for both adults and children
C	Central Cochlear, Central Paeds BAHA, distributed Adult BAHA	1 x Cochlear hub with Cochlear outreach 1 x BAHA hub (paediatrics) 1 x BAHA hub (adult)
D	Single implantable device hub	1 x single centre for Cochlear and BAHA for both children and adults with an outreach support model
E	1 cochlear hub (Children and adults) 1 BAHA hub (Children and adults)	1 x single centre for BAHA (children and adults) 1 x single centre for Cochlear (Children and adults)

Following the application of the weighted criteria by each person present, the preferred option from the clinical options appraisal was **Option B**. A detailed write up of the process is presented at **Appendix 1**.

3.2 External Assessment

In order to assess the options against the relevant service standards, an external assessment was undertaken by members of the Bristol Specialist Hearing Centre. The same options and criteria as those used in the clinical options appraisal were used. The following standards were used as a framework for assessment:

Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audio logical care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/year) and clinical scientist/physiologist's skills.(centre undertakes min 15 BAHA/year)
Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected(recommended that a centre should have a minimum of 3)
Provide equitable and lifelong access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, Speech and Language Therapist (SLT) and Teacher of the Deaf (TOD)	Publish data on audit and outcomes

Through an external assessment of the options against the standards, the only option considered to meet all of the standards was option D. The detailed assessment is presented at **Appendix 2**.

3.3 Financial Assessment

The budget for the BAHA and Cochlear service is almost £5m, with the majority of investment going to Cardiff and Vale University Health Board (CVUHB). A financial assessment of each of the options was undertaken using contract values, costing returns and service proformas. It was identified that none of the options would cost more than the current contract value. As a result of the assessment which is outlined in **Appendix 3**, option D was deemed the most cost effective option. This option would potentially enable the release of resource back into the service for further developments including an out of hours service.

3.4 Arriving at a preferred option

The table below summarises the 5 options against the 3 processes enabled.

Option	Title	Clinical Option Appraisal	External Assessment – application of standards	Financial Appraisal
Option A	Do nothing			
Option B	Central Cochlear /distributed BAHA	√		
Option C	Central Cochlear, Central Paediatrics BAHA Distributed adult BAHA			
Option D	Single implantable device hub for both paediatrics and adults with an outreach support model		√	√
Option E	1 Cochlear hub (Paediatric & adults) 1 BAHA hub (Paediatrics and adults)			

The Welsh Health Specialised Services as commissioner of the service, has responsibility to ensure the provision of high quality specialist services for the welsh population and will commission these in line with agreed service standards. Throughout discussion, it has been made clear that the future service must:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy,
- Be able to provide full Audio logical care for patients across the pathway including assessment, surgery, and device programming,
- Be able to offer access to all types of commissioned hearing implants,
- Have a functioning Multi-Disciplinary Team (MDT) where all referrals are discussed and planned for,
- Facilitate timely access to surgery,

- Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected,
- Provide equitable and lifelong access,
- Have clear governance processes,
- Facilitate effective liaison with relevant local services; and
- Publish data on audit and outcomes.

Having paid due regard to all three assessments, and the service standards, the only option that meets these requirements is option D.

Therefore in specifying the service WHSSC would wish to commission onward is:

A single centre for both children and adults, for the provision and maintenance of both cochlear and BAHA, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.

The preferred option will therefore require a central hub with an outreach service. This supports the establishment of a central MDT where all referrals are discussed and planned for and where patients will be able to be offered access to all types of commissioned implants.

The option will facilitate timely and equitable access to surgery and provide life management and care for these patients offering care closer to home with the establishment of outreach clinics across the region.

3.5 Sharing the thinking with the Clinical Teams

A third workshop was held in June 2022 to share the outcome of all three processes with the members of the clinical options appraisal workshop, as well as to advise on next steps. There were differing levels of support from the clinical community regarding the preferred option, and as such a clinical engagement group will continue to meet throughout the engagement process to resolve any issues of concern.

3.6 Next Steps

3.6.1 Preparation in readiness for consultation and engagement

Given that the current service remains in a status of 'temporary urgent change' an appropriate process needs to now take place to ensure the onward permanent service solution. This will be managed through the processes outlined within the '*guidance on changes to NHS services in Wales*' i.e. engagement and potential consultation.

The aspiration is that the necessary documentation and supporting timeline can be prepared in readiness for the September meeting of Joint Committee.

HB Engagement leads and the Community Health Council (CHC) have been regularly updated on the Hearing Implant work programme and the completed documentation and associated process will be shared with them for review when in a state of readiness.

4.0 RECOMMENDATIONS

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Note** and receive assurance on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial options appraisal,
- **Note** the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal,
- **Support** the preferred commissioning option as the basis of engagement/consultation; and
- **Agree** to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Development of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	To ensure that the delivery model will provide a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.

Finance/Resource Implications	The financial assessment describes the resource requirements and the possible efficiency savings. It also identifies a need to renegotiate a new contract.
Population Health	To ensure all users of the Hearing Implant Device centre have equal access to surgery and provide life management and care for patients offering care closer to home.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no known legal, equality and diversity implications.
Long Term Implications (incl WBFG Act 2015)	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health
Report History (Meeting/Date/ Summary of Outcome)	27 June 2022 - Corporate Directors Group Board meeting – 27 June 2022
Appendices	<ul style="list-style-type: none"> - Appendix 1 - South Wales Cochlear Implant and BAHA Hearing Implant Device Service Clinical Option Appraisal Outcome, - Appendix 2 - South Wales Cochlear Implant and BAHA Hearing Implant Device Service – External assessment - Application of Standards; and - Appendix 3 - South Wales Cochlear Implant and BAHA Hearing Implant Device Service Financial Appraisal

APPENDIX 1

SOUTH WALES COCHLEAR IMPLANT AND BAHA HEARING IMPLANT DEVICE SERVICE CLINICAL OPTION APPRAISAL OUTCOME

SITUATION

The purpose of this report is to present the outcome of the clinical option appraisal for the South Wales Cochlear Implant and BAHA Hearing Implant Device service.

BACKGROUND

Cochlear services are commissioned from two centres in South Wales, University Hospital of Wales Cardiff and Princess of Wales hospital Bridgend. During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved in order to support the service. At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Following the pandemic, work has been undertaken to:

- Develop an options appraisal on the most appropriate means of delivering high quality Cochlear and BAHA services.
- Invite external assessment of the options against the service standards
- Undertake a financial appraisal of the options

This paper outlines the process and outcome of the clinical option appraisal process.

ASSESSMENT

The Clinical option appraisal took place over 2 workshops.

Workshop 1 - Exploration of existing UK models and agreement of options to consider at future workshop

Workshop 1 was intended to recommence the work which had been stopped at the outset of the pandemic, as such, it sought to re-engage clinical teams in the conversation, share models that are in place across the UK, specifically Scotland and Bristol and begin to explore the potential future options of delivery as the basis for engagement and consultation on the service.

Specifically, the group were asked to consider *'how the Cochlear Implant and BAHA service could deliver a safe and sustainable hearing implant device service for the adult and paediatric population of south Wales that meets national standards'*.

A list of options from workshop 1 were put forward as the basis of a clinical options appraisal to be undertaken at workshop 2.

OPTION	DESCRIPTION
A Do Nothing	2 Cochlear hubs for adults and children, 3 BAHA hubs for adults and children
B Central Cochlear /distributed BAHA	Single Hub (with outreach) for Cochlear 3 BAHA hubs for both adults and children
C Central Cochlear Central Paeds BAHA Distributed adult BAHA	1 Cochlear hub with cochlear outreach 1 BAHA hub (Paediatrics) 3 BAHA hubs (adult)
D Single implantable device hub	1 single centre for Cochlear and BAHA for both children and adults with an outreach support model
E 1 Cochlear hub (Children & adults) 1 BAHA hub (Children and adults)	1 single centre for BAHA (children and adults) 1 single centre for Cochlear (children and adults)

Workshop 2: Clinical options appraisal

The purpose of the second workshop was to concentrate on undertaking a clinical options appraisal. The first half of the session, set about agreeing the process, the criteria and suggested weightings in order to gain consensus with the group on the process prior to its application. The second half afforded small group discussion on each of the options and then individual scoring against each criteria.

The criteria and associated weighting agreed for the assessment was:

Criterion	Weightings
Quality and Patient Safety	15
Achievability (Staffing, sustainability, and training)	10
Accessibility	8
Clinical Effectiveness and Efficiency	10
Acceptability	7

The clinical considerations were captured via Microsoft Teams on the day, and initial feedback on the outcome of this stage of the assessment shared. The outcome from the clinical option appraisal was as follows:

Option	Title	Score
Option A	Do nothing	402
Option B	Central Cochlear /distributed BAHA	768
Option C	Central Cochlear, Central Paediatrics BAHA Distributed adult BAHA	521
Option D	Single implantable device hub for both children and adults with an outreach support model	564
Option E	1 Cochlear hub (Children & adults) 1 BAHA hub (Children and adults)	408

The clinical option appraisal resulted in option B receiving the highest score.

APPENDIX 2



GIG
CYMRU
NHS
WALES

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

SOUTH WALES COCHLEAR IMPLANT AND BAHA HEARING IMPLANT DEVICE SERVICE PROGRESS REPORT – EXTERNAL ASSESSMENT – APPLICATION OF STANDARDS

SITUATION

The purpose of this report is to present the outcome from the external assessment with the application of the clinical standards for the South Wales Cochlear Implant and BAHA Hearing Device service.

BACKGROUND

Cochlear services are commissioned from two centres in South Wales, University Hospital of Wales Cardiff and Princess of Wales hospital Bridgend. During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved in order to support the service. At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Following the pandemic, work has been undertaken to:

- Develop an options appraisal on the most appropriate means of delivering high quality Cochlear and BAHA services.
- Invite external assessment of the options against the service standards
- Undertake a financial appraisal of the options

This paper outlines the process and outcome of the **external assessment against standards**.

ASSESSMENT

To ensure the options considered met all the clinical standards, an external assessment was undertaken by a specialist centre. The centre were asked to objectively evaluate the same options as had been considered through the clinical option appraisal ensuring that the assessment was in line with relevant service standards as described in table 1:

The table below identifies the key standards that were considered both in the clinical option appraisal and the external assessment.

Table 1: Commissioning against standards

Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audio logical care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/year) and clinical scientist/physiologist's skills.(centre undertakes min 15 BAHA/year)
Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected(recommended that a centre should have a minimum of 3)
Provide equitable and lifelong access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, SLT and TOD)	Publish data on audit and outcomes

In undertaking this assessment, the external assessor arrived at the following ranking of the options:

Option	External hearing implant centre assessment
A	5
B	4
C	3
D	1
E	2

The external assessment against standards leads to option D being the preferred option.

SOUTH WALES COCHLEAR IMPLANT AND BAHA HEARING IMPLANT DEVICE SERVICE FINANCIAL APPRAISAL

SITUATION

The purpose of this report is present a financial appraisal for the South Wales Cochlear Implant and BAHA Hearing Implant Device service.

BACKGROUND

A benchmarking exercise was undertaken from three sources, the contracted value, costing returns and submitted responses from the service specification questionnaire. The different approaches produced slightly different costs for the service and these will be discussed in section 3.

This paper only addresses the current service costs but highlights the various costs of each option.

ASSESSMENT

The total budget allocated to Cochlear and BAHA service was nearly £5m, the majority of services being provided by Cardiff. (The BAHA service at Aneurin Bevan is not commissioned by Welsh Health Specialised Services) as shown in table 1.

Table 1: Table showing calculation of costs using each methodology

Provider	Service	21-22 Budget	Standard Costing	Capacity Costing (using WTE)
AB	BAHA		39,705	41,789
Cardiff	Cochlear	4,439,942	3,567,510	3,776,219
Cardiff	BAHA	486,761	461,167	596,576
SB	BAHA	63,240	45,511	63,713
	Total	4,989,943	4,113,892	4,478,297

The methods of re-costing the service give similar results but both return results below the budget. The standard costing approach uses the costing returns from each provider to re-calculate the activity provided by the services to quantify the costs of the services. The capacity costs utilises the returns provided by each service to recalculate the pay costs based on the grade and WTE of staff employed.

The complexity of the maintenance service provision (for previous year implants) means that these have been calculated separately with a separate benchmarking exercise done.

Focusing in on the new inpatient activity for Cardiff high budget costs for new patients explain the variation between the budget and standard cost and also offer opportunities for releasing money when commissioning a preferred option. These savings could be estimated to be in the region of £250k to £500k. If these savings could be realised the funding could be used to commission the Middle Ear and the out of hours service.

The majority of activity is carried out by Cardiff, the low WTE in other centres, which would be expected reflects the lower levels of activity. In most centres, staff are not dedicated to the Cochlear and BAHA service but carry out other activity meaning any movement of services would release staff for other ENT services whilst movement of activity into a single centre would need additional funding required to cover the displaced ENT activity.

(An overhead cost of 15% has been added to parts of the standard cost methodology and the whole of the capacity cost to make the analysis comparable).

- **Theatres**

The questionnaire and the costing returns indicate that a single centre will require more than one dedicated session per week indicating that usage would be running at between 14 to 25% above a single theatre session per week.

- **Benchmarking unit costs**

Table 3 shows a comparison of unit costs obtained from the costing returns. The benchmarking indicates that a single centre, would provide a competitive service for admitted patient care.

When benchmarking the Cardiff service they incur the lowest costs for fixture of BAHAs, and Cochlear implants compared to the rest of Wales. Noting the fitting of BAHAs (figure 331) is skewed by the reference costs which is only reported as an outpatient and the cost of the implant vs. Betsi Cadwaladr is only marginally different).

There may be some further savings possible from the economies of scale and improved efficiency from greater throughput. The benchmarking of the unit costs therefore indicate the Cochlear costs at Cardiff compare favourably with the English reference costs and other Welsh providers.

Table 3: Table showing comparison of costs at each centre using reference cost data

Comparison of Admitted Patient Care (APC) Costs for each intervention					
	Fixture for Bone Anchored Hearing Aids	Fitting of Bone Anchored Hearing Aids	Unilateral Cochlear Implant	Bilateral Cochlear Implants	Cochlear Implant cost
ABUHB	✓ 2,977	! 2,329			
BCUHB	✗ 3,770	✗ 4,225	✓ 22,143		✓ 16,683
C&V	✓ 3,100	✗ 3,398	✓ 20,896	✓ 39,488	✗ 16,716
SBUHB	✗ 3,974	! 2,316			
Reference Costs	! 3,373	✓ 331	✗ 28,006	✗ 46,271	

Key:	✓	Low cost vs. peer group	!	Comparable cost to peer group	✗	Higher cost than peer group
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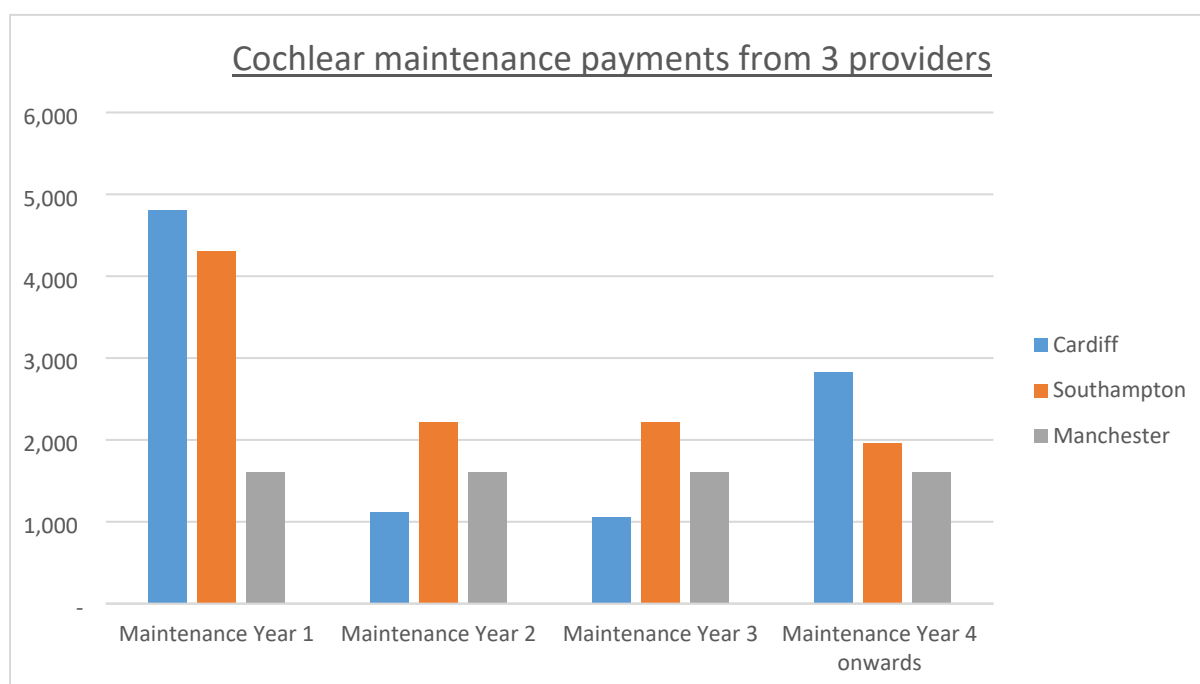
The unit cost for Cochlear Implant and BAHA in the Welsh Health Specialised Services contract are considerably higher than the Cardiff and Vale University Health Board costing returns and indicates that there are potential savings of £250k to £500k if the contract is re- negotiated.

- **Maintenance Costs**

Analysis of these costs has been carried out under a different exercise. Maintenance costs for Cochlear Implants represent over 40% of the budget for Cardiff and there is no benchmarking figures available from within Wales. Costs for maintenance have been obtained from North Wales's contract with Central Manchester and by requesting costs from Southampton University. (Southampton commented that the current service may not be providing sufficient levels of activity to meet the needs of the population in south wales).

For year one to three shown in table 4, the Cardiff costs are comparable to the other providers. However, the year four plus costs for Cardiff is above their comparators. As most of the activity is within this category, this variance has a large impact on the total costs. Using the Southampton pricelist, which is the most comprehensive of the information obtained, there appears to be possible savings available for the year 4 plus area of the contract as indicated in Appendix A. This may be an area that needs further investigation but may offer savings of £185k.

Table 4: Comparison of maintenance costs across UK providers



- **Economies of scale**

A single centre will also offer economies of scale with increased volumes in the specialist area leading to specialist staff becoming more familiar with the specialist pathway, staff being able to use their specialist skills across a larger group of patients and the realisation of greater purchasing power reducing prosthetic costs. In addition, the transfer between BAHA and Cochlear will become smoother as some patients will already be known to the service and there will be small savings from training from existing outlying centres. Costs from **Table 1** are incorporated into **Table 5**, an additional estimate of the savings from a single centre (Option D) are also included as well as the potential savings from a review of maintenance contracts and a contract review. Option E also includes some elements of the single centre savings.

Table 5 – Financial Appraisal including potential savings

Financial Appraisal of the costed Options for the Cochlear Implant and BAHA Service									
Option	Option Description	Budget 21/22 £	Potential Saving Minimum £	Potential Saving Maximum £	Revised Budget Min. £	Revised Budget Max. £	Option meeting all the standards	Clinical Preferred option	Independent Peer Review preferred option
		£000	£000	£000	£000	£000			
A	Do Nothing Option	4,989	0	0	4,989	4,989	X		
B	Central Cochlear/distributed BAHA	4,990	435	685	4,555	4,305	X	✓	
C	Central Cochlear Central Paeds BAHA/distributed Adult	4,990	435	685	4,555	4,305	X		
D	Single Implanatable device hub	4,990	535	835	4,455	4,155	✓		✓
E	1 Cochlear Hub -Paeds and Adults 1 BAHA hub Paeds and	4,990	460	710	4,530	4,280	X		

Table 5 indicates that the option meeting the Clinical standards and preferred by the Independent review: Option D; is also the most cost efficient.

Assumptions for the economies of scale:

- Centralised patient referral - reduction in appointments as some patient already known to service
- Prosthetics - continuing drop in prosthetic costs over time
- Theatres - reduction in wastage from centralisation and use of dedicated theatre
- Theatres - reduction in operation time as volume increases
- Outpatients - drop outpatient appointments and length of appointments through increased familiarity
- Staff - some specialist training limited to Centre
- Theatres – movement to day case procedures

Area	Savings
Centralised patient referral	Reduction in appointments as some patient already known
Prosthetics	Continuing drop in prosthetic costs over time
Theatres	Reduction in wastage from centralisation and use of dedicated theatre
Theatres	Reduction in operation time as volume increases
Outpatients	Drop outpatient appointments and length of appointments through increased familiarity
Staff	Some specialist training ltd. to Centre

As a result of the financial assessment **Option D** is the optimum option.



Report Title	Hepato-Pancreato-Biliary (HPB) Project Update		Agenda Item	3.6	
Meeting Title	Joint Committee		Meeting Date	12/07/2022	
FOI Status	Open				
Author (Job title)	Project Manager & Associate Programme Director				
Executive Lead (Job title)	The Regional and Specialised Services Provider Planning Forum				
Purpose of the Report	The purpose of this report is to provide a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and to seek support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input type="checkbox"/>
Recommendation(s) Members are asked to: <ul style="list-style-type: none">• Note the report,• Support the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and• Support the proposals to receive assurance that the outputs of the Hepato-Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.					

HEPATO-PANCREATO-BILIARY (HPB) PROJECT UPDATE

1. SITUATION

The purpose of this report is to provide a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and to seek support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.

Following the approval in principle of the model service specification for HPB surgery by the NHS Wales Health Collaborative Executive Group (CEG) in May 2021, the Cardiff and Vale UHB (CVUHB) and Swansea Bay UHB (SBUHB) Regional and Specialised Services Provider Planning Partnership (RSSPPP) established a project to progress the development of an integrated HPB surgery service model.

The CEG also requested that WHSSC take on the delegated commissioning responsibility for HPB surgery.

This report summarises the key elements of the project, as set out in the attached Project Initiation Document (PID) (**Appendix 1**), and seeks support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for HPB surgery.

2.0 BACKGROUND

Across the UK, it is accepted practice for liver and pancreatic surgery to be based together as part of a comprehensive HPB service. Typically, these centres will provide specialist care for patients with benign and malignant diseases of the liver, biliary system and pancreas.

Liver and pancreatic surgery are currently split and provided on two separate sites in South Wales:

- Hepatobiliary surgery at the University Hospital of Wales (UHW), Cardiff
- Pancreatic surgery at Morriston Hospital (MH), Swansea

Following a request to the Wales Cancer Network (WCN) from Welsh Government (WG) to develop proposals to integrate service provision, the NHS Wales Health Collaborative Executive Group (CEG) commissioned the WCN to develop a model service specification for HPB services to inform future commissioning of these services. The model service specification was approved in principle at the May 2021 meeting of the CEG.

Following approval of the service specification, the chair of the CEG wrote to the Chief Executives of CVUHB and SBUHB to request the support of RSSPPP in the development of a clinically informed action plan to align the delivery of HPB services with the model service specification.

In response, the RSSPPP has established a project to develop recommendations for a service model which complies with the WCN service specification. This will include a two-phase approach:

- Development of a prioritised action plan based on the outputs of the workshops and engagement exercise. These actions were identified in two independently facilitated clinical engagement workshops in September 2021; and
- Development of a proposal for an integrated HPB service model.

The aim is to improve current service provision and provide recommendations on a safe, effective and sustainable model for HPB surgery in South and West Wales. The recommended service model must:

- align with the WCN service specification,
- align with the WHSSC strategic objectives and commissioning intentions,
- be safe, effective and sustainable; and
- ensure equitable and timely access for patients with the best possible outcomes and experience.

3.0 ASSESSMENT

The project governance arrangements are set out in detail in the PID (**Appendix 1**). The PID also sets out:

- The aims and objectives of the project,
- The expected benefits and outcomes of the project,
- The roles and responsibilities of those involved in managing the project; and
- The arrangements and timings to implement and manage the project.

A Project Board has been established to set the overall direction and management of the project. The Project Board will be co-chaired by the Executive Medical Director for CVUHB and the Medical Director and Deputy Chief Executive Officer for SBUHB.

The Project Board will have the following representation:

- CVUHB Surgical Clinical Board – Clinical Board Director & Operational Lead (TBC),
- SBUHB Morriston Service Delivery Group – Unit Medical Director & Operational Lead (TBC),
- South East Wales - 2 x Health Board Executive / Senior Manager / Senior Clinician (1 Clinical and 1 Non-Clinical),
- South West Wales - 2x Health Board Executive / Senior Manager / Senior Clinician (1 Clinical and 1 Non-Clinical),
- Assistant Director of Planning, WHSSC,
- Association of Community Health Council (CHC) representative,
- Clinical Model Working Group Chairs,
- Executive Director of Planning, CVUHB; and

- Executive Director of Strategy, SBUHB.

The Project Board will report to the RSSPPP, which will provide executive oversight of the project, and will provide assurance to the SBUHB Management Board and CVUHB Management Executive that the project objectives are being met and that the project is performing within the agreed boundaries.

The RSSPPP will also liaise with the WHSSC Joint Committee to ensure that the Project Outputs align with the strategic objectives and commissioning intentions of the commissioning organisation.

This will be achieved through the submission of commissioner assurance reports to the Joint Committee at the following points:

Product No.	Product Title	Draft Completion Date & Platform	Commissioner Assurance and Sign off	Committee Dates
M1 & S3	PID and Action Plan Tracker	End-June	Joint Committee	July
S7 & S8	Long list of options and Benefit Criteria	End-July	Joint Committee	September
S10	Option appraisal	Mid-November	Joint Committee	November
S13	Recommended Service Model Proposal – including implications for implementation, mitigation and Equality Impact & Socio-Economic Assessment	Mid-January	Joint Committee	January

In order to track the progress of the short-term actions, an action plan tracker has been developed (**Appendix 2**). This will be developed by the Clinical Model Working Group, and will be monitored by the Project Board.

It will be used to monitor the progress of actions which can be implemented in 2022-2023 without the requirement of additional resources.

The PID (**Appendix 1**) and action plan tracker template (**Appendix 2**) have been attached to this report, to provide assurance to the Joint Committee on the alignment with the WHSSC strategic objective and commissioning intentions.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Support** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and
- **Support** the proposals to receive assurance that the outputs of the Hepato-Pancreato-Biliary (HPB) project align with the WHSSC strategic objective and commissioning intentions.

Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	HPB surgery has been identified as a potential new WHSSC Services 2022-2023 in the 2022–2025 ICP
Health and Care Standards	Individual Care Safe Care Timely Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The project will develop a recommendation for a service model which will reduce variability of access and provision across South Wales
Finance/Resource Implications	There are no direct financial/resource impacts from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.

Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	N/A
Appendices	Appendix 1 – HPB Project Initiation Document (PID) Appendix 2 – HPB Short Term Action Plan Tracker Template

PROJECT INITIATION DOCUMENT

Project name HPB in South and West Wales

Programme Planning and Strategy

Product number M1

Release **Version:** **0.87**
Date: 21/06/2022

Author	Project Manager for Tertiary and Specialist Services Planning Partnership / Associate Programme Director for Tertiary and Specialist Services Planning Partnership
Project Lead	Associate Programme Director for Tertiary and Specialist Services Planning Partnership
Owner	Executive Medical Director – Cardiff and Vale UHB Executive Medical Director – Swansea Bay UHB
Client	Chief Executive Officer – Cardiff and Vale UHB Chief Executive Officer – Swansea Bay UHB
Document Number	M1
Version	0.87

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Document control and amendment record

Draft Version Control

Version	Date	Detail	Author	Approval
0.4	30/04/2022	Initial draft	Associate Programme Director	
0.5	05/05/2022	Product Descriptions added (S1 – S18)	Associate Programme Director	
0.6	09/05/2022	Section on Verto, Amendment to Product Description table and Product	Project Manager	
0.7	10/05/2022	Finance and commissioning added to Product S4	Associate Programme Director	
0.83	01/06/2022	Expansion of Project Board and CMWG descriptions, product table and dates.	Project Manager	
0.84	13/06/2022	Added to CMWG representation list Formatting	Project Manager	
0.85	13/06/2022	WHSSC Reporting added	Associate Programme Director	
0.86	16/06/2022	Dates added to Product Descriptions, amendments on the Product Table	Project Manager	
0.87	21/06/2022	Updated Project Hierarchy	Associate Programme Director	

Amendment Record

Version	Date	Detail	Author	Approval

1 Purpose

This document has been produced to capture and record the basic information needed to correctly direct and manage the project. The Project Initiation Document (PID) addresses the following fundamental aspects of the project:

- The aims and objectives of the project
- The expected benefits and outcomes of the project
- The roles and responsibilities of those involved in managing the project
- The arrangements and timings to implement and manage the project

2 Project aim and objectives

The overall aim of the project is to improve current service provision and provide recommendations on a safe, effective and sustainable model for hepato-pancreato-biliary surgery in South and West Wales. The following objectives have been identified:

- To develop a short term action plan that will support the assessment, prioritisation and implementation of actions to improve the service in the current year.
- To develop a medium term action plan that will support the assessment and prioritisation of actions that will inform the Integrated Medium Term Plan for provider and commissioner Health Boards for 2023/24 and 2024/25.
- To develop a process map of current services that captures the total patient pathway, the interdependencies within the pathway, and current service provision to inform an appraisal of service model options.
- To undertake an option appraisal of service model options which will inform the development of a recommended service model, which:
 - aligns with the Welsh Cancer Network (WCN) service specification;
 - aligns with the Welsh Health Specialised Services Committee strategic objectives and commissioning intentions;
 - is safe, effective and sustainable; and
 - provides equitable and timely access for patients with the best possible outcomes and experience.
- To develop a set of impact assessments that will be used to understand and inform the development of mitigations to address any impacts that arise from the adoption of the recommended service model.

3 Background

The Regional and Specialised Services Provider Planning Partnership was established between Swansea Bay UHB and Cardiff and Vale UHB to enable both organisations to develop a shared view about how to best deliver sustainable specialised services in South Wales.

Liver and pancreatic surgery are currently split and provided on two separate sites in South Wales:

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

Across the UK, it is accepted practice for liver and pancreatic surgery to be based together as part of a comprehensive hepato-pancreato-biliary service. Typically, these centres will provide specialist care for patients with benign and malignant diseases of the liver, biliary system and pancreas.

In order to inform the future commissioning and delivery of these services, the NHS Wales Health Collaborative Executive Group (CEG) commissioned the WCN to develop a model service specification for HPB services to inform future commissioning of these services. The model service specification was approved in principle at the May meeting of the CEG.

Following approval of the service specification, the chair of the CEG wrote to the Chief Executives of CVUHB and SBUHB to request the support of the partnership in the development of a clinically informed action plan to align the delivery of HPB services with the model service specification.

In order to develop the action plan, the partnership held two independently facilitated clinical engagement workshops on the 30th November and 7th December 2021.

The output of this workshop included the identification of short, medium and long term actions to improve the current provision of HPB surgery, and support the implementation of the WCN service specification.

4 Potential Project Benefits

The following potential project benefits will be achieved when the project achieves its objectives to improve current provision and provide a clear recommendation on the future service model for HPB surgery in South and West Wales:

- **Patient care**
 - Improved diagnostic pathways and access to the MDT
 - Reduce variability of access and provision across South Wales
- **Training, research and innovation**
 - Enable trainees to train and gain experience in liver and pancreatic surgery in one placement.
 - Increase the opportunities for research
 - Provide critical mass necessary for exploring future service and technological innovation.
- **Sustainability, workforce and planning**
 - Easier to identify and address gaps in service provision (e.g. complex benign disease)
 - Increased resilience and sustainability
- **Staff wellbeing (recruitment and retention)**
 - Integrated surgical team able to provide comprehensive HPB services with 24/7 cover
 - Improved ability to recruit and retain surgical staff, and team members

5 Project scope, assumptions and constraints

The following elements of service provision fall within the scope of the project:

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

The following assumptions have been made at the outset of the project:

- The recommended service model must comply with the Welsh Cancer Network service specification.
- The recommended service model must align with the Welsh Health Specialised Services Committee strategic objectives and commissioning intentions;
- The recommended service model must align with the National Clinical Framework.

The first phase of the project will need to conclude by the end of July 2022, in order to inform the IMTP process, and the second phase of the project will need to conclude by the end of January 2022.

The following have been identified as potential constraints:

- Available clinical capacity may be a constraint as clinical time is at a premium.
- The short term actions will have to be delivered within existing resources.
- The medium term actions will be submitted for consideration as part of the provider and commissioner IMTPs.
- The service model will have to be affordable and not exceed the available funding identified by the commissioning Health Boards.

6 Project Interfaces and Interdependencies

The project has the following interfaces:

- RSSPPP programme – including the OG cancer surgery project
- Liver cancer surgery – currently commissioned through WHSSC

The project will consult and work with the following specialties:

- Hepatology
- Gastroenterology
- Oncology
- Palliative Care
- Anaesthetics
- Pharmacy
- Endoscopy
- Diagnostic and Interventional Radiology
- Pathology
- Histopathology
- Nuclear Medicine

Representation from these specialties will be sought to attend the clinical model working group, in order to ensure that the interdependencies are fully reflected in the option appraisal process and the selection of the recommended service model.

WHSSC has been identified as the future commissioner of HPB surgery. Whilst it is not responsible for the delivery of the project, it is essential that there is alignment between the project outputs and the organisations strategic objectives and commissioning intentions.

7 Risk

There are a number of potential risks associated with this project and are included in the initial risk log in appendix 1.

8 Project deliverables and indicative timetable

The table below specifies the project deliverables, including the completion date.

No.	Product Title	Draft Completion Date & Platform	Phase	Development	Quality Assurance and Sign off	Committee Dates
M1	Project Initiation Document	22/04/2022	Phase 1	Project Manager	RSSPPP	May
M2	Terms of Reference	22/04/2022		Project Manager	Project Board	May
M3	Risk and Issues Log	22/04/2022		Project Manager	Project Board	May
M4	Clinical Model Working Group Nomination Request Letters	01/06/2022		Project Manager	Associate Medical Directors	Ad hoc
M5	Communication and Engagement Working Group nomination letters	01/06/2022		Project Manager	Associate Medical Director	Ad hoc
M6	Project Board Invitation Letters	01/06/2022		Project Manager	Associate Medical Directors	Ad hoc
S1	Action Plan (Short Term)	Mid-August		Clinical Workstreams	Project Board	June
S2	Action Plan (Medium term)	Mid-August		Clinical Workstreams	Project Board	June
S3	Action Plan Tracker	End-June		Project Manager	Project Board	June
S4	Service Assessment template (Baseline Equality & Socio-Economic Assessment)	End-June		Project Manager	Clinical Model Working Group	June
S5	Service Assessments for CVUHB and SBUHB including: <ul style="list-style-type: none"> health pathways and interdependencies demand and capacity model Baseline Equality Impact & Socio-Economic Assessment 	Mid-August	Phase 2	Senior clinical / operational leads in Cardiff and Vale UHB and Swansea Bay UHB	Clinical Model Working Group	August
M7	Success Measures Template	End-June		Project Manager	Project Board	June
S6	Success Measures	Mid-August		Project Manager	Project Board	August
M8	Long List of Options Template	End-June		Project Manager	Project Board	June

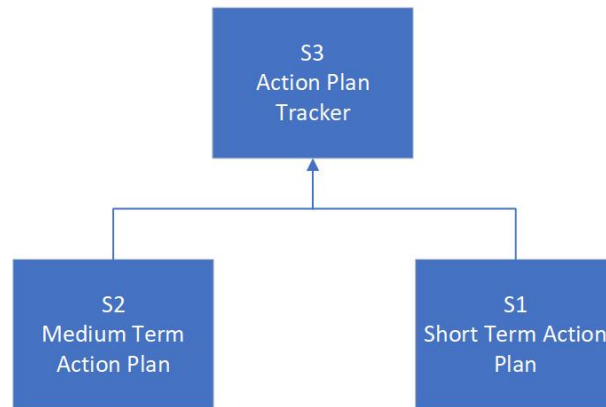
S7	Long list of options	End-July		Clinical Model Working Group	Project Board	July
M9	Benefit Criteria (and Hurdle Criteria) Template	End-August		Project Manager	Project Board	August
S8	Benefit Criteria (and Hurdle criteria)	End-September		Clinical Model Working Group	Project Board	September
M10	Short List of Options Template	End-August		Project Manager	Project Board	August
S8	Short list of options	Early-October		Clinical Model Working Group	Project Board	October
S9	Option propositions	Mid-October		Senior clinical / operational leads in Cardiff and Vale UHB and Swansea Bay UHB	Clinical Model Working Group	October
S10	Option appraisal	Mid-November		External Advisory Group	Clinical Model Working Group	November
S11	Option appraisal final report	End-November		External Advisory Group	Clinical Model Working Group	November
S12	Commissioning and finance appraisal report	Mid-December		Commissioning and Finance Advisory Group	Clinical Model Working Group	December
S13	Recommended Service Model Proposal – including implications for implementation, mitigation and Equality Impact & Socio-Economic Assessment	Mid-January		Clinical Model Working Group	Project Board	January
M11	Project Closure Report	Late-January		Project Manager	Project Board	January

The Project will be completed by January 2023, there is a tolerance of one month.

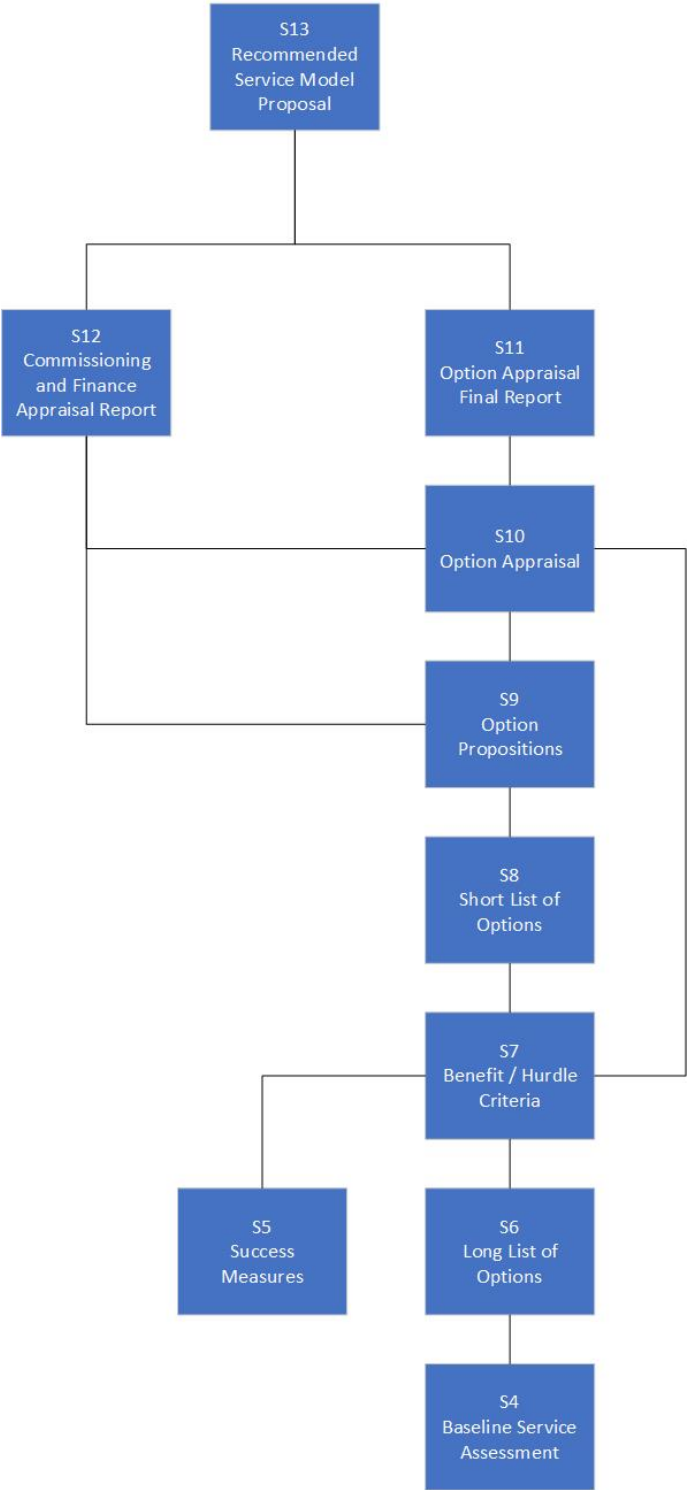
9 Product Breakdown Structure

9.1 Phase 1

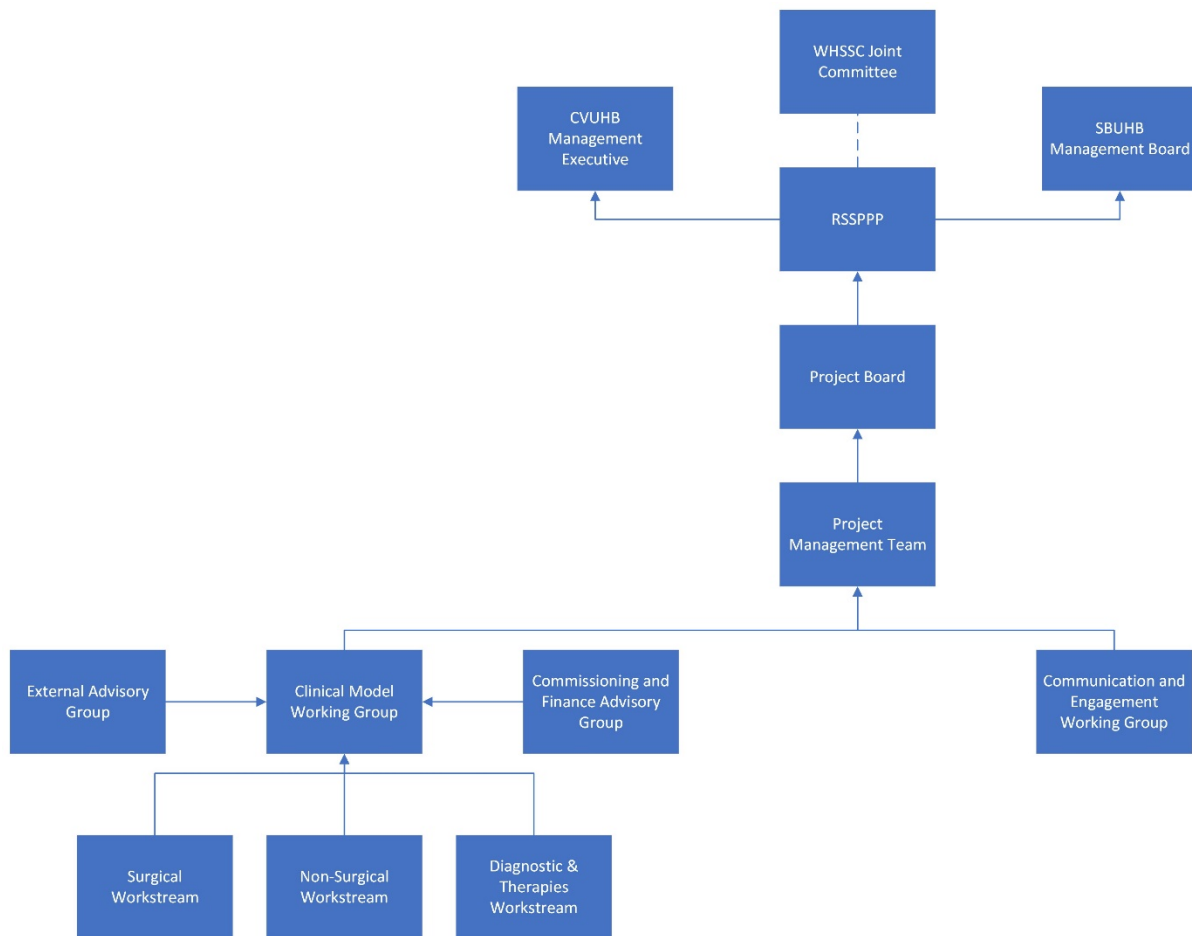
Phase 1



Phase 2



10 Project Hierarchy



11 Project Management Arrangements

The project hierarchy outlines the project management structure. The project board will provide oversight of the project team and provide quality assurance and sign off to the projects' deliverables. The project board will report into the RSSPPP which, in turn, provides a route into the management executive of both SBUHB and CVUHB. Four working groups will be established:

- Clinical Model Working Group
- Communication and Engagement Working Group
- Commissioning and Finance Advisory Group
- External Advisory Group

A range of work streams will report into the Clinical Model Working Group.

11.1 Regional and Specialised Services Provider Planning Forum

The RSSPPF provides overall strategic oversight and direction to the Project. This forum will consist of:

- SBUHB: Chief Executive Officer, Chief Operating Officer, Executive Medical Director, Executive Director of Strategy
- CVUHB: Chief Executive Officer, Chief Operating Officer, Executive Medical Director, Executive Director of Planning

The RSSPPF will provide executive oversight of the project, and will provide assurance to SBUHB Management Board and CVUHB Management Executive that the Project Objectives are being met and that the Project is performing within the boundaries set by the RSSPPF.

The RSSPPF will also liaise with the WHSSC Joint Committee to ensure that the Project Outputs align with the strategic objectives and commissioning intentions of the commissioning organisation/s.

This will be achieved through the submission of commissioner assurance reports to the Joint Committee at the following points:

Product No.	Product Title	Draft Completion Date & Platform	Commissioner Assurance and Sign off	Committee Dates
M1 & S3	PID and Action Plan Tracker	End-June	Joint Committee	July
S7 & S8	Long list of options and Benefit Criteria	End-July	Joint Committee	September
S10	Option appraisal	Mid-November	Joint Committee	November
S13	Recommended Service Model Proposal – including implications for implementation, mitigation and Equality Impact & Socio-Economic Assessment	Mid-January	Joint Committee	January

11.2 Project Board

Project Board is responsible for setting the overall direction and management of the project, and will report into the Regional and Specialised Services Provider Planning Partnership (RSSPPP). The Project Board will be co-chaired by the Executive Medical Director for Cardiff and Vale University Health Board and the Medical Director and Deputy Chief Executive Officer for Swansea Bay University Health Board.

The Project Board will have the following representation:

- CVUHB Surgical Clinical Board – Clinical Board Director & Operational Lead (TBC)
- SBUHB Morriston Service Delivery Group – Unit Medical Director & Operational Lead (TBC)

- South East Wales - 2 x Health Board Executive / Senior Manager / Senior Clinician (1 Clinical and 1 Non-Clinical)
- South West Wales - 2x Health Board Executive / Senior Manager / Senior Clinician (1 Clinical and 1 Non-Clinical)
- Assistant Director of Planning, WHSSC
- Association of CHC representative
- Clinical Model Working Group Chairs
- Executive Director of Planning, CVUHB
- Executive Director of Strategy, SBUHB

The Project Board will be quorate with both chairs and a minimum of one representative from each of the following:

- CVUHB - Surgical Clinical Board
- SBUHB- Morriston Service Delivery Group
- South East Wales
- South West Wales
- Clinical Model Working Group
- Planning

The Project Board will be responsible for:

- Providing overall strategic direction for the project
- Agreeing the project structure, including project tolerances for time, quality and cost
- Approving the project templates
- Signing off the project closure report
- Authorising any deviation from the project plan
- Ensuring the appropriate resources are available
- Reviewing the risk register and approving any mitigating actions necessary

11.3 Project Management Team

The Project Management Team will be responsible for the day to day management of the project and for ensuring that all project products are completed for approval by the Project Board as set out in the Project Plan. The Project Management Team is chaired by the Associate Programme Director, Tertiary and Specialist Services Planning Partnership.

The membership of the Project Management Team is:

- Associate Medical Director – Strategic Tertiary Services Commissioning, SBUHB
- Associate Medical Director, Clinical Strategy, CVUHB
- Associate Programme Director, Tertiary and Specialist Services Planning Partnership (C&VUHB & SBUHB)
- Project Manager, Tertiary and Specialist Services Planning Partnership (C&VUHB & SBUHB)
- Project Support Officer, Tertiary and Specialist Services Planning Partnership (C&VUHB & SBUHB)

The Project Management Team maintains a Risks and Issues log for problems identified throughout the project. Issues that cannot be resolved immediately and that present a potential risk are entered onto the Project Risk Register. The Risk and Issues Log is updated monthly and exception reports are considered by the Project Management Team. Issues which cannot be resolved at this level are then submitted to the Project Board.

The Project Manager will be responsible for developing Project Highlight Reports. Highlight Reports will be agreed by the Project Management Team, prior to submission to the Project Board.

The Project Management Team will be responsible for liaising with partners to collect and collate their success measures. The success measures will be used by the Clinical Model Working Group to inform the development of the benefit criteria.

The Project Management Team will be responsible for developing the project templates – including the action plan, and option appraisal templates.

The Project Manager will use the Verto project management system to manage the project. Verto is an online project management system which can be integrated into Microsoft teams for ease of accessibility. It provides a configurable dashboard that displays core project information such as project tasks, Gantt charts and the risk and issue logs.

11.4 Working Groups

Four working groups will be established to develop the core products.

11.4.1 Clinical Model Working Group

The Clinical Model Working Group will be co-chaired by the Associate Medical Director for Clinical Strategy, CVUHB and the Associate Medical Director for Tertiary Services Commissioning, SBUHB.

The group will be responsible for developing a short list of options, and for overseeing the development of the option propositions for consideration by the Expert Advisory Group. The Expert Advisory Group will use the option propositions to inform the development of a recommendation, using an option appraisal methodology.

The Clinical Model Working Group will be responsible for identifying implications for implementation, and any mitigations to address any negative impacts associated with the recommended service model.

The Clinical Model Working Group will have members drawn from the following disciplines:

- HPB Surgery
- Hepatology
- Gastroenterology
- Oncology
- Palliative Care
- Anaesthetics
- Pharmacy
- Endoscopy
- HPB Clinical Specialist Nurse

- Advanced Health Practitioners – Physiotherapy, Occupational Therapy, Dietetics
- Pathology and Histopathology
- Radiology - diagnostic and interventional
- Nuclear medicine
- WOD (Workforce and Organisational Development)
- Primary Care
- Chairs of the Surgical, Non-Surgical, and Diagnostics and Therapies Workstreams

Representation will also be sought from the following organisations:

- HEIW (Health Education and Improvement Wales) representative
- Wales Cancer Network
- Wales Critical Care Network
- Major Trauma Network

The Clinical Model Working Group will be quorate with a both chairs and a minimum of one representative from each of the following:

- CVUHB – HPB Surgery
- SBUHB – HPB Surgery
- CVUHB - Hepatology / Gastroenterology
- SBUHB - Hepatology / Gastroenterology
- Clinical Nurse Specialist
- Allied Health Practitioner
- CVUHB – Oncology
- SBUHB – Oncology

11.4.1.1 Workstreams

There will be three work streams, which will report directly to the Clinical Model Working Group:

- Surgical Workstream
- Non-surgical Workstream
- Diagnostic and Therapies Workstream – (including endoscopy and interventional radiology)

These will be established to inform:

- the development and prioritisation of the short and medium term action plans;
- the development of the option propositions; and
- the impact assessments for each option, including mitigations to address any impacts that arise from the adoption of the recommended service model.

The workstreams will have a multidisciplinary membership, as well as representation from workforce and organisational development, and education and training. The group will provide expert advice on the development of each of the option propositions.

11.4.2 Communication and Engagement Working Group

This group will be responsible for developing the communication strategy for the project, and advising on engagement requirements.

11.4.3 External Advisory Group

The External Advisory Group will be responsible for considering the option propositions developed by the Clinical Model Working Group, and making a recommendation using an option appraisal methodology.

The recommendation will be submitted to the Clinical Model Working Group to identify the implications for implementation, and any mitigations to address any negative impacts associated with the model.

The group will be chaired by an independent non-executive board member, and will include the following representation:

- Association of Upper Gastrointestinal Surgery of Great Britain and Ireland representative
- Wales Cancer Network (WCN) Clinical Director
- Wales Critical Care Network (WCCN) representative
- Third Sector representatives x 3

11.4.4 Commissioning and Finance Advisory Group

The Commissioning and Finance will be responsible for undertaking a financial appraisal of the options. This will include an assessment of implications for provider organisations and commissioners.

The group will be chaired by an assistant finance director from one of the four commissioning health boards, and will include the following representation

- Finance lead – CVUHB
- Finance lead – SBUHB
- Assistant Director of Finance – WHSSC
- Commissioning lead – CTMUHB
- Commissioning lead – HDUHB
- Commissioning lead – ABUHB
- Commissioning lead - WHSSC

12 Product Descriptions

Product Identifier	S1
Title	Action Plan (Short Term)
Purpose	The purpose of this product is to identify, describe and prioritise short term actions which can be implemented in 2022/23 without the requirement of additional resources.
Derivation	The action plan is developed from the Transformation Map created in the two HPB Clinical Engagement Workshops held in December 2021.
Composition	<p>Each action is captured on a template populated by the Project Manager, which is then reviewed and amended as necessary by the three workstreams prior to submission to the Clinical Model Working Group for quality assurance.</p> <p>The template includes the following fields:</p> <ul style="list-style-type: none"> • Description • Quality and Safety (Impact/Likelihood/Score) • Service Sustainability (Impact/Likelihood/Score) • Delivery and Performance (Impact/Likelihood/Score) • Priority • Tasks • Responsible Organisations • Leads • Resources • Outcome Measure • Risks to Implementation • Deadline
Format and Presentation	Microsoft Word document
Quality Assurance	The Clinical Model Working Group will be responsible for quality assurance
Responsible Officer / Group	The Project Manager is responsible for collating the information. The workstreams will be responsible for reviewing and amending the actions as appropriate, and advising on prioritisation.
Deadline	1 st June 2022

Product Identifier	S2
Title	Action Plan (Medium Term)
Purpose	The purpose of this product is to identify, describe and prioritise medium term actions for consideration as part of the 2023/24 IMTP for Cardiff and Vale UHB and Swansea Bay UHB.
Derivation	The action plan is developed from the Transformation Map created in the two HPB Clinical Engagement Workshops held in December 2021.
Composition	<p>Each action is captured on a template populated by the Project Manager, which is then reviewed and amended as necessary by the three work streams prior to submission to the Clinical Model Working Group for quality assurance.</p> <p>The template includes the following fields:</p> <ul style="list-style-type: none"> • Description • Quality and Safety (Impact/Likelihood/Score) • Service Sustainability (Impact/Likelihood/Score) • Delivery and Performance (Impact/Likelihood/Score) • Priority • Tasks • Responsible Organisations • Leads • Resources • Outcome Measure • Risks to Implementation • Deadline
Format and Presentation	Microsoft Word document
Quality Assurance	The Clinical Model Working Group will be responsible for quality assurance, including filtering out any medium-term actions which may predetermine the outcome of the option appraisal process.
Responsible Officer / Group	The Project Manager is responsible for collating the information. The workstreams will be responsible for reviewing and amending the actions as appropriate, and advising on prioritisation.
Deadline	1 st August 2022

Product Identifier	S3
Title	Action Plan Tracker
Purpose	The purpose of this product is to track the progress of actions which can be implemented in 2022/23 without the requirement of additional resources.
Derivation	The action plan is developed from the short term action plan.
Composition	<p>Each action is captured on a template populated by the Project Manager, which is then reviewed by the three workstreams prior to submission to the Clinical Model Working Group for quality assurance.</p> <p>The template includes the following fields:</p> <ul style="list-style-type: none"> - Description - Quality and Safety (Impact/Likelihood/Score) - Service Sustainability (Impact/Likelihood/Score) - Delivery and Performance (Impact/Likelihood/Score) - Priority - Tasks - Organisations - Leads - Resources - Outcome Measure - Risks to Implementation - Deadline - Off track/on-track/completion tracker through months
Format and Presentation	Microsoft Excel document
Quality Assurance	The Clinical Model Working Group will be responsible for quality assurance
Responsible Officer / Group	The Project Manager is responsible for collating the information and monitoring the progress of the actions.
Deadline	1 st August 2022

Product Identifier	S4
Title	Baseline Service Assessments
Purpose	The purpose of this document is to describe the current service model for Liver Surgery in Cardiff and Vale UHB and Pancreatic Surgery in Swansea Bay UHB.
Derivation	The document is developed by senior clinical / operational leads in Cardiff and Vale UHB and Swansea Bay UHB.
Composition	<p>The document will contain the following information:</p> <ul style="list-style-type: none"> • Service model - wards, theatres, outpatients, MDTs, etc. • Workforce – medical, nursing, AHPs, etc. • Activity – inpatient, outpatient, daycase • Demand and Capacity model • EQIA and Socio-Economic Assessment • Finance and Commissioning
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Baseline Service Assessment documents will need to be quality assured through the appropriate mechanism within each organisation e.g. Clinical Board, Service Delivery Group, etc., prior to submission to the Clinical Model Working Group.
Responsible Officer / Group	The Project Manager is responsible for liaising with the senior clinical / operational leads in Cardiff and Vale UHB and Swansea Bay UHB to ensure the timely development and submission of the document to the Clinical Model Working Group
Deadline	Mid-July

Product Identifier	S5
Title	Success Measures
Purpose	The purpose of this document is to describe the measures that stakeholder organisation will use to determine whether the outcome of the project has been successful.
Derivation	This information will be collected from each of the stakeholder organisations involved in the commissioning and / or delivery of care across the HPB patient pathway.
Composition	<p>This document will set out the success criterion in the following way:</p> <p>Service User Perspective:</p> <ul style="list-style-type: none"> • What does success mean? • How will we measure it? • How do we achieve this? • Are there opportunities we can capitalise on that will help achieve success? <p>Organisational Perspective (CVUHB, SBUHB and all Partners):</p> <ul style="list-style-type: none"> • How will we measure it? • How do we achieve this? • Are there opportunities we can capitalise on that will help achieve success?
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Project Board will be responsible for quality assurance
Responsible Officer / Group	The Project Manager is responsible for liaising with the stakeholder organisations to ensure the timely development and submission of the document to the Project Board.
Deadline	Mid-June

Product Identifier	S6
Title	Options – long list
Purpose	The purpose of this document is to set out possible service delivery model options for integrating HPB services.
Derivation	This document will be informed by the Baseline Service Assessments and the Wales Cancer Network Service Specification for Hepato-Pancreato-Biliary surgery services for people resident in Wales
Composition	The document will include the following information: <ul style="list-style-type: none"> • Option description • Rationale
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Project Board will be responsible for quality assurance
Responsible Officer / Group	The Clinical Model Working Group is responsible for developing the long list of options.
Deadline	Mid-July

Product Identifier	S7
Title	Benefit Criteria
Purpose	The purpose of this document is to describe the benefit criteria which will be used to assess each service delivery model option.
Derivation	The benefit criteria will be informed by the success measures (Product S5) and the Wales Cancer Network Service Specification for Hepato-Pancreato-Biliary surgery services for people resident in Wales
Composition	<p>The benefit criteria will be grouped under 3 themes:</p> <ul style="list-style-type: none"> • Desirability – strategic alignment • Viability – service sustainability • Feasibility – deliverability <p>An engagement exercise will be undertaken to confirm that the selected benefit criteria are appropriate, and advice will be sought on weighting each criterion.</p> <p>This will include the identification of hurdle criteria which will be used to refine the long list of options and create the short list of options for appraisal.</p>
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Project Board will be responsible for quality assurance
Responsible Officer / Group	The Clinical Model Working Group is responsible for developing the benefit criteria.
Deadline	End of August

Product Identifier	S8
Title	Options – Short List
Purpose	The purpose of this document is to set out a short list of service delivery model options for integrating HPB services.
Derivation	This short list will be determined through the application of the hurdle criteria.
Composition	The document will include the following information: <ul style="list-style-type: none"> • Option description • Rationale
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Project Board will be responsible for quality assurance
Responsible Officer / Group	The Clinical Model Working Group is responsible for applying the hurdle criteria and developing the short list of service delivery model options.
Deadline	Early October

Product Identifier	S9
Title	Option Propositions
Purpose	The purpose of this document is to describe the proposition for each of the service delivery model options on short list (Product S8).
Derivation	The document will be developed by senior clinical / operational leads from the organisations which align to each of the service delivery model options on short list.
Composition	<p>The document will contain the following information:</p> <ul style="list-style-type: none"> • Service model - wards, theatres, outpatients, MDTs, etc. • Workforce – medical, nursing, AHPs, etc. • Activity – inpatient, outpatient, daycase • Demand and Capacity model • EQIA and Socio-Economic Assessment
Format and Presentation	Standardised Microsoft Word template
Quality Assurance	The Option Propositions documents will need to be quality assured through the appropriate mechanism within each organisation e.g. Clinical Board, Service Delivery Group, etc., prior to submission to the Clinical Model Working Group.
Responsible Officer / Group	The Project Manager is responsible for liaising with the senior clinical / operational leads in Cardiff and Vale UHB and Swansea Bay UHB to ensure the timely development and submission of the document to the Clinical Model Working Group. The Clinical Model Working Group will be responsible to quality assuring the propositions before submission to the External Advisory Group.
Deadline	Mid-October

Product Identifier	S10
Title	Option Appraisal
Purpose	The purpose of this document is to describe the option appraisal process to undertake an objective scoring of each short listed option.
Derivation	This document is derived from the following products: <ul style="list-style-type: none"> • S7 – Benefit Criteria • S8 - Options – Short List • S9 – Option Propositions
Composition	The document will include the following information: <ul style="list-style-type: none"> • Short list of options • Benefit Criteria • Weighting (optional)
Format and Presentation	Standardised MS Excel Template
Quality Assurance	The Option Appraisal will be quality assured by the Clinical Model Working Group.
Responsible Officer / Group	The Option Appraisal will be undertaken by an External Advisory Group.
Deadline	Mid-November

Product Identifier	S11
Title	Option Appraisal Final Report
Purpose	The purpose of this document is to describe the outcome of the option appraisal process.
Derivation	This document is derived from product S10 – Option Appraisal
Composition	<p>The document will include the following information:</p> <ul style="list-style-type: none"> • Description of process • Description of each option and the supporting proposition • Scores for each option (+/- weighting) • Ranked results • Sensitivity analysis • Conclusions
Format and Presentation	Microsoft Word document
Quality Assurance	The Option Appraisal Final Report will be quality assured by the Clinical Model Working Group.
Responsible Officer / Group	<p>The Project Management Team will be responsible for developing the report.</p> <p>The External Advisory Group will be responsible for agreeing the report for submission to the Clinical Model Working Group.</p>
Deadline	Mid-November

Product Identifier	S12
Title	Commissioning and finance appraisal report
Purpose	The purpose of this document is to undertake a commissioning and financial appraisal of the selected service delivery model option for an integrated HPB surgical service.
Derivation	This document is derived from product S11– Option Appraisal Final Report and product S9 - Option Propositions
Composition	<p>The document will include the following information:</p> <ul style="list-style-type: none"> • Capital implications • Revenue implications • Commissioning
Format and Presentation	Microsoft Word document and Microsoft Excel document
Quality Assurance	The Option Appraisal Final Report will be quality assured by the Clinical Model Working Group.
Responsible Officer / Group	The Commissioning and Finance Advisory Group will be responsible for developing the report
Deadline	Mid-December

Product Identifier	S13
Title	Recommended Service Delivery Model Proposal
Purpose	The purpose of this document is to set out the recommended service delivery model for an integrated HPB surgery service.
Derivation	This document is derived from product S11– Option Appraisal Final Report and product S12 - Commissioning and finance appraisal report
Composition	<p>The document will include the following information:</p> <ul style="list-style-type: none"> • Description of process • Recommended Service Delivery Model • Implications for implementation and mitigations • Financial assessment • Conclusions • Recommendations
Format and Presentation	Microsoft Word Document
Quality Assurance	The Project Board will be responsible for quality assurance.
Responsible Officer / Group	<p>The Project Management Team will be responsible for developing the report.</p> <p>The Clinical Model Working Group will be responsible for agreeing the report for submission to the Project Board.</p> <p>The workstreams will be tasked with reviewing the recommended option, assessing implications for implementation, and identifying mitigations.</p>
Deadline	Mid-January

Appendix 1

Risk	Likelihood	Impact	Risk Score	Mitigating Action
Project Management: Available time to complete the project	3	3	9	Identification of tasks and time requirements
Political: Political resistance to adopting recommended service model	3	3	9	Early and continuous engagement throughout project
Financial: Short term actions require additional resource to implement.	2	4	8	Assessment and prioritisation of short term actions which can be implemented within existing resources
Financial: Financial resources not available to implement medium term actions.	3	4	12	Assessment and prioritisation of medium term actions for consideration through the WHSSC ICP process
Financial: Financial resources not available to implement recommended service model.	3	4	12	Assessment of finance and commissioning implications associated with adoption of recommended service model.
Workforce capacity: Service model not supported by clinical community	3	4	12	Early and continuous engagement with workforce throughout project
Workforce capacity: Insufficient capacity amongst workforce to support recommended service model	3	4	12	Assessment of workforce and recruitment implications associated with adoption of recommended service model.

				Quality and Patient Safety			Service Sustainability			Delivery and Performance																							
Ref	Time horizon	Action	Description	Impact	Likelihood	Score	Impact	Likelihood	Score	Impact	Likelihood	Score	Priority (Risk Score =/ > 16)	Tasks	Organisations	Leads	Resources	Outcome Measure	Risks to Implementation	Deadline	April	May	June	July	August	September	October	November	December	January			
		Creon to be turned 'green' on all HB formularies to enable GP perscribing										0																					
STA1	Short term											0																					
STA2	Short term	Appoint radiology HPB 'Champions' in each HB				0			0			0																					
		Dedicated radiology inbox for receiving external electronic HPB referrals				0			0			0																					
STA3	Short term																																
		Improved relationship between local and specialist MDTs				0			0			0																					
STA4	Short term																																
		Access to regional specialist HPB and pancreatic dietician at Cardiff and Swansea - no current access in Cardiff to special HPB dietician				0			0			0																					
STA5	Short term																																
		Joint access to theatre in UHW and Morriston as bridge - to maintain skills				0			0			0																					
STA6	Short term																																
		Manage activity as one team across two centres to avoid outsourcing				0			0			0																					
STA7	Short term																																
		Single waiting list tracker for HP				0			0			0																					
STA8	Short term																																
STA9	Short term	Joint MDTs				0			0			0																					
STA10	Short term	Resource Mapping				0			0			0																					





Report Title	WHSSC 'Policy for Policies' Policy and EQIA policy – Approval for publication			Agenda Item	3.7
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Public				
Author (Job title)	Andrew Champion, Assistant Director, Evidence Evaluation Lianne Black, Project Manager, Policy Development				
Executive Lead (Job title)	Sian Lewis, Managing Director				
Purpose of the Report	The purpose of this report is to present feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and to seek approval for publishing both documents.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note the report,• Support the rationale and process that has been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and• Approve the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.					

WHSSC 'POLICY FOR POLICIES' POLICY AND EQIA POLICY– APPROVAL FOR PUBLICATION

1.0 SITUATION

The purpose of this report is to present feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and to seek approval for publishing both documents.

WHSSC policies are high quality organisational documents that enable us to achieve our strategic objectives and ensure the delivery of consistently high standards of care. In order to realise this all policies must undergo a rigorous process of development that is underpinned by a high quality, clear and consistent methodology.

Policies produced by WHSSC fall into two broad categories – *clinical* policies and *corporate* policies.

The existing methodology used by WHSSC to describe the process for policy development (Corp-05 and Corp 054b) are outdated and are no longer fit for purpose. WHSSC Policy Group agreed to update and merge Corp-05 and Corp 054b to create a single stand-alone methodology for all WHSSC policies.

The WHSSC Policy Group were also concerned about the lack of up to date advice and guidance on Equality Impact Assessment (EQIA) for all WHSSC policies and processes. Although Corp-005 includes a reminder to undertake an EQIA at the initial stage of policy development, it does not describe how EQIA should be embedded throughout the whole process or any of the latest legislature. The WHSSC Policy Group recommended a stand-alone EQIA policy be prepared to accompany the revised WHSSC 'Policy for Policies' Policy.

2.0 BACKGROUND

WHSSC published the following documents in September 2015 for the development of new and updated WHSCC policies:

- (i) Production, Consultation, Approval, Publication and Dissemination of Strategies, Policies And Other Key Documents (Corp-005); and
- (ii) Consultation Guide for Commissioning Policies and Service Specifications (Corp-054b).

In 2017, the Corporate Directors Group Board (CDGB) agreed to create a WHSSC 'Policy Group' to oversee policy development, approval and sign off. Funding was also agreed to support a dedicated Project Manager to oversee the WHSSC policy

development process, working closely with colleagues across each Commissioning Team.

One of Project Managers' first tasks was to produce a detailed, clear and consistent reference document/guide for WHSSC staff and our stakeholders when developing a policy. As a result, a separate standalone methodology for developing, reviewing and updating WHSSC clinical commissioning policies was published in 2019 (*Developing WHSSC clinical policies: Technical Process*). This document has now ensured a consistent and transparent approach to policy development, including clarity on who does what and when, the introduction of a robust validation processes and a suite of policy templates for uniformity.

A central, up to date policy database is now available and managed by the Policy Project Manager.

2.1 Clinical Policies

These policies describe the arrangements by which WHSSC commissions specialised and highly specialised services for the population of Wales. These important, evidence-based documents are developed to ensure consistency in access to treatments nationwide. Clinical policies fall into the following three sub-categories:

- **Commissioning Policy**

Defines access to a service for a particular group of patients. They describe the clinical indications that are commissioned and funded and summarise which groups of patients can access the treatment, based on the best available evidence of clinical and cost effectiveness.

- **Service Specification**

Defines the core requirements that WHSSC expects to be in place for providers to offer evidence-based, safe and effective services and importantly ensure equitable access to services for Welsh patients.

- **Policy Position Statement**

Outlines the commissioning policy for a particular treatment or intervention by directly cross referring to existing published guidance, for example by the National Institute for Health and Care Excellence (NICE), the All Wales Medicines Steering Group (AWMSG) or NHS England.

As of 1 June 2022, WHSSC has 111 extant, up to date clinical policies that are available for download from our website¹.

¹ <https://whssc.nhs.wales/commissioning/whssc-policies/>

2.2 Corporate Policies

These cover a range of organisational policies that are either based on NHS Wales guidance or have been developed specifically for local (WHSSC only) use and implementation. Corporate policies fall into the following two sub-categories:

- **Organisational policies**

These cover the statutory and non-statutory requirements that WHSSC follow in the day-to-day running of the organisation, and cover:

- All Wales policies – e.g. disciplinary, sickness, secondment, special leave; and
- Local policies – flexible working, Risk Management Framework, Office Handbook, Records Management Policy (these are beneficial to maintain local focus).

- **Operational policies**

These cover the internal processes and framework that WHSSC uses to determine how to make decisions, and capture key information on service delivery and service arrangements.

2.3 Equality Impact Assessment (EQIA)

An EQIA will consider the impact of WHSSC activities or policies across all of the nine protected characteristics, and the impact they may have on people living in less favourable social and economic circumstances.

The aim of an EQIA is to:

- Understand the effects of a policy, service or activity by assessing the impacts on different groups of people,
- Help identify any adverse impacts that may be made, and take action to remove or mitigate them to ensure all communities and groups are equally served,
- Identify opportunities to promote equality through the changes,
- Ensure that all decisions/recommendations are proportionate, transparent and based on evidence with clear reasoning; and
- Identify any inequalities of outcome that may result from socio-economic disadvantage.

An EQIA should be undertaken when a need for a new policy, service or activity is identified, or when an existing one is reviewed. This should initially be assessed and documented at the scoping stage, and then should be reviewed at all subsequent stages of development, including validation and publication.

3.0 ASSESSMENT

3.1 Policy development

In response to issues presented above, the following two documents were developed by the Policy Team within the Medical Directorate at WHSSC. Once complete both documents were presented for sign for stakeholder consultation by the WHSSC Policy Group in September 2021 and the CDGB in February 2022.

[1] Policy for the development, review and update of WHSSC policies: 'Policy for policies' CPL-024

The aim of this document was to update and merge Corp-05 and Corp-054b to create a single stand-alone document for all WHSSC policies. It outlines the process within WHSSC for the development, review, validation and distribution of the following documents:

- organisational policies,
- operational policies,
- commissioning policies,
- service specifications; and
- policy position statements.

The purpose of this document is to ensure that all policies produced by WHSSC:

- follow a clear and consistent methodology that adequately describes each stage of the process, including consultation and publication,
- are based on best available evidence, guidance, legislation or existing policy and are appropriately referenced,
- are appropriately ratified and approved for publication,
- are regularly reviewed and updated; and
- are compliant in terms of their format and content and the values and behaviours upheld by WHSSC.

[2] Equality Impact Assessment Policy (EQIA) CPL-025

This document has been developed to provide guidance and advice on conducting an EQIA. It also explains how WHSSC should pay due regard to reduce inequality of outcomes for people who experience socio-economic disadvantage when making decisions of a strategic nature, including the development of any type of policy, service or performing an activity.

Both policies were approved for stakeholder consultation by the CDGB in February 2022.

3.2 Stakeholder consultation

Both CPL-024 and CPL-025 were issued for a 6-week stakeholder consultation on the 15 March 2022. The following stakeholders were included:

- Welsh Government (WG),
- Chief Executives, NHS Wales,
- Medical Directors, NHS Wales,
- Directors of Finance, NHS Wales,
- Directors of Planning, NHS Wales,
- Directors of Nursing, NHS Wales,
- Chief Operating Officers, NHS Wales,
- Chief Officers, CHC, Wales; and
- Director, Public Health Wales

The consultation closed on the 26 April 2022. Listed below is a summary of the issues raised by stakeholders:

Equality Impact Assessment Policy (EQIA) CPL-025:

- Regional Population Wellbeing Needs Assessments should be included when providing evidence to inform an EQIA,
- Equality and Health Impact Assessment (EHIA) – a recommendation that WHSSC should develop a stand-alone policy,
- Better definition of what is included with protected characteristics 'Religion and Belief' and 'Sexual Orientation',
- Define direct and indirect discrimination; and
- Various typographical and formatting corrections.

Policy for the development, review and update of WHSSC policies: 'Policy for policies' CPL-024:

- Various typographical and formatting corrections, and appropriate signposting to other sections/chapters within the document; and
- No other substantial changes

WHSSC responded to all comments and amended both policies where appropriate. The final version of both documents are presented at **Appendices 1 and 2**.

3.3 Next steps

This report was presented to the CDGB on the 6 June 2022. Members approved both documents for publication, subject to approval by the WHSSC Policy Group and the Joint Committee. Both documents have since been approved for publication by the WHSSC Policy Group on the 23rd June via Chairs' action.

4.0 QUALITY, GOVERNANCE AND RISK

The following should be considered:

- The issues raised in this report are reported on the WHSSC Medical Directorate Risk Register. Reputationally, it is important for WHSSC to have a high quality, clear and consistent policy that has been approved by our stakeholders,
- Implementation of both the 'Policy for Policies' Policy and the EQIA policy will help ensure the production and maintenance of a high quality, evidence based policy portfolio,
- Delivery and publication of the 'Policy for Policies' Policy will ensure appropriate governance arrangements are in place for WHSSC Policy development,
- Once these two documents are published, the next piece of work will be to review and update '*Developing WHSSC clinical policies: Technical Process (2019)*'. This document describes the detail and micro process behind the development of all clinical policies; and
- Both documents have been signed off for consultation by all members of the WHSSC Policy Group.

5.0 RECOMMENDATIONS

Members are asked to:

- **Support** the rationale and process that has been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and
- **Approve** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Organisation Development Choose an item.
Link to Integrated Commissioning Plan	Methodology to develop policies for new and existing treatments and services funded by WHSSC.
Health and Care Standards	Effective Care Safe Care Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production Only do what is needed
NHS Delivery Framework Quadruple Aim	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	An update from the WHSSC Policy Group is presented to the WHSSC Quality and Patient Safety Committee on a quarterly basis for assurance.
Finance/Resource Implications	All policies (new or updated) are presented to Management Group wherever there is a direct resource impact.
Population Health	There are no adverse implications relating to population health in this report.
Legal Implications (including equality & diversity, socio economic duty etc)	These are presented in the EQIA policy. The Standing Order (SO's) schedule of matters reserved to the Joint Committee (page 46) states that the Joint Committee must approve, and review Joint Committee policies.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to providing high quality, evidence based care to the population of Wales.
Report History (Meeting/Date/ Summary of Outcome)	CDGB 06.06.22 - Approved WHSSC Policy Group June 2022 - Approved
Appendices	Appendix 1 - Policy for the development, review and update of WHSSC policies: 'Policy for policies' CPL-024, Appendix 2 – Equality Impact Assessment Policy (EQIA), Specialised Services: CPL-025



GIG
CYMRU
NHS
WALES

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

Policy for the development, review and update of WHSSC policies:

‘Policy for policies’

CPL-024

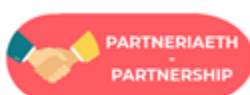
Process and methods

Version 2.0

June 2022



PARCH
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RESPECT



PARTNERIAETH
-
PARTNERSHIP



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-
IMPROVEMENT
& INNOVATION

Document information	
Document purpose	Corporate policy
Document name	Policy for Policies
Publication date	TBC
Executive Lead	Managing Director
Lead Developer	Project Manager for Policy Review and Development
Target audience	WHSS Team, and stakeholders
Description	Outlines the process within WHSSC for the development, review, validation and distribution of all policies.
Document No	CPL 024
Review Date	TBC

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Document Statement

This document outlines the process within the Welsh Health Specialised Services Committee (WHSSC) for the development, review, validation and distribution of the following documents:

- organisational policies
- operational policies
- commissioning policies
- service specifications
- policy position statements.

Due to the diverse nature of healthcare, there are a large number of organisational and operational policies in place. Some will apply throughout WHSSC and are relevant to all staff, and others are only relevant to specific areas or activities.

Scope

This document is for use by WHSSC staff and any additional, particular areas of responsibility are included where appropriate.

For ease of reading, this document will refer to all documents as 'policies' unless specific terminology is more appropriate.

Responsibilities

The role of each member of the WHSSC team is described in section 1.6, 1.7 and section 3.

Aims and Objectives

The purpose of this document is to ensure that all policies produced by WHSSC:

- follow a clear and consistent methodology that adequately describes each stage of the process, including consultation and publication
- are based on best available evidence, guidance, legislation or existing policy and are appropriately referenced
- are appropriately ratified and approved for publication
- are regularly reviewed and updated
- are compliant in terms of their format and content and the values and behaviours upheld by WHSSC.

There should be systems in place for the maintenance of a comprehensive and up to date register of all WHSSC policies.

1. Background

1.1. What is WHSSC?

The Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards (HBs) in Wales. It was established in 2010 to ensure that the population of Wales has fair and equitable access to the full range of specialised and tertiary services. This committee brings HBs together to plan specialised services for the population of Wales.

The range of services to be commissioned by WHSSC is agreed through the Joint Committee. These services 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 >1 million, and
- Services which have been delegated by HBs to WHSSC for other planning reasons.

Commissioning refers to the process of planning services to meet the identified health need requirements of the population. WHSSC routinely develop and manage contracts with providers to ensure they meet the required healthcare standards, and also monitor and review the quality, safety and performance of the service.

WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. It ensures that these providers are able to provide robust, high quality and sustainable services, which are safe for patients and cost effective for NHS Wales.

1.2. Aim of WHSSC

The strategic aim of WHSSC, on behalf of each HB, 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 and within available resources.

1.3. How WHSSC is managed

WHSSC is hosted by Cwm Taf Morgannwg University Health Board, and is managed through functional directorates (patient care, medical, planning, finance and corporate services), which integrate through seven multi-disciplinary Commissioning Teams.

1.4. The role of WHSSC

WHSSC plans, secures and monitors the quality of a range of specialised healthcare for everyone who lives in Wales and is entitled to NHS care Services. These services are commissioned by the seven multi-disciplinary Commissioning Teams.

Service Level Agreements (NHS contracts)

WHSSC commissions providers of specialised health services to deliver services through Service Level Agreements (NHS contracts). These Service Level Agreements (SLAs) are underpinned by Commissioning Policies and Service Specifications, which apply to all providers of services for Wales.

Individual Patient Funding Request (IPFR)

When treatments are not routinely available, and clinicians believe that a patient's circumstances are different to other patients with the same condition, and where this is a clinical reason why a patients' condition would respond differently to other patients, then they may still be able to access treatment through a process called Individual Patient Funding Requests (IPFR). More information can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

Commissioning Teams

There is a dedicated Commissioning Team to cover each of the main services commissioned by WHSSC:

- Cancer and blood
- Cardiovascular conditions
- Mental health
- Neurosciences and complex conditions
- Women and children's services (including genetic and rare diseases)
- Renal
- Vulnerable Groups.

1.5. WHSSC policies

WHSSC policies are an essential tool of governance that are used to achieve the strategic objectives and deliver consistently high standards of care.

Policies produced by WHSSC fall into the following two main categories:

- Corporate policies
- Clinical policies.

Within these main categories, there are the following sub categories:

Corporate

- **Organisational Policies**

These cover the statutory and non-statutory requirements that WHSSC have to follow in the day-to-day running of the organisation, and cover:

- All Wales Policies – These include policies that cover disciplinary, sickness, secondment and special leave, that apply to the WHSS team and cannot be changed and they have usually been adopted

by our host Cwm Taf Morgannwg University Health Board (CTMUHB)¹.

- Local Policies – As a hosted organisation WHSSC is able to develop its own local policies. Often these are adapted from policies published by Cwm Taf Morgannwg UHB. Examples include, Flexible Working, Risk Management Strategy, Records Management Policy (these are beneficial to maintain local focus)².

- **Operational Policies**

These cover the internal processes and framework that WHSSC use to determine how to make decisions, and capture key information on service delivery and service arrangements.

Clinical

- **Commissioning Policies**

These define the specialised services commissioned by WHSSC on behalf of the seven HBs and the criteria that has to be met for Welsh patients to access the service, drug or technology. They describe the clinical indications that are commissioned and funded and also summarise which groups of patients can access the treatment, based on the best available evidence of clinical and cost effectiveness.

Occasionally WHSSC will decide that there is insufficient evidence to commission a particular treatment or service and will produce a 'do not routinely commission' policy.

- **Service Specifications**

These clearly define the core requirements that WHSSC expects to be in place for providers to offer evidence-based, safe and effective services, whilst ensuring equitable access to services for Welsh patients. They describe what service is provided, and also the quality of the service that WHSSC expects to be delivered. The specification also sets out the way in which the quality of the service will be measured, and monitored by WHSSC.

- **Policy Position Statements**

These outline the criteria for a particular treatment or intervention by directly cross referring to existing published guidance. This guidance will usually have been produced by the National Institute for Health and Care Excellence (NICE), All Wales Medicines Steering Group (AWMSG) or NHS England and will contain a full description of the evidence that has been considered in reaching a commissioning

¹ CTMUHB [Policies](#)

² [Home - Welsh Health Specialised Services Committee](#)

decision. The guidance will also describe criteria for commissioning and proposed governance arrangements.

A more detailed process for the development of clinical policies, (commissioning, service specifications and policy position statements) is presented in, CPLXXX, Developing WHSSC Clinical policies: technical process (Publication date TBC).

1.6. Who is involved?

Joint Committee

The Joint Committee is a Statutory Sub Committee of each of the HBs in Wales. It is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members (one of whom is the Vice Chair), the Chief Executive from each of the seven HBs, Associate members and a number of WHSSC officers.

Whilst the Joint Committee acts on behalf of the seven HBs in undertaking its functions, the responsibility of individual HBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Management Group

The WHSSC Management group is a sub-committee of the Joint Committee and is responsible for making recommendations to the Joint Committee and oversees:

- the Annual Plan for Specialised Services
- service improvements, including investments, disinvestments and other service changes
- the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation
- contract performance monitoring and management, including monitoring the overall financial position, key variances and the main actions to address performance issues
- the role of Project Board for specific workstreams and projects as approved by the Joint Committee and its Members and monitor their implementation
- consultation outcomes and recommended pathway changes before consideration by the Joint Committee
- the development and maintenance of the needs assessment across Wales for Specialised Services.

The WHSSC Management Group also underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

Quality and Patient Safety Committee (QPSC)

The Quality and Patient Safety Committee (QPSC) is a sub-committee of the Joint Committee and is responsible for providing advice and assurance on all matters of quality and patient safety that is relevant to the work of the Joint Committee.

The purpose of the Quality and Patient Safety Committee is to:

- escalate issues that require urgent action by Joint Committee
- address concerns that are delegated to them by the Joint Committee
- ensure HB's Quality and Safety Committees are informed of any issues relating to their population
- monitor and support the implementation of the quality assurance framework ensuring there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales.

The Quality and Patient Safety Committee is supported by the following WHSS team:

- Medical Director
- Director of Nursing and Quality Assurance
- Director of Planning
- Committee Secretary and Head of Corporate Service.

WHSSC Corporate Directors Board (CDGB)

The WHSSC Corporate Directors Group (CDGB) Board assists the Managing Director of WHSSC to:

- Develop and implement strategy, operational plans, policies, procedures and budgets.
- Monitor operating and financial performance.
- Assess and control of risk.
- Prioritise and allocate resources.
- Monitor any issues in each of the Commissioning Teams.

Members of the Corporate Directors Group Board are:

- Managing Director (Chair)
- Director of Finance & Information
- Director of Planning
- Medical Director
- Director of Nursing and Quality Assurance

- Committee Secretary and Head of Corporate Service.

The WHSSC Corporate Directors Group (CDGB) Board are responsible for undertaking the following key functions:

- develop and review objectives and strategy for WHSSC in the development of its business, having regard to the interests of patients, stakeholders and employees
- develop the business cycle and ensure that appropriate preparation is given to Joint Committee business. Ensure actions are undertaken after Joint Committee and Management Group meetings as agreed
- agree the draft agenda and timescales for papers for discussion with the Chair
- agree the final papers being taken to Joint Committee and subcommittee meetings, including Management Group, ensuring they are fit for purpose
- consider the implications of horizon scanning intelligence incorporating this into prioritisation and planning processes
- oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues
- coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation
- make recommendations to Management Group regarding service improvements including investments, disinvestments and other service change
- review the organisational structure and make recommendations for change
- ensure the control, co-ordination and monitoring within WHSSC of risk and internal controls
- exercise effective oversight of WHSSC's arrangements to ensure compliance with its statutory and regulatory obligations
- facilitate effective internal communications
- ensure corporate responsibility and working as a corporate team.

WHSSC Policy Group

The WHSSC Policy Group (PG) influence and inform the internal governance arrangements for the management and implementation of all clinical, policies. The PG are responsible for undertaking the following key functions:

- agreeing the priorities for WHSSC policy development and review (including the development of new policies)
- ensuring policies are developed transparently using an appropriate evidence base
- commissioning a full evidence evaluation where appropriate, to ensure all policies are developed based on evidence of clinical and cost effectiveness
- reviewing and approving all policies prior to stakeholder consultation
- considering and agreeing responses to stakeholder submissions following policy consultation
- developing and improving the methodology and processes for policy review, development and update
- agreeing the stakeholder group with whom each policy is reviewed
- ensuring that the stakeholders with whom each policy is reviewed represent unbiased views and any potential conflicting interests are declared
- ensuring that equality impact and assessment is appropriately considered at all stages of the policy development, and
- approving policies for consultation and publication.

The policy group is made up of the following WHSS team:

- Managing Director (Chair)
- Medical Director
- Director of Planning
- Director of Nursing and Quality
- Assistant Director of Evidence Evaluation and Effectiveness
- Assistant Director of Finance & Information
- Assistant Director of Planning
- Specialised Planning Managers (Neurosciences and Complex Conditions, Cardiac, Cancer and Blood, Women and Children, Mental Health, Vulnerable Groups and Renal)
- Head of Information
- Head of Quality and Patient Care
- Committee Secretary & Head of Corporate Services
- Patient Care Manager
- Project Manager – Policy Review and Development.

Executive Lead

The Executive Lead is responsible for ensuring that all policies within their directorate (Patient Care, Planning, Finance, Medical, Corporate Services and Other) are maintained and updated. This responsibility can be delegated to a lead developer. The executive lead is responsible for ensuring that the appropriate advice and assistance is provided to the lead developer and that consideration is given to any equality, training, audit and resource implications prior to development and publication of a policy.

The executive leads are:

- Director of Finance
- Committee Secretary and Head of Corporate Services
- Managing Director
- Director of Planning
- Director of Nursing.

The executive lead is responsible for gaining final approval for publication from the appropriate approval committee/group.

Lead Developer

The lead developer is responsible for ensuring that the process for policy development is followed. The lead developer for clinical policies is the senior planning manager or the planning manager.

The responsibilities of the lead developer include:

- writing the scope prior to development
- writing the draft of the policy, using the correct template
- working with the project manager to plan and implement development timelines
- arranging for initial and final accuracy check of the policy
- ensuring the revision history document is kept up-to-date
- ensuring all related policies are kept up to date and relevant cross reference is made
- ensuring that appropriate consultation has taken place with the relevant individuals and groups, and all comments received have been responded too (see section [3.2.3 Validation](#))
- ensuring that the approval and validation process is followed
- ensuring that training needs and resources required for implementation are clearly identified
- ensuring that the necessary equality impact assessment (EQIA) has been carried out and consideration given to the findings prior to the policy entering the approval process (see Section 7)

- liaising with the Executive Lead and other relevant WHSS team members to ensure that policies are implemented and published appropriately and, where necessary, compliance with those documents is formally audited
- ensuring that there is an appropriate review a policy, either in line with the review timescale set at the time of approval or as a result of new evidence, changes to services, practice, organisational structure or legislation.

If the lead developer leaves WHSSC, the responsibility for their policies are passed onto their role replacement. Where no direct role replacement is appointed, responsibility passes to the Executive Lead to delegate to an appropriate member of the WHSS Team.

Corporate Governance Manager

The Corporate Governance Manager (CGM) will act as gatekeeper with the responsibility for providing guidance, training and support for the process of corporate policy development. This responsibility for all clinical policies resides with the Policy Group.

The Corporate Governance Manager will:

- maintain the WHSSC corporate policy database, (including a record of Equality Impact Assessments (EQIA))
- ensure that the corporate policies published on the WHSSC website are maintain
- ensure the appropriate management of the approval process is in-line with this policy
- issue reminder notices to ensure the timely review of all corporate policies
- inform the WHSS Team when a corporate policy has been published and include a hyperlink to the policy
- maintain an archive of the previous versions of centrally held revised or reviewed corporate policies
- provide advice and assistance as required.

Line Managers

All Line Managers are responsible for ensuring that:

- staff have read and understood the relevant corporate policies and are aware of any new areas or revisions
- training needs are identified on the implementation of new or updated corporate policy and the Corporate Governance Manager is informed of any training requirements.

WHSS Team

All team members are responsible for ensuring that:

- they participate in consultation of a corporate policy and return their comments within the specified deadline
- their working practices are in line with the corporate policies in use throughout WHSSC and specific to their area of work
- they report any training needs they may have to comply with a corporate policy to their line manager
- they report to the lead developer or executive lead if they identify discrepancies in a corporate policy, or they become aware of any changes in practice, or legislation that would require an urgent review of a corporate policy.

Policy Working Groups (for Corporate Policies)

Working groups can be established for specific topics to help with corporate policy development. Where there is a lack of information within a corporate policy area, consensus agreement from the group can be sought. The group is normally accountable to the Executive Lead and/or the appropriate approval committee.

Membership of the group should initially be drawn from all areas of the WHSS Team, with additional members being appointed to cover any specific areas that require specialist input. The Group will usually be chaired by the lead developer.

The role of the working group is to:

- identify sources of information that can be used to inform corporate policy development
- assist the lead developer in the writing and editing of a corporate policy
- develop and publish corporate policies in line with the WHSSC process
- make arrangements for the proper governance of corporate policy development
- advise on responding to stakeholder comments on the draft corporate policy
- advise on implementation support/training that may be needed.

Commissioning Teams

There is a dedicated Commissioning Team to cover each of the main services commissioned by WHSSC:

- Cancer and blood
- Cardiovascular conditions
- Mental health

- Vulnerable groups
- Neurosciences and complex conditions
- Women and children's services (including genetic and rare diseases)
- Renal.

One of the key responsibilities of each Commissioning Team is the development of clinical policies including the development of quality and key performance indicators.

Each Commissioning Team is made up of the following members of staff:

- Associate Medical Director
- Specialised Planning Manager
- Assistant Specialised Planning Manager
- Finance Manager
- Head of Information
- Quality Team Manager
- Corporate Governance Manager
- Clinical Network Lead (where available).

Planning Team

The Planning team contribute to the overall development of specialised services planning within NHS Wales and the delivery of WHSSC objectives and goals. The team supports the strategic planning for a portfolio of Specialised Services for the population of Wales. The Specialised Planning Managers, supported by members of the wider planning team, are responsible for leading on the update and development of clinical policies.

Finance Team

The Finance team undertake contracting and financial performance management for specialist providers. The team provides monthly monitoring to Commissioners and Welsh Government of spend against the planned budget for specialist services. They are expected to provide key financial data to support clinical policy development, in particular costing of proposed new treatments or historical data on provider performance against existing clinical policies.

Project Manager (Policy review and development)

The Project Manager supports the development and review of all WHSSC clinical policies. The Project Manager:

- ensures development follows the agreed process and methodology
- gives guidance to the commissioning team on the process of clinical policy development

- communicates timelines to the lead developer and commissioning team and ensures these are met for all clinical policies
- ensures clinical policies are presented to WHSSC policy group (PG) for consultation and publication
- ensures all relevant documents are available for PG for sign off
- reviews documentation prior to consultation, including checking and proof reading all documents to ensure they are accurate, clear and consistent
- co-ordinates the response to comments submitted by stakeholders to consultations of draft documents post-consultation in conjunction with the lead developer
- assists the lead developer in preparing the final documents
- ensures the publication and distribution of all documents is carried out within the agreed timelines
- ensures the database of policies (policy register) is kept up to date.

Clinical Expert Advisory Group (for Clinical Policies)

External multi-disciplinary working groups can be established for specific topics areas to advise WHSSC on the provision of specific services and clinical policy development. Their main roles and outputs are described below. In addition, where there is a lack of evidence within a topic area, consensus agreement from the group can be sought. Membership of the group should be drawn from the specialist clinical area relating the topic being developed. The group is normally accountable to WHSSC. The Group will usually be chaired by a member of the WHSSC Medical Directorate.

The main role of the group is to:

- develop commissioning policies and service specifications for specific clinical topics, in line with WHSSC process which reflects the approved position in Wales
- describe the current arrangements for people in Wales for specific topic area
- advise WHSSC on future demand for interventions, service, new indications and where and how to access the service
- consider the evidence base for the specific topic area
- make recommendations to WHSSC on the actions to be taken as a result of the review, in particular the decisions affecting the commissioning and delivery a specific service for people living in Wales.

Clinical Advisor

If sufficient clinical expertise is not available within WHSSC when developing or updating a clinical policy an external specialist Clinical Advisor can be sought. They will have specialist knowledge of a specific clinical area,

and will assist WHSSC in all stages of policy development. The Clinical Advisor will ensure that WHSSC's decisions are balanced, equitable, transparent and unbiased to ensure decisions are made upon the best interests of NHS Wales.

The role of the Clinical Advisor includes:

- chairing the clinical advisory working group for policy development (if one has been set up) and ensure they carry out their function as described above
- working with WHSSC to develop the scope for clinical policy development
- working with WHSSC (and the clinical advisory working group) as required to identify key issues, advise on the evidence appraisal, advise on appropriate assumptions and data sources for clinical policy development
- work with WHSSC on writing and editing drafts of the clinical policy
- advising on responding to stakeholder comments on the draft clinical policy.

Expert advisors

If WHSSC requires further expertise to develop a corporate or clinical policy, it may call on external experts who can provide additional evidence from their knowledge and experience. Experts may be drawn from a wide area as appropriate and can include government representatives, people using the service and their carers or the community and voluntary sector. An expert advisor will usually be invited to present their evidence in the form of a paper or verbal presentation. Expert testimony papers may then be published on the WHSSC website with other sources of evidence when the policy is published.

Stakeholders

Stakeholders play an important role in the validation of a policy. Stakeholders comment on the draft policy and may provide comments that can help form the final document, and support the implementation of a policy. WHSSC formally responds to all comments from registered stakeholders and these responses are published on the WHSSC website.

The WHSS Team, Management Group and Joint Committee are stakeholders for consultation of corporate policies.

WHSSC Management group, representatives from NHS Wales, NHS England and service specific contacts are stakeholders for consultation of clinical policies and the distribution list is developed with the lead developer and project manager.

1.7. Approval of policies

Both clinical and corporate policies need to be approved and monitored by the Joint Committee or where appropriate the Joint Committee may delegate approval of these policies to Management Group, the Corporate Directors Board (CDGB) or WHSSC Policy Group (PG).

A summary of the formal approval process is presented in section 3.2.3 and appendix 2.

1.8. Relationship with other WHSSC policies

This document should be read in conjunction with the following key documents:

- Developing WHSSC Clinical policies: Technical process. Corporate Policy, CPL-026, Welsh Health Specialised Services Committee (Publication Date TBC)
- Equality Impact Assessment Policy (EQIA). Corporate Policy, CPL-024, Welsh Health Specialised Services Committee (Publication Date TBC)

2. Purpose and principles

2.1. Purpose

This document explains how WHSSC develops, reviews and updates policies from preparation and planning through to publication.

WHSSC has a statutory duty to have in place appropriate corporate policies and procedures to comply with legislation to enable staff to fulfil the requirements of their role safely and competently.

WHSSC makes decisions on which specialised services are commissioned for the population of Wales and these services are defined by the suite of clinical policies.

2.2. Principles

WHSSC applies the following principles when updating, reviewing and developing new policies:

- WHSSC should follow the policy development processes as set out in this document to ensure consistency and transparency and should document the outcomes at all stages of the process.
- All policies should be assigned an Executive Lead and a lead developer.
- WHSSC should involve stakeholders in the development process and take appropriate account of their views.
- WHSSC should ensure that all policies will be based on best available evidence of clinical and cost effectiveness, up-to-date applicable information, guidance or legislation.
- Once published, all WHSSC policies are regularly checked, and updated in light of any new evidence, changes in service or treatment, organisational changes or revised All Wales Policies.
- All policies are published on the WHSSC website in accordance with The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018³.
- WHSSC should ensure that the processes, methods and policies remain up-to-date.
- WHSSC is committed to treating the English and Welsh languages on the basis of equality and endeavours to ensure the services it commissions meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993)⁴, the

³ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

⁴ [Welsh Language Act 1993](#)

Welsh Language (Wales) Measure 2011⁵ and the Welsh Language Standards (No.7) Regulations 2018⁶.

- WHSSC is committed to ensuring they are compliant with relevant legislative and regulatory frameworks for public sector organisations, including the duties set out in the Health and Social Care Act (2012)⁷, Prudent Healthcare⁸, the Well-being of Future Generations (Wales) Act 2015⁹, A Healthier Wales “Our Plan for Health & Social Care”, the Health and Social Care (Quality & Engagement) (Wales) Act 2020¹⁰, the Socio Economic Duty¹¹ and the Health and Social Care in Wales COVID 19: Looking Forward¹².
- Equality is central to the work of WHSSC and their vision for improving and developing specialised services for NHS Wales. WHSSC welcomes the Welsh Government’s distinct approach to promoting and safeguarding equality, social justice and human rights in Wales.
- WHSSC are committed to complying with the provisions of the Equality Act 2010¹³ and the public sector general duty¹⁴ and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.
- In accordance with the Equality Act (2010)¹⁵ and the Socio-Economic Duty¹⁶ all policies will be subject to an Equality Impact Assessment (EQIA) (see section 7), including updated policies.
- All policies should be compliant with the WHSSC organisational values and behaviours.

⁵ [Welsh Language \(Wales\) Measure 2011](#)

⁶ [The Welsh Language Standards \(No. 7\) Regulations 2018](#)

⁷ [Health and Social Care Act 2012](#)

⁸ [Making prudent healthcare happen](#)

⁹ [Future Generations Act – Future Generations Commissioner for Wales](#)

¹⁰ [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

¹¹ [Socio-economic Duty: an overview | GOV.WALES](#)

¹² [Improving health and social care \(COVID-19 looking forward\) | GOV.WALES](#)

¹³ [Equality Act 2010: guidance - GOV.UK](#)

¹⁴ [Public Sector Equality Duty | Equality and Human Rights Commission](#)

¹⁵ [Written Statement - The Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011 & The Equality Act 2010 \(Specification of Relevant Welsh Authorities\) Order 2011 \(9 March 2011\) | GOV.WALES](#)

¹⁶ [Socio-economic Duty: an overview | GOV.WALES](#)

3. Process

3.1. Introduction

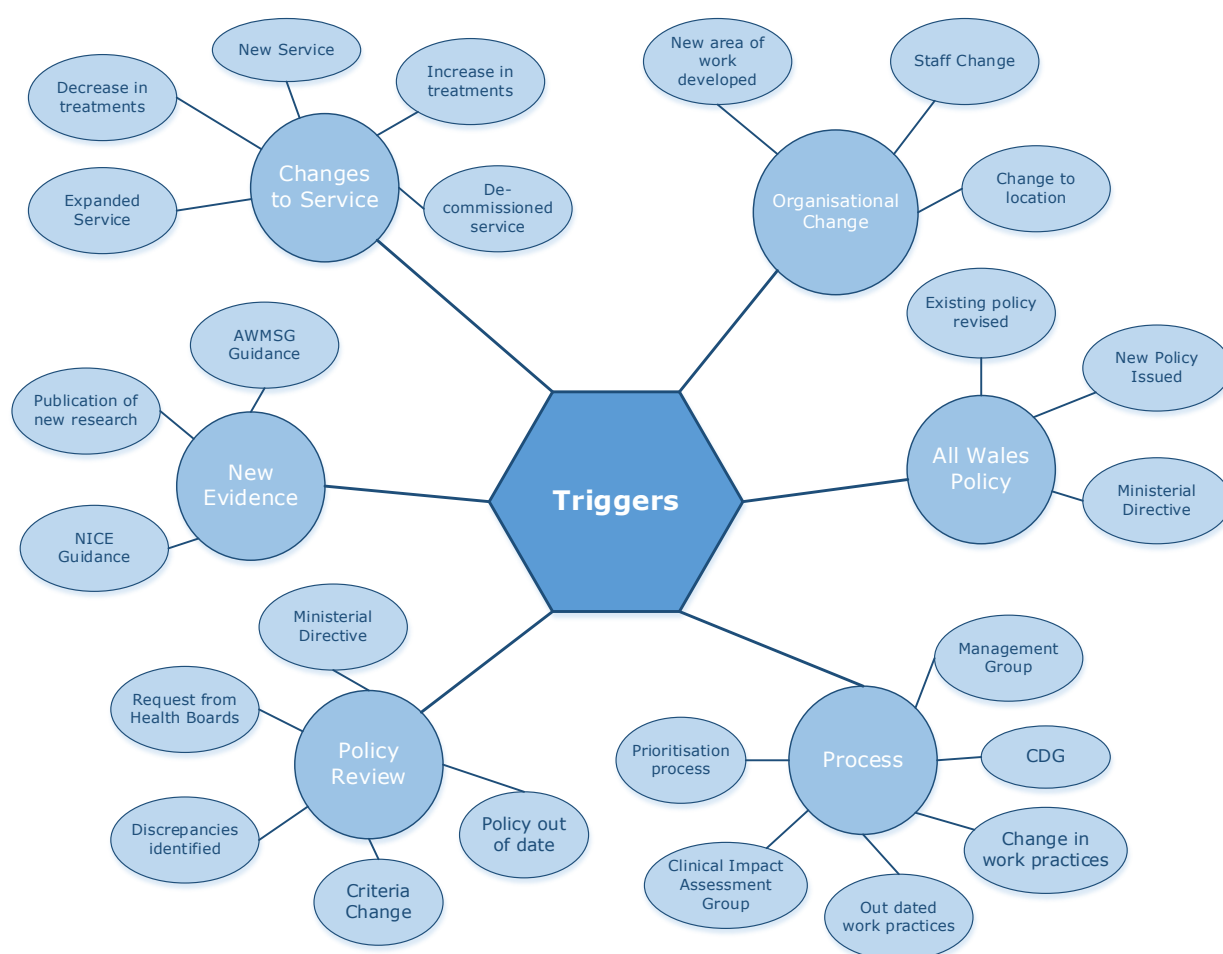
There are several triggers for the development of a new policy or an update/review of an existing policy. A summary of these are presented in Figure 1.

It is important that any new policy is appropriately allocated to the correct category as defined in section 1.5. Each policy in development should be assigned an Executive Lead and Lead Developer as described in section 1.5.

When a new policy development or review/update is planned, the relevant WHSSC Committee or lead Executive should be informed and approval sought. For a clinical policy this will be the WHSSC Policy Group and for a corporate policy this will be the Committee Secretary.

For each new policy development or review/update of an existing policy a scoping document (Scope) should be completed and signed off by the relevant committee prior to commencing the development phase.

A guide to the technical process for developing WHSSC clinical policies is currently being updated. An equivalent process for developing WHSSC corporate policies is now being planned.

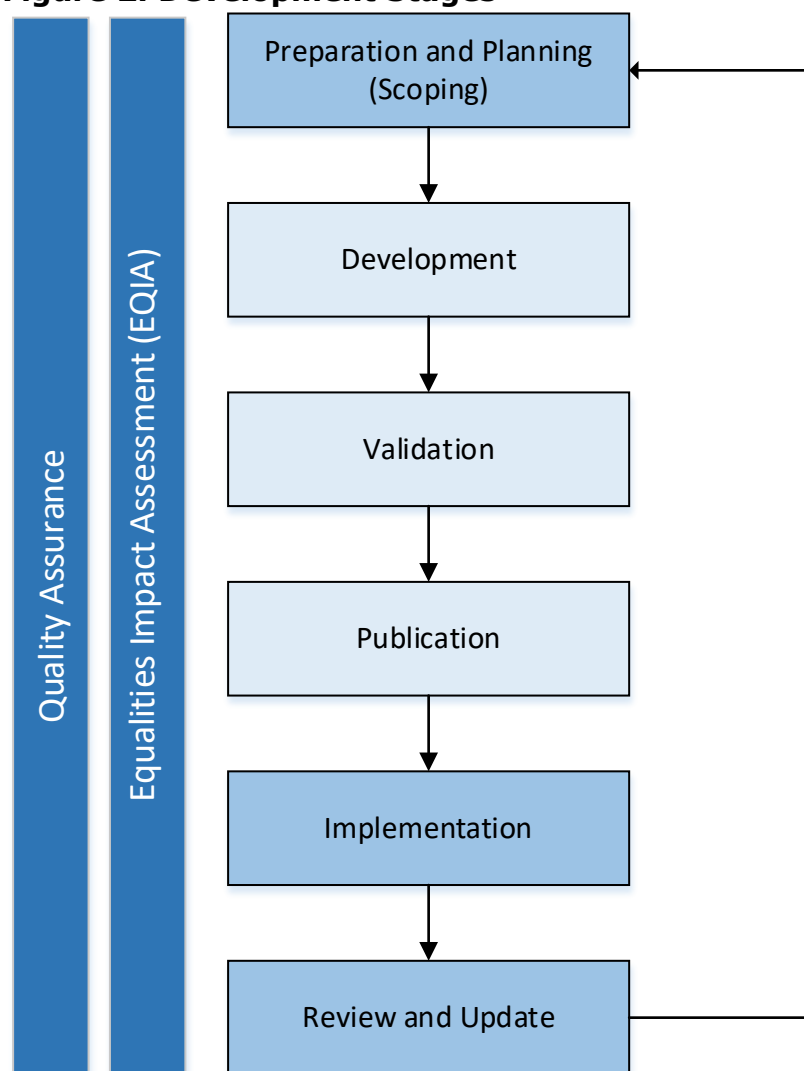
Figure 1 - Triggers for policy development or review/update

When a trigger occurs the relevant lead developer will start the process of development.

The development process include the following six stages, which are presented and explained in this chapter:

- Preparation and planning (scoping the work)
- Development
- Validation
- Publication
- Implementation
- Policy review and update.

An overview of the stage of the policy development process is presented in figure 2 and a schematic description of each stage is presented in Appendix 1. In accordance with the Equality Act 2010, all key stages of policy development will be subject to an Equality Impact Assessment (EQIA). The findings will be recorded on the EQIA form and published alongside the final policy (see WHSSC Equality Impact Assessment Policy (EQIA), CPL-025, In Development)

Figure 2. Development Stages

3.2. Stages of Development

The following stages and Appendix 1 provide a detailed breakdown of each stage within the development process.

3.2.1. Preparation and Planning – scoping the work (Stage 1)

This is the first stage of development and is initiated by a trigger. During this stage the Executive Lead will appoint a lead developer, who will then:

- prepare the draft scope using the agreed template, which is available on the WHSSC drive. The scope will include the following:
 - the area covered by the policy
 - the population/patient or staff groups likely to be impacted
 - a summary of the existing evidence base, other relevant policies and national guidance etc.
 - identification of any groups with protected characteristics or may suffer from socio-economic disadvantage as described in the EQIA policy
 - development timelines

- apply the appropriate category to the policy (corporate/clinical)
- identify and document the rationale for development
- identify sources of information, other relevant or existing policies, guidance or legislation to support the need for developing or updating a policy.

Before development is undertaken the Executive Lead and/or appropriate approval committee (WHSSC Policy Group or CDGB) should sign off the scope and confirm their approval for progression to stage 2 (development).

The decision for approval is based upon the information presented in the scope by the lead developer.

3.2.2. Development (Stage 2)

The methodology for developing a new policy and for updating an existing policy will depend on the area that needs addressing. The final decision on which approach to take should be agreed in advance by the Executive Lead and/or appropriate approval committee/group and recorded in the scope.

In some instances, rather than drafting a completely new policy there may be existing policies produced by another NHS organisation (for example All Wales) that can be adapted or cross referred to.

The following section [A-C] provides guidance on which approach to take when either updating or developing a WHSSC corporate or clinical policy. The final decision on which approach to take rests with the Executive Lead and/or appropriate approval committee/group.

For a comprehensive technical guide to developing WHSSC clinical policies please refer to 'Developing WHSSC Clinical policies: Technical process, CPL 026 (under review)'.

A. Minor

This category includes small updates of current policies, which do not change any information within the policy. Any update will be agreed with the Executive Lead and the revised policy re-published.

The following is presented as a guide:

- correcting typographical errors
- updating hyperlinks
- updating templates.

This type of update will not require a formal stakeholder consultation.

B. Moderate

This category covers those existing policies which require an update due to one of the following:

- Organisational structure change
- Publication of revised legislation
- Publication of revised All Wales Policy
- Discrepancy identified in policy
- Information is out-of-date
- Change to working practices.

Depending on the level of update required a Policy Working Group (corporate policies) or Clinical Expert Advisory Group (clinical policies) can be established to aide with development. The decision to convene such a group rests with the Executive Lead and/or the appropriate approval committee/group.

Policies within this category will almost always require a formal stakeholder consultation. This should be decided by the Executive Lead and/or the appropriate approval committee/group, and consultation would be between 4 and 8 weeks.

C. Major

This category will cover the following:

- A new policy requiring comprehensive supporting information/data/evidence
- A new policy where a more consensus based or collaborative developmental approach is needed
- A comprehensive update of an existing policy requiring appraisal of new/updated information/evidence, guidance or legislation.

A Policy Working Group or Expert Clinical Advisory Group will need to be established to aide with development.

Policies within this category require a formal stakeholder consultation, and consultation would be between 6 and 8 weeks.

Policy Working Group/Clinical Expert Advisory Group meetings

These groups can either meet in person or virtually (for example using MS Teams). The frequency and type of meetings is agreed by the lead developer and Executive Lead in advance.

Notes need to be taken of what was discussed at all meetings, together with agreed items and actions and circulated to the members of the group.

Writing the policy

Writing the policy is one of the most important steps in developing a policy. The wording must be concise, unambiguous and easy to translate into practice.

The wording of the policy must be agreed by the Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) and should:

- use strict version control on all draft documents
- focus on what specific action needs to be taken, who needs to take it, where its needs to be done
- use direct instruction wherever possible (see appendix 3)
- use clear language and avoid vague statements and jargon
- use plain English and active verbs (see section 8.7 and Appendix 3)
- include relevant additional information that a reader of the policy may need to know
- developed using the agreed templates (see section 8.4). This will ensure that all policies developed at WHSSC are presented in a consistent, clear and professional manner (see section 8.5).

3.2.3. Validation (Stage 3)

The third stage of the process is validation. This stage is where a policy is assessed in terms of quality assurance and peer-review by members of WHSSC and other stakeholders.

The main steps in the validation stage are:

- Pre-consultation check
- Stakeholder consultation
- Responding to stakeholder comments
- Post-consultation check
- Approval for publication.

Pre-consultation check

Before a policy is issued for consultation it needs to be reviewed to ensure it complies with all the WHSSC principles and methods of policy development [clinical policies should be reviewed by the Policy project manager]. The policy will be checked by the Policy Working Group/Clinical Expert Advisory Group (if either has been used during development) and then submitted to the Executive Lead. Final approval for consultation should be sought from either CDGB (corporate policies) or the WHSSC Policy Group (clinical policies).

Stakeholder consultation

Stakeholder consultation is a vital step in the quality assurance of a policy.

When consulting on a new or updated policy, WHSSC will usually ask the following questions:

- Is the policy clear?
- Does it contain any material inaccuracies or omissions?
- Does the policy identify all the parameters required or are there other issues that need to be included?
- Are there any equality issues or socio-economic duties which should be considered as part of the development of this document?

In line with the good practice principles WHSSC will be clear as to the aspects of the documents which are being consulted upon and which are not open to change.

When a policy has been approved for consultation the following documentation (which is available on the WHSSC drive) must be issued for consultation:

- an explanatory email/covering letter (in English and Welsh) detailing the purpose of consultation
- the draft policy on the appropriate template
- a blank stakeholder responses form (in English and Welsh).

Consultation usually runs from 4-8 weeks but can be extended to 12 weeks in some circumstances (for example for highly complex or contentious policies or if consultation falls over a holiday period such as Christmas).

The time period a policy is out at consultation for is dependent on a number of factors as set out below (see also section 3.2.2):

4 weeks	consulting on a minor update to an existing policy
6 weeks	consulting on a single policy or substantial update to an existing policy
8 weeks	consulting on more than one document for the same topic area or a complex policy.

The period of consultation will be agreed by the Executive Lead and Lead Developer for corporate policies and the WHSSC policy group for clinical policies.

WHSSC does not accept:

- comments that are not presented on the correct form
- comments with attachments such as research, letters or leaflets
- comments submitted past the consultation deadline.

With whom should WHSSC consult?

All new and updated policies issued for consultation should be sent to the relevant target audience involving appropriate managerial, professional and clinical staff groups as relevant well as patient groups, charities and community health councils. WHSSC is also expected to formally consult with the following agreed list of core stakeholders

- WHSS Team
- Members of the WHSSC Management Group
- Members of Joint Committee
- National groups representing patients and carers
- Organisations representing healthcare professionals
- NHS England (if services are commissioned outside of Wales)
- Chief Scientific Adviser (Health), Welsh Government
- NHS Wales stakeholders including:
 - Chief Executive Officers, NHS Wales
 - Medical Directors, NHS Wales
 - Directors of Strategy, Planning & Performance, NHS Wales
 - Directors of Finance, NHS Wales
 - Managing Directors, NHS Wales
 - Directors of Nursing, NHS Wales
 - Directors of Public Health, NHS Wales
 - Chief Operating Officer, NHS Wales
 - Director of Therapies and Health Science, NHS Wales
 - Directors of Primary Care, NHS Wales
 - Medicines Management, NHS Wales
 - Clinical Network Lead for Wales, NHS Wales

Responding to stakeholder comments

After consultation the Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) will address the comments received during stakeholder consultation. All WHSSC responses must be completed on the appropriate template (see section 8.4).

The following will be taken into account when responding to stakeholder comments:

- each comment received must be acknowledged and answered in full with as much information as possible
- Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) must consider whether changes are needed to the policy
- if changes are made to the policy as a result of a consultation comment this must be made clear in the response. If no change is to

be made then the reason why not needs to be made clear in the response.

The Lead Developer must maintain a clear audit trail of any changes made to a policy (version control and track changes, see section 8).

All stakeholder comments and WHSSC responses will be made available on the WHSSC website when the final policy is published, as well as any declaration of interests submitted by stakeholders at the validation stage.

Post-consultation Policy Working Group/Clinical Expert Advisory Group meeting

If a Policy Working Group/Clinical Expert Advisory Group was set up to facilitate policy development, all stakeholder comments and suggested changes to the policy must be checked and approved by each member of the group.

Post-consultation check

After agreed changes have been made to a policy post consultation, the revised policy is then checked internally. This will be led by the Executive Lead and Lead Developer.

This check includes ensuring that:

- changes made to a policy are appropriate
- stakeholder comments have been responding to appropriately
- no further changes need to be made.

A clear audit trail of any further changes made as part of the post consultation check should be maintained (see section 8).

Approval for publication

Once the post-publication check has been completed, the policy is ready for approval for publication.

When considering a policy for publication, Joint Committee, Management Group, the Corporate Directors Board (CDGB) or WHSSC Policy Group (PG) must ensure that the policy:

- has addressed all issues that were identified in the scope
- is consistent with the information/legislation quoted
- was developed using the agreed methods and process
- is clear and coherent
- follows the agreed template.

Prior to the policy being agreed and signed off it may be requested that further work needs to be undertaken.

The equality impact assessment form is also reviewed as part the approval for publication process.

Ratification of the policy for publication

Following sign off by either CDGB (corporate policies) or the WHSSC PG (clinical policies) the following approval process should be followed:

- **Corporate Policies**

- The Joint Committee is responsible for the ratification of all WHSSC corporate strategy and policy documents. All policies and responses to stakeholder comments should be presented to Joint Committee after completion of the consultation process for endorsement.

- **Clinical Policies**

- Final ratification of all WHSSC clinical policies currently rests with the WHSSC Policy Group.
- All policies and responses to stakeholder comments should be presented to Policy Group after completion of the consultation process for endorsement.
- Where there is **no service or financial impact**, or where **the funding requirement has already been identified** within the ICP, Management Group will be presented with a report of containing information on all policies that have been recently published. A copy should also be sent to Joint Committee for information.
- Where a policy **has a financial or service impact which is outside of the annual planning arrangements** the policy must be supported and approved by Management Group before being taken to Joint Committee for final ratification.

Management Group, Quality and Patient Safety Committee and CDGB should be sent regular (no less than quarterly) updates of the WHSSC PG work programme and the status of all extant policies (i.e. the number out of date, being review, being updated, in date).

3.2.4. Publication (Stage 4)

The fourth stage of the process is publication. Once the policy has been approved by either WHSSC Policy Group, Corporate Directors Board Management Group or Joint Committee it can be sent for publication.

The WHSSC Corporate Governance Manager for corporate polices and the Policy Project Manager for clinical policies will ensure that the final policy is uploaded onto WHSSC internet as appropriate and in line with The Public

Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018¹⁷.

The following documents will also be uploaded:

- Equality Impact Assessment (EQIA)
- Stakeholder comments and responses.

3.2.5. Implementation (Stage 5)

The fifth stage of the process is implementation. This stage is where the policy is applied to working practices. This may include consideration of staff training requirements.

Once a clinical policy has been published the key role of the lead developer and WHSSC commissioning team is to plan the implementation of the policy.

The WHSSC Corporate Governance Team have key implementation roles for corporate policies and should ensure that information is cascaded appropriately to staff within the organisation.

3.2.6. Policy review and update (Stage 6)

All policies developed by WHSSC are published with the expectation that they will be reviewed and updated as necessary. This stage is to ensure that all policies are current and will enable Executive Leads and Commissioning Teams to make a decision on whether an update is needed.

A formal review of the need to update a policy is usually undertaken by every 3 years. However, an informal review should be undertaken annually.

Where a clinical or corporate policy is no longer required and should be stood down, for example due to changing practices, then a paper outlining those reasons should be submitted to Corporate Directors Group or WHSSC Policy Group for approval.

Clinical policies

A formal review of the need to update a clinical policy is usually undertaken within 3 years of its initial or most recent publication date.

When scheduling updates or the development of new policies into its work programme, WHSSC will prioritise topics according to need. There may be circumstances where a check for update is brought forward, for example when:

¹⁷ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

- medicines or interventions are withdrawn
- new medicines or interventions are released
- there are changes to legislation or infrastructure.

When deciding to update a policy, intelligence gathering will be undertaken, by the senior planning manager or the planning manager and the Assistant Director of Evidence Evaluation and Effectiveness, to help inform a decision on whether to update a policy or extend the review date.

This intelligence gathering process can include the following:

- horizon-scanning
- evidence appraisal
- prioritisation process
- review of services
- review of existing WHSSC policies.

The information gathered is presented in a scoping document (see section 3.2.1) and then submitted to the WHSSC policy group who make a decision on whether to update the policy or extend the review date.

Corporate policies

A formal review of the need to update a corporate policy is usually undertaken within 3 years of its initial or most recent publication date.

The review date is documented on the corporate policy register. The Corporate Governance Manager will contact the appropriate Executive Lead when a policy is within three months of its review date.

However, an informal review should be undertaken annually and recorded by the Corporate Governance Manager.

An update should be triggered if an organisational change impacts on the validity of a current policy that requires an immediate and urgent update.

The Executive Lead, and the Lead Developer will determine whether the policy requires an update, and if so what level update is needed. A scoping document (see section 3.2.1) will then be submitted to the appropriate committee/group for approval.

Update needed

If the decision to update a policy is made then development process starts again from stage 1 (planning and preparation – see section 3.2.1).

No update needed

If the decision is not to update the policy, then the review date can be progressed.

Presentation of updated policies

When updating a policy it is essential to make clear what sections have been updated, amended or remain unchanged from the previous published version. The revision history document should be completed, which also provides the rationale for the change (see section 8.3).

4. Data Protection and GDPR

Data protection legislation places a statutory duty on the organisation to demonstrate compliance with the accountability principle.

WHSSC must ensure that it complies with both the General Data Protection Regulation (UK GDPR) and the Data Protection Act (DPA) 2018¹⁸. These set out the framework for the processing of personal data.

UK GDPR, became enforceable in all EU member states on 01 January 2021, and covers most of the legal obligations for processing personal data in the UK.

The Data Protection Act 2018 includes UK GDPR and replaces the Data Protection Act 1998. It sets out:

- how other information rights legislation (e.g. Freedom of Information Act 2000) interact with the new DPA and UK GDPR
- how personal data must be processed in the UK where it doesn't fall within UK GDPR, e.g. immigration or national security matters
- local rules for the UK that complement UK GDPR, e.g. additional measures required for the processing of special category personal data
- the Information Commissioner's Office's (ICO) role, functions and powers.

The Data Protection Act 2018 and UK GDPR applies to:

- all staff who handle and use personal information, whether we hold it on our systems (manual and automated) or if others hold it on their systems for us
- all personal data processing carried out by WHSSC or for other Health Boards
- all formats, e.g. printed and digital information, text and images, documents and records, data and audio recordings.

In accordance with the requirements of the Data Protection Act 2018, names of individual staff must not be contained within any key documents. Individuals with particular responsibilities can be identified by their job title only.

For further information please see the [NHS Wales policy on Information Governance, 2018](#)

¹⁸ [Data Protection Act 2018](#)

5. Legislation, National and Professional Guidance

All policies must comply with current legislation, national and professional guidance. Policies must be based on sound evidence and be appropriately referenced.

6. Declaration of interests

WHSS Team members must declare any interests as set out in the [WHSSC Standards of Behaviour Policy CPL - 008](#).

7. Equality Impact Assessment

Equality impact assessment (EQIA) is a process that allows WHSSC to consider the effects of its policies on people.

The Equality Act 2010¹⁹ introduced a new public sector equality duty (PSED)²⁰ (the 'general duty') which became effective on 5th April 2011.

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review.

The socio-economic duty (Part 1, Section 1 of the Equality Act 2010²¹) requires public bodies, such as the NHS to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class. This duty came into force in Wales on 31st March 2021, and aims to reduce inequality for people who experience socio-economic disadvantage.

The process for undertaking an equality impact assessment and ensuring due regard is given to the socio-economic duty is set out in Equality Impact Assessment Policy (EQIA), CPL 025, (In development)

¹⁹ [Equality Act 2010: guidance - GOV.UK](#)

²⁰ [Public sector equality duty - GOV.UK](#)

²¹ <https://www.legislation.gov.uk/ukpga/2010/15/section/1>

8. General Principles

8.1. Naming a document

A standard approach to naming a document allows them to be found easier, therefore it is important that consistency is maintained when naming a document.

When saving a document for the first time, the following information should be used:

- Policy number
- Short title
- Version number

For example:

CPL XXX_Policy Process v0.1

When other people (not the original author) are making changes to a draft document, then they must also include their initials in the file name.

For example:

CPL XXX_Policy Process v0.2_AC

8.2. Version Control

Version control is the process by which different drafts and versions of a document are managed. It tracks a series of draft documents, finishing in a final version. Using version numbers provides an audit trail for the revision and update of policy documents.

When drafting a new policy, version control clearly identifies the development status of the document, and allows a return to previous versions.

Version control is achieved by adding a version number in the file name of a document. The initial draft of a policy should be numbered v0.1, and each draft is then number sequentially from v0.1 v0.2, v0.3 until a final version has been completed. This final draft would then be numbered v1.0.

If more revisions are to be made to the draft document then the number will increase by 0.1, for example. v1.1, v1.2. Subsequent final version numbers then increase by 1.0, for example v1.2 final document will become v2.0, and draft document v2.5 would become v3.0.

In addition to adding the version number to the end of the file name, it should also be displayed within the document.

Details of any changes should also be recorded within the revision history document.

8.3. Revision History Document

This document provides further details of what changes were made to a document, when they were made and who made them.

The revision history document must be updated each time a change is made to the document.

This document details:

- the current version number
- the purpose of the change or the change itself
- the name of the person making the change
- the date of the change.

Other information stored within this document will be details on the consultation, approvals and distribution of the policy (see below).

Consultation (revision history document)

This details who the policy was sent to for consultation, what version was sent and when it was sent.

Approvals (revision history document)

This details, who the policy was sent to for approval, what version was sent, the date it was sent and the date it was approved.

Distribution (revision history document)

This details what version of the policy was sent, who it was sent to, who sent it, the date it was sent and the date it was published.

8.4. Templates

Using a template allows for consistency when producing a WHSSC document. Templates ensure all WHSSC documents are unified in appearance and content.

Templates are available on the WHSSC drive for:

- Planning and preparation
- Policy development
- Policy consultation
- Publication.

8.5. Style and format

All policies should be written in the approved WHSSC style and format as described summarised below:

- Policies must be concise and clear using unambiguous terms and language.
- All text must be in Verdana font:
 - The main heading is Verdana font 14
 - Main body of the document is Verdana 12 and justified
 - Footnotes within the document are Verdana 10
 - Footers and headers are Verdana 9.
- All policies need to be written on the latest version of the appropriate policy template. Each template will include some sections that are mandatory and therefore must be completed.

Any All Wales policies that are adopted by WHSSC will need reformatting to meet the above standards.

8.6. Track changes

Track changes is an editing command that should be used for keeping track of any amendments made to a policy.

Using track changes allows multiple people to make revisions without losing the context of the original document. Using this function allows the reader to see exactly what was changed and they can then decide whether or not to accept or reject these amendments.

When making any changes to a policy a new copy should be saved, with the appropriate file name. Older versions should then be moved to a separate folder and only the current version should remain in the current draft version folder.

Using track changes alongside version control helps keep an electronic audit trail of what changes were made to a document.

To use track changes

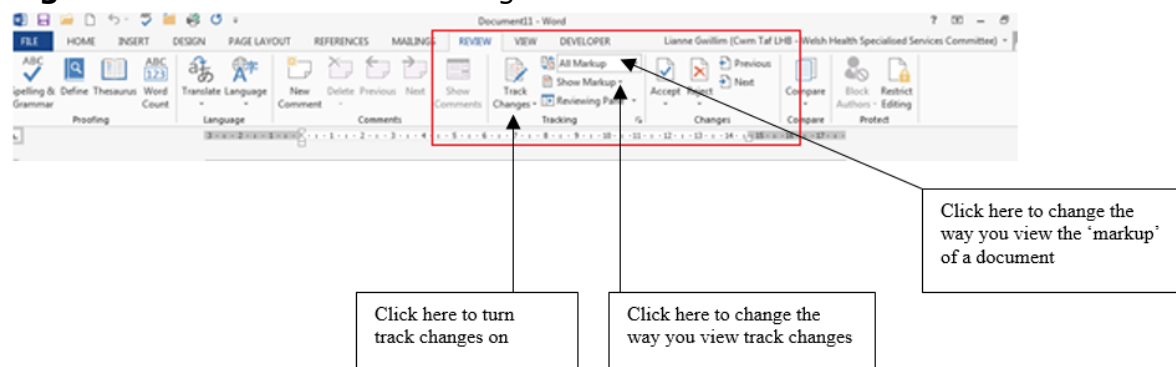
To switch on tracking, open the document you want to revise and select the **Review** tab and then select **Track Changes**.

You can change the way that you view the revisions in a document by selecting the **Review** tab, **Show Markup** and **Balloons** – and then choose either of the following:

- Show all revisions in Balloons
- Show All Revisions In-Line
- Show only Comments and Formatting in Balloons

To be able to see what revisions are being made in a document ensure you are viewing **All markup**

Figure 6: How to use track changes



8.7. Plain English

Using plain English enables the reader to understand the message of the policy the first time they read it. The principles of plain English is to use short, clear sentences and everyday words without unnecessary jargon. For tips on using plain English see appendix 2.

8.8. Definitions

Strategy

This is high level long term plan designed to outline how WHSSC aims to achieve their organisational goals and objectives, and can be supported by policies and procedures.

Policy

A policy sets out the principles that WHSSC need to follow to guide decisions and achieve outcomes.

Examples of policies within WHSSC include:

- Specialised Services Policies (Commissioning Policies)
- Specialised Services Service Specifications
- Policy Positions
- Organisational Policies
- Operational policies.

Procedure

A procedure is a standardised and established way of performing a task. It describes who, what, when and where, and provides a series of actions that need to be conducted in an agreed and consistent way to achieve a safe and effective outcome. These are often the documents detailing how a policy is to be achieved.

Protocol

Protocols are a set of measurable, objective standards or rules which are used to determine a course of action.

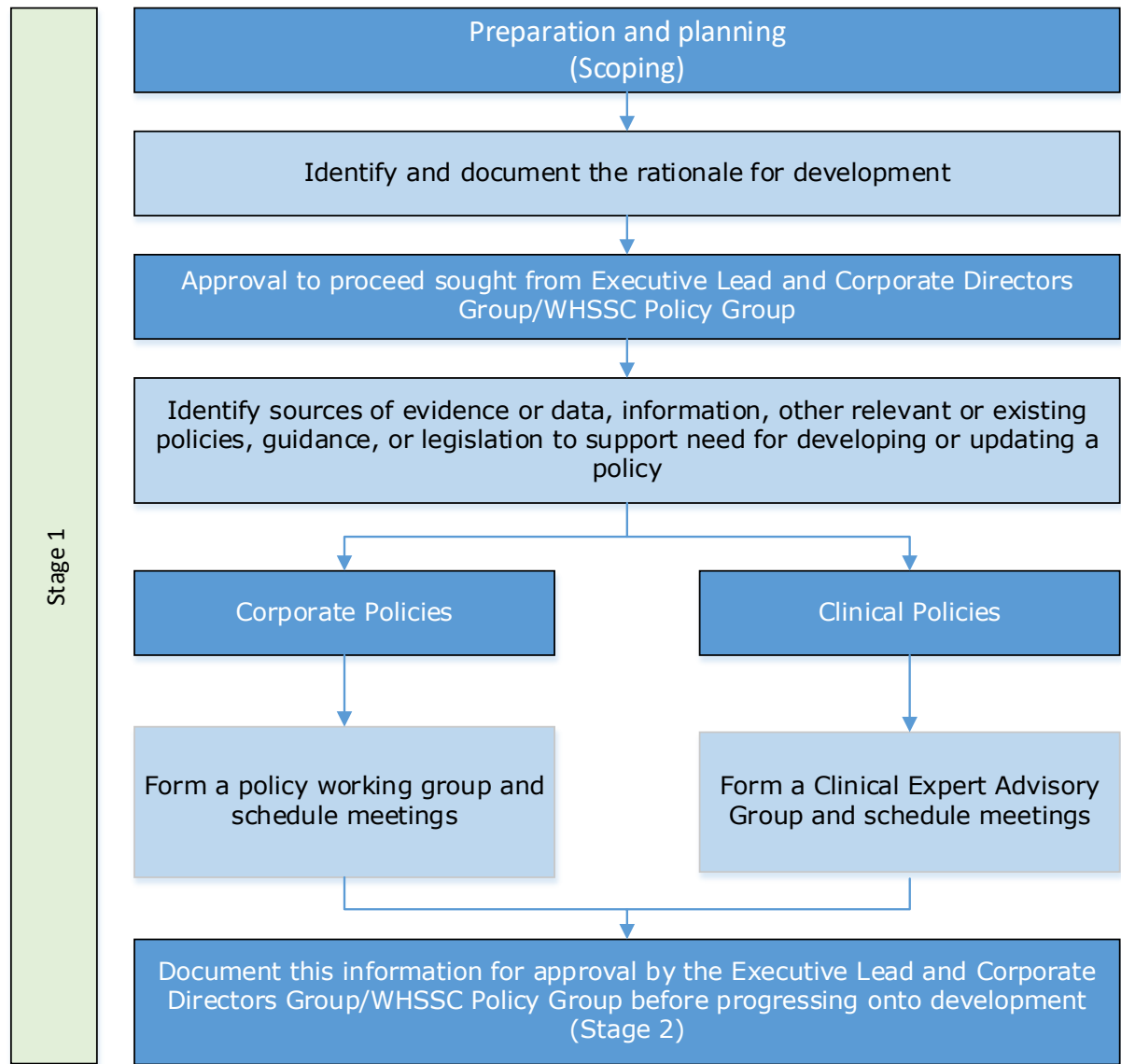
Guideline

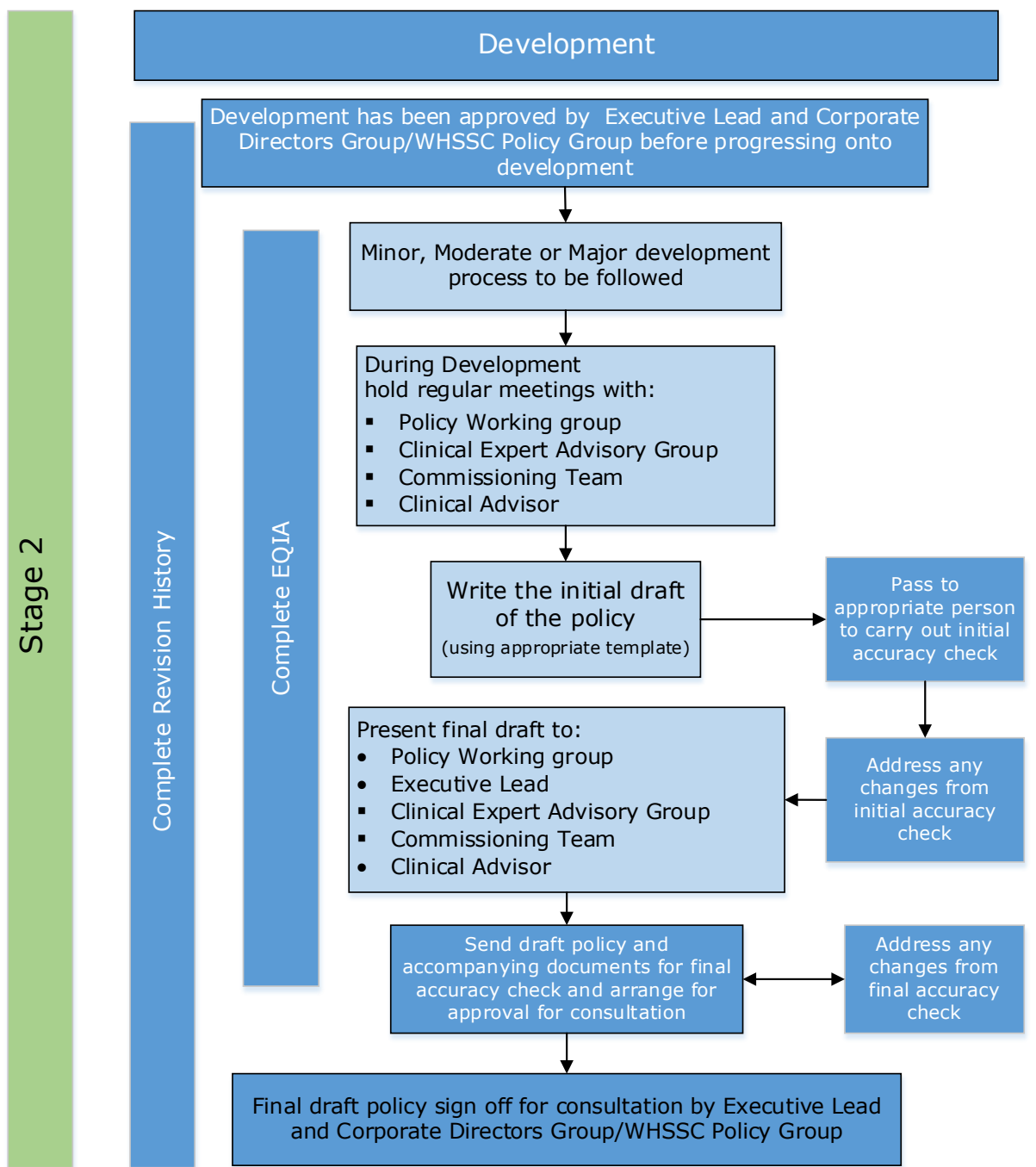
A guideline is a systematically developed piece of advice that can be used to make decisions. Guidelines are often used to underpin a policy, and represent good practice.

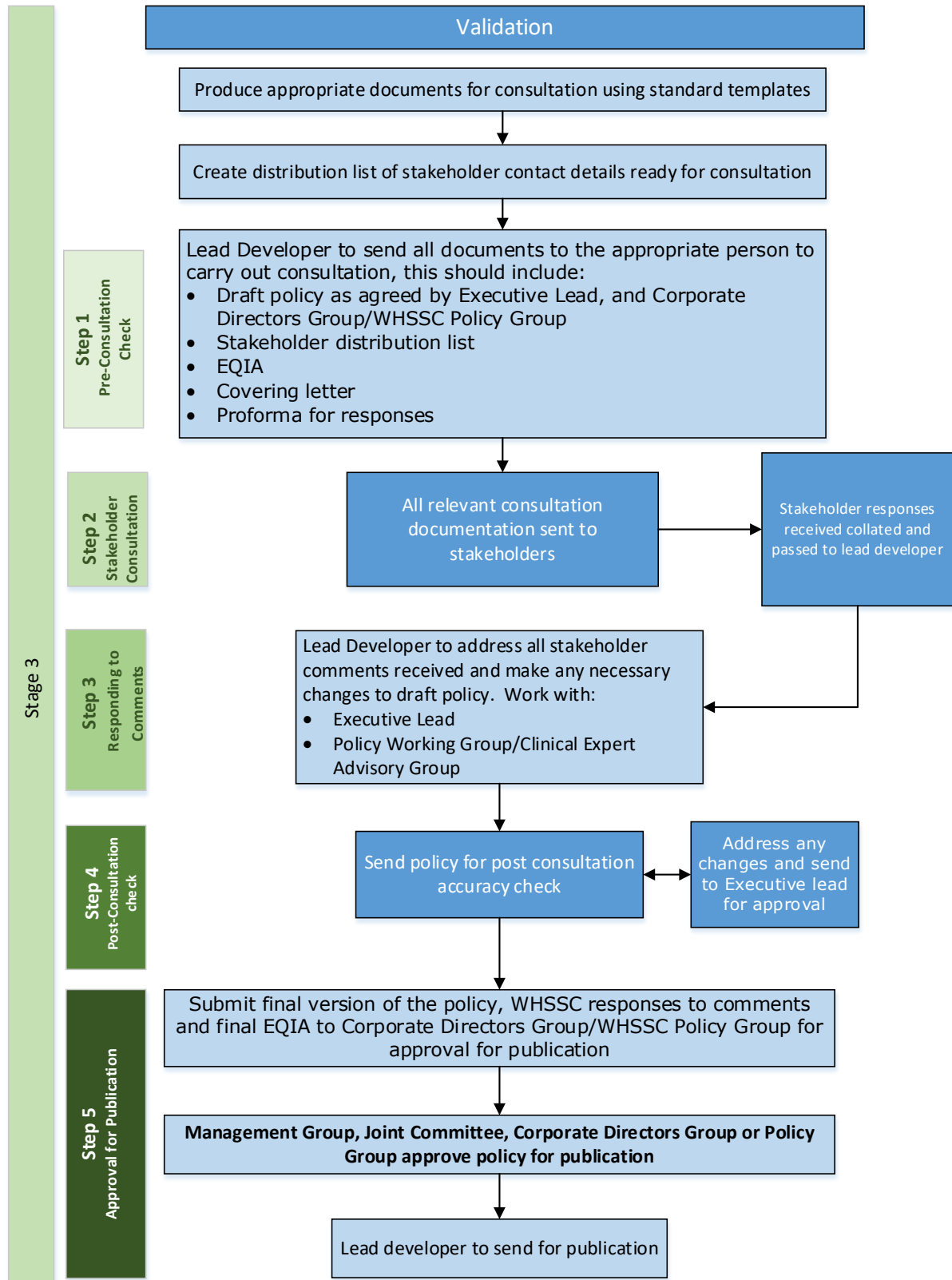
Framework

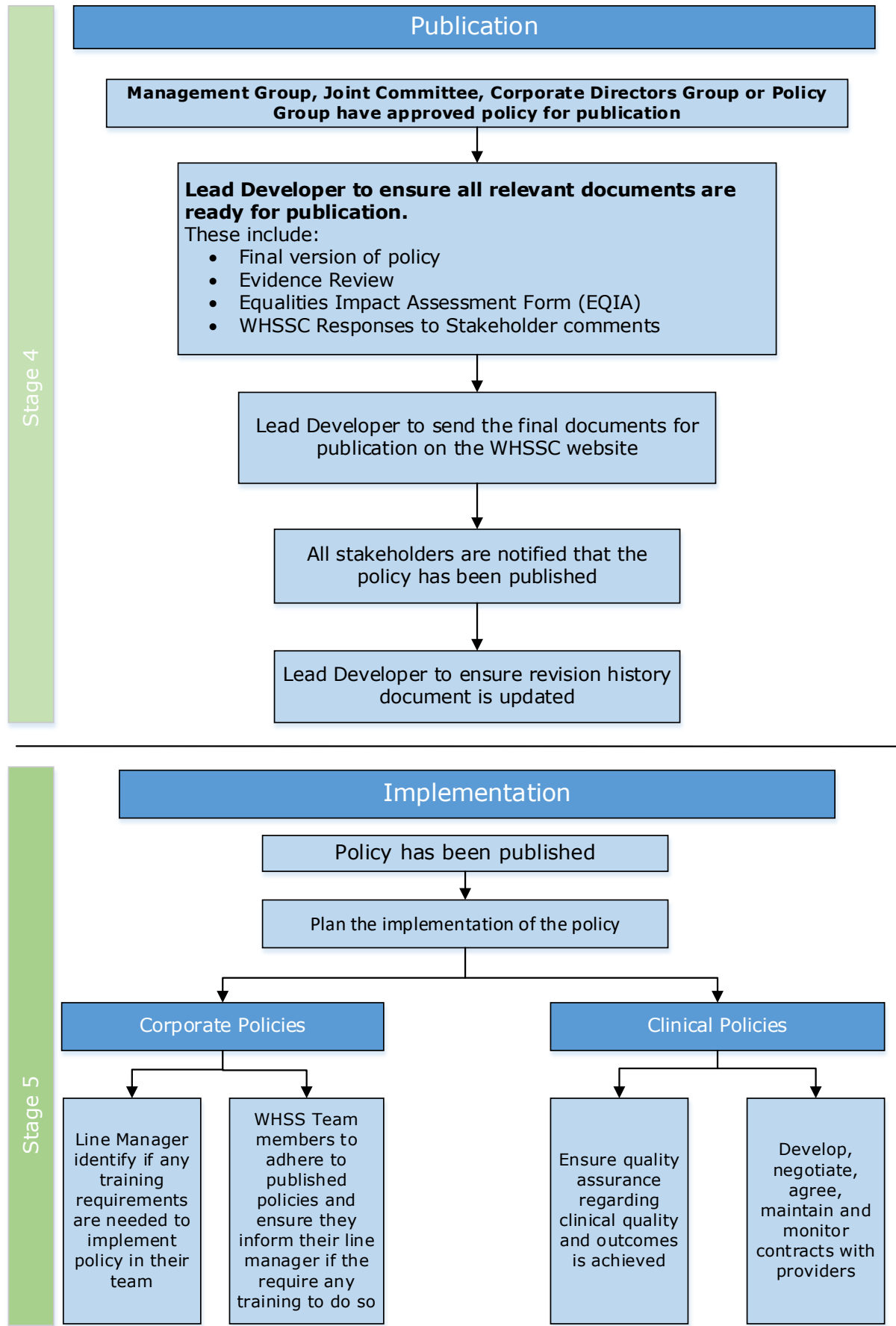
A framework is the supporting structure/functions for which a service can be built around. It sets out the way how goals can be achieved.

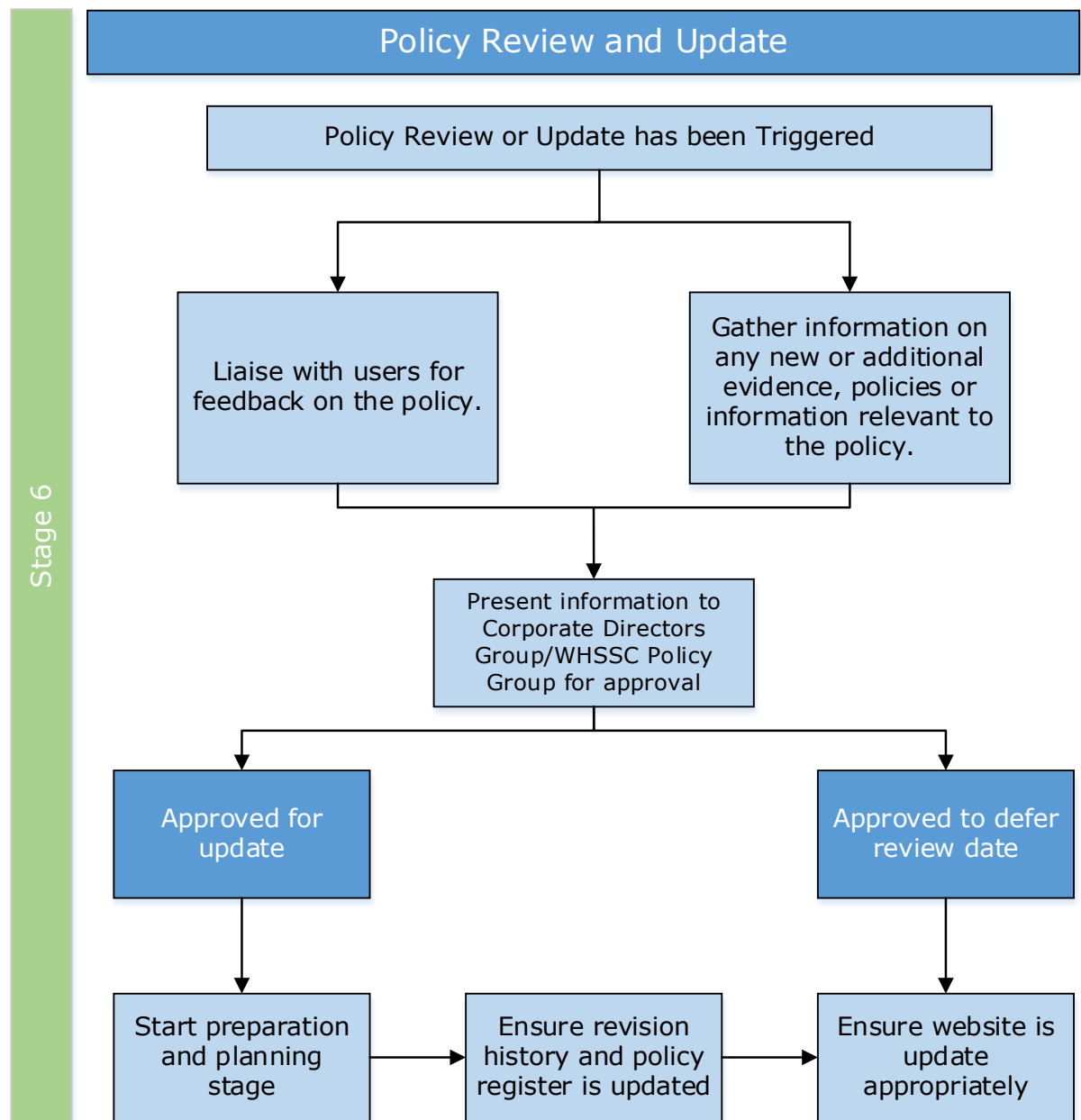
Appendix 1 Flow Diagram of Development Stages



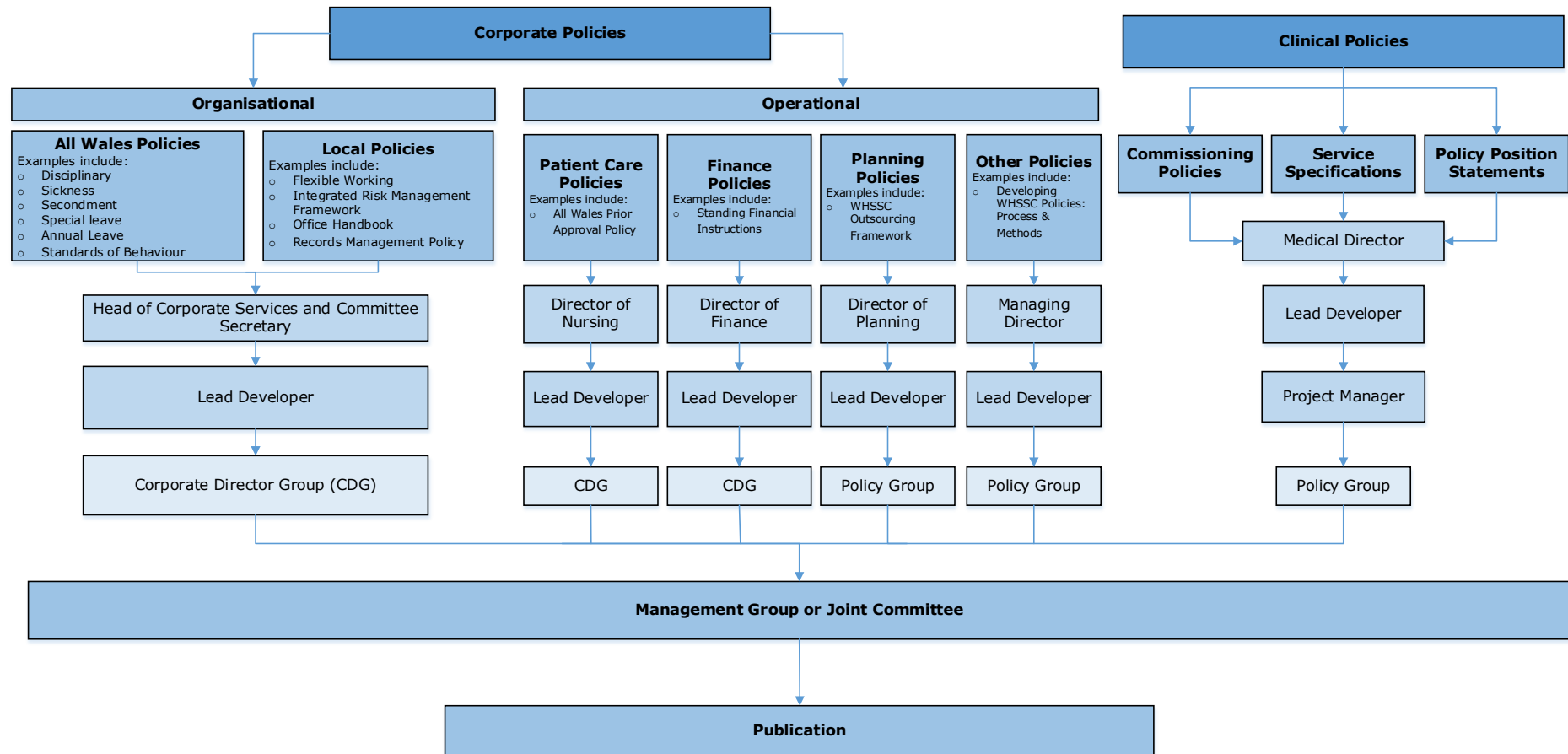








Appendix 2 Policy Approval Flow Diagram



Appendix 3 Tips for using plain English

The following are tips on using plain English within policy documents.

When wording a policy use person-centred language. Be respectful, empathetic and inclusive. Person-centred language reflects good manners and sensitivity, not political correctness.

Avoid labelling people, describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them.

Be accurate when using age in a policy:

- babies: 1 year and under
- children: up to 12
- young people (teenagers): between 12 and 17
- adults: 18 and over
- older people: 65 and over.

Use gender-neutral language where possible. This means using 'people', 'they' and 'them' instead of 'women', 'men' and 'his' or 'her'.

Abbreviations and acronyms

The first time you use an abbreviation or acronym explain it in full on each page. Then refer to it by initials.

Do not use full stops in abbreviations: NICE, not N.I.C.E

Do not use an acronym if you're not going to use it again later in the text.

Active voice

Use the active rather than passive voice. This will help write concise, clear content.

Ampersand

Use and rather than &, unless it's a department's logo image or a company's name.

Brackets

Use (round brackets), not [square brackets].

Do not use round brackets to refer to something that could either be singular or plural. Always use the plural instead, as this will cover each possibility:

Bullet points and steps

You can use bullet points to make text easier to read. Make sure that:

- you always use a lead-in line
- the bullets make sense running on from the lead-in line
- you use lower case at the start of the bullet
- try not to use more than one sentence per bullet
- you do not put a semicolon at the end of a bullet
- put a full stop after the last bullet point.

Capitalisation

DO NOT USE BLOCK CAPITALS FOR LARGE AMOUNTS OF TEXT AS IT'S DIFFICULT TO READ.

Data

Treat as a singular noun: The data is stored on a secure server.

Dates

- use upper case for months: January, February
- do not use a comma between the month and year: 4 June 2017
- when space is an issue - in tables or publication titles, for example - you can use truncated months: Jan, Feb
- use the UK format, date, month, year.

Direct Instruction

Give direct instructions and start with a verb, if possible, to keep the action up front and direct.

e.g., etc. and i.e.

Try to avoid using e.g., etc. or i.e. instead try using:

- for e.g. use 'for example' or 'such as' or 'like' or 'including' - whichever works best in the specific context
- etc. can usually be avoided. Try using 'for example' or 'such as' or 'like' or 'including'. Never use etc. at the end of a list starting with these words
- i.e. - used to clarify a sentence – is not always well understood. Try (re)writing sentences to avoid the need to use it. If that is not possible, use an alternative such as 'meaning' or 'that is'.

Hyphenation

Hyphenate:

- re- words starting with e, like re-evaluate
- co-ordinate
- co-operate

Do not hyphenate:

- reuse
- reinvent
- reorder
- reopen
- email

Do not use a hyphen unless it's confusing without it, for example, a little used-car is different from a little-used car. If in doubt, check the Oxford English Dictionary for Writers and Editors.

Italics

Do not use *italics*. Use 'single quotation marks' if referring to a document, scheme or initiative.

Lists

Lists should be bulleted to make them easier to read.

Numbers

Use 'one' unless you're talking about a step, a point in a list or another situation where using the numeral makes more sense: 'in point 1 of the design instructions', **Or:**

Write all other numbers in numerals (including 2 to 9) except where it's part of a common expression like 'one or two of them' where numerals would look strange.

If a number starts a sentence, write it out in full (Thirty-four, for example) except where it starts a title or subheading.

For numerals over 999 - insert a comma for clarity: 9,000

Ordinal numbers

Spell out first to ninth. After that use 10th, 11th and so on. In tables, use numerals throughout.

References

References should be easy to understand by anyone, not just specialists. If the reference is available online, insert a link as a footnote.

Semicolons

Do not use semicolons as they are often mis-read. Long sentences using semicolons should be broken up into separate sentences instead.

Sentence length

Do not use long sentences. Check sentences with more than 25 words to see if you can split them to make them clearer.

Spaces

One space after a full stop, not 2.

Words to avoid

Avoid using these words:

- agenda (unless it's for a meeting)
- advancing
- collaborate (use working with)
- combating
- commit/pledge (we need to be more specific - we're either doing something or we're not)
- countering
- deploy (unless it's military or software)
- dialogue (we speak to people)
- disincentivise (and incentivise)
- empower
- facilitate (instead, say something specific about how you're helping)
- focusing
- foster (unless it's children)
- impact (do not use this as a synonym for have an effect on, or influence)
- initiate
- key (unless it unlocks something. A subject/thing is not key - it's probably important)
- land (as a verb only use if you're talking about aircraft)
- leverage (unless in the financial sense)
- liaison
- Must – only use if there is a legal duty to apply a recommendation, or the consequences of not following a recommendation are extremely serious (death).
- overarching
- progress (as a verb - what are you actually doing?)
- promote (unless you're talking about an ad campaign or some other marketing promotion)
- robust
- slimming down (processes do not diet)
- streamline
- strengthening (unless it's strengthening bridges or other structures)
- tackling (unless it's rugby, football or some other sport)
- transforming (what are you actually doing to change it?)
- utilise

Avoid using metaphors – they do not say what you actually mean and lead to slower comprehension of your content. For example:

- drive (you can only drive vehicles, not schemes or people)
- drive out (unless it's cattle)
- going forward (it's unlikely we are giving travel directions)
- in order to (superfluous – do not use it)
- one-stop shop (we are not a retail outlet)
- ring fencing.



GIG
CYMRU
NHS
WALES

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

Specialised Services: CPL-025

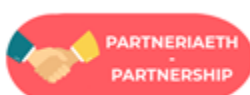
Equality Impact Assessment Policy (EQIA)

June 2022

Version 1.0



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION

Document information	
Document purpose	Policy
Document name	Equality Impact Assessment Policy
Author	Welsh Health Specialised Services Committee
Publication date	TBC
Commissioning Team	Medical Directorate
Description	This document provides guidance when completing an Equality Impact Assessment (EQIA) on all new and revised policies and activities.
Document No	CPL-025
Review Date	TBC

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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) aims to eliminate unlawful discrimination that is prohibited by the Equality Act 2010¹, and to reduce inequality of outcomes for people who experience socio-economic disadvantage in accordance with sections 1-3 of the Equality Act 2010¹.

WHSSC are committed to promoting equality in all its activities for those that share a relevant protected characteristic and those that do not in accordance with the Public Sector Equality Duty².

Relationship with other documents

This document should be read in conjunction with the following documents:

- Policy for the development, review and update of WHSSC policies: Policy for policies, CPL-024 (In development)
- Developing WHSSC clinical policies: Process and Methods, CPL-026, (under review)

¹ [Equality Act 2010](#)

² [The Equality Act 2010 \(Specific Duties\) Regulations 2011](#)

1. Introduction

This document has been developed to provide guidance and advice on conducting an Equality Impact Assessment (EQIA). It also explains how the Welsh Health Specialised Services Committee (WHSSC) should pay due regard to reduce inequality of outcomes for people who experience socio-economic disadvantage when making decisions of a strategic nature, including the development of any type of policy, service or performing an activity.

An EQIA is a systematic way of ensuring that WHSSC treats everyone equally without discrimination.

1.1 What is discrimination

Direct discrimination is where someone is treated differently, less favourably or put at a disadvantage because of their protected characteristics, which is unlawful under the Equality Act 2010³.

Indirect discrimination is where everyone appears to be treated equally, but those people with certain protected characteristics are treated less favourable.

Discrimination also includes **discrimination by association**, this is when a person is treated worse than another person because of who they are connected to. **Discrimination by perception** is when a person is thought to have a protected characteristic but they don't.

1.2 Protected Characteristic

The different groups covered by the Equality Act 2010³ are referred to as protected characteristics, which are:

- Age
- Disability
- Gender reassignment
- Marital Status/Civil Partnership
- Pregnancy and Maternity (including breastfeeding)
- Race
- Religion and belief
- Sex
- Sexual orientation

³ [Equality Act 2010](#)

Age

Age discrimination is where someone is treated differently because of their age (for example 27 year olds) or because they belong to a particular age group (for example, people under 30, 40-45 years, 55-65 years, over 70's or 80 years of age and over).

Disability

This discrimination is where someone is treated differently because they have a physical/mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities, such as using the telephone, reading a book or using public transport. This can also include:

- Visual impairments
- Hearing impairments
- Mobility impairments
- Long term health conditions (such as cancer)
- Mental health impairment (such as depression)
- Learning difficulties
- Dyslexia or dyspraxia
- Autism
- Unseen disability (such as diabetes).

Gender reassignment

This discrimination is where someone is treated differently because of a process of transitioning from one sex to another, and includes people who want to change their gender, whether they go through medical treatment or not.

Marital Status/Civil Partnership

This discrimination is where someone is treated differently because they are legally married or in a civil partnership.

Legal marriage

Includes where the marriage is recognised under UK law, even if the ceremony did not take place in the UK.

Civil Partnership

This is a civil partnership registered under the Civil Partnership Act 2004, and includes civil partnerships outside of the UK.

Discrimination against this characteristic can only take place at **work**. If someone is treated unfairly due to being married or in a civil partnership outside of the workplace then it is **not** unlawful discrimination.

Pregnancy and Maternity (including breastfeeding)

This discrimination is where someone is treated unfavourably or victimised within a 'protected period' because a person is:

- pregnant
- has a pregnancy-related illness
- is on maternity leave

The protected period is from the start of a pregnancy to the end of maternity leave. If a person is not entitled to maternity leave, then the protected period ends 2 weeks after the birth.

Treating someone differently because they have taken maternity leave is pregnancy discrimination. Treating someone differently because they are breastfeeding (which is now protected under law) is sex discrimination.

It counts as sex discrimination if someone is treated unfavourably outside the protected period because they have a child. It's also sex discrimination if a person is treated less favourably outside the protected period because they have postnatal depression.

Race

This discrimination is where someone is treated differently because of their:

- Colour
- Nationality
- Ethnic origin
- National origin

This can also include belonging to a racial group, where people share the same colour, nationality, ethnic or National origin.

Nationality

This includes a person who has citizenship, membership of a particular nation, such as, British, American or Indian.

National origin

This includes a person who has connection to a country or nation through their birth.

The English, Scots and Welsh are all considered national groups, this means a person can be discriminated against because they are English, Scottish or Welsh.

Ethnic origin

An ethnic group is a group of people who share the same history and cultural traditions, they may also share one or more of the following:

- Language
- Religion
- Literature
- Geographical origin
- Be an oppressed group
- Be a minority

This also includes, Irish Travellers, Jews, Romany Gypsies and Sikhs.

Gypsy or Traveller

The travelling community are people who live a nomadic lifestyle, and are known as Gypsies and travellers.

Some gypsies and travellers are protected against discrimination on the basis of their ethnic origins, and includes Romany gypsies and travellers that have moved into settled accommodation. Gypsies and travellers that have not been recognised as ethnic groups by a court are not protected against race discrimination.

The travelling community includes:

- Romany Gypsies
- Irish Travellers
- Scottish Gypsies and Travellers
- Welsh Gypsies and Travellers
- New Travellers or New Age Travellers
- Bargees and other people living on boats
- Fairground and circus families, known as travelling showmen.

Religion and belief

This discrimination is where someone is treated differently due to their faith or beliefs, and includes both religious and non-religious beliefs (philosophical).

Religion

This includes belonging to an organised religion, specific denomination or sect within religion, for example:

- Islam
- Christianity
- Judaism
- Sikhism
- Buddhism

- Hinduism
- Rastafarianism
- Scientology
- Paganism
- Protestants, Methodist or Jehovah's Witnesses within Christianity
- Sunis or Shi'as with Islam
- Orthodox or Reform Judaism

Religious Beliefs

This includes a person's belief in a religion, central article of faith or belief which exist within a religions but not shared by everyone in the same religion, such as, some Christians wearing a cross as a symbol of faith, belief within Islam that a women should cover her hair or whole body.

Non-Religious belief/philosophical belief

This includes a person belief in things such as humanism, secularism and atheism, the belief must be acceptable in a democratic society and not conflict with the fundamental rights of others.

Sex

This discrimination is where someone is treated differently because they are either binary (man or a woman of any age (so includes girls and boys) or are gender diverse, including non-binary, trans-feminine, trans-masculine, Genderqueer, non-gender, intersex and others.

Sexual orientation

This discrimination is where someone is treated differently because they are sexually attracted to:

- People of your own sex (gay or lesbian)
- People of the opposite sex (heterosexual)
- People of both sexes (bisexual)
- People regardless of their gender (pansexual)
- People whose sex and gender match Cisgender (cis)

Or they have little or no sexual attraction (Asexual)

1.3 Socio-Economic Duty

The socio-economic duty (Part 1, Section 1 of the Equality Act 2010⁴) requires public bodies, such as the NHS to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social background.

This duty came into force in Wales on 31st March 2021, and aims to reduce inequality for people who experience socio-economic disadvantage.

⁴ <https://www.legislation.gov.uk/ukpga/2010/15/section/1>

There are three sections to the duty:

- Section 1: Sets out the Duty itself.
- Section 2: Confers a power on the Welsh Ministers to make regulations to amend section 1(3) of the 2010 Act¹⁷. This includes the power to add Welsh public bodies to which the Duty will apply.
- Section 3: Makes clear that the Duty will not create any new justiciable rights for individuals.

The Duty (Section 1)

The socio-economic duty states:

- “When making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage”.

The duty requires WHSSC to pay due regard to reducing inequalities of outcomes caused by socio-economic disadvantage when making new or revising previous strategic decisions such as deciding priorities and setting objectives.

Key terms of the socio-economic duty

Decisions of a strategic nature

Strategic decisions are defined as key high level decisions that set out how the organisation goes about its business. These can be decisions on reform or improving outcomes for services users. They can include decisions about setting priorities and targets, allocating resources, and commissioning services.

Examples of strategic decisions are:

- Strategic directive and intent.
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions.
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans).
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy).
- Changes to and development of public services.
- Strategic financial planning.
- Major procurement and commissioning decisions.
- Strategic policy development.

Due regard

This places a duty on either an individual or corporate body to 'have regard' to certain circumstances when making a decision. The requirements of the duty to reduce unequal outcomes from socio-economic disadvantage need to be considered against the objectives of the decision.

Socio-economic disadvantage

Socio-economic disadvantage means people living in less favourable social and economic circumstances than others in the same society. It includes people on a low income and living in a deprived area. It also applies to particular communities of place, communities of interest and individual households. People in lower socio-economic groups are more likely to have long-term health conditions, and these conditions tend to be more severe than those experienced by people in higher socio-economic groups

Communities of interest

These can be people who share an identity such as

- lone parents
- carers
- a common first language
- one or more of the protected characteristics listed in section 1.2
- young people leaving care
- disabled people.

Communities of interest can also be people who share an experience, such as people who are:

- homeless or have experienced homelessness
- part of the same local health and social care system
- part of the same local service.

People are likely to be part of several communities of interest.

Communities of place

These are people that share a geographical location, such as where they live, work, visit or otherwise spend a substantial portion of their time.

Examples of communities of place are:

- People living in deprived areas, with poor housing, education and unemployment.
- People with shared protected characteristics, for example, age, sex, race, sexual orientation or disability.
- Vulnerable groups of society, such as:
 - the vulnerable
 - Migrants

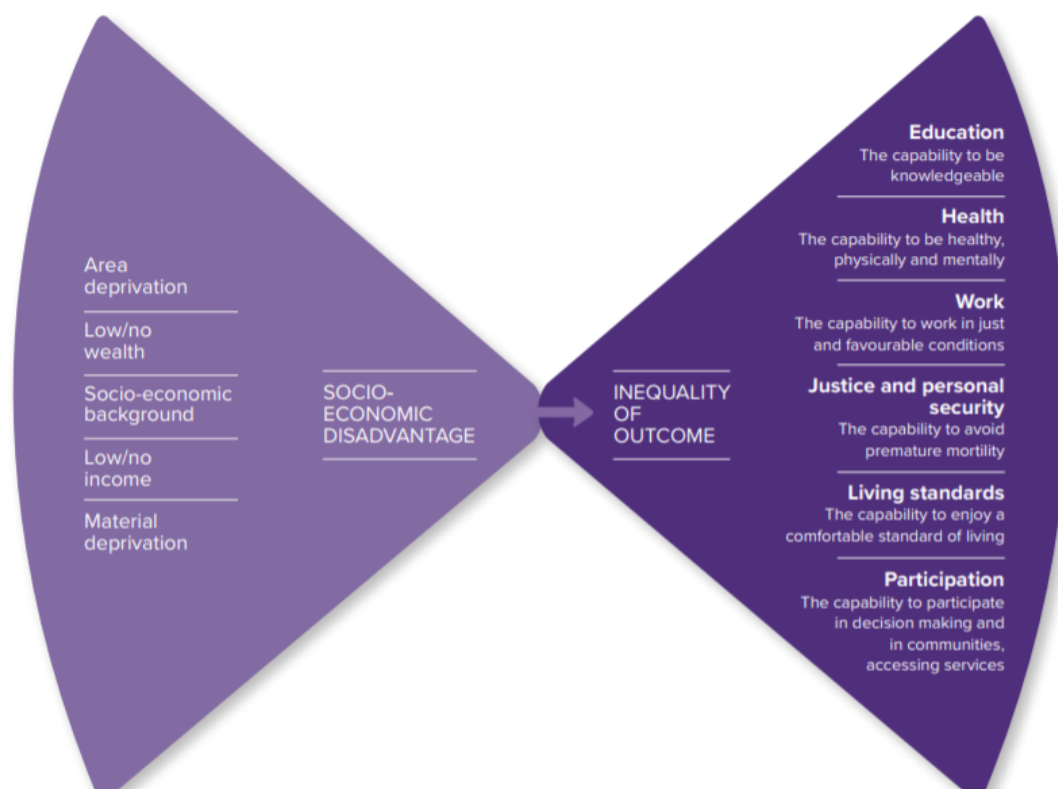
- Gypsy, Roma and Traveller communities
 - rough sleepers and homeless people
 - sex workers
- Geography, which can be categorised into three types:
 - Rural: where houses are spread very far apart, such as farmland, and people may need to travel further for amenities and healthcare, with limited transport links.
 - Urban: located in cities, and people have greater access to amenities and health care, and have better access transport links and jobs.
 - Suburban: a mixture of urban and rural, where people normally have to travel for some amenities or transport links.

Inequality of Outcome

Inequality of outcome is any measurable difference in outcomes between those who have experienced socio-economic disadvantage and the rest of the population (See figure 1).

Measureable differences can include:

- Lower life expectancy due to a deprivation, which can be measured by levels of income, employment, education and local levels of crime.
- Inequitable access to healthcare, and availability of treatments, such as the availability of services that are timely, appropriate, sensitive and easy to use can lead to inappropriate or lower levels of care, these can be measured by travel distances, available transport available methods of communication, waiting times.
- Lower levels of quality of care and less patient satisfaction due to poorer experiences, outcomes and health status.
- Behavioural risk to health such as smoking rates, and wider determinants of health such as quality of housing.

Figure 1 - Socio-economic disadvantage as a determinant of unequal outcome⁵

To ensure due regard to the socio-economic duty and to reduce inequalities of outcome WHSSC will include this when undertaking an equality impact assessment.

1.4 Welsh Language

The Welsh Language is not a protected characteristic and does not form part of the Equality Act 2010. The language is covered by its own specific legislation, which are the Welsh Language Act 1993⁶, the Welsh Language Measure 2011⁷ and the Welsh Language Standards 2018⁸. However, to ensure that Welsh speakers are treated equally WHSSC will include this when undertaking an equality impact assessment.

1.5 All Wales

The policies, services or activities WHSSC develop impact on the population of Wales. To ensure equity between South, West, Mid and North Wales, WHSSC will include this when undertaking an equality impact assessment.

⁵ <https://gov.wales/sites/default/files/publications/2021-03/a-more-equal-wales.pdf>

⁶ [Welsh Language Act 1993](#)

⁷ [Welsh Language \(Wales\) Measure 2011](#)

⁸ [The Welsh Language Standards \(No. 7\) Regulations 2018](#)

1.6 Human Rights

Human rights are covered by The Human Rights Act 1998⁹ which sets out the fundamental rights and freedoms that everyone in the UK is entitled to under the European Convention on Human Rights.

The Human Rights Act came into force in the UK in October 2000. The Act has three main effects:

- Justice can be sought in a British Court or tribunal if a European Convention right is violated
- Public Bodies must not act in a way that is incompatible with the European Convention
- Law must be compatible with European Convention rights

As a public body the NHS must treat people with respect and protect their human rights. These rights are set out in a series of 'Articles', those articles that are relevant to the NHS are:

- Article 2 Right to life
- Article 3 Freedom from torture and inhuman or degrading treatment
- Article 5 Right to liberty and security
- Article 6 Right to fair trial
- Article 8 Respect private and family life, home and correspondence
- Article 11 Freedom of assembly and association
- Article 12 Right to marry and found a family

The Equality and Human Rights Commission (EHRC) is a statutory non-departmental public body that was established by the Equality Act 2006. This commission operates independently to challenge discrimination, promote equality of opportunity and protect human rights.

To ensure these rights have been considered WHSSC will include these when undertaking an equality impact assessment¹⁰.

⁹ [Human Rights Act 1998](#)

¹⁰ [Home Page | Equality and Human Rights Commission](#)

2. What is an Equality Impact Assessment (EQIA)

An EQIA considers the impact of WHSSC activities or policies across all the protected characteristics and the impact they may have on people living in less favourable social and economic circumstances.

The aim of the EQIA is to:

- Understand the effects of a policy, service or activity by assessing the impacts on different groups of people
- Help identify any adverse impacts that may be made, and take action to remove or mitigate them to ensure all communities and groups are equally served
- Identify opportunities to promote equality through the changes
- Ensure that all decisions/recommendations are proportionate, transparent and based on evidence with clear reasoning
- Identify any inequalities of outcome which may result from socio-economic disadvantage.

2.1 When should an EQIA be completed

The EQIA should be undertaken when a need for a new policy, service or activity is identified, or when an existing one is reviewed. This should initially be assessed and documented at the scoping stage, and then should be reviewed at all subsequent stages of development, including validation and publication.

2.2 Who should complete the EQIA

The EQIA should be carried out by the lead developer. The Executive Lead should review this EQIA to ensure it has been completed objectively. In some cases, involving communities affected by the changes in writing the EQIA will be appropriate.

2.3 Consultation and Validation of the EQIA

The EQIA should be submitted to the appropriate approval committee (WHSSC Policy Group or WHSSC Corporate Directors Group) alongside the scope for approval of policy development and, then with the policy at the consultation and validation stage.

2.4 Stages of Equality Impact Assessment

There are two stages of the equality impact assessment process:

- **Stage 1** - screening to identify if there are any equality/socio-economic issues
- **Stage 2** – conducting a full, in depth assessment of the impact on one of the more of the protected characteristics, or socioeconomic disadvantage, only if a negative issue is identified at Stage 1.

Stage 1: Equality Impact screening

Through answering a series of questions, this stage helps to identify the potential differences a policy, service or activity will have for people or groups with protected characteristics or at socio-economic disadvantage.

This process of screening can highlight whether those differences are likely to have a positive, negative or neutral impact on the protected characteristics or inequalities of outcomes and can help determine the outcome of the impact as shown in table 1.

The EQIA screening form (appendix 1) should be completed at the scoping stage, using the information documented in the scope. The screening form should be reviewed and updated as necessary throughout policy development. A final draft version should be included in stakeholder consultation, and the final version should be published alongside the policy.

When completing the EQIA screening form consider what aspects of the policy, service or activity are relevant to the protected characteristics, or socio-economic duty, including:

- What is the aim of the policy?
- Who is the policy for?
- What evidence has been considered in preparing for the decision, are there any gaps in the evidence?
- What does the evidence reveal about people and groups with protected characteristics including socio-economic disadvantage?
- What are the potential impacts of the policy on people with protected characteristics or experiencing socio-economic disadvantage, especially regarding inequalities of outcomes, will it reduce or increase them?
- Are some communities of interest or communities of place more affected by disadvantage by this policy than others?
- Could the policy be improved so it reduces the impact on people with protected characteristics or reduce the inequalities of outcome?
- How will the views and experiences of people experiencing socio-economic disadvantage be used to inform decisions within the policy?

Table 1: Impact and Outcomes of stage 1 - screening

Negative impact	The policy, service or activity may result in inequalities or discrimination for one or more of the protected characteristics.	A full EQIA is needed (Stage 2)
Neutral impact	The policy has no specific impact or relevance to equalities or and has no impact on any of the protected characteristics (this is an unlikely outcomes of a change to service or policy)	No further action is needed
Positive impact	The policy has a positive impact on one or more of the protected characteristics, or there is an improvement in the relationship between people who share the same protected characteristic.	No further action is needed

Stage 2: full equality impact assessment

A full EQIA is conducted when a negative impact has been identified at the screening stage.

Action to be taken at this stage:

- Review current evidence to see if the negative impact can be justified or changed.
- Gather additional evidence (if necessary) to see if the negative impact can be justified or changed.

Any action to be taken should be planned and monitored until a final outcome has been reached.

The outcomes of this stage are shown in table 2.

The full equality impact assessment form (appendix 2) should be used for this stage and the final version of this together with the final version of the screening document is to be included at stakeholder consultation.

Completed equality impact assessments should be available under freedom of information (FOI) requests¹¹, all evidence used to complete the assessment should be filed with the completed assessment.

¹¹ [How to make a freedom of information \(FOI\) request: Overview - GOV.UK](https://www.gov.uk/guidance/how-to-make-a-freedom-of-information-foi-request)

Table 2: Outcomes of stage 2 – full impact assessment

Continue	The EQIA identified the potential for a negative impact or discrimination. However, these can be clearly justified and the policy can continue. This justification should be documented in the EQIA.
Adjust	The EQIA identified a potential problem or missed opportunities, and the policy was adjusted to remove any discrimination.
Stop	The policy shows actual or potential for unlawful discrimination, which cannot be justified, and therefore the development must be stopped and changed or removed/abandoned.

2.5 Evidence to inform the EQIA

Evidence that will inform the development of the policy, service or activity can be used to inform the EQIA.

This includes evidence from formal reviews that have been carried out by organisations such as, Health Technology Wales, Cedar, NICE, AWMSG, NHS England and any other published sources that inform development.

Evidence used to develop the scope should be used to inform the EQIA, as this will include information on the population or local community that is affected by the policy, service or activity.

Other relevant sources of information for equalities are:

- [Public Health Wales Observatory](#)
- [Office for National Statistics](#)
- [Welsh Government Statistics](#)
- [World Health Organisation \(WHO\)](#)
- [Census](#)
- [Chief Medical Officer annual report](#)
- [Patient Episode Database for Wales \(PEDW\)](#)
- [Quality Outcome Framework \(QOF\)](#)
- [MAIR](#)
- [Welsh Health Survey](#)

Information from regional population needs wellbeing needs assessment¹², which are completed as part of the Social Services and Well-being Act 2014¹³ can also be used when completing the EQIA.

Relevant sources of data for information on socio-economic disadvantage are:

- [The Equality and Human Rights Commission measurement framework for equality and human rights](#)
- [The Equality and Human Rights Commission's report Is Wales Fairer](#)
- [Public Sector Equality Duty](#)
- [The Welsh Government's Future Trends report](#)
- [The Welsh Government's Well-being of Wales Report](#)
- [Chwarae Teg's Gender Equality Review](#)
- [Older Peoples Commissioner for Wales State of The Nation Report](#)
- [Children's Commissioner for Wales Reports](#)
- [StatsWales](#)
- [Office for National Statistics](#)
- [Relative Income Poverty \(Households Below Average Income\)](#)
- [Persistent Poverty](#)
- [Wellbeing and Finances, including Material Deprivation \(National Survey for Wales\)](#)
- [Office for National Statistics Income and Wealth data](#)
- [The Welsh Index of Multiple Deprivation \(WIMD\)](#)
- [Joseph Rowntree Foundation Poverty in Wales Series](#)
- [Well-being of Future Generations \(Wales\) Act](#)

¹² [Population needs assessment 2021 to 2022 | GOV.WALES](#)

¹³ [Social Services and Well-being \(Wales\) Act 2014](#)

3. Evidence used to inform this policy

The following documents have been used to inform this policy:

- [Equality Act 2010](#), UK Government
- [The Equality Act 2010 \(Specific Duties\) Regulations 2011](#), UK Government
- [Equalities Impact Assessment Guidance](#), Equality and Human Rights Commission, Wales.
- [Equality Impact Assessment in Wales Practice Hub](#), NHS Wales
- [Equality Impact Assessment Policy \(2015\)](#), Cwm Taf Morgannwg University Health Board

4. Date of Review

This document will be reviewed in TBC or when information is received which indicates that the policy requires revision.

Appendix 1 - Equality Impact Screening Form

EQIA Screening Form			
Policy Name			
Version		Date	
Brief description of what is being screened			
Protected Characteristic	Negative Impact	Neutral Impact	Positive Impact
Age			
Disability			
Gender reassignment			
Marital Status/Civil Partnership			
Pregnancy and Maternity (including breastfeeding)			
Race			
Religion and belief			
Sex			
Sexual orientation			
Socio-economic duty			
Welsh Language			
All Wales			
Human Rights			
A full equality impact assessment must be undertaken for any negative impacts			
Date when consultation will take place			
From		To	
Completed by		Date	
Signed off by		Date	
Approved by		Date	
Were any issues identified at consultation that were not previously taken into account?			
Final version approved by		Date	

Appendix 2 – Full Equality Impact Assessment Form

EQIA Full Assessment Form			
The full assessment is undertaken when a negative impact is identified at screening			
Policy Name			
Version		Date	
Brief description of what is being assessed			
What Protected Characteristic (s) were screened as having a negative impact?			
Age		Disability	
Gender reassignment		Marital Status Civil Partnership	
Religion and belief		Pregnancy and Maternity (inc breastfeeding)	
Sex		Sexual orientation	
Socio-economic		Race	
Welsh Language		Human Rights	
All Wales			
After reviewing the evidence what was the outcome?			
Continue		Adjust	Stop
<p>Continue? Please enter a description of the reasons why include reference to evidence used.</p> <p>Adjust? Please enter a description of what has been changed and why and include reference to evidence used</p> <p>Stop? Please enter the reasons and the next course of action that is being taken</p>			

Date when consultation will take place			
From		To	
Completed by		Date	
Signed off by		Date	
Approved by		Date	
Were any issues identified at consultation that were not previously taken into account?			
Final version approved by		Date	



Report Title	Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age			Agenda Item	3.8
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Public				
Author (Job title)	Specialised Planning Manager – Women and Children				
Executive Lead (Job title)	Managing Director				
Purpose of the Report	The purpose of the report is to seek support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): <ul style="list-style-type: none">• Note the report; and• Support the preferred option identified within the report.					

COMMISSIONING OF DRUGS AND TREATMENT FOR PATIENTS AGED BETWEEN 16 AND 18 YEARS OF AGE

1.0 SITUATION

The purpose of the report is to seek support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.

A number of new drugs and treatments have recently been approved by the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG) for both children and adults, which have highlighted an issue affecting young adults aged 16-18 years. Up to the age of 16 years children would normally access these treatments via WHSSC commissioned paediatric services. WHSSC however does not commission the adult services that would normally prescribe or deliver these treatments. There is however ambiguity regarding the commissioning responsibility for young adults (16- 18 years) who would typically be looked after by adult services. WHSSC is therefore seeking to establish a clear position to include within all relevant policy position statements.

2.0 BACKGROUND

A number of new high cost drugs and treatments have recently been approved by NICE for children and adults, including Nusinersen¹, Risdiplam² and Tofacitinib³. These treatments are delivered by the Neurology and Rheumatology services respectively for which only the paediatric service element is commissioned by WHSSC. The adult services are the responsibility of Health Boards (HB's).

The following national guidance is available in the recently published Transition and Handover Guidance (February 2022) from Welsh Government⁴:

- **Children's Health Services** - The service providing healthcare to the infant, child and young person, including all providers in the primary, secondary, tertiary and community care setting. Children's health services generally care for children up to the 16th birthday; and
- **Adult Health Services** - The services providing healthcare to adults from the 18th birthday, including all providers in the primary, secondary, tertiary and community care setting.

¹ [Nusinersen for treating spinal muscular atrophy, NICE TA588](#)

² [Risdiplam for treating spinal muscular atrophy, NICE TA755](#)

³ [Tofacitinib for treating juvenile idiopathic arthritis, TA735](#)

⁴ [The Transition and Handover Guidance February 2022 \(gov.wales\)](#)

The guidance however goes on to note that the age for transition may occur after a child's 16 birthday depending on the treatment plan, co-morbidities and the individual patient and family views.

Recent formal consultations carried out as part of WHSSC policy development for the above mentioned treatments have resulted in numerous stakeholders raising the issue of the commissioning responsibility for patients aged between 16 and 18 years.

3.0 ASSESSMENT

The WHSS team consider a standardised approach is required in order to ensure consistency and the equitable access to such high cost treatments and drugs. A number of options have been identified and these are set out below. The WHSS Team preferred option is **option 3** which aligns best with the NHS core principles, in particular seeking to improve care and focus on wellbeing and prevention⁵, along with those set out in the Welsh Government Transition Guidance (2022). The three options are predicated on some children remaining under the care of paediatric services beyond their 16th birthday and up until they are aged 18 years, but no new patients entering paediatric services once they are aged 16 years.

Option 1 – Where WHSSC has the commissioning responsibility for the Paediatric Service which would normally prescribe or deliver the treatment but not for the adult service, WHSSC will fund the drugs or treatment up to the age of 18 years, irrespective of whether the drug was initiated before the age of 16 years. There will however be no additional support for the infrastructure required for the administration of the drug or treatment as the service sits outside of the commissioning arrangements of WHSSC. WHSSC's only responsibility for young adults 16-18 years will therefore be for drug or treatment costs.

Option 2 – Where WHSSC has the commissioning responsibility for the Paediatric Service which would normally prescribe or deliver the treatment but not for the adult service, WHSSC will fund the drugs or treatment up to the age of 16 years. Where a patient remains under the care of the paediatric services beyond the age of 16 years drug and treatment costs will transfer to the HB.

Option 3 – Where WHSSC has the commissioning responsibility for the Paediatric Service which would normally prescribe or deliver the treatment but not for the adult service, WHSSC will fund the drugs or treatment up to the age of 18 years but only as long as the young adult remains within the paediatric

⁵ [NHS Core Principles leaflet.pdf \(wales.nhs.uk\)](https://www.wales.nhs.uk/sites/default/files/2022/07/NHS_Core_Principles_leaflet.pdf)

service. When the patient transitions to the adult service drug or treatment costs will then transfer to the HB.

WHSST suggests that any option will be for all new drugs and treatment only, all historic arrangements will remain in place until the policy that underpins the treatment is due for review.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Support** the preferred option identified within the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Effective Care
Principles of Prudent Healthcare	Only do what is needed Reduce inappropriate variation Care for Those with the greatest health need first
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The new drugs and treatment approved by the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG) for both children and adults are subject to rigorous scrutiny and evaluation to ensure effective quality, safety and patient experience.
Finance/Resource Implications	This report seeks clarification on the source of funding for drugs for young adults between 16 and 18 years of age.
Population Health	No adverse implications identified arising from this report.
Legal Implications (including equality & diversity, socio economic duty etc)	This report give due consideration to the legal framework for controlled drug use and treatments for 16 to 18 years olds.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	5 July 2022 – CDGB - Discussed and supported for submission to JC 12 July.
Appendices	-



Report Title	Supporting Ukrainian Refugees with Complex Health Needs			Agenda Item	3.9
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Open/Public				
Author (Job title)	Director of Health & Wellbeing Population Health Directorate Health and Social Services Group Welsh Government, Specialised Planning Manager for Vulnerable Groups				
Executive Lead (Job title)	Managing Director				
Purpose of the Report	The purpose of this report is to set out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeks approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">• Note the information presented within the report; and• Approve the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.					

SUPPORTING UKRAINIAN REFUGEES WITH COMPLEX HEALTH NEEDS

1.0 SITUATION

The purpose of this report is to set out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeks approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

2.0 BACKGROUND

Wales is a nation of sanctuary and is committed to welcoming and supporting those fleeing the conflict in Ukraine. In June 2022, WHSSC were approached by Welsh Government (WG) regarding the complex health needs of Ukrainian refugees arriving in Wales. To date, over 3,000 visas have been issued to Ukrainians to resettle in Wales through the approved schemes.

Ukrainians with settled family in Wales can apply to enter Wales via a Ukraine Family Scheme visa. Ukrainians who do not have settled family in Wales can apply for a visa under the Ukraine Sponsorship Scheme (also known as 'Homes for Ukraine'). There are two routes under the Homes for Ukraine scheme, an individual sponsorship route, where arrivals are sponsored by individual Welsh residents who put themselves forward; and a 'super sponsorship' route where arrivals are sponsored by WG. The super sponsor route is currently paused to new applications due to accommodation capacity.

As of 29 June 2022, numbers under the Homes for Ukraine scheme were as follows:

	Confirmed applications	Visas issued	Estimated arrivals
Individual	3,752	3,077	2,091
Super-Sponsor	5,165	4,204	1,303

Regardless of the route of entry, arrivals are provided with wrap around support, including initial health assessments and screening. Assessments cover identification of ongoing health needs, immunisation catch ups as necessary, screening for particular conditions, support in navigating the health system in Wales, and onward referral to other services as necessary. Arrivals are eligible for free access to healthcare for the duration of their stay (up to three years). Models of delivery of the health assessments differ depending on scheme and, to some extent, locality.

The UK Government does not currently provide any additional funding for health costs, which are being met from within existing HB budgets. There is the

possibility that some individuals who have been granted visas and plan to travel to Wales will have complex health (and broader) needs such that assessments are needed prior to their travel to determine the most appropriate package of care. The assessment may determine that their care needs are best met in a particular location in Wales, either because of a rare condition requiring specialist care or because of the requirements of the likely community care package.

Numbers are likely to be very small – of the arrivals to date there are only two such cases that have come to the attention of WG.

3.0 ASSESSMENT

WHSSC already works with WG, Public Health Wales (PHW), the Welsh Strategic Migration Partnership and the Home Office on a health pathway for Syrian and Afghan Refugees to advise cases to determine if complex health needs can be met in Wales and in what setting (i.e. a tertiary centre, a District General Hospital or in primary care with community support) to ensure they are resettled close to where they can be treated.

Based on this proven approach, WHSSC has been asked to support the establishment of a consistent process to assess the health needs of Ukrainian refugees that are flagged as having complex health needs **prior to travel**. The need to fund high cost health care needs has also been highlighted. WG will identify a suitable organisation to manage the housing needs separate to this proposal.

The proposal is for WHSSC to:

- Support the identification of a HB to undertake the virtual assessment prior to travel. There is no budget for this but given the low number of cases, WG will consider to fund a provider on a sessional basis,
- Utilise the WHSSC network of Clinical Gatekeepers to seek advice on complex cases and link Clinicians with the individuals to prepare for their arrival via the government call centre and translation service (case history, potential links with previous Clinicians where possible),
- Advise the housing organisation where health needs can be met to inform the Local Authority they will be resettled in,
- Through financial risk sharing, reimburse HB's where ongoing health needs are likely to exceed an annual limit of £20,000 per annum. This was the agreed limit that was established in the case of Syrian refugees and broadly aligns to the average unit costs seen in specialised services. The excess costs will be managed within the current funding baselines in year, offsetting against non-recurrent slippage and reserves; and
- Take on full commissioning responsibility for any care that is within its current commissioning remit.

There is a risk that WHSSC will not be able to identify a HB to provide the virtual assessment prior to travel and may need to seek support from members at a later date to resolve.

There is also a risk that numbers will be higher than anticipated, however WHSSC will monitor the activity closely and raise capacity issues with WG as appropriate.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report; and
- **Approve** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	N/A This is a Welsh Government Strategic Priority
Health and Care Standards	Timely Care Governance, Leadership and Accountability Choose an item.
Principles of Prudent Healthcare	Choose an item. Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	None identified
Finance/Resource Implications	Through financial risk sharing, WHSSC will reimburse health boards where ongoing health needs are likely to exceed an annual limit of £20,000 per annum. WHSSC will also take full commissioning responsibility for any care that is within its current commissioning remit. Given the low numbers anticipated, WHSSC will provide support from existing resource.
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	None identified
Long Term Implications (incl WBFG Act 2015)	Non identified
Report History (Meeting/Date/ Summary of Outcome)	Not applicable
Appendices	-



Report Title	Proposal for WRCN Name Change			Agenda Item	3.10
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Open				
Author (Job title)	WRCN Network Manager				
Executive Lead (Job title)	Director of Finance, WHSSC				
Purpose of the Report	The purpose of this report is to inform the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.				
Specific Action Required	RATIFY <input checked="" type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and
- **Ratify** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

PROPOSAL FOR WRCN NAME CHANGE

1.0 SITUATION

The purpose of this report is to inform the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.

2.0 BACKGROUND

The WRCN has a proud history of effecting positive change in services delivered for people with kidney disease in Wales. The WRCN logo and name is well known across the network of health care professionals, however is not so well known amongst patients receiving care and people seeking information about chronic kidney disease and the treatment options available to them.

As we move into a more digital arena coupled with the strategic aim of the network to promote the uptake of home dialysis, it is important that the terminology used to describe the care and service is more aligned with language used by patients and carers. Most patients identify with the term 'kidney' rather than 'renal', and the word 'clinical' indicates that it is only hospital based care that is available.

Most kidney care organisations both within the NHS and externally such as Professional Bodies and Charity partners have adopted the term 'kidney' to be the key descriptor of their purpose. The most recent example of this being the merger of the British Renal Association with the Renal Registry to form the UK Kidney Association.

All members of the network management team and Board were asked to consider this to determine if the network should change its name to be more reflective of this move to plain language.

3.0 ASSESSMENT

The engagement process to request preferences for the proposed name change involved a voting system requested that they note their first, second and third choice, with corresponding weightings of 3 points for first choice, 2 for second and 1 for third of the list of options:

- No change – remain WRCN
- Welsh Kidney Network
- Welsh Kidney Care Network
- Welsh Kidney Clinical Network
- Welsh Kidney Community Network, or
- to suggest an alternative.

Only one alternative option was received (as a second choice) which was 'Welsh Network for Kidney Care'.

The majority of respondents were in favour of changing the network name with only four out of 20 suggesting no change as their first choice.

The full weighted scores were:

Scores	
Welsh Kidney Network	36
No Change - Remain WRCN	16
Welsh Kidney Care Network	12
Welsh Kidney Clinical Network	8
Welsh Kidney Community Network	0

The most favoured name, receiving 10 first choice votes was 'Welsh Kidney Network' with one respondent stating that it is:

"Easy to remember and pronounce by all without clinical which makes no difference. I will take this opportunity to say we have also changed the name of our CKD Team in Bangor to Kidney Care Team (KCT) over 5 years ago. This has attracted positive feedback from patients as it is more friendly & acceptable rather than depressing chronic kidney disease"

The proposed change of name demonstrates use of plain language that resonates with patients and is anticipated that it will enable the new website to be easily accessed. This will build on the Network's ambition to ensure that the website is the trusted repository for all patient information and education, as well as a resource for health care professionals.

It was therefore agreed at WRCN Board on 6 June 2022 that the name of the network is changed to Welsh Kidney Network and that the network logo is updated to incorporate the new title and is reflected in the new WKN website, which is due to be launched later this year. Subject to Joint Committee ratification, all stakeholders will be notified of the change in writing and advised that the new name will be effective from 1 August 2022.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and
- **Ratify** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	The Renal Delivery Plan sets out the Welsh Government's expectations of the NHS in Wales to commission and deliver high quality patient centred care for anyone affected by CKD. It focuses on meeting population needs, improving access to services and reducing inequalities in outcomes across 7 themes: <ol style="list-style-type: none"> 1. Preventing the development of CKD 2. Early identification and management of CKD 3. Delivering fast, effective care 4. Meeting People's Needs 5. Caring at the end of life 6. Improving Information 7. Targeting research
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The change of name is anticipated to be more meaningful to patients.
Finance/Resource Implications	It is anticipated that the costs associated with the name change can be absorbed through routine administrative processes and by updating e-templates for corporate literature.
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	The 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.
Long Term Implications (incl WBFG Act 2015)	The WRCN is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	<p>6 June 2022 – WRCN Board – agreed to take report to JC for approval.</p> <p>10 May 2022 – Joint Committee - informed of the proposal under the WRCN Chairs report.</p>
Appendices	-



Report Title	Annual Committee Effectiveness Self-Assessment Results 2021-2022	Agenda Item	3.11		
Meeting Title	Joint Committee	Meeting Date	12/07/2022		
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to present an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan,
- **Note** the results from the Annual Committee Effectiveness Survey for 2021-2022,
- **Note** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022,
- **Note** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and
- **Note** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT RESULTS 2021-2022

1.0 SITUATION

The purpose of this report is to present an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.

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 stipulate 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."

The IGC plays a central role in the scrutiny of a number of key governance mechanisms for which it provides assurances to the Joint Committee (JC). The IGC is responsible for agreeing the organisation wide approach to the annual effectiveness self-assessment and for monitoring progress against any identified actions.

3.0 ASSESSMENT

3.1 Annual Committee Effectiveness Self-Assessment 2020-2021

In 2020-2021 due to work pressures and COVID-19 placing a tremendous strain on the Corporate Team, the survey questionnaires were disseminated in a word format via email to all members on 17 June 2021. Respondents were asked to complete and return their responses using a yes/no and comment format.

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.

This IGC considered the feedback at its meeting on the 10 August 2021 and also considered other rich sources of assurance information to support the self-assessment process.

3.2 Progress against the Action Plan from the 2020-2021 Self-Assessment

The table in **Appendix 1** provides a summary of the agreed actions following last year's self-assessment with comments on progress. Positive progress has been made against each action.

Following the survey being issued, the Corporate Team reviewed the process adopted and felt that it was not a particularly user-friendly approach as it required manual reporting of the submitted data and responses, and that the questions could be strengthened. Therefore, a different approach was used for the 2021-2022 self-assessment.

4.0 ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT 2021-2022

For the 2021-2022 assessment, a survey was issued via email utilising MS forms on 29 March 2022 to enable an efficient yet effective reflection on committee effectiveness and which offered a consistent approach for all committees.

The survey questions were derived from best practice guidance, including the NHS Audit Handbook, and adhered to the following principles:

- the need for sub-committees to strengthen their governance arrangements and support the JC in the achievement of the strategic objectives,
- the requirement for a committee structure that strengthens the role of the JC in strategic decision making and supports the role of Independent Members in challenging executive management actions,
- maximising the value of the input from Independent Members , given their limited time commitment, and
- supporting the JC in fulfilling its role, given the nature and magnitude of the WHSSC agenda.

A number of standard questions were included in the survey questionnaires to all committee members. In addition, the Chairs of each sub-committee meeting were also invited to consider some bespoke and individual questions for their sub-committee members to consider.

The findings of the surveys are presented at **Appendices 2-7**.

Overall, the surveys received a positive response, and the findings and feedback will be reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the IGC.

The individual Committee findings will be presented to each relevant sub-Committee for assurance.

In addition, the surveys have all been shared with the Chairs of the Committees/sub-committees and all of these sources of feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023, see **Appendix 8**.

5.0 OTHER SOURCES OF ASSURANCE

In order to obtain a broad view of the Committee's effectiveness, it is important to consider the additional mechanisms and tools, which are used in order to provide evidence that WHSSC's systems of internal control are working effectively or indeed not effectively. By using the tools to map the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified.

A summary of the sources of assurance are outlined at **Appendix 9**.

The various mechanisms and tools enable the information that is produced to be assessed in terms of its value thereby enabling any gaps in assurance to be identified and reported at an appropriate level and addressed where necessary.

6.0 OVERALL VIEW OF EFFECTIVENESS 2021-2022

Having considered all of the above, the overall findings of the survey are positive and there are effective systems of internal control in place to demonstrate assurance that demonstrates that the governance arrangements and Committee structure in place are effective, and that the sub-Committees are effectively supporting the Joint Committee in fulfilling its role.

7.0 RECOMMENDATIONS

Members are asked to:

- **Note** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan,
- **Note** the results from the Annual Committee Effectiveness Survey for 2021-2022,
- **Note** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022,
- **Note** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and
- **Note** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Integrated Governance 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.
Finance/Resource Implications	Not applicable
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	The WHSSC Standing Orders stipulates that: <i>"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."</i> The annual self-assessment exercise demonstrates compliance with the SO's. The SO's also states that the Joint Committee must have a development plan.
Long Term Implications (incl WBFG Act 2015)	Undertaking the annual self-assessment exercise supports WHSSC to work better together with partners.

Report History (Meeting/Date/ Summary of Outcome	<p>28 February 2022 – Integrated Governance Committee (IGC) - Note the progress made and endorse the plan for 2021-2022.</p> <p>7 June 2022 - Integrated Governance Committee (IGC) – received all results.</p>
Appendices	<p>Appendix 1 - Committee Effectiveness Survey Action Plan 2020-2021</p> <p>Appendix 2 – Joint Committee - Annual Committee Effectiveness Survey Results 2021-2022</p> <p>Appendix 3 – Management Group Survey Results 2021-2022</p> <p>Appendix 4 – Quality & Patient Safety Committee (QPSC) Survey Results 2021-2022</p> <p>Appendix 5 – Integrated Governance Committee Survey Results 2021-2022</p> <p>Appendix 6 - Individual Patient Funding Request (IPFR) Panel Survey Results 2021-2022</p> <p>Appendix 7 – Welsh Renal Clinical Network (WRCN) Survey Results 2021-2022</p> <p>Appendix 8 – Draft Joint Committee Development Plan 2022-2023</p> <p>Appendix 9 - Committee Effectiveness - Sources of Assurance</p>

APPENDIX 1

ANNUAL COMMITTEE EFFECTIVENESS SELF-ASSESSMENT 2020-2021

ACTION PLAN

Survey Feedback 2020-2021	Action Taken and Progress as at March 2022	Lead	RAG Status
Work plans could be more detailed	<p>The Committee work plans have been updated and this new approach has been in place since June 2021. Detailed work plans appear on the agenda for each JC, MG, QPS and IGC meeting. The work plans will form part of a suite of governance documents presented to JC in March 2022 for assurance.</p> <p>There is a need to consider the introduction of these work plans for the WRCN and IPFR committee meetings. There is some governance work being undertaken in relation to these sub-committees. This is part of a wider piece of work to ensure more consistency in approach with all the sub-committees.</p> <p>Completed in relation to JC, IGC, QPS and MG.</p> <p>WRCN and IPFR will be part of a wider sub-committee governance review, which should be completed by Q2 2022.</p>	Committee Secretary	Partially Completed

Links with sub-committees could be strengthened	<p>Each JC meeting receives a Chair's assurance report from each of the sub-committees, which provides an update on the business discussions of each sub-committee meeting. Each sub committee chair or executive lead is asked to present the sub-committee Chairs report to the JC and to outline any salient points during the meeting.</p> <p>To ensure effective governance the sub-committee ToRs are reviewed annually and the link between the sub-committees has been considered and strengthened for the 2022 review.</p> <p>Recommendation 1 referenced in the Audit Wales report "WHSSC Committee Governance Arrangements" made reference to strengthening the reporting to JC, with specific reference to the QPS committee and the need for an increased focus on quality at the JC. An update on progress against R1 was given to the JC 18 January and members noted the positive progress made. Feedback received from Audit Wales indicated positive progress in this area.</p>	Committee Secretary	Completed
Links with Health Boards could be strengthened	<p>After each JC and MG meeting Health Boards are routinely sent the meeting briefings, which provide a summary of the business discussion of the meeting. The JC briefing is included on HB Board agendas for information and assurance. In addition, the Board Secretaries group was recently added to the distribution list for the JC briefings and JC papers.</p> <p>The following links are in place with HBs:</p> <ul style="list-style-type: none"> • The Chair of WHSSC attends the NHS Wales Chairs Group and has regular 1 to 1 meetings with HB Chairs and CEOs, • The Managing Director attends the NHS Wales CEO meeting and has regular 1 to 1 meetings with HB CEOs, • WHSSC attend regular "Board to Board" or "Executive to Executive" meetings with each HB, although due to HB pressures during Covid this has proven difficult in the past two years for some HBs 	<p>Chair</p> <p>Executive Directors</p> <p>Committee Secretary</p>	Completed

	<ul style="list-style-type: none"> • WHSSC executive Directors attend: <ul style="list-style-type: none"> ○ Attend monthly peer group meetings, e.g. Directors of Nursing (DoN) group ○ regular 1 to 1 meetings with their HB counterparts, for example Director of Finance meets with HB DoFs • formal SLA meetings with Welsh providers • The Committee Secretary attends the NHS Wales Board Secretaries meeting and provides updates at the WHSSC issues, <p>QPS members receive the QPS Chairs report and escalation table after each JC meeting. The circulation list also includes QPS Chairs and quality leads within each of the HBs. In addition, Board Secretaries will from March 2022 be copied into QPS Committee Papers. WHSSC QPS Committee have invited Health Boards who act as providers to present on key topics, for example recently the Major Trauma Unit attended QPS to deliver a presentation.</p>		
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<p>When there is turnover in the membership it takes time for new members to settle in – has the improved induction process helped new members to settle into their role?</p>	<p>During the first quarter of 2021, WHSSC appointed two new IMs. The new WHSSC IMs have provided positive feedback on the induction they received and have settled well into their respective roles.</p> <p>There has been a turnover in the WHSSC QPS members and three new members have recently joined the WHSSC QPS Committee. Feedback from these new members will be obtained to ensure the induction process continues to meet the needs of members. By the end of June 2022, the QPS new members will have attended 2 committee meetings.</p> <p>When new HB CEOs, Chairs and Executive Directors are appointed WHSSC are proactive in meeting with them to provide them with an induction on the work of WHSSC and to maintain and develop HB relationships.</p>	<p>Executive Directors</p> <p>Committee Secretary</p>	<p>Completed</p>
<p>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</p>	<p>This was an action in the Audit Wales Governance review and has been comprehensively covered in the audit tracker.</p> <p>By way of a brief update – the information function within WHSSC has been strengthened. The WHSSC staffing structure has been reviewed to include a senior outcomes commissioner to design outcome systems and monitor and report outcomes.</p> <p>We have reviewed and analysed the business intelligence gathered from real-time monitoring and reporting of waiting times, demand monitoring compared to historical levels for high volume specialties and contract monitoring and developed a full information reporting system which provides monthly updates on delivery against historic activity levels, delivery against recovery plans, referral levels against plan and waiting list positions.</p> <p>We report our analysis and outcomes to the JC, Welsh Government and the MG as appropriate.</p>		<p>Completed</p>

	<p>The Report template has been strengthened and the Corporate Governance Team have provided report writing training and guidance to assist with the quality and consistency of report writing within the organisation.</p> <p>There is also a need to ensure that timely provision of information to all Committees. The Corporate Governance Team is under considerable pressure due to an ever-increasing governance agenda. Workloads have increased and despite reviewing its administrative processes and developing a standing operating procedure on key timescales for deadlines to support the smooth running of meetings, there remains a resource issue within the department that requires review. With some increased capacity and a clearer definition of roles and responsibilities further progress will be achievable.</p>		
Further development opportunities are welcomed	<p>JC facilitated workshop on equity in May 2021.</p> <p>MG also held workshops on 25 November 2021 to evaluate the Commissioning of services and a Recovery workshop on 16 December 2021 was held to discuss recovery Planning and Quality and Outcome Improvement for Patients.</p> <p>QPS members were invited to the National Renal Audit day on 24th September 2021.</p> <p>QPS held a development day on 10 February 2022 which was well attended and some excellent feedback was provided after the event especially from the new QPS members who were able to use the session as an introduction to WHSSC.</p> <p>The Welsh Renal network also provide 6 monthly briefings to IMs via the Integrated Governance Committee.</p>	All	Completed for 2021-22

	<p>In addition to these, a Clinical Impact Advisory Group (CIAG) Prioritisation process briefing was arranged and IMs and QPS members were invited to this session. Again, this provided a useful opportunity for members to learn about this area of WHSSC business.</p> <p>A session on policy work at WHSSC has been arranged for the 30 March 2022.</p> <p>A stakeholder engagement exercise was planned for January 2022 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. Due to COVID-19 and the Omicron variant has delayed this piece of work.</p> <p>The above provides assurance that development opportunities have been routinely provided for members within WHSSC. Due to the COVID-19 pandemic there has not been any external sessions arranged. This is something that could be considered as part of the next programme of development opportunities.</p> <p>The executive team has recently engaged with Improvement Cymru to assist in developing the WHSSC Specialised Services Strategy.</p>		
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WHSSC Annual Committee Effectiveness Survey 2021-2022 Joint Committee

13

Responses

02:31

Average time to complete

Closed

Status

1. The Committee provides leadership and a clear vision for the business of WHSSC

Strongly Agree	7
Agree	6
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



2. The Committee agreed and communicated clear values and behaviours for the organisation and its priorities reflect these

Strongly Agree	8
Agree	4
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



3. The Committee is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services and the steps being taken to address them

Strongly Agree	5
Agree	8
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



4. The Committee has a credible strategy to provide quality, sustainable services to patients and there is a robust plan to deliver this

Strongly Agree	4
Agree	8
Undecided / Neutral	0
Disagree	1
Strongly Disagree	0



5. The Committee scrutinises and challenges performance against delivery of the strategy

Strongly Agree	3
Agree	8
Undecided / Neutral	1
Disagree	1
Strongly Disagree	0



6. The Committee identifies and engages with stakeholders, and has formal processes in place to capture feedback from them to inform future strategic planning

Strongly Agree	5
Agree	7
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



7. WHSSC is always learning and looking for creative ways and innovation to improve the delivery of services

Strongly Agree	8
Agree	4
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



8. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	5
Agree	7
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



9. Committee members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	6
Agree	7
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



10. WHSSC invites effective feedback and uses the lessons learned to develop and improve the Joint Committee's and senior management team's effectiveness

Strongly Agree	5
Agree	8
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



11. Independent Members exercise their role through influencing and advising, supporting as well as challenging the Executive

Strongly Agree	4
Agree	7
Undecided / Neutral	2
Disagree	0
Strongly Disagree	0



12. There is a just / open culture, which encourages both staff and all Committee members to seek help and advice

Strongly Agree	7
Agree	6
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



13. Information is provided in a timely manner in a form and of a quality that enables the Committee to discharge its duties effectively

Strongly Agree	6
Agree	7
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0

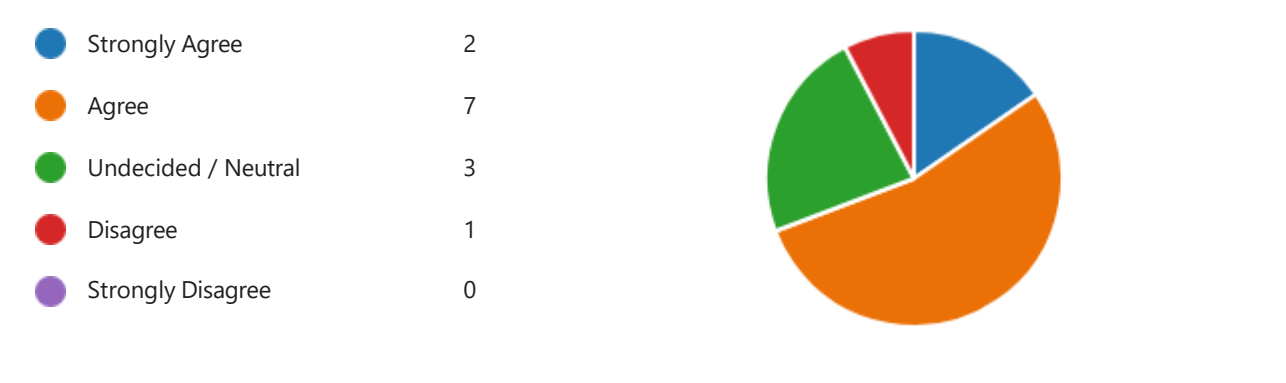


14. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

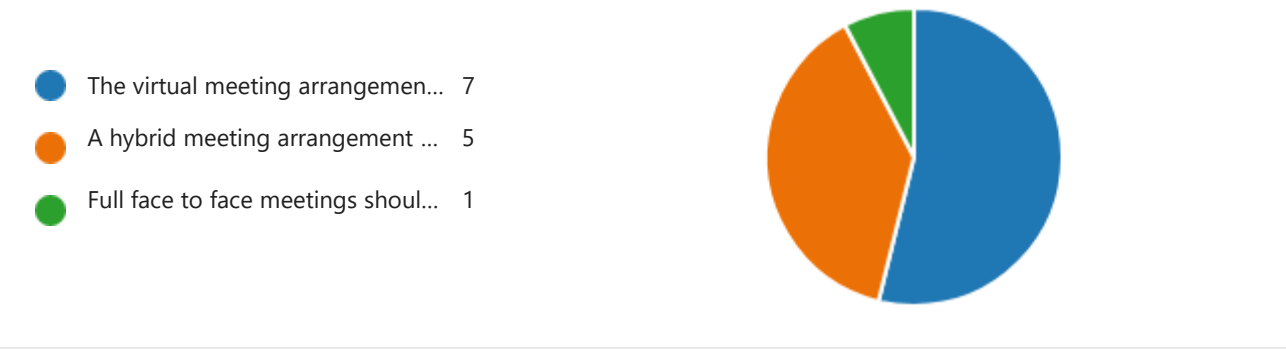
Strongly Agree	5
Agree	7
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



15. Committee members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.



16. Would you prefer to return to face to face meetings at WHSSC offices?



17. Any Other Comments (Optional)

2
Responses

Reporting into HBs from WHSSC JC appears to be variable.

Please note that CEO unavailable to submit response, so this has been completed by alternative Executive, and so not able to answer fully on all points. Point made about strategy is due to specialised services strategy being in development.

WHSSC Annual Committee Effectiveness Survey

2021-2022 Management Group

10

Responses

05:34

Average time to complete

1. The Committee provides leadership and a clear vision for the business of WHSSC

Strongly Agree	4
Agree	6
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



2. The Committee agreed and communicated clear values and behaviours for the organisation and its priorities reflect these

Strongly Agree	3
Agree	6
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



3. The Committee is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services and the steps being taken to address them

Strongly Agree	6
Agree	4
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



4. The Committee identifies and engages with stakeholders, and has formal processes in place to capture feedback from them to inform future strategic planning

Strongly Agree	5
Agree	4
Undecided / Neutral	0
Disagree	1
Strongly Disagree	0



5. WHSSC is always learning and looking for creative ways and innovation to improve the delivery of services

Strongly Agree	4
Agree	5
Undecided / Neutral	0
Disagree	1
Strongly Disagree	0



6. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	5
Agree	4
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



7. Committee members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	2
Agree	7
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



8. Independent Members exercise their role through influencing and advising, supporting as well as challenging the Executive

Strongly Agree	0
Agree	2
Undecided / Neutral	8
Disagree	0
Strongly Disagree	0



9. There is a just / open culture, which encourages both staff and all Committee members to seek help and advice

Strongly Agree	3
Agree	5
Undecided / Neutral	1
Disagree	1
Strongly Disagree	0



10. Information is provided in a timely manner in a form and of a quality that enables the Committee to discharge its duties effectively

Strongly Agree	7
Agree	3
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



11. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

Strongly Agree	3
Agree	6
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



12. Committee members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.

Strongly Agree	1
Agree	4
Undecided / Neutral	2
Disagree	3
Strongly Disagree	0



13. Any Other Comments (Optional)

- The committee does not feel open to questions or views that may be slightly different to WHSSC. I have observed very defensive responses and behaviours when a question is raised by a member of the committee outside of the WHSSC team, sometimes even dismissive of HB / Trust views. It feels like a place to listen to an already decided agenda - a rubber stamping exercise if you like..
- No Independent Members on the Group.
- Question 8 does not really apply to Management Group.
- Management Group does not have Independent Members so this question is not directly relevant. In answer to question 12 I think this is variable between HBs.
- Some of the questions where I have chosen the slightly unhelpful neutral, I don't think apply to Management Group in the same way as they might to other WHSSC Committees such as JC.
- Conversations with colleagues in Health Boards has indicated that not all HB's are sighted on the activities, actions and recommendations of the Management Group suggesting that the MG information is not being consistently shared within HB's.

WHSSC Annual Committee Effectiveness Survey

2021-2022 Quality & Patient Safety Committee

4

Responses

29:50

Average time to complete

Closed

Status

1. The Committee provides leadership and a clear vision for the business of WHSSC

Strongly Agree

3

Agree

1

Undecided / Neutral

0

Disagree

0

Strongly Disagree

0



2. The Committee is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services and the steps being taken to address them

Strongly Agree

4

Agree

0

Undecided / Neutral

0

Disagree

0

Strongly Disagree

0



3. The Committee identifies and engages with stakeholders, and has formal processes in place to capture feedback from them to inform future strategic planning

Strongly Agree	3
Agree	0
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



4. The Committee is enabled to scrutinise and challenge the management of potential risks to the quality, sustainability and delivery of current services and the escalation processes designed to address them.

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



5. The Committee ensures that the quality of services commissioned and delivered across the commissioning teams is maximised.

Strongly Agree	2
Agree	2
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



6. WHSSC is always learning and looking for creative ways and innovation to improve the delivery of services

Strongly Agree	2
Agree	2
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



7. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	2
Agree	2
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



8. Committee members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	4
Agree	0
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



9. WHSSC invites effective feedback and uses the lessons learned to develop and improve the Joint Committee’s and senior management team’s effectiveness

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



10. Independent Members exercise their role through influencing and advising, supporting as well as challenging the Executive

Strongly Agree	4
Agree	0
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



11. There is a just / open culture, which encourages both staff and all Committee members to seek help and advice

Strongly Agree	4
Agree	0
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



12. Information is provided in a timely manner in a form and of a quality that enables the Committee to discharge its duties effectively

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



13. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



14. Committee members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.

Strongly Agree	1
Agree	2
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



15. Any Other Comments (Optional)

0

Responses

WHSSC Annual Committee Effectiveness Survey

2021-2022 Integrated Governance Committee

4

Responses

01:39

Average time to complete

Closed

Status

1. The Committee provides leadership and a clear vision for the business of WHSSC

Strongly Agree

Agree

Undecided / Neutral

Disagree

Strongly Disagree


3

1

0

0

0



2. The Committee agreed and communicated clear values and behaviours for the organisation and its priorities reflect these

Strongly Agree

Agree

Undecided / Neutral

Disagree

Strongly Disagree


3

1

0

0

0



3. The Committee is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services and the steps being taken to address them

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



4. The Committee has a credible strategy to provide quality, sustainable services to patients and there is a robust plan to deliver this

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



5. The Committee scrutinises and challenges performance against delivery of the strategy

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



6. The Committee identifies and engages with stakeholders, and has formal processes in place to capture feedback from them to inform future strategic planning

Strongly Agree	2
Agree	1
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



7. The Committee effectively scrutinises evidence and information in relation to activities and potential risks which impact on the services commissioned by WHSSC and its broader activities.

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



8. The Committee provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



9. WHSSC is always learning and looking for creative ways and innovation to improve the delivery of services

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



10. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	2
Agree	2
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



11. Committee members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



12. WHSSC invites effective feedback and uses the lessons learned to develop and improve the Joint Committee’s and senior management team’s effectiveness

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



13. Independent Members exercise their role through influencing and advising, supporting as well as challenging the Executive

Strongly Agree	2
Agree	1
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



14. There is a just / open culture, which encourages both staff and all Committee members to seek help and advice

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



15. Information is provided in a timely manner in a form and of a quality that enables the Committee to discharge its duties effectively

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



16. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

Strongly Agree	3
Agree	1
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



17. Committee members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.

Strongly Agree	2
Agree	2
Undecided / Neutral	0
Disagree	0
Strongly Disagree	0



18. Any Other Comments (Optional)

None

WHSSC Annual Committee Effectiveness Survey 2021-2022 IPFR

19

Responses

03:26

Average time to complete

Closed

Status

1. The Committee provides leadership and a clear vision for the business of WHSSC

Strongly Agree	2
Agree	11
Undecided / Neutral	4
Disagree	2
Strongly Disagree	0



2. The Committee agreed and communicated clear values and behaviours for the organisation and its priorities reflect these

Strongly Agree	2
Agree	12
Undecided / Neutral	4
Disagree	1
Strongly Disagree	0



3. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	3
Agree	10
Undecided / Neutral	4
Disagree	2
Strongly Disagree	0



4. Committee members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	7
Agree	8
Undecided / Neutral	3
Disagree	1
Strongly Disagree	0



5. Independent Members exercise their role through influencing and advising, supporting as well as challenging the Executive

Strongly Agree	5
Agree	6
Undecided / Neutral	6
Disagree	1
Strongly Disagree	1



6. There is a just / open culture, which encourages both staff and all Committee members to seek help and advice

Strongly Agree	2
Agree	12
Undecided / Neutral	5
Disagree	0
Strongly Disagree	0



7. Information is provided in a timely manner in a form and of a quality that enables the Committee to discharge its duties effectively

Strongly Agree	4
Agree	12
Undecided / Neutral	2
Disagree	1
Strongly Disagree	0



8. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

Strongly Agree	2
Agree	7
Undecided / Neutral	9
Disagree	0
Strongly Disagree	1



9. Committee members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.

Strongly Agree	0
Agree	9
Undecided / Neutral	9
Disagree	0
Strongly Disagree	1



10. Any Other Comments (Optional)

- While I usually feel the decisions made by the committee are defensible and correct, I am not always comfortable with the way in which they are reached. It seems to me the reasoning should usually take the form 1. This patient represents a group of patients in whom there is a policy about the intervention in question. 2. The intervention is not usually funded because it is not covered by that policy. 3. The reason the policy does not cover the intervention is x, y and z (usually evidence of effectiveness is not enough to justify cost) in the generality of people represented by this patient. 4. The circumstances of this specific patient, however, mean that x, y and z are not persuasive in this particular case. 5. Since x, y and z do not justify withholding it, funding should be made available for the intervention in this patient.
- The IPFR group undergoes regular review, and issues such as quoracy and membership more generally are being tackled to ensure smooth running of the panel.
- having only attended a single full IPFR committee and subsequent chairs action panels my comments are limited. The full meeting I attended was very difficult with poor structure and effectively silencing some of the quieter members from commenting.
- Hi there, I don't think all the questions are directly relevant to the IPFR panel. Questions 5, 8 and 9 are not relevant.
- The meetings have in the past lacked structure and it is sometimes difficult to be clear on the rationale for the decision making as there is no clear summary provided at the conclusion of each case to assist with providing a summary of the rationale for the decision. I think this is not helped as the policy does require updating . It will be interesting to see when the meetings resume if there is a clearer focus and structure.

- In the IPFR space I find that independent members defer to WHSSC Executive colleagues and that this is sometimes at the expense of the contributions of the LHB representatives (of which I am one). Sometimes it appears that serving the perceived interests of the health system take priority over the interests of the people (patients) who the process is intended to benefit. I am not clear that the full learning from the court judgment on a recent IPFR decision has been incorporated into processes.

WHSSC Annual Committee Effectiveness Survey 2021-2022 WRCN

9

Responses

12:11

Average time to complete

Closed

Status

1. The Network Board provides leadership and a clear vision for the business of WHSSC

Strongly Agree	1
Agree	6
Undecided / Neutral	2
Disagree	0
Strongly Disagree	0



2. The Network Board agreed and communicated clear values and behaviours for the organisation and its priorities reflect these

Strongly Agree	2
Agree	5
Undecided / Neutral	2
Disagree	0
Strongly Disagree	0



3. The Network Board is sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services and the steps being taken to address them

Strongly Agree	3
Agree	5
Undecided / Neutral	1
Disagree	0
Strongly Disagree	0



4. The Network Board identifies and engages with stakeholders, and has formal processes in place to capture feedback from them to inform future strategic planning

Strongly Agree	1
Agree	2
Undecided / Neutral	4
Disagree	2
Strongly Disagree	0



5. WHSSC is always learning and looking for creative ways and innovation to improve the delivery of services

Strongly Agree	1
Agree	6
Undecided / Neutral	2
Disagree	0
Strongly Disagree	0



6. WHSSC identifies and shares best practice and benchmarking.

Strongly Agree	3
Agree	4
Undecided / Neutral	0
Disagree	2
Strongly Disagree	0



7. Board members act in the public interest in keeping with the Nolan principles of public life.

Strongly Agree	4
Agree	3
Undecided / Neutral	2
Disagree	0
Strongly Disagree	0



8. WHSSC invites effective feedback and uses the lessons learned to develop and improve the Joint Committee's and senior management team's effectiveness

Strongly Agree	2
Agree	3
Undecided / Neutral	3
Disagree	1
Strongly Disagree	0



9. There is a just / open culture, which encourages both staff and all Network Board members to seek help and advice

Strongly Agree	2
Agree	3
Undecided / Neutral	1
Disagree	3
Strongly Disagree	0



10. Information is provided in a timely manner in a form and of a quality that enables the Network Board to discharge its duties effectively

Strongly Agree	1
Agree	6
Undecided / Neutral	1
Disagree	1
Strongly Disagree	0



11. Sub Committees inform the Joint Committee members on their significant activities, actions, recommendations and performance through minutes and regular reports and have appropriate relationships with other Committees.

Strongly Agree	1
Agree	6
Undecided / Neutral	1
Disagree	1
Strongly Disagree	0



12. Network Board members inform their own Health Board on the significant activities, actions, recommendations of the Joint Committee/sub committees through ensuring that performance is cascaded to colleagues in HBs through sharing WHSSC reports and minutes.

Strongly Agree	1
Agree	1
Undecided / Neutral	6
Disagree	1
Strongly Disagree	0



13. Any Other Comments (Optional)

- New members of the Board would benefit from training to learn what is expected of them. The Nolan principles of public life should be included in training. Not sure whether information is cascaded to colleagues in HB's.
- Too many competing priorities which are the priorities of the core WRCN rather than those put forward by those delivering the service. there does not seem to be a flow of information into the WRCN from HBs, rather a demand for information that WRCN sees as a priority and a series of unrealistic deadlines which prevent appropriate participation. Far too much information in minutes of meetings, only someone who is full time manager i.e. core members of WRCN board will have time to read the majority of it. Timing of meetings need to be improved to allow those with jobs outside of this organisation to be able to participate. Looking forward to helping improve these issues in the next 12 months.
- WHSSC is heavily represented by physicians and managers. A better balance to represent the workforce may give a more representative view of the systems needs and challenges. While collaboration is a mechanism to achieve success; audit and standardisation can hamper innovation; the operational autonomy of the health boards should be an important part of the culture of commissioning; warranted variation can create an agile culture to innovate.

Draft Joint Committee Development Plan 2022-2023

1. Introduction

The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven Health Boards (HBs) in Wales.

HBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven HBs in undertaking its functions, the duty on individual HBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area. They have strategic and leadership responsibilities, stewarding vast public resources, and are expected to act in the best interest of the NHS.

The Joint Committee Development Plan has been designed to support and equip Joint Committee Members with the knowledge they need in order deliver their responsibilities as set out within the WHSSC Standing Orders (SOs), the WHSSC Specialised Services Strategy and the Integrated Commissioning Plan (ICP).

Joint Committee members will already be involved in HB “Board development programmes “within their respective HBs, however in accordance with the WHSSC SOs there is also a requirement to consider a development plan for the Joint Committee to share good practice, increase knowledge and improve the effectiveness of the Joint Committee and its sub-committees.

WHSSC already demonstrate the requirements to support an effective Committee (Board) outlined in the Academi Wales/Welsh Government Good Governance Guide for NHS Boards¹, including:

- Newly appointed Joint Committee and sub committee are provided with an induction programme customised to their own individual needs and which is delivered at a pace which suits each individual,
- Committee forward work plans are published to provide members with an awareness of forthcoming business discussions,
- Meeting papers are issued approximately 2 weeks before the meeting ensuring timely access to complex reports,

¹ Academi Wales Good Governance Guide for NHS Wales Boards - [25147_English_WEB.pdf \(gov.wales\)](#)

- To aid awareness and understanding at meetings they include well structured, properly prepared presentations that enable maximum understanding by the Committee so that they can ask relevant questions and make decisions in the light of good understanding.

This Joint Committee development plan will further support members in ensuring that the Joint Committee is operating effectively.

2. Joint Committee Development Plan 2022-2023

Meeting Date	Topic	Plan for Delivery and Evaluation
Joint Committee		
10 May 2022	Genomics- Sian Morgan Update on the positive developments in genomics focussing on Non-invasive pre-natal testing and DPYD testing (for avoiding chemo risk in colo-rectal patients).	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
12 July 2022	Workshop on Recovery JC meeting 10 May 2022 requested a specific workshop on recovery.	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
6 September 2022	ATMPs/Genomics Delivery Plan for Wales Strategic piece covering the next phases of expansion/development in ATMPs and genomics delivery in Wales. WHSSC Specialised Services Strategy Programme	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
8 November 2022	Integrated Commissioning Plan (ICP) sign off	<ul style="list-style-type: none"> • Through the IGC • Annual Committee Effectiveness survey 2022-2023
6 December 2022 (provisional)	-	-
17 January 2023	Welsh Renal Clinical Network (WRCN) Update	<ul style="list-style-type: none"> • Through the IGC
14 March 2023	Health Equity Workshop	<ul style="list-style-type: none"> • Through the IGC
Quality & Patient Safety Committee/Integrated Governance Committee		
7 June 2022	-	

Meeting Date	Topic	Plan for Delivery and Evaluation
9 August 2022	Duty of Candour/PTR Regulations	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
11 October 2022	Health Economics	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
24 January 2023	Tbc	
21 March 2023	tbc	
Individual Patient Funding Request Panel (IPFR)		
TBC	Annual IPFR Training and Development Session	
Welsh Renal Clinical Network (WRCN)		
TBC	Academi Wales Workshop	<ul style="list-style-type: none"> WRCN governance review
Management Group		
23 June 2022	Induction for New Members	<ul style="list-style-type: none"> Through the IGC Annual Committee Effectiveness survey 2022-2023
Oct/Nov 2022	Integrated Commissioning Plan (ICP)	<ul style="list-style-type: none"> MG feedback
Corporate Director's Group Board (CDGB)		
tbc	Improvement Cymru – Quality workshop	
July/August 2022 tbc	Compassionate Leadership, Kings Fund, Michael West	
25 July 2022	UCD Better Health Services Course	

APPENDIX 9

Annual Committee Effectiveness Assessment 2021-2022

Sources of Assurance in WHSSC

Tool	Scope	Assurance Reporting
Corporate Risk Assurance Framework (CRAF)	This is an essential component of WHSSC's internal control system and is used as a systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of WHSSC's objectives. This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.	<p>The CRAF is presented to each Quality and Patient Safety Committee (Q&PS) and Integrated Governance Committee (IGC) meeting and is presented to the Joint Committee (JC) and the Audit and Risk Committee (ARC) every 6 months.</p> <p>The operating framework for the CRAF is outlined in the Risk Management Strategy.</p>
Internal Audit	Look at areas related to corporate governance, risk management and internal control.	<p>The WHSSC Audit tracker outlines audits undertaken and progress being made against recommendations, and is presented to each ARC and IGC meeting.</p> <p>An audit on Positron Emission Tomography (PET) was undertaken in 2021 and a Risk management audit is being undertaken in March 2022.</p>

External Audit	Look at areas related to corporate governance, risk management and internal control.	<p>The Audit Wales Report on Governance Arrangements has been regularly received at IGC and JC committee meetings throughout 2021-2022.</p> <p>The full progress report was last presented to Joint Committee on 18 January 2022.</p> <p>The tracking report has been issued the NHS Wales Board Secretaries for inclusion on HB board agendas ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales.</p>
Internal Policies	Policies and procedures designed to give management a reasonable assurance that the company achieves its objectives	<p>A report on operational policies is presented to the QPS and IGC routinely for assurance.</p> <p>The WHSSC internal policy group oversee the management of all policies and report to the Corporate Directors Group (CDGB).</p> <p>WHSSC's policy on policies has been updated and is subject to a consultation process.</p>
Regulatory and Legal	Compliance with regulatory and legislative frameworks.	<p>Routine assurance reports to JC and sub committees.</p> <p>Annual Governance Statement (AGS).</p>

Stakeholder Feedback	Receiving feedback from people (named or anonymous), whose views are considered helpful and relevant.	WHSSC obtain stakeholder feedback through formal consultation processes and through regular dialogue with the JC, sub committees, through attending peer group meetings and 1 to 1 meetings.
Joint Assurance Framework (JAF)	<p>Brings together in one place all of the relevant information on the risks to the achievement of strategic objectives.</p> <p>Known as a Board Assurance Framework (BAF) in HB's.</p>	WHSSC have made a commitment to introducing a JAF in the risk management strategy; however, this has not yet been developed.

Note this list is not exhaustive.

Report Title	Corporate Risk Assurance Framework (CRAF)	Agenda Item	3.12
Meeting Title	Joint Committee	Meeting Date	12 July 2022
FOI Status	Open/Public		
Author (Job title)	Corporate Governance Manager and Risk and Assurance Officer		
Executive Lead (Job title)	Committee Secretary		

Purpose of the Report	The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022,
- **Approve** the Corporate Risk Assurance Framework (CRAF); and
- **Note** that a follow up risk management workshop is planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

CORPORATE RISK ASSURANCE FRAMEWORK (CRAF)

1.0 SITUATION

The purpose of this report is to present the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

2.0 BACKGROUND

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 strategy is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee (JC) with a comprehensive picture of the organisation's risk profile.

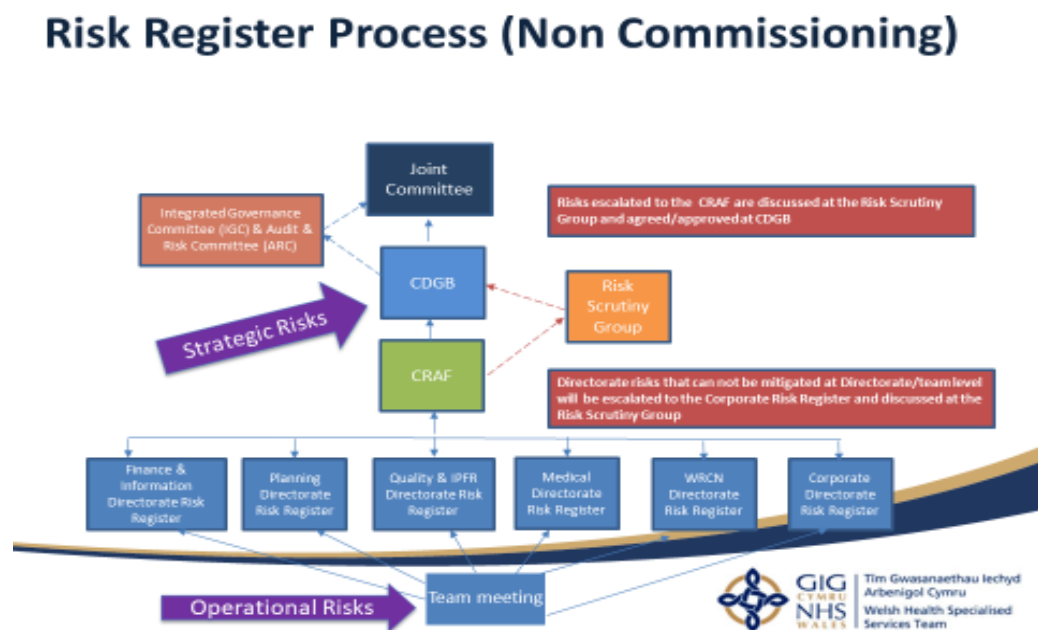
WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

The Executive Directors are responsible for reviewing and discussing their commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Each directorate risk register is submitted to the newly introduced Risk Scrutiny Group (RSG) on a bi-monthly basis. The membership of the RSG includes Directorate Managers who review and scrutinise the narrative, scores and mitigating actions for each risk. The risks are validated by the RSG and are subject to continuous review by the Executive Director lead for each risk. In addition to reviewing Directorate Risks, the RSG also receives a deep dive into a Commissioning Team Risk Register at each of its meetings.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the CDGB for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance. The infographic outlined in Figure 1 below outlines the governance framework for risk management.

Figure 1 – WHSSC Risk Management Framework



3.0 ASSESSMENT

3.1 Risk Summary – May 2022

The CRAF was considered by the RSG on the 5 May 2022, the Group undertook a deep dive into the directorate risk registers for the Finance and the Women & Children's Commissioning Team Risk registers.

The CDGB has received the CRAF on 1 June 2022. The IGC and QPSC received the CRAF on 7 June 2022 and the updated document is presented at **Appendix 1**.

As at 31 May 2022, there are **18** risks on the CRAF. A summary of these risks is outlined below.

3.2 Commissioning Risks – May 2022

There are currently **16** commissioning risks open with a risk score of 15 and above, which are included on the CRAF.

Work continues with the commissioning teams to ensure the following:

- A structured statement describes the risk,
- Controls are in place that modify the risk and gaps are identified,
- All actions that mitigate the risk are SMART and have action leads.

An overview of the changes are outlined below but a more detailed summary of any changes between February and May 2022 are presented at **Appendix 2**.

3.2.1 New Commissioning Risks

- **1** new commissioning risk was reported during February – May 2022 relating to access to the Thrombectomy services (Risk 36).

3.2.2 Escalated Commissioning Risks

- **No** risks were escalated during this period.

3.2.3 De-escalated Commissioning Risk

- **3** risks were de-escalated during February - May 2022.

3.2.4 Closed Risks

- **No** red risks were closed during February - May 2022.

3.3 Organisational Directorate Risks during February-May 2022

There are currently 2 organisational risks open with a risk score of 15 and above, which are included on the CRAF.

As a consequence of reviewing directorate risk registers the CDGB in March 2022 approved the escalation of the Individual Patient Funding Request (IPFR) risk from 16 to 20 and agreed to add an additional risk concerning the new Priority delivery Measures introduced by Welsh Government in January 2022. CDGB approved the de-escalation of the workforce risk in March 2022.

- **Risk 29 (CS/08) WHSSC Individual Patient Funding Request (IPFR) Terms of Reference (ToR) and governance** - There is a risk that WHSSC will be unable to comply with the ToR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk of further legal challenges to IPFR decisions following a recent Judicial Review decision. The risk on a page explores in detail the recent activity in relation to the IPFR Risk.

- **Risk 33 (CS/10 CD03) Welsh Government Priority Delivery Measures**
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not be met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives.

A summary of the commissioning and directorate risks is outlined in **table 1** below.

Table 1 – Summary of Strategic/Organisational risks (15 and above) May 2022

Directorate	No of Risks 15 and above	New Risks	Escalated/ De-escalated
Corporate Services	2*	No new risks	n/a
Finance & Information	0	No risks scoring over 15	n/a
Medical Directorate	0	No risks scoring over 15	n/a
Planning/Commissioning	16	1 New risk scoring over 15.	CT046 (38) – April 22 CB04 (30) – March 22 CB05 (31) – March 22
Quality and IPFR	1*	No New risks scoring over 15.	The IPFR risk was escalated from 16 – 20 during March 2022.

The full CRAF and risk schedules are presented at **Appendix 1** for information.

A summary of all of the directorate risk scores is outlined in **Table 2** below.

**The IPFR risk appears on the Quality, IPFR, and Corporate Services Directorate Risk Registers, as it is a cross directorate risk. It is counted as one risk on the CRAF.*

Table 2 - Summary of Risk Assessment Scores

Risk Analysis	No of Risks Sep/Oct 2021 (after the workshop)	No of Risks Nov 2021	No of Risks Dec 2021	No of Risks Jan 2022	No of Risks Feb 2022	No of Risks Mar 2022	No of Risks Apr 2022	No of Risks May 2022
Red 15-25 Extreme Risk <i>*Any risk rated as 15 and above is included on the CRAF</i>	29	22	22	22	20	19	18	18
Amber 8-12 High Risk	20	20	16	16	15	25 <i>Rise due to the new Intestinal Failure amber risks being added to commissioning register</i>	24	23
Yellow 4-6 Moderate Risk	2	2	1	1	2	2	2	2
Green 1-3 Low Risk	0	0	0	0	0	0	0	0

The risks below 15 are being managed within the directorate/teams and all risks are monitored through the RSG.

4.0 GOVERNANCE AND RISK

The CTM Audit and Risk Committee (ARC) has requested that additional narrative is provided on the risk schedules to provide assurance on how the risks are being managed. Therefore, risk owners were asked to review the written description on the risk schedules at the RSG meeting on the 5 May 2022, prior to the JC meeting in July 2022.

An internal audit on WHSSC's risk management process was undertaken on the 16 March 2022, and received an internal audit assessment rating of "reasonable assurance". Overall, the feedback was positive with some minor recommendations to strengthen and develop training, risk narrative and scrutiny. Progress against the recommendations is monitored by the CTMUHB ARC.

The May 2022 CRAF was presented to the IGC and the QPSC on the 7 June, and to the CTMUHB ARC on the 23 June 2022.

Following the risk workshop held in September 2021 a further risk management workshop is planned for 20 September 2022 to review how the RSG process is working, to consider risk appetite and tolerance levels across the organisation and to discuss developing a Joint Assurance Framework (JAF).

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022,
- **Approve** the CRAF; and
- **Note** that a follow up risk management workshop is planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Implementation of 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 Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Improving Health of Populations Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the organisation has robust risk management arrangements in place that ensure organisational risks are captured, assessed and mitigating actions are taken, is a key requisite to ensuring the quality, safety & experience of patients receiving care and staff working in WHSSC.
Finance/Resource Implications	The risks outlined within this report have resource implications, which are being addressed by each respective Executive Director lead and taken into consideration as part of the WHSSC Integrated Commissioning Plan (ICP) processes.
Population Health	There are no immediate adverse population health implications.
Legal Implications (including equality & diversity, socio economic duty etc)	It is essential that there are robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC. Failure to maintain such arrangements may have legal implications.
Long Term Implications (incl WCFG Act 2015)	The robust arrangements in place to identify, assess, mitigate and manage risks encountered by WHSSC consider the long-term impact of decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	1 June 2022 - Corporate Directors Group Board (CDGB) 7 June 2022 – Integrated Governance Committee (IGC)

	7 June 2022 – Quality & Patient Safety Committee (QPSC) 23 June 2022 – CTMUHB Audit & Risk Committee (ARC)
Appendices	Appendix 1 – Corporate Risk Assurance Framework (CRAF) Appendix 2 – Risk Activity for Commissioning Risks February-May 2022



Corporate Risk Assurance Framework (CRAF)

May 2022

1. Dashboard of Risk

Impact	5			17 Waiting Times Weight Loss surgery 19 Obesity Surgery Standards 24 Access to Care for Children with LD 25 Delayed Treatment Welsh Gender Service	23 Access to Care Adults with a LD	
	4				06 Paediatric patients waiting for surgery 09 Theatre capacity neurosurgery patients 21 CAMHS 22 FACTS 27 Neonatal Cots 32 Increase in referrals for adults with an eating disorder 34 lack of paediatric intensive care bed 35 Lack of available beds for mental health patients	26 Neuropsychiatry patients waiting times 29 WHSSC IPFR Governance 33 Welsh Government Priority Delivery Measures 36 NEW RISK 3D Biotronics-imaging platform Thrombectomy services in North Bristol
	3					03 Plastic Surgery Delays
	2					
	1					
		1	2	3	4	5
CXL		Likelihood				

2. Corporate Risk Register/Summary of Risk

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
3 (CB03) (formerly CH018) Cancer & Blood	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Plastic Surgery Delays There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.	15	15	6	Risk score remains the same ↔	27/05/22	24/06/22	Joint Committee	Director of Planning
6 P/21/10 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Paediatric patients waiting for surgery There is a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.	16	16	4	Risk score remains the same ↔	24/05/22	21/06/22	Joint Committee	Director of Planning
9 NCC049 Neurosciences	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	South Wales neurosurgery waiting times <i>There is a risk</i> that the providers for south Wales neurosurgery cannot meet the waiting times target <i>due to</i> environmental and workforce issues, <i>with a consequence that</i> patients in south Wales are waiting in excess of the agreed waiting times for Neurosurgery which has the risk of them having to undergo unnecessary repeated radiological scans.	16	16	4	Risk score remains the same ↔	31/05/2022	28/06/22	Joint Committee	Director of Planning
17 CT045 Cardiac	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Weight Loss Surgery There is a risk that patients requiring weight loss surgery will have their treatment delayed or not provided due to the service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities.	15	15	5	Risk score remains the same ↔	23/05/22	June 22	Joint Committee	Director of Planning
19 CT047 Cardiac	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Tier 4 Obesity Surgery There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: 1. The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance. 2. There are inadequate primary and secondary care pathways in place to support referral for surgery. 3. The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.	15	15	5	Risk score remains the same ↔	23/05/22	June 22	Joint Committee	Director of Planning
21 MH/21/02 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Children & Adolescent Mental Health Services (CAMHS) There is a risk that tier 4 providers for CAMHS cannot meet the service specification <i>due to</i> environmental and workforce issues, <i>with a consequence that</i> children could abscond/come to harm. (Ty Llidiard)	16	16	8	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Finance
22 MH/21/05 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Forensic Adolescent and Consultation Treatment Service (FACTS) There is a risk to the appropriate commissioning of a FACTS service in Wales Due to fragility to the staffing model, which, consequently, may result in inadequate services for children.	16	16	6	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Finance

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
23 MH/21/08 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Access to Care Adults Learning Disability There is a risk that adults with a learning disability will not have access to appropriate care and treatment <i>due to</i> the lack of secure MH beds in Wales and a reduction in access to beds in England. <i>The consequence</i> is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	20	3	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Planning
24 MH/21/09 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Access to care for Children's Learning Disability There is a risk that children with a learning disability will not have access to appropriate care and treatment <i>due to</i> the lack of secure MH beds in Wales and a reduction in access to beds in England. <i>The consequence</i> is that patients may be inappropriately placed with the potential to receive sub-optimal care	15	15	12	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Planning
25 MH/21/12 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Delayed Treatment Welsh Gender Service There is a risk that people waiting to be seen in the Welsh Gender service (both adults and children) will have their treatment delayed <i>due to</i> service waiting times with a <i>consequence</i> of deteriorating mental health.	6	15	4	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Planning
26 NCC046 Removed from Neuroscience register and to be monitored via MH&VG July 21	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neuropsychiatry patients waiting times There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	20	20	4	Risk score remains the same ↔	25/05/22	28/06/22	Joint Committee	Director of Planning
27 P/21/15 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Neonatal Cots There is a risk that the Neonatal service in Cardiff & Vale are unable to open the commissioned number of cots due to staffing shortages, and as a consequence babies will need to be transferred to other units in Wales or transferred to NHS England	20	16	4	Risk score remains the same ↔	24/05/22	21/06/22	Joint Committee	Director of Planning
29 (CS/08 CD02) Quality and IPFR/Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	WHSSC IPFR ToR and Governance There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.	16	20	4	Risk score remains the same ↔	April 2022	June 2022	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
32 MH/21/11 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Adults with an Eating Disorder There is a risk that referrals for adults with an eating disorder/disordered eating, will increase <i>due to</i> COVID-19. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales	10	16	4	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Planning

Risk Ref	Domain	Summary of Risk	Initial Score	Current Consecutive Monthly Score	Target Score	Trend since previous month	Last Review Date	Next Review Date	Scrutiny Committee	Lead Director
33 (CS/10 CD03) Corporate Services	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Welsh Government Priority Delivery Measures There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives	20	20	9	Risk score remains the same ↔	April 22	June 2022	Joint Committee	Director of Nursing Committee Secretary/ Head of Corporate Services
34 P/21/02 Women & Children	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Lack of Paediatric Intensive Care Beds <i>There is a risk</i> that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required <i>due to</i> constraints within the service. <i>There is a consequence</i> that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	12	16	4	Risk score remains the same ↔	24/05/22	21/06/22	Joint Committee	Director of Planning
35 MH/21/06 Mental Health & Vulnerable Groups	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	Bed Capacity Mental Health Patients <i>There is a risk</i> that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement	9	16	6	Risk score remains the same ↔	25/05/22	22/06/22	Joint Committee	Director of Planning
36 NCC058 Neurosciences New Risk	Impact on the safety of patients, staff or public (physical/psychological harm) Population Health	<i>There is a risk</i> that patients are being prevented access to the Thrombectomy services in North Bristol <i>due to the</i> current 3D biotronics-imaging platform not meeting the current welsh government cyber security credentials and as <i>a consequence</i> will have to refer to the PACS to PACS transfer method, with potenti37al to cause harm to patients	20	20	2	New Risk	31/05/22	28/06/22	Joint Committee	Director of Planning

3 Risk Schedules – Risk on a Page

Risk Ref: 3 – Plastic Surgery Delays (CB03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																									
Risk: There is a risk of poor patient experience and poor outcome for plastic surgery patients in south Wales. This is caused by failure to achieve the maximum waiting times target with some patients waiting in excess of 52 weeks. This leads to a commissioned service that does not meet waiting times standards and therefore does not provide the required quality of service.		Date Added to Register: 26/02/21 (first identified 17/03/14)	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																								
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>3x5</td><td>15</td></tr><tr><td>Current</td><td>3x5</td><td>15</td></tr><tr><td>Target</td><td>2x3</td><td>6</td></tr></table>	Initial	3x5	15	Current	3x5	15	Target	2x3	6	<div>Risk Rating</div> <table><thead><tr><th>Date</th><th>Risk Rating</th><th>Target</th></tr></thead><tbody><tr><td>Mar-21</td><td>15</td><td>6</td></tr><tr><td>Apr-21</td><td>15</td><td>6</td></tr><tr><td>May-21</td><td>15</td><td>6</td></tr><tr><td>Jun-21</td><td>15</td><td>6</td></tr><tr><td>Jul-21</td><td>15</td><td>6</td></tr><tr><td>Aug-21</td><td>15</td><td>6</td></tr><tr><td>Sep-21</td><td>15</td><td>6</td></tr><tr><td>Oct-21</td><td>15</td><td>6</td></tr><tr><td>Nov-21</td><td>15</td><td>6</td></tr><tr><td>Dec-21</td><td>15</td><td>6</td></tr><tr><td>Jan-22</td><td>15</td><td>6</td></tr><tr><td>Feb-22</td><td>15</td><td>6</td></tr><tr><td>Mar-22</td><td>15</td><td>6</td></tr><tr><td>Apr-22</td><td>15</td><td>6</td></tr><tr><td>May-22</td><td>15</td><td>6</td></tr></tbody></table>	Date	Risk Rating	Target	Mar-21	15	6	Apr-21	15	6	May-21	15	6	Jun-21	15	6	Jul-21	15	6	Aug-21	15	6	Sep-21	15	6	Oct-21	15	6	Nov-21	15	6	Dec-21	15	6	Jan-22	15	6	Feb-22	15	6	Mar-22	15	6	Apr-22	15	6	May-22	15	6	<div>Groups discussed risk during period</div> <div>Commissioning Team 12/08/21 Commissioning Team 09/09/21 Commissioning Team 12/11/21 Commissioning Team 10/12/21 Commissioning Team 14/01/22 Commissioning Team 18/02/22 Commissioning Team 25/03/22 Commissioning Team 22/04/22 Commissioning Team 27/05/22</div>
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What controls have we put in place for the risk: <ul style="list-style-type: none">Recovery plan requested from SBUHBContinue to monitor progress against the recovery planRequest waiting list dataThis risk is included within the C&B register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures)		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB.</td><td>LA-Senior Planner</td><td>Monthly</td></tr><tr><td>To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.</td><td>LA – Senior Planner</td><td>Monthly</td></tr><tr><td>Breakdown of waiting list by type of surgery and health board has been provided at the January 22 commissioner assurance meeting.</td><td>LA – Senior Planner</td><td>Completed</td></tr></tbody></table>		Action	Lead	Date	To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB.	LA-Senior Planner	Monthly	To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.	LA – Senior Planner	Monthly	Breakdown of waiting list by type of surgery and health board has been provided at the January 22 commissioner assurance meeting.	LA – Senior Planner	Completed																																												
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To monitor progress against the plastic surgery recovery plan via monthly commissioner assurance meetings with SBUHB.	LA-Senior Planner	Monthly																																																									
To report on progress against the recovery plan at the Cancer & Blood commissioning team meeting and to CDGB as appropriate.	LA – Senior Planner	Monthly																																																									
Breakdown of waiting list by type of surgery and health board has been provided at the January 22 commissioner assurance meeting.	LA – Senior Planner	Completed																																																									
Additional comments: Feb 22 - Whilst the overall score should not change, it was agreed that the scoring for likelihood and impact should be the other way around, the likelihood being 5 and the impact being 3.																																																											

Risk Ref: 6 Paediatric patients waiting for surgery (P/21/10) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																													
Risk: There is a risk that paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.		Date Added to Register: 24/02/21		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																											
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What controls have we put in place for the risk: <ul style="list-style-type: none">Ongoing monitoring at Quarterly Commissioner Assurance Meeting with providerThis risk is included within the W&C register for monitoring purposes, it is included within the overarching risk for waiting times (Risk 33(CS/10 CD03) Welsh Government Priority Delivery Measures).		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td><ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Staffing establishment➤ Bed and theatre capacity➤ Assurance on clinical management of patients on WL➤ Recovery trajectory</td><td>W&C Planner</td><td>Quarterly</td></tr></table>			Action	Lead	Date	<ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Staffing establishment➤ Bed and theatre capacity➤ Assurance on clinical management of patients on WL➤ Recovery trajectory	W&C Planner	Quarterly																																																					
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Risk Ref: 9 South Wales neurosurgery waiting times (NCC049) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																											
Risk: There is a risk that patients in south Wales will have their surgery delayed due to insufficient theatre and inpatient bed capacity to deliver the required commissioned activity that meet the needs of the population with a consequence of deteriorating condition and disease progression		Date Added to Register: 27/01/21		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">Develop an Adult Neurosurgery Service Specification to ensure the service can be monitored against national standards.Gateway service review as part of the five year neurosciences strategy. Neurosciences gateway review paper was submitted to February Management Group meeting.Neurosciences and complex conditions commissioning team (NCCCT) to monitor the recovery plan and continuing meeting with the team at the Risk and Assurance meetings.Full access restored to theatres 12 and 14		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Draft Adult Neurosurgery Service Specification to be completed and circulated to the Service Leads for review prior to progressing through the WHSSC Policy approval process.</td><td>Planning Manager</td><td>May 2022</td></tr><tr><td>Submit Specification to policy group May 2022.</td><td>Planning Manager</td><td>May 2022</td></tr><tr><td>Neurosciences gateway review paper was submitted to February Management Group meeting.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme</td><td>Planning Manager</td><td>December 2022</td></tr><tr><td>WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-covid they had access to 100% of the 2 theatres)</td><td>Planning Manager</td><td>Bi-monthly</td></tr><tr><td>Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049</td><td>Planning Manager</td><td>completed</td></tr></tbody></table>			Action	Lead	Date	Draft Adult Neurosurgery Service Specification to be completed and circulated to the Service Leads for review prior to progressing through the WHSSC Policy approval process.	Planning Manager	May 2022	Submit Specification to policy group May 2022.	Planning Manager	May 2022	Neurosciences gateway review paper was submitted to February Management Group meeting.	Planning Manager	Completed	Further meeting has taken place to with the services to discuss the GIRFT neurosurgery recommendations. Review the 3 top impact changes to be included in the business Case for the ICP 2022-2023 scheme	Planning Manager	December 2022	WHSSC NCCCT to monitor the recovery plan through the bi-monthly Risk, Assurance and Recovery meetings. (Currently the service is operating at 80% of 2 theatres pre-covid they had access to 100% of the 2 theatres)	Planning Manager	Bi-monthly	Further review of this risk was undertaken by the CT in November 21 to recommend rewording the risk and incorporating Risk NCC050 into Risk NCC049	Planning Manager	completed																																				
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Additional comments: <p>Following discussion at the November 21 Commissioning Team meeting it was agreed to incorporate risk NCC050 into NCC049 and reword the risk title.</p> <p>Removed risk - NCCC050 There is a risk that patients will not be able to be admitted due to a lack of additional capital investment to increase bed capacity to align with the increase in theatre capacity, to support the level of referrals into the service and meet national standards for the population of south Wales and as a consequence the service will not meet the national standards for the population of south Wales and patients will not receive timely access to procedures and care</p> <p>April 2022 – Discuss and consider further to reduce risk score to Amber as there may be an opportunity for the Health Board to reinstate the specialist Neurosurgery beds in the same pre-covid footprint, however, the health board has no plans to do this imminently as they are still following the Welsh Government guidance re the zoning of patients.</p> <p>May 2022 –Commissioning team discussed the risk and agreed for the risk to remain at score 16. Agreed to continue to monitor the situation particularly as there is still an issue with bed and theatre capacity to deliver contract activity.</p>																																																													

Risk Ref: 17 Waiting Times Weight Loss Surgery (CT045) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																											
Risk: There is a risk that patients requiring weight loss surgery will have their treatment delayed or not provided due to the service being categorised as P4 (non-urgent) surgery with a consequence of disease progression of existing morbidities.			Date Added to Register:12/08/20		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">Service asked to review all patients on the waiting list and categorise according to the British Obesity and Metabolic Medicine Society guidance.Regular meetings take place with service to understand and agree a Recovery Plan.			Groups discussed risk during period																																																											
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ABUHB have indicated their interest to become a Provider for bariatric services. WHSSC are currently working with ABUHB to scope the feasibility of ABUHB becoming a designated Provider.																																																														
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WHSSC are now receiving all pathway waiting list data to enable enhanced monitoring and agree any further actions. There is no scope to outsource to NHSE due to capacity and that bariatric surgery is not being classed as high priority There is a delay in being able to progress discussions with ABUHB due to the continued issues with the covid pandemic and unavailability of staff																																																														

Risk Ref: 19 Obesity Surgery Standards (CT047) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																											
Risk: There is a risk to the appropriate commissioning of Tier 4 Obesity Surgery for Wales due to: <ul style="list-style-type: none">The current commissioning policy does not meet National Institute for Health and Care Excellence (NICE) guidance.There are inadequate primary and secondary care pathways in place to support referral for surgery.The current south Wales Provider has historically been unable to meet the current commissioned activity with a consequence that patients who would fit the criteria for surgery will not be able to access the service.			Date Added to Register:24/02/20		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">WHSSC Commissioning Policy and Service Specification have been reviewed and updated to reflect the current evidence and guidance.WHSSC have commissioned PHW to undertake a review and identify the barriers to accessing the service (work has been delayed due to Covid pandemic).WHSSC to undertake further work with current Providers and consider if additional or alternative provider is required to meet the population needs.			What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.</td><td>Consultant Bariatric Surgeon, SBUHB</td><td>Complete</td></tr><tr><td>WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.</td><td>Planning Manager</td><td>Complete</td></tr><tr><td>WHSSC has asked ABUHB to complete a self-assessment against the service specification to underpin an evaluation of their potential to become a Provider.</td><td>ABUHB</td><td>Complete awaiting submission</td></tr></tbody></table>			Action	Lead	Date	The revised WHSSC Commissioning Policy and Service Specification is out for stakeholder consultation.	Consultant Bariatric Surgeon, SBUHB	Complete	WHSSC to undertake further work with current Providers and consider if additional or alternative Provider is required to meet the population needs.	Planning Manager	Complete	WHSSC has asked ABUHB to complete a self-assessment against the service specification to underpin an evaluation of their potential to become a Provider.	ABUHB	Complete awaiting submission																																													
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Additional comments: Nov 21 - It was agreed that whilst the Commissioning Policy and Service Spec were not in line with Nice Guidance and the work was ongoing regarding the scope for another provider that the Risk Score should stay the same but kept under review.																																																														

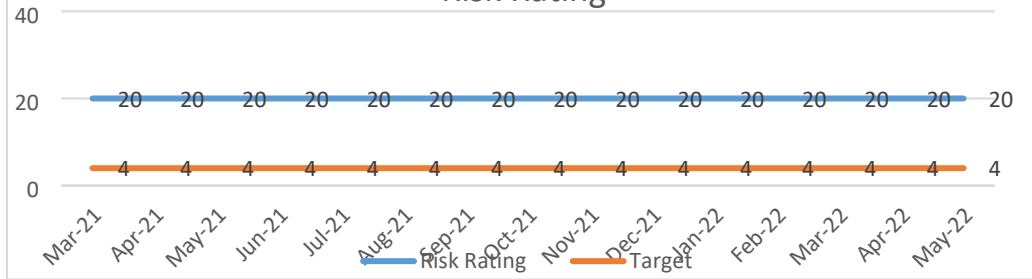
Risk Ref: 21 CAMHS Service (MH/21/02) Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health		Director Lead: Director of Finance Assuring Committee: Joint Committee Reviewed Assurance																																																										
Risk: There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (Ty Llidiard)		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">Service specification reviewed to ensure relevant information is contained and monitored with the providerMonitor training status of the staff at Ty LlidiardQuality Assurance Improvement Service (QAIS) undertake regular review ensure that environments of care are safeBusiness Plan for Physician Associate provided		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Reviewed service specification</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Monitor training status of the staff by QAIS</td><td>Shane Mills</td><td>Completed</td></tr><tr><td>QAIS review and feedback outcome at April 22 commissioning team meeting</td><td>Shane Mills</td><td>May 2022</td></tr><tr><td>Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.</td><td>Dr Krishna Menon</td><td>Completed</td></tr><tr><td>Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.</td><td>Director of Finance</td><td>Completed</td></tr></table>		Action	Lead	Date	NCCU CAMHS review to provide the driver for the CAMHS work stream of the mental health strategy	Senior Planning Manager	Completed	Reviewed service specification	Senior Planning Manager	Completed	Monitor training status of the staff by QAIS	Shane Mills	Completed	QAIS review and feedback outcome at April 22 commissioning team meeting	Shane Mills	May 2022	Submission of a discussion papers followed by a business plan for Clinical Director Dr Krishna Menon for a Physician Associate.	Dr Krishna Menon	Completed	Confirm funding arrangements on staffing position for Nursing, Therapies, Medical Staff and Service Business Manager.	Director of Finance	Completed																																				
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Additional comments: July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions.																																																												

Risk Ref: 22 Forensic Adolescent and Consultation Treatment Service (FACTS) (MH/21/05) Risk Domain: Impact on the safety of patients, staff or public physical/psychological harm) Population Health			Director Lead: Director of Finance Assuring Committee: Joint Committee Reviewed Assurance																																																														
Risk: There is a risk to the appropriate commissioning of a FACTs service in Wales Due to fragility to the staffing model, which, as a consequence may result in inadequate services for children			Date Added to Register: 24/02/21		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																												
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What controls have we put in place for the risk: <ul style="list-style-type: none">Monthly Commissioning Quality Team (CQT) Meetings with the provider until service is de-escalatedProvider needs to meet 4 key requirements as set out in the WHSSC CQV FACTS reportDevelopment of a service specification and commissioning policy for FACTSThe service is currently in escalation (level 3) due to recruitment and retention issues.			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Review and update CQT action log monthly</td><td>Planning Manager for Vulnerable Groups</td><td>May 2022</td></tr><tr><td>Sign off of the Monthly Activity Report</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Provide monthly activity report</td><td>CTMUHB Head of CAMHS</td><td>Completed</td></tr><tr><td>Provide Monthly Staff Establishment Reporting</td><td>CTMUHB Head of CAMHS</td><td>Completed</td></tr><tr><td>Set up Monthly Partnership Meetings (initially set up by WHSSC then handed over to CTMHUB)</td><td>Planning Manager for Vulnerable Groups</td><td>No longer required</td></tr><tr><td>Work with the FACTS service and stakeholders (Youth Justice Board and Youth Custody Service) to develop a FACTS Service Specification</td><td>Planning Manager for Vulnerable Groups</td><td>Completed</td></tr><tr><td>CTMUHB to submit a clinical leadership plan</td><td>CTMUHB</td><td>May 2022</td></tr><tr><td></td><td></td><td></td></tr></table>			Action	Lead	Date	Review and update CQT action log monthly	Planning Manager for Vulnerable Groups	May 2022	Sign off of the Monthly Activity Report	Planning Manager	Completed	Provide monthly activity report	CTMUHB Head of CAMHS	Completed	Provide Monthly Staff Establishment Reporting	CTMUHB Head of CAMHS	Completed	Set up Monthly Partnership Meetings (initially set up by WHSSC then handed over to CTMHUB)	Planning Manager for Vulnerable Groups	No longer required	Work with the FACTS service and stakeholders (Youth Justice Board and Youth Custody Service) to develop a FACTS Service Specification	Planning Manager for Vulnerable Groups	Completed	CTMUHB to submit a clinical leadership plan	CTMUHB	May 2022																																				
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Additional comments: <p>July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 6 as it was originally scored too high</p> <p>Jan 22 - The service is currently in escalation (level 3) due to recruitment and retention issues. Whilst progress is being made, concerns remain over management of the team, clinical leadership and establishment of a substantive Consultant Psychiatrist post. The risk rating will be reduced as the key requirements of the escalation process are met. There are other factors impacting on the lack of reduction to current risk, including clarification of input to other agencies such as HMP YOI Parc and Hillside Secure Services which impact on the stability of the core FACTS service commissioned by WHSSC.</p>																																																																	

Risk Ref: 23 Adults with a learning disability (MH/21/08) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																										
Risk: There is a risk that <u>adults</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB - 1 June 2022 Quality Patient Safety Committee – 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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Risk Ref: 24 Children with a learning disability (MH/21/09) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																										
Risk: There is a risk that <u>children</u> with a learning disability will not have access to appropriate care and treatment due to the lack of secure MH beds in Wales and a reduction in access to beds in England. The consequence is that patients may be inappropriately placed with the potential to receive sub-optimal care		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee – 7 June 2022																																																									
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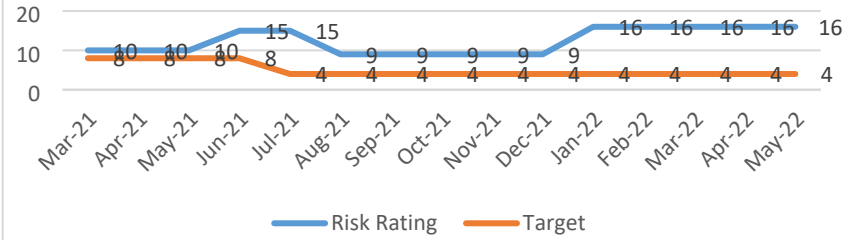
Risk Ref: 25 Welsh Gender service (MH/21/12) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Nursing Assuring Committee: Joint Committee Reviewed Assurance																																																											
Risk: There is a risk that people waiting to be seen in the Welsh Gender service (both adults and children) will have their treatment delayed due to service waiting times with a consequence of deteriorating mental health.		Date Added to Register: 24/02/21		Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee – 7 June 2022																																																									
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What controls have we put in place for the risk: Gender Identity Service for Adults (non -surgical) - Welsh Gender Service <ul style="list-style-type: none">Commissioning of a new service in Wales hosted by CVUHBIntroduction of Peer Support Programme (Umbrella Cymru) to support vulnerable patients on waiting listSubmission of CIAG scheme to increase capacity and activity of the Welsh Gender Service to address long waiting times WHSSC commissions the surgical pathway from NHS England and attends the NHS England Programme Board and Gender Commissioners Group.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Bi-monthly reviews with the Welsh Gender Service to monitor performance</td><td>Director of Nursing and Quality Assurance</td><td>Bi-monthly</td></tr><tr><td>Funding release for expansion of Welsh Gender Service to increase capacity and activity (3 phases 2021-22, 2022-23, 2023-24)</td><td>Planning Manager for Vulnerable Groups</td><td>Phase 1 of 3 Completed</td></tr><tr><td>Attend NHS England Programme Board for Gender Identity Services</td><td>Director of Nursing and Quality Assurance</td><td>Monthly</td></tr><tr><td>Attend NHS England Gender Identity Services Commissioners Group</td><td>Planning Manager for Vulnerable Groups</td><td>Monthly</td></tr></table>			Action	Lead	Date	Bi-monthly reviews with the Welsh Gender Service to monitor performance	Director of Nursing and Quality Assurance	Bi-monthly	Funding release for expansion of Welsh Gender Service to increase capacity and activity (3 phases 2021-22, 2022-23, 2023-24)	Planning Manager for Vulnerable Groups	Phase 1 of 3 Completed	Attend NHS England Programme Board for Gender Identity Services	Director of Nursing and Quality Assurance	Monthly	Attend NHS England Gender Identity Services Commissioners Group	Planning Manager for Vulnerable Groups	Monthly																																										
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Additional comments: Current score was discussed in more detail at July commissioning group - potentially score risk as 5 X 3 = 15 as there is an increased number of suicides for the group of individuals and the frequency of their mental health deteriorating is higher. Jan 22 - The level of risk remains high due to the highly vulnerable nature of the patient group. WHSSC are currently in discussion with the London Gender Identity Service (Tavistock and Portman NHS Foundation Trust) regarding the repatriation of individuals on the London GIC waiting list, which has a longer waiting time than the Welsh Gender Service. These patients were too complex for the new service when it opened but they have now developed the required skills and experience. Work is underway to understand how this will impact on the Welsh Gender Service waiting list.																																																													

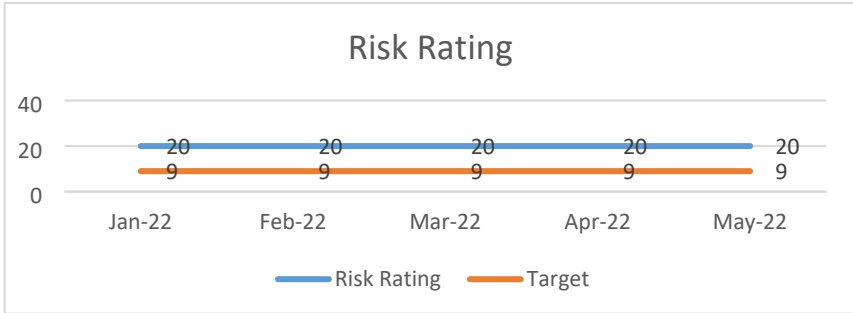
Risk Ref: 26 Neuropsychiatry patients waiting times (NCC046) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee																						
Risk: There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support <i>due to</i> staffing issues. <i>The consequence patients will have</i> long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.		Date Added to Register: 12/02/2020 Moved to MH& VG register July 21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee – 7 June 2022																					
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What controls have we put in place for the risk: <ul style="list-style-type: none">Business case receivedDeveloped ICP schemeService transferred to the Mental Health portfolioPlanned six monthly review meetings with the service to ensure staff have the specific training, skill and expertise to meet the needs of the existing service and provide an equitable service across Wales		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.</td><td>Planning Manager</td><td>Six monthly</td></tr><tr><td>The scheme was scored 2nd highest risk and has been included in the WHSSC ICP funding 2021-2022. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding releases paper being prepared for submission to July CDGB and monitoring group</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Funding release paper submitted to July Management group.</td><td>Planning Manager</td><td>Completed</td></tr><tr><td>Phase 2b to be considered within the mental health strategy</td><td>Senior Planning Manager</td><td>Completed</td></tr><tr><td>Neuropsychiatry data to be analysed to inform future mitigation actions</td><td>Senior Planning Manager</td><td>July 2022</td></tr></tbody></table>		Action	Lead	Date	NCCCT to monitor the recovery plan through the six monthly Risk, Assurance and Recovery meeting.	Planning Manager	Six monthly	The scheme was scored 2 nd highest risk and has been included in the WHSSC ICP funding 2021-2022. Business Case received from the service in May 2021. Planning Manager to develop ICP scheme in collaboration with the Service.	Planning Manager	Completed	Funding releases paper being prepared for submission to July CDGB and monitoring group	Planning Manager	Completed	Funding release paper submitted to July Management group.	Planning Manager	Completed	Phase 2b to be considered within the mental health strategy	Senior Planning Manager	Completed	Neuropsychiatry data to be analysed to inform future mitigation actions	Senior Planning Manager	July 2022
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Additional comments: From August 2021 the risk will be monitored going forward by the Mental Health & Vulnerable Group commissioning team as funding was approved July 21 CIAG approved phase 2a of Neuropsychiatry scheme phase 2b to be considered within mental health strategy.																								

Risk Ref: 27 Neonatal Cots (P/21/15) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																					
Risk: There is a risk that the Neonatal service in Cardiff & Vale are unable to open the commissioned number of cots due to staffing shortages, and as a consequence babies will need to be transferred to other units in Wales or transferred to NHS England.		Date Added to Register: 09/08/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee – 7 June 2022																																				
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What controls have we put in place for the risk: <ul style="list-style-type: none">Escalated to all Executive Teams across NHS Wales and the WHSSC commissioned elements are being closely monitored.Bed capacity is discussed at the daily SITREP call to ensure units across the Network are fully sighted on available capacityTransport service notified as likely to require increased transfers across the Network.Ongoing monitoring at Quarterly Commissioner Assurance Meeting with provider		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Develop surge/capacity plans with all neonatal units across Wales.</td><td>WC Planner</td><td>May 2022</td></tr><tr><td><ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Staffing establishment➤ Recruitment Timetable➤ HB timescale for re-opening cots to commissioned capacity</td><td>WC Planner</td><td>Quarterly</td></tr></tbody></table>		Action	Lead	Date	Develop surge/capacity plans with all neonatal units across Wales.	WC Planner	May 2022	<ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Staffing establishment➤ Recruitment Timetable➤ HB timescale for re-opening cots to commissioned capacity	WC Planner	Quarterly																											
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Risk Ref: Risk 29 – WHSSC IPFR ToR & Governance Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Committee Secretary Assuring Committee: Joint Committee																																					
Risk - There is a risk that WHSSC will be unable to meet the TOR for the All Wales IPFR panel due to the inability to achieve quoracy in the membership and consequently this may lead to delayed decision-making. In addition, there is also a risk that the current IPFR governance arrangements are not robust and as a consequence this may also lead to legal challenges in the form of judicial reviews.		Date Added to Register: 20/10/21	Date last reviewed by: Joint Committee – 9 November 2021 Integrated Governance Committee – 13 December 2021, 19 April 2022, 7 June 2022 Joint Committee - 15 March 2022 Quality Patient Safety Committee - 30 March 2022, 7 June 2022 CDGB – 1 June 2022 CTMUHB Audit & Risk Committee – 28 April 2022																																				
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What controls have we put in place for the risk: <ol style="list-style-type: none">The IPFR Terms of Reference require urgent review. A report has been sent to Welsh Government seeking clarification of WHSSC remits and authority to review the TOR within the All Wales Policy. A further meeting has taken place with Welsh Government, an update report was given to the JC 18 January and 15 March 2022 and we await written confirmation that the ToR are within WHSSC remit to amend.A judicial review highlighted some deficiencies in the minutes and decision letters advising of a refusal to fund treatment. A formal debrief and a thorough review of the legal decision in this case. This de-brief has taken place and learning from this is being implemented.A review of the IPFR governance is underway. A member of the Corporate team will start attending IPFR and act as a governance lead advising the Chair etc. The governance lead will also be able to review the minutes, notes, and decision letters etc.A quality review of other IPFR notes from HB panels will be undertaken as a way of benchmarking.The IPFR Policy has been reviewed by our legal advisor for the Judicial Review case with suggested amendments marked up on the existing policy.Due to a request from Health Boards to release clinical staff from any no- essential meetings, the IPFR Panel operated as Chairs Action for the months of January - March 2022.As of April 2022, full IPFR meetings were scheduled to re-commence. However, the meetings during April 2022 could not achieve quoracy and had to be stood down. Reminder e-mails were sent to members explaining the consequences of non-attendance and the WHSSC IPFR panel held its first full panel meeting on Monday 23 May 2022.JC approved an uplift to the WHSSC IPFR DRC budget to assist with staffing costs required as a result of the increased scrutiny.The long serving Chair of the IPFR panel stood down 1 April 2022. On the 10 May 2022, the Joint Committee agreed that Dr Ruth Alcolado, the Vice Chair of the IPFR panel, will undertake the Chair’s role on an unremunerated interim basis until July 2022 to ensure business continuity.A meeting with Welsh Government took place on 10 May 2022 to discuss the authority of the Joint Committee to update and approve the ToR of the IPFR Panel, the governance process for updating the All Wales IPFR policy; and consideration of a wider review of the both the policy and governance framework of IPFR panels in Wales. WHSSC issued a letter to WG 23 May 2022 and await a response confirming the way forward.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td>Following the judgment handed down in an IPFR judicial review on the 3 December 2021, additional enquiries will be made with WG to consider reviewing the All Wales Policy “Making Decisions on Individual Patient Funding Requests (IPFR), which was last updated in 2017 and is overdue for review. WG are responsible for the policy and the ToR for the WHSSC IPFR panel sit within the policy.</td><td>Head of Corporate Services/Committee Secretary</td><td>February 2022 Discussions are Ongoing</td></tr><tr><td>Additional governance support is being provided to support the IPFR panel meetings. Following some post-case advice a prof-forma has been developed to ensure discussions and decisions are recorded – completed</td><td>Head of Corporate Services/Committee Secretary</td><td>End of December 2021 and on-going</td></tr><tr><td>A request for an uplift to the WHSSC DRC budget was approved by JC in March 2022 to ensure additional support could continue for the IPFR panel. The Corporate team are in the process of developing a job description to appoint a substantive corporate support role.</td><td>Head of Corporate Services/Committee Secretary</td><td>March 2022</td></tr><tr><td>Following on from the urgent meeting with Welsh Government 17 December 2021, the Joint Committee received updates on progress on the 15 March 2022. The Committee expressed concern regarding the progress made and a further letter was issued to WG. A meeting has been arranged between WHSSC and WG 28 April 2022 to discuss next steps.</td><td>Head of Corporate Services/Committee Secretary</td><td>April 2022</td></tr><tr><td>The Chair of the IPFR panel stepped down from the position on the 1 April 2022. WHSSC are now faced with a new challenge, as in order to recruit a suitably experienced Chair, we need to update the ToR to outline the increased time commitment and the consideration needs to be given to remunerating the chair for the time involved in dealing with complex IPFR applications. The matter will be discussed with WG on the 28 April 2022. Meeting was postponed to 10 May 2022.</td><td>Head of Corporate Services/Committee Secretary</td><td>May 2022</td></tr><tr><td>Following the meeting with WG on 10 May 2022, a number of actions were discussed and WHSSC await confirmation from WG on how to proceed. 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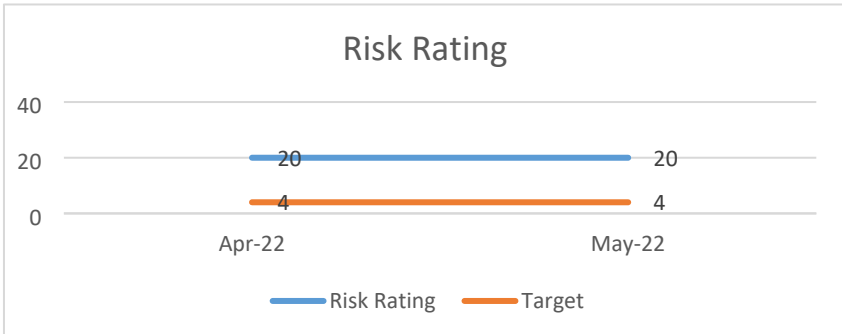
11. The NHS Wales Board Secretaries Group have been informed of the risk concerning the IPFR panel, and a private briefing session has been arranged for them on IPFR governance for 10 June 2022.	
Additional comments: The IPFR process gained political attention during the Senedd's Plenary session on the 23 March 2022 and Members of the Senedd (MS) asked questions concerning the IPFR process.	

Risk Ref: 32 Adults with an Eating Disorder (MH/21/11) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																										
Risk: There is a risk that referrals for adults with an eating disorder/disordered eating, will increase <i>due to partly</i> COVID-19. <i>The consequence</i> is that additional placements may be needed, and admissions delayed <i>due to</i> the absence of ED beds in Wales		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee – 7 June 2022																																																									
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Additional comments: July 21 – lowered current score from 15 to 9 and lower the target score from 8 to 4 Jan 22 - MH &VG Commissioning Team advised the risk score is to be increase from 9 to 16 due to notice has been given from NHS provider to cease the contract.																																																												

Risk Ref: 33 CS10 Welsh Government Priority Delivery Measures (CD03) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health		Director Lead: Committee Secretary/Director of Planning Assuring Committee: Joint Committee											
There is a risk the Welsh Provider Health Boards will not be able to deliver specialised services in line with the new Priority Measures due to the waiting list backlog and the shortfall in capacity as a consequence the measures will not met, patients will be waiting outside of the waiting times within the measures and WHSSC may need to seek commissioning alternatives		Date Added to Register: 26 January 2022		Date last reviewed by: Risk Scrutiny Group 31 January 2022, 5 March 2022, 5 May 2022 Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Integrated Governance Committee – 7 June 2022 Quality Patient Safety- 7 June 2022									
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Risk Ref: 34 Lack of Paediatric Intensive Care Beds (P/21/02) Risk Domain: Workforce		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																											
Risk: There is a risk that a paediatric intensive care bed, in the Children’s Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.		Date Added to Register:24/02/21		Date last reviewed by: Commissioning team 12/01/22 Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 7 June 2022 Integrated Governance Committee - 7 June 2022																																																									
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What controls have we put in place for the risk: <ul style="list-style-type: none">Investment through WHSSC 2019-2020 ICP to increase bed capacity to meet demandOngoing monitoring at Quarterly Commissioner Assurance Meeting with providerDevelopment of winter surge plan for 2021-2022, which sets out clear escalation management across the South West of England region.		What actions should we take: <table><thead><tr><th>Action</th><th>Lead</th><th>Date</th></tr></thead><tbody><tr><td><ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Refusal rates against SLA➤ Staffing establishment➤ Implementation of investment➤ Commissioned bed availability</td><td>W&C Planner</td><td>Quarterly</td></tr><tr><td><ul style="list-style-type: none">Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.</td><td>W&C</td><td>Quarterly</td></tr></tbody></table>			Action	Lead	Date	<ul style="list-style-type: none">Request information from Health Board in advance of Quarterly Commissioner Assurance Meeting to seek update on current capacity including:<ul style="list-style-type: none">➤ Refusal rates against SLA➤ Staffing establishment➤ Implementation of investment➤ Commissioned bed availability	W&C Planner	Quarterly	<ul style="list-style-type: none">Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly																																																
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<ul style="list-style-type: none">Review risk score following analysis of data and assurances presented at Quarterly Commissioner Assurance Meeting.	W&C	Quarterly																																																											
Additional comments: Feb 22 – The Women & Children Commissioning Group to agree in Feb 22 the escalation of risk score from 12 to 16. In addition to note the change of the risk domain, from Impact on the safety of patients, staff or public to workforce as WHSSC is currently commissioning sufficient capacity, however, the service are unable to meet the required standards due to workforces constraints.																																																													

Risk Ref: 35 Lack of available beds for mental health patients (MH/21/06) Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm)		Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance																																																										
Risk: There is a risk that mental health patients will be unable to gain a placement <i>due to</i> the lack of available UK beds, which as <i>a consequence</i> may result in inappropriate placement		Date Added to Register: 24/02/21	Date last reviewed by: Joint Committee - 15 March 2022 CTMUHB Audit & Risk Committee – 28 April 2022 CDGB – 1 June 2022 Quality Patient Safety- 30 March 2022 & 7 June 2022 Integrated Governance Committee – 7 June 2022																																																									
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>3x3</td><td>9</td></tr><tr><td>Current</td><td>4x4</td><td>16</td></tr><tr><td>Target</td><td>3x2</td><td>6</td></tr></table>	Initial	3x3	9	Current	4x4	16	Target	3x2	6	<div>Risk Rating</div> <table><tr><th>Month</th><th>Risk Rating</th><th>Target</th></tr><tr><td>Mar-21</td><td>9</td><td>6</td></tr><tr><td>Apr-21</td><td>9</td><td>6</td></tr><tr><td>May-21</td><td>9</td><td>6</td></tr><tr><td>Jun-21</td><td>9</td><td>6</td></tr><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Aug-21</td><td>16</td><td>6</td></tr><tr><td>Sep-21</td><td>16</td><td>6</td></tr><tr><td>Oct-21</td><td>16</td><td>6</td></tr><tr><td>Nov-21</td><td>16</td><td>6</td></tr><tr><td>Dec-21</td><td>16</td><td>6</td></tr><tr><td>Jan-22</td><td>16</td><td>6</td></tr><tr><td>Feb-22</td><td>16</td><td>6</td></tr><tr><td>Mar-22</td><td>16</td><td>6</td></tr><tr><td>Apr-22</td><td>16</td><td>6</td></tr><tr><td>May-22</td><td>16</td><td>6</td></tr></table>	Month	Risk Rating	Target	Mar-21	9	6	Apr-21	9	6	May-21	9	6	Jun-21	9	6	Jul-21	9	6	Aug-21	16	6	Sep-21	16	6	Oct-21	16	6	Nov-21	16	6	Dec-21	16	6	Jan-22	16	6	Feb-22	16	6	Mar-22	16	6	Apr-22	16	6	May-22	16	6	Groups discussed risk during period Commissioning Team 22/06/21 Commissioning Team 19/07/21 Commissioning Team 25/08/21 Commissioning Team 20/10/21 Commissioning Team 30/11/21 Commissioning Team 24/01/22 Commissioning Team 02/03/22 Commissioning Team 27/04/22 Commissioning Team 25/05/22	
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What controls have we put in place for the risk: <ul style="list-style-type: none">Assessment undertaken of bed capacity and demandCommissioning strategy to be developedRestructure of NHS England in to provider collaborative will further impact the availability if UK beds therefore this risk will be monitored closely.		What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Secure work stream is being considered under the mental health strategy.</td><td>Senior Planning Manager</td><td>Completed</td></tr></table>		Action	Lead	Date	Secure work stream is being considered under the mental health strategy.	Senior Planning Manager	Completed																																																			
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Additional comments: Risk discussed at July 2021 commissioning team meeting for clarity on risk title, controls in place and further actions required. Discussed at August 2021 Commissioning team and score raised due to national pressures, closure of one unit in England and ongoing ligature works in Caswell. Jan 22 - MH &VG Commissioning Team advised despite 80 surge beds being purchased until the end of March 22 the risk remains high and likely to increase further.																																																												

Risk Ref: NEW RISK NCC058 (36) 3D Biotronics-imaging platform Thrombectomy services in North Bristol Risk Domain: Impact on the safety of patients, staff or public (physical/psychological harm) Population Health			Director Lead: Director of Planning Assuring Committee: Joint Committee Reviewed Assurance														
Risk: There is a risk that patients are being prevented access to the Thrombectomy services in North Bristol due to the current 3D biotronics-imaging platform not meeting the current welsh government cyber security credentials and as a consequence will have to refer to the PACS to PACS transfer method, with potential to cause harm to patients.			Date Added to Register: 13/04/22		Date Last Reviewed by: CDGB – 1 June 2022 Quality Patient Safety- 30 March 2022 & 7 June 2022 Integrated Governance Committee – 7 June 2022												
<div>Risk Rating (impact x likelihood)</div> <table><tr><td>Initial</td><td>4x5</td><td>20</td></tr><tr><td>Current</td><td>4x5</td><td>20</td></tr><tr><td>Target</td><td>2x2</td><td>4</td></tr></table>		Initial	4x5	20	Current	4x5	20	Target	2x2	4	<div>Risk Rating</div> 			<div>Groups discussed risk during period</div> <div>Commissioning Team meeting cancelled 25/04/22 agreed out of meeting via email. Commissioning Team 23/05/22 CDGB – 1 June 2022</div>			
Initial	4x5	20															
Current	4x5	20															
Target	2x2	4															
What controls have we put in place for the risk: <ul style="list-style-type: none">• Delivery Unit meeting with their cyber security lead April 22• Risk escalated to SB Head of Digital and IG, emphasising the risk of harm to patients.• Risk placed on Health Board corporate risk register for close monitoring• Risk place on Neurosciences Commissioning Team risk register 13/4/2022• Welsh Government have been advised of the urgency of the matter			What actions should we take: <table><tr><th>Action</th><th>Lead</th><th>Date</th></tr><tr><td>Risk escalated to WHSC Director of Planning and Managing Director for awareness.</td><td>Planning Manager</td><td>13 April 2022</td></tr><tr><td>Delivery Unit receiving Fortnightly calls with Biotronics to update on progress</td><td>Delivery Unit</td><td>May 2022</td></tr><tr><td>Meeting to be held with Welsh Government on 14 April to expedite and resolve the issue</td><td>Welsh Government</td><td>May 2022</td></tr></table>			Action	Lead	Date	Risk escalated to WHSC Director of Planning and Managing Director for awareness.	Planning Manager	13 April 2022	Delivery Unit receiving Fortnightly calls with Biotronics to update on progress	Delivery Unit	May 2022	Meeting to be held with Welsh Government on 14 April to expedite and resolve the issue	Welsh Government	May 2022
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Additional comments: April 22 – The Commissioning team to agreed and discuss further the risk at the April meeting.																	

Risk Appetite Levels

Appetite Level	Described as:
None	Avoid - The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal - Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious - Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open - Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek - Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature - Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Risk Matrix

	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

Likelihood Score (L) - What is the likelihood of the consequence occurring?				
1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
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

Consequence x Likelihood = Risk Score

Domains
Impact on the safety of patients, staff or public (physical/psychological harm)
Population Health
Quality/complaints/audit
Human resources/ organisational development/staffing/ competence
Statutory duty/ inspections
Adverse publicity/ reputation
Business objectives/ projects
Finance including claims

Service/business interruption
Environmental impact

Appendix 2

WHSSC COMMISSIONING RISK ACTIVITY BETWEEN FEBRUARY –MAY 2022

The Joint Committee last considered the CRAF on the 15 March 2022. Since then a review of all risks has been undertaken through the commissioning team meetings, the Risk Scrutiny Group (RSG), the Corporate Directors Group Board (CDGB) and the Integrated Governance Committee (IGC).

A summary of changes made since February 2022 – May 2022 is outlined below:

1. New Risks

1 new commissioning risk was received during this period.

Ref	Score	Date added to CRAF
Risk 36 (NCCC058) Thrombectomy services There is a risk that patients are being prevented access to the Thrombectomy services in North Bristol due to the current 3D biotronics-imaging platform not meeting the current welsh government cyber security credentials and as a consequence will have to refer to the PACS to PACS transfer method, with potential to cause harm to patients.	20	April 22

2. Escalated Commissioning Risks

No risks were escalated during this period.

3. De-escalated Commissioning Risk February –May 2022

3 risks were been de-escalated during this period.

1 Cardiac risk and 2 Cancer & Blood risks were de-escalated in this period.

Reference	Deescalated/ Score	Action
Risk 20 - (CT046) Cardiac Surgery There is a risk that people waiting for Cardiac Surgery will have their treatment delayed due to long waiting times with a consequence of deteriorating condition and disease progression	From 15 to 12	The Cardiac Commissioning team agreed whilst the numbers of referrals into the cardiac surgery service have dropped significantly during the pandemic, there has been a reduction in the overall numbers of patients on the waiting list and the length of time they wait for their procedure. There is a gradual increase in referrals but not to the levels anticipated. This requires careful monitoring over the next 3 months to understand the position and make a decision as to whether the risk can be lowered further or needs to be increased.
30 CB04 Major Burns ITU There is a risk that patients are not being treated in a timely and/or appropriate way due to the closure of the major burns ITU at SBUHB and as a consequence this could lead to poorer patient outcomes	From 16 to 9	The unit has reopened with reduced capacity, i.e. 2 ITU beds instead of 3. Full capacity will return in the longer term. WHSSC has responsibility for monitoring implementation rather than the burns network. It was agreed that the risk score could be reduced to 9 (3 x 3) and considered for further reduction when assurance as to whether the service considered the reduced capacity to be sufficient for their needs.

Reference	Deescalated/ Score	Action
Risk 31 (CB05) HCC South Wales There is a risk that patients with HCC in south Wales are not being treated in a timely way. Due to lack of capacity (consultant time) and imaging availability in the HCC <i>MDT and as a consequence could lead to poorer patient outcomes.</i>	From 16 to 6	Senior Planner reported that patients are being discussed at MDT within a shorter time frame than previously even though the funding has not yet been released. A business case has been received and was taken to Management Group in April 2022. Senior Planner proposed a reduction in the risk score to 6 (Likelihood 2 x Impact 3).

4. Closed Risks

No red risks were closed during the reporting period.



Report Title	All Wales IPFR Panel Sub-Committee Annual Report 2021-2022			Agenda Item	3.13
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to present to the Joint Committee the All Wales IPFR Panel Annual Report 2021-2022.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s): Members are asked to: <ul style="list-style-type: none">Note the All Wales IPFR Panel Annual Report 2021-2022.					

ALL WALES IPFR PANEL ANNUAL REPORT 2021-2022

1.0 SITUATION

The purpose of this report is to present to the Joint Committee the All Wales IPFR Panel Annual Report 2021-2022.

2.0 BACKGROUND

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

The Joint Committee has established five joint sub-committees in the discharge of its functions:

- Integrated Governance Committee (IGC),
- The Quality & Patient Safety Committee (QPSC),
- The All Wales IPFR panel,
- Welsh Renal Clinical Network (WRCN); and
- Management Group.

Section 4.4.2 of the WHSSC Standing Orders state that:

"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 All Wales IPFR panel annual report 2021-2022 sets out the activities of the Sub-Committee for the reporting period 1 April 2021 to 31 March 2022 and is presented at **Appendix 1** for assurance.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** and **receive** the Sub-Committee Annual Report 2021-2022.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval Process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring Committees 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.
Finance/Resource Implications	There are no financial/resource implications associated with this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	This report demonstrates compliance with the Model Standing Orders, Reservations and Delegation of Powers (SO's) which were last issued by WG in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).
Long Term Implications (incl WCFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome)	27 June 2022 – CDGB endorsed.
Appendices	Appendix 1 – All Wales IPFR Panel Annual Report 2021-2022.

ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL

Annual Report 2021-2022

Sub-Committee/Group Chair:	Professor Vivienne Harpwood
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Individual Patient Funding Request (IPFR) Panel ANNUAL REPORT 2021-2022

Chair's Foreword

The continued impact of the COVID-19 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.

This year has also brought additional challenges for the All Wales IPFR Panel, in particular the long-standing issue of achieving quoracy has been felt more acutely because of the need to have more frequent meetings and more recently there has been the very significant impact of a Judicial Review. The latter has led to a marked increase in the workload for both Panel members and members of the WHSSC Team who support the Panel's process. Despite these challenges the Panel has continued to deliver timely, well considered and robust decision making for patients. Longer term however, it is important that the underlying IPFR policy issues described in the report are addressed and I am optimistic that the discussions underway with colleagues from Welsh Government will allow this.

To conclude, I would like to thank the representatives of the WHSSC IPFR Panel and the WHSSC support staff for their hard work and commitment which have enabled us to manage the demands of the past 12 months. But as these demands grow, and it has become increasingly difficult to balance them against my other commitments, I have, with regret taken the decision to resign and stand down as the Chair of the IPFR Panel from April 2022.



Vivienne Harpwood
Chair of the All Wales IPFR Panel

1. INTRODUCTION

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the All Wales IPFR Committee ('the Sub-Committee') produces an Annual Report to the Joint Committee setting out how the Sub-Committee has met its Terms of Reference (ToR) during the financial year.

This report outlines the work of the WHSSC All Wales Independent Patient Funding Request Panel (IPFR) during the period April 2021-March 2022.

2. BACKGROUND - THE ALL WALES IPFR PANEL

The All Wales Independent Patient Funding Request (IPFR) Panel are constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee), and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board (HB) 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 implications arising from their decisions are reported to the WHSSC Commissioning Teams and then to the WHSSC Policy Group for consideration.

The Panel have financial authorisation to agree funding up to a set limit of £750,000¹ 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.

In April 2020 the WHSSC - COVID-19 – Standard Operating Procedure 02, for Individual Patient funding (IPFR) decisions was introduced allowing Chair's action² meetings to ensure effective decision making in accordance with the IPFR policy during the initial period for the Chair's 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.

phase of the pandemic. Chair's Action meetings were held from 16 March 2020 to 18 February 2021. Full Panel meetings were reconvened on 4 March 2021. On 6 December 2021 however, Judith Paget CBE, Chief Executive NHS Wales/Director General Health & Social Services, wrote to HBs regarding system resilience, in the light of ongoing pressures within HBs related to the second wave of the pandemic. In response to this letter Chair's Action meetings were recommenced in January and full Panel meetings did not resume again until April 2022.

3. MEMBERSHIP & ATTENDANCE

3.1 Membership

The full panel of the Committee comprises 10 members. 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 2021-March 2022 the Chair of the All Wales IPFR Panel was Professor Vivienne Harpwood, and the Vice Chair was Dr Chris DV Jones. Dr Jones resigned from his post in February 2021 and Dr Ruth Alcolado was appointed Vice-Chair in December 2021.

An additional 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. A senior pharmacist was in attendance at each full panel meeting during 2021-2022.

The Full Panel membership at year end 2021-2022 was:

Name of Member	Designation	Time Period
Professor Viv Harpwood	Chair Chair of Powys THB	1 Apr 2021-31 March 2022
Dr Ruth Alcolado	Vice Chair Medical Director, NWSSP	16 Dec 2021-March 2022
Currently no representative	Ethics Committee Representative	
Brian Hawkins, CTMUHB Teena Grenier, BCUHB	Senior Pharmacist Representatives on a rotational basis	1 Apr 2021-31 March 2022
Anne-Marie Mathews	Lead for Clinical Commissioning/IPFR, ABUHB	1 Apr 2021-31 March 2022
Colin Fitzpatrick, Conrad Wareham	Deputy Medical Director, BCUHB Interim Deputy Medical Director, BCUHB	1 Feb 2022-31 March 2022

Currently No representative	CTMUHB	-
Richard Hain	Consultant & Clinical Lead, Paediatric Palliative Medicine, CAVUHB	1 Apr 2021-31 March 2022
June Picton	AMD Professional Standards & Deputy MD, HDUHB	1 Apr 2021-31 March 2022
Currently No representative	Powys THB	-
Paul Stuart Davies Alastair Rooves Keith Reid Helen Dean Roger Williams Paul Knaggs Judith Vincent Christine Morrell	SBUHB representative on a rotational basis (Representatives amended in Feb 2022)	-
Details withheld	Lay Member	1 Apr 2021-31 March 2022
Details withheld	Lay Member	1 Apr 2021-31 March 2022

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
Catherine Dew	WHSSC Patient Care Manager
Natalie Hall	WHSSC IPFR Co-ordinator
Helen Tyler	WHSSC Corporate Governance Manager

The Chair's Action Panel Membership during 2021-2022 included:

Name of Attendee	Designation
Professor Vivienne Harpwood	Chair AW Panel
Dr Ruth Alcolado	Vice Chair AW Panel
Sian Lewis	WHSSC Managing Director
Stuart Davies	WHSSC Deputy to Managing Director
Carole Bell	WHSSC Director of Nursing and Quality Assurance
Iolo Doull	WHSSC Medical Director
Details withheld	Lay Member
In attendance	

Catherine Dew	WHSSC Patient Care Manager
Natalie Hall	WHSSC IPFR Co-ordinator
Helen Tyler	WHSSC Corporate Governance Manager

3.2 Meeting Attendance 1 April 2021- 31 March 2022

Table 1 below outlines the dates and attendance for meetings during 2021-22.

Date	Quorate Y/N	ABUHB	BCUHB	CAVUHB 2 simultan- eous reps	CTMUHB	HDUHB	Powys THB	SBUHB 6 Rotatio- nal Reps	Pharmacy 2 Rotatio- nal Reps	Lay Member	Full Panel- No. IPFRs considered	Chair's Action Panel- No. IPFRs considered	TOTAL IPFRs considered
04/03/21	NO	(Joined late)	X	✓	X	✓	(Left early)	X	BCUHB	Y	12		398
18/03/21	NO	✓	✓	(Joined late)	X	✓	✓	X	CTMUHB Doubled as HB Rep	Y	12	2	
01/04/21	YES	✓	X	✓	✓	✓	✓	X	BCUHB	Y	8		
15/04/21	NO	✓	X	X	X	✓	✓	X	CTMUHB	Y	6		
06/05/21	YES	✓	✓	✓	X	✓	✓	✓	BCUHB	Y	6		
20/05/21	IPFR PANEL CANCELLED - NO CHAIR												
03/06/21	YES	✓	✓	✓	X	✓	✓	✓	BCUHB	Y	5		
17/06/21	IPFR PANEL CANCELLED - NO CHAIR												
17/06/21	CHAIRS ACTION PANEL HELD											14	
01/07/21	YES	✓	X	✓	X	✓	✓	✓	BCUHB	Y	7		
13/07/21	CHAIRS ACTION PANEL HELD											8	
15/07/21	IPFR PANEL CANCELLED - NO CHAIR												
27/07/21	CHAIRS ACTION PANEL HELD											2	
05/08/21	NO	✓	X	X	X	✓	✓	X	BCUHB	X	5		

19/08/21	NO	✓	X	(Joined late)	X	✓	✓	✓	CTMUHB Doubled as HB Rep	X	6			
02/09/21	NO	✓	✓	X	X	✓	✓	X	BCUHB	Y	2			
16/09/21	YES	✓	✓	✓	X	✓	✓	X	CTMUHB	Y	10			
07/10/21	YES	✓	✓	✓	X	✓	✓	X	BCUHB	Y	8			
21/10/21	YES	✓	✓	X	X	✓	✓	✓	CTMUHB	Y	7			
04/11/21	IPFR PANEL CANCELLED - NO CHAIR													
04/11/21	CHAIRS ACTION PANEL HELD											7		
18/11/21	YES	✓	✓	✓	X	✓	✓	✓	CTMUHB	Y	10			
02/12/21	YES	X	✓	✓	X	✓	✓	✓	BCUHB	Y	9			
16/12/21	YES	X	✓	✓	X	✓	✓	✓	BCUHB	Y	3			
21/12/21	CHAIRS ACTION PANEL HELD											6		
30/12/21	CHAIRS ACTION PANEL HELD											3		
06/01/22	CHAIRS ACTION PANEL HELD											3		
13/01/22	CHAIRS ACTION PANEL HELD											4		
21/01/22	CHAIRS ACTION PANEL HELD											6		
27/01/22	CHAIRS ACTION PANEL HELD											2		
03/02/22	CHAIRS ACTION PANEL HELD											8		
10/02/22	CHAIRS ACTION PANEL HELD											5		
17/02/22	CHAIRS ACTION PANEL HELD											2		
24/02/22	CHAIRS ACTION PANEL HELD											2		
10/03/22	CHAIRS ACTION PANEL HELD											5		
16/03/22	CHAIRS ACTION PANEL HELD											3		
24/03/22	CHAIRS ACTION PANEL HELD											7		
TOTAL IPFRs Considered by full Panel & Chairs Action Panel											116	89		205

3.3 Convening Panel Meetings – Challenges in Achieving Quoracy

The current All Wales IPFR Panel Terms of Reference (ToR), stipulate that to achieve quoracy an Independent Chair (or Vice Chair) and a minimum representation from 5 of the 7 HBs (3 of whom must be clinicians) is required. Ensuring this attendance at meetings was a challenge during the pandemic and continued to be a challenge in 2021-2022 and it became evident that it was unlikely that the format could be used to deliver meetings every two weeks even if they were held virtually.

Achieving quoracy for the WHSSC IPFR panel is significantly more demanding than for HB 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.

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 ToR 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.

Full IPFR Virtual Panel meetings were scheduled fortnightly between April 2021 and December 2021 via MS Teams. However, a significant number of meetings were cancelled during June and July due to problems in achieving quoracy (see Table 2 above). Where possible a pharmacy representative would stand in to ensure quoracy as permitted under the ToR, however this was not always feasible.

On 6 December 2021, however Judith Paget CBE, Chief Executive NHS Wales/Director General Health & Social Services, wrote to HBs regarding system resilience, in the light of ongoing pressures within HBs related to the second wave of the pandemic. In response to this letter Chair’s Action meetings were recommenced in January.

The Corporate Directors Group Board (CDGB) of WHSSC monitored the situation on a monthly basis and in February 2022 it was decided in light of ongoing pressures within HBs related to the pandemic, and in particular, staff absence levels, that the chairs action panel would continue during February 2022.

Subsequently the Minister for Health & Social Services agreed that a two week system reset would take place to help manage risk and to meet patients’/ service users’ needs from the 2 March until 16 March 2022 and as a result the CDGB agreed to extend the arrangement until March 2022. It was agreed to reconvene IPFR meetings in April 2022.

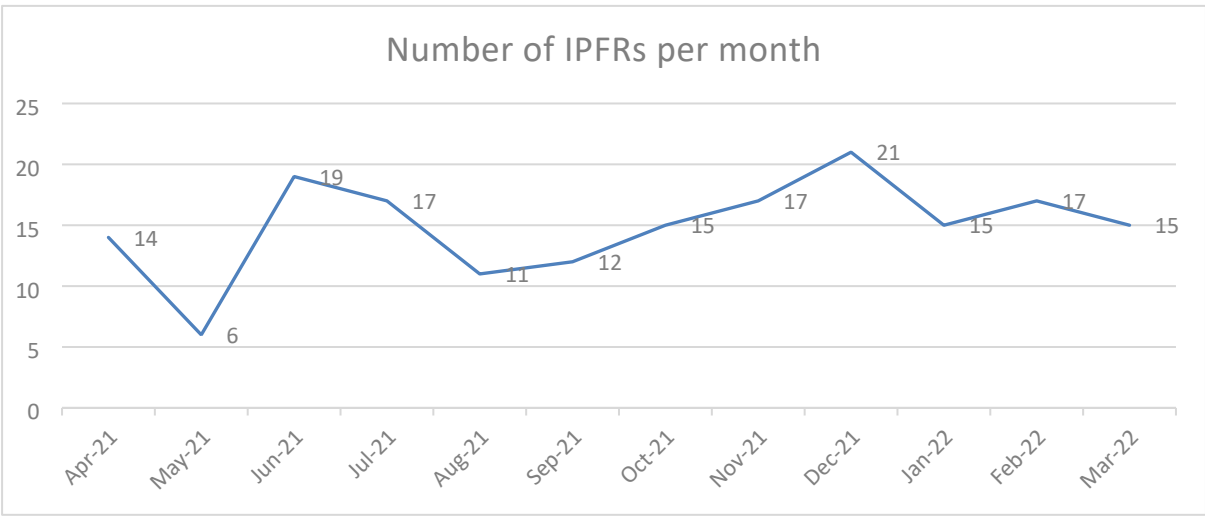
The Chairs Action Panel meetings were held weekly via MS Teams between January 2022 – March 2022.

4. MAIN AREAS OF COMMITTEE ACTIVITY

4.1 IPFR Requests Considered April 2021- March 2022

Table 2 below outlines the number of IPFR requests considered per month between 1 April 2021 and 31 March 2022. On average 15 requests were considered or reconsidered by either the full AW IPFR Panel or the Chair’s Action Panel each month.

Table 2 - Number of IPFR Requests Considered per Month 2021-2022



4.2. Categories of IPFR Requests April 2021-March 2022

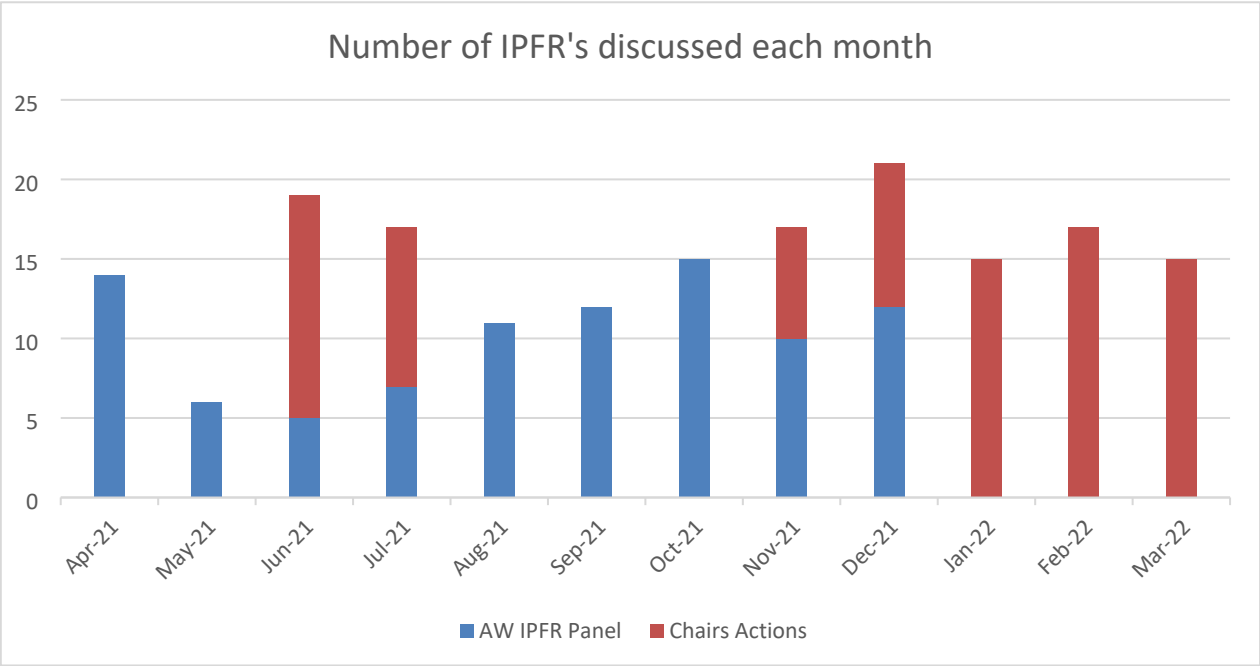
During 2021-2022 the IPFR Panel considered 205 new requests, 89 of these requests were discussed through the Chair’s Action panel. Of the 205 requests:

- 37 PET scans,
- 21 Drug treatments,
- 27 Fertility treatments
- 11 Cytoreductive Surgery with HIPEC treatments
- 109 other

118 (72%) IPFR requests were approved and 72 (28%) requests were declined. Thus, the majority of requests were approved. In comparison with 2020-2021, the approval rate for 2021-2022 was very similar as 76% of requests were approved and 24% of requests were declined in 2020-2021

Table 3 below provides a breakdown of the IPFR requests considered by the full panel, and by the Chairs action panel.

Table 3 - IPFRs considered per month by the AW IPFR Panel and the Chairs Actions Panel



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.

In order to monitor progress and any necessary follow up the WHSSC IPFR Coordinator provided administrative support to the Panel, including a work log that captured all of the agreed actions. This provided an essential element of assurance for both the panel and from the panel to the Integrated Governance Committee (IGC) and the Joint Committee (JC).

5. REQUESTS FOR REVIEW OF THE DECISION MAKING PROCESS

5.1 Request for Independent Review by a Health Board (HB)

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached.

During 2021-2022, WHSSC received one request for an Independent Review of the process followed by the All Wales Panel concerning an application received from Cardiff and Vale University Health Board (CVUHB). As per the process outlined in the IPFR policy, a review panel at CVUHB reviewed the application and the process followed by WHSSC on 19 January 2022. The scope of the review did not constitute a review of the merits of the original decision and had the restricted role of hearing review requests that fall into one or more of three strictly limited grounds.

The request for Review cited the following 2 grounds:

Ground One: *The Health Board [WHSSC] has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests. – This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agreed is not necessarily unfair.*

Decision of the Review Panel

To uphold the grounds of the review and ask the original IPFR Panel to reconsider the request.

Ground Two: *The Health Board has prepared a decision which is irrational in the light of the evidence submitted – the decision made is considered to be irrational or so unreasonable that no reasonable Health Board could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.*

Decision of the Review Panel

To uphold the grounds of the review and ask the original IPFR Panel to reconsider the request.

The CVUHB review panel concluded:

- that the clinical decision letter did not reference or explain that the All Wales IPFR policy did not support non-clinical factors, such as employment, being taken into consideration when determining funding,
- that further research had been undertaken and published since 2010 which could have also been considered by the All Wales Panel.
- That the references to additional research in the IPFR application form were not provided by the referring clinician. Clear abstracts or summaries were required of how applicable the research references were to the patient's case. It was the role of the referring clinician to make the case by providing all relevant clinical information.
- the request was considered within the timescale stipulated in the IPFR policy.
- The meeting was properly constituted in terms of Panel membership and quoracy.

The CVUHB review panel made the following recommendations:

- That the request be scheduled for reconsideration by the All Wales IPFR Panel,
- That the referring clinician provide additional information such as summaries of relevant current clinical evidence and how applicable this was to the patient's case for funding to support reconsideration by the All Wales IPFR Panel,
- The All Wales IPFR Panel ensures that an accurate record is captured and maintained of the panel's discussions,
- IPFR panel decision letters to include a greater explanation concerning the rationale for refusing decisions,
- The patient should be copied into the Review Panel's letter to the referring clinician.

The request was re-considered through a Chair's Action process on the 3 March 2022, and the decision remained to not approve funding.

5.2 Judicial Review – ABUHB & WHSSC –V- Maria Wallpott

IPFR applicants have the right to request that an IPFR decision is challenged on the grounds that it is unlawful, irrational/unreasonable and/or procedurally unfair, through a judicial review request to a court.

On the 3 December 2021 a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. The basis of this decision was the court's interpretation of the existing NHS Wales Policy Making Decisions on Individual Funding Requests (IPFR's), and legal advice from a Queen's Counsel (QC) Barrister, which indicated that the policy would need to be updated if its original and intended meaning was to be reinstated.

The judgment handed down was based on a significantly different interpretation of the Policy than was previously the case in Wales, which is relevant not only to the All Wales Panel but to HB panels across Wales.

The judgement handed down on 3 December 2021 focussed on two key areas:

- The definition of the comparator group; and
- The record of the Panel's reasoning.

In response to the above the following actions were taken:

- The WHSS Team requested advice from David Locke QC (Council representing WHSSC during the JR) to confirm the implications of the Courts decision. It was clarified that the interpretation of the Policy by the judge must now pertain and in order for the original and intended meaning of the All Wales IPFR Policy to be reinstated it will be necessary for the Policy to be revised,
- The David Locke QC together with the WHSSC Medical Director have provisionally undertaken a limited redrafting of the policy to this effect,
- A direct request was made to Welsh Government (WG) for clarity regarding the governance arrangements for both the NHS Wales Policy Making Decisions on Individual Funding Requests (IPFR's) and the All Wales IPFR Panel ToR. The redraft of the policy is 'on hold' by WHSSC until clarity is received from WG, however it stands ready to be considered immediately once clarity is reached,
- To ensure that the issues concerning the IPFR panel and process were fully understood the WHSS Team invited an independent barrister to sit in on a Panel meeting and provide feedback. The feedback emphasised the importance of effective chairmanship, ensuring a limit on the number of cases considered at each Panel meeting, reducing the Panel size to allow more focused discussion, with more detailed recording of the Panel's deliberations,
- An SBAR was submitted to WG to request that the All Wales Policy be reviewed and updated as a matter of urgency in light of the judgment, involving relatively limited changes to the wording to reinstate what was originally intended, and that WG confirm the authority of the Joint Committee to make decisions on the WHSSC IPFR Panel ToR, as one of its sub-committees in accordance with the WHSSC Standing Orders,
- A special technical briefing on the judgement handed Down in the JR was given to the IPFR panel on 16 December 2021,

- IPFR governance was already identified as a risk on the WHSSC Corporate Risk Assurance Framework (CRAF) and was escalated from 16 to 20; and
- The Joint Committee were given updates at its meeting on the 18 January and the 15 March 2022. Following the concerns expressed by the JC 15 March 2022, a further letter was issued to WG.

5.3 Public Services Ombudsman for Wales (PSOW)

No IPFR cases were referred to the Public Services Ombudsman for Wales during the reporting period.

6. REVIEW OF THE EFFECTIVENESS OF THE IPFR PANEL

6.1 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 ToR 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.

6.2 IPFR Quality Assurance (QA) Group Audit

The IPFR Quality Assurance (QA) group undertake quarterly audits on the quality of information considered by the panel. The table below provides a summary of the findings of the quarterly audits undertaken in 2021-2022:

Quarter	Feedback from Audit
Apr-Jun 2021	All criteria but one were met in the case assessed, WHSSC are following the IPFR process in line with policy. Minor redactions were required prior to sending papers to the group. Urgency was met in 85% of cases considered in the quarter.
July – Sept 2021	All criteria were met in the case assessed, WHSSC continue to follow the IPFR process in line with policy. In the quarter July to September 90% of cases met the urgency stipulated. The group were pleased to note presence of two lay members at the panel meeting.
Oct – Dec 2021	All criteria but one were met in the case assessed, WHSSC continue to follow the IPFR process in line with the IPFR policy. The panel decision was made one day outside of the urgency request. The decision rationale provided to the clinician could be more patient specific. No additional redactions were required prior to sending paperwork out to the group. <i>In response to this feedback from the QA Group Audit, the IPFR Panel Deputy Chair has asked the WHSSC Medical</i>

	<i>Director to raise the this case with the Clinical Director of AW TTC as the view of the Panel was that a 4-6 week response time would have been more clinically appropriate for the assessed request rather than the 48 hour deadline that was stipulated by the referring clinician. The IPFR panel decision was made within 72 hours not 48 hours as indicated on the form.</i>
Jan – March 2022	All criteria but two were met in the case assessed. The information provided by the applicant was considered insufficient. The panel was not quorate with the decision made by Chair's action despite the request being non-urgent. In the quarter 94% of applications met the urgency stipulated. Some additional redactions were required prior to sending paperwork out to the group.

6.3 Annual Committee Review of Effectiveness Survey

For the 2021-2022 assessment, a survey was issued via email utilising MS forms to enable an efficient yet effective reflection on committee effectiveness and which offered a consistent approach for all committees. The survey closed on the 11 April 2022.

The findings and feedback will be shared with the relevant Chairs and reviewed with a view to developing an action plan to address any areas that require development that will be monitored by the Integrated Governance Committee and the Joint Committee for assurance.

7. ALL IPFR LEARNING AND TRAINING

The annual All Wales IPFR Conference which provides an opportunity for learning and development was held virtually on 29 November 2021 and Chaired by Dr James Coulson, Interim Clinical Director, AW TTC. Delegates had the opportunity to access sessions including application completion, ethics, law and the role of Panel members.

8. ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE IPFR ANNUAL REPORT 2020-2021

The All Wales Therapeutics and Toxicology Centre (AW TTC) have published the 2020/2021 IPFR Annual report which is available to view or download from the AW TTC website <https://www.awttc.org/ipfr>

9. 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 2021-2022, that the necessary measures were put in place to deal with the challenges of decision making during the COVID-19 pandemic and the recovery phase thereafter.

The WHSSC Joint Committee receives a report at each meeting regarding the work of the Panel. In addition a number of papers specifically addressing issues related to the ToR of the Panel and the implications of the Judicial Review have been considered.

Between January 2022 and April 2022 Chair's Action Panel arrangements were put in place to consider requests when it was possible to run full panels because of the additional pressures under which clinical and NHS management staff found themselves. However when IPFR meetings were re-convened in April 2022, both meetings were stood down because quoracy could not be achieved.

Due to the issues related to the ToR, IPFR governance was identified as a risk on the WHSSC Corporate Risk Assurance Framework (CRAF). Following the judgment handed down in the Judicial Review case in December 2021 the level of risk was increased from 16 to 20.

The panel would however, wish to bring the following outstanding issues to the attention of the Joint Committee:

- The original and intended meaning of the All Wales IPFR Policy has changed due to a significantly different interpretation of the Policy by the Court in the judgment handed down on 3 December, which is relevant not only to the All Wales Panel but to HB panels across Wales,
- That the only mechanism to reinstate the original and intended meaning of the Policy is through a revision of the wording of the Policy.
- Ensuring quoracy of the All Wales IPFR panel continues to be a challenge. This is a longstanding issue, which has been exacerbated both by the growing number of requests arising from the pandemic, and the time now required to scrutinise each case, not including preparation and pre-reading time,
- The long serving Chair stood down from the role on 1 April 2022 and indicated that the recently increased time commitment required for the smooth functioning of the IPFR process was a significant factor. There is a need now to appoint a suitably experienced and knowledgeable Chair for this complex and often-contentious role.
- The Panel membership, as prescribed by the current policy, is too large for effective discussion and decision making (advice from an independent barrister).
- The additional level of procedural rigour required when considering cases is tantamount to quasi-legal.

A number of actions have been taken to mitigate the issues and risks identified above:

- A feedback and development session, in addition to written guidance was provided to the Panel by David Locke QC,
- The level of procedural rigour now demanded by the court has been addressed by providing additional in-house administrative support to the Panel. This involves not only considerably more time input from the WHSSC Patient Care Team who manage both the Prior Approval and IPFR processes but also the addition of a governance advisor from the Corporate Services Team. The advisor provides input

- into all stages of the Panel process including pre-meeting scrutiny, advice to the Chair and panel members, and support for the recording of the panel outcomes,
- The appointment of a Vice-Chair has allowed the meeting frequency to be increased,
 - There have been regular written updates into WG; and
 - The All-Wales IPFR QA Group and the HB Board Secretaries have been made aware of the risks, which also apply to HB IPFR Panels. The risks however are lower in HBs because of the much small number of requests received.

10. CONCLUSION AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and in 2022-2023 will focus on the following:

- Continuing compliance with the All Wales IPFR Policy (June 2017) and decision making criteria during the next phase of the COVID-19 pandemic,
- Working with HBs and WG to address the unresolved governance issues related to the All Wales IPFR Policy (June 2017),
- Continuing to mitigate the risks related to the unresolved governance issues as described above,
- Working with Health Boards to ensure their designated representatives attend each Panel and meetings are quorate,
- Further development of the committee members by completion of the annual self-assessment and the annual IPFR training and development day; and
- Undertaking a recruitment process for a new Panel Chair. It is anticipated that the role requirements as currently described in the ToR and the increasing workload and complexity of the work will mean that successful recruitment will be highly challenging.

Appendix 1

TERMS OF REFERENCE – IPFR PANEL (WHSSC)

PURPOSE

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

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

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

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

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
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<p>The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above.</p> <p>The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"> - The panel's authorisation limit is set at £300,000 for one-off packages and £1million for lifetime packages - Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation 	<ul style="list-style-type: none"> • Independent Chair (who will be from existing members of the NHS organisations Boards) • Two Lay representatives • Nomination at Director level from each of the LHBs <p>A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of professional disciplines to secure an informed multi-disciplinary decision.</p> <p>A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be nominated as the Vice Chair. The Chair of the panel will review the membership as necessary.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"> • Medical Director or Deputy • Director of Nursing or Deputy • IPFR Co-ordinator • Finance Advisor (if required) • Other WHSSC staff as and when required.
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PROCEDURAL ARRANGEMENTS

Quorum: The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives.

Meetings: At least once a month with additional meetings held as required and agreed with the Panel Chair. Video conferencing facilities will be available for all meetings.

WHSSC will be responsible for organising the WHSSC Panel and will provide members with all relevant documentation.

Urgent Cases: It is recognised that provision must be made for occasions where decisions may need to be made urgently.

Where possible, a “virtual panel” will be held to consider urgent cases. If this is not possible due to the urgency of the request, then 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) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

WHSSC will provide an update of any urgent decisions to the subsequent meeting of the Panel.

Recording: The WHSSC IPFR Co-ordinator will clerk the meetings to ensure proper records of the panel discussions and decisions are made. An electronic database of decisions will also be maintained.



Report Title	COVID-19 Period Activity Report Month 1 2022-2023	Agenda Item	4.1
Meeting Title	Joint Committee	Meeting Date	12/07/2022
FOI Status	Open/Public		
Author (Job title)	Head of Information		
Executive Lead (Job title)	Director of Finance		

Purpose of the Report	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.				
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Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
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Recommendation(s)

Members are asked to:

- **Note** the report

COVID-19 PERIOD ACTIVITY REPORT MONTH 1 2022-2023

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, along with the relevant new Performance Measures set out by Welsh Government.

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. The DHCW data used in this report was refreshed on May 31st 2022.

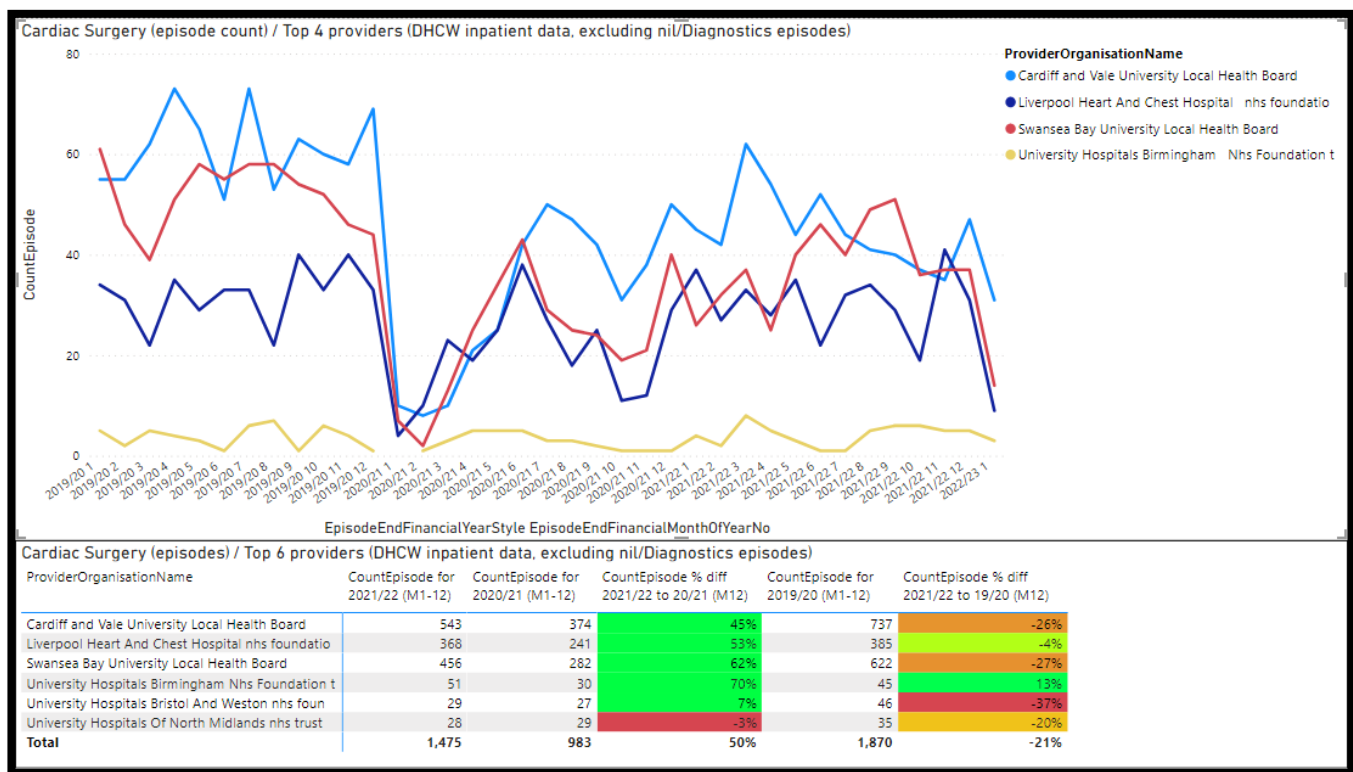
3.0 ASSESSMENT

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 and B – 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)
- Appendix B – tables including the relevant Performance measures as directed by Welsh Government

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity and Access Rate Summary

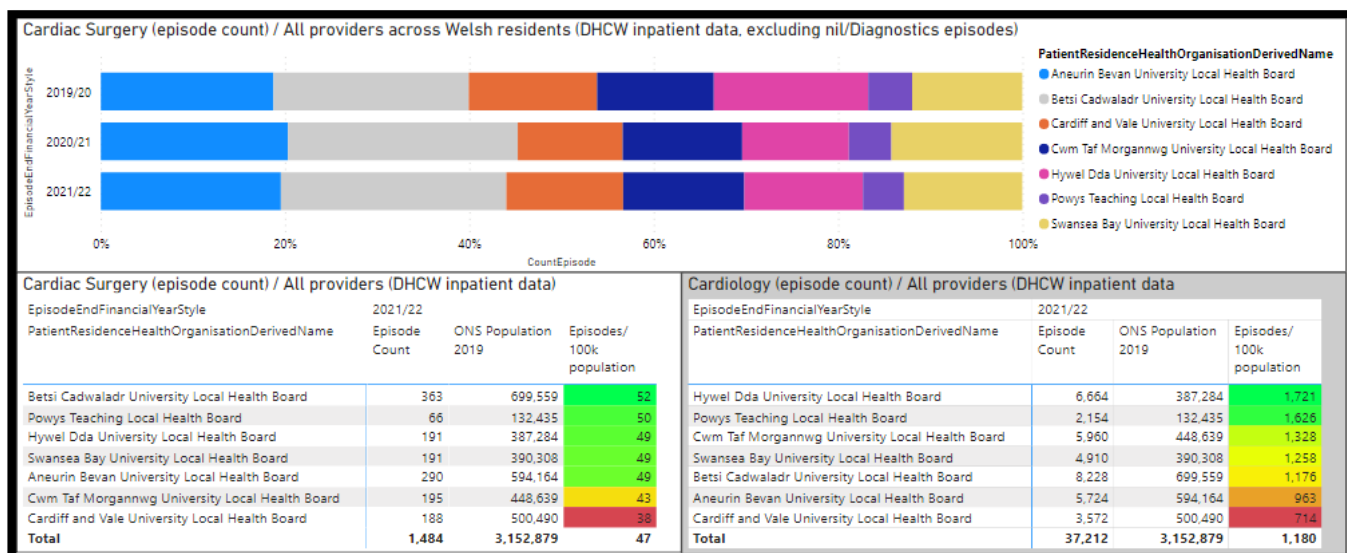


Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

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 COVID-19 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 12), activity was 47% more than last year, but is still 21% 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 infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor.

There has been some proactive switching into TAVI (Transcatheter Aortic Valve Implant) procedures for selected sub groups of patients, but numbers are not material.



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

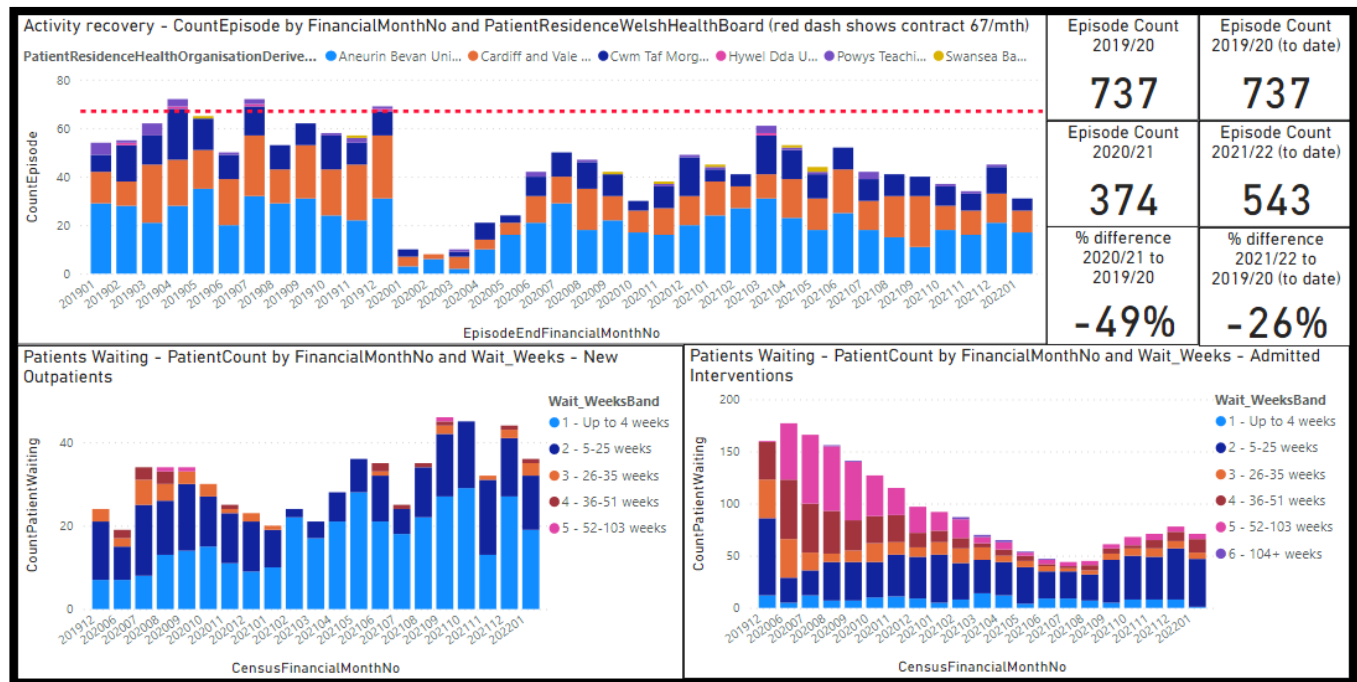
Access rates across the Health Boards varied the most during the initial COVID-19 wave, but have stabilised in recent months to almost the same split of the available activity as 2019/20. However, Betsi Cadwaladr is reflecting an increased share of the activity, due to the good recovery at Liverpool Heart & Chest.

Inpatient episodes per 100k population varies overall across the Health Board areas, from 38 to 52 in 2021/22 as per the small table above to the left.

Interestingly, the access rates vary to those of Cardiology (mostly non-specialist), which is shown in the small table above to the right. This data is shown for information only, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

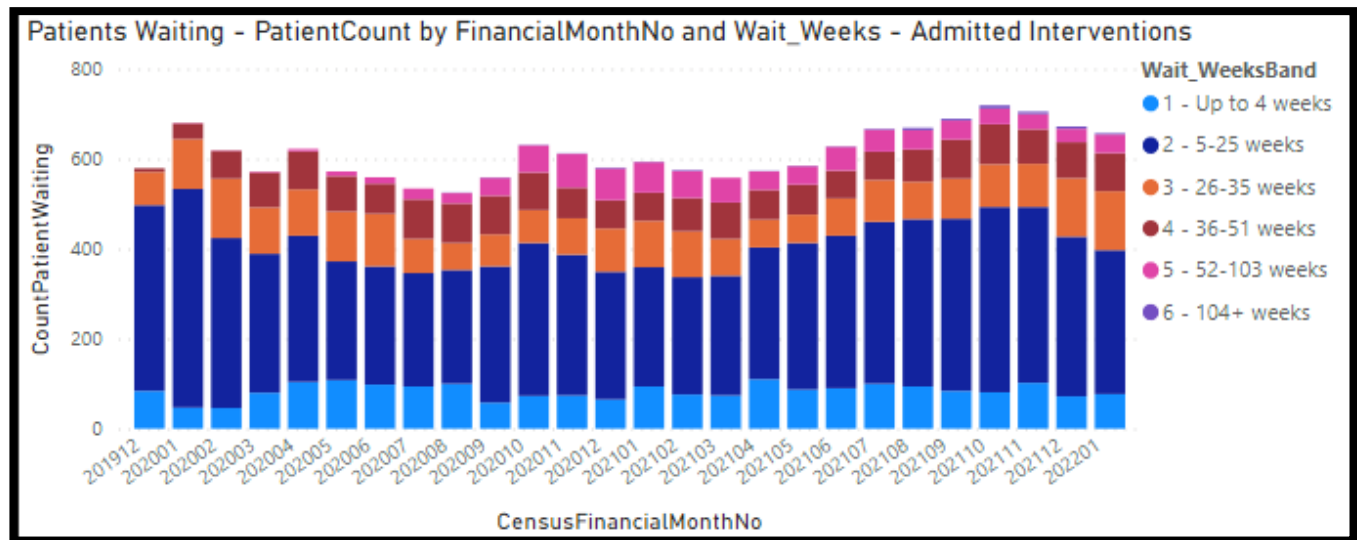
Cardiff & Vale UHB



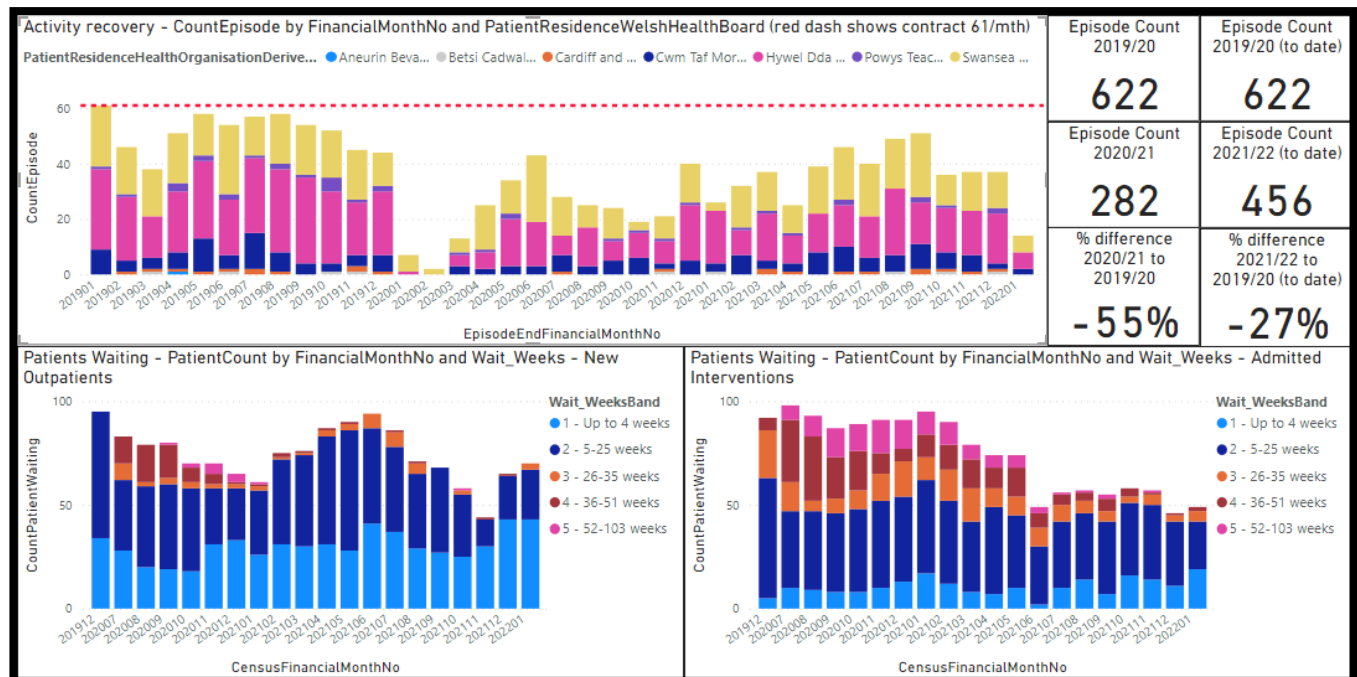
Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

The tables above show a summary of the position at Cardiff & Vale in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity had kept pace to the point that the waiting list for admissions had reduced to almost a third of pre-COVID-19 demand, with few patients now waiting over 26 weeks. However, the past few months show increases in the waiting list for admissions, although total patients are still low.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased steadily at Cardiff over the same period, but not materially.



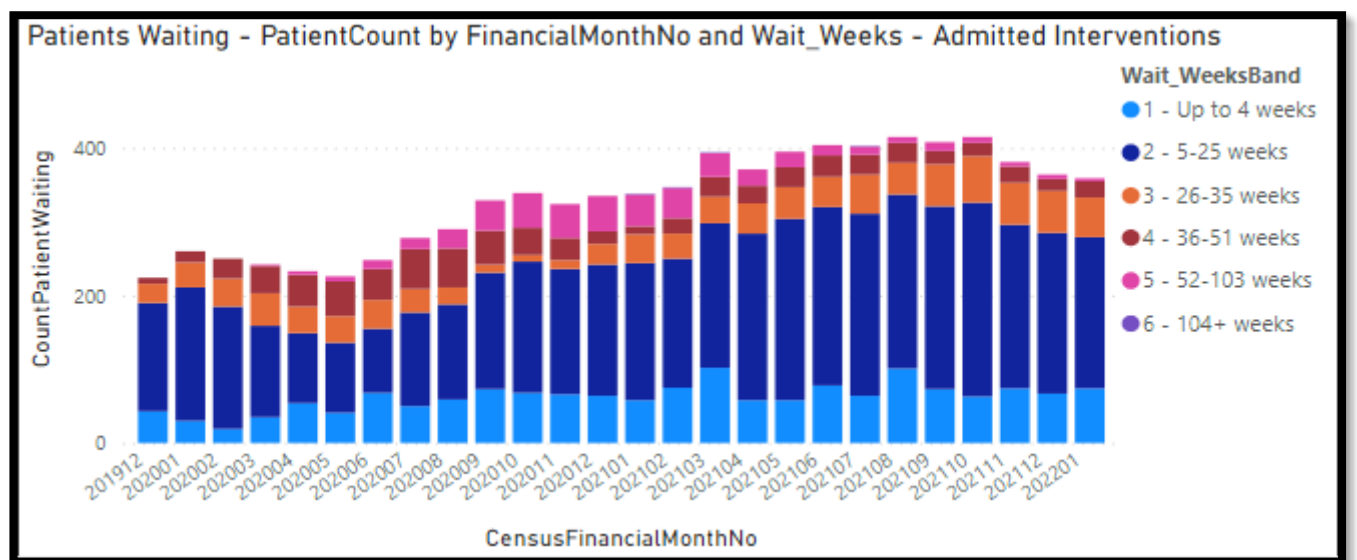
Swansea Bay UHB



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

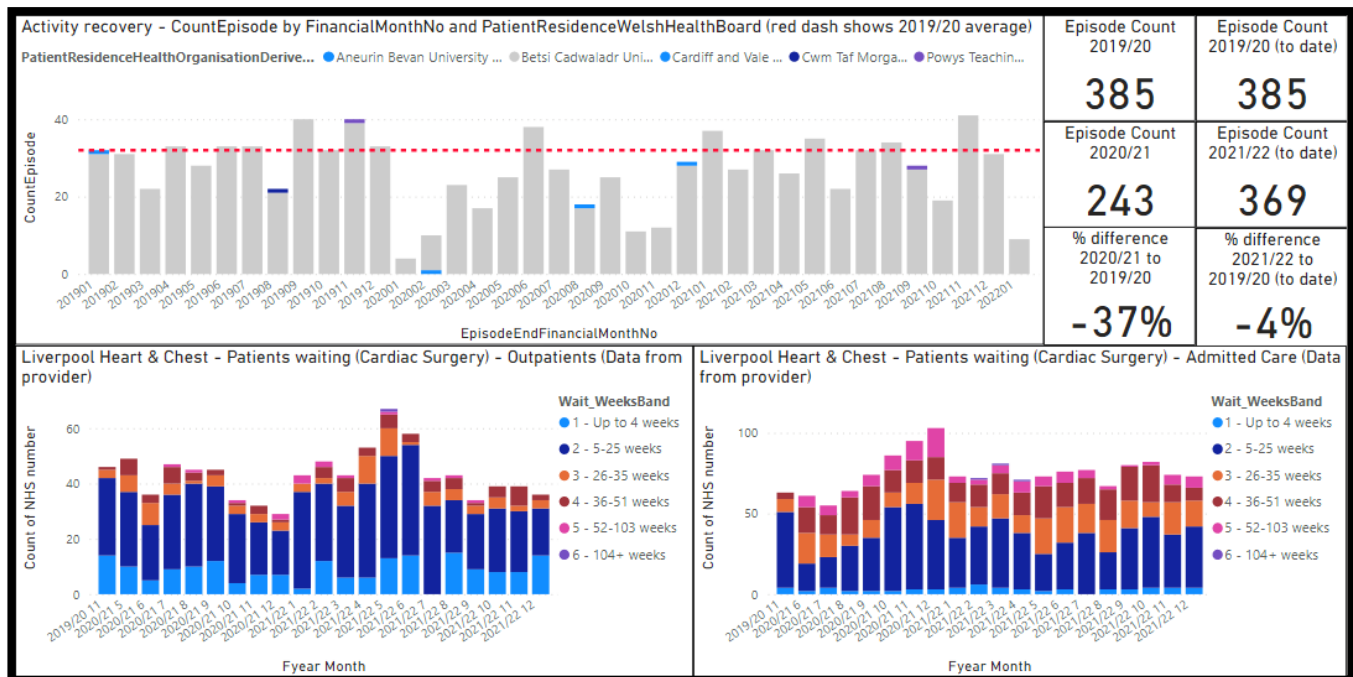
The tables above show a summary of the position at Swansea Bay in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has reduced to about half of Pre-COVID-19 demand, with few patients now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments have almost doubled at Swansea Bay over the same period, but it is unknown how many of these are waiting for specialist procedures.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Swansea Bay – admitted interventions (specialist and non-specialist).

Liverpool Heart & Chest Hospital



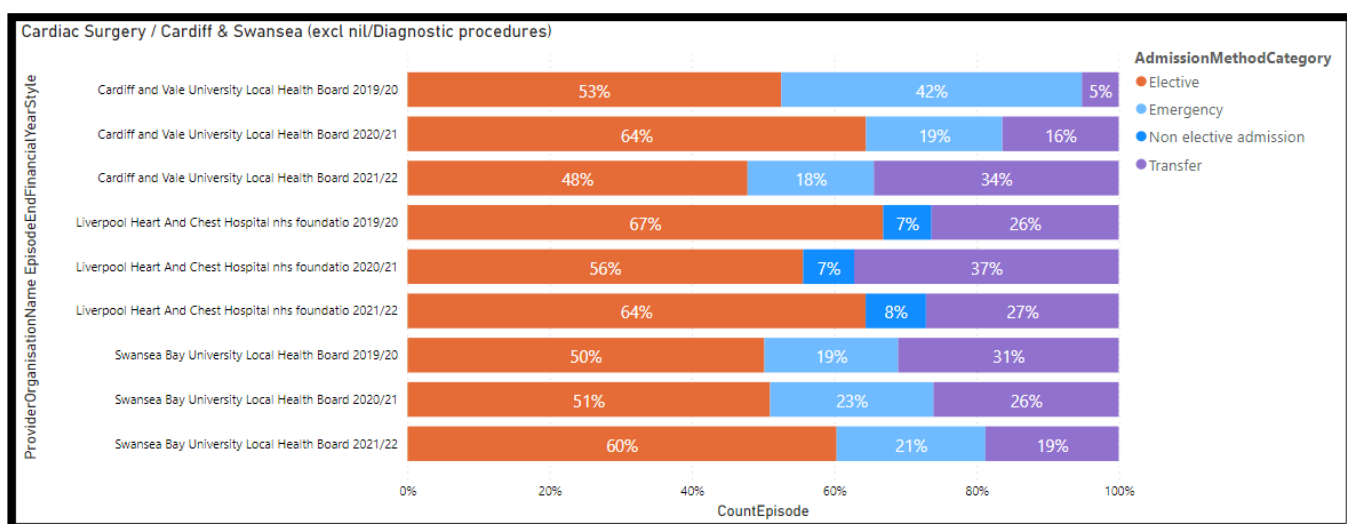
Data source: Inpatient activity from DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes.** Waiting list data from provider direct.

The tables above show a summary of the position at Liverpool Heart & Chest in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a similar pattern in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity is also back to almost the same Pre-COVID-19 levels. The waiting list for admissions has remained roughly steady over the past 2 years, but with more than half now waiting over 26 weeks.

Other activity notes

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. Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with a resulting adverse impact on the waiting list.

The below chart shows the elective/emergency percentages of the overall inpatient activity. Whilst Liverpool Heart & Chest appears to be back to 2019/20 splits, Cardiff has seen a marked increase in Transferred activity, while Swansea Bay has seen a decrease.



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

Specialised Planner comments:

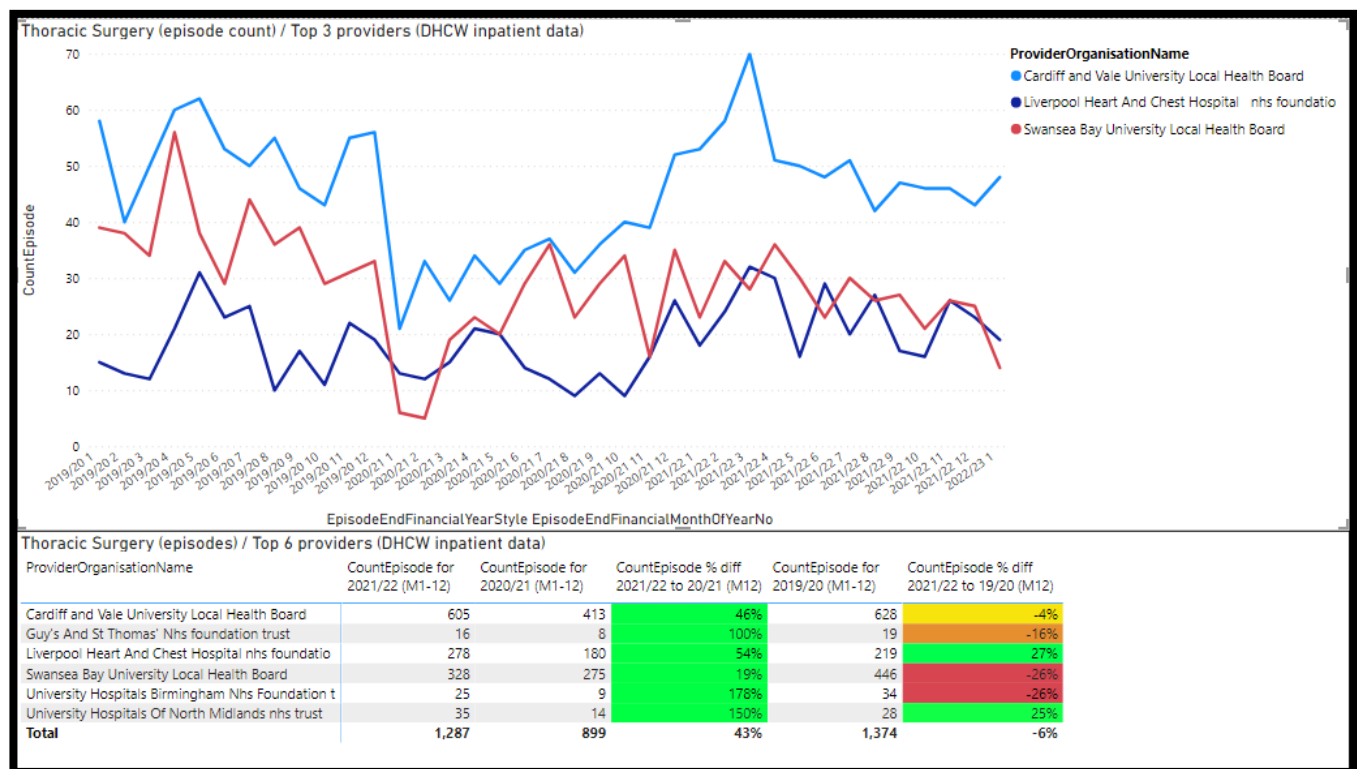
The number of outpatient referrals has continued to increase, although these have been accompanied by corresponding increases in activity levels which have ensured that there has been no resultant growth in in-patient waiting lists. Although modest increases in the waiting list for admissions have been evident in Cardiff and Vale University Health Board over the course of the last few months, overall numbers remain low and the same trend has not been evident in Swansea Bay University Health Board or Liverpool Heart & Chest Hospital.

As highlighted in previous iterations of this report, there remains a risk that Cardiac Surgery referrals and waiting times will increase over the coming months as a result of the efforts of local health boards to manage the recovery of cardiology services. Nonetheless, the risk has yet to be realised, despite the Health Boards working proactively to address their diagnostic backlogs. There is a growing possibility that the anticipated increases may not be as significant as feared, albeit that it still remains premature to draw such a conclusion.

WHSSC is continuing to investigate whether there might be potential for a regional approach to addressing cardiac surgery waiting lists (akin to the model utilised by the thoracic surgery service), albeit that the imperative of adopting such an approach would be hastened by increases in referrals and waiting times.

3.2 Thoracic Surgery

3.2.1 Thoracic Surgery – Activity and Access Rate Summary



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. Liverpool actually has performed inpatient episodes 27% higher to date than 2019/20. Cardiff & Vale is showing similar activity to 2019/20 to the same month. However, Swansea Bay is showing a 26% drop in activity to date compared to 2019/20.

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 12), activity is 6% less than 2019/20, and is 43% higher in total than to the same month last year.



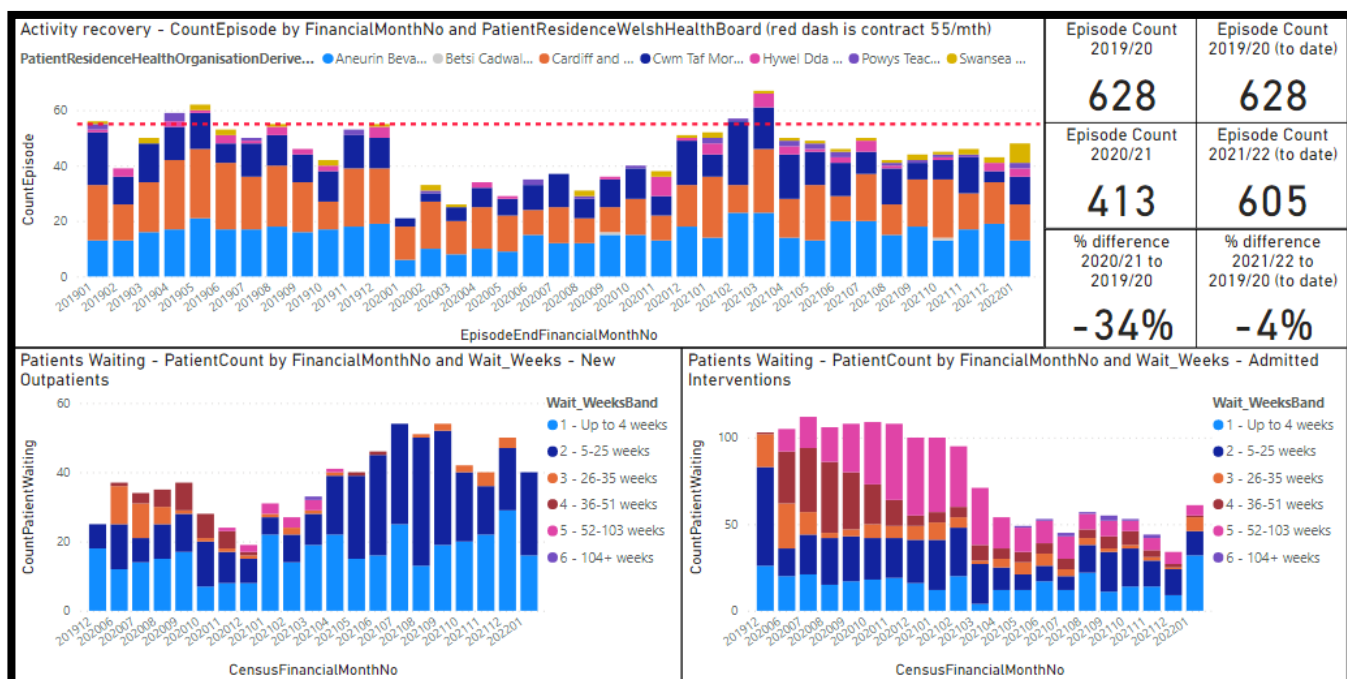
Data source: DHCW central data warehouse; all inpatient activity

Access rates of the Health Boards varied slightly across the past two years, which is to be expected given the relatively low activity numbers (about 73/month), but should still be monitored.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 29 to 55 as per the small table above for 2021/22. 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. Thoracic Surgery – Recovery and Waiting Lists

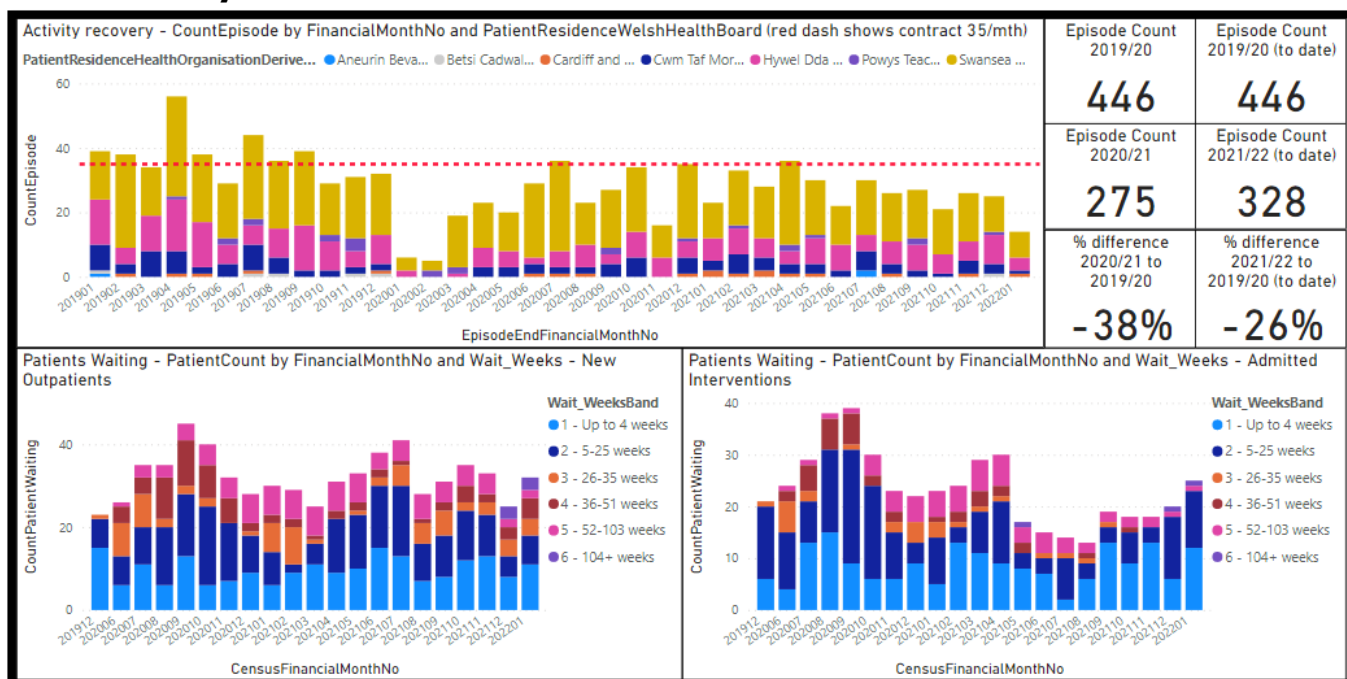
Cardiff and Vale UHB



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

The tables above show a summary of the position at Cardiff & Vale in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity has recovered to the same episode counts as 2019/20. The waiting list for admissions has reduced to around half of Pre-COVID-19 demand.

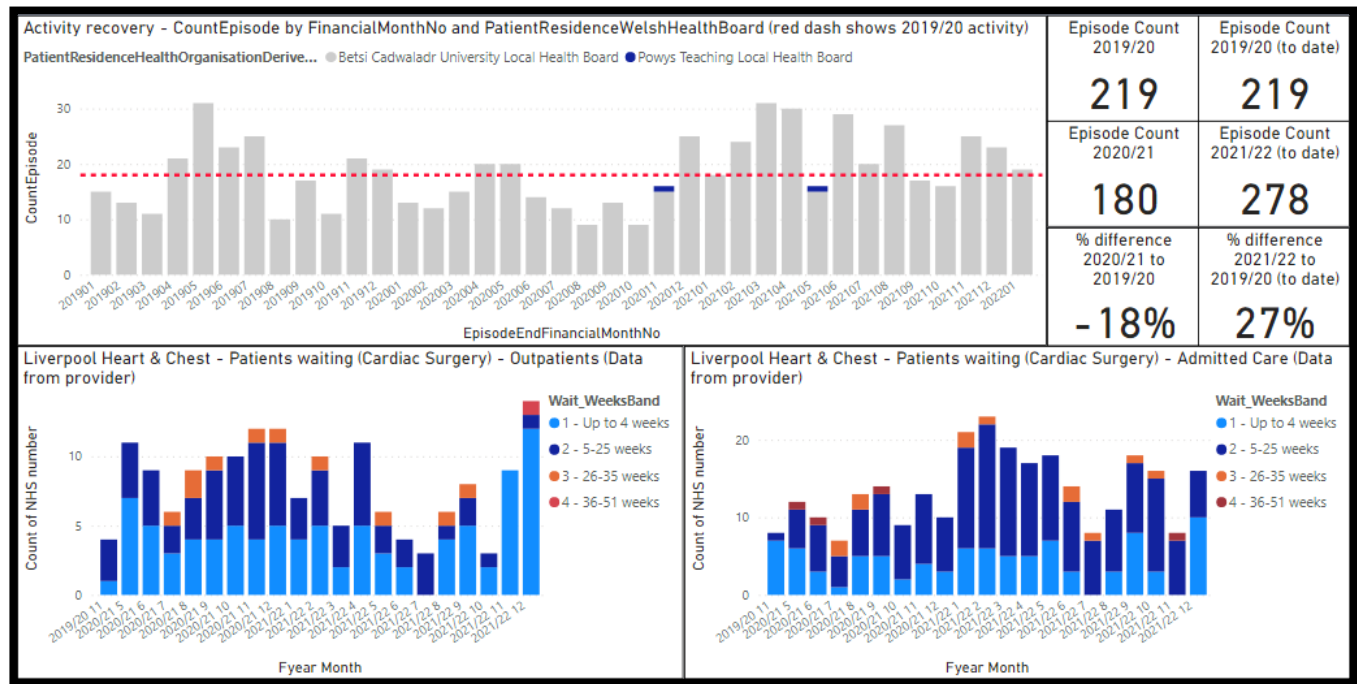
Swansea Bay UHB



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

The previous tables show a summary of the position at Swansea Bay in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows consistent numbers, elective activity is still 26% lower than 2019/20. However, the overall waiting list for admissions has not deteriorated from the position at March 2020, although the numbers are not high.

Liverpool Heart & Chest Hospital



Data source: DHCW central data warehouse; Waiting list data from provider directly

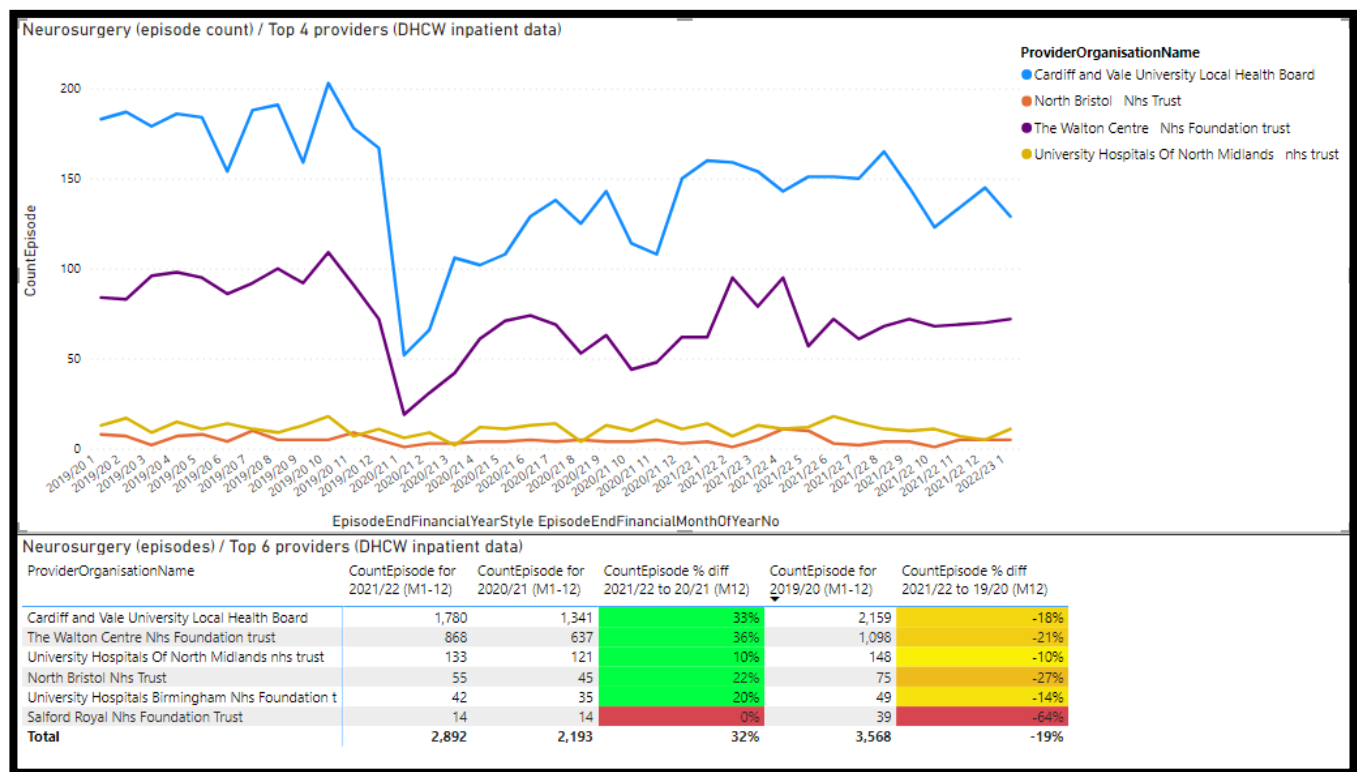
The tables above show a summary of the position at Liverpool Heart & Chest in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a quick increase in new referrals (those between 0-4 weeks) after the pandemic started, inpatient activity has increased by 27% compared to 2019/20. Despite this, the patients waiting for admission has remained roughly the same as pre-Covid levels, although these are not material numbers and are easily skewed month-on-month.

Specialised Planner comments:

In interpreting the data above, it is important to note that collaborative arrangements are in place between the two South Wales thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if their usual centre is capacity constrained due to the impact of the pandemic (or potentially other factors) and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of health boards for which it is the usual provider.

3.3 Neurosurgery

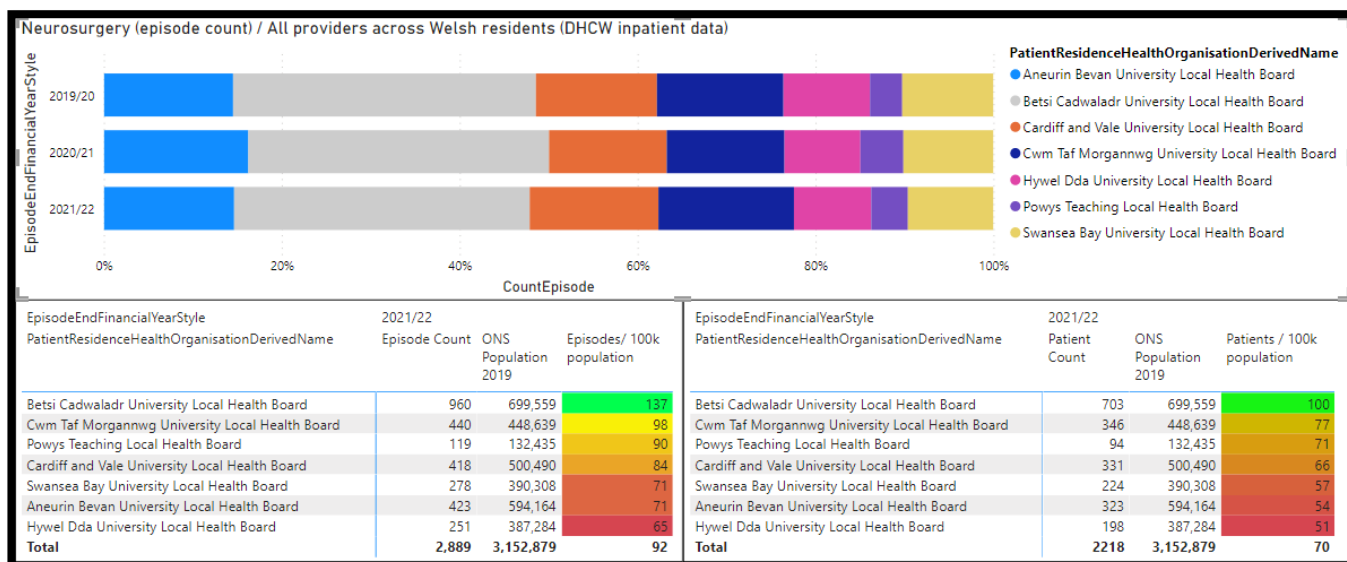
3.3.1 Neurosurgery – Activity and Access Rate Summary



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 18% and 21% 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 19% less in 2021/22.

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.



Data source: DHCW central data warehouse; all inpatient activity

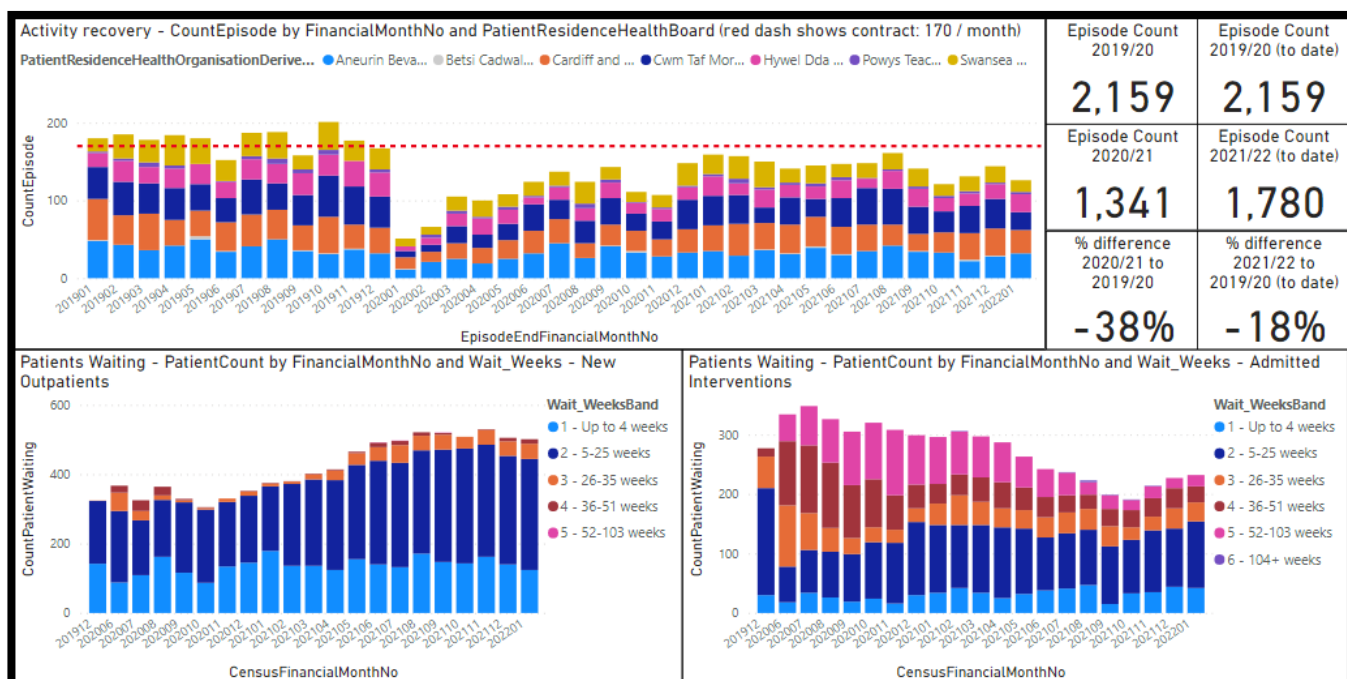
Access rates across the Health Boards have not varied much across the past three years, as shown in the charts above. Inpatient episodes per 100k population in 2021/22 so far vary from 65 to 137 across Health Boards in the bottom left chart, with North Wales having the highest access.

Using individual patient counts (bottom right chart) also shows a similar access order. It is worth noting that the outlying access rate for Betsi Cadwaladr is related to the way activity is reported between the two main centres as being in different NHS countries. For example, as a Specialist centre, the Walton reports activity under the Neurosurgery specialty that is reported under others within Welsh providers.

Please note a separate deep dive report into Neurosurgery was produced in April 2022 – please see that for further analysis if required.

3.3.2 Neurosurgery – Recovery and Waiting Lists

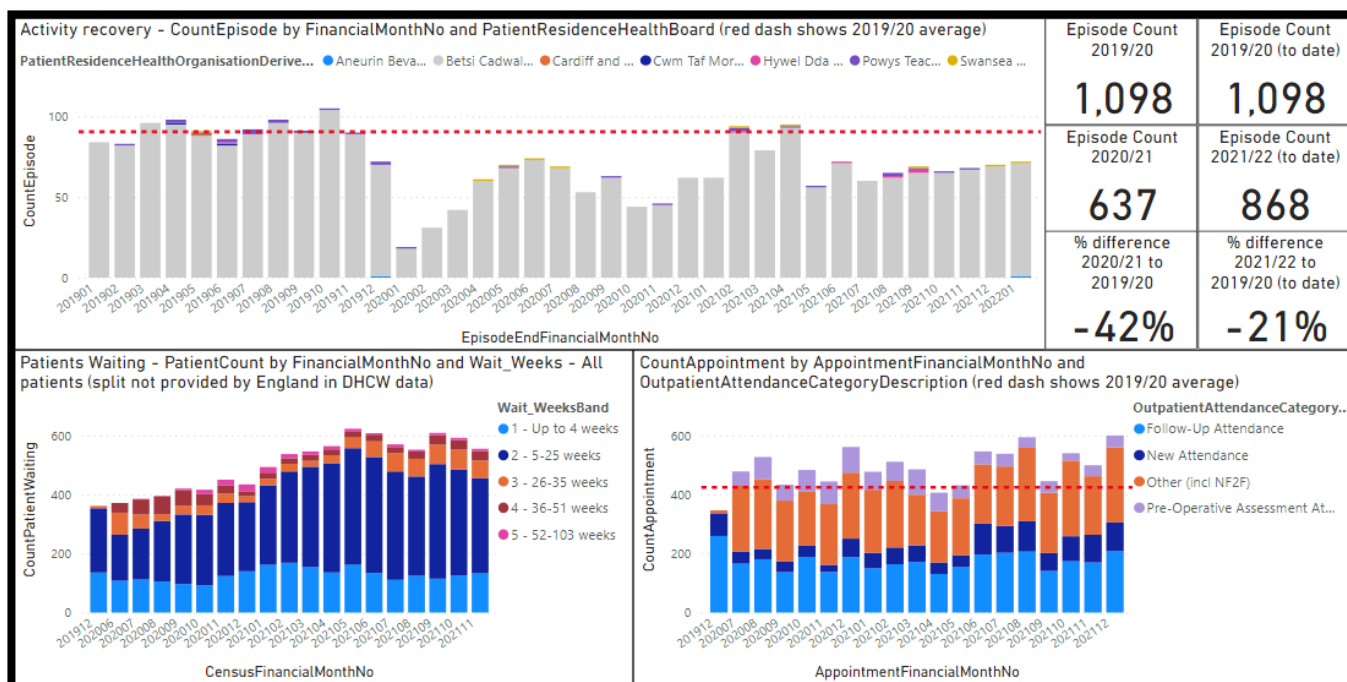
Cardiff & Vale UHB



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

The tables above show a summary of the position at Cardiff & Vale in relation to Neurosurgery. Whilst the chart showing New Outpatients shows a comparable rate in new referrals (those between 0-4 weeks), the total is now growing. While admitted activity increased from the initial reduction, it has stayed static for a few months, although the total waiting list for admissions had been steadily reducing.

The Walton Centre



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

The tables above show a summary of the position at the Walton in relation to Neurosurgery. Whilst activity is 21% less this year than 2019/20, the total patients waiting has been steadily increasing compared to what it was as COVID-19 struck, and some patients have now been waiting more than a year. However, the past few months had shown an improvement in the waiting list numbers, and this will hopefully continue.

One point to note is the bottom right chart, which shows the movement across types of Outpatient appointment since March 2020. New attendances in person are starting to increase, and it is notable that non face-to-face appointments have been well-utilised during the COVID-19 period, and have actually increased to above pre-Covid levels.

Specialised Planner comments:

Cardiff

Cardiff's Neurosurgery Recovery Plan as discussed with the service at the end of May 2022 states that the service currently has access to 18 sessions (amber/green). This is still below the 22 session of pre-Covid capacity. The categorisation of patients will remain in place.

There had been a significant change with the zoning in theatres starting from April 2022. The Health Board have agreed that amber cases could be added to the end of green lists. This should support relieving some of the capacity issues currently being experienced across the Health Board. There are no plans to de-escalate the green zone as it protects the surgical beds and reduces the risk of further cancellations.

The service are working with the Radiology Directorate Manager to improve access and capacity for the DSA service. Currently there are 170 patients on the waiting list. It is not known how many of these patients are outside of their surveillance window. Pre pandemic there were 35 cases waiting on average per week. There is a commitment to address the situation with a plan to have additional daycase lists at the weekend. Both CDT and Neuroscience Directorate are currently working through the solution to obtain sufficient bed capacity and staffing requirements, and an action plan will be submitted shortly.

Cardiff reported that progress to reinstate the pre-pandemic Neurosurgery footprint had not changed. Neurology patients continue to be treated on the Neurosurgery ward and until this situation is rectified, there are severe challenges in delivering the neurosurgery contracted activity levels.

The situation is further exacerbated by the number of patients not being repatriated to their respective health board's for step down care. This is an increasing problem with only 1/3rd of the available bed capacity to treat the neurosurgery caseload. There are concerns that the service are losing their regional status. WHSSC also raised these concerns that specialist beds were not ring fenced to deliver contracted activity levels.

There is an ongoing plan to consider different options for a day case area, and the health board recovery project team were reviewing different delivery models for a number of services. There is a current review of all the clinical pathways.

The Walton

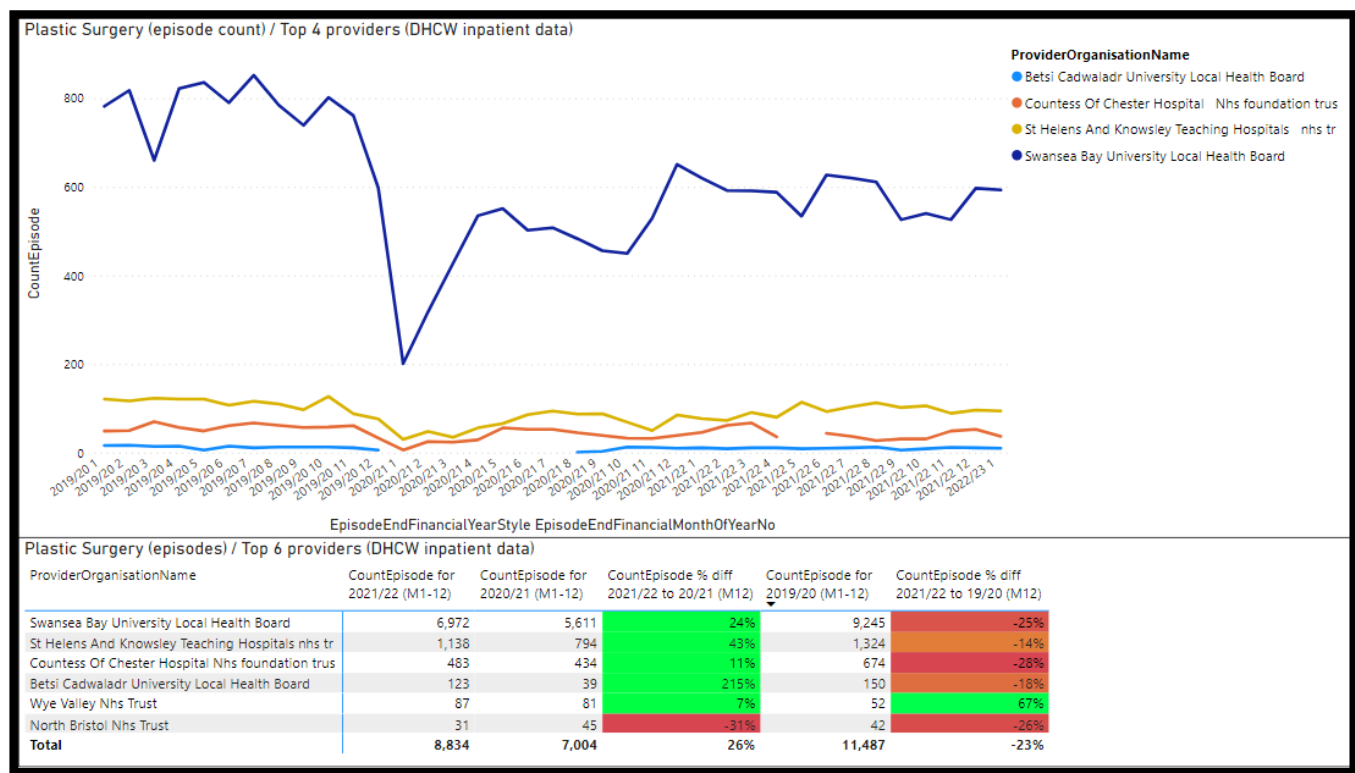
In a recent contract meeting, the Walton Centre have confirmed that Spinal patients will be cleared by the summer 2022. The 52-week wait patients are on track to be cleared by the end of this calendar year – December 2022.

The Centre has a restoration and recovery plan for all of their long waiters which includes a regular clinical validation of patients who have waited over 6 months, to ensure that symptoms and imaging are up to date. The Walton centre have been managing this with Consultant and Nurse led consultations and they have the ability to operate on weekend lists as Waiting List Initiatives.

A physical visit to the Centre is planned for September 2022.

3.4 Plastic Surgery (excl. Burns)

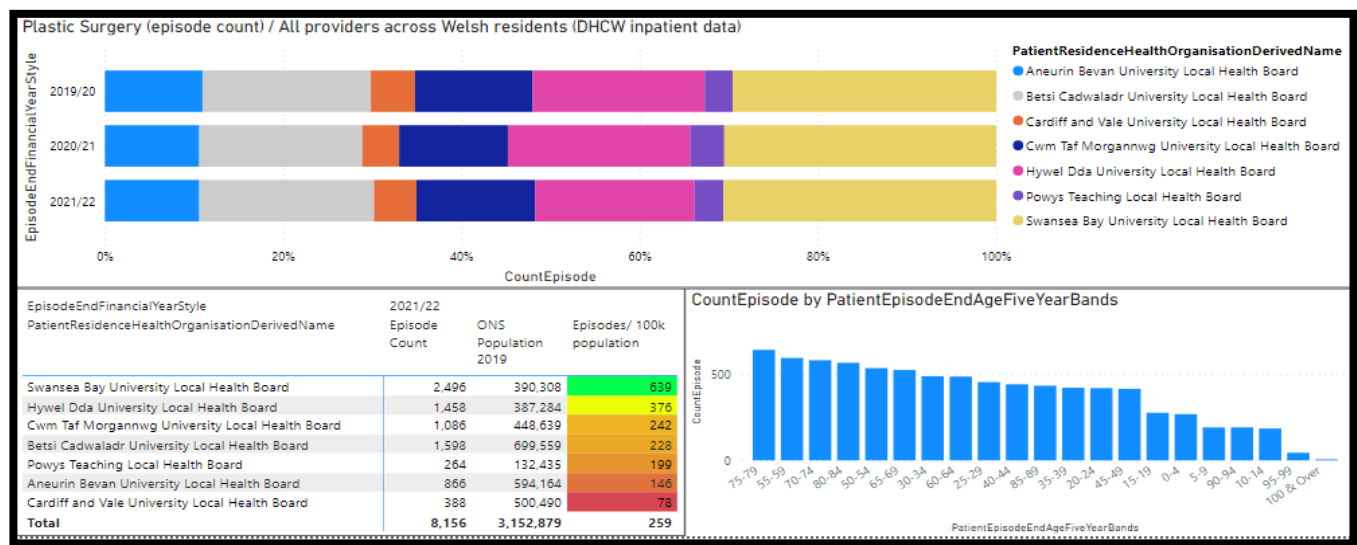
3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



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 23% 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 steadily increasing again after the first few months.

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.



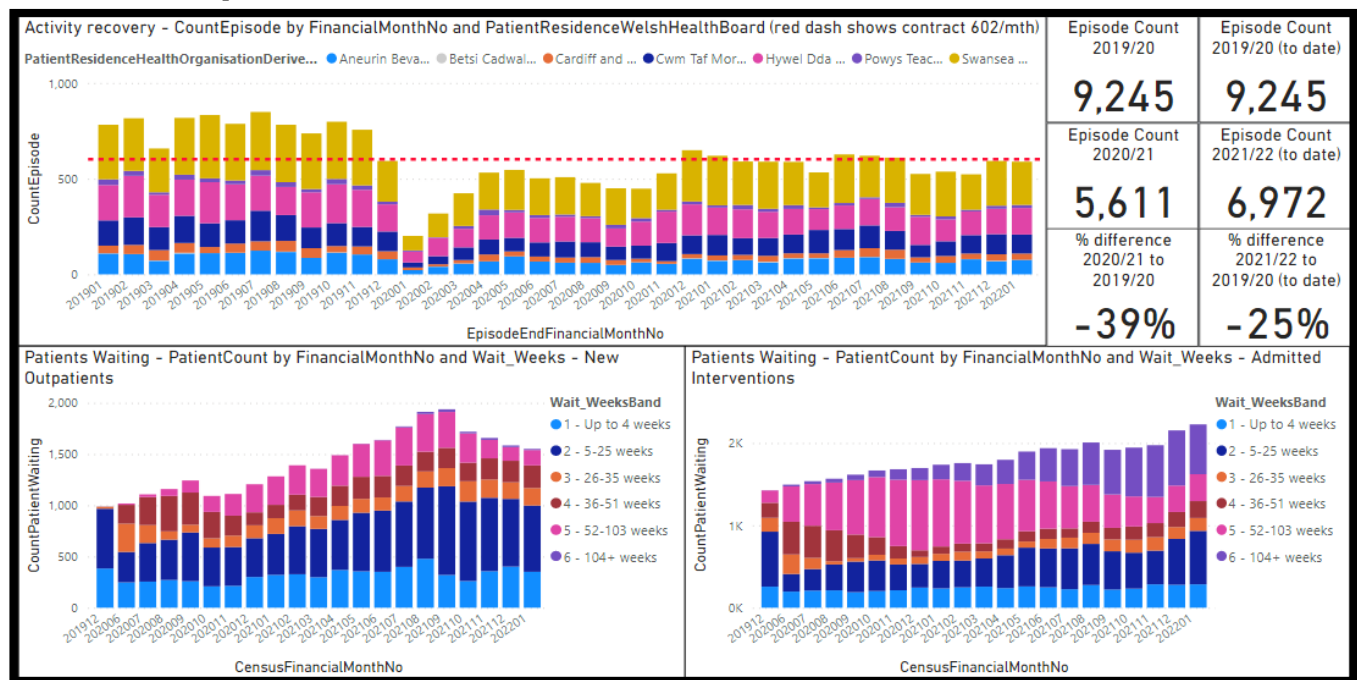
Data source: DHCW central data warehouse; all inpatient activity

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 78 and 639 so far in 2021/22 in the bottom left chart. This is related to the 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).

3.4.2 Plastic Surgery (excl. Burns) – Recovery and Waiting lists

Swansea Bay UHB

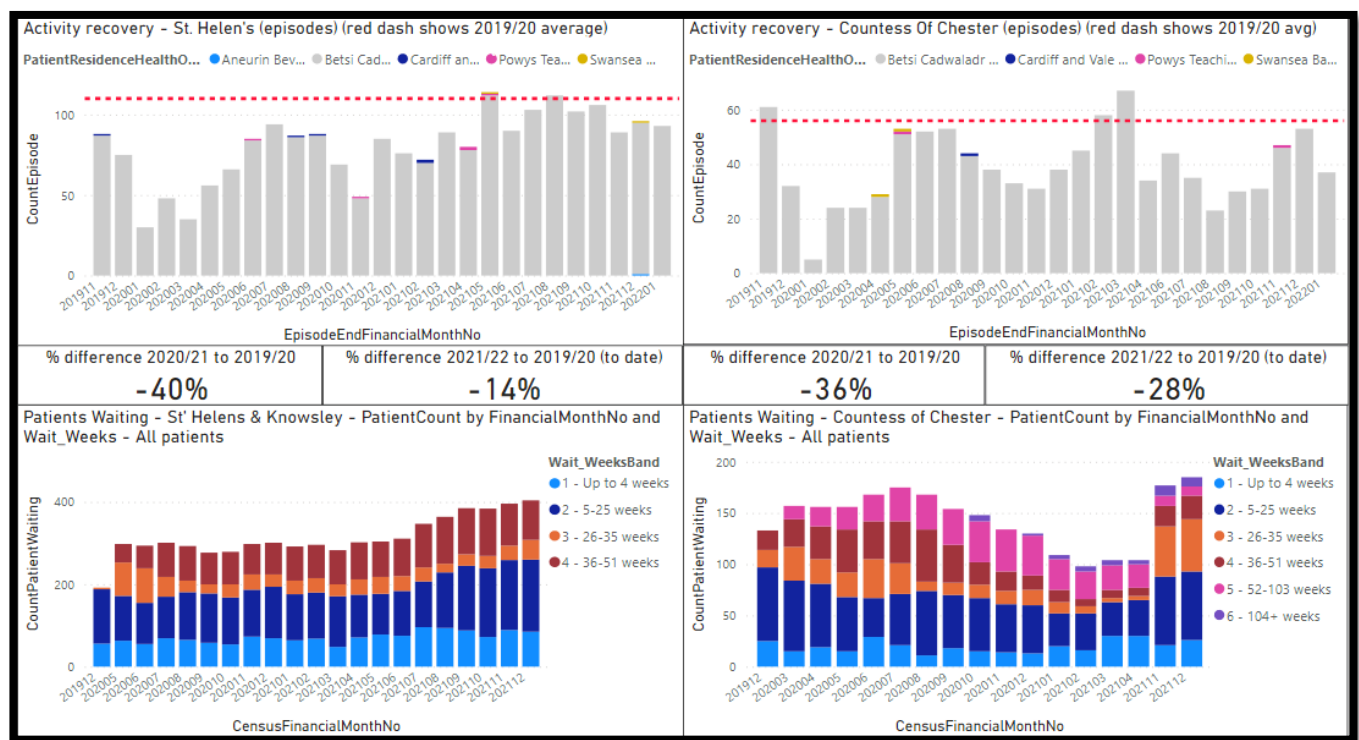


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at Swansea Bay in relation to Plastic Surgery. Whilst activity is now 25% less this year than 2019/20, which is better than the 39% drop to this point in 2020/21, the total patients waiting has been steadily increasing to almost double what it was as COVID-19 struck, and a significant number of patients have now been waiting more than 2 years. Within the total of patients waiting, those waiting for new outpatient appointments has increased by about half again since February 2020, but has been falling over the past few months. However, it is concerning that those waiting for admissions have increased by around 35% and the total is still steadily rising; 605 patients have now been waiting for over 2 years for an admission.

It is worth noting that the overperformance against contract levels in 2019/20 (shown by the red dash on the inpatient activity graph) relates to Surgical Daycases and Emergency Short Stays.

English providers – St. Helen’s & Knowsley Teaching Hospitals NHS Trust, Countess of Chester Hospital



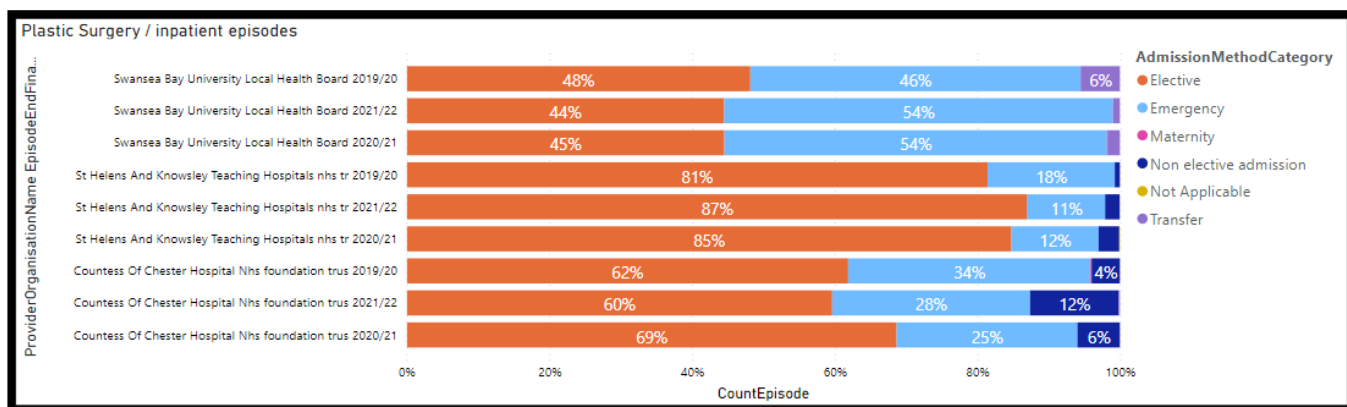
Data source: DHCW central data warehouse; all patients waiting with an open pathway

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. The total has varied at Countess of Chester (local BCU contract) but is now increasing, with about a third of the patients now waiting for over a year, and a few patients over 2 years.

Other notes

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea Bay and the English providers, with Swansea Bay having a higher proportion of emergency activity. Please see the below chart for the movements across the past 3 years. The episode counts have been included to give some perspective on the numbers, as Swansea Bay treats a far higher volume of Welsh patients.

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.



Data source: DHCW central data warehouse; all inpatient activity

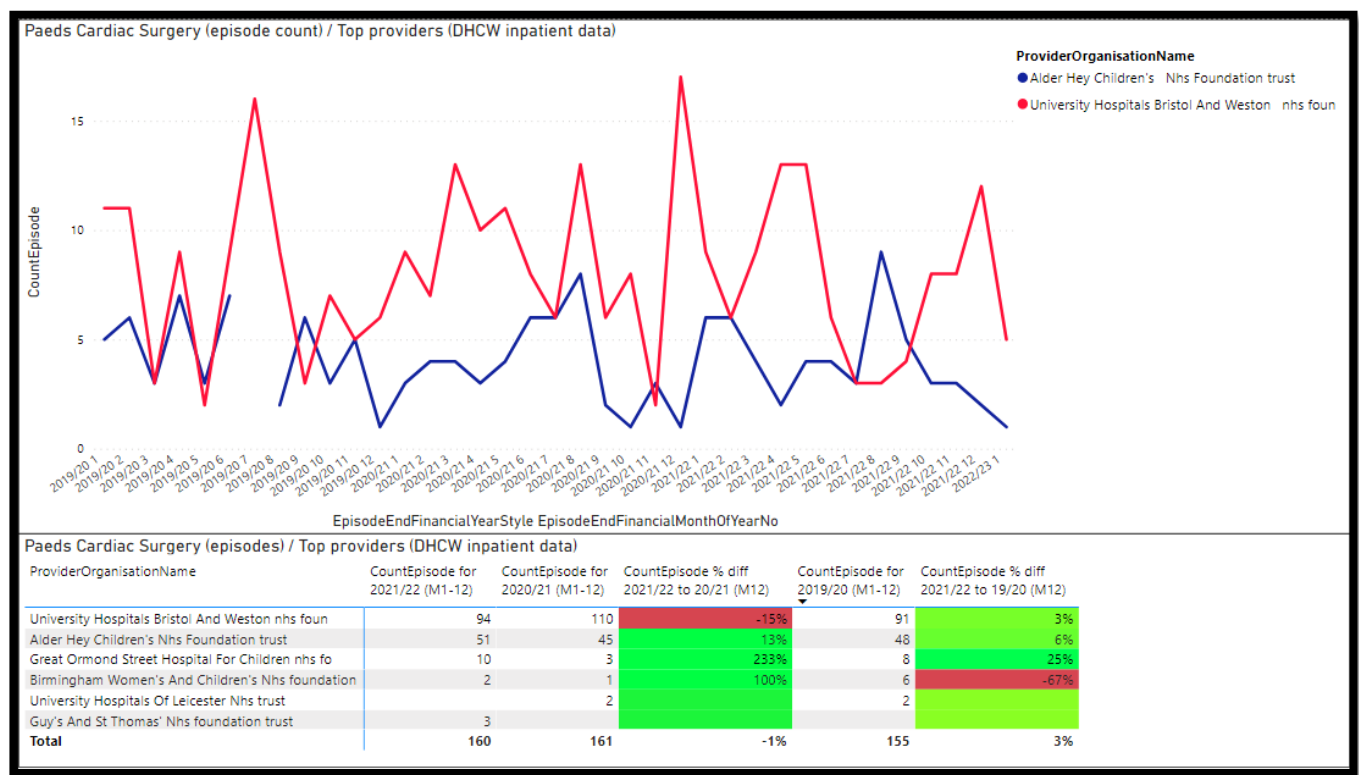
Specialised Planner comments:

As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's health board (unless it is a specialised procedure only offered by Plastics).

WHSSC will be working with Swansea Bay to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



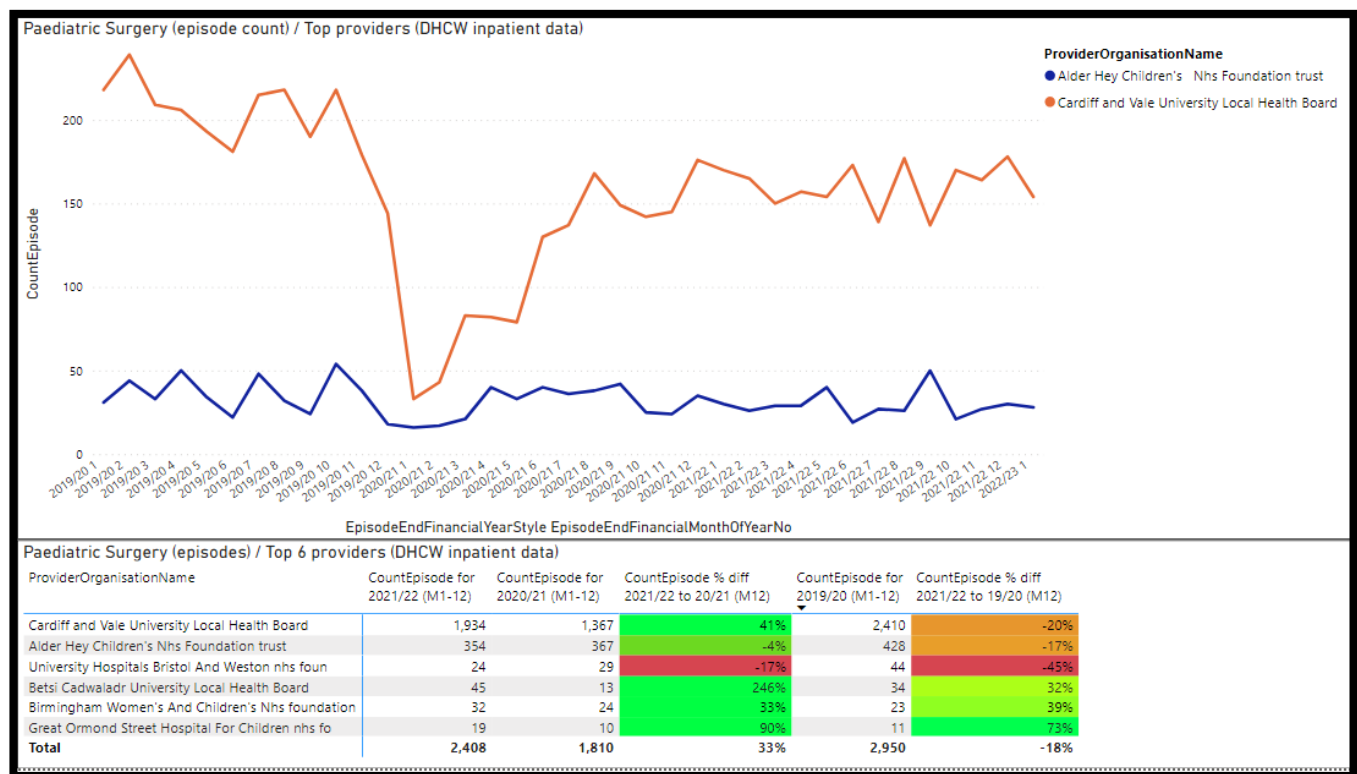
Data source: DHCW central data warehouse; all inpatient activity

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. Encouragingly, figures show little change in either 2020/21 or 2021/22 compared to 2019/20.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity and Access Rate Summary

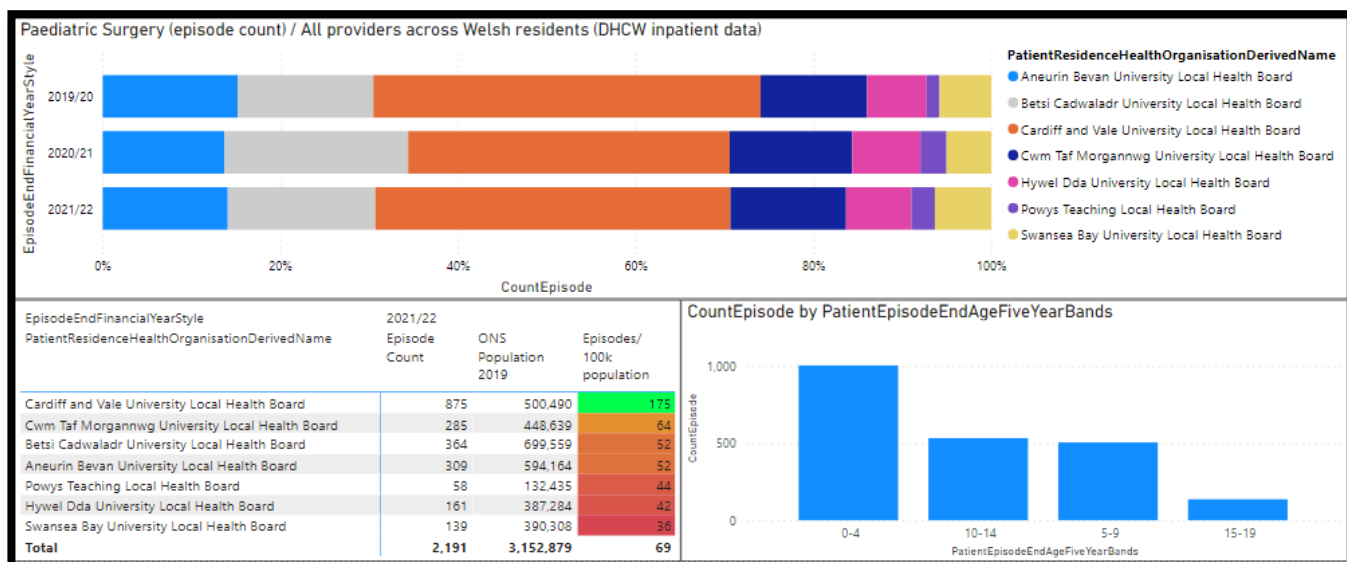


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alder Hey initially showing the highest and quicker recovery, although the main providers (Alder Hey and Cardiff) are now both around the same percentage decrease in 2021/22. The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

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 33% increase compared to last year at this point, but 18% less than 2019/20, with the 2 main providers being roughly the same.



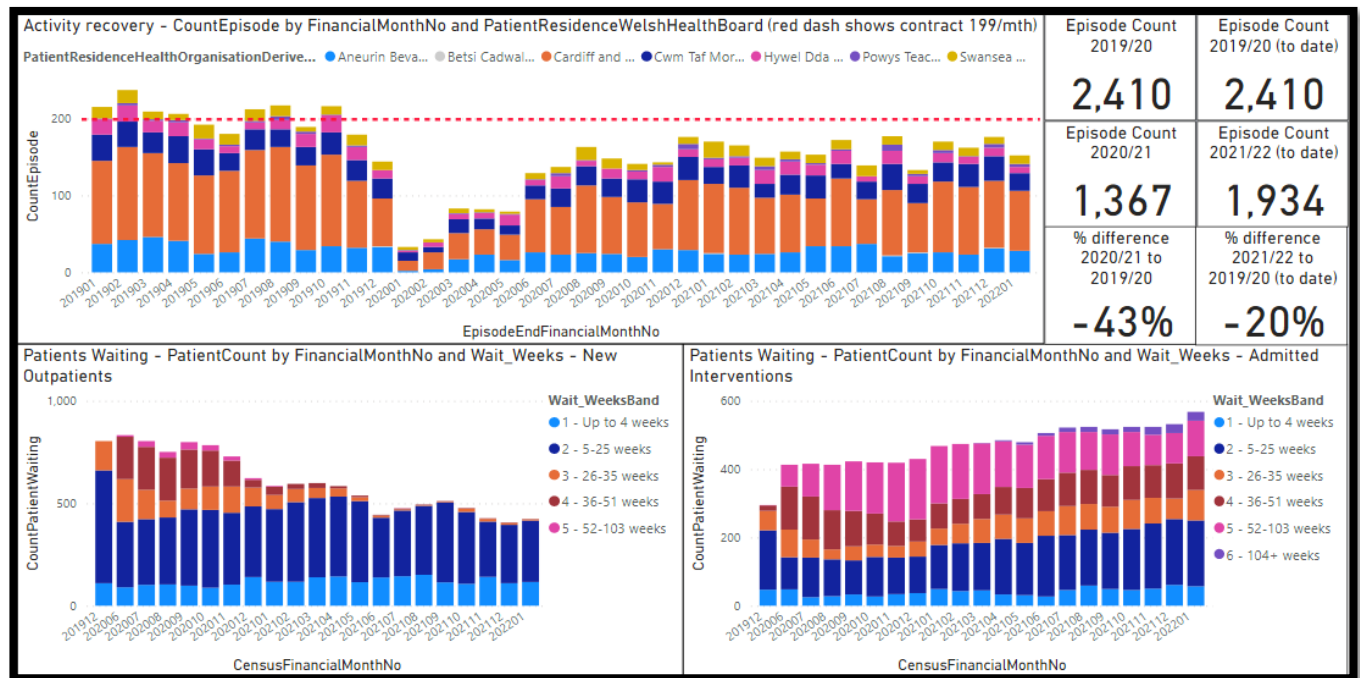
Data source: DHCW central data warehouse; all inpatient activity

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 36 to 175 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 South Wales activity passing through the WHSSC contract, and is being considered internally.

3.6.2 Paediatric Surgery – Recovery and Waiting lists

Cardiff & Vale UHB

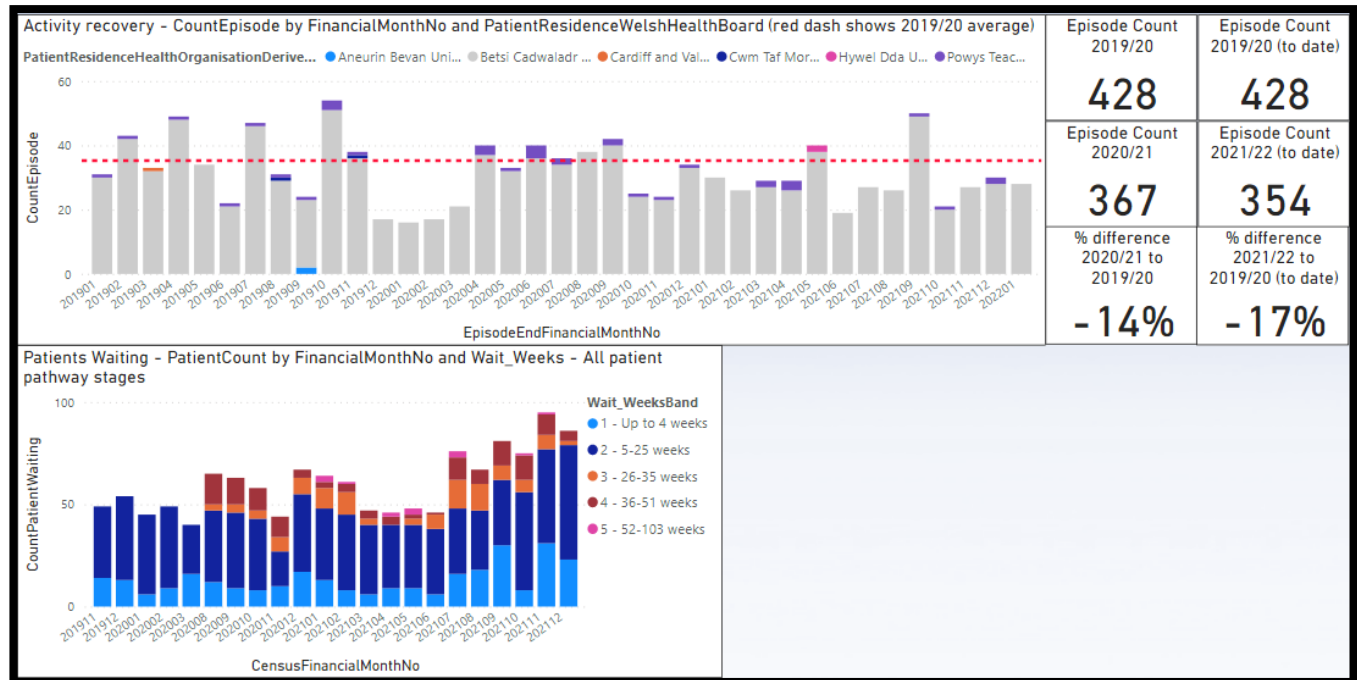


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at Cardiff & Vale. 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 about 40% now having waited for over a year. Given that the main age band treated by this specialty is in the 0-4 age band, this is particularly significant. Whilst tackling the New Outpatient waiting list is to be commended, it appears to then adversely affect the waiting list for admissions further down the pathway.

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.

Alder Hey Childrens Hospital



Data source: DHCW central data warehouse; all inpatient activity

The tables above show a summary of the position at Alder Hey in relation to Paediatric Surgery. The recovery position to the current month is similar to last year (14% less in 2020/21 compared to 2019/20 in total, and 17% less to date this year compared to 2019/20), the total waiting list had remained fairly static until October 2021, where it has started to increase again.

Specialised Planner comments:

Alder Hey had previously reported to WHSC through their recovery plans that activity was currently higher and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider had confirmed that all patients waiting over 52 weeks would be treated before the end of March 2022, and indeed by the end of September 2021 the single longest waiting patient was between 36-51 weeks. However, the position has deteriorated again since then, with a few patients waiting over 52 weeks again, but the numbers are not high.

Cardiff and Vale are reporting a significant number of patients waiting over 52 weeks. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity and theatre availability. The Health Board are refining the recovery plan for paediatrics to detail the trajectory for managing the patient cohort. WHSC have sought assurance on the clinical review and communication with patients on the waiting list. There are 50 newly qualified nurses due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

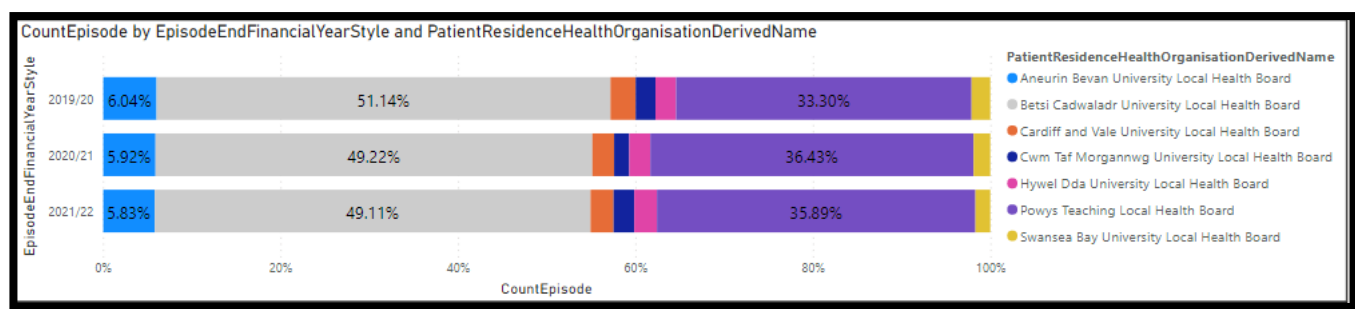
3.7 NHS England Providers – Organisations with WHSSC Contracts

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. March 2022 activity shows a continued increase in performance and is expected to continue into 2022/23, and indeed activity in the year 2021/22 has improved to just 13% 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, and Betsi Cadwaladr, whose share has decreased 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: DHCW central data warehouse; all inpatient activity at English Trusts with WHSSC contracts

4.0 SUMMARY

In summary of the data and detail in the report, the main points can be condensed to the following:

Cardiac Surgery (pages 3-8) – Whilst overall inpatient activity has decreased by 21% to date this financial year, compared to 2019/20, this has not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff’s waiting list for admissions has actually reduced to about a third of pre-COVID-19 levels (about 60 patients), and Swansea Bay’s has reduced to just over half (about 50 patients), although Liverpool’s list has increased slightly (about 70 patients).

However, referrals for New outpatient appointments is now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice.

It is also worth noting that waiting lists for admissions for Cardiology have increased at both Cardiff and Swansea Bay – a small increase at Cardiff to about 650 patients (from about 600 in March 2020), but almost doubled at Swansea Bay to around 350 patients. These figures include non-specialist activity, as well as specialised interventions.

Thoracic Surgery (pages 9-12) – Whilst inpatient activity overall has decreased by 6% to date in 2021/22 compared to 2019/20, this varies across the 3 main providers. Cardiff have actually performed the same episode volume as in 2019/20, and have halved their waiting list for admissions (now about 60 patients). Liverpool have increased their inpatient activity by 27%, and their waiting list for admissions is around 15 patients. Swansea Bay's activity is 26% lower than 2019/20 so far this year, but their waiting list has also decreased to about 25 patients.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Neurosurgery (pages 13-17) – Inpatient activity has decreased by 19% in 2021/22 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. However, Cardiff's waiting list for admissions has reduced a little (about 200 patients), although a fifth of those have been waiting for over a year, while the Walton's waiting list for admissions has been steadily increasing from about 350 patients in March 2020 to about 500 in March 2022.

New outpatient referrals appear to be consistent, but both centres now have a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

Plastic Surgery (pages 17-21) – Inpatient activity is still 23% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSC (Swansea Bay and St. Helen's and Knowsley) are now showing large waiting lists for admissions, with large numbers having now waited over a year, or even two years. Swansea Bay's inpatient waiting list has grown from about 1,450 in March 2020 to over 2,100 in April 2022, with almost half having waited over a year.

The new performance measures from Welsh Government show that over 600 patients have now waited over 2 years for admission at Swansea Bay. WHSC is working with the Health Board to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

St. Helen's and Knowsley's total waiting list for all pathway points has grown from just under 200 in March 2020 to almost 400 in February 2022, although none have waited over a year.

It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (55% to date in 2021/22) than St Helen's (14% to date in 2021/22), although this was also the case Pre-COVID-19.

Paediatric Surgery (pages 23-26) - Inpatient activity overall has decreased by 18% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21. Whilst Cardiff has clearly worked to reduce the New Outpatient waiting list (which has seen steadily growing referrals again since April 2020), the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to over 550 in April 2022, with about 30% having now waited over a year (very few had waited over 36 weeks Pre-COVID-19). A few patients have now even tipped into the wait band of over 2 years. This is concerning, given that children aged 0-4 are the highest age band of admitted patients. However, WHSSC have been in discussions with the Health Board around their recovery plan, and 50 newly qualified nurses are due to start within the Children's hospital over the coming months, which will work towards alleviating the nursing and bed pressures.

Alder Hey's waiting list had remained fairly static since Pre-COVID-19, but has recently started growing again with about 80 patients waiting across all pathway points. The Trust had cleared all waiters over 36 weeks by October 2021, but the list is now growing again.

NHS England providers (page 27, Appendix 1) – Overall, the English Trusts that WHSSC commission have performed by 13% less inpatient episodes so far this year compared to 2019/20. It can be noted that part of this reduction is due to the lower volumes of emergency admissions from Welsh residents, and that the specialist activity has reduced by less than this. For example, Trauma & Orthopaedics, which accounts for about 15% of the total inpatient activity has reduced by 25% in total, and A&E by 29%. The Appendix lists all the specialties in order, and also shows the position by Health Board.

Other notes

Cardiff & Vale - throughout the LHB are issues with regards to staffing, due to COVID infections, and at UHW there are COVID cases on some wards. The front door performance is poor at present, and there are also social care issues that are impacting their ability to discharge patients. All this is having an effect upon elective cases in all speciality levels. The LHB have also had to make temporary changes to wards with some green wards moving to amber and some amber wards moving to red.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	This report provides assurance on delivery of the ICP.
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	
Finance/Resource Implications	
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	Management Group – 23 June 2022
Appendices	Annex A – contract monitoring return activity CVUHB Annex B – contract monitoring return activity SBUHB Appendix 1 – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist) Appendix 2 – tables including the relevant Performance measures as directed by Welsh Government

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

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. The charts in the main report body use DHCW data for consistency with other providers; year-to-date activity totals are checked to ensure any variation to the contract monitoring summarised below is not material. These small variations may include residency allocations (including border residents), episode/spell end months etc
3. The Cardiac Surgery inpatient line below includes minor surgeries, which are not reflected in the charts in the main body of the report, to be consistent with other providers.

	Financial (£)					Activity					
	February	March	20/21 Avg	21/22 Avg	April	February	March	20/21 Avg	21/22 Avg	April	
CARDIOTHORACIC											
Cardiology - Specialist	1,075,650	1,151,524	890,234	1,030,201	999,585	194	146	149	162	139	
Cardiology - Aneurin Bevan	121,728	154,633	161,312	111,442	143,343	37	47	44	35	27	
Cardiology - Cwm Taf	111,392	77,524	29,836	28,021	23,426	7	8	2	2	1	
Cardiology - Swansea Bay	61,240	11,253	3,307	6,516	3,445	3	2	0	1	0	
Transcatheter Aortic Valve Implantation	198,385	378,735	263,010	291,136	289,410	12	20	15	14	15	
Mitral Valves (PMVLR)					55,940					0	
Adult Congenital Heart Disease (ACHD)	36,353	36,353	64,857	105,022	108,778	61	63	56	62	61	
Cardiac Surgery	1,169,555	1,305,417	1,103,661	1,175,724	1,140,349	62	82	37	54	44	56 "other surgery" cases in Feb
OP			-	-		106	119	66	97	83	
Thoracic Surgery	327,363	370,447	230,345	326,761	363,846	53	61	35	51	50	
OP			-	-		111	102	94	126	139	
TOTAL	3,101,665	3,485,886	2,746,563	3,074,824	3,128,122	646	650	496	603	559	
NEUROSCIENCES / ALAS											
Neurosurgery	1,522,373	1,532,197	1,467,583	1,548,500	1,562,415	190	192	120	162	129	
OP			-	-		516	396	381	427	374	
Spinal Implants	135,361	139,471	40,960	132,156	138,206	4	12	3	10	8	Numbers of patients
OP			-	-		63	38	0	0	0	
Intrathecal Pump Transfer from ABMU/SBU	13,776	13,750	14,025	14,306	14,706			0	0		Transfer from SB
ISAT	186,841	97,465	138,768	159,432	105,049	18	13	14	15	12	
Excess costs of INR outsourcing	106,661	46,683	10,118	6,158	-	4	0	0	0	0	
Epilepsy Surgery	30,774	30,774	5,231	(1)	1,919	1	1	0	0	0	
PDOC			-	23,833	24,501			0	0		
Neuro-Oncology				4,333	42,833				0		
Spinal Injuries	286,626	277,665	278,062	288,168	309,494	615	556	512	540	546	
OP			-	-		63	38	52	66	53	
Neuro Rehab	285,593	316,256	282,238	277,061	303,334	537	782	479	345	457	
OP			-	-		16	9	9	32	24	
Relocation of Specialist Rehabilitation				6,800	42,833				0		
ALAS Incl. AAC	1,320,373	2,053,666	1,269,732	1,429,258	1,546,961			0	0		Activity Data currently WIP
ALAS - Exceptional Circumstances (Treforest Ind. Estate)	-	(998,000)	-	-	-			0	0		
TOTAL	3,888,378	3,509,927	3,506,717	3,890,005	4,092,251	2,027	2,037	1,570	1,597	1,603	
RENAL											
Renal Surgery	303,929	288,717	277,873	308,694	338,099	75	69	51	72	76	
OP			-	-		394	347	259	350	307	
Nephrology	537,530	520,979	519,762	543,670	555,329	154	118	100	116	109	
OP			-	-		736	557	536	683	439	
Home Renal Dialysis	115,577	121,610	125,181	125,963	129,488	583	650	662	627	644	
Renal CAPD (Dialysis)	122,934	126,686	128,186	129,572	128,813	1,723	1,872	1,883	1,814	1,644	
Hospital Renal Dialysis	1,096,826	1,103,018	1,105,891	1,138,061	1,241,309	6,900	6,900	6,831	6,992	7,281	
Renal Transplants	468,270	509,790	449,974	487,534	521,308	9	2	5	8	10	Includes associated immuno drug spend also.
TOTAL	2,645,067	2,670,799	2,606,867	2,733,495	2,914,345	10,574	10,515	10,326	10,661	10,510	

	Financial (£)					Activity					
	February	March	20/21 Avg	21/22 Avg	April	February	March	20/21 Avg	21/22 Avg	April	
HAEMATOLOGY			-	-				0	0		
Haemophilia	453,297	628,980	336,642	433,932	448,436	1,600,796	2,223,126	1,419,378	1,712,428	1,374,003	Units issued
IBD Transfer	148,754	148,754	122,914	154,764	159,097			0	0		Block
Haemophilia Reference Centre	6,002	6,002	6,122	6,245	6,419			0	0		Block
Blood and Marrow Transplantation (BMT)	670,804	593,983	644,365	741,006	739,972	8	7	7	10	11	Includes associated drug spend also but not DLI.
ATMP - CAR-T	105,982	357,543	231,419	213,477	342,308	0	1	1	1	1	
All Wales Lymphoma Panel	86,058	83,495	78,672	108,708	127,370	114	103	74	183	207	Data arrives each quarter
Clinical Immunology	675,522	752,926	786,206	741,531	675,785	234	254	248	217	135	Additional drug issues due to COVID.
Hereditary Anaemia			7,917	30,770	31,632			0	0		
TOTAL	2,146,420	2,571,683	2,214,257	2,430,432	2,531,018	1,601,152	2,223,491	1,419,707	1,712,839	1,374,357	
PAEDIATRICS / NEONATAL			-	-				0	0		
Paediatric Surgery	537,628	510,886	498,489	542,662	566,155	178	139	113	159	153	
OP			-	-		280	276	210	279	236	
Paediatric Renal	135,801	122,769	121,909	135,112	146,742	62	62	48	55	47	
OP			-	-		131	134	133	152	148	
Paediatric Oncology	920,072	728,621	758,417	860,093	945,745	278	232	232	202	228	
OP			-	-		493	464	366	488	224	
Paediatric Neurology	196,659	197,099	192,661	221,280	250,226	22	25	17	19	19	
OP			-	-		120	121	108	113	118	
Paediatric Ketogenic Diet			3,958	8,313	8,546			0	0		
Paediatric Rheumatology Service	21,764	21,764	22,199	41,852	61,129			0	0		Block
Paeds Neuro Rehab	21,401	21,401	21,829	22,266	22,889			0	0		Block
Paediatric Gastroenterology	76,488	81,544	88,449	108,014	163,788	40	45	48	59	66	
OP			-	-		30	60	82	100	72	
Paediatric ENT	119,853	108,012	105,832	113,514	123,498	55	23	19	30	34	
OP			-	-		257	187	64	126	108	
Paediatric Cardiology	194,093	190,093	214,877	241,910	250,466	14	9	14	19	17	
OP			-	-		261	220	256	198	171	
Fetal Cardiology	20,344	19,831	20,873	22,190	22,135	24	17	25	38	42	Only OP
Paediatric Cystic Fibrosis	57,246	27,728	38,645	43,323	48,442			0	0		Drug Costs
Paeds Respiratory Equipment / CNS	18,368	35,424	22,676	30,005	21,364			0	0		Drug Costs
Paediatric Radiology				12,646	51,400				0		
Paediatric Endocrinology	57,917	57,917	59,075	60,257	61,944			0	0		Block
Foetal Medicine	10,250	10,250	25,925	26,444	27,184			0	0		Block
Children's Hospital for Wales	102,716	102,716	104,770	106,866	109,858			0	0		Block
PICU BH	392,403	426,562	356,408	386,341	409,420	113	153	63	88	91	
NICU BH	794,525	799,534	796,630	814,717	825,486	898	864	814	872	776	
Perinatal Pathology	23,048	23,048	23,509	23,979	24,650			0	0		Block
Paediatric MRI Investment & IMD			14,152	37,876	39,609			0	0		
Syndrome without a Name (SWAN)				17,917	36,837				0		
TOTAL	3,700,575	3,485,201	3,491,285	3,877,576	4,217,513	3,256	3,031	2,610	2,996	2,550	

CVUHB – Page 3 of 3

	Financial (£)					Activity					
	February	March	20/21 Avg	21/22 Avg	April	February	March	20/21 Avg	21/22 Avg	April	
ADULT CRITICAL CARE			-	-				0	0		
Adult ICU	555,445	593,323	484,917	547,583	596,342	309	340	230	271	261	
Adult HDU	59,893	37,959	42,758	51,727	55,913	42	12	17	28	23	
LTV Consultant Sessions	3,121	3,121	3,184	3,247	3,338			0	0		Block
LTV Unit Development	69,167	69,167	69,167	71,961	73,976			0	0		Block
TOTAL	687,626	703,570	600,025	674,518	729,569	351	352	247	300	284	
GENETICS / LTC			-	-				0	0		
Medical Genetics	1,046,804	993,969	1,088,985	1,133,724	1,338,061	186	162	67	45	6	Send away Tests
Lynch Syndrome - (Genetics)	24,350	24,350	24,837	25,334	26,043			0	0		Block
Genetic Counsellor 8a - £24,420 HD & £36,630 ABMU	5,189	5,189	5,293	5,399	5,550			0	0		Block
Enzyme Replacement Therapy	38,117	38,117	38,879	72,973	75,017			0	0		Block
Cystic Fibrosis	466,750	496,464	509,631	531,401	549,042			0	0		
Home TPN	105,433	77,956	104,063	187,166	277,621	172	104	170	288	325	
TPN Exceptional Costs	31,132	68,130	32,188	30,178	-	106	117	115	112	0	Number of bags
BAHAs & Cochlears	370,106	470,738	386,167	395,868	422,054			0	0		
TOTAL	2,087,882	2,174,913	2,190,044	2,382,043	2,693,389	464	383	351	445	331	
OTHER			-	-				0	0		
Liver Surgery	85,842	93,391	87,559	85,384	107,958	10	11	10	10	12	
Major Trauma Centre	359,250	359,250	881,583	935,184	1,000,557			0	0		Block & large baseline inc in month 3
Gender Service	41,667	41,667	47,964	73,207	116,647			0	0		Block
Radiofrequency Ablation (RFA)	-	-	12,862	25,374	26,178			0	0		
Hepatology	21,436	21,436	21,865	22,302	22,927			0	0		Block
HCC MDT			-	-	793						
Neuropsychiatry	112,961	236,433	225,738	235,047	252,818	425	351	301	351	311	
Regional Pharmaceutical Service	60,638	60,638	61,851	63,088	64,854			0	0		Block
Pay Award	282,411	282,411	441,050	485,065	718,034			0	0		Block
NICE / High Cost Drugs	51,126	24,097	78,317	55,292	104,691			0	0		Drug Issues
Interstitial Lung Disease	12,469	12,469	12,719	12,973	13,336			0	0		Block
Neuroendocrine Tumours	33,163	33,163	47,993	63,403	65,178			0	0		Block
Rebasing Difference / Roundings	(19,339)	(19,339)	-	-	-			0	0		Block
TOTAL	1,041,624	1,145,616	1,919,502	2,056,320	2,493,972	435	362	311	360	323	
			-	-				0	0		
Total	19,299,238	19,747,594	19,275,259	21,119,212	22,800,179	1,618,905	2,240,821	1,435,619	1,729,800	1,390,517	

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

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. Swansea's contract monitoring is usually in spells for admissions, whereas all the charts in the main report use episode data from DHCW for consistency with other providers

	Financial (£)					Activity					
	February	March	20/21 Avg	21/22 Avg	April	February	March	20/21 Avg	21/22 Avg	April	
RENAL											
Renal - Other	743,237	708,435	678,963	702,364	790,571	1,149	802	892	1,076	950	IP, OP & Immuno (Jan now includes 2,773 virtual OP appointments)
Hospital Dialysis	493,173	494,608	495,504	521,651	520,141	2,968	2,980	2,906	3,037	3,069	
Home Dialysis	91,962	90,006	93,303	76,678	79,522	47	46	47	38	34	
Renal Wwales Contract	258,816	261,966	256,298	259,788	335,320	2,035	2,060	2,180	2,220	2,288	
Total	1,587,189	1,555,014	1,524,067	1,560,480	1,725,555	6,199	5,888	6,025	6,371	6,341	
CARDIOTHORACIC											
Cardiac Surgery	1,000,074	986,839	1,112,468	1,214,405	1,275,459	43	40	21	36	38	
OP			0	0		33	23	22	59	44	
TAVI	351,679	184,578	317,055	366,380	471,089	14	11	13	13	16	
Cardiology	1,169,098	1,197,472	835,629	915,352	953,186	168	111	149	161	156	
Bariatrics	49,596	25,872	16,637	24,200	37,813	8	2	1	2	3	
ICC				0	25,015				0	0	
Total	2,570,447	2,394,760	2,281,788	2,520,337	2,762,563	266	187	206	272	257	
PAEDS / NEONATAL											
CLP	114,206	85,937	112,170	123,851	115,139	19	2	5	9	4	
NICU	444,699	434,980	448,083	455,324	478,150	592	534	540	536	475	
BAHA	5,091	5,091	5,193	5,270	5,418			0	0		BLOCK
Paeds Onc	11,611	11,611	11,844	12,080	12,419			0	0		BLOCK
Total	575,607	537,620	577,297	596,526	611,125	611	536	544	545	479	
CANCER & BLOOD											
Plastics	1,485,513	1,326,215	1,055,137	1,269,290	1,552,784	695	620	434	564	657	
OP			0	0		582	534	264	1,243	1,842	OP and OPP
Burns	427,931	410,743	420,748	435,868	429,154	166	126	130	145	85	
Thoracic	213,522	217,228	149,015	208,882	180,291	27	30	19	27	14	
OP			0	0		68	34	42	92	65	
SNB	9,221	9,221	9,405	9,593	0			0	0		BLOCK
Haemophilia	97,824	63,931	64,730	91,625	75,113			0	0		Product Issue
Sarcoma	82,359	103,167	75,287	83,829	83,886	15	27	13	21	11	
Clinical Genetics	5,177	5,177	5,177	5,386	5,537			0	0		BLOCK
Total	2,321,546	2,135,681	1,779,499	2,104,473	2,326,765	1,553	1,371	902	2,091	2,674	
NEUROSCIENCES											
ALAC	155,174	155,174	158,277	161,443	194,435			0	0		BLOCK
Rehab	158,237	158,763	150,653	162,248	178,797	295	314	263	345	330	
OP			0	0		28	25	13	14	25	
Total	313,410	313,937	308,930	323,691	373,232	323	339	276	359	355	
OTHER											
NICE	28,953	42,825	49,204	51,305	8,707			0	0		DRUGS
East Forensics	1,174,502	1,174,502	1,197,992	1,221,952	1,256,167			0	0		BLOCK
Devices	-32,838	-32,838	0	0				0	0		BLOCK
Academic Fee	10,629	10,629	10,841	11,058	11,368			0	0		BLOCK
IVF	163,597	238,959	123,533	192,861	270,435	179	153	129	160	170	
EMRTS	260,563	260,563	312,690	318,944	385,356			0	0		BLOCK
Air Am	63,833	63,833	65,110	66,412	0			0	0		BLOCK
Pay award 20/21	132,167	132,167	193,060	196,921	202,435			0	0		BLOCK
Major Trauma Plastics				0	79,516				0	0	
Major Trauma ODN				0	44,389				0	0	
Perinatal				0	127,472				0	0	
Total	1,801,405	1,890,639	1,952,431	2,059,454	2,385,845	179	153	129	160	170	
Total	9,169,604	8,827,651	8,424,006	9,164,960	10,185,085	9,131	8,474	8,082	9,798	10,276	

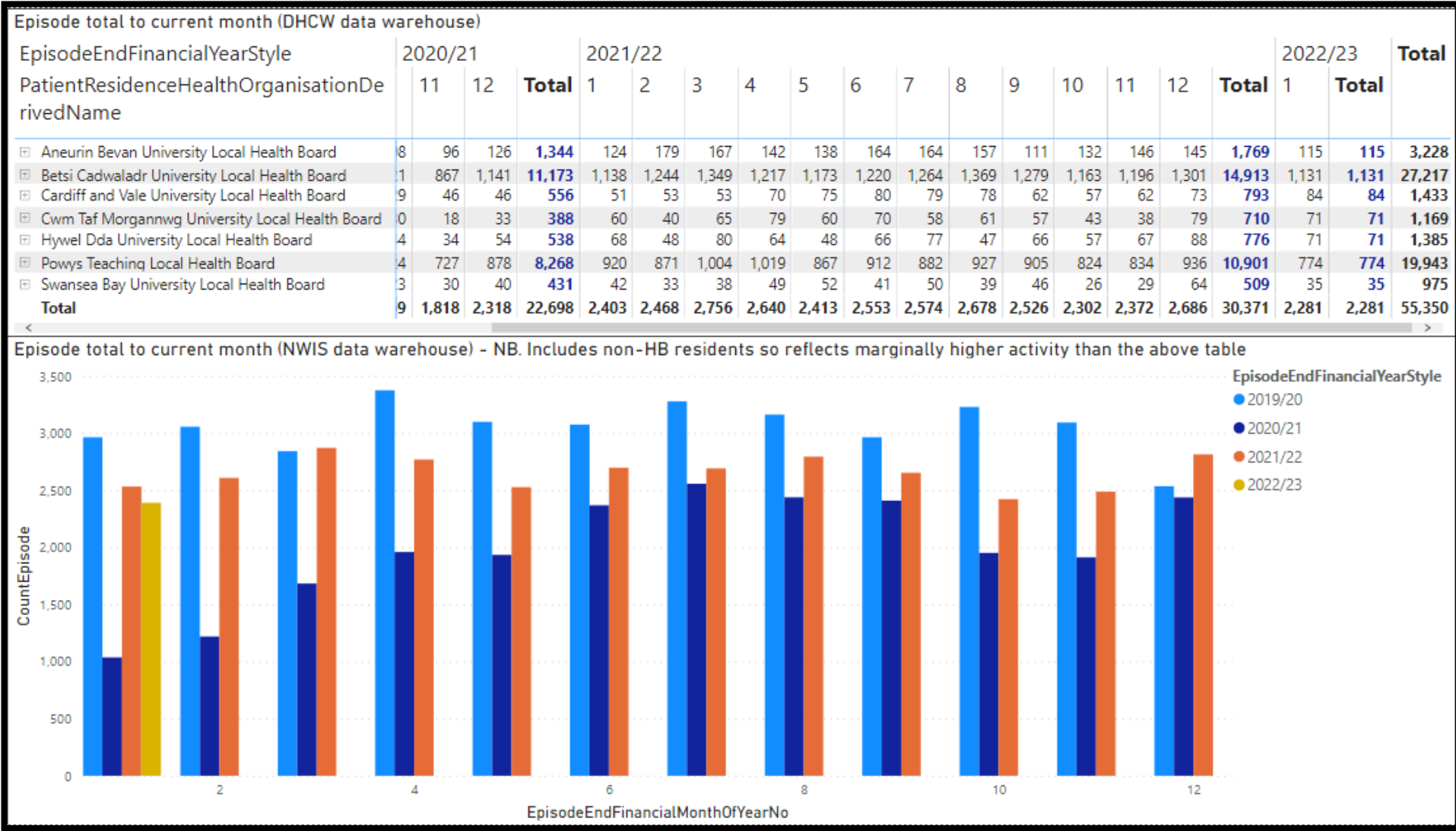
APPENDIX 1

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

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					CountEpisode for 2021/22 (M1-12)	CountEpisode for 2020/21 (M1-12)	CountEpisode % diff 2021/22 to 20/21 (M12)	CountEpisode for 2019/20 (M1-12)	CountEpisode % diff 2021/22 to 19/20 (M12)
Main HB	2019/20	2020/21	2021/22	Total					
☐	4,213	2,529	3,495	10,237	3,495	2,529	38%	4,213	-17%
☐ Cambridge University Hospitals Nhs Foundation tr	80	27	44	151	44	27	63%	80	-45%
☐ Great Ormond Street Hospital For Children nhs fo	326	193	354	873	354	193	83%	326	9%
☐ Guy's And St Thomas' Nhs foundation trust	446	182	326	954	326	182	79%	446	-27%
☐ Imperial College Healthcare Nhs Trust	302	131	240	673	240	131	83%	302	-21%
☐ King's College Hospital Nhs Foundation trust	130	61	93	284	93	61	52%	130	-28%
☐ Leeds Teaching Hospitals Nhs Trust	80	24	56	160	56	24	133%	80	-30%
☐ Royal Free London Nhs Foundation trust	193	121	170	484	170	121	40%	193	-12%
☐ Royal Papworth Hospital Nhs Foundation trust	105	32	63	200	63	32	97%	105	-40%
☐ The Newcastle Upon Tyne Hospitals nhs foundation	132	103	60	295	60	103	-42%	132	-55%
☐ The Royal Marsden Nhs Foundation trust	52	54	57	163	57	54	6%	52	10%
☐ The Royal Orthopaedic Hospital Nhs foundation tr	159	98	145	402	145	98	48%	159	-9%
☐ University College London Hospitals Nhs foundati	357	216	350	923	350	216	62%	357	-2%
☐ University Hospitals Bristol And Weston nhs foun	1,851	1,287	1,537	4,675	1,537	1,287	19%	1,851	-17%
☐ Major North Wales provider	14,810	9,783	12,690	37,283	12,690	9,783	30%	14,810	-14%
☐ Alder Hey Children's Nhs Foundation trust	3,669	2,816	3,177	9,662	3,177	2,816	13%	3,669	-13%
☐ Liverpool Heart And Chest Hospital nhs foundatio	1,400	1,129	1,542	4,071	1,542	1,129	37%	1,400	10%
☐ Liverpool University Hospitals Nhs Foundation tr	2,572	1,454	2,093	6,119	2,093	1,454	44%	2,572	-19%
☐ Manchester University Nhs Foundation Trust	1,106	571	973	2,650	973	571	70%	1,106	-12%
☐ Salford Royal Nhs Foundation Trust	301	109	166	576	166	109	52%	301	-45%
☐ Sheffield Teaching Hospitals Nhs Foundation trus	221	155	196	572	196	155	26%	221	-11%
☐ St Helens And Knowsley Teaching Hospitals nhs tr	1,655	1,010	1,370	4,035	1,370	1,010	36%	1,655	-17%
☐ The Christie Nhs Foundation Trust	620	542	486	1,648	486	542	-10%	620	-22%
☐ The Clatterbridge Cancer Centre Nhs foundation t	351	212	302	865	302	212	42%	351	-14%
☐ The Walton Centre Nhs Foundation trust	1,895	1,170	1,646	4,711	1,646	1,170	41%	1,895	-13%
☐ Wirral University Teaching Hospital Nhs foundati	1,020	615	739	2,374	739	615	20%	1,020	-28%
☐ Major Powys provider	17,649	11,591	15,680	44,920	15,680	11,591	35%	17,649	-11%
☐ Birmingham Women's And Children's Nhs foundation	413	313	403	1,129	403	313	29%	413	-2%
☐ The Robert Jones And Agnes Hunt Orthopaedic hospit	5,188	2,193	3,913	11,294	3,913	2,193	78%	5,188	-25%
☐ University Hospitals Birmingham Nhs Foundation t	1,154	702	889	2,745	889	702	27%	1,154	-23%
☐ University Hospitals Of North Midlands nhs trust	903	738	828	2,469	828	738	12%	903	-8%
☐ Wye Valley Nhs Trust	9,991	7,645	9,647	27,283	9,647	7,645	26%	9,991	-3%
Total	36,672	23,903	31,865	92,440	31,865	23,903	33%	36,672	-13%

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



Admitted Patient Care Data for WHSSC English contract providers (DHCW data warehouse – all reported episodes Spec+NonSpec)
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	TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-12)	CountEpisodes for 2020/21 (M1-12)	CountEpisodes % diff 2021/22 to 2020/21 (M12)	CountEpisodes for 2019/20 (M1-12)	CountEpisodes % diff 2021/22 to 19/20 (M12)
☐ (Unknown)			2	2	☐ (Unknown)	2				
☐ Accident & Emergency	384	194	298	876	☐ Accident & Emergency	298	194	54%	384	-22%
☐ Adult Cystic Fibrosis Service	69	34	17	120	☐ Adult Cystic Fibrosis Service	17	34	-50%	69	-75%
☐ Adult Mental Illness	2			2	☐ Adult Mental Illness				2	
☐ Allergy Service	91	54	137	282	☐ Allergy Service	137	54	154%	91	51%
☐ Anaesthetics	20	15	156	191	☐ Anaesthetics	156	15	940%	20	680%
☐ Blood And Marrow Transplantation	137	83	113	333	☐ Blood And Marrow Transplantation	113	83	36%	137	-18%
☐ Breast Surgery	89	61	84	234	☐ Breast Surgery	84	61	38%	89	-6%
☐ Burns Care	95	77	78	250	☐ Burns Care	78	77	1%	95	-18%
☐ Cardiac Surgery	602	376	579	1,557	☐ Cardiac Surgery	579	376	54%	602	-4%
☐ Cardiology	1,665	1,330	1,788	4,783	☐ Cardiology	1,788	1,330	34%	1,665	7%
☐ Cardiothoracic Surgery	72	52	63	187	☐ Cardiothoracic Surgery	63	52	21%	72	-13%
☐ Cardiothoracic Transplantation	71	29	53	153	☐ Cardiothoracic Transplantation	53	29	83%	71	-25%
☐ Chemical Pathology	3	2		5	☐ Chemical Pathology		2		3	
☐ Child & Adolescent Psychiatry		2	2	4	☐ Child & Adolescent Psychiatry	2	2	0%		
☐ Clinical Genetics	1		1	2	☐ Clinical Genetics	1			1	0%
☐ Clinical Haematology	1,055	926	1,008	2,989	☐ Clinical Haematology	1,008	926	9%	1,055	-4%
☐ Clinical Immunology	22	6		28	☐ Clinical Immunology		6		22	
☐ Clinical Immunology And	17	15	46	78	☐ Clinical Immunology And	46	15	207%	17	171%
☐ Clinical Microbiology		2		2	☐ Clinical Microbiology		2			
☐ Clinical Neurophysiology	4		2	6	☐ Clinical Neurophysiology	2			4	-50%
☐ Clinical Oncology (previously Radiotherapy)	491	406	361	1,258	☐ Clinical Oncology (previously Radiotherapy)	361	406	-11%	491	-26%
☐ Clinical Pharmacology	7	23	15	45	☐ Clinical Pharmacology	15	23	-35%	7	114%
☐ Colorectal Surgery	270	204	242	716	☐ Colorectal Surgery	242	204	19%	270	-10%
☐ Community Paediatrics					☐ Community Paediatrics					
☐ Congenital Heart Disease	29	28	30	87	☐ Congenital Heart Disease	30	28	7%	29	3%
☐ Critical Care Medicine	201	116	165	482	☐ Critical Care Medicine	165	116	42%	201	-18%
☐ Dental Medicine Specialties		1	2	3	☐ Dental Medicine Specialties	2	1	100%		
☐ Dermatology	503	404	401	1,308	☐ Dermatology	401	404	-1%	503	-20%
Total	36,672	23,903	31,865	92,440	Total	31,865	23,903	33%	36,672	-13%

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
Diabetic Medicine	29	20	29	78
Diagnostic Imaging	199	186	215	600
Endocrinology	91	72	109	272
ENT	322	127	222	671
Gastroenterology	1,695	1,343	1,849	4,887
General Medicine	3,018	2,431	2,555	8,004
General Surgery	1,799	1,101	1,444	4,344
Geriatric Medicine	376	367	440	1,183
Gynaecological Oncology	9	17	12	38
Gynaecology	448	238	364	1,050
Haemophilia Service		3	4	7
Hepatobiliary & Pancreatic Surgery	297	188	232	717
Hepatology	216	194	207	617
Infectious Diseases	38	17	26	81
Intermediate Care			2	2
Interventional Radiology	138	103	161	402
Maxillo-Facial Surgery	110	29	34	173
Medical Oncology	474	266	380	1,120
Midwifery Service	15	10	7	32
Neonatology	77	74	88	239
Nephrology	425	303	385	1,113
Neurology	962	652	925	2,539
Neurosurgery	1,376	830	1,099	3,305
Nuclear Medicine	9	6	15	30
Obstetrics Hospital Bed	343	366	419	1,128
Ophthalmology	1,530	689	1,122	3,341
Oral Surgery	198	101	112	411
Orthoptics	1			1
Orthotics			1	1
Paediatric Audiological		1		1
Paediatric Burns Care	58	53	41	152
Total	36,672	23,903	31,865	92,440

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-12)	CountEpisodes for 2020/21 (M1-12)	CountEpisodes % diff 2021/22 to 20/21 (M12)	CountEpisodes for 2019/20 (M1-12)	CountEpisodes % diff 2021/22 to 19/20 (M12)
Diabetic Medicine	29	20	45%	29	0%
Diagnostic Imaging	215	186	16%	199	8%
Endocrinology	109	72	51%	91	20%
ENT	222	127	75%	322	-31%
Gastroenterology	1,849	1,343	38%	1,695	9%
General Medicine	2,555	2,431	5%	3,018	-15%
General Surgery	1,444	1,101	31%	1,799	-20%
Geriatric Medicine	440	367	20%	376	17%
Gynaecological Oncology	12	17	-29%	9	33%
Gynaecology	364	238	53%	448	-19%
Haemophilia Service	4	3	33%		
Hepatobiliary & Pancreatic Surgery	232	188	23%	297	-22%
Hepatology	207	194	7%	216	-4%
Infectious Diseases	26	17	53%	38	-32%
Intermediate Care	2				
Interventional Radiology	161	103	56%	138	17%
Maxillo-Facial Surgery	34	29	17%	110	-69%
Medical Oncology	380	266	43%	474	-20%
Midwifery Service	7	10	-30%	15	-53%
Neonatology	88	74	19%	77	14%
Nephrology	385	303	27%	425	-9%
Neurology	925	652	42%	962	-4%
Neurosurgery	1,099	830	32%	1,376	-20%
Nuclear Medicine	15	6	150%	9	67%
Obstetrics Hospital Bed	419	366	14%	343	22%
Ophthalmology	1,122	689	63%	1,530	-27%
Oral Surgery	112	101	11%	198	-43%
Orthoptics				1	
Orthotics	1				
Paediatric Audiological		1			
Paediatric Burns Care	41	53	22%	50	-20%
Total	31,865	23,903	33%	36,672	-13%

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 Cardiac Surgery	153	159	160	472
Paediatric Cardiology	355	267	322	944
Paediatric Clinical Haematology	354	162	225	741
Paediatric Clinical Immunology And Allergy Service	47	18	22	87
Paediatric Dentistry	52	28	35	115
Paediatric Dermatology	31	18	38	87
Paediatric Diabetic Medicine		3	1	4
Paediatric Ear Nose and Throat	205	107	148	460
Paediatric Endocrinology	122	78	100	300
Paediatric Epilepsy	24	11	12	47
Paediatric Gastroenterology	221	217	342	780
Paediatric Infectious Diseases	1			1
Paediatric Intensive Care	158	132	178	468
Paediatric Interventional Radiology	26	12	20	58
Paediatric Maxillo-Facial	2	1	6	9
Paediatric Medical Oncology	679	553	448	1,680
Paediatric Metabolic Disease	17	17	19	53
Paediatric Nephrology	367	267	318	952
Paediatric Neuro-Disability		2	1	3
Paediatric Neurology	151	99	120	370
Paediatric Neurosurgery	193	141	180	514
Paediatric Ophthalmology	95	94	109	298
Paediatric Pain Management			1	1
Paediatric Plastic Surgery	187	141	164	492
Paediatric Respiratory Medicine	158	100	125	383
Paediatric Rheumatology	103	95	91	289
Paediatric Surgery	513	440	438	1,391
Paediatric Thoracic Surgery	6	2	5	13
Paediatric Transplantation	10	2	9	21
Total	36,672	23,903	31,865	92,440

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-12)	CountEpisodes for 2020/21 (M1-12)	CountEpisodes % diff 2021/22 to 20/21 (M12)	CountEpisodes for 2019/20 (M1-12)	CountEpisodes % diff 2021/22 to 19/20 (M12)
Paediatric Cardiac Surgery	160	159	1%	153	5%
Paediatric Cardiology	322	267	21%	355	-9%
Paediatric Clinical Haematology	225	162	39%	354	-36%
Paediatric Clinical Immunology And Allergy Service	22	18	22%	47	-53%
Paediatric Dentistry	35	28	25%	52	-33%
Paediatric Dermatology	38	18	111%	31	23%
Paediatric Diabetic Medicine	1	3	-67%		
Paediatric Ear Nose and Throat	148	107	38%	205	-28%
Paediatric Endocrinology	100	78	28%	122	-18%
Paediatric Epilepsy	12	11	9%	24	-50%
Paediatric Gastroenterology	342	217	58%	221	55%
Paediatric Infectious Diseases				1	
Paediatric Intensive Care	178	132	35%	158	13%
Paediatric Interventional Radiology	20	12	67%	26	-23%
Paediatric Maxillo-Facial Surgery	6	1	500%	2	200%
Paediatric Medical Oncology	448	553	-19%	679	-34%
Paediatric Metabolic Disease	19	17	12%	17	12%
Paediatric Nephrology	318	267	19%	367	-13%
Paediatric Neuro-Disability	1	2	-50%		
Paediatric Neurology	120	99	21%	151	-21%
Paediatric Neurosurgery	180	141	28%	193	-7%
Paediatric Ophthalmology	109	94	16%	95	15%
Paediatric Pain Management	1				
Paediatric Plastic Surgery	164	141	16%	187	-12%
Paediatric Respiratory Medicine	125	100	25%	158	-21%
Paediatric Rheumatology	91	95	-4%	103	-12%
Paediatric Surgery	438	440	-0%	513	-15%
Paediatric Thoracic Surgery	5	2	150%	6	-17%
Paediatric Transplantation	9	2	350%	10	-10%
Total	31,865	23,903	33%	36,672	-13%

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	138	100	123	361
Paediatric Rheumatology	103	95	91	289
Paediatric Surgery	513	440	438	1,391
Paediatric Thoracic Surgery	6	2	5	13
Paediatric Transplantation Surgery	10	2	9	21
Paediatric Trauma and Orthopaedics	143	95	131	369
Paediatric Urology	331	235	325	891
Paediatrics	708	361	413	1,482
Pain Management	126	75	52	253
Palliative Medicine	1	5	4	10
Physiotherapy				
Plastic Surgery	1,490	939	1,316	3,745
Podiatric Surgery	109	22	78	209
Rehabilitation Service	46	37	30	113
Respiratory Medicine	875	510	661	2,046
Respiratory Physiology	4	3	4	11
Restorative Dentistry	2	3	1	6
Rheumatology	728	550	902	2,180
Spinal Injuries	235	84	96	415
Spinal Surgery Service	27	39	35	101
Stroke Medicine	157	171	166	494
Thoracic Surgery	309	210	344	863
Transient Ischaemic Attack				
Transplantation Surgery	242	158	161	561
Trauma & Orthopaedics	5,429	2,171	4,084	11,684
Tropical Medicine	2		2	4
Upper Gastrointestinal Surgery	87	46	72	205
Urology	1,103	718	1,107	2,928
Vascular Surgery	113	64	79	256
Well Babies	22	14	23	59
Total	36,672	23,903	31,865	92,440

TreatmentSpecialtyDescription	CountEpisodes for 2021/22 (M1-12)	CountEpisodes for 2020/21 (M1-12)	CountEpisodes % diff 2021/22 to 2020/21 (M12)	CountEpisodes for 2019/20 (M1-12)	CountEpisodes % diff 2021/22 to 19/20 (M12)
Paediatric Respiratory Medicine	123	100	23%	138	-11%
Paediatric Rheumatology	91	95	-4%	103	-12%
Paediatric Surgery	438	440	-0%	513	-15%
Paediatric Thoracic Surgery	5	2	150%	6	-17%
Paediatric Transplantation Surgery	9	2	350%	10	-10%
Paediatric Trauma and Orthopaedics	131	95	38%	143	-8%
Paediatric Urology	325	235	38%	331	-2%
Paediatrics	413	361	14%	708	-42%
Pain Management	52	75	-31%	126	-59%
Palliative Medicine	4	5	-20%	1	300%
Physiotherapy					
Plastic Surgery	1,316	939	40%	1,490	-12%
Podiatric Surgery	78	22	255%	109	-28%
Rehabilitation Service	30	37	-19%	46	-35%
Respiratory Medicine	661	510	30%	875	-24%
Respiratory Physiology	4	3	33%	4	0%
Restorative Dentistry	1	3	-67%	2	-50%
Rheumatology	902	550	64%	728	24%
Spinal Injuries	96	84	14%	235	-59%
Spinal Surgery Service	35	39	-10%	27	30%
Stroke Medicine	166	171	-3%	157	6%
Thoracic Surgery	344	210	64%	309	11%
Transient Ischaemic Attack					
Transplantation Surgery	161	158	2%	242	-33%
Trauma & Orthopaedics	4,084	2,171	88%	5,429	-25%
Tropical Medicine	2			2	0%
Upper Gastrointestinal Surgery	72	46	57%	87	-17%
Urology	1,107	718	54%	1,103	0%
Vascular Surgery	79	64	23%	113	-30%
Well Babies	23	14	64%	22	5%
Total	31,865	23,903	33%	36,672	-13%

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:

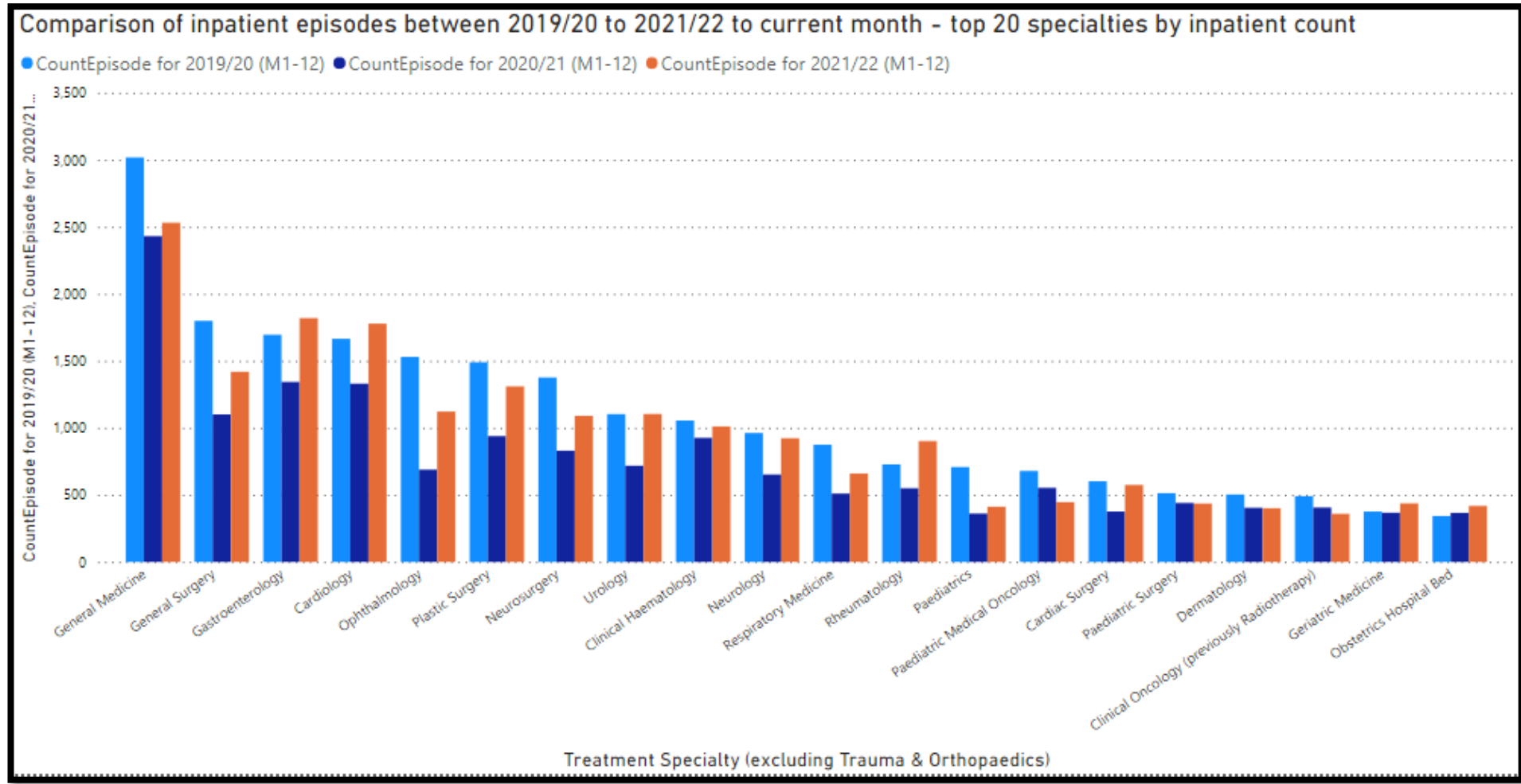


Table 4.2 – Aneurin Bevan UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

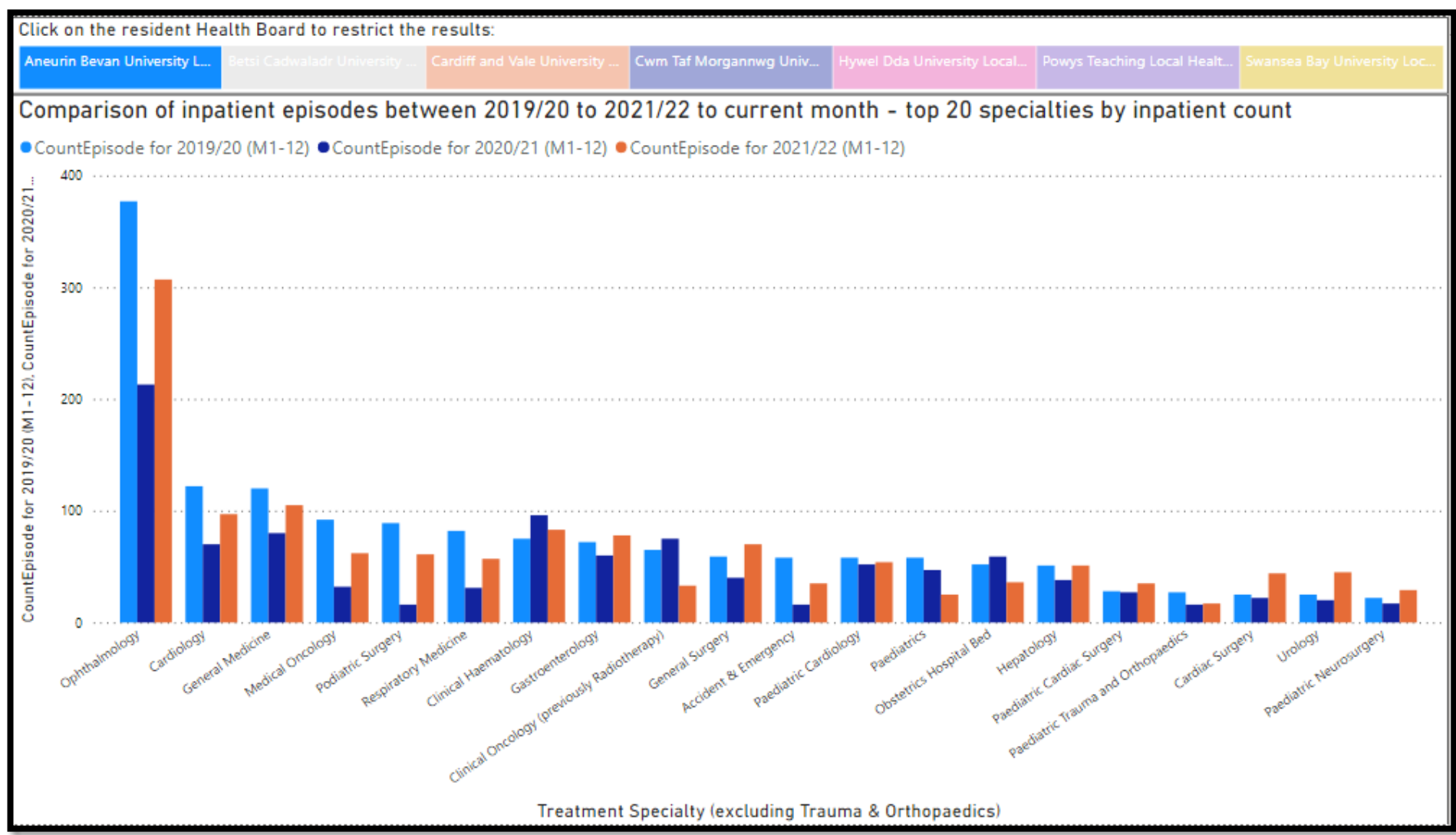


Table 4.3 – Betsi Cadwaladr UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

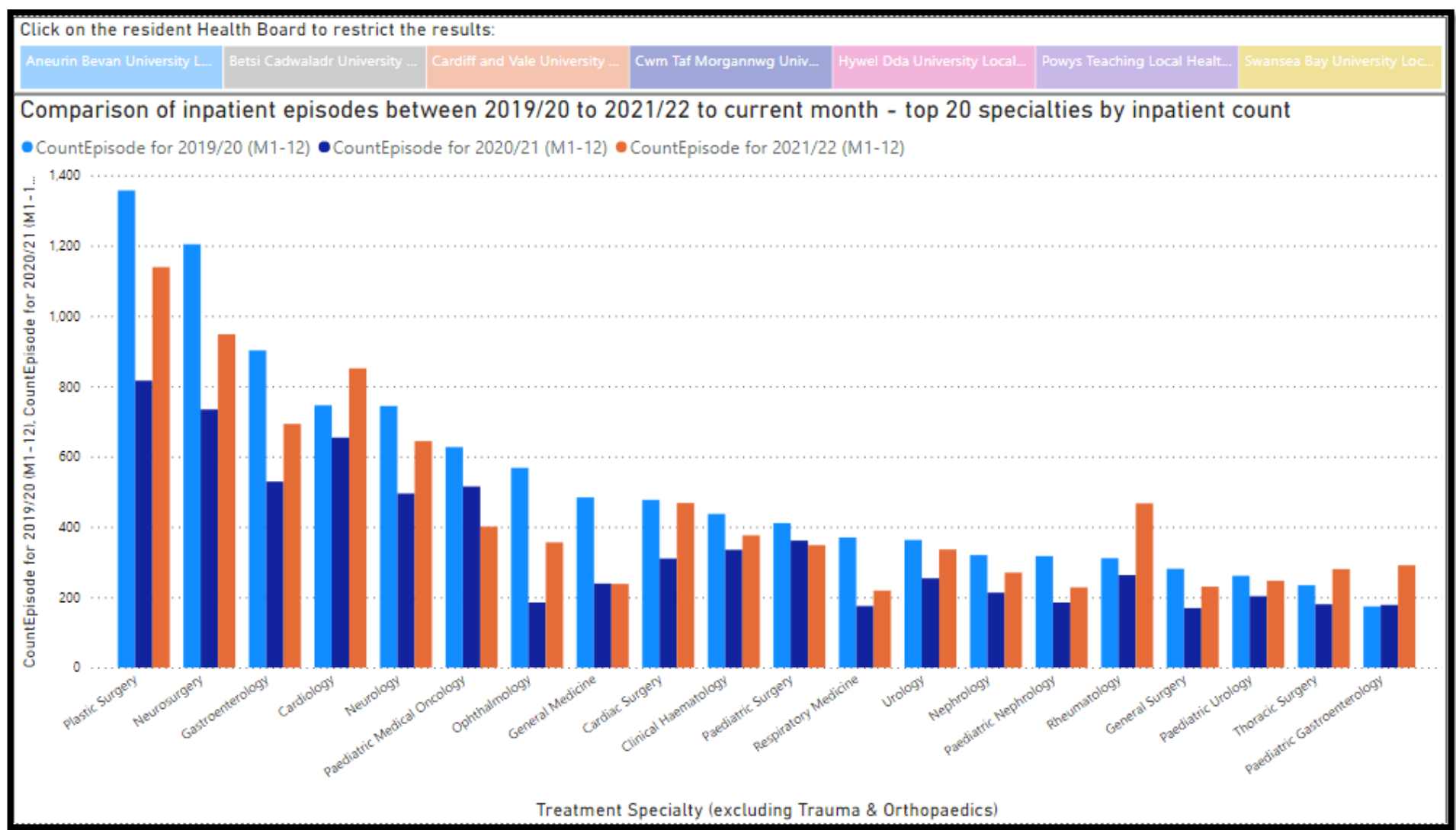


Table 4.4 – Cardiff & Vale UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

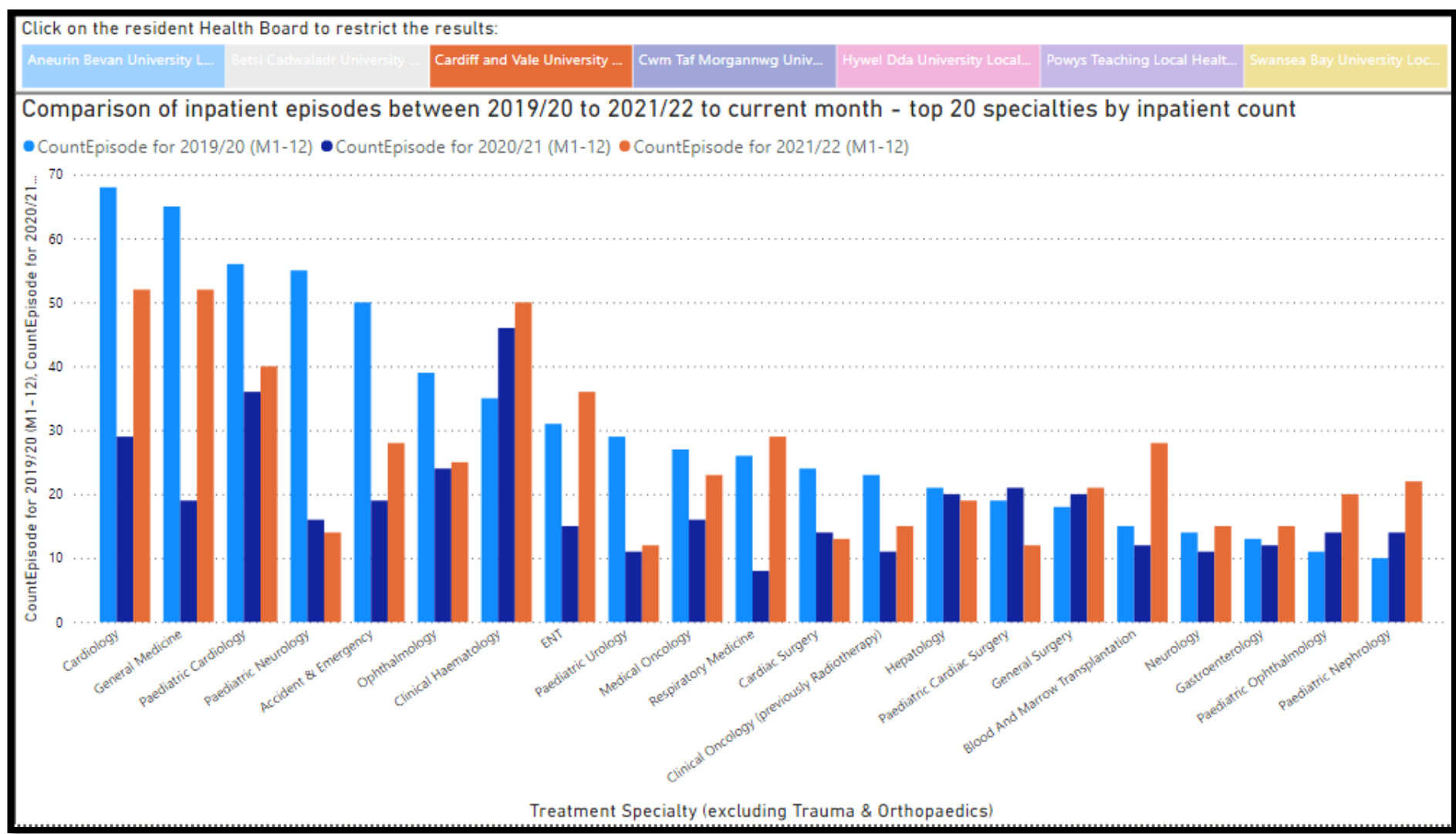


Table 4.5 – Cwm Taf Morgannwg UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

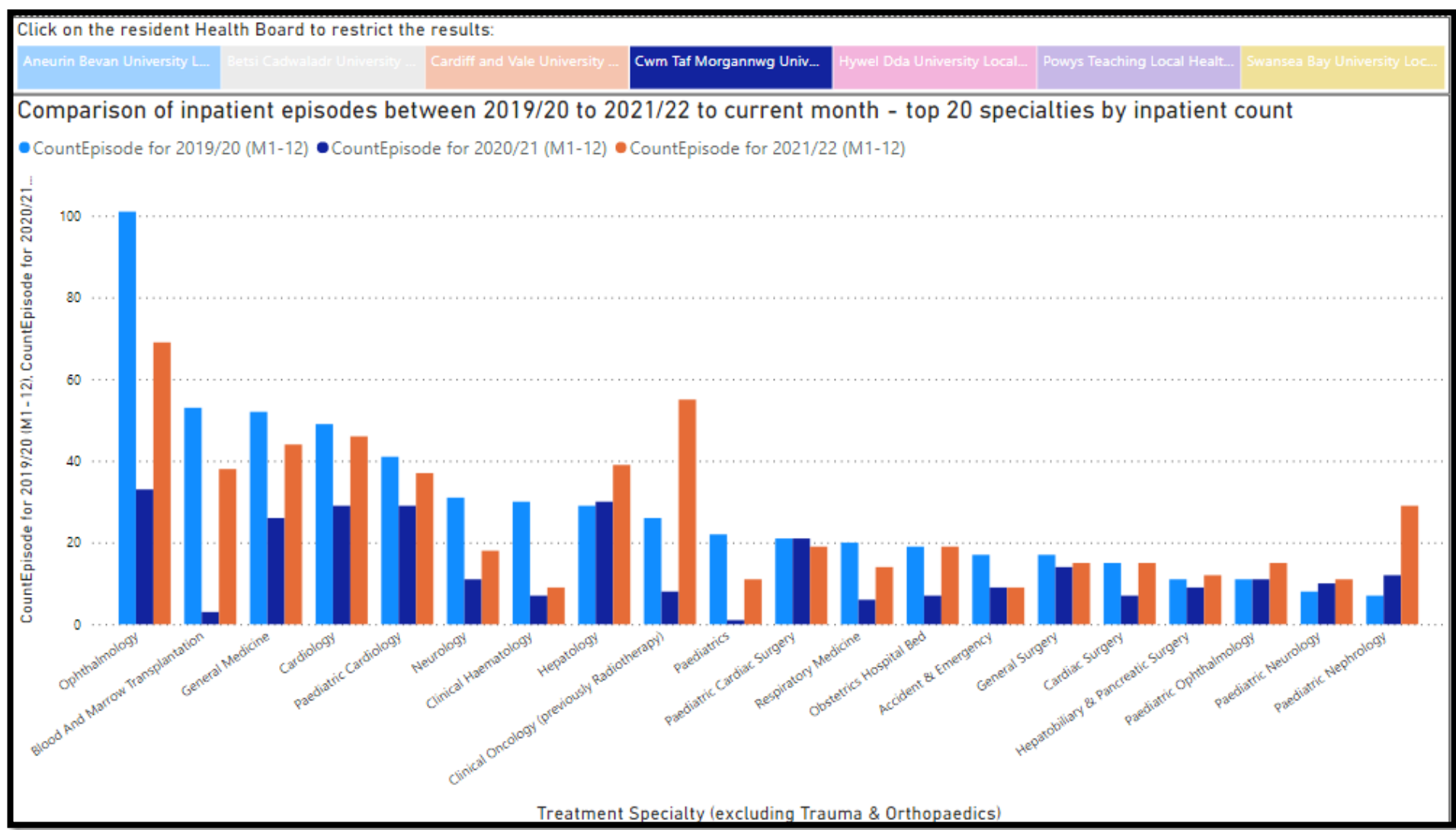


Table 4.6 – Hywel Dda HB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

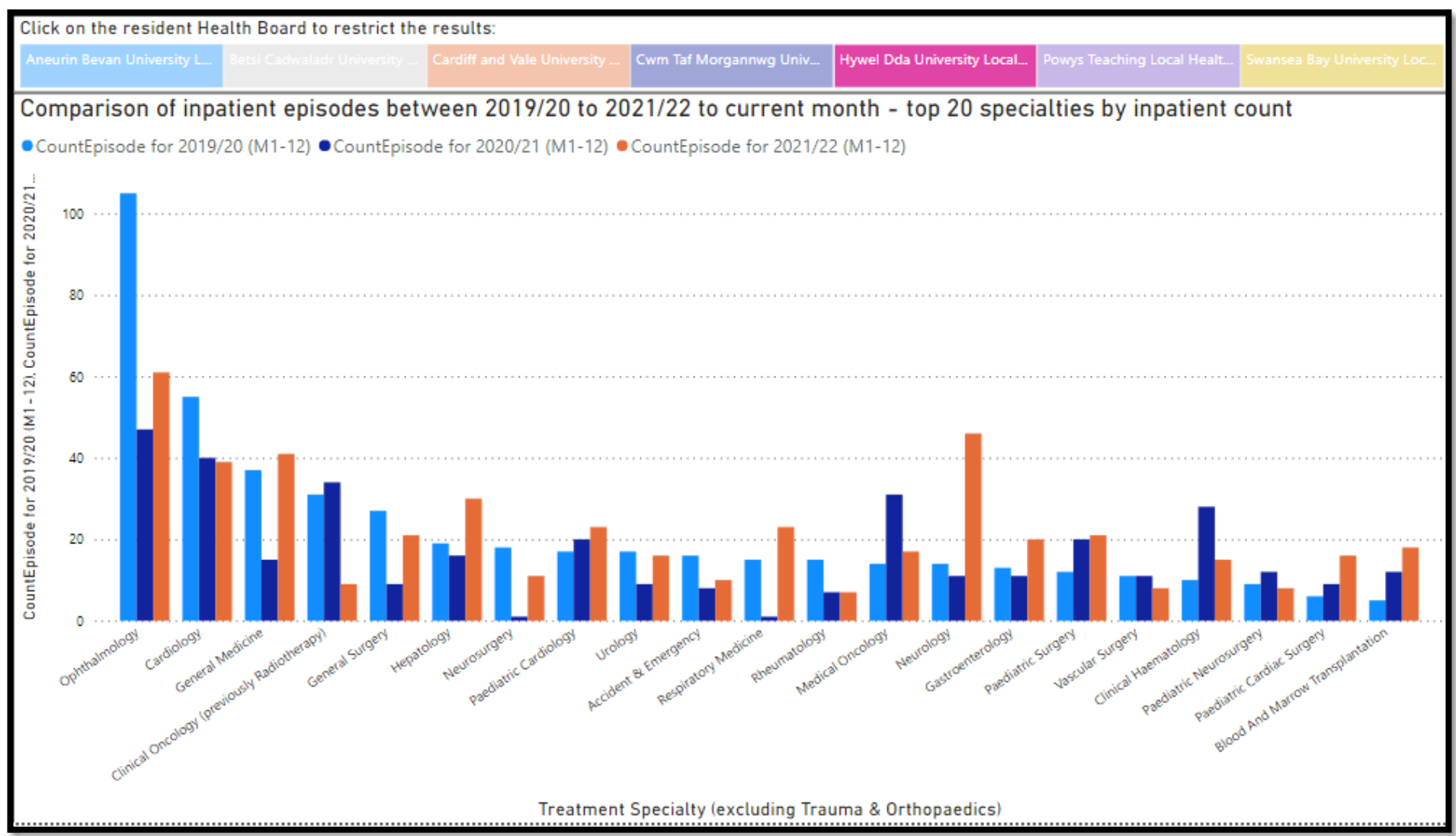


Table 4.7 – Powys THB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22

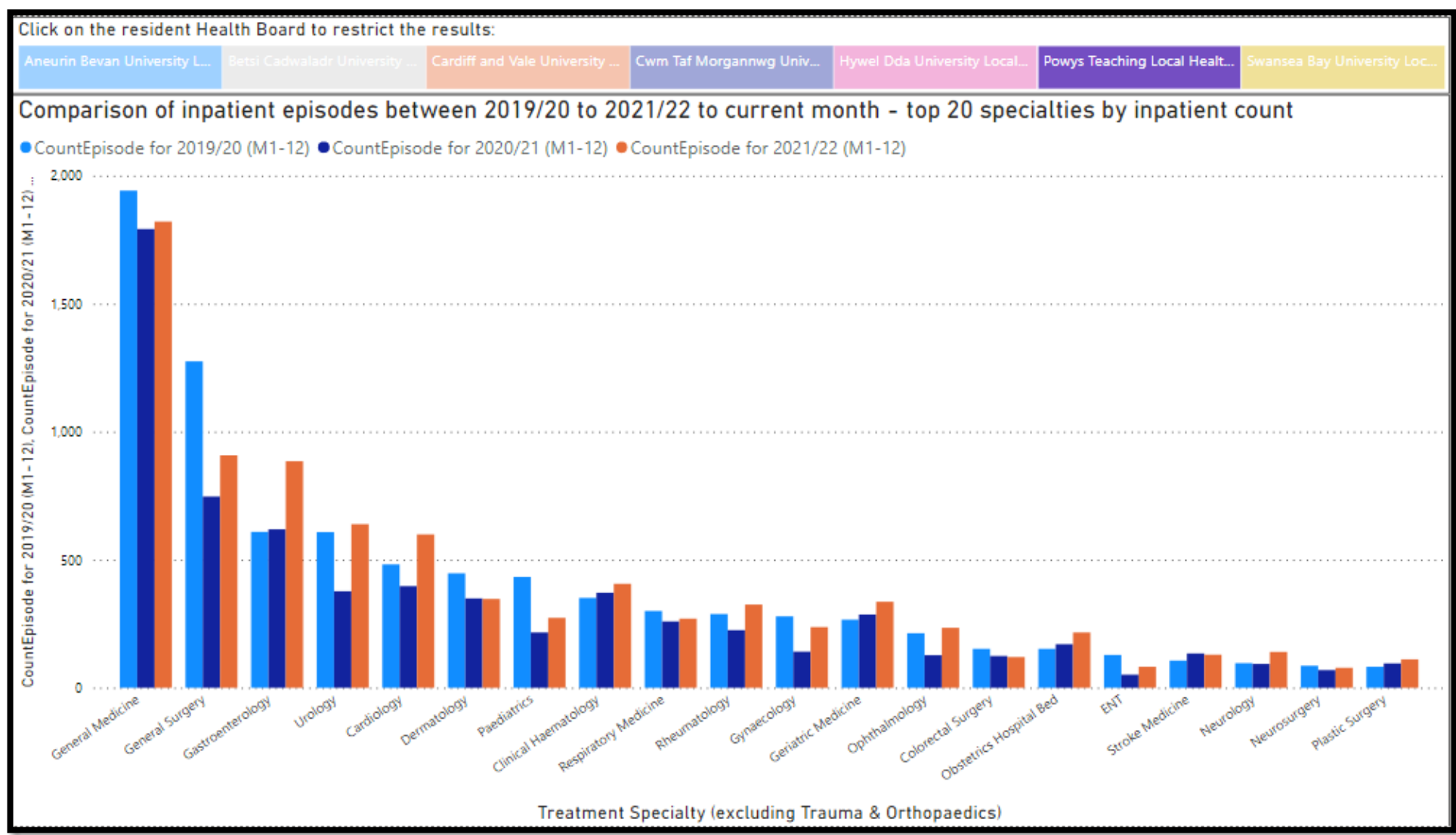
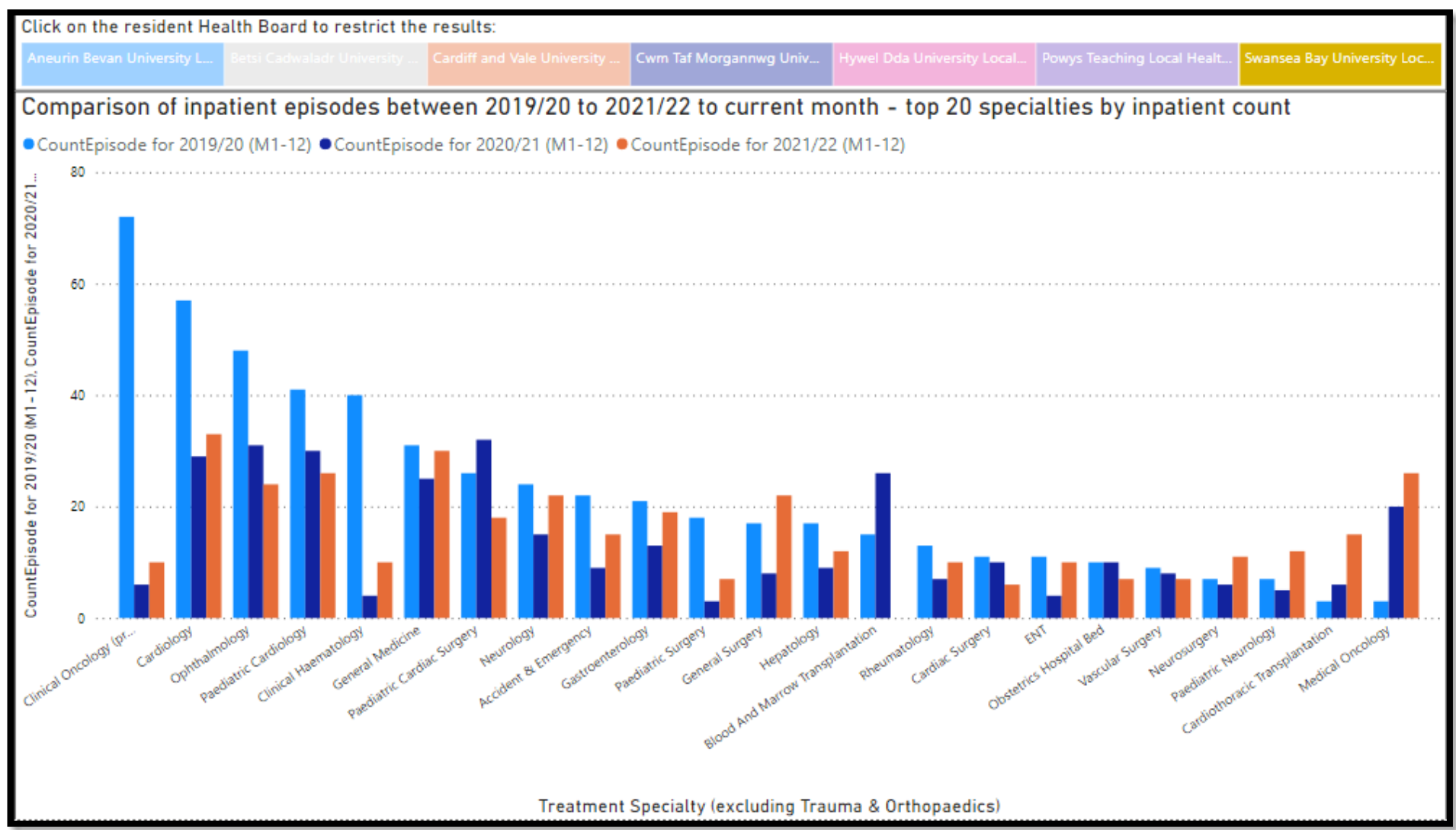


Table 4.8 – Swansea Bay UHB - Analysis by Specialty – Comparison of episodes to current month between 2019/20, 2020/21 and 2021/22



APPENDIX 2

New Welsh Government performance measures

New performance measures were announced by Welsh Government in January 2022; with the relevant measures related to activity listed below:

ACCESS TO TIMELY PLANNED CARE				
Priority Measure		Target	Reporting Frequency	Source
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset
20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)

This appendix contains the available performance data against the following specialties:

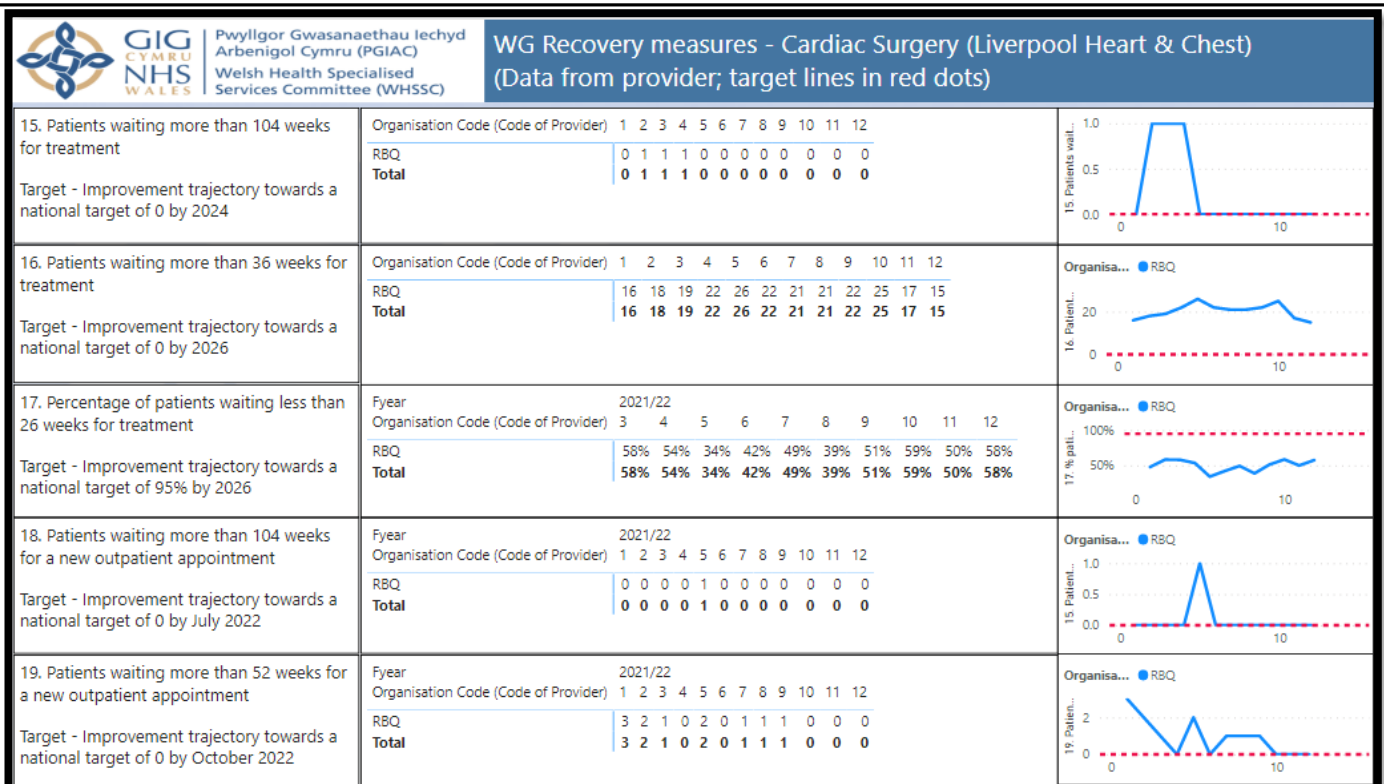
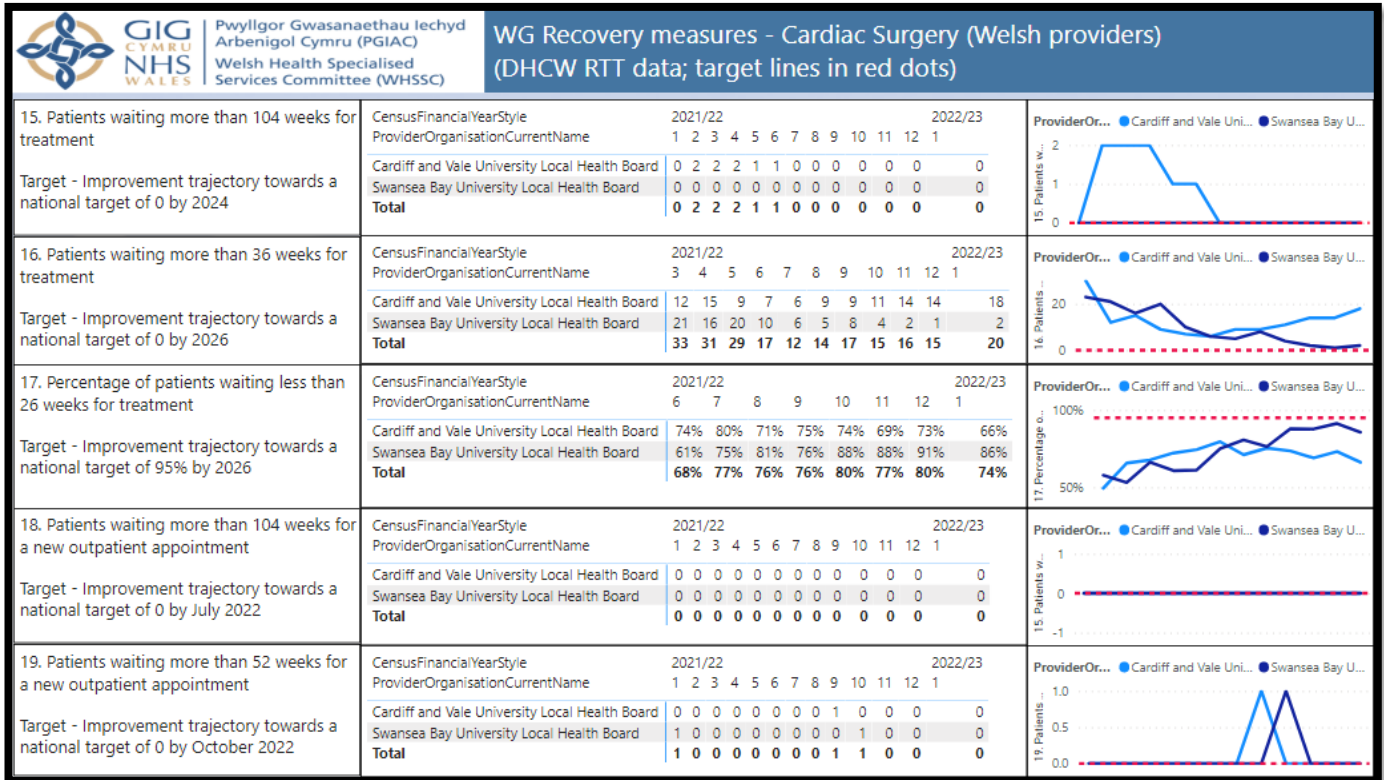
- Cardiac Surgery
- Thoracic Surgery
- Neurosurgery
- Plastic Surgery
- Paediatric Surgery

Please note that the Referral to Treatment (RTT) dataset does not split out the pathway point (eg. New outpatient, Inpatient treatment) for English providers, so the total patient set has been used.

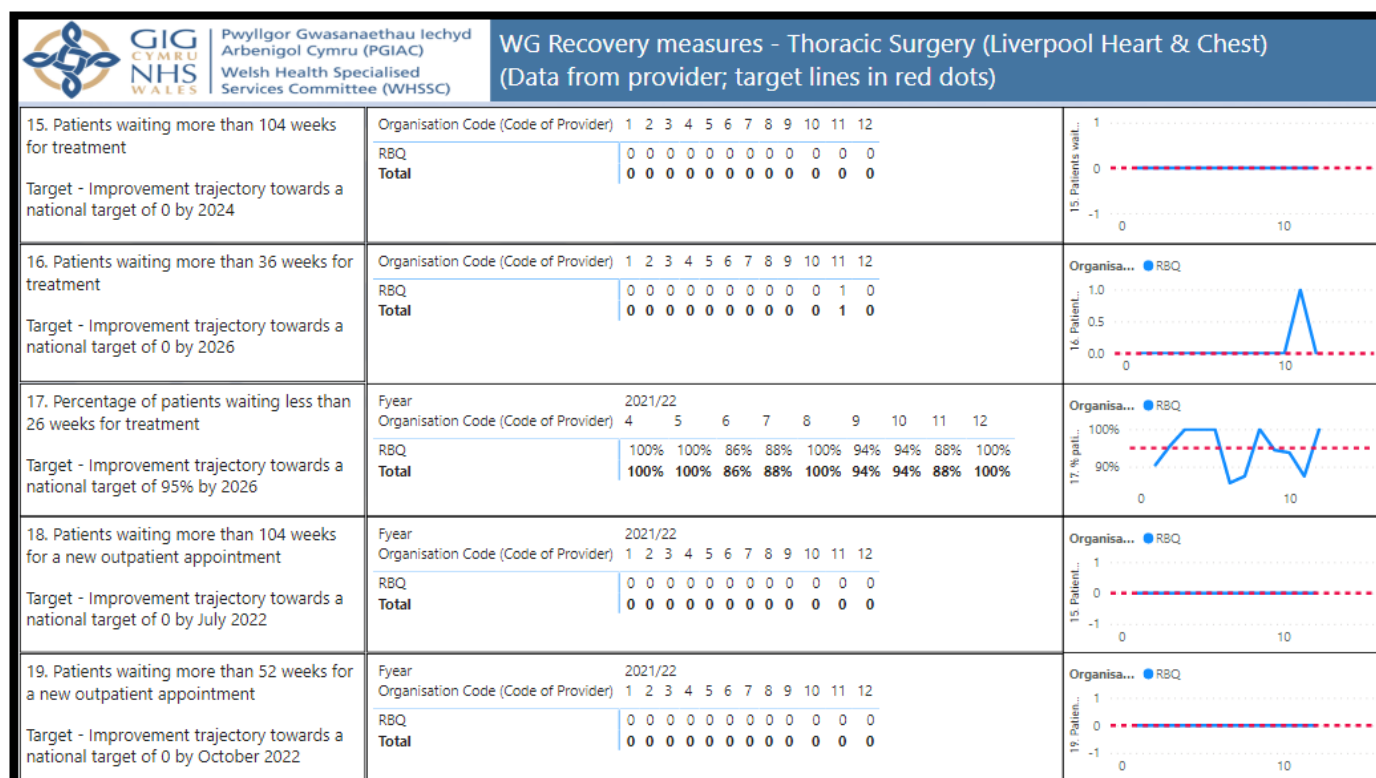
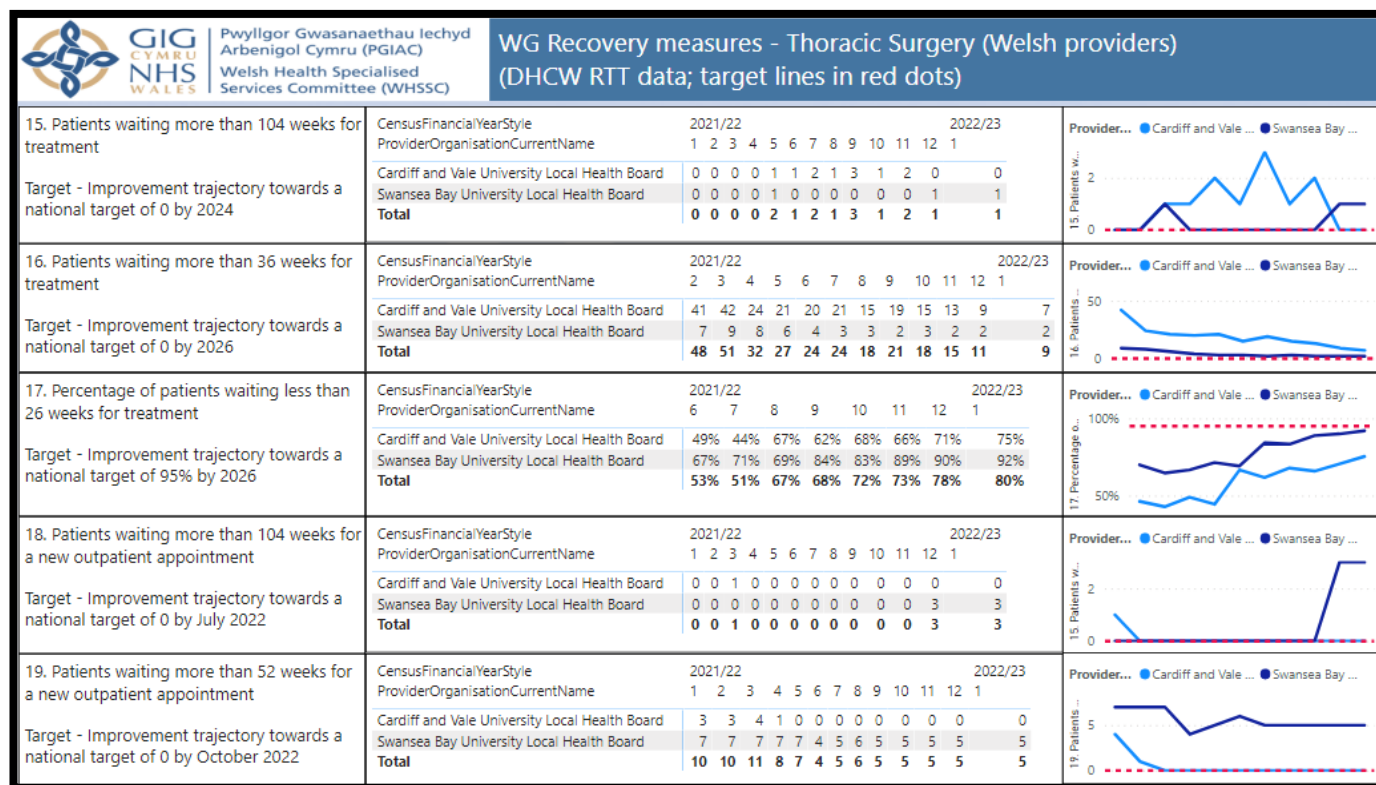
The Outpatient Follow-up delay data (measure 20) is available only from Welsh Government direct, but is reported by provider as totals, so is not applicable for Specialist-only reporting.

The Suspected Cancer Pathway dataset is held by DHCW, and is currently being discussed internally by them around the format to make this data available (measure number 22).

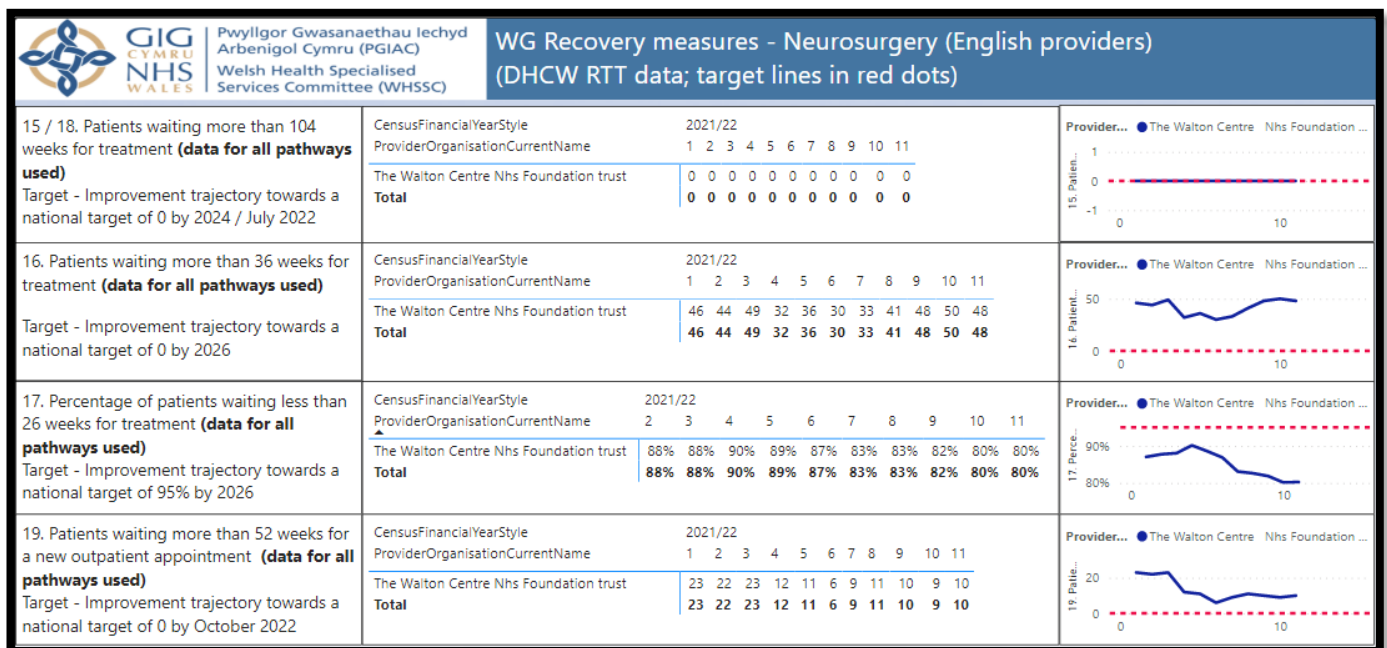
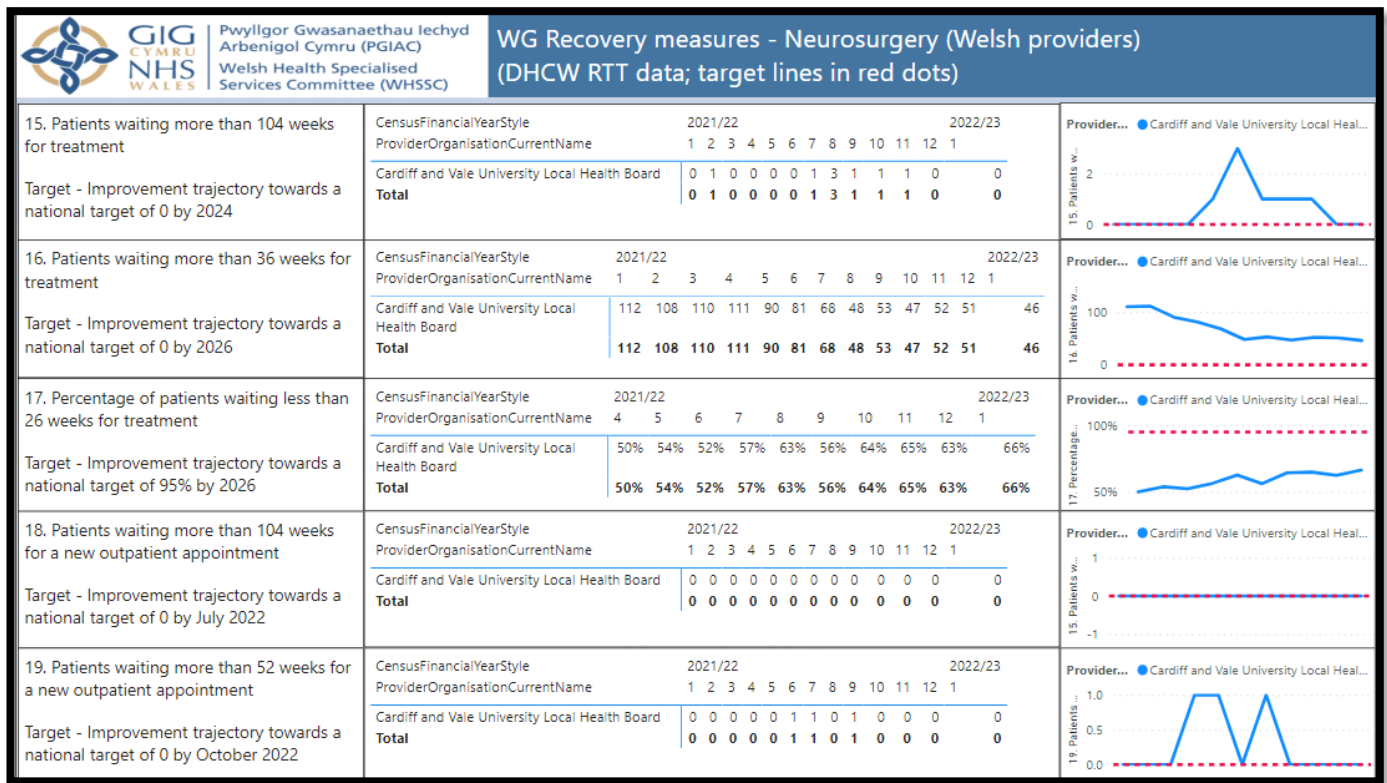
Cardiac Surgery (measures 15 – 19)



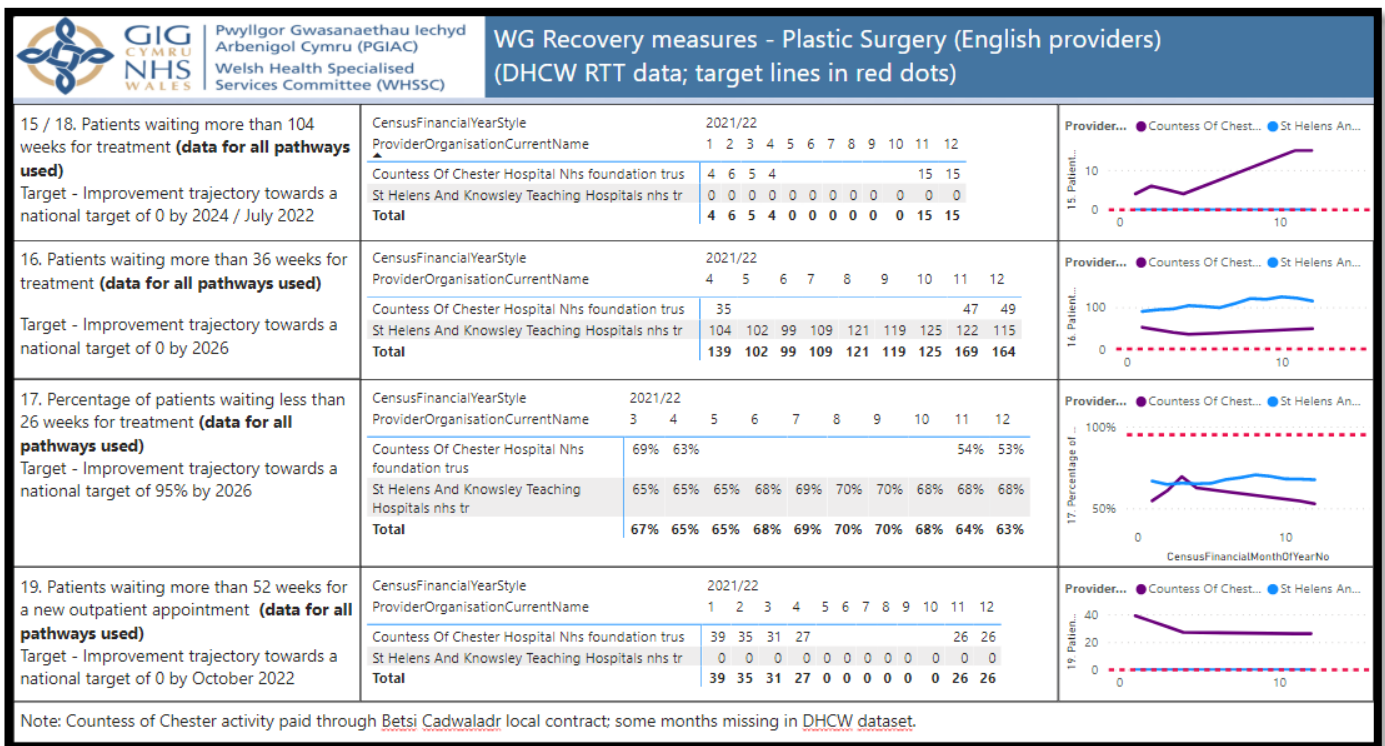
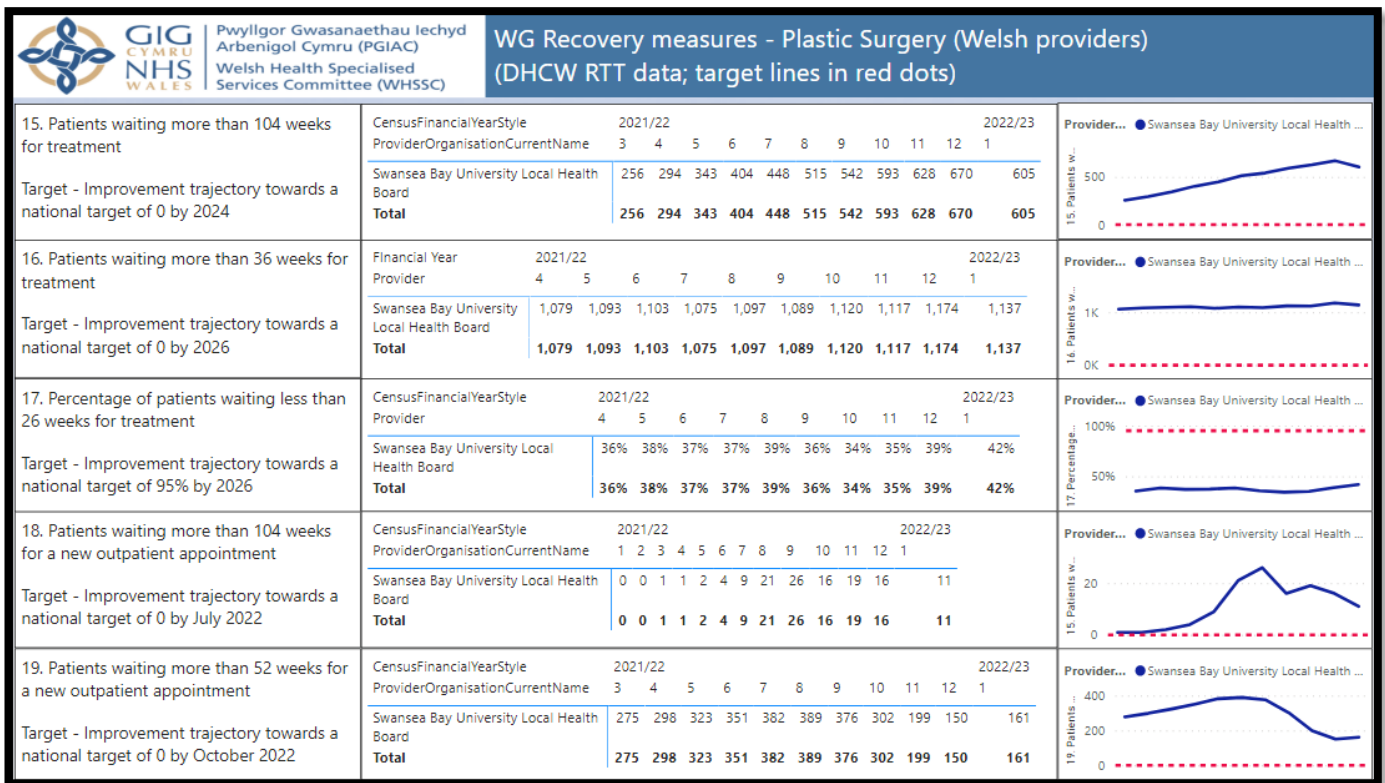
Thoracic Surgery (measures 15 – 19)



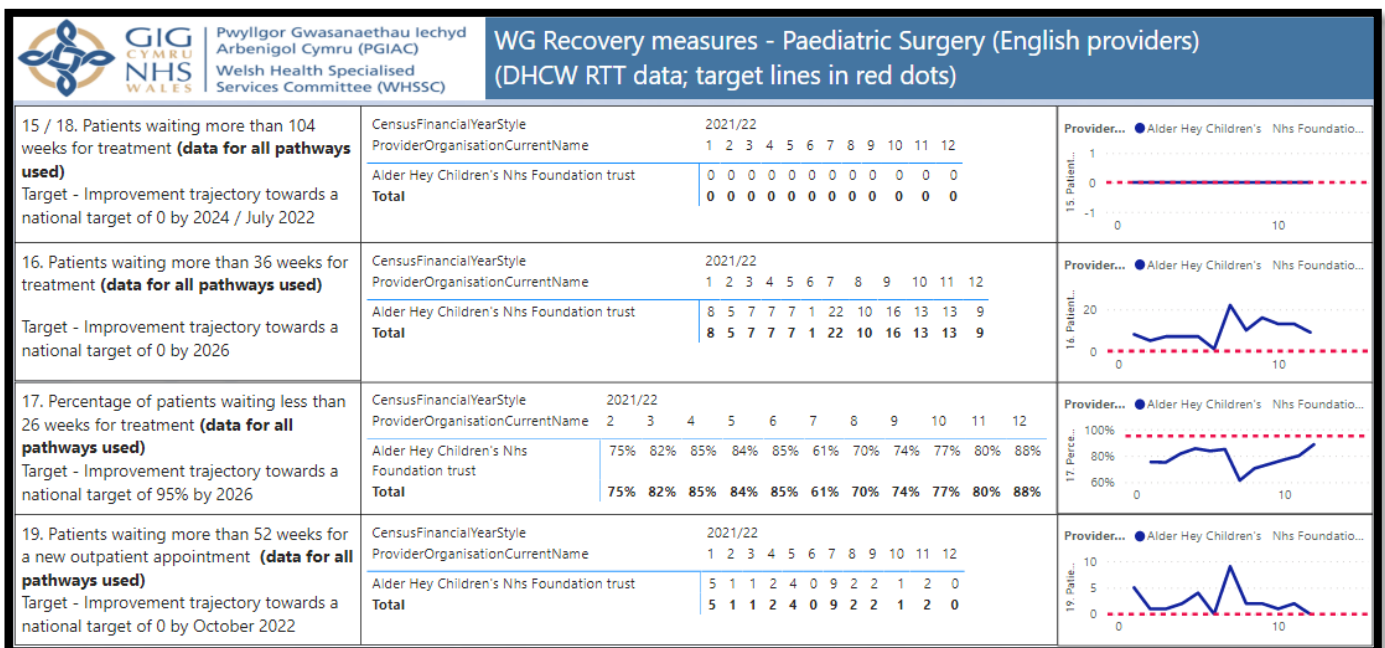
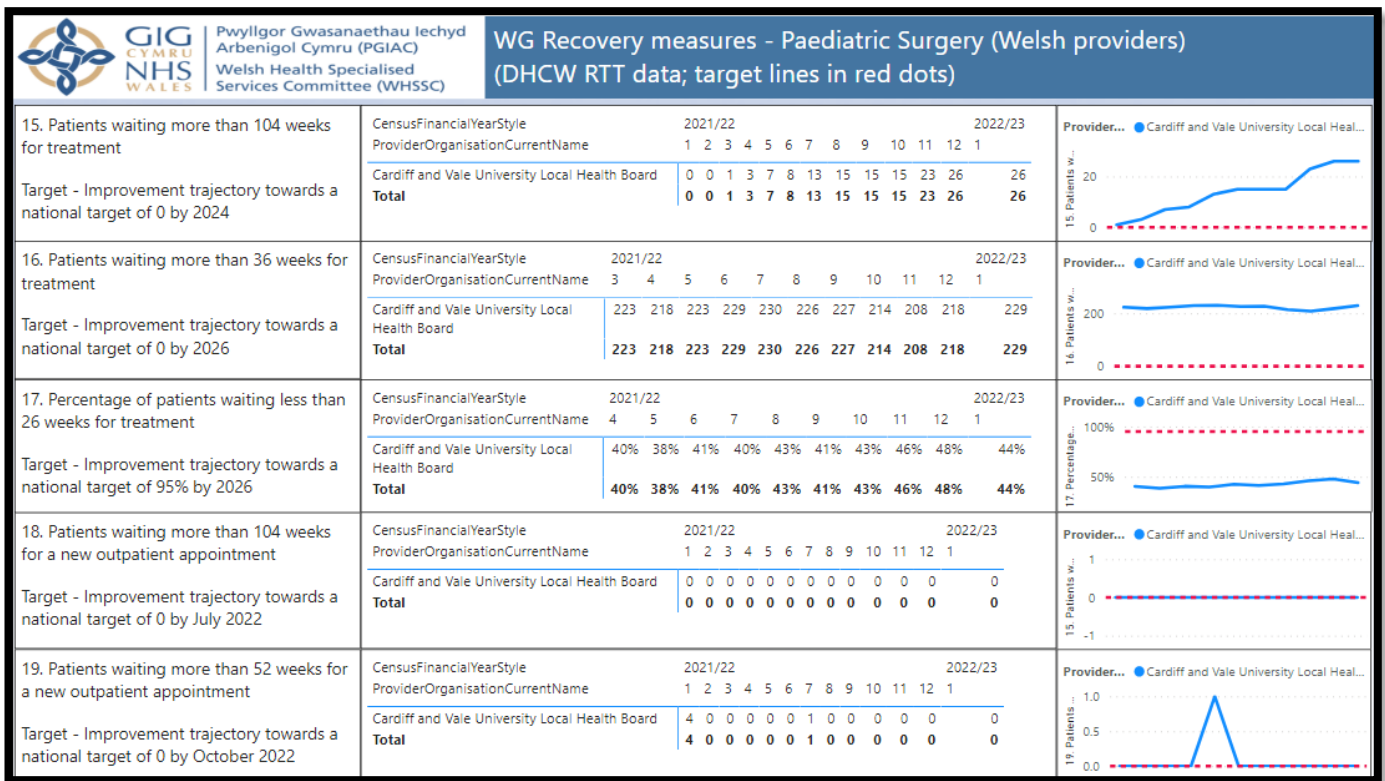
Neurosurgery (measures 15 – 19)



Plastic Surgery (measures 15 – 19)

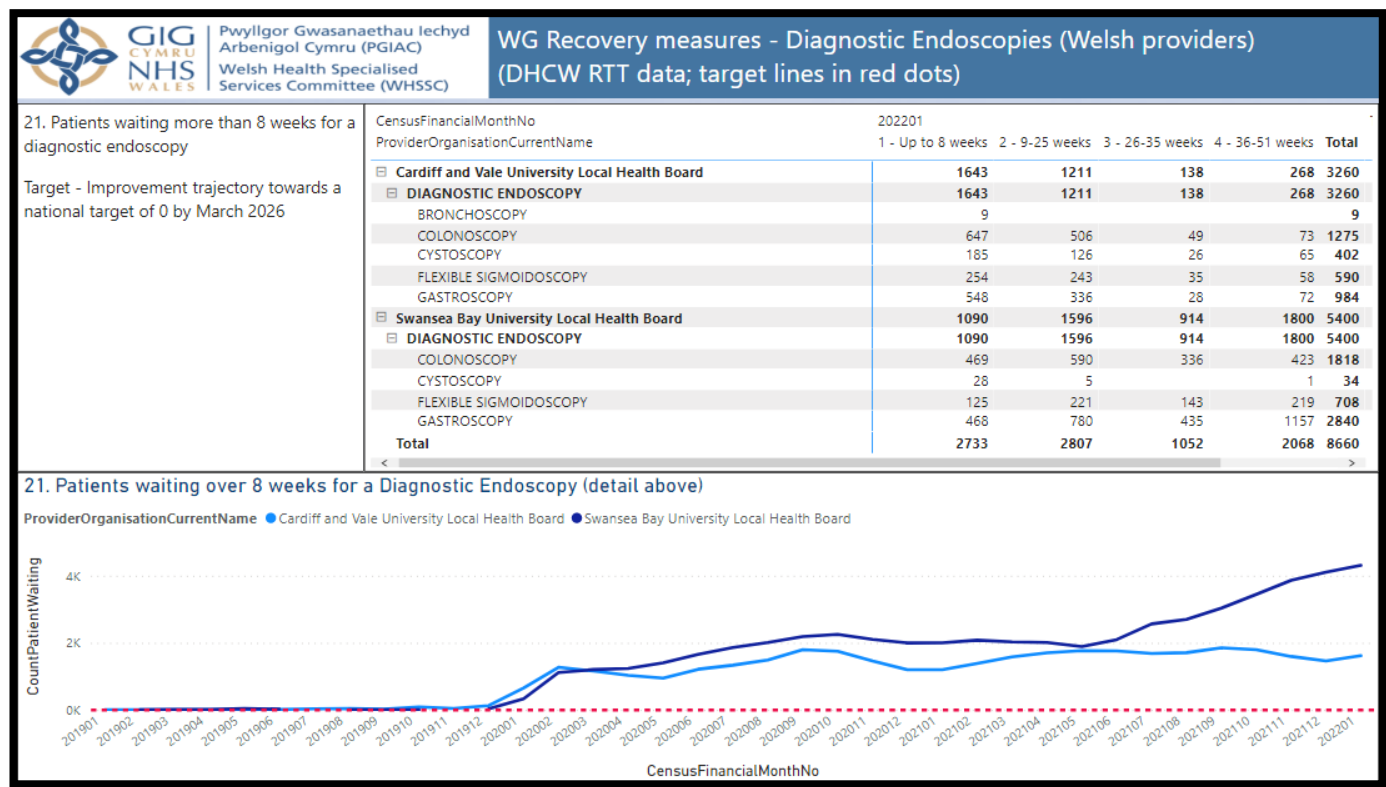


Paediatric Surgery (measures 15 – 19)



Patients waiting over 8 weeks for a Diagnostic Endoscopy (measure 21)

This measure is derived from a national DHCW dataset around patients waiting for Diagnostics. Specialties are not separated out, hence the figures below relate to the provider as a whole, and will include patients that are not in a pathway relating to specialist treatments.





Report Title	Financial Performance Report – Month 2 2022-2023			Agenda Item	4.2
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Open/Public				
Author (Job title)	Finance Manager - Contracting				
Executive Lead (Job title)	Director of Finance				
Purpose of the Report	<p>The purpose of this report is to set out the financial position for WHSSC for the 2nd month of 2022-2023.</p> <p>The financial position is reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan by the Joint Committee in February 2022.</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s) Members are asked to: <ul style="list-style-type: none">Note the current financial position and forecast year-end position.					

WHSSC FINANCIAL PERFORMANCE REPORT

MONTH 2 2022-2023

1.0 SITUATION

The purpose of this report is to provide the yearend financial position of WHSSC for the 2022-2023 financial year.

This report will be shared with WHSSC Management Group on 23rd June and Joint Committee on 12th July.

2.0 BACKGROUND

The financial position is reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan the Joint Committee in February 2022.

3.0 ASSESSMENT

The financial position reported at Month 2 for WHSSC is a year-end outturn forecast under spend of £515k.

The under spend predominantly relates to slippage in new planned developments and the NHSE England SLA position reflects agreed baselines based on 19-20 outturn with known variances for drugs and devices applied.

4.0 RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance	
Link to Strategic 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.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	
Finance/Resource Implications	This document reports on the ongoing financial performance against the agreed IMTP.
Population Health	
Legal Implications (including equality & diversity, socio economic duty etc)	
Long Term Implications (incl WBFG Act 2015)	
Report History (Meeting/Date/ Summary of Outcome)	Management Group 23 June 2022
Appendices	-

FINANCE PERFORMANCE REPORT – MONTH 2

1.0 SITUATION / PURPOSE OF REPORT

The purpose of this report is to set out the estimated financial position for WHSSC for the 2nd month of 2022-2023 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	745,190	124,198	123,393	(806)	(629)	(515)	(515)
EASC (WAST, EMRTS, NCCU)	235,144	39,191	39,191	0	0	0	0
Total as per Risk-share tables	980,335	163,389	162,583	(806)	(629)	(515)	(515)

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 Welsh Government is a nil variance.

2.0 BACKGROUND/INTRODUCTION

The financial position is reported against the 2022-2023 baselines following approval of the 2022-2023 ICP by the Joint Committee in February 2022. 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 2 is a year to date underspend of £806k and a forecast outturn underspend of £515k.

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.

3.0 GOVERNANCE & CONTRACTING

All budgets have been updated to reflect the 2022-2023 ICP, including the full year effects of 2021-2022 approved plan developments. Inflation framework agreements have been allocated within this position. The agreed ICP sets the baseline for all the 2022-2023 contract values.

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.

Due to COVID and block contracting arrangements the current utilisation shares are based on a 2 year average of 2018/19 and 2019/20 activity. It was agreed by the Finance Sub group that to update utilisation for 2020/21 activity would be too volatile given the downturn in activity.

4.0 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	254,892	42,482	42,482	0	0	0	0
Swansea Bay University Health Board	111,965	18,661	18,481	(180)	0	0	0
Cwm Taf Morgannwg University Health Board	10,430	1,738	1,738	0	0	0	0
Aneurin Bevan Health Board	9,184	1,531	1,531	0	0	0	0
Hywel Dda Health Board	1,708	285	285	0	0	0	0
Betsi Cadwaladr Univ Health Board Provider	45,147	7,525	7,402	(123)	0	0	0
Velindre NHS Trust	50,678	8,446	8,446	0	0	0	0
Sub-total NHS Wales	484,006	80,668	80,365	(303)	0	0	0
Non Welsh SLAs	122,801	20,467	20,406	(61)	0	(292)	0
IPFR	37,788	6,298	6,512	214	60	0	0
IVF	4,999	833	882	48	78	0	0
Mental Health	36,343	6,057	6,564	506	113	(15)	0
Renal	4,941	823	823	0	0	0	0
Prior Year developments	1,928	321	321	0	0	0	0
2020/21 Plan Developments	47,759	7,753	6,554	(1,199)	(430)	(250)	0
Direct Running Costs	4,625	771	759	(12)	2	41	0
Reserves Releases 2019/20	0	0	0	0	0	0	0
Phasing adjustment for Developments not yet implemented ** see below	0	207	207	0	0	0	0
Total Expenditure	745,190	124,198	123,393	(806)	(177)	(515)	0

The reported position is based on the following:

- Developments – variety of bases, including agreed phasing of funding.
- Mental Health & IPFR – live patient data as at the end of the month, plus current funding approvals.
- NHS England activity – agreed baselines based on 19-20 outturn with known variances for drugs and devices applied.
- 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.

5.0 FINANCIAL POSITION DETAIL - PROVIDERS

Provider positions can be summarised as follows for month 2:

5.1 NHS Wales Providers

YTD M2 position (£303k), Forecast YE position is breakeven.

The YTD position comprises underspends in both SB and BCU. At SB this is mainly a result of low month 1 activity in thoracic surgery, cardiac surgery, plastics and burns which is partially offset by an increase in TAVI procedures. BCU have underspends on ICDs and PCI partially offset by an overspend in haemophilia. As this is only based on one month of data, no accurate forecast extrapolation can be made hence the breakeven forecast position.

5.2 NHS England Providers

YTD M2 position (£61k), Forecast YE position (£292k).

NHSE England SLA position reflects agreed baselines based on 19-20 outturn with known variances for drugs and devices applied. The largest variances lie with DDRC and Royal Orthopedic.

5.3 Individual Patient Commissioning & Non Contract Activity

Month 1 shows a £214k overspend year to date with a breakeven forecast outturn position.

The year to date position is based upon known actuals for month 2.

5.4 Specialised Mental Health

YTD M2 position £506k, Forecast YE position (£15k).

The year to date position is based upon known actuals for month 2 with forensic mental health out of area placements and CAMHS block beds being the main reason for the reported variance.

5.5 Renal

No variance is reported at month 2 and the forecast year end outturn position is break even.

5.6 Developments and Strategic Priorities

YTD M2 position (£1,199k), Forecast YE position (£250k).

The YTD position reflects slippage released against prior year provisions. The forecast underspend relates to prior year dialysis growth slippage.

5.7 WHSSC Running Costs

YTD M2 position (£12k), Forecast YE position £41k.

The forecast position reflects projected WHSSC staffing costs partially offset by Renal Network slippage.

5.8 Reserves

Prior year reserves will be assessed and released in the coming months.

6.0 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 £'000	SB £'000	Cwm Taf £'000	Aneurin £'000	Hywel Dda £'000	Powys £'000	Betsi £'000
Variance M2	(806)	(101)	(24)	(153)	(25)	(72)	39	(469)
Variance M1	(177)	(28)	11	(25)	39	(24)	32	(182)
Movement	(629)	(73)	(35)	(129)	(65)	(48)	7	(287)

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 M2	(515)	(93)	(76)	(90)	(114)	(86)	(29)	(27)
EOY forecast M1	0	0	0	0	0	0	0	0
EOY movement	(515)	(93)	(76)	(90)	(114)	(86)	(29)	(27)

7.0 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	120,012	20,002	18,957	(48)	1,093	20,002	(76)
Aneurin Bevan	185,131	30,855	29,204	594	1,057	30,855	(114)
Betsi Cadwaladr	214,074	35,679	33,924	77	1,678	35,679	(27)
Cardiff and Vale	159,359	26,560	25,383	25	1,151	26,560	(93)
Cwm Taf Morgannwg	138,761	23,127	22,336	129	661	23,127	(90)
Hywel Dda	115,696	19,283	18,330	58	895	19,283	(86)
Powys	47,301	7,884	7,454	(22)	452	7,883	(29)
Public Health Wales						0	
Velindre						0	
WAST						0	
Total	980,335	163,389	155,588	813	6,988	163,389	(515)

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

None

8.0 OVERVIEW OF KEY RISKS / OPPORTUNITIES

Cardiff University PETIC scanning centre have notified WHSSC of excess energy costs relating to NHS activity forecast at £1m for 2022/23.

In early June NHS England announced an increase to the cost uplift factor applied to the 2022/23 national tariff from 2.8% to 3.5%. The forecast impact of this for WHSSC contracts is £1.077m but this will be assessed on a provider basis and the impact included in June's reporting.

9.0 PUBLIC SECTOR PAYMENT COMPLIANCE

As at month 12 WHSSC has achieved 99.6% compliance for NHS invoices paid within 30 days by value and 97.1% by number.

For non NHS invoices WHSSC has achieved 98.9% in value for invoices paid within 30 days and 98.1% 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

Action Point 1.1 - the process is being undertaken on our behalf by CTM and NHS Wales shared services. The CTM corporate deadline for applications was 31st May. We have yet to be informed of the final position but will report this moving forward.

Action Point 1.2 – no outstanding invoices to be reported at month 2.

11. SLA 2021-2022 STATUS UPDATE

All Welsh SLAs are planned to be signed by the deadline.

12. CONFIRMATION OF POSITION REPORT BY THE MD AND DOF



**Sian Lewis,
Managing Director, WHSSC**



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



Report Title	Corporate Governance Matters Report			Agenda Item	4.3
Meeting Title	Joint Committee			Meeting Date	12/07/2022
FOI Status	Open				
Author (Job title)	Corporate Governance Manager				
Executive Lead (Job title)	Committee Secretary & Head of Corporate Services				
Purpose of the Report	The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report,
- **Note** the Declarations of Interest Register for 2021-2022,
- **Note** the Gifts, Hospitality and Sponsorship register for 2021-2022; and
- **Receive assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

CORPORATE GOVERNANCE MATTERS REPORT

1.0 SITUATION

The purpose of this report is to provide an update on corporate governance matters that have arisen since the previous meeting.

2.0 BACKGROUND

There are a number of corporate governance matters that need to be reported as a regular item in-line with the governance and accountability framework for WHSSC. This report encompasses all such issues as one agenda item.

3.0 ASSESSMENT

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" session, to the next available public meeting of the Joint Committee. An "in-committee" meeting was held on 10 May 2022 and a verbal update was provided on the recent death of a young woman placed in a Women's Enhanced Medium Secure Unit.

3.2 Welsh Health Circular's (WHC's)

Welsh Government (WG) issue Welsh Health Circular's (WHCs) around specific topics. The following WHCs have been received since the last meeting and are available via the WG website, where further details as to the risks and governance issues are available:

- WHC/2022/006 – Direct paramedic referral to same day emergency care: All Wales policy,
- WHC/2021/034 - Health board allocations 2022 to 2023,
- WHC/2022/002 - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2022/23,
- WHC/2022/009 - Prioritisation of COVID-19 patient episodes by NHS Wales Clinical Coding Departments,
- WHC/2022/013 - Health boards, special health authorities and trusts financial monitoring guidance 2022 to 2023,
- WHC/2022/0014 - AMR HCAI Improvement Goals 2021- 2023,
- WHC/2022/015 - HPV Immunisation Programme Update - Changes to the vaccine for the HPV immunisation programme; and
- WHC/2022/016 - The National Influenza Vaccination Programme 2022-23.

3.2 Declarations of Interests, Gifts, Sponsorship, Hospitality 2021-2022

In accordance with the requirements of the WHSSC Standing Orders and Standards of behaviour Framework Policy¹, a report was submitted to the CTMUHB Audit & Risk Committee on the 23 June 2022 detailing the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities of WHSSC for 2021-2022.

3.2.1 Declarations of Interest (DOI) 2021-2022

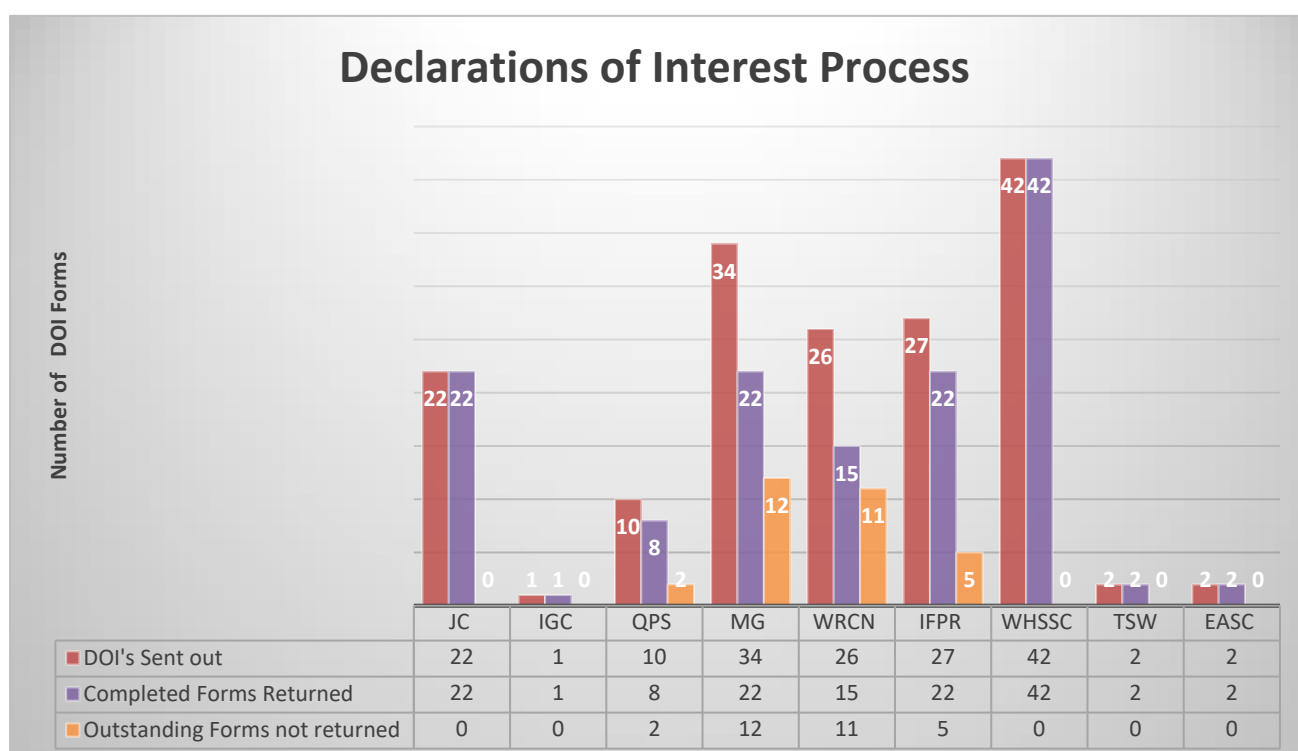
In WHSSC, the following staff are required to complete the DOI form:

- All staff Band 7 and above,
- All staff within the Corporate Services Department,
- Joint Committee members and their nominated Deputies; and
- Sub-committee members and their nominated Deputies.

E-mails with the blank DOI form were circulated to all relevant individuals on 1 April 2022. A total of 166 individuals were asked to return a completed DOI form. As at 15 June 2022, 136 completed forms had been returned, an 81.93% return rate. Reminders have been sent to individuals who have yet to complete and return their form.

Table 1 below provides a summary of the DOI forms received per Committee.

Table 1 – Summary of DOI Forms Received 2021-2022



¹ available here <https://whssc.nhs.wales/publications/corporate-policies-and-procedures/corp-008-standards-of-behaviour-policy-v3-0-pdf/>

The DOI register is presented at **Appendix 1**. A summary of the findings is outlined below:

- 100% of Joint Committee members returned the DOI forms,
- 100% of Integrated Governance Committee (IGC) members returned DOI's,
- 80% of Quality & Patient Safety Committee (QPSC) members returned the forms, 20% are outstanding,
- 64.71 % of Management Group (MG) returned the DOI forms, 35.29 % remains outstanding,
- 57.69 % of Welsh Renal Clinical Network (WRCN) members returned DOI's and 42.31 % remain outstanding,
- 81.48 % of the All Wales Individual Patient Funding Request (IFPR) panel members returned the DOI's with 18.52% remaining outstanding,
- 100% of WHSSC staff returned DOI forms,
- 100% of Traumatic Stress Wales (TSW) staff returned DOI's; and
- 100% of Emergency Ambulance Services Committee (EASC) staff returned DOI's (we have included these as we are required to submit these for the Annual Accounts).

3.2.2 Gifts, Hospitality and Sponsorship

The WHSSC Standards of Behaviour Framework policy outlines the process to follow to declare gifts, sponsorship and hospitality and includes a template form to complete to seek approval for receiving hospitality/sponsorship/gifts. The authorised signatories scrutinise the declarations prior to authorisation, in order to ensure the correct information is captured on the form prior to it being submitted to the Corporate Governance Team.

During 2021-2022, two entries were included on the Gifts, Hospitality and Sponsorship Register - See **Appendix 2**.

3.3 Forward Work Plan

The Joint Committee Forward Work Plan is presented at **Appendix 3** for information.

3.4 Committee Arrangements during COVID-19

As the 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. The findings of the Annual Committee Effectiveness Survey 2021-2022 confirmed that members were content to continue with virtual meetings.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the Declarations of Interest Register for 2021-2022,

- **Note** the Gifts, Hospitality and Sponsorship register for 2021-2022; and
- **Receive assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Approval process
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Integrated Governance 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.
Finance/Resource Implications	Not applicable
Population Health	Not applicable
Legal Implications (including equality & diversity, socio economic duty etc)	Not applicable
Long Term Implications (incl WBFG Act 2015)	Not applicable
Report History (Meeting/Date/Summary of Outcome)	7 June 2022 – Integrated Governance Committee (IGC) – noted. 23 June – CTMUHB Audit & Risk Committee - Declarations of Interest Register, Gifts, Hospitality and Sponsorship report – noted.

Appendices

Appendix 1 – Declarations of Interest Register for 2021-2022

Appendix 2 - Gifts, Hospitality and Sponsorship register for 2021-2022

Appendix 3 – Joint Committee Forward Work Plan 2022-2023

JOINT COMMITTEE						
NAME	JOB TITLE	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
Independent Members						
Eden, Kate	Chair, WHSSC	06/04/2022	06/04/2022	Vice Chair and Non-Executive Director, Public Health Wales	April 2016	Ongoing
				Council Member and Trustee, Arts Council of Wales	April 2017	Ongoing
				Council Member, Prifysgol Aberystwyth University	August 2020	Ongoing
				Volunteer Run Leader, RunWithUs Abergavenny	2017	Ongoing
				Director, Leadout Advisory	August 2020	February 2021
				Spouse: Nick Sullivan, Global President, Lumanity (HEOR, HTA, medcomms management consultancy)	October 2019	Ongoing
Phillips, Ceri	(from 01 June 2021)	04/04/2022	04/04/2022	Emeritus Professor Swansea University	August 2020	Ongoing
				Honorary Professor Cardiff University	October 2018	5 years
				Vice Chair Cardiff and Vale University Health Board	April 2021	4 years
Phillips, Ian	Independent Member, PTHB	13/05/2022	17/05/2022	Independent Member Powys Teaching Health Board	2018	Ongoing
Wells, Ian	(from 01 May 2021)	11/04/2022	11/04/2022	No direct or indirect interests		
CEOs						
Hackett, Mark	Chief Executive Officer, SBUHB	17/05/2022	17/05/2022	No direct or indirect interests		
Jones, Glyn	Acting Chief Executive Officer, ABUHB (from 01 Nov 2021)	01/04/2022	01/04/2022	Son is a Cardiac Physiologist, Royal Brompton Hospital, London	September 2021	Ongoing
Mears, Paul	Chief Executive Officer, CTMUH	05/04/2022	05/04/2022	No direct or indirect interests		
Moore, Steve	Chief Executive Officer, HDUHB	04/04/2022	04/04/2022	No direct or indirect interests		
Rankin, Suzanne	Chief Executive Officer, CVUHB (from 01 Feb 2022)	04/04/2022	04/04/2022	No direct or indirect interests		
Schillabeer, Carol	Chief Executive Officer, PTHB	06/04/2022	06/04/2022	No direct or indirect interests		
Whitehead, Jo	Chief Executive Officer, BCUHB	01/04/2022	01/04/2022	No direct or indirect interests		
WHSSC						
Bell, Carole	Director of Nursing and Quality Assurance, WHSSC	05/04/2022	05/04/2022	No direct or indirect interests		
Davies, Stuart	Director of Finance and Information, WHSSC	14/04/2022	14/06/2022	Member of the Highly Specialised Technology Committee of NICE	2017	Until May 2023
				Chair All Wales Medicines Strategy Group		

Doull, Iolo	Medical Director, WHSSC	06/06/2022	07.06.2022	Chair Rare Diseases Implementation Group		
				Chair Wales Research Ethics Committee 2		
				Honorary Consultant Paediatrician Children’s Hospital for Wales		
				Faculty European Respiratory Society Paediatric Bronchoscopy Course		
				Member National Institute of Health and Care Excellence (NICE) Technology Appraisal Panel B		
Lewis, Sian	Managing Director, WHSSC	11/04/2022	11/04/2022	No direct or indirect interests		
Affiliate Member						
None in the year						
Other Attendees						
Cooper, Tracey	Chief Executive Officer, Public Health Wales	16/05/2022	17/05/2022	No direct or indirect interests		
Ham, Steve	Chief Executive Officer, Velindre NHS Trust	12/04/2022	12/04/2022	No direct or indirect interests		
Killens, Jason	Chief Executive Officer, Welsh Ambulance Services NHS Trust	16/05/2022	17/05/2022	No direct or indirect interests		
Leavers during the Year						
Elias, Emrys	Independent Member, ABUHB (until 31 May 2021)	16/05/2022	07/06/2022	Vice Chair, ABUHB	November 2018	31.5.2021
				Director, Trustee. National MIND	October 2016	31.5.2021
				Jayne Elias, Clinical Director, H.I.W.	September 2019	31.5.2021
Paget, Judith	Former Chief Executive Officer, ABUHB (until 31 Oct 2021)	15/05/2022	17/05/2022			
Richards, Len	Former Chief Executive Officer, CVUHB (until 30 Sept 2021)	Sep-21	17/05/2022	Advisor to the Life Sciences Hub Board	2018	December 2020
				Non Executive Director, Life Sciences Hub Board	January 2021	N/a
				Non Executive Director, Welsh Wound Innovation Centre	2018	Ongoing
Walker, Stuart	Interim Chief Executive Officer, CVUHB (01 Oct 2021 - 31 Jan 2022)	16/02/022	17/05/2022	Sister - Gilead employee, Father ILC CEO (both healthcare companies we may have relationships with) - - Gilead and ILC are pharma companies	Unkown	Unkown

Intergrated Governance Committee						
		DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
NAME	JOB TITLE					
Members						
Eden, Kate (JC)	Chair, WHSSC					
Phillips, Ceri (JC)	Independent Member					
Phillips, Ian (JC)	Independent Member (from 01 May 2021)					
Wells, Ian (JC)	Independent Member and Audit Lead (from 01 June 2021)					
Leavers during the Year						
Elias, Emrys	Independent Member (until 31.5.2021)	16/05/2022	17/05/2022	Vice Chair, ABUHB	November 2018	31.5.2021
				Director, Trustee. National MIND	October 2016	31.5.2021

Quality and Patient Services

		DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	REMARKS
NAME	JOB TITLE						
Britton, Pippa	Independent Member, ABUHB (from Jan 2022)	10/04/2022	10/04/2022	No direct or indirect interests			
Jouvenat, Dilys	Independent Member, CTMUHB	01/04/2022	01/04/2022	No direct or indirect interests			
Phillips, Ceri (JC)	Independent Member, CVUHB (from June 2021)						
Raynsford, Delyth	Independent Member, HDUHB						
Reid, Lucy	Independent Member, BCUHB	07/04/2022	07/04/2022	Managing Director, Anakrisis Limited		6 years	
				Specialist Advisor to CQC		6 years	
				Committee Chair for Primary Care Appeals Service, NHS Resolution		4 years	
				Vice Chair, Betsi Cadwalader University Health Board			
Spill, Steve	Independent Member, SBUHB (from Jan 2022)	06/04/2022	06/04/2022	Non-Executive Director, Coastal Housing Group	September 2020	Ongoing	
				Non-Executive Director - Karbon Homes	April 2019	Ongoing	
				Non-Executive Director - British Small Animal Veterinary Association	February 2020	Ongoing	
				Non-Executive Director - Martello Tower Healthcare	July 2020	Ongoing	
				Trustee - Platform for Change	November 2019	Ongoing	
				Owner/Director - Timesfuture Limited	2000	Ongoing	

				Vice Chair Swansea Bay University Health Board	January 2021	Ongoing	
Williams, Kirsty	Independent Member, PTHB (from Feb 2022)	11/04/2022	11/04/2022	No direct or indirect interests			
Leavers during the Year							
Buchan, Trish	Independent Member, PTHB (until Jan 2022)	10th March 2021	13/06/2022	Part owner Rhayader Surgery Premises	2017	Ongoing	
				Ex Officio Trustee of Powys Association of Voluntary Organisations	March 2022	N/a	
				Spouse: Director of Primary Care Dermatology Society	N/a	N/a	
				Spouse; President Rhayader St John Ambulance	N/a	N/a	
Elias, Emrys	Independent Member (until 31 May 2021)	16/05/2022	17/05/2022	Vice Chair, ABUHB	November 2018	31.5.2021	
				Director, Trustee. National MIND	October 2016	31.5.2021	
Union, John	Independent Member, CVUHB (until June 2021)	13/04/2022	18/05/2022	Cardiff & Vale UHB. Independent	October 2017	Ongoing	
				Swansea Building Society. Non-Executive Director	November 2017	Ongoing	
				Cadwyn Housing Association Limited. Vice Chair.	January 2018	Ongoing	
				Igneous Limited (subsidiary of Cadwyn). Director.	January 2019	Ongoing	
				Cardiff Business Club. Director.	March 2017	Ongoing	
				John Union Limited. Director.	March 2017	Ongoing	

Waygood, Martyn	Independent Member, SBUHB (until Dec 2021)						
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Management Group							
MEMBERS		DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST	REMARKS
Lewis, Sian (JC)	Managing Director, WHSSC (Chair)						
Bell, Carole (JC)	Director of Nursing and Quality Assurance, WHSSC						
Binding, Daniel	Senior Finance Business Partner, HDUHB	13/04/2022	13/04/2022	No direct or indirect interests			
Darlington, John	Assistant Director, Corporate Planning, BCUHB	04/04/2022	04/04/2022	No direct or indirect interests			
Davies, Stuart (JC)	Director of Finance, WHSSC						
Doull, Iolo (JC)	Interim Medical Director, WHSSC						
Evans, Jacqueline	Committee Secretary & Head of Corporate Services, WHSSC	05/04/2022	18/05/2022	School Governor Pontarddulais Comprehensive School	01/09/2020	Ongoing	
				Timothy Evans - Proprietor of EA Evans & Son Building Construction Firm			
Jones, Andrew	Head of Finance – Financial Planning & Reporting, CTMUHB	13/04/2022	13/04/2022	No direct or indirect interests			
Jones, Suzanne	Interim Assistant Finance Director - Financial Strategy, Planning, ABUHB	12/04/2022	12/04/2022	No direct or indirect interests			
Lines, Clare	Assistant Director of Transformation and Value, PTHB	13/04/2022	13/04/2022	My husband chairs a dental practice in Monmouthshire.	Pre-2022/23	Ongoing	
				My husband has a communications company, which from time to time provides services to the NHS but not at present.	Pre-2022/23	Ongoing	
				My husband is an independent member of the Wales Council for Voluntary Action	Pre-2022/23	Ongoing	

Mackenzie, Charlie	Head of SLR and External Commissioning, SBUHB						
Markall, Christopher	Head of Finance, CVUHB	17/05/2022	18/05/2022	lead finance manager for Cardiff and Vale UHB provider relationship with WHSSC	Ongoing	Ongoing	
Meredith, Phillip	Finance Business Partner, ABUHB						
Nelson, Claire	Assistant Director of Planning, CTMUHB						
Nolan, Rob	Finance Director - Commissioning & Strategy, BCUHB	13/04/2022	13/04/2022	No direct or indirect interests			
Preece, Karen	Director of Planning, WHSSC	04/04/2022	04/04/2022	No direct or indirect interests			
Simpson, Anne	Head of Strategic Commissioning, HDUHB	13/04/2022	13/04/2022	No direct or indirect interests			
Stapleton, Karen	Assistant Director Strategy, SBUHB	01/04/2022	01/04/2022	No direct or indirect interests			
Wilkey, Melanie	Head Of Outcomes Based Commissioning, CVUHB	13/04/2022	13/04/2022	Secondary employment – Hourly Paid Lecturer University of South Wales	February 2022	Ongoing	
DEPUTIES							
Ayres, Shaun	Assistant Director of Commissioning, HDUHB						
Chambers, Greg	Locality Finance and Performance Manager, PTHB	04/04/2022	04/04/2022	No direct or indirect interests			
Games, Katie	Finance Manager - Commissioning and Contracting, CTMUHB	04/04/2022	04/04/2022	No direct or indirect interests			
Harding, Claire	Assistant Director of Planning	17/05/2022	18/05/2022	No direct or indirect interests			
Leaves, James	Finance Manager, WHSSC	13/06/2022	13/06/2022	No direct or indirect interests			
Mahoney, Rob	Finance Manager, CVUHB	18/05/2022	18/05/2022	No direct or indirect interests			requested to be removed from circulation list

Mercer, Elinor	Commissioning Officer, CVUHB						
Morgan, John	Transformation Programme Manager, PTHB	04/04/2022	04/04/2022	No direct or indirect interests			
Milne, Gill	Head Of Contracts - Finance, BCUHB	24/05/2022	24/05/2022	No direct or indirect interests			
Roberts, Adele	Head of Quality and Patient Care, WHSSC						
Roan, Hannah	Head of Strategic Commissioning, SBUHB	19/05/2022	19/05/2022	No direct or indirect interests			
Stevens, Christopher	Principal Finance Manager – Commissioned Services, SBUHB	01/04/2022	01/04/2022	No direct or indirect interests			
Tomkins, Adrian	Associate Director of Healthcare Contracting, BCUND						
Other Deputies in the Year							
Hurley, Sian	Assistant Finance Business Partner, HDUHB						
Leavers in the Year							
Griffiths, Marie-Claire	Head of Planning, CTMUHB						No access to emails
Holcombe, Rob	Interim Director of Finance, Procurement & Value, ABUHB						
Passey, Sian	Assistant Director of Nursing, HDUHB						
Shelton, Simon	Senior Contracting Business Partner						
Smith, Kevin	WHSSC	01/04/2022	01/04/2022	Remunerated director of Stanhope Pension Trust Limited (pension trustee company)	15.09.2011	Ongoing	
				Unremunerated director of Hayes Point RTM Company Limited (property mgt. company)	19.07.2017	23.01.2021	

Welsh Renal Clinical Network

NAME	JOB TITLE	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
MEMBERS						
Alejmi, Abdulfattah	Clinical Director					
Brown, Christopher	Network Clinical Lead for Pharmacy	18/05/2022	18/05/2022	No direct or indirect interests		
Chess, James	Network Clinical Lead for IM & T					
Evans, Ross	Patient Advocacy Group Representative					
Issac, Linzi	Patient Advocacy Group Representative	13/04/2022	13/04/2022	No direct or indirect interests		
Jones, Caron	Network Chair of Health and Wellbeing Professionals Group					
Kumwenda, Mick	Clinical Director					
Mikhail, Ashraf	Network Lead for Clinical Governance / Patient Quality and Safety	18/05/2022	18/05/2022	No direct or indirect interests		
Parker, Claire	Clinical Director					
Popham, Joanne	Patient Advocacy Group Representative	13/04/2022	13/04/2022	A position of authority in a charity or voluntary body in the field of health and social care;	13 March 2013	Ongoing
Roberts, Gareth	Network Clinical Lead (or deputy)	18/05/2022	18/05/2022	No direct or indirect interests		
Robertson, Stuart	Clinical Director	13/04/2022	13/04/2022	No direct or indirect interests		
Stephens, Michael	Network Clinical Lead for Transplantation and Vascular Access	19/05/2022	19/05/2022	No direct or indirect interests		
Stephens, Michael	Clinical Director					
Williams, Gail	Network Lead Nurse					
IN ATTENDANCE						
Davies, Richard	Projects & Service Improvement Manager					

Davies, Stuart (JC)	Nominated Director of Welsh Health Specialised Services Team					
Eden, Kate (JC)	Chair (one meeting)					
Hamlett, Toni	Directorate Manager	13/04/2022	13/04/2022	No direct or indirect interests		
Harris, Helen	WRCN Accountant	17/05/2022	17/05/2022	No direct or indirect interests		
Holmes, Jennifer	Renal Information Analyst	23/05/2022	23/05/2022	No direct or indirect interests		
Jefferies, Helen	Clinical Lead for Home Therapies					
Lewis, Caroline	Welsh Government Policy Lead for Renal Services;					
Matthews, Jonathan	Renal Network Coordinator	18/05/2022	18/05/2022	No direct or indirect interests		
Phillips, Ian (JC)	WRCN Chair					
Siddel, Sarah	Directorate Managers	18/05/2022	19/05/2022	No direct or indirect interests		
Spence, Susan	Renal Network Manager	13/04/2022	13/04/2022	No direct or indirect interests		
Leavers in the Year						
Davies, Lisa	Directorate Manager, CVUHB	05/04/2022	05/04/2022	No direct or indirect interests		
West, David	Directorate Manager, SBUHB	13/04/2022	13/04/2022	No direct or indirect interests		

IFPR

NAME	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
Alcolado, Ruth	05/04/2022	24/05/2022	No direct or indirect interests		
Al-Samsam, Rim	01/04/2022	01/04/2022	Trustee of Cerebra Charity	April 2015	Ongoing
Bell, Carole (JC)					
Davies, Paul Stuart	11/04/2022	11/04/2022	No direct or indirect interests		
Dean, Helen	06/04/2022	06/04/2022	No direct or indirect interests		
Dew, Catherine	01/04/2022	01/04/2022	No direct or indirect interests		
Doull, Iolo (JC)					
Evans, Anne					
Fitzpatrick, Colin	13/04/2022	13/04/2022	No direct or indirect interests		
Gernier, Teena	13/04/2022	13/04/2022	No direct or indirect interests		
Hain, Richard	23/05/2022	24/05/2022	No direct or indirect interests		
Harpwood, Vivienne	10/05/2022	30/05/2022	Director of Ellucido – a company providing on-line learning	March 2021	Ongoing
			Ellucido - As above. Part ownership. There are no current plans to do business with PTHB or other NHS Wales organisations, (although that might change)	March 2021	Ongoing
			Spouse / Partner or other Relative One of my sons has family interests in Renishaw, a company manufacturing medical equipment which is sold in Wales to the NHS and elsewhere.	2000	Ongoing
			I write on Consent to Healthcare Treatment for EIDO, a company which supplies courses to some NHS organisations in England, (but no longer to Wales).		
			Trustee of a registered charity - Saint Woolos Sinfonia, Newport Wales	2012	Ongoing
			Chair of the Welsh NHS Confederation	2019	September 2022
			Independent Member of the central NHS Confederation and Trustee of the same	2019	September 2022
			Emerita Professor of Medical Law and Ethics at Cardiff University	2018	Ongoing
			Membership of the UNESCO Council Member of the UNESCO Department of Education, participating in international webinars on medical law and ethics in the time of COVID. Not remunerated.	2020	Ongoing
			Membership of the International Program of the South Asia UNESCO Chair in Bioethics, delivering modules on the comparative law of consent to treatment and clinical negligence. Not remunerated.	2021	Ongoing

			UK member of the UNESCO South Asia Education Department’s International Research Committee on Health Law and Bioethics. Not remunerated.	2022	Ongoing
Hawkins, Brian					
Hunt, Sheila	04/04/2022	24/05/2022	My daughter Ruth Hunt is a cross bench peer in the House of Lords Baroness Hunt of Bethnal Green.	October 2019	Ongoing
Jones, Christopher	06/04/2022	06/04/2022	No direct or indirect interests		
Knaggs, Paul	13/04/2022	13/04/2022	External Scientific Advisor to Human Fertilisation and Embryology Authority (inspector)	2008	Ongoing
Lewis, Sian (JC)					
Matthews, Anne-Marie	04/04/2022	04/04/2022	No direct or indirect interests		
Morrell, Christine	03/04/2022	03/04/2022	No direct or indirect interests		
Oliver, William					
Picton, June	13/04/2022	13/04/2022	No direct or indirect interests		
Reid, Keith					
Roeves, Alastair	13/04/2022	13/04/2022	No direct or indirect interests		
Tyler, Helen	20/02/2022	17/05/2022	No direct or indirect interests		
Vincent, Judith	06/04/2022	06/04/2022	No direct or indirect interests		
Walker, Faith	14/04/2022	25/05/2022	Managing Director of FW Consultancy	2016	Ongoing
			Equality of Human Rights Commission Wales Committee Member (Finale term)	2017	2022
			Hereditary Anaemia Working Group –Sickle Cell disorders, Thalassaemia disorders and Additional Rare Hereditary Anaemias	2018	2020
			Executive Director Friends of Cymru Sickle Cell and Thalassaemia CIC	2021	Ongoing
Wareham, Conrad					
Williams, Roger	04/04/2022	04/04/2022	No direct or indirect interests		
Kelchi Nnoaham	02/05/2022	25/05/2022	Wife is employed by Cwm Taf Morgannwg University Heath		
Leavers in the Year					
Tuck, Jeremy	08/04/2022	08/04/2022	No direct or indirect interests		

Welsh Health Specialised Services Committee

	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
Band 7					
Epps, Rachel	01/04/2022	01/04/2022	No direct or indirect interests		
Gray-Williams, Dominique	14/06/2022	14/06/2022	No direct or indirect interests		
Hillier, Holly	13/04/2022	13/04/2022	No direct or indirect interests		
Ingleson, Craig	24/05/2022	24/05/2022	No direct or indirect interests		
Kedward, Susan	18/05/2022	18/05/2022	No direct or indirect interests		
Lewis, Daniel	11/04/2022	11/04/2022	No direct or indirect interests		
Matthews, Georgia	12/04/2022	12/04/2022	No direct or indirect interests		
Meredith-Spurr, Rhian	13/04/2022	13/04/2022	No direct or indirect interests		
Nurse, Penny	06/04/2022	06/04/2022	No direct or indirect interests		
Raghuram, Mala	12/04/2022	12/04/2022	Director of Optimal Eye Care Ltd. (Registered in England & Wales , Number 10555090)	January 2017	5 years
			Spouse -Director of Optimal Eye Care Ltd. (Registered in England & Wales , Number 10555090)	January 2017	5 Years
Turner, Matthew	12/04/2022	12/04/2022	No direct or indirect interests		
Williams, Gavin	18/05/2022	18/05/2022	No direct or indirect interests		
Eleri Schiavone	14/06/2022	14/06/2022	Welsh Pharmacy Board Member: Royal Pharmaceutical Society		
			Executive Board Member: Pharmacy Delivering a Healthier Wales		
			Board Member: All Wales Medicines Strategy Group		
Band 8a					
Dew, Catherine (IPFR)					
Hall, Matthew	04/04/2022	04/04/2022	No direct or indirect interests		
Hallewell, Krsyta	06/04/2022	06/04/2022	No direct or indirect interests		
Harris, Helen (WRCN)					
Kenward, Liz	06/04/2022	06/04/2022	No direct or indirect interests		
McAllister, Sarah	04/04/2022	04/04/2022	No direct or indirect interests		
Tyler, Helen (IPFR)					
Williams, Gail (WRCN)					
Dawson-John, Vicki	03/04/2022	03/04/2022	No direct or indirect interests		
Band 8b					
Archard, Luke	13/04/2022	13/04/2022	No direct or indirect interests		
Hoare, Thomas	14/06/2022	14/06/2022	No direct or indirect interests		
King, Emma	13/04/2022	13/04/2022	No direct or indirect interests		
Meringolo, Kimberley	01/04/2022	01/04/2022	No direct or indirect interests		
Palmer, Richard	01/04/2022	01/04/2022	No direct or indirect interests		
Richards, Andrea	06/04/2022	06/04/2022	No direct or indirect interests		
Roberts, Adele (MG)					
Shortland, Carl					
Smith, Kendal	04/04/2022	04/04/2022	No direct or indirect interests		
Tallon, Sandra	12/04/2022	12/04/2022	No direct or indirect interests		

Band 8c					
Champion, Andrew	14/06/2022	14/06/2022	Committee member, NICE Technology Appraisal Committee A		
			Deputy Chair, AWMSG One Wales Medicines Assessment Group (OWMAG)		
			Member, AWMSG New Medicines Group (NMG)		
Harding, Claire (MG)					
Leaves, James (MG)					
Spence, Susan (WRCN)					
Band 8d					
Evans, Jacqeline (MG)					
Band 9					
Bell, Carole (JC)					
Davies, Stuart (JC)					
Eden, Kate (JC)					
Lewis, Sian (JC)					
Preece, Karen (MG)					
Consultants					
Colgate, Robert	09/04/2022	09/04/2022	Associate of the General Medical Council	2009	
			Two session NHS contract supporting the Merthyr Cynon crisis and home treatment team.	N/a	
Doull, Iolo (JC)					
Fardy, Helen	11/04/2022	11/04/2022	No direct or indirect interests		
Lutchman Singh, Kerryyn	06/06/2022	07/06/2022	No direct or indirect interests		
Corporate Support					
Davies, Debra	17/05/2022	17/05/2022	No direct or indirect interests		
Henderson, Michaella	01/04/2022	01/04/2022	No direct or indirect interests		
Holborn, Laura	06/04/2022	06/04/2022	No direct or indirect interests		
Hughes, Richard	13/06/2022	13/06/2022	No direct or indirect interests		
Jameson, Sarah	06/04/2022	06/04/2022	No direct or indirect interests		
Jones, Shan	23/05/2022	23/05/2022	No direct or indirect interests		
Roberts, Jason	05/04/2022	05/04/2022	No direct or indirect interests		
Williams, Karla	23/05/2022	23/05/2022	No direct or indirect interests		
Brain, Charles	13/06/2022	13/06/2022	No direct or indirect interests		
Leavers during the Year					
Crole-Rees, Clare	06/04/2022	06/04/2022	No direct or indirect interests		
Langfield, Ian	01/04/2022	01/04/2022	No direct or indirect interests		

	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
Bisson, John	08/04/2022	08/04/2022	Director of Goldcrest Medical Ltd, a company that specialises in undertaking medico-legal reports. In this role I interview people and prepare medico-legal reports on them	23 May 2018	Ongoing
Hoskins, Matt	09/04/2022	13/06/2022	No direct or indirect interest		

Emergency Ambulance Services Committee					
MEMBERS	DATE INTEREST DECLARED	DATE REGISTER UPDATED	NATURE OF INTEREST(S)	DATE INTEREST ACQUIRED	DURATION OF INTEREST
Turner, Christopher	17/05/2022	17/05/2022	Co Vice Chair (Independent),Cardiff Metropolitan University	2017	Unkown
Harrhy, Stephen	17/05/2022	17/05/2022	No direct or indirect interests		

WHSSC Register of Gifts, Hospitality and Fundraising 2021-2022

Name	Designation	Charity	Date	Approved by Line Manager / Director	Comments	Amount Raised £	Certificate / Receipt Received Y / N
Sian Lewis	Managing Director	Christmas Raffle - Operation Smile Reg. Charity No: 1091316	14 January 2022	N/A	Various Fundraising Activities	£176.00	Y
Sian Lewis	Managing Director	Easter Raffle – Chernobyl Children’s Lifeline	April 2022	N/A	Various Fundraising Activities	£200	Y

WHSSC JOINT COMMITTEE – 12 MONTH ROLLING FORWARD WORK PLAN

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
12 July 2022	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	WRCN Name Change Corporate Risk Assurance Framework (CRAF) Draft Paediatric Services 5 Year Commissioning Strategy. Hepato-Pancreato-Biliary (HPB) Services for Wales WHSSC Policy for Policies Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age Ukrainian Refugees – Funding for Exceptional HealthCare	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report (DOI report) Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	Recovery across NHS Wales - Workshop South Wales Cochlear Implant and BAHA Hearing Implant Device Service Neonatal Transport - Update report from the June 2022 Delivery Assurance Group IPFR Annual Report 2021-2022 Annual Committee Effectiveness Survey 2021-2022 Results

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
06 September 2022	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	WHSSC Annual Report 2021-2022	COVID-19 Period Activity Report Financial Performance Report Audit Wales –Audit Tracker Corporate Governance Matters Report Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	WHSSC Specialised Services Strategy Development Workshop Neonatal Transport Update WRCN – Update Report Major Trauma (Action Log)

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
08 November 2022	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	Integrated Commissioning Plan (ICP) 2023-2026 Corporate Risk Assurance Framework (CRAF) Risk Management Strategy WHSSC Standing Orders & SFI's	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	Presentation – Genomics WRCN – Governance Report

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
17 January 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan		COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
14 March 2023	Chair's Report Managing Director's Report Declarations of Interest Minutes Action Log Forward Work Plan	Annual Review of Committee Effectiveness 2022-2023 WHSSC Specialised Services Strategy	COVID-19 Period Activity Report Financial Performance Report Corporate Governance Matters Report Reports from the Joint Sub-Committees <ul style="list-style-type: none"> - CTMUHB Audit & Risk Committee - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	

MEETING	STANDING ITEMS	FOR APPROVAL / ACTION	ROUTINE REPORTS	INFORMATION
09 May 2023	<p>Declarations of Interest</p> <p>Minutes</p> <p>Action Log</p> <p>Forward Work Plan</p>	Chair's Report	<p>COVID-19 Period Activity Report</p> <p>Financial Performance Report</p> <p>Corporate Governance Matters Report</p> <p>Report from the Chair of the CTMUHB Audit & Risk Committee</p> <p>Reports from the Joint Sub-Committees</p> <ul style="list-style-type: none"> - Management Group Briefings - Quality & Patient Safety Committee - Integrated Governance Committee - Individual Patient Funding Request Panel - WRCN 	

CTMUHB Audit and Risk Committee – Part 2
Assurance Report

Reporting Committee	CTMUHB Audit and Risk Committee – Part 2
Chaired by	Patsy Roseblade, Chair of the Audit & Risk Committee (18May & 23 June) Ian Wells, Vice Chair of the Audit & Risk Committee (14 June)
In attendance for WHSSC	Jacqui Evans, Committee Secretary
Date of Meetings	18 May 2022 – In Committee & Public 14 June 2022 23 June 2022
Report Author	Committee Secretary
Summary of key matters considered by the Committee and any related decisions made	
<p>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.</p>	
18 May 2022 - Extraordinary Meeting to Discuss Annual Accounts the Annual Accounts and Accountability Report	
<u>1.In Committee Meeting</u>	
1.1 CTMUHB – Draft Annual Report	
<p>The Committee received the:</p> <ul style="list-style-type: none"> i. CTMUHB – Draft Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2021-2022, ii. WHSSC Draft Annual Governance Statement 2021-2022, iii. EASC Draft Annual Governance Statement 2021-2022, iv. EASC Audit Enquiries Letter, v. National Imaging Academy Governance Compliance Statement, vi. Head of Internal Audit Opinion and Annual Report 2021-2022, vii. CTMUHB Draft Accounts 2021-2022, viii. WHSSC and EASC Draft Accounts 2021-2022; and the ix. Audit Wales: Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion) - Verbal Update <p>The Committee:</p>	

- **Endorsed** the draft of the Annual Report for 2021-2022 - Appendix 1,
- **Noted** the Governance Statements received from the Health Board's Hosted Organisations,
- **Noted** the Head of Internal Audit Opinion and Annual Report 2021-2022,
- **Noted** the CTMUHB Draft Accounts 2021-2022,
- **Noted** the WHSSC and EASC draft audited financial statements for the financial year ended 31 March 2022; and
- **Noted** the verbal update on the Audit Wales: Audit of the Financial Statements (ISA 260) Report (Including the Letter of Representation and Audit Opinion)

2.Public Meeting

2.1 Internal Audit Reports

The Committee received the following internal audit reports:

- Overtime and Additional Hours,
- Consultant Job Planning Follow Up Review,
- Information Governance Toolkit; and
- WHSSC Risk Management

The Committee **noted** the reports.

14 June 2022 – Extraordinary Meeting to Approve the Annual Accounts and Accountability Report

3.CTMUHB - Annual Report

The Committee received the:

- Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2021-2022,
- WHSSC Annual Governance Statement 2021-2022,
- EASC Annual Governance Statement 2021-2022,
- National Collaborative Commissioning Unit Annual Governance Statement 2021-2022,
- National Imaging Academy Governance Compliance Statement 2021-2022,
- Head of Internal Audit Opinion and Annual Report 2021-2022,
- CTMUHB Annual Accounts 2021-2022,
- WHSSC and EASC Final Accounts 2021-2022; and
- Audit Wales: Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinion).

The Committee:

- **Approved** the Annual Report including Accountability Report, Remuneration and Staff Report, Performance Report 2021-2022,

- **Approved** the Governance Statements received from the Health Board's Head of Internal Audit Opinion and Annual Report 2021-2022,
- **Approved** the CTMUHB Annual Accounts 2021-2022,
- **Approved** the WHSSC and EASC Final Accounts 2021-2022; and
- **Noted** the Audit Wales: Audit of the Financial Statements (ISA 260) Report (including the Letter of Representation and Audit Opinion).

23 June 2022 – Audit & Risk Committee CTM Hosted Bodies – Part 2

4.EASC Risk Register

Stephen Harry (SH), Chief Ambulance Services Commissioner (CASC), EASC gave an update on the EASC risk register and advised that it had been received and endorsed by the EASC Management Group in April 2022 and approved by the EAS Joint Committee in May 2021. Members noted that there were two ongoing risks which scored 15 and above, and that three ongoing red risks.

The Committee **noted** the report.

5.National Collaborative Commissioning Unit (NCCU) Risk Register

Gwenan Roberts (GR), Assistant Director Corporate, EASC presented the NCCU risk register.

The Committee **noted** the report.

6. EASC Audit Tracker

SH gave a progress report on the implementation of audit recommendations and members noted that there were four areas outstanding, which were being progressed.

The Committee **noted** the report.

7.WHSSC Corporate Risk Assurance Framework (CRAF)

Jacqui Evans (JE), WHSSC Committee Secretary gave an update on the Corporate Risk and Assurance Framework (CRAF), which was due to be received by the by the Joint Committee on the 12 July 2022. Members noted that as at 31 May 2022 here were 18 risks, 16 commissioning risks and 2 organisational risks.

The Committee **noted** the report.

8.WHSSC Internal and External Audit Recommendations Tracker

Stuart Davies (SD) gave a progress report on the implementation of internal and external audit recommendations and members noted:

- 6 recommendations outstanding regarding the Positron Emission Tomography (PET) Scanner service, which were past their planned due dates, 3 of which had revised due dates, while a further 2 recommendations were not yet due,

- 1 recommendation was outstanding concerning the Women's and Childrens Commissioning Team; and
- 3 recommendations were outstanding in relation to the report on Risk Management. However, none of these were yet due.

Members noted the progress made against the seven external audit recommendations outlined in the Audit Wales report "WHSSC Committee Governance Arrangements".

The Committee **noted** the report.

9. WHSSC DOI, Gifts and Sponsorship Report

JE presented an update on the Declarations of Interest, Gifts, Hospitality and Sponsorship activities for the financial year 2021-2022.

The Committee:

- **Noted** the report,
- **Noted** the Gifts, Hospitality and Sponsorship register for 2021-2022; and
- **Received assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

Matters referred to other Committees

None

Date of next scheduled meeting	22 August 2022
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CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 26 MAY 2022

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 would be held via MS Teams. It was noted that quorum had been achieved.

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 Molecular Radiotherapy (MRT) Review to Guide the Development of an All Wales MRT service; and
- The Management Group Terms of Reference (ToR) and Management Group Annual Report 2021-2022 which were received by the Joint Committee on the 10 May 2022.

4. Hepatocellular Carcinoma MDT and Clinic

Members received a report requesting the release of funding for the Hepatocellular Carcinoma (HCC) MDT and clinic.

Members (1) **Noted** the proposal for the regional HCC MDT and Clinic, and the benefits for patients, (2) **Noted** and that this would be affordable via the utilisation of contingency funding within the plan; and (3) **Approved** the HCC business case and release of funding, acknowledging the new contract line and that activity monitoring will be linked in with the Service Level Agreement (SLA) meetings.

5. Thinking Differently about Psychology for Specialised Services Update

Members received a report providing an update on the development of commissioning principles for requests for psychology posts, and their potential broader application to other Allied Health Professional requests.

Members (1) **Noted** the report, and (2) **Approved** the next steps identified subject to them being updated to reflect that WHSSC were working towards an outcomes based commissioning model, and to

recognise the Health Education & Improvement Wales (HEIW) Health Workforce Plan for Health and Social Care.

6. Intra Uterine Insemination Commissioning Arrangements

Members received a report providing an overview of the current arrangements for the commissioning of intrauterine insemination (IUI) and donor sperm where required, to highlight the inequity of access to treatment and to put forward the various options for future commissioning arrangements.

Members (1) **Noted** the need for a single commissioning policy for accessing IUI and donor sperm, (2) **Noted** the recommendation to have a single commissioner for the planning of IUI procedures and where required procurement of sperm; and (3) **Noted** the proposed options for commissioning IUI and donor sperm and the requirement for a future decision on the model for the commissioning.

7. Positron Emission Tomography (PET) – CT: New Indications 2022 Spinal Surgery Operational Delivery Network

Members received a report presenting the final recommendations of the All Wales Positron Emission Tomography Advisory Group (AWPET) for new PET-CT indications in 2022-2023 and requesting in-year funding of the new PET-CT indications within the WHSSC commissioning policy CP50a.

Members (1) **Noted** the report; and (2) **Approved** the in year funding for the new Positron Emission Tomography (PET-CT) indications for multiple myeloma and anal cancer.

8. Reconfiguration of Neonatal Cots

Members received a report presenting the requirement for the Reconfiguration of Neonatal Cots across south Wales and outlining the programme scope and structure required to undertake this work.

Members (1) **Noted** the proposed programme of works, (2) **Noted** the planned methodology and the creation of a Project Board; and (3) **Noted** the information presented within the Project initiation Document.

9. Paediatric Ketogenic Diet Review

Members received a report providing an update on the impact of investment to develop a Paediatric Ketogenic Diet service since August 2020.

Members (1) **Noted** the report; and (2) **Noted** that additional investment will be requested through the WHSSC Specialised Paediatric Services Strategy.

10. The Welsh Artificial Eye Service (WAES)

Members received a report seeking support for the release of funding to increase capacity within the Welsh Artificial Eye service (WAES) provided by Cardiff and Vale UHB (CVUHB).

Members (1) **Noted** the information presented within the report and that the requested recurrent funding for the Wales Artificial Eye Service was within the provision made in the Integrated Commissioning Plan (ICP) 2022-2025; and (2) **Approved** the release of funding to increase the Welsh Artificial Eye service (WAES) capacity within the WAES provided by Cardiff and Vale UHB (CVUHB), acknowledging that the service supports all regions of Wales.

11. WHSSC Policy Group Report

Members received a report providing an update on activity and output from the WHSSC Policy Group during the last quarter (February 2022 – April 2022), and which gave an overview of all WHSSC policies and service specifications published during the financial year 2021-22, and the rationale for their development.

Members **noted** the report.

12. COVID-19 Activity Report for Month 12 2021-2022

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining whether there were any signs of recovery in specialised services activity.

Members noted that the 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 that recovery rates, access comparisons across Health Board's (HBs) and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

13. Financial Performance Report - Month 1 2022-2023

Members received the Financial Performance Report for Month 12, which set out the financial position for WHSSC for the first month of 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

Members noted that the financial position reported at Month 1 was a year to date under spend of £177k and a forecast breakeven year-end outturn.

Members **noted** the current financial position and forecast year-end position.

14. Forward Work Plan

Members **noted** the forward work plan.

15. Any other Business

- The appointment of a new Director of Planning for WHSSC,
- A thank you and farewell to the Assistant Director of Corporate Planning retiring from BCUHB; and
- Recruitment for the approved model for Paediatric Neurology.



GIG
CYMRU
NHS
WALES

Tim Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 23 JUNE 2022

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 would be held via MS Teams.

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:

- The potential designation of BCUHB as a provider of SABR for lung cancer in accordance with the provider designation framework,
- The draft Specialised Paediatric Services 5 year Commissioning Strategy which will be presented to the Joint Committee on the 12 July 2022, prior to being circulated for stakeholder feedback for a 6 week period,
- The results of Annual Committee Effectiveness Survey for the Management Group; and
- Progress to develop a preferred option for the Cochlear Implant and BAHA Specialist Auditory Hearing Device Service.

4. Pulmonary Hypertension - Potential to formally institute a Welsh satellite service

Members received a report providing a summary of the findings and outlining the recommendations following a review of Pulmonary Hypertension (PH) services, and which proposed a means by which the recommendations might be implemented.

Members (1) **Noted** the report; and (2) **Supported** the WHSS team in taking forward the work required to:

- Develop proposals for the formal instituting of a PH satellite service in Wales,
- Engage with stakeholders to identify the optimal location(s) for the service to be delivered; and
- Undertake further financial scrutiny as required and determine the optimal means of funding the service.

5. Funding Release for the Prosthetics Service –Betsi Cadwaladr University Health Board

Members received a report requesting support for the release of funding for the Prosthetics service provided by Betsi Cadwaladr UHB (BCUHB) to mitigate the workforce risks highlighted in the 2022-25 Integrated Commissioning Plan (ICP).

Members (1) **Noted** the report, and (2) **Approved** the request for the release of funding, which was fully provided for in the WHSSC Integrated Commissioning Plan (ICP) 2022-2023 for the Prosthetic Service provided by Betsi Cadwaladr UHB (BCUHB) to mitigate the workforce risks to support equity of access, sustainability and quality of service provision.

6. Paediatric Neurology Update

Members received a report providing an update on the development of the pan-south Wales delivery model for Paediatric Neurology following investment.

Members noted the next steps required to ensure momentum was maintained and the intention for the plan to be operational for the 1 November 2022, including:

- An intention to undertake Consultant interviews,
- For providers to share current tertiary demand with CVUHB,
- A resource transfer of SBUHB service funding to WHSSC and re-alignment of the risk share; and
- Developing a business case for the phase 2 release of funding.

Members **noted** the report.

7. COVID-19 Activity Report for Month 1 2022-2023

Members received a report highlighting the scale of the decrease in activity levels during the peak COVID-19 period, and outlining whether there were any signs of recovery in specialised services activity.

Members noted that the 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 that recovery rates, access comparisons across Health Board's (HBs) and waiting lists were also considered, along with the relevant new performance measures set out by Welsh Government (WG).

Members **noted** the report.

8. Financial Performance Report - Month 2 2022-2023

Members received the Financial Performance Report for Month 2, which set out the financial position for WHSSC for the second month of 2022-2023.

The financial position was reported against the 2022-2023 baselines following approval of the 2022-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

Members noted that the financial position reported at Month 2 was a year-end outturn forecast under spend of £515k.

Members **noted** the current financial position and forecast year-end position.

9. Forward Work Plan

Members **noted** the forward work plan.

10. Any other Business

- **Genomics & Pathology** - An update on potential future risks concerning Genomics & Pathology laboratory testing,
- **Hepato-Pancreato-Biliary (HPB) Services for Wales** – an update on the Project Initiation (PID) being developed to take forward the future service model; and
- **Farewell to CTMUHB Member** – members recognised that it was Claire Nelson’s last meeting and expressed their gratitude for her contribution to the MG.



Reporting Committee	Quality Patient Safety Committee
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	June 7th 2022
Summary of key matters considered by the Committee and any related decisions made	
<p>Commissioning Team and Network Updates</p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:</p> <p>1.0 Welsh Renal Clinical Network (WRCN)</p> <p>The Committee received the report from the network. There were no issues to report.</p> <p>2.0 Cancer & Blood</p> <p>The Welsh Centre for Burns and Plastic Surgery, Morriston Hospital, Swansea Bay University Health Board (SBUHB) remained at escalation level 3. Work continued with Swansea around the long-term model, which was dependent on the redevelopment of Morriston's ICU unit, including receipt of capital for a long-term plan. WHSSC continued to monitor the two phase action plan with input and advice from the South West & Wales Burns Network (SW&WBN).</p> <p>The Positron Emission Tomography Imaging Centre (PETIC) remained in Escalation and monitoring meetings were in place. Another concern around the of the age of the current scanner was also highlighted. There is a procurement process underway to replace this scanner which will mitigate this risk. The service was maintaining turnaround times within the agreed target of 10 working days.</p> <p>The committee noted that there were long waiting times for plastic surgery within Swansea Bay. A recovery plan had been requested but this had not been received to date.</p> <p>3.0 Cardiac</p> <p>Members received an update regarding the two cardiac surgical services in South Wales that remained in escalation. An update was received on the action plan in place in response to the GIRFT report undertaken at SBUHB and the Committee</p>	

received assurance that SBUHB was making good progress on its delivery and the level of escalation would be reconsidered shortly.

Cardiff and Vale University Health Board (C&VHB) had recently been re-escalated from Level 2 to Level 3 due to the lack of assurance to engage with WHSSC regarding their GIRFT improvement plan. WHSSC have since received a more detailed action plan with involvement from the Surgical Clinical Board and good engagement at the last escalation meeting. WHSSC have facilitated the engagement of the two Health Boards to share learning and will continue to monitor the service against key indicators.

Despite the services being in escalation the committee noted that the risk for patients waiting for cardiac surgery had been reduced. Cardiac Surgery waiting lists were currently at their lowest for four years. However, there were growing concerns around diagnostics and cardiology clinical pathways within Health Boards as people are not making their way onto cardiac surgery lists.

4.0 Mental Health & Vulnerable Groups

Members received a separate update report regarding Ty Llidiard, which was currently in Escalation Level 4. Members requested that their concerns regarding the length of time that the services had been in escalation and the slow progress be escalated to Joint Committee for further discussion and assurance.

The committee were informed that a stakeholder engagement with NHS England, with the aim of securing a new Perinatal Mother & Baby Unit service for mid Wales and North Wales patients, was ongoing but this was dependent on the securing of capital funding by NHSE.

Following receipt of notice for the termination of the WHSSC contract with Oxford Health NHS Foundation Trust, colleagues in NCCU were scoping alternative providers to ensure ongoing and uninterrupted service provision.

Prior to the Welsh Gender Service (WGS) being set up in 2019, patients were referred to the London GIC in Charing Cross hosted by Tavistock & Portman NHS Foundation Trust (T&PNFT). In 2019, the WGS repatriated a number of patients based on the level of complexity they could manage at that time. The WGS has now completed the repatriation of the remaining validated waiting list of 130 patients. It was also noted that additional funding had been secured in order to set up a satellite clinic for North Wales and Powys patients to reduce the distance to access treatment.

The Committee was informed that work was ongoing with NHS England to consider a clinical model for the Gender Identity Development Service (GIDS) and explore a regional solution given the recommendation from the Cass Review to move away from a single provider.

5.0 Neurosciences

Members noted one significant area of concern about the use of an imaging platform that health boards have been using to transfer images between NHS Wales and thrombectomy providers in North Bristol and the Walton. The issue had been escalated to the Delivery Unit and Welsh Government and work was currently being undertaken to improve stroke pathways.

6.0 Women & Children

Concerns remained with paediatric intensive care beds, as a result of staffing issues, which could potentially result in paediatric patients requiring intensive care being transferred out of Wales. The Committee was assured that work was ongoing and a set of controls was in place to mitigate the risk.

Members were informed that Paediatric Surgery remained a concern. There was a risk that paediatric patients waiting for surgery in the Children's Hospital of Wales were waiting in excess of 36 weeks, due to the COVID-19 pandemic and that, as a consequence, the condition of the patient could worsen. The WHSS team had asked for a recovery trajectory and plan and there is continuous monitoring with the Clinical Board at CVUHB and through SLA meetings.

7.0 Intestinal Failure (IF)– Home Parenteral Nutrition

The Committee was provided with a detailed update on the creation of a temporary IF commissioning team and the on-going review of IF arrangements. The report highlighted some concerns with the current supply issues with Calea and progress with the HPN contract renewal. It was confirmed that WHSSC had formally instructed procurement to act on behalf of WHSSC in raising concerns around the contract performance. The ultimate aim is to move to an NHS provided service in order to mitigate the risk further.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

WHSSC currently has seven services in escalation. One service had increased its level of escalation and all others remain unchanged; progress and further work was detailed in the commissioning team reports.

- **CRAF Risk Assurance Framework**

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers. There were currently 18 risks on the CRAF of which 16 were commissioning risks and two were organisational risks. Four risks were de-escalated during the period between February - May 2022 and work continues with the commissioning teams to address the remaining risks. It was noted that IPFR remained one of the highest risks. The Committee was informed that following a meeting with WG it had been confirmed that WHSSC were able to commence a wider engagement exercise to

consider the ToR and will be referenced in the Joint Committee's Managing Director's Report in July 2022 and a final report will be presented in September 2022.

- **CQC/HIW Summary Update**

- **Quality Newsletter**

Members received a draft copy of the First Quality Newsletter for comment and feedback. This was well received and is an appendix to the report for wider circulation as appropriate.

- **Service Innovation & Improvement Report**

The report which provided an update on the Service Improvement and Innovation Workshops and similar externally organised events that have taken place since the Covid-19 pandemic was received.

- **Policy Group Report**

Items for information

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

- Chair's Report and Escalation Summary to Joint Committee 12 May 2022;
- Datix – Cymru Incident Investigation – User Guide
- QPS Forward Work Plan;
- QPS Distribution List

QPSC Committee Effectiveness Self- Assessment Results and Forward Work Plan

The findings of the self-assessment results were shared and it was confirmed that they had also been presented to IGC and to the JC in July. Overall the comments were positive. It was difficult for some members to comment as there had been a change in membership at the same time as the survey was circulated

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

The items highlighted above.

Summary of services in Escalation (Appendix 1 attached)

Quality Newsletter (Appendix 2 attached)


Matters requiring Committee level consideration and/or approval

Members agreed the following would be highlighted in the Chair's Report to Joint Committee.


- Ty Llidard updates and to include paper as Appendix to JC,
- Increased escalation of PICU,
- Intestinal Failure position; and
- CRAF - Concerns around IPFR more specifically the changes to the Terms of Reference and governance review.

Matters referred to other Committees	
Ensure chairs report are part of health board's agenda items	
Confirmed minutes for the meeting are available upon request	
Date of next scheduled meeting:	9 th August 2022 at 13.00hrs


1.0 SERVICES IN ESCALATION

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	<ul style="list-style-type: none"> Medical workforce and short-ages operational capacity Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of-Area admissions 	<ul style="list-style-type: none"> 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 – This is being considered in the Mental Health Specialised Services Strategy. Participation in weekly bed management panel meeting. Medical workforce issues improved with further appointments made and the issue of GMC registration resolved for 1 clinician. 	


					<ul style="list-style-type: none"> Level of escalation will be considered following QAIS annual review in June 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
March 2018 Sept 2020 Aug 2021	Ty Llidiard	CTMUHB	4	<ul style="list-style-type: none"> Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental short-falls and poor governance SUI 11 September 	<ul style="list-style-type: none"> Escalation meetings held monthly, however March 22 meeting stood down for the report on a visit from NCCU into the unit to be published to inform ongoing discussions. Service spec discussions progressed with work ongoing to consider the requirements of the unit. Awaiting publication and implementation of Medical Emergency Response SOP by CTM. Coroner's inquest concluded. Implementation of outcomes of inquest to be incorporated into escalation plan alongside the outcomes of HIW and NCCU visits 	


					<ul style="list-style-type: none"> • Executive meeting held on May 3rd 2022. • Managing Director wrote to CEO CTUHB on 6th May with agreed actions following meeting. • Response received from Health Board 12th May outlining work and jointly agreed improvement plan going forward. 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
September 2020	FACTS	CTMUHB	3	<ul style="list-style-type: none"> Workforce is-sue 	<p>The 12 CQV meetings have now been held. The service remains at level 3. Good progress is being made against the key actions key actions remaining:</p> <ul style="list-style-type: none"> Substantive Consultant Psychiatrist job description is with the Royal College of Psychiatrists for approval. Clinical Lead to be advertised once CAMHS Consultant posts have been appointed. The service has been asked to submit a revised staffing plan to increase the resilience of the team using underspend. The FACTS service specification (for CAMHS) is planned to go to policy group on 	

					<p>13th July for approval to consult.</p> <ul style="list-style-type: none"> • FACTS have ongoing issues in Parc Prison linked to offsite system access and personal safety that have been escalated via the appropriate channels. 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
July 2021	Cardiac Surgery	SBUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review 	<ul style="list-style-type: none"> Continued six weekly meetings in place to receive and monitor against the improvement plan. Although the service was de-escalated on delivery of the immediate actions required by the GIRFT recommendations (per March update), further work is required between SBUHB, C&VUHB and WHSSC to improve the aorto-vascular pathways and develop the preferred options. In the meantime, the pathway will remain unchanged. Escalation level will 	

					be reviewed on provision of six months of data following delivery of GIRFT recommendations.	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Move-ment from last month
July 2021 April 2022 (from 2-3)	Cardiac Surgery	C&VUHB	3	<ul style="list-style-type: none"> Lack of assurance regarding processes and patient flow which impact on patient experience 	<ul style="list-style-type: none"> C&VUHB had previously agreed a programme of improvement work to address the recommendations set out in the GIRFT report. In view of continued failure to provide the GIRFT improvement plan and HEIW report the service has been re-escalated First level 3 meeting scheduled for 1 June, with subsequent meetings at 6 weekly intervals; these supersede bi-monthly meetings previously agreed for monitoring purposes. 	

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 31.05.2022	Movement from last month
November 2021	Burns	SBUHB	3	<ul style="list-style-type: none"> The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU. 	<ul style="list-style-type: none"> The burns ICU is restored to full capacity (3 beds) with support from general ICU and anaesthetics consultants (stage 1 of the plan). Mutual assistance is available via the South West and Wales Burns Network and wider UK burns escalation arrangements, should it be required. The three-stage plan has been agreed following advice and support from the Burns Network and a peer visit to Swansea. The service re- 	

					<p>opened on Monday 14 February with an interim service model delivered with the support of general anaesthetics and general ICU consultants.</p> <ul style="list-style-type: none"> • The escalation meetings will be led by WHSSC with support and advice from the Burns Network to ensure standards are maintained through the transition process. • An outline scoping case for the capital development of ITU at Morriston Hospital was shared with WHSSC in May. The first escalation monitoring meeting with SBUHB is currently being arranged. 	
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Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
February 2022	PETIC	Cardiff University	3	<p>Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.</p> <p>These concerns include:</p> <ul style="list-style-type: none"> Recent suspension of production of PSMA due a critical quality control issue identified during MHRA inspection. Service slow to address impact on service for patients. Failure to undertake a timely recruitment exercise leading to isotope production failures. Failure to produce a 	<ul style="list-style-type: none"> The quality control issue has been addressed and isotope production restarted on 25 February after a three week suspension. Analysis of the impact of the delays on patients indicates that while it caused patient anxiety and stress, it is unlikely there will be harm to patients' clinical outcomes. Current waiting times are within the target turnaround time of 10 days. The first escalation meeting took place on Friday 25 March. An action plan has 	

				business case of sufficient quality in a timely manner for replacement of the scanner.	been agreed with focus on the management and governance arrangements for the service. The next escalation meeting is on Tuesday 7th June 2022.	
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Level of escalation reducing / improving position

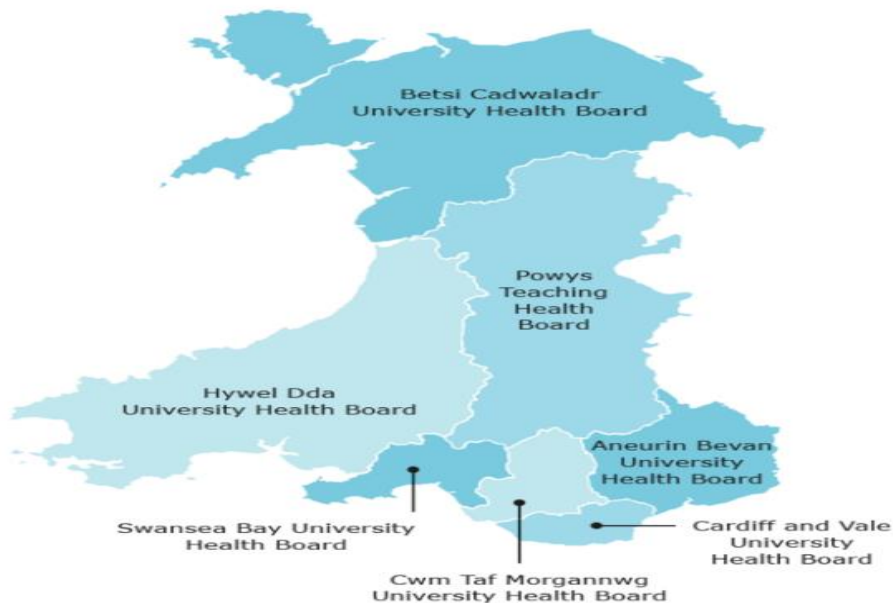


Level of escalation unchanged from previous report/month



Level of escalation increasing / worsening position

WELSH HEALTH SERVICES SPECIALISED COMMISSION- ING QUALITY UPDATE



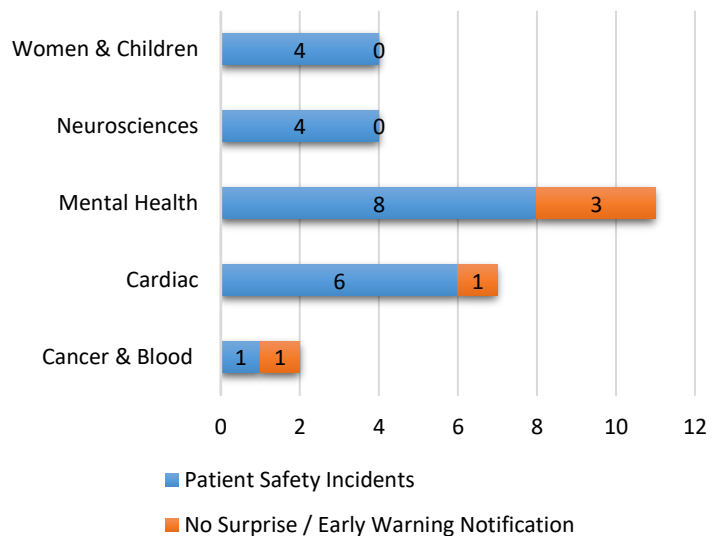
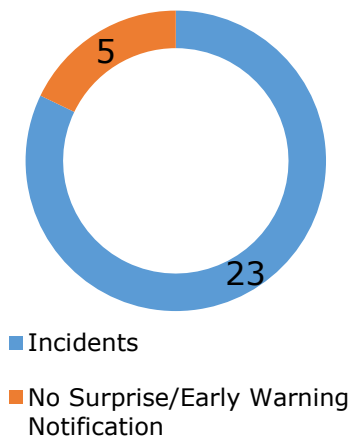
This is the 1st edition of the Quality newsletter from the Welsh Health Specialised Services team in Wales. Our plan is for these to be developed on a quarterly basis to supplement some of the reports and data which already feedback through different forums into the Welsh Health Boards.

These are some of the highlights and an overview of some of the work we are involved with from a commissioning perspective. The services commissioned from WHSSC are both in Wales and with NHS England this will only provide a very brief snapshot of some of these.

Reporting for the last Quarter

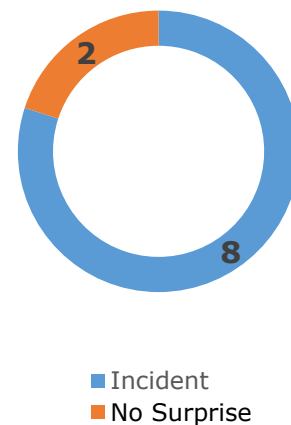
WHSSC do not investigate incidents but are responsible for supporting the investigations into these alongside the monitoring and reporting to the Health Boards. WHSSC are responsible for ensuring the delivery of safe services and any action plans themes or trends arising from concerns are completed and support learning. WHSSC facilitate the continued monitoring of commissioned services and work with providers when any issues arise.

As at March 2022
there are **23** Patient
Safety Incidents and **5**
No Surprise/Early



Complaints

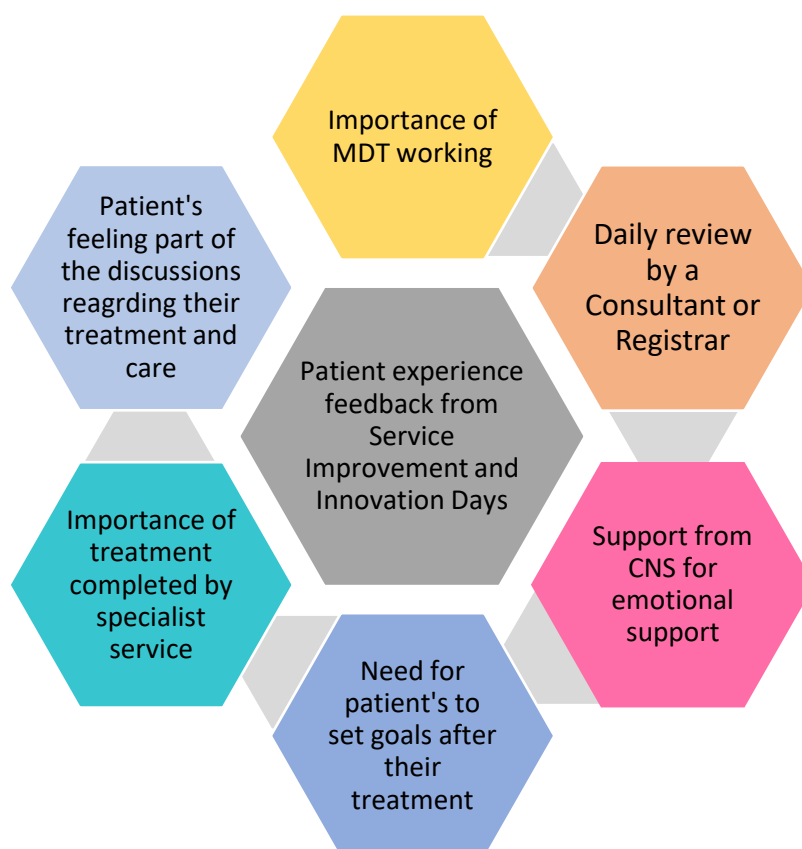
As at March 2022 a
total of **8** Patient
Safety Incidents and
2 No Surprise/Early



Service Innovation and Improvement Days Formerly known as Audit and Outcome Days



During the Covid period these were put on hold but are now back and underway. To date, two days have been held this year one with the Intestinal Failure team and another with the Cancer Network and the Sarcoma specialist teams. A further date is planned for July 2022 with the Cystic Fibrosis team. The days have been really beneficial and the following is an illustration of some of the themes which have emerged:-



These have provided a forum for patient experience to be shared and an opportunity to hear about innovation and different ways of working which

have been adopted to support and deliver services through Covid. They have also provided an opportunity for services to discuss horizon scanning and the development of new services / pathways to support emerging new treatment and therapies. They have facilitated networking opportunities and provided a platform for benchmarking.

The following are some comments received from attendees of the day:-

Whatever the future holds, I am confident that I have received the very best treatment currently available to science to minimise the risk of a re-occurrence. It is reassuring that I am regularly being rechecked and have been made aware of the self-surveillance I need to be undertaking.

Know that I still have the support at the end of the telephone, helps me and my family get answers to questions when they arise, although I try to keep these to a minimum.

Overall having a team that I could have confidence in had a really positive impact on both my mental and physical health.

Thanks for the skills of the medical team and the care I have received. My quality of life is much the same as it was pre-sarcoma. I have come through this with as much of a positive mental attitude for the future as I enjoyed in the past.

The fact that to achieve this quality care incurred travelling a greater distance than to my local general hospital has been more than worthwhile. Throughout my treatment, I felt I was more part of the team than just a patient. This was achieved by keeping me well informed and giving me guidance on the options available.

Update from the Patient Care Team **IPFR (Individual Patient Funding Request)**

The Patient Care Team receives and manages individual patient funding requests for healthcare that falls outside of agreed range of services.

An overview of IPFRs processed 2021 – 2022 (Quarter 1 – 4):

Qtr 1	
April – June	551
Qtr 2	
July – September	449
Qtr 3	
October – December	434
Qtr 4	
Jan – March	603

Total Number of IPFRs 2038

Feedback received to the IPFR team

You Said, We Did – listening to feedback and implementing change:-



Engagement with Patient Experience



Listening and learning from Patient stories and experience provides the team with great insight into the services commissioned by WHSSC. One story shared with the team last year was from the prosthetic team in Cardiff and involved a patient who had received a microprocessor prosthetic knee. The patient was able to demonstrate over Teams the difference this had made to his mobility and the impact and improvement this had on his quality of life. The prosthetic team were also able to demonstrate how important their work is and how individual this had to be to patients requiring their services.



Many teams have had to work in different ways over the last year and have had to be very innovative in their approach. Some of the teams have shared how they have had to adapt to working with SMART phones and apps with their patients to monitor their wellbeing over virtual appointments and how much they have learnt through doing them to this. Some of this has promoted independence in some of their client groups and been enabling for them.

Some data shared with the team from the Clinical Nurses in Adult Congenital heart disease included an evaluation from patients on virtual clinics.

The Survey was undertaken through survey monkey and sent to **64** patients, a total of **35** responses were received resulting in the following summary,

- A blended approach mix of virtual and face to face appointments thought to work well by patients

- Virtual clinics to be offered as video rather than telephone call to improve the patient experience
- Prior to virtual appointment, patients who require tests such as ECG and Echocardiograms beforehand are undertaken prior to the appointment.
- Promotion and support of patient self-management such as Blood pressure self-monitoring, weight management and symptoms, use of fit watches, pulse measurement apps for heart rhythm recognition felt to be helpful and supportive.

It was evident the Team had learnt to respond and manage patients during the pandemic in new and innovative ways. The experience has seen the team and the patients become more confident with the new ways of working and the ongoing approach to be more of a blended approach.

Other surveys and stories which WHSSC have supported have been the impact delays have had on patients in treatment within certain specialties, such as congenital cleft lip and palate, , the following are just a few comments from patients into the survey:-



Quick Round up of Commissioning Teams

Mental Health

5 year strategy being developed and well underway with excellent engagement and support from the Welsh Clinical Teams.

Women and Children's

Paediatric Strategy is gaining momentum and moving forward with improved engagement

Neurosciences and long term condition

Plan to develop All Wales strategy to improve outcomes and experience of patients receiving specialised rehabilitation

Cancer and Blood

Recent successful Sarcoma Service Improvement and Innovation Day held.

Cardiac

Richard Palmer has joined the commissioning team as a planner . Andrea will be returning to supporting Patient care team after a brief retirement

Intestinal Failure

Ongoing work being undertaken with the recently formed IF commissioning team and as a result of the IF review and Service Improvement and Innovation Day

Recognition of significant events and useful links

Well done to the team Professor Iolo Doull/ Sian Lewis and Andrew Champion on their recent publication:-

A Case Study on Reviewing Specialist Services Commissioning in Wales:

TAVI for Severe Aortic Stenosis

Applied Health Economics and Health Policy Journal

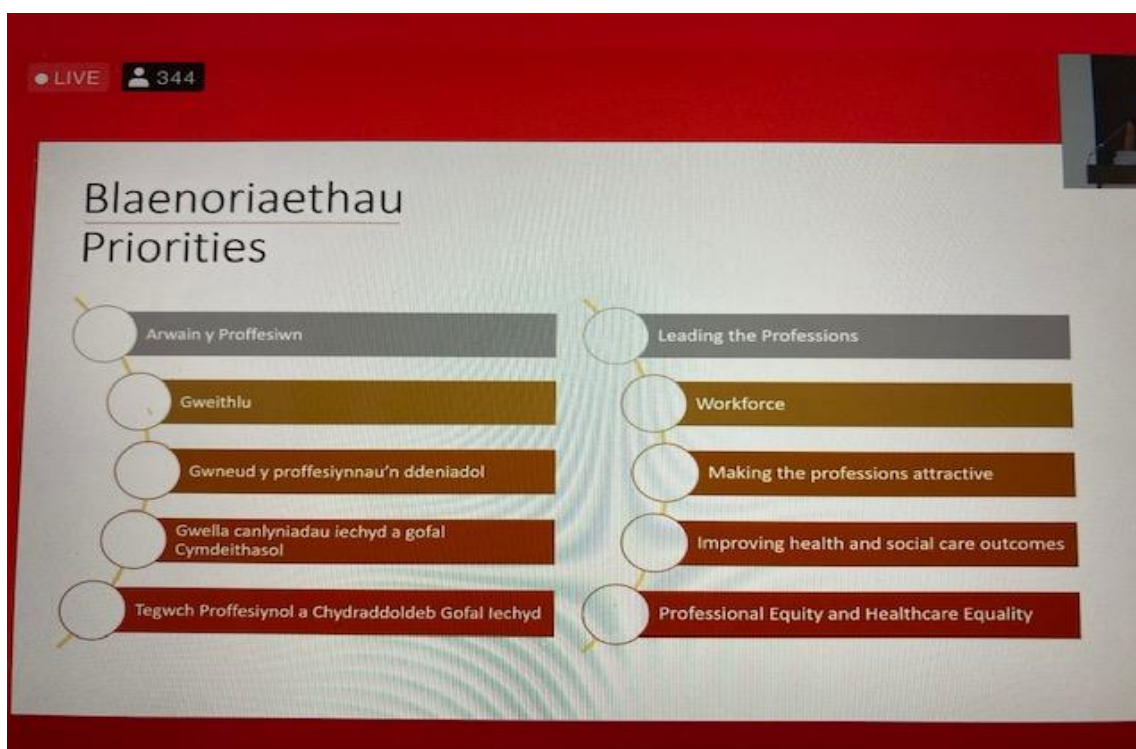
[**A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis | SpringerLink**](#)

Chief Nursing Officer Conference Wales



Sue Tranka, Chief Nursing Officer for Wales

The recent Chief Nursing Officer Conference held in April 2022 saw the launch of the CNO priorities included below. WHSSC team will be supporting and continuing to incorporate these into their practice. The theme of the conference was very much around professional leadership and delivering this with kindness and Compassion.



Developed in collaboration with stakeholders, the five priorities are:

- Leading the profession - invest in and develop nurse and midwife leaders at all levels in health and social care through dedicated leadership programmes;
- Workforce - close the vacancy gap and attract, recruit and retain a motivated, skilled workforce;
- Making the professions attractive - inspire people to enter the nursing and midwifery professions as the most attractive healthcare career choice in Wales;
- Improving health and social care outcomes - deliver equitable, good-quality, person-centred care; and
- Professional equity and healthcare equality - create a nursing and midwifery workforce that reflects the population it serves and addresses inequalities.



220405 Patient Safety
Update 5 April 2022 is:

OTHER USEFUL LINKS WHSSC WEBSITE

[Welsh Health Specialised Services Committee](#)

Reporting Committee	Integrated Governance Committee (IGC)
Chaired by	WHSSC Chair
Lead Executive Director	Committee Secretary
Date of last meeting	7 June 2022

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

The Integrated Governance Committee (IGC) scrutinises evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee (WHSSC) and provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across the organisation.

Due to the COVID-19 pandemic, the meetings were held via MS Teams.

7 June 2022

1.0 Update on progress on delivering the Integrated Commissioning Plan 2021-2022

Members received the report which provided a progress update on the delivery of the 2021-22 Integrated Commissioning Plan (ICP) that had been developed to respond to the Welsh Government (WG) requirement as set out in the NHS Planning Guidance 2021.

Positive progress was being made across most commissioning portfolios against implementation of the 2021-2022 ICP, with the majority of actions being completed within the year. Some elements had yet to be fully delivered mainly due to workload pressures on providers as a result of the Covid-19 pandemic.

Members noted the emerging plan between Cardiff and Value University Health Board (CVUHB) and University Hospital Bristol to support the stabilisation of the Paediatric Neurology service in CVUHB.

2.0 Improvement and Innovation Workshop Update

Members received and noted a report providing an update on the Service Improvement and Innovation Workshops and similar externally organised events that have taken place since the Covid-19 pandemic was received.

The workshops facilitate joint working, strengthen relationships and provided an opportunity for shared learning in a focused approach for clinical teams and WHSSC. The one key component was to support and strengthen the reporting of

patient outcomes and experience, sharing of best practice and benchmarking across commissioned services.

Four workshops had been hosted to date and further days are proposed. The key learnings and actions from the four workshops were highlighted in the report. A half yearly report will be provided which will include the added value of the workshops linked to the outcomes.

3.0 Internal Audit Report on WHSSC Risk Management

Members received the Internal Audit Report on WHSSC Risk management. The internal audit, undertaken on the 16 March 2022, received an assessment rating of “reasonable assurance”.

Progress had been made on the recommendations in the report with WHSSC having started to review the Commissioning Team Risk Register and the Directorate Risk Registers at its internal Risk Scrutiny Group (RSG) meetings. Each Directorate and a Commissioning Team present a “deep dive” into their Risk Registers at each meeting.

The Chair noted that the roll out of the risk management awareness training will further embed the focus on risk into WHSSC’s organisational culture.

4.0 Corporate Risk Assurance Framework (CRAF)

A report presenting the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022 which outlined the risks scoring 15 or above on the Commissioning Teams and Directorate Risk Registers was received. The feedback from the CTMUHB Audit & Risk Committee was positive with some minor recommendations made in order to strengthen the risk narrative and scrutiny and to develop training. There were currently 18 risks on the CRAF of which 16 were commissioning risks and two were organisational risks. Four risks were de-escalated during the period between February - May 2022 and work continues with the commissioning teams to address the remaining risks. It was noted that the Executive Directors, who are responsible for reviewing and discussing their commissioning/corporate risks, are including additional narrative on the risk schedules to provide additional assurance.

Jacqui Evans (JE) highlighted that the text in red had been included in order to highlight the recent changes. The Risk Audit had commented on this as good practice and this had been incorporated into this report.

Members noted the new risk relating to the thrombectomy service in North Bristol, and discussed the organisational risk relating to the All Wales Individual Patient Funding Request (IPFR) Panel. Members thanked all those at WHSSC for the action they have taken to mitigate these risks relating to IPFR where possible and noted that matters could not be fully resolved until a response has been received from WG.

5.0 Summary of Services in Escalation reported to Quality & Patient Safety Committee (QPSC) in June 2022

A report presenting a summary of the services in escalation (as reported within the Programme Reports) was received. These included:

- North Wales Adolescent Service (NWAS) - Medical workforce and shortages and a lack of access to other HB provision,
- Ty Llidiard - Unexpected patient death and frequent Serious Untoward Incidents (SUI) revealed patient safety concerns due to environmental shortfalls and poor governance,
- FACTS - Workforce issue,
- Cardiac Surgery (SBUHB) - Lack of assurance regarding performance, processes and quality and patient safety,
- Cardiac Surgery (C&VUHB) - Lack of assurance regarding processes and patient flow which impact on patient experience,
- Burns - The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU; and
- PETIC - Concern over management capacity within the service to ensure a safe, high quality timely service is maintained for patients.

CVUHB Cardiac Services had been escalated from level 2 to 3. The other services have remained the same with agreed actions as previously reported. The report is to be developed to provide a view on the movement of each the escalations as well as narrative on those services which have been in escalation for some time and any changes highlighted in red to align with the Risks on a page.

6.0 Annual Governance Statement 2021-2022

A report presenting the final Annual Governance Statement (AGS) 2021-2022 for WHSSC for assurance was received.

7.0 Results of the Annual Committee Effectiveness Self-Assessment 2021 – 2022

A report presenting an update to the Integrated Governance Committee (IGC) on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and the results of the annual Committee Effectiveness Self-Assessment 2021-2022 was received.

It was noted that positive progress had been made against each of the agreed actions from the 2020-2021 self-assessment. The work plans which are to be introduced for the Welsh Renal Clinical Network (WRCN) and the Individual Patient Funding Referral (IPFR) committee meetings are to be carried forward to the 2021-2022 action plan. JE advised that a governance review is being undertaken in relation to these sub-committees, which forms part of a wider piece of work to ensure more consistency in approach with all the sub-committees.

The findings of the 2021-2022 self-assessment survey were detailed in the report and an action plan will be developed and presented to the July JC meeting, which

will be monitored by the IGC. The individual committee findings will be presented to each relevant sub-committee for assurance.

8.0 Declaration of Interest (DOI) Gifts, Hospitality and Sponsorship 2021-2022

A report presenting an update on detail of the Declarations of Interest, Gifts, Hospitality and Sponsorship activities for the financial year 2021-2022 was received.

Declarations of Interest (DOI) 2021-2022 - As at 25 May 2022, 133 out of 164 (81.09%) completed forms had been returned. Reminders have been sent to those individuals yet to return their form. The process has been strengthened for members to complete an exit DOI when leaving.

9.0 Corporate Governance Report

Members received the Corporate Governance update report and noted updates on Joint Committee "in-Committee" meetings, Welsh Health Circulars, Terms of Reference of the sub-committees, Governance review of the WRCN and the IGC forward work plan.

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

The ongoing IPFR risk was discussed in detail when members considered the CRAF and members continued to express their strong hope that agreement for WHSSC to amend the WHSSC ToR and the All Wales Policy would be received from Welsh Government in the near future.

Matters requiring Joint Committee level consideration and/or approval

Corporate Risk Assurance Framework (CRAF)

Matters referred to other Committees

None

The confirmed Minutes for IGC meetings are available on request

Date of next meeting

9 August 2022

Reporting Committee	All Wales Individual Patient Funding Request (IPFR) Panel
Chaired by	Dr Ruth Alcolado
Lead Executive Director	Director of Nursing and Quality Assurance
Date of last meeting	AW IPFR Panel meeting 16/06/2022 (meeting twice monthly)

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

Due of the ongoing pressures within the Health Boards (HB's) affecting the ability of some members of the All Wales (AW) IPFR Panel to attend meetings, Chairs Action Panels continued to be held weekly until the end of March 2022. Full AW IPFR Panel meetings resumed in April 2022 and Panels were to meet on a twice-monthly basis.

Unfortunately, both meetings in April and the first meeting in May had to be stood down due to lack of attendance thus affecting quoracy. Emails were sent to Panel members, HB MDs, Board secretaries and IPFR teams within the seven HB's to chase up representation and to ensure that members were aware of the issues being faced by the AW IPFR Panel.

Both meetings in June were quorate. However, there were some different members in each of the meetings.

The following table demonstrates the number of requests considered at the Chairs Action Panel meetings and the full AW IPFR Panel meetings during this period.

	Number of Requests discussed as Chairs Actions	Number of Requests discussed by AW IPFR Panel
March 2022	15	-
April 2022	16	-
May 2022	7	14
June 2022	2	10

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

All Wales IPFR Panel Quoracy

WHSSC are actively addressing the ongoing issues around the repeated failure to achieve quoracy at Panel meetings which has resulted in Panel meetings being stood down at the last minute and Chairs Action decisions having to be made instead.

Discussions have been held directly with Welsh Government (WG) concerning the IPFR Policy and the need to review the existing terms of reference (ToR) for the All Wales IPFR Panel.

It was agreed that certain criteria would need to be applied to the nomination of a HB Panel representative who should ideally be of Medical Director or Associate Medical Director level.

The HB Board Secretaries were given a briefing concerning the need to review the policy and WHSSC ToR on the 10 June 2022.

In the meantime, it has been agreed that members at the end of each Panel meeting confirm whether or not they can attend the next meeting. If attendance cannot be confirmed, WHSSC can actively enquire about a replacement member.

Request for support of AW Panels

The Chair of WHSSC has written to the Chairs and Board Secretaries of all NHS Wales Organisations to request their support.

Professor Harpwood stepped down as Chair of the AW Panel on the 1 April 2022, and Dr Ruth Alcolado agreed to cover the role on an interim basis with the intention of reverting back to the Vice Chair position as soon as practically possible.

However, there are a number of complexities regarding recruitment into the substantive Chair position. The Board Secretaries Peer Group have been briefed.

Whilst these issues are resolved, there is a need for a contingency arrangement to ensure the Interim Chair can step back to her Vice Chair role, and that during any absence of the Interim Chair Panels are able to continue to run.

Two options have been identified:

1. Identify a member of the Board of an NHS organisation who is willing to take on chairing the Panel on an interim basis for a period of six months,
2. If however, a Chair cannot be identified, the reserve option would be for Health Board IPFR Panels to consider the applications arising for patients resident in their areas.

Colleagues are asked to discuss possible Chair nominations with their Independent Members (IM's) and confirm whether or not there are any suitable candidates by Monday 4 July, 2022.

AW Panel Terms of Reference (ToR) Review Group

A working group is being set up to specifically review the current ToR of the AW Panel including membership, quoracy and the Chair role. A preliminary internal meeting was held on 24 June 2022 to scope the role and membership of this working group. Discussion was held around how best to engage and consult with the Welsh Government and the HB's.

The next meeting is scheduled for 8 July 2022.

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit

The 2021-2022 draft Annual IPFR report has been circulated to the HB and WHSSC IPFR Co-ordinators and Panel members with a request to provide feedback to the QA Group by 11 July 2022.

Matters requiring Committee level consideration and/or approval

- None

Matters referred to other Committees

- None

Confirmed Minutes for each of the meetings are available on request.

Date of next meeting

7 July 2022

Reporting Committee	Welsh Renal Clinical Network (WRCN)
Chaired by	Chair, Welsh Renal Clinical Network (WRCN)
Lead Executive Director	Director of Finance
Date of last meeting	6 June 2022

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

This report provides assurance to the Joint Committee in accordance with the WRCN Terms of Reference (ToR) which state that the Chair of the WRCN will provide reports to the Joint Committee following WRCN meetings outlining the activities of the Network and bringing attention to any significant matters under consideration by the Network. Minutes are available on request from the WRCN Coordinator, Jonathan.Matthews@wales.nhs.uk

1. Network Board Governance Review

The WRCN Board workshop in early 2022 identified issues concerning the complexity of the governance framework for the WRCN and the significant changes to the governance environment since the WRCN was first established in 2009. Consequently, it was agreed that a bespoke review be undertaken on the governance framework in order to strengthen and develop the ToR. A scope was agreed for the review to focus on WRCN sub group structure, provider/commissioner relationships, quality & performance processes and the relationship with the Joint Committee. An ex NHS Director of Corporate Governance has been commissioned by WHSSC to lead the review. It is anticipated that the findings and recommendations will be presented to the Joint Committee in November.

2. Swansea Bay University Health Board (SBUHB) Procurement Project Update

Dr Clare Parker, Consultant Nephrologist and Clinical Director, Renal Services, SBUHB gave an update on the regional procurement project. Members noted that in October 2020 Welsh Government (WG) approved the procurement programme to re-tender the contracts for existing dialysis units, providing in-hospital dialysis machines and to provide two new additional units to deliver care closer to home. The WRCN is the commissioning body and commissions the NHS Wales Shared Services Partnership (NWSSP) Procurement team at CVUHB to support both the HBs and the WRCN in adhering to the procurement regulations. It is anticipated that the contract, once awarded will be between SBUHB as the regional centre for dialysis in South West Wales (i.e. including Hywel Dda UHB) and the successful bidder. There have been some delays to the current schedule however the plan has been revised and agreed by the project team and the slight delay does not result in any increase in risks to successful delivery of the project. WHSSC are

working closely with SBUHB to progress the tender process. An update on progress is presented at **Appendix 1** for information. A full progress report will be brought to the Joint Committee in November.

3. Finance Report

Helen Harris gave an update on the WRCN budget. There has been no additional call on the WHSSC Joint Committee to provide further growth funding for the 2022-2023 financial year.

4. Quality & Patient Safety

Susan Spence presented the WRCN risk register and members noted that there were two red risks concerning:

- Red 16 - Vascular Access service across Wales
- Red 16- Pressure on Transplant follow up in North Wales

It was agreed that the risks should be brought to the attention of the Corporate Directors Group (CDGB) for consideration. Members noted that the WRCN risk register would be reviewed to align with the WHSSC Corporate Risk Assurance Framework (CRAF) template.

5. Schedule of Network Board Meetings

Ensuring Clinical Representation at WRCN Board and associated meetings:

Iwan Bonds presented a report outlining a proposal to develop the meeting schedules and structures to ensure regular clinical representation at WRCN meetings. The Board accepted the recommendations and agreed to amend the dates and times of meetings to ensure that clinical representation was maintained and to develop a forward plan of meetings dates and a forward plan of business.

6. WRCN Website

Richard Davies gave an update on progress to develop a new website for the WRCN. Members noted challenges concerning ensuring that the website was bilingual and that once the proposal to change the name of the network to "Welsh Kidney Network" had been agreed by the Joint Committee, this would enable the team to agree a date for the launch of the new website.

7. Value in Healthcare Bid

Susan Spence presented a report outlining a proposal for additional funding for 2022-2023 to support value-based healthcare. Members noted that WG had written to NHS bodies 14 April 2002 inviting bids for additional funding for 2022-23 to support Value-Based Health and Care. The WRCN submitted an ambitious bid to provide an all Wales Prehabilitation Programme to enable kidney patients to choose and commence the treatment that offered them the best outcomes. The aim of the bid was to increase the number of patients who chose transplant or home dialysis as a first treatment choice. A response is awaited and further update will be given to the Joint Committee at the next meeting.

8.Highlight Reports

The following highlight reports were received:

- Health & Wellbeing Professionals Group Highlight report
- Lead Pharmacist Highlight Report
- Clinical Information Lead Highlight Report
- South West Wales Highlight Report
- North Wales Highlight Report
- South East Wales Highlight Report
- Lead Nurse Highlight Report
- Home Dialysis Lead Highlight Report
- Transplant and Vascular Access Clinical Lead Highlight Report

Members noted the progress being made to digitising kidney care and received a video presentation of the recent visit by the Minister for Health and Social Services to the kidney team at SBUHB who led on the transformation project to digitise kidney care.

Matters requiring Committee level consideration and/or approval

Workforce

There is a recurring theme whereby there are limitations to service delivery and innovation caused by the lack of availability and/or retention of highly skilled members of the kidney care teams.

Clinic Capacity

There are continuing challenges in Cwm Taf Morgannwg UHB (CTMUHB) concerning extended waiting times to see a nephrologist. This potentially leads to delayed diagnoses and missed opportunities to delay or reverse progression of CKD to the point where renal replacement therapy is required. An SBAR has been shared with Health Board (HB) and discussions are ongoing in relation to the development of a business case to enable appropriate resources to be released to increase clinic capacity.

Matters referred to other Committees

- None

Date of next meeting

6 October 2022

4.4.6 (a) Appendix 1

Report Title	Progress Update on the Provision of the 'West Wales Satellite Renal Dialysis Service with the inclusion of Dialysis Equipment'.	Agenda Item	4.4.6(a)
Meeting Title	Joint Committee	Meeting Date	12/07/2022
FOI Status	Open/Public		
Author (Job title)	Deb Lewis, Deputy Chief Operating Officer, SBUHB (Executive Lead/SRO)		
Executive Lead (Job title)	Stuart Davies, Director of Finance, WHSSC		

Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on the progress concerning the provision for the 'West Wales Satellite Renal Dialysis Service with the inclusion of Dialysis Equipment'.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

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

PROGRESS UPDATE ON THE PROVISION OF THE A 'WEST WALES SATELLITE RENAL DIALYSIS SERVICE WITH THE INCLUSION OF DIALYSIS EQUIPMENT'

1.0 SITUATION

The purpose of this report is to provide the Joint Committee with an update on the progress concerning the provision for the 'West Wales Satellite Renal Dialysis Service with the inclusion of Dialysis Equipment'.

Dialysis is commissioned by the Welsh Renal Clinical Network (WRCN), a sub-committee of WHSSC with the service fully provided by Swansea Bay University Health Board (SBUHB) for the population based from Bridgend to Aberystwyth. The current service provision is a mix of Independent Service Provider (ISP) and NHS delivery with the Hywel Dda UHB (H DUHB) element contracted via an ISP. This contract was originally due for renewal in August 2021, however due to the re-tendering process and the subsequent associated timeframes the contract has been extended until August 2023, which is permissible under the existing contract terms.

A change in service provision and model of delivery will see the adoption of an ISP Contractual model for all patients serviced by SBUHB and includes increasing capacity of dialysis for patients within the Neath Port Talbot (NPT) and Bridgend areas, providing an equitable and sustainable service to other parts of South West Wales. Appointing one ISP to run the existing units in H DUHB and the new units in Neath Port Talbot and Bridgend in one larger contract has the following advantages:

- A simplified contracting relationship and governance arrangement,
- A consistent service regardless of location which recognises individualised patient needs,
- A more resilient service with a single company responsible for the operation of five units allowing the benefit of economies of scale in terms of staff, storage, fleets of dialysis machines and storage,
- Dialysis will be provided closer to the patient's homes reducing travelling time and improving patient experience,
- Enhanced service for those Swansea residents who continue to dialyse on the Morriston site during the day with new and updated equipment,
- The benefit of additional space on the Morriston site allowing for prompt treatment of acute or urgent patient's,
- Improved staff experience by eradicating twilight shifts; and
- Released SHO time during the evenings which will transfer to the emergency care roster.

2.0 BACKGROUND

Dialysis provision for patients in SBUHB, HDUHB and a cohort of patients from Cwm Taf Morgannwg University Health Board (CTMUHB) are overseen by the Renal Service Department, Morriston Hospital under the Morriston Service Group. This is done collaboratively with the WRCN.

Dialysis is commissioned by the WRCN and the service is fully provided by SBUHB for the entire population. The current provision is a mix of a fully managed service by ISP and NHS delivery.

In November 2020, NWSSP Procurement Services were granted authority by the SBUHB Executive Board and subsequently Welsh Government (WG) to engage in the renewal of Swansea Bay's contract for 'West Wales Satellite Renal Dialysis Services'. The renewal process commenced in November 2020 via a Competitive Dialogue Procedure under the Public Contract Regulations (PCR) 2015 which enabled SBUHB, as the Contracting Authority, the ability to refine their requirements in dialogue with the potential independent sector providers (ISP) as part of the tender process, this to drive a solution that best meets their needs.

The tendering process has completed four rounds of ITPD (Invitation to Participate in Dialogue) with prospective ISP's and with the acceptance of final documentation by the SBUHB Executive team in April 2022 to proceed, the ISFT (Invitation to submit Final Tender) has been issued and is currently live, with a 30 day period for completion and submission of tender documents. Closing date for the final bids is 20 July 2022.

The evaluation of the bids will be undertaken during early September. Following on from the successful evaluation, the SBUHB will be in a position to award the contract subject to WHSSC and SBUHB agreeing the full financial agreement for the service development.

3.0 ASSESSMENT

Due to the fact that the tender process is currently live, SBUHB are not in a position to provide the Joint Committee with an assessment of the Procurement process.

However for reassurance Joint Committee are asked to note the following;

- SBUHB have a dedicated project team consisting of:
 - Andrew Long – Head of Renal Development (Project Manager),
 - Jade Morgan – Renal Development Team facilitator (Project Support),
 - Sarah Siddell – Directorate Manager Renal,
 - Clare Parker – Clinical Lead for Renal Services SBUHB,
 - Deb Lewis – Deputy Chief Operating Officer SBUHB (Executive Lead/SRO),

- Richard Mugford – Deputy Finance Business Partner SBUHB,
- NHS Wales Shared Services Partnership (NWSSP) Procurement Leads:
 - Emma Lane – Procurement Business Manager,
 - Nia Miles – Assistant Procurement Business Manager,
- WRCN Support:
 - Annmarie Pritchard - Deputy Network Manager,
 - Susan Spence – Network Manager; and
 - Gail Williams – Network Lead Nurse.

There are regular structured meetings set with the Project Team and the NWSSP Procurement Services team. The SBUHB Executive Team are regularly updated through the SRO on project progress and aware of the timeframe for internal approval satisfying SBUHB's Governance arrangements.

It is anticipated that procurement outcome report that will be prepared by NWSSP Procurement as an assurance document to enable Health Board, WRCN and WG sign-off prior to the formal award of contract will be presented to Joint Committee in November 2022.

4.0 RECOMMENDATIONS

Members are asked to:

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

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Quadruple Aim	Improving Patient Experience (including quality and Satisfaction) Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Quality, safety and patient experience implications will be considered during the procurement process.
Finance/Resource Implications	Finance implications will be included in the procurement process.
Population Health	The aim of the procurement exercise is to improve access for patients.
Legal Implications (including equality & diversity, socio economic duty etc)	SBUHB and WHSSC are working with the specialist procurement advisors at NWSSP to ensure that the legal and regulatory framework for procurement is complied with.
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	April 2022 - SBUHB Executive Team
Appendices	-